

# Leadership in Mission



## Report on Mission, Spiritual Care and Health Care Ethics

St. Joseph's Health Care London

2013/2014 Report to St. Joseph's Health Care Society

# Contents

Page 3 Report on Governance and Leadership

Page 8 Report on Health Care Ethics

Page 13 Report on Spiritual Care

Page 18 Living our Mission

The report on mission, spiritual care and health care ethics is produced annually by St. Joseph's Health Care London for the St. Joseph's Health Care Society. Our thanks to clinical ethicist Marleen Van Laethem and the ethics committees, and to spiritual care coordinator Ciaran McKenna and the spiritual care team.

St. Joseph's Health Care London is a proud member of the Catholic Health Alliance of Canada and the Catholic Health Association of Ontario.

On the cover:

Chaplain Kathy McLellan Lant and Rev. Albert Chovaz light a candle at the annual Parkwood Thanksgiving service.



Catholic Health Association of Ontario  
Association Catholique de la Santé de l'Ontario

## Report on Governance and Leadership

*The Report on Mission, Spiritual Care and Health Care Ethics is presented annually to the St. Joseph's Health Care Society, owners and sponsors of St. Joseph's Health Care London. It is also available on the web with our annual report to the community. For more information on this report and our roles and responsibilities in mission and service, please contact Kathy Burrill, vice president, communication and public affairs and mission leader.*

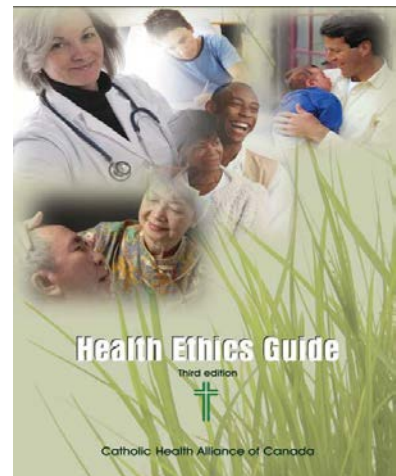
As a Canadian Catholic health care organization, St. Joseph's Health Care London is called to a mission of care in the example of Jesus Christ, upholding values and principles in a spirit of collaboration and compassion. This inherent part of who we are is sustained in many ways, thanks to many people.

### Learning and Development

This year, St. Joseph's board of directors continued its focus on mission and ethics through all committees of the board, and in our deliberations as a board. Our commitment to integrating the newly revised Health Ethics Guide (Third Edition) from the Catholic Health Alliance of Canada fully in to the life and work of the board began last May, when it was introduced to the members of the alliance at their conference in Calgary. We were pleased to have board members and leaders in attendance and also speaking at the conference.

Board members were introduced to the new guide as part of annual orientation activities. Clinical ethicist Marleen Van Laethem highlighted new or revised elements of the guide, focusing on governance connections and implications. As well, each board committee reviewed the guide in relation to their respective committee responsibilities.

The board and its committees continue to focus on the needs of the people and community we serve at each meeting. This year, our annual retreat in partnership with London Health Sciences Centre furthered our understanding and work as trustees on behalf of St. Joseph's and our health care system as a whole. Together, we learned more about the prevalent health issues of our region and the undeniable link between health and socio-economic well-being. Our session was framed on the IHI Triple Aim model:



*The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which we call the "Triple Aim":*

- *Improving the patient experience of care (including quality and satisfaction)*
- *Improving the health of populations, and*
- *Reducing the per capita cost of health care.*

Keynote presenter, Dr. Nick Kates shared the Hamilton experience, considering system collaboration and improvement using the IHI Triple Aim model. The Hamilton study, *Code Red* (2010) revealed the effects of life in vastly different neighbourhoods in the greater Hamilton area. Among the many disparities, is a 21 year difference in average life expectancy between the poorest neighbourhoods and the most affluent. As well:

*A closer look at the data shows the important intersection between physical health, mental health and social factors.*

*\* Five of the top 10 neighbourhoods with the highest rates of psychiatric emergencies were also among the top 10 for the highest rates of overall emergency-room visits.*

*\* Five of the neighbourhoods with the highest rates of psychiatric emergencies were also among the 10 highest rates of urgent hospital admissions.*

*\* The top 27 highest rates of psychiatric-related emergencies are all found in the former City of Hamilton, and 25 of those are located in the lower-central city.*

Hamilton Spectator, April 16, 2010

A “Code Red” study is currently being conducted for the greater London region. This most informative session laid a good foundation on which the board, in partnership with others, can further its generative discussions related to governance and focus on our mission as a Catholic health organization, upholding our commitment to the patient experience and the overall value and effectiveness of our services and system.

This year, the Mission Leadership program continued with 21 participants in the course. The program continues to receive highly positive reviews and we remain grateful for the involvement of the Sisters of St. Joseph and Father Michael Prieur in the program. We also thank Deb Miller for her ongoing management of the course delivery and evaluation, and faculty members John Callaghan, Gillian Kernaghan, Ciaran McKenna, Karen Perkin, Karen Stone, Marleen Van Laethem, Deb Wiltshire and Kathy Burrill.

## Mission Committee of the Board

Chaired by John Callaghan with senior support from Kathy Burrill, who became St. Joseph’s mission leader this past year, the mission committee continues to further the development of a work plan based on the 2009 review and recommendations about how St. Joseph’s understands and presents itself as a Catholic health organization. Many of the original recommendations have been fully implemented and ongoing actions are integrated into organizational practice.

One example of ongoing mission-centred practice is the integration of questions used in recruitment to help engage applicants in conversation about what it means to be a Catholic health care provider and to assess mutual values fit. Another example is the ongoing process for ensuring the presence of Catholic symbols.

## Leadership in Mission Award

The Leadership in Mission Award recognizes a St. Joseph's leader who has made extraordinary efforts to exemplify and advance St. Joseph's roles and values as a Catholic, academic and community-oriented health care provider. The 2013 recipient was Dr. Mohan Merchea, Medical Director and surgeon in the Cataract Suite at the Ivey Eye Institute, and member of St. Joseph's Board of Directors.

Dr. Merchea is known for his compassion, honesty and positive attitude in good times and in challenging times. He was instrumental in leading a team of dedicated ophthalmologists and staff during a time of significant change in health system funding. Cataract surgery was one of the first procedures impacted by the province's new "quality-based funding" approach. While maintaining a commitment to safety and excellence, Dr. Merchea worked with the cataract team to analyze data and compare surgical practices to find efficiencies. Through this work, instrumentation, supplies and pharmaceuticals used in cataract surgery were standardized, which led to achieving the cost per cataract case target.



Dr. Mohan Merchea is presented with the Leadership in Mission Award from Karen Perkin, left, vice president, acute and ambulatory, professional practice and chief nurse executive, and Michelle Mahood, director, ambulatory surgery services.

Always going above and beyond, Dr. Merchea's professionalism, passion and respectful, collegial approach contribute to an environment where physicians and staff feel empowered and hopeful as they work together to meet the changes and complexities of our health care system, say his colleagues. He models what it takes to continue to grow and improve as health care evolves.

## Governance Relationships

The board's commitment to working in relationship with others was further strengthened this year within the joint collaboration and integration committee between St. Joseph's and London Health Sciences Centre, our work together with Lawson, and in support of St. Joseph's Health Care Foundation. In this work, St. Joseph's mission and values are reaffirmed.

These continue to be unique, valuable relationships compared to the experience of other health care organizations and systems. The relationship agreements and governance and leadership practices between St. Joseph's, LHSC and our shared research arm continue. An updated relationship agreement between St. Joseph's and our Foundation is currently in process.

## Strategic Priorities and Performance

One of the most significant initiatives of the year continues to be implemented across the St. Joseph's leadership team, with an aim of methodically linking leader goal-setting and leadership development directly to St. Joseph's annual strategic performance priorities. This work is being led by Gillian Kernaghan and the senior leadership team, facilitated by the Studer Group.

This matters to our mission as a Catholic health care organization as we continue to strive to be a high performing organization to achieve our vision of *earning complete confidence*. The ongoing shifts, constraints and demands of today's provincial health care system call on us to focus on priorities and build capacity to ensure we can still respond to the needs of those we serve. Canon Law calls us to provide care that is at least equal or better to quality in comparison to non-faith-based organizations. Also of central importance in this work is the engagement of physicians and staff – individually and in teams – to ultimately improve quality and safety and strengthen St. Joseph's as an employer of choice, upholding principles of dignity and social justice.

At a provincial level, we are pleased to have encouraged and initiated a process with the Catholic Health Association of Ontario to also measure the value of faith-based hospital care in terms of outcomes/performance coupled with our missions of compassion.

As for St. Joseph's overall performance this year, we have achieved notable improvements in areas including reduction of falls with injury, influenza vaccination rates, and care integration. We continue to address specific challenges in areas including access to care, employee attendance and workplace injury. Financially, we continue to address the challenges of new provincial funding formulas coupled with unfunded inflationary and other costs. This, however, is the experience of all Ontario hospitals and this year we have made advancements in addressing challenges, along with educating and advocating with our government partners. We were pleased to receive initial PCOP funding for additional forensic mental health beds as well as additional funding for community support in forensic mental health.

In terms of performance and improvement, the past year will also be defined as the year of preparing for HUGO – Healthcare Undergoing Optimization. This region-wide initiative will indelibly change the way care providers practice, by introducing technological systems that prevent medication errors and decrease overall variance in practice. This supports our Catholic mission, particularly in fostering trust in care, or in the words of our vision: *earning complete confidence*. HUGO is a premier example of technology and systems to enhance the patient care experience. It will take time for care providers to master the use of these tools and fully integrate HUGO in to their patient-centred practices.

HUGO contributes to our ability to answer some of the questions posed in the Health Ethics Guide (Third Edition – page 7) as it describes the follow-up commitments made by the Good Samaritan to the injured man:

*He has made a commitment to care and recognizes the importance of seeing that commitment through to the restoration of function....How do we balance response to the needs of individuals*

*with responsible stewardship of shared resources and promotion of the common good? How do we organize the systems that must respond to health needs today?*

To everyone who has contributed to the life and work of St. Joseph's, we express our deepest appreciation. We thank all those who support the board and leadership in continuing to promote the integration of our mission and values in all aspects of our work.

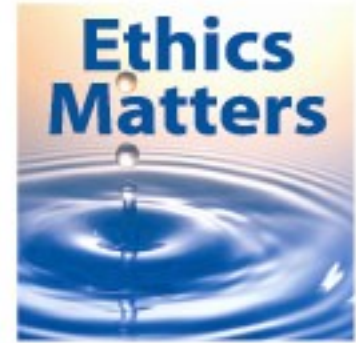
To the board of the St. Joseph's Health Care Society, we thank you for another year of support and engagement. We commend this report, along with our corporate annual report and statements, as demonstration and privilege to uphold the objects of the Sisters of St. Joseph.

*Margaret McLaughlin, Chair*

*Dr. Gillian Kernaghan, President and CEO*

The following summaries, stories and photos reflect our work in health care ethics, spiritual care and mission leadership this year.

## Report on Health Care Ethics



Ethics is about thinking critically on how we live and act, including:

- analyzing how our values affect our behaviours
- identifying what is good or right in a particular situation, and
- giving reasons why some choices may be better than others.

Clinical ethics concerns morally sensitive issues in the context of patient care and the relationships between the people involved.

The primary questions clinical ethics deals with are:

- What should we do? (What actions or steps are good or right?)
- Why should we do it? (What are our reasons, and what do they mean?)
- How should we do it? (The method of our response, or what plan is most ethical?)

This is a process health care providers and patients should participate in because ethical decisions are made by everyone on a daily basis. Strong communication skills are required to support honest and frank discussions of these emotional issues.

### Ethics in the news

Ethics in health care received a lot of national and international media attention this year. In many cases these news stories are relevant to the care we provide at St. Joseph's. Here are just a few examples of these cases:

- The Supreme Court of Canada ruled on a case where physicians caring for a patient in a persistent vegetative state felt it would be more dignified to allow him a natural death than to prolong his dying process with life-support machines. The Court upheld that withdrawing life-support machines required consent from the patient's wife, since the patient lacked the capacity for decision making. The wife did not consent. When there are disagreements like this about consent and capacity, Ontarians can ask the Consent and Capacity Board (CCB) for a ruling.
- A resident in a long-term care home who has Alzheimer's disease, previously expressed the wish she did not want nourishment or liquids if she ever had an incurable disease. At the home, staff spoon-fed her because they felt it would be morally wrong to stop feeding her. However, the resident's husband and daughter felt doing so went against the resident's wishes. The British Columbia Supreme Court ruled the resident was 'consenting' to the feeding by opening her mouth to the spoon and so the feeding should continue.

### Free and informed consent: patients' decisions about their bodies

Maintaining control over what happens with one's body is a cornerstone of clinical ethics, and from this flows the concept of consent. Patients seek help and advice for symptoms of their injury or disease. Health care providers recommend assessments and/or treatments, and respect the patient's decision whether to proceed or to seek a second opinion.



Health care providers presume patients have the capacity to make consent decisions unless there is a reason to believe otherwise, in which case capacity is assessed.

Although consent and capacity are enshrined in law, there are many examples where it is not so easy to apply the law. Examples include when it is unclear whether consent was valid, when family members challenge a patient's decision, when patients change their mind on the day of the procedure, or when an assertive family member overrides the person who is the legitimate decision maker.

Reminders about the key concepts of consent were presented during Ethics Awareness Week displays, and throughout the year at ethics consultations.

### The changing role of hospitals and health care facilities

Health care is constantly evolving and changing, driven by improved procedures and treatments, and the need to find budget efficiencies and still maintain excellent care and outcomes.

In acute care advancing technology and processes are leading to a steady increase in the number of day surgeries. This is good news for patients who prefer sleeping in their own beds the night before the procedure and prefer recovering in their own home after the procedure—providing it is a safe environment for their specific medical condition.

In mental health the focus is now on recovery. Whenever possible, people with a mental illness are supported in the community and not in a hospital, thus allowing the person to stay closer to family, friends and other supports.

In the past, patients with chronic care needs often lived out their lives in chronic care hospitals. This aspect of health care is also changing. Complex care is now viewed as a transitional program, providing the required medical needs to help a person regain strength and then transfer to another facility that better meets their needs. A hospital setting is no longer considered the right facility for long term stays for most patients.

Some St. Joseph's patients, particularly those in complex care at Parkwood Hospital and at Regional Mental Health Care London, lived in these facilities for many years. However, as the health care system evolved, it became necessary to re-evaluate the residential status of these long-stay patients. Many patients had called these facilities home for years, so this review was approached with great sensitivity and compassion.



Parkwood Hospital

At one point there were clinical reasons why these patients needed the hospital environment, but with advances in community supports most needs can now be better met in other facilities. While the decision to move many of these patients to facilities in the community was difficult, it was the right decision to enhance the patients' quality of life, and to ensure the right patient is in the right place at the right time in today's health care system.

### Seasonal Flu Vaccine Uptake

To stir up minds and promote a safe place for discussion, clinical ethicist Marleen Van Laethem, and Ciarán McKenna, co-chair of St. Joseph's Hospital's ethics education & consultation committee, led a discussion on the uptake of the seasonal flu vaccine by physicians and staff. The different philosophies behind various approaches to ethics were explored.

Clinical Ethics usually involves one person seeking health care and one health care provider or team, with the decision resting primarily with the patient. The patient weighs the benefits and harms of a proposed treatment—in this case, the vaccine against seasonal influenza—and decides whether to proceed. If it was treatment for a broken bone, the benefits and harms would be restricted to the individual and/or family, but with a vaccine, the person is asked to also consider benefits to the larger population.



Occupational health and safety services RN Beverly Barrie gives St. Joseph's staff member Gus Baziotis his influenza vaccination.

In Organizational Ethics, the decision-maker is the organization, often with many stakeholders who have an interest in the decision. Because it is impossible to please all stakeholders, the process to reach the decision is even more important. Reasonable people agree on the process even if they don't all agree with the final decision. In this case, to better protect patients the organization changed the corporate policy on flu vaccinations for staff, physicians and volunteers. To protect patients, those who did not get the vaccine for medical reasons or because of personal choice wore a mask during outbreaks and could not work in the outbreak area unless they took a preventative antiviral medication. This revised policy reflects the high value the organization places on non-maleficence (not harming our patients).

In Public Health Ethics, the decision-maker is usually government and the primary concern is the common good, or the health of large populations. Beneficence (doing good) is highly valued and often overrides individual autonomy. Examples include a municipality's decision to fluoridate the public water supply even though some individuals object, and mandatory tuberculosis screening for health care providers.

The Catholic approach to health care emphasizes a communitarian approach more than individual rights, although this is within a society that has stronger support for individualism. Article 3 in the *Health Ethics Guide* states:

*All persons have a responsibility to make personal lifestyle choices that will have a positive effect on their health and well-being, and to participate in the promotion of the health of the local and global community.*

### Power mobility device issues lead to new policy

While working with residents at Mount Hope Centre for Long Term Care who use power mobility devices (PMD) such as power wheelchairs and scooters, occupational therapist Sarah Trenker recognized an opportunity to address injuries that can occur with such devices. Would it be unethical to restrict or



remove a resident's use of the PMD? Would it be unethical to ignore the safety concerns?

With the help of a President's Innovation Grant Sarah studied the issues further and explored the ethical components. It was concluded that St. Joseph's must provide a safe environment for residents and patients and a safe work environment for staff and physicians. To do so, the safety risk with PMDs is considered along with the serious impact limiting or removing the power wheelchair could have on a person's independence and quality of life.

The project resulted in a process for managing risks, and successful strategies for managing the increasing challenges some residents face.

Staff from other St. Joseph's facilities where injuries from PMDs also occur, provided input on the new corporate-wide policy: Power Mobility Device (PMD) – Safe Operation. This policy promotes optimal resident safety and independence as well as safety for all who use the St. Joseph's premises. It also provides a standardized process for staff to help them address the safe operation of power mobility devices by patients and residents.

### Ethicists at Canadian Catholic health care facilities network

As the *Health Ethics Guide* was being revised and the new version readied for launch, it came to light that most ethicists working in Catholic health care facilities across Canada were working in isolation. Some informal connections existed, but Dr. Nuala Kenny, ethics and health policy advisor to the Catholic Health Alliance of Canada (CHAC), saw an opportunity to strengthen linkages. Initially, these linkages would help promote the revised *Health Ethics Guide*, and in the longer term they would help Catholic health care facilities have a more consistent interpretation and approaches to the ethical treatment of patients.

These networking meetings have proven very beneficial, with enlightening presentations and opportunities for ethicists to review successes and challenges experienced over the past year

At the 2014 meeting topics of discussion included: The Fragility of Catholic Health Care in Canada; Catholic Social Teaching and Resource Allocation; and Moral Distress and Complex Discharge Planning

## Ethics Awareness Week

Ethics Awareness Week coincides with World Day of the Sick to bring special focus to the heart of our mission: providing care and compassion in an ethical manner to the sick and vulnerable in our society. Activities during Ethics Awareness Week featured informative presentations and displays.



Clinical Ethicist Marleen Van Laethem and Maureen Morrison, a member of the Ethics Education and Consultation Committee for Parkwood Hospital and Mount Hope, at an Ethics Awareness Week displays.

Ethical dilemmas are rarely resolved with easy, black and white answers. They are often difficult decisions between undesirable options. During Ethics Week some education was provided through puzzles, with clues from the *Health Ethics Guide*.

Despite the fact the *Guides* were firmly attached to displays by strings and had cover stickers saying *Display Copy Only*, some were permanently borrowed time after time. Patiently replacing the copies, Marleen said, "I was

thrilled these thefts occurred because it showed people cared enough about ethics to want a copy. But it does raise the question, 'In the irony of ethics – is it less of a sin to steal a health ethics guide?'"

## Intimacy and sexuality regarding our patients

Another Ethics Awareness Week activity was a presentation at Regional Mental Health Care London on issues of intimacy and sexuality regarding our patients. The Catholic *Health Ethics Guide* reminds us sexuality is an inherent part of being human. However, there are many aspects to consider if patients become sexual with each other. This topic was presented by Marleen Van Laethem, clinical ethicist, and Kathy White, chair, ethics education and consultation committee for Regional Mental Health Care London and Southwest Centre for Forensic Mental Health Care.

# Report on Spiritual Care

## Our Spiritual Journey

*My Spirit and I* is the title of a beautiful piece of art donated to the South West Center for Forensic Mental Health Care by local artist, Harry Wilkinson (see following article). It calls on me to reflect on our spiritual journey as we care for mind, body and spirit.

Throughout this report you will follow our spiritual path and see how as a team Spiritual Care continues to create new paths in accompanying those we serve as we assess how best to meet their needs with the resources we have. I continue to marvel at our team's ability to grapple with this in their day-to-day work as clinical chaplains and teaching supervisors with the Canadian Association for Spiritual Care. Dawn Dyer and Steve Yeo continue the tradition of excellence in providing teaching excellence to chaplain interns from many walks, faiths and stages of life.

Our personnel changes in the past year include the retirement of chaplain Marvin Shank, who was also a teaching supervisor with us. I thank him for his many years of service. Marvin's position was not filled which calls us to look at what we do and how we do it in a new light.

My thanks also go to Darrell Shaule, veterans care chaplain at Parkwood Hospital, for all his gifts of service. Darrell is being replaced by chaplain Karen Weima, a graduate of our clinical pastoral education course, until September at which time Heather Vanderstelt will join us as the full time veterans care chaplain.

As well, Fr. Jose Seminati retired as our Roman Catholic Priest in December when he held a wonderful final mass with the residents at Mount Hope. Thank you Fr. Jose. It was my pleasure at Mass on New Year's day to introduce our residents to our new Roman Catholic Priest, Fr. Peter Poel. Fr. Poel has settled into our community with ease. He is with us on a part-time basis which calls for adjustments to our care and ritual delivery.

Our organization has also been on a similar quest of endings and new beginnings and I feel it is fortuitous the painting *My Spirit and I* came to us when it did. At this time we all need to be attentive to that which brings a sense of meaning to our lives in our vocation of healing. My closing benediction, if you will, is to attend to one's own spirit so we are better able to be present to the spirit of our neighbor, he or she who stands before us

*Ciaran McKenna, coordinator, spiritual care*

## Spiritual Care – Moments in Time

### My Spirit and I

The beautiful new chapel space at South West Centre for Forensic Mental Health is now graced with art called *My Spirit and I* that is serving as an invitation to take care of your inner self and to nourish those things within that increase hope, joy, and self-love.

The piece was created by West Elgin artist Harry D. Wilkinson, and generously donated to the hospital by Kelly Ransom.

“While the piece can represent many things to many people, it also symbolizes the important relationship we all have with our own spirit, or spiritual self,” says Chaplain Stephen Yeo. “*My Spirit and I* echoes the enduring words of the spiritual teacher, Jesus, who said, ‘*The kingdom of God is within you.*’”



Artist Harry Wilkinson and Chaplain Stephen Yeo with the newly-dedicated artwork *My Spirit and I*.



### Father Ernest Deslippe Learning Centre

From 1965 until he retired in 2008 Father Ernie, as he was affectionately known, was chaplain to Regional Mental Health Care St. Thomas and a member of the hospital’s Employee Assistance Program Board and hospital liaison with the St. Thomas-Elgin Ministerial Association.

To honour Father Ernie’s legacy, in 2013 the learning centre at Southwest Centre for Forensic Mental Health Care was named in his honor.

Having served the patients of the mental health hospital in St. Thomas for almost 50 years he is warmly remembered by staff who worked with him. Here are but a few of their comments:

- *It is hard to measure or quantify work of the soul. Probably his presence was his greatest gift.*

- *His presence and caring were reminders that, even in the difficulty of mental illness and hospitalization, hope and the sacred are present and they contribute to the well-being of the human soul.*

### Celebration of life

Twice a year at Parkwood Hospital, a Celebration of Life service is held for families of patients and residents who have passed away. On April 24, 2013, more than 150 people attended the service during which they celebrated the lives of their loved ones through music, dance, stories and readings.

### What can we learn?

Born in a village  
inspired a world  
Nelson Mandela  
breathed his vocation.  
Love and forgiveness,  
eyes on our future.  
What can we learn?  
What can we learn?

What can we learn?  
peace and forgiveness,  
proud words without action.  
He lived them with passion.

Nelson Mandela built truth,  
not reaction.  
What can we learn?  
What can we learn?

In our lifetime we see  
the game changers  
the charlatans and dangers.  
Can we open our eyes  
and open our hearts  
to those who would hurt us?  
What can we learn?

What can we learn,  
from Christ to Allah,

King to Obama,  
JFK to leaders today.  
Nelson Mandela has  
Shown us the way.  
Forgive. Forgive. Forgive.  
What can we learn?  
What can we learn?  
What can we Learn?

*By Ciaran Mc Kenna, following  
the death of Nelson Mandela*

### Teacher and mentor Marvin Shank retires

After 30 years Rev. Marvin Shank, chaplain and spiritual care educator at Regional Mental Health Care London (RMHC London), retired in August. Marvin started at Mount Hope Centre for Long Term Care in 1982, moved to St. Thomas Psychiatric Hospital in 1989, returned to St. Joseph's Hospital and Mount Hope in 2001 and moved to RMHC London in 2003 where he worked until retirement.



In addition to his work with patients and staff, Marvin contributed significantly to development of the spiritual care professional association across Ontario, and supervised many chaplain interns over the years as a teaching supervisor in Clinical Pastoral Education.

"Through my work experience with patients and staff in all areas I was informed and grew into changing roles and responsibilities," said Marvin at his retirement celebration. "My career has been shaped and made possible in dynamic relationships with all of you."

### Paying attention to spiritual wellbeing

Spiritual Care at St. Joseph's worked with their peers at London Health Sciences Centre to create electronic orders for spiritual care. This means referrals for spiritual care from front line staff and physicians can now be made within the electronic patient record, making spiritual care documentation and assessments consistent and seamless citywide. This will help ensure a patient's need for spiritual care doesn't get overlooked as the patient moves between hospital sites and clinics. The collaboration also highlights spiritual wellbeing as an important aspect of the patient/family-centered experience



Chaplains and volunteers by the labyrinth in the new Southwest Centre for Forensic Mental Health Care chapel.

### Celebrating volunteers

An event to thank local faith community leaders and spiritual care volunteers for supporting and caring for the spiritual needs of patients over the years, and to celebrate the new spiritual care space at the Southwest Centre for Forensic Mental Health Care was held Oct. 17.

The event featured special music, greetings and thanks from St. Joseph's, and reflections from author, advocate, and former forensic mental health patient, Brett Batten.

In affirming the work many spiritual care volunteers do, Brett shared, "Care and compassion in the eyes of another is where dignity is born. Without the people who attended to my spirituality, my rehabilitation would have been empty."

Brett's poignant words to the audience were powerful, but perhaps his final words were the most compelling when he summed up the gratitude in our hearts for the many spiritual care volunteers and the work they do. "I have been psychotic and I have been well. Never has God spoken to me with his voice... he used yours."

### Darrell Shaule leaves wake of care and remembering

For 25 years Rev. Darrell Shaule, a chaplain in the veterans care program at Parkwood Hospital, provided spiritual care to veterans and their families in times of joy, sickness, and sorrow. Presiding at funerals or memorial services for over 1,000 veterans, Darrell's compassion soothed countless grieving families and friends.



For the last 18 years, Darrell also coordinated the Remembrance Day service at Parkwood, leading a team of over 45 volunteers.

When Darrell retired in December he spoke of his time at Parkwood Hospital saying how rewarding it was working with the Veterans Care Program. He also spoke of the veterans and their bravery and loyalty mixed with their sense of duty and humility. "When I look at the Canadian flag or sing the national anthem, I realize the cost these men and women paid for our freedom so we could enjoy life," he said.

"Looking back over these last 25 years I am grateful to God for the relationships with residents, their families, staff and volunteers, and indebted to the Women's Christian Association and the Sisters of St. Joseph for teaching us to care for the whole person including their spiritual needs."





Gordon Gignac receives the Sacrament of the Sick from Bishop Ronald Fabbro at the World Day of the Sick celebration on Feb. 11 at Parkwood Hospital.

### World Day of the Sick

Each year those involved in health care recall the roots of their healing mission during the World Day of the Sick ceremony which Pope John Paul II began in 1992. During the mass and anointing Bishop Ronald Fabbro emphasized the importance of not only caring for the body, but also for the soul and the spirit. "Today we offer our prayers and show support for those who are sick and for those who care for them."

Throughout the mass the liturgy was accompanied by the inspirational voices of the children in the St. Mary School Choir & Orchestra Program.



### Desert Streams

Throughout the ages, the waters of the Nile have spiritually and physically nourished Egyptian women. This year, Egyptian women prepared the service for World Day of Prayer on March 7 based on the theme of *Streams in the Desert*.

The service featured the story of Jesus meeting the Samaritan woman at the well, which unites us and helps us to focus on the values of compassion and respect with staff, residents, patients and volunteers every day.

*On World Day of Prayer chaplains at Parkwood dressed to represent Egyptian women, from left: Karen Weima (historical/biblical times); Dawn Dyer (modern times) and Kathy McLellan Lant (rural).*

## Living our Mission

### Honouring a lasting legacy

At the annual Sisters of St. Joseph awards, those who share the remarkable attributes of our founding Sisters of St. Joseph – excellence, respect and compassion – are recognized and honoured.

When Sister Pat McKeon read the nominations of this year's recipients of the Sisters of St. Joseph Awards for Excellence, she felt "awe and gratitude." "They are honoured not for the position they occupy but for the way they occupy that position," Sister Pat told the packed Parkwood Hospital Auditorium during the awards ceremony March 19. "They make St. Joseph's and the world a better place. They inspire me to try harder, resolve to do better, to live up to the values they exemplify."



The 2014 Sisters' award winners, from left: Linn Loftus, Lorna Macaulay, Joanna Teixeira, Becky Moran, and Sheryl Toy.

"Regardless of the great changes we have experienced over the years, of new directions we now travel and of horizons we have set our sights on, the example of the Sisters will always act as our guide and be a part of who we are," said Dr. Gillian Kernaghan, St. Joseph's President and CEO.

Recipient Becky Moran called the award "the highest honour." "I will never win an Olympic gold medal, an Oscar, or a Nobel prize, but I won this," said Becky, an occupational therapist who shared the credit with her outpatient acquired brain injury (ABI) rehabilitation team.

### Excerpts from prayer by chaplain Dawn Dyer during the Sisters of St. Joseph awards ceremony

Creator of the Universe, we acknowledge that no workplace can be truly alive until we see the divinity within one another, until we experience behind the breastbone the breath of life, until we insist that our work will not be the humdrum product of a sleeping spirit but a glorious monument to who we really are. (John Cowan in *The Common Table*)

In the spirit of St. Joseph – patron saint of all who labour to create a world of healing, excellence, compassion and respect we celebrate the many gifts shared from the heart of our community of St. Joseph's Health Care London.

In an adaptation of the blessing words of the famous spiritual leader, John Wesley *Spiritual Illuminations* (ed. Peg Streep)

### New service for Muslims with diabetes

Every year near the start of summer, Muslims begin a month of daily fasting from dawn until sunset in observance of Ramadan. This is an important period of religious devotion and spiritual reflection, but for Muslims with diabetes it can pose serious health risks if planning is not done well ahead.

“It’s very common for those with diabetes who observe Ramadan to run into trouble with lows and highs in blood sugar levels,” explains Dr. Mervat Bakeer with the St. Joseph’s Primary Care Diabetes Support Program (PCDSP) “It’s critical they plan for Ramadan by learning how to adjust their medications for fasting, about insulin use and careful monitoring when fasting, when to break the fast, and their diet during Ramadan.”

In the weeks leading up to Ramadan St. Joseph’s began providing a service to help those with diabetes stay healthy during this period of observance. Individuals received the guidance and support they needed through the PCDSP with no referral necessary.



Dr. Mervat Bakeer developed a service to help Muslims with diabetes fast safely during Ramadan.

### Lights, camera, action

At Parkwood Hospital internal television channels broadcast musical events, special events, mass, Sunday services and funerals to patients’ and residents’ televisions, so those unable to travel to the events can watch from the comfort of their own rooms.

### Thank you

*A letter of thanks to the staff at Mount Hope Centre for Long Term Care and to Specialized Geriatric Services at Parkwood Hospital.*

I am writing to thank you most sincerely on behalf of my family for the loving care that was provided to my mother, Ann Harris, from 2007 until she passed away in 2013. She received excellent care over the years. When she came to Canada in 1995, she joined Dr. Albert Annen’s practice as a patient, and he continued to be her doctor in long-term care until he passed away. At that time her care was taken over by Dr. Eric Nicholls. She also received significant help from St. Joseph’s Specialized Geriatric Services.

During the whole of my mother’s time at Mount Hope she received world class care. Never at any time did we have any difficulty or concerns regarding her medical and nursing care. She also received a great deal of support from associated services including occupational therapy. We were especially grateful for the thoughtful and loving care she received from Emmy McLachlan, the art therapist.

My mother was herself an experienced nurse, and a Queen’s Nurse, and fully understood the standard of care that she was receiving. My brother, on his visits from the UK, was also very impressed with what was being done for her.

Kind regards,

*Dr. David Harris*

## Spiritual symbols, signs and artwork

Careful consideration was given to the symbols, signs and artwork in the new mental health facilities.

### Southwest Centre

Artwork in the lobby of the Southwest Centre for Forensic Mental Health Care artistically adds to the space while touching on spirituality. It also provides deep reflection for those with a mental illness on their recovery journey. Five crucifixes are strategically placed throughout the facility. To commemorate the longstanding Christmas and Easter Tableaux, a legacy piece was created which is displayed just outside the prayer room.



For the chapel, after much deliberation the Celtic cross was chosen as the circle in the cross represents inclusion, and as a multi-faith organization this beautifully reflects our Catholic roots and inclusivity. The altar was chosen for its simple beauty and elegance, and the painting that hangs above it, *My Spirit and I*, symbolizes many things including the important relationship we all have with our own spirit, or spiritual self (see more about this painting in the Spiritual Care section of this publication).

### New London mental health care building



A picture of the promenade of trees at Regional Mental Health Care London will be placed on the doors to the new greenhouse, so it will continue to grow in the hearts of those at the new site. The "avenue" as it is known at the current mental health site, has been a source of peace and spirituality for those who are and have been cared for or worked on the grounds for decades.

As well, the Chapel of Hope name will be carried over to the new facility, with a legacy plaque marking the historic chapel placed near the new chapel.

