



Because we all
need St. Joseph's.

St. Joseph's Health Care, London



OUR ST. JOSEPH'S HAD...

A year of great achievement

THIS PAST YEAR HAS BEEN ONE OF MILESTONES AND MOMENTS. FROM THE MAJOR INITIATIVES, CHALLENGES AND ACHIEVEMENTS TO THE COUNTLESS ACTS OF CARE AND COMPASSION, WE MARK THEM ALL IN THIS, OUR ANNUAL REPORT TO THE COMMUNITY FOR THE FISCAL YEAR, 2008-2009.

OUR REPORT CARRIES THREE THEMES – MISSION, SERVICE, AND GRATITUDE, ALL EXEMPLIFYING ST. JOSEPH'S ONGOING EFFORTS TO BE A HIGH-PERFORMING ORGANIZATION AND A VITAL PARTNER IN TODAY'S HEALTH CARE SYSTEM. IT IS WITH THE GRATITUDE OF THE BOARD OF DIRECTORS AND THE SENIOR LEADERSHIP TEAM THAT WE PRESENT THIS REPORT ON BEHALF OF THE ST. JOSEPH'S FAMILY.

St. Joseph's has had much to celebrate and to be thankful for in the past year. In October, we marked the 120th anniversary of St. Joseph's Hospital. Past and present physicians and staff members joined together with the Sisters of St. Joseph to reminisce and remind one another of the legacy of care that began in 1888 with only 10 beds, three Sisters and a small group of staff. The substantive renovations to this site continue and yet milestones were achieved in opening new care spaces in areas such as urology and urgent care. True to its history, this site has never stopped changing to respond to new health care needs.

Our specialized mental health care programs' journey continues as institutional models of care are replaced with recovery models. Here there are remarkable stories of people who have been living in institutions for most of their adult lives now able to live successfully in the community. The work to build new facilities has also seen progress as Infrastructure Ontario confirmed the path to achieve these much-needed new facilities by 2013-2014. These examples give real hope and at the same time, we know that the mental health care system remains in serious need of a comprehensive strategy and plan, backed by action. Too many people are falling through the cracks, and more investment in housing, community support and treatment is essential.

Parkwood Hospital marked the opening of a 20-bed transitional care unit, a place of care and support for people waiting for transfer to a long-term care facility. This is one small piece of the puzzle to implement effective solutions to address the backlog in acute care hospitals and their emergency rooms. While Parkwood's leaders are responding to the decline in our veterans population, this site's distinct mix of complex, specialized geriatric and rehabilitative care positions it well to play an even greater role in relieving a strained system.

At Mount Hope Centre for Long Term Care, staff members and volunteers strive to make each resident feel at home while caring for people with growing and multiple health care needs. This is challenging work in an under-bedded and under-funded provincial system. We are grateful to all those who answer the call to care for the elderly and those who are vulnerable and in need.

Whether at one of our major sites or with one of more than 20 community locations and teams across Southwestern Ontario, St. Joseph's ministry of health and healing is there. Our roles are diverse and change continues, but our commitment to achieve new milestones while ensuring each moment of mission, service, and gratitude remains steadfast.

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CLIFF NORDAL
President and CEO
St. Joseph's Health Care, London

GRAHAM PORTER
Chair, Board of Directors
St. Joseph's Health Care, London

The best of the best



My St. Joseph's is... the first in the country to perform a robotic-assisted radical hysterectomy

ALMOST IMMEDIATELY AFTER UNDERGOING A ROBOTIC-ASSISTED RADICAL HYSTERECTOMY, CHRISTINE CHANDLER FELT SO GOOD SHE THOUGHT SOMETHING MUST BE WRONG.

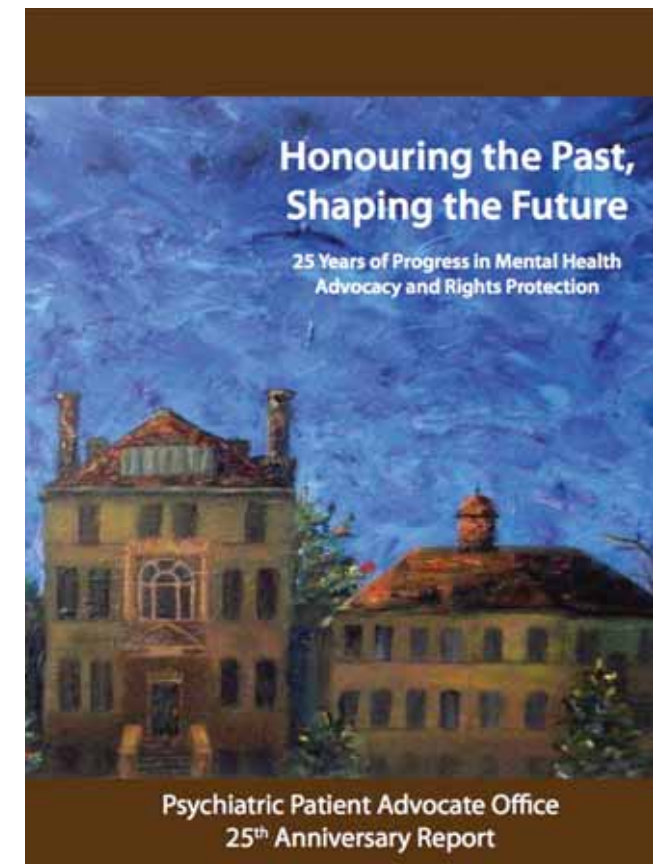
"I kept waiting for the hammer to fall. I was in a state of disbelief."

The hammer never fell. Only hours after the surgery, Christine was up and walking. Less than 24 hours later, she was home. At no time needing pain control, the avid walker was back in stride six days after the surgery, walking three miles. An operating room nurse at St. Joseph's Hospital, she knew first-hand the outcome would have been drastically different without the robot. She would still be recovering.

ST. JOSEPH'S HOSPITAL BECAME THE FIRST IN THE COUNTRY TO PERFORM A ROBOTIC-ASSISTED RADICAL HYSTERECTOMY, A BREAKTHROUGH ACCOMPLISHMENT THAT DRAMATICALLY REDUCES RECOVERY TIME, PAIN AND COMPLICATIONS FOR WOMEN REQUIRING THE SURGERY.

For patients, recovery from a radical hysterectomy using the da Vinci robot requires only a two-day stay in hospital, with a full recovery complete within two weeks. "I feel like I got the best of the best," says Christine, who was back at work about one month after the operation.

Advocating for the patient



THE PSYCHIATRIC PATIENT ADVOCATE OFFICES AT BOTH REGIONAL MENTAL HEALTH CARE LONDON AND ST. THOMAS RECENTLY MARKED THEIR 25TH ANNIVERSARY WITH CELEBRATIONS FOR PATIENTS AND STAFF.

The Psychiatric Patient Advocate Office (PPAO) – the first and largest provincial mental health advocacy program in Canada – was established in 1983 as an arm's-length program of the Ontario Ministry of Health and Long-Term Care to protect the legal and civil rights of inpatients in provincial psychiatric hospitals. They continue to provide a full range of independent advocacy and rights advice services in those facilities, as well as in most Ontario general hospitals with a mental health unit, and to individuals living in the community who are being considered for community treatment orders.

This year the PPAO released a special report on mental health entitled "Honouring the Past, Shaping the Future: 25 Years of Progress in Mental Health Advocacy and Rights Protection." The cover of the book is an illustration of the former London Psychiatric Hospital (currently Regional Mental Health Care London), built in 1902, painted by London artist Deanna Ronson. Deanna has been a volunteer in the Urgent Care Centre at St. Joseph's Hospital for nine years.

A QUIET PLACE

In recent years the need for a prayer room at Regional Mental Health Care London has become increasingly clear. So a new space was created that has a very different function from the Chapel of Hope, a separate building behind the hospital, which has been a place of worship for 120 years and is designated as a heritage site. The Chapel is used on occasions of public worship and celebrations, but is not open at other times. Patients and staff needed a more accessible place for quiet time.

The new prayer room is multi-faith, open to all, and easily accessible within the hospital building.

Chaplain Marvin Shank says, "We have dedicated the room to the highly personal practices of faith, including reflection, meditation, and prayer. Through quiet moments here, people will find increased strength for coping with health difficulties, for engaging personal and professional challenges and for providing compassionate health care."

We have dedicated the room to the highly personal practices of faith, including reflection, meditation, and prayer

CHAPLAIN MARVIN SHANK

ABUSE SCREENING GETS IMMEDIATE RESULTS

WOMEN SEEKING HELP FOR ABUSE HAS SOARED WITH NEW SCREENING MEASURES NOW IN PLACE AT THE URGENT CARE CENTRE AT ST. JOSEPH'S HOSPITAL.

The centre, together with the Regional Sexual Assault and Domestic Violence Treatment Centre, have implemented routine, universal screening that asks all women age 12 and older about their experience with abuse on every visit to urgent care.

In January, February and March of this year, a total of six initial and follow-up visits for domestic violence were made to the Regional Sexual Assault and Domestic Violence Treatment Centre. In April and May, after screening was implemented, there were 22 initial and follow-up domestic violence visits.

"It's important for the community to know that the Urgent Care Centre is a safe place to talk about abuse and that help is readily available at the Regional Sexual Assault and Domestic Violence Treatment Centre," says registered nurse Judi Tapp. "We are hopeful that many more people – both men and women – will become more aware of the services."



The evening of wine and roses

AS A HARPIST PLAYED GENTLE BACKGROUND MUSIC, 300 Mount Hope Centre for Long Term Care residents and their families enjoyed the 16th annual Resident and Family Christmas Dinner on December 4. The evening featured wine, roses, delicious food, entertainment by choirs, pictures with Santa and the lighting of the tree.

Initiated by staff members Marg Wilson and Shelley Underhill in 1992, the event has been orchestrated by Clara Koczi, food services technician, for the last five years.

"We do it for the residents," says Clara. "It's a special evening for them. They come dressed up and have their hair done – I believe they are proud to invite their family for Christmas dinner in their home." Clara adds that the dinner is a collaborative effort, with therapeutic recreation and environmental services playing key roles. Staff from other St. Joseph's sites come to Mount Hope to help make the dinner a success.



CHAPLAIN KATHERINE DAVIS AND RESIDENT GERALD REPAIR

A HUGE STEP FORWARD FOR SPECIALIZED MENTAL HEALTH CARE IN LONDON AND ST. THOMAS

St. Joseph's Regional Mental Health Care (RMHC) underwent some dramatic program changes in 2008 resulting in better patient care. The realignment project was one of the most significant steps in RMHC's journey in enhancing specialized mental health care.

Program realignment began as an effort to align RMHC's programs with other Ontario specialized mental health facilities and programs, as well as increase patient capacity and respond to recruitment and retention of staff. All of the program changes were done to enhance treatment and better serve those with specialized mental health care needs.

As part of the overall process, Coordinated Access, a new 'one phone number' referral system that provides equitable and streamlined access for mental health patients was formed.

The new program provides improved access and increased capacity for specialized mental health services.

St. Joseph's vision for specialized mental health care is for ongoing improvement in the care for patients – a vision all health care providers at RMHC embrace and the realignment process has helped to fulfill.

Counting on RMHC

WHAT YOU MAY NOT KNOW ABOUT REGIONAL MENTAL HEALTH CARE (RMHC) LONDON AND ST. THOMAS.



Then... and Now!



A HISTORY THAT MATTERS – A STORY WORTH CELEBRATING

A STANDING ROOM ONLY CROWD OF CURRENT AND RETIRED STAFF, PHYSICIANS AND VOLUNTEERS, including many Sisters of St. Joseph, turned out October 15 to reminisce and celebrate 120 years of faith and caring at St. Joseph's Hospital. A special presentation, slide show, photo displays, mini-museum of fascinating artifacts, staff video, and of course birthday cake, made for a heart-warming day of 'Memories and Milestones'.

On October 15, 1888, St. Joseph's Hospital officially opened its doors. There were 10 beds, space to accommodate 24 patients and a staff of three Sisters and four doctors. From this humble beginning, St. Joseph's would grow and change to become a medical force in Canada and beyond. Today, as St. Joseph's Health Care, London, we encompass 22 sites, including five main locations – St. Joseph's Hospital, Mount Hope Centre for Long Term Care, Parkwood Hospital and Regional Mental Health Care London and St. Thomas.

We remain committed to the values instilled 120 years ago by our founding Sisters of St. Joseph – that of respect, excellence and compassion in the tradition of faith of caring. "St. Joseph's Hospital is steeped in tradition and yet, has never shied away from change," president and CEO Cliff Nordal told the crowd. "With each step to the future, each accomplishment achieved, your ability to focus on those we serve is steadfast and the key to our continued success... We are all fortunate to be part of the story of St. Joseph's. It's a history that matters – a story worth celebrating."

“ St. Joseph's Hospital is steeped in tradition and yet, has never shied away from change. CLIFF NORDAL ”



NAVIGATING THE DIABETES TIGHT ROPE

FOR PEOPLE WITH DIABETES AND NO FAMILY DOCTOR, STAYING HEALTHY IS LIKE INCHING ACROSS A TIGHT ROPE WITHOUT TRAINING OR A SAFETY NET. It's a balancing act that requires know-how, practice and a good coach to stay out of trouble.

At the Primary Care Diabetes Support Program, patients are getting just that – the coaching, knowledge and safety net they need to feel good, stay healthy and avoid the perils associated with diabetes when one loses their balance.

The innovative program located at St. Joseph's Family Medical and Dental Centre is designed for those without a family doctor or who live with various challenges that make managing diabetes more difficult, such as poverty, language barriers, social isolation or mental illness.

"Through Primary Care Diabetes, patients make great gains," says nurse practitioner Betty Harvey. Within a short time, many patients achieved the recommended targets for blood sugar, blood pressure and cholesterol. "We help people achieve a level of wellness they haven't had in years," says Betty.



Diabetes educator AMANDA MIKALACHKI, left, and nurse practitioner BETTY HARVEY with some of their teaching tools at the Primary Care Diabetes Support Program

Working to find balance

ST. JOSEPH'S RECOGNIZES THAT PHYSICIANS, STAFF AND VOLUNTEERS ARE AS IMPORTANT AS THE WORK ITSELF.

MORE THAN SIX IN 10 CANADIANS REPORT THAT THEY EXPERIENCE SIGNIFICANT STRESS IN THE WORKPLACE, AND CANADIANS ARE NOT ALONE. The World Health Organization has identified job-related stress as a 'worldwide epidemic'.

At St. Joseph's Health Care, London, the physical, emotional and spiritual well-being of our staff is paramount. While there is always work to be done and ways to improve, St. Joseph's recognizes that physicians, staff and volunteers are as important as the work itself.

To manage and minimize stress in the workplace, St. Joseph's has numerous initiatives that promote wellness. In addition, the Employee Assistance Program (EAP), offers professional counselling to all staff and their families needing support with personal and work-related issues, including stress management.

St. Joseph's newly-refreshed corporate strategic plan reflects the organization's goal of continuing to focus on its people and to be a responsive and caring employer – one that lives its values of respect, excellence and compassion.

2008-2009 BOARD OF DIRECTORS

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A 'New Attitude' for brain injuries and addiction

ALCOHOL AND DRUG ADDICTION OFTEN LEAD TO BRAIN INJURIES SUCH AS THOSE SUSTAINED IN CAR ACCIDENTS AND ASSAULTS. BUT IF THE ADDICTION CONTINUES AFTER THE BRAIN INJURY, IT SERIOUSLY JEOPARDIZES RECOVERY.

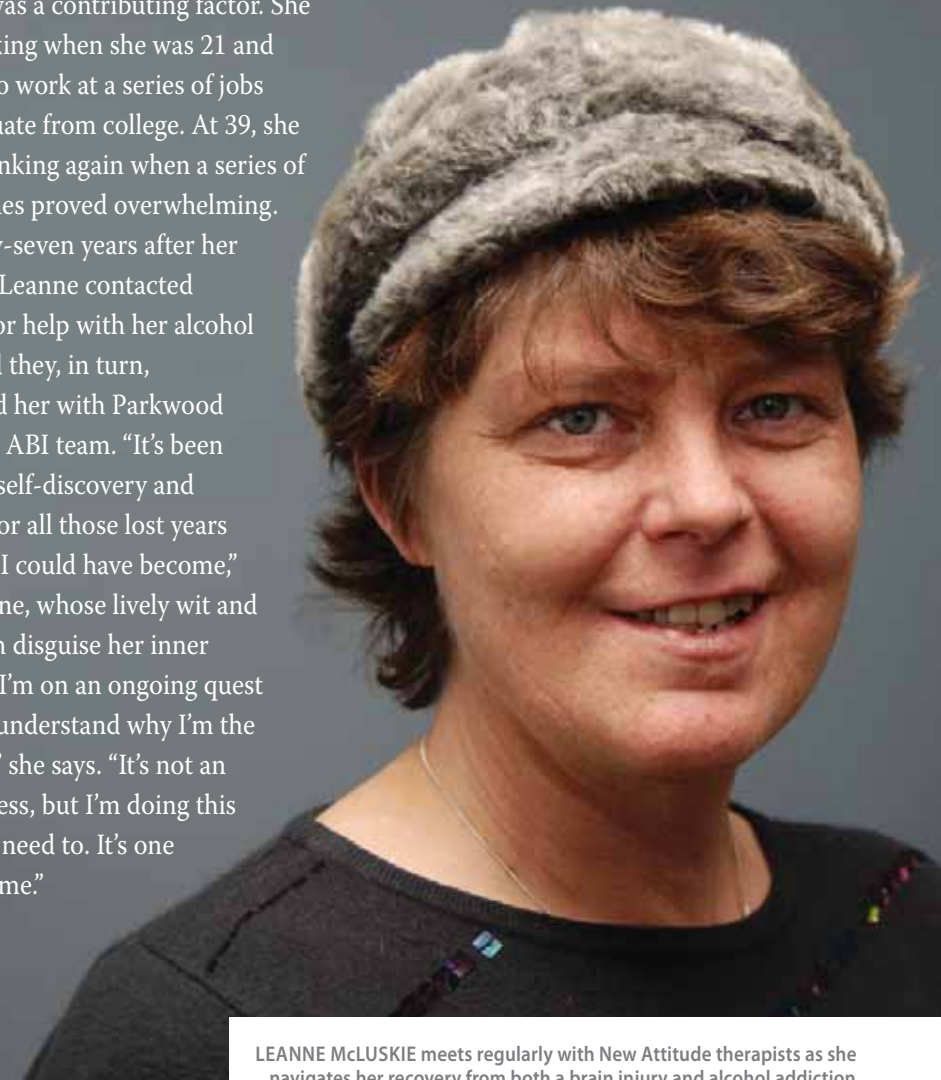
To enhance services for those with both a brain injury and an addiction, Parkwood Hospital's acquired brain injury (ABI) rehabilitation team has joined with Addiction Services of Thames Valley (ADSTV) and Dale Brain Injury Services (DBIS), to combine their expertise in a partnership called New Attitude.

"Before New Attitude, we worked in silos," says Monique Crites, ABI regional coordinator at Parkwood Hospital. "By merging brain injury rehabilitation and addiction counselling expertise, we're now providing a coordinated, effective treatment approach to maximize recovery."

For Leanne McLuskie, 45, the New Attitude team is helping her understand how a brain injury she sustained in 1980 continues to impact her life. Leanne was just 16 when a car accident left her in a coma for 11 days. When she awakened, she was confused, visually impaired and couldn't walk or talk properly. In those days the value of rehabilitation after an ABI was not recognized, and only 14 days after the accident she was discharged without further medical follow-up.

Although suffering from an ABI, Leanne finished high school. Her aggression and fits of rage were attributed to adolescence and alcoholism, without anyone realizing her ABI was a contributing factor. She quit drinking when she was 21 and went on to work at a series of jobs and graduate from college. At 39, she began drinking again when a series of misfortunes proved overwhelming.

Twenty-seven years after her accident, Leanne contacted ADSTV for help with her alcohol abuse and they, in turn, connected her with Parkwood Hospital's ABI team. "It's been a time of self-discovery and grieving for all those lost years and what I could have become," says Leanne, whose lively wit and easy laugh disguise her inner turmoil. "I'm on an ongoing quest to finally understand why I'm the way I am," she says. "It's not an easy process, but I'm doing this because I need to. It's one day at a time."



LEANNE McLUSKIE meets regularly with New Attitude therapists as she navigates her recovery from both a brain injury and alcohol addiction.

St. Joseph's receives new MRI scanners

IN DECEMBER 1982, THE FIRST MAGNETIC RESONANCE IMAGE (MRI) OF A HUMAN HEAD IN CANADA WAS TAKEN AT ST. JOSEPH'S HOSPITAL. Over the last 25 years, dedicated MRI staff at St. Joseph's have ensured that patients benefited from the latest and best MRI services. This success has been achieved by a unique partnership between medical staff and technologists at St. Joseph's and researchers at Lawson Health Research Institute.

In 2008, imaging at St. Joseph's reached new heights, literally and figuratively, with the installation of two new MRI machines to replace older equipment and move St. Joseph's into an exciting new phase of care and research.

In early September, St. Joseph's Hospital received a new clinical MRI system that provides the full complement of diagnostic care for breast imaging patients and allows many more breast exams to be performed each year. Then on December 20, a new research MRI system was installed as part of the Biomedical Multimodality Hybrid Imaging Project. New software and hardware will be developed to transform the research MRI into a MRI/PET hybrid scanner capable of merging images of biological function with superior images of anatomical/structural detail.

This type of hybrid imaging will be of particular benefit to patient care in breast cancer, mental health, diabetes, stroke, and chronic pain, and studies in brain development and heart tissue regeneration.

With the latest in MRI systems, St. Joseph's is providing state-of-the-art care, treatment and research to improve health care worldwide.

ST. JOSEPH'S REACHED NEW HEIGHTS, LITERALLY AND FIGURATIVELY, WITH THE INSTALLATION OF TWO NEW MRI MACHINES





DR. CLAIRE TEMPLE discusses details of the procedure that would help REBECCA LOGAN feel "whole again."

MY ST. JOSEPH'S HAS ME...

Feeling whole again

REBECCA LOGAN'S MOTHER PASSED AWAY FROM BONE CANCER WHEN SHE WAS JUST 50 YEARS OLD. Twelve years later, Rebecca, by then a single mother of two, noticed the skin on her nipple was chapped and wouldn't heal. A mammogram and biopsy confirmed she had breast cancer at age 36.

It would be the start of a difficult journey, but one that would leave the young mom grateful for the expertise at the Hand and Upper Limb Centre (HULC) at St. Joseph's Hospital, where the specialized care would allow her to feel whole again.

Referred to the internationally renowned HULC, Rebecca met with plastic surgeon Dr. Claire Temple, who reviewed the options available.

"I decided I wanted to get everything done at once," Rebecca explains of the difficult decision to have a double mastectomy. "I saw my mother go through chemotherapy and radiation. I have two kids, and I've seen it from the other side. I wanted to be proactive."

During her meeting with Dr. Temple, Rebecca learned she could have breast implants or her own abdominal tissue could be used with a technique called microsurgery to reconstruct her breasts following the mastectomy. She opted for using the tissue from her stomach.

"There are a lot of women who are afraid as soon as you say 'mastectomy' and 'cancer' and they're afraid because they're getting something taken away," says Rebecca. "With the reconstruction, I don't feel like I've lost anything. I still feel every bit the woman I was before. Without the reconstruction I wouldn't feel that way."

For Dr. Temple, patient satisfaction is paramount. "Doctors assess outcomes as far as morbidity rates, recurrences, etcetera," she says. "I also want to know about patient satisfaction. With a breast reconstruction, for example, is the breast soft enough? Is the abdominal area comfortable? Do they feel whole again?"

For Rebecca, the impact has indeed been positive. The breast reconstruction meant a return to normalcy. "Everyone at St. Joseph's – from the surgeons to the maintenance staff – the care they give is phenomenal."



I still feel every bit the woman I was before. Without the reconstruction I wouldn't feel that way.

REBECCA LOGAN



MY ST. JOSEPH'S IS...

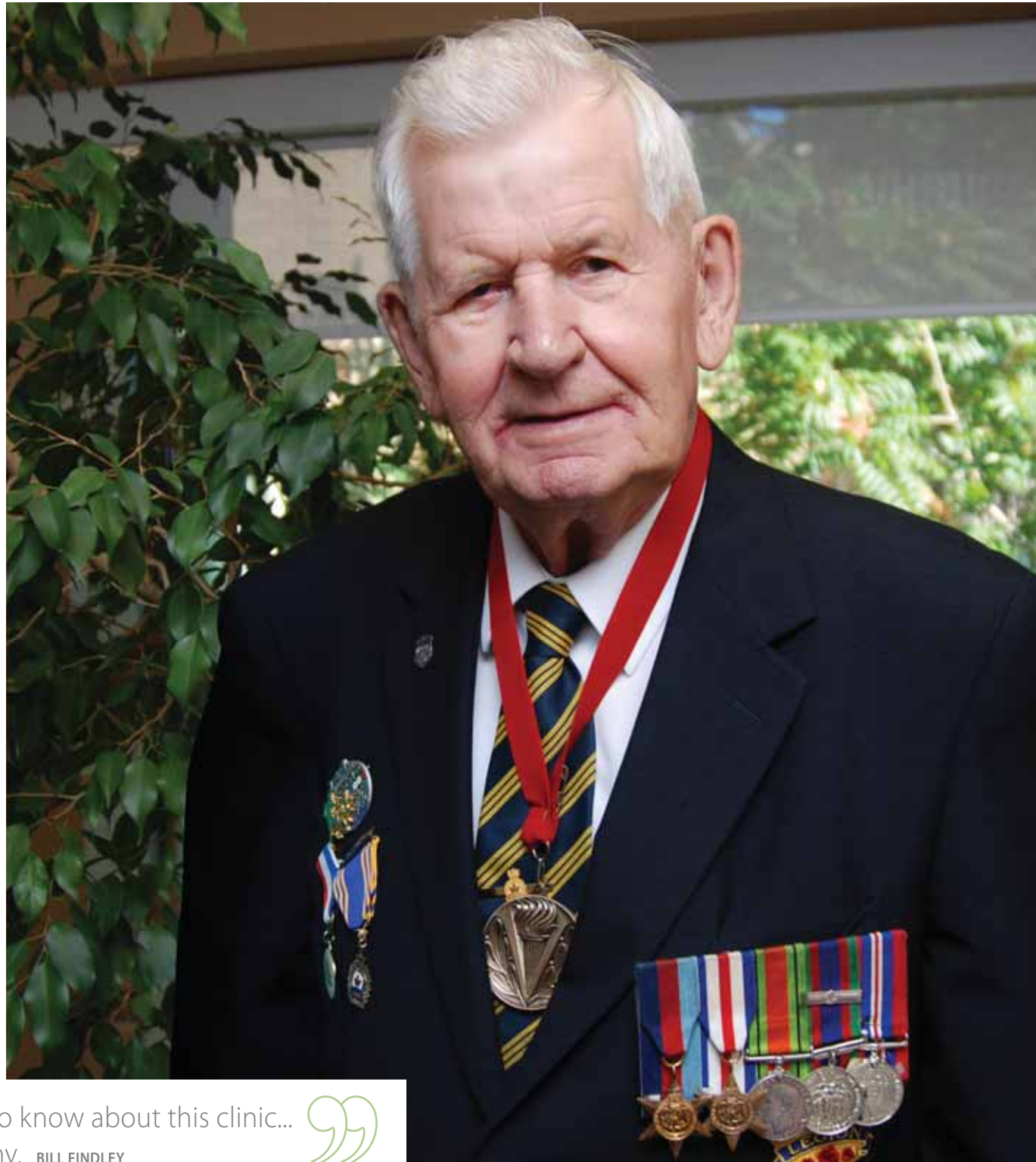
Healing emotional scars

A PARKWOOD HOSPITAL CLINIC IS A PIONEER AND LEADER IN OPERATIONAL STRESS INJURIES. Like so many young men, Bill Findley suffered painful, emotional scars from his years of service in the Second World War. But it would take 60 years before he would understand just how deep those scars ran, and their impact on his life.

The realization came after the veteran began therapy at the operational stress injury (OSI) clinic at Parkwood Hospital. By then, he was 80 years old.

Bill was shell shocked when he left the service in 1946 – a term known today as post-traumatic stress disorder (PTSD). It was only after therapy at the OSI clinic he realized that by working in the mines following his military service he was dealing with his PTSD by hiding underground from the planes.

"I can't believe I kept it under control all those years. More people need to know about this clinic. It could help so many struggling with mental health challenges related to military service."



“More people need to know about this clinic... It could help so many.”

BILL FINDLEY

OUR ST. JOSEPH'S IS A STORY OF...

Love and compassion

HE WAS SMALL BUT LEFT A MIGHTY AND LASTING IMPACT ON EVERYONE AROUND HIM. Larry George, known affectionately as "Larry Boy" by the staff who cared for him, came into the world weighing one pound, 11 ounces.

Larry spent every day of his four and a half months of life in the neonatal intensive care unit at St. Joseph's Hospital, charming his family and anyone who had the pleasure to care for him.

Larry's parents have Aboriginal roots and talked often to their son of blue skies, lush grasses, singing birds and the outdoors. When his under-developed lungs could no longer support his growing body, it became clear that Larry would not live much longer. Knowing the family, his physician, Dr. Doris Yuen, felt it was important for the little boy to feel the sunshine on his face.

So on a sunny, warm day, his care team accompanied Larry and his parents to the garden in front of St. Joseph's Hospital, where his father then sat with him.

"The second the sun hit his face, he relaxed," says his mother, Lee Ann. "He didn't open his eyes once, but we could see he was taking it all in."

Larry was held in his father's arms for 45 minutes before his care team removed the breathing tube that had helped keep him alive. The little boy with an "old soul" passed on July 6, 2008, having finally experienced the wonder of nature that his parents spoke of so often.

Lee Ann says she is forever grateful to the staff at St. Joseph's for their expert care and dedicated compassion. She says the effort made to transport her child outside so he could release his spirit into the world really helped to get her through the experience.



“The second the sun hit his face, he relaxed,” says his mother, Lee Ann. “He didn't open his eyes once, but we could see he was taking it all in.”

LEE ANN GEORGE

OUR ST. JOSEPH'S IS...

Opening new doors



From left: MICHAEL BARRETT, SW LHIN, ELAINE GIBSON, St. Joseph's; MPP KHALIL RAMAL; JANICE COSGROVE, St. Joseph's; DONNA LADOUCEUR, SW CCAC; MPP DEB MATTHEWS; TED CUTHBERT, a patient in the TCU, and his wife DIANE; MICHELLE CAMPBELL, St. Joseph's Health Care Foundation; and CLIFF NORDAL prepare to cut the ribbon to open the TCU.

NEW TRANSITIONAL CARE UNIT OPENS

THE HEALTH CARE SYSTEM IN LONDON GAINED A LITTLE BREATHING ROOM THIS PAST YEAR WHEN THE 20-BED TRANSITIONAL CARE UNIT (TCU) OPENED AT PARKWOOD HOSPITAL. Creating the TCU is one strategy to begin to reduce the pressure on acute care and rehabilitation beds in London.

Transferring patients from acute care to the TCU will help to ensure beds are available for programs such as cardiac, trauma, cancer and rehabilitation that serve the region. In the TCU patients are provided with restorative care to

promote independence and maximize their potential to be cared for in retirement homes, long-term care homes, supportive housing, or in their own homes with support from the South West Community Care Access Centre (SWCCAC).

The TCU is a collaborative effort with the South West Local Health Integration Network funding the operating costs, St. Joseph's Health Care Foundation providing nearly half a million dollars through the gifts of donors for renovations and equipment, and the SWCCAC coordinating admissions and discharges.

MY ST. JOSEPH'S IS...

A very special place...

AT PARKWOOD HOSPITAL'S NEUROBEHAVIOURAL REHABILITATION CENTRE, SMALL STEPS ARE GIANT STRIDES.

Michael Flynn was always in good shape. He was passionate about bodybuilding and the martial arts. He was also a drummer and car enthusiast. It all came to an abrupt end when a head-on car crash left Michael with broken legs, ankles, shoulder and numerous internal injuries. But most devastating was a catastrophic brain injury. It would leave Michael, now 44, a very different person and his parents, Lena May and Larry, struggling to find appropriate care. While the bones and other injuries mended, the simplest tasks remained out of reach for Michael due to extensive brain damage. Even the ability to talk, laugh and interact was gone. Michael was spending his days heavily drugged sitting in a wheelchair or lying in bed. "No one knew what to do with him," says Lena May.

Then the Wallaceburg couple found the Neurobehavioural Rehabilitation Centre (NRC) at Parkwood Hospital. It was nine months since the crash but it would be at the NRC where Michael would truly reawaken.

"They brought him back. They got him going. It's unreal. There is nothing like this centre."

"This is a very special place," says Lena May. "They thought of everything to get Mike going. If it didn't work, they went back to the drawing board. By the time he left here, he was happy. He could read and count. He could carry on a conversation. He could brush his teeth. Anything he could learn, he did. We can't say enough about this marvellous place and everyone who works there."

ST. JOSEPH'S WINS HEALTHY HOSPITAL AWARD

St. Joseph's commitment to a healthy workplace and our creative approaches to achieve it has won the organization the 2008 OHA Healthy Hospital Innovators Award.

Developed in partnership with the National Quality Institute (NQI), the award recognizes OHA member organizations that demonstrate a long-term strategic approach to develop and sustain a healthy workplace, and efforts to become role models in their communities. It also acknowledges a willingness to participate in knowledge transfer on healthy workplace initiatives and effective practices.

"We are thrilled to win this award," says Karen Stone, chief human resources officer. "It recognizes the hard work of many to create an enviable workplace that maximizes the health and well-being of staff, physicians and volunteers. While there is always work to be done and ways to improve, the award affirms that St. Joseph's is indeed a place where those who work here are as important as the work itself."



KAREN STONE and DEB MILLER, director, organizational development and learning services, receive the award at 2008 OHA HealthAchieve.

In the late 1800's almost all of the London Asylum for the Insane's 900 patients were working in some capacity at the facility. DR. RICHARD BUCKE believed in the idea of occupational therapy, including farming, as a treatment for those with mental illness, helping patients to focus on healthy activities. In 1888, the 200 acres of farms and gardens yielded outstanding crops, including over 16,200 heads of cabbage.



A HISTORY TO SHARE

THE HISTORY OF MENTAL HEALTH CARE RUNS DEEP IN LONDON SINCE THE OPENING OF THE ORIGINAL LONDON ASYLUM FOR THE INSANE IN 1870. To keep that history alive, an Archival and Teaching Museum was created in the 1970s in the current facility, now known as Regional Mental Health Care London.

Anticipating new facilities in 2013, the museum was recently transferred to Museum London, which is expertly taking care of and displaying the extensive collection. The exhibit offers a glimpse at life as it was for both patients and staff at the former London Asylum and chronicles advances in care led by Dr. Richard Maurice Bucke.

A virtual exhibit of the museum is being prepared by University of Western Ontario students.

"This project presented an opportunity for students to research in a rich archival collection, work with artifacts, write, and learn the skills needed to create a web exhibit," says Michelle Hamilton, director of public history at Western.

"After graduation, the students will find this experience a valuable asset in their employment search."



“For me, spiritual care has been as essential as the medical treatment I’ve received. Even if the cancer comes back, I’ll deal with it. I feel I can beat it. Ralph has helped me see that.” **MARGIE FERRISS**

MY ST. JOSEPH'S GIVES ME...

The support I need

ST. JOSEPH'S BREAST ASSESSMENT PROGRAM TAKES A WHOLISTIC APPROACH TO CARE.

Margie Ferriss could actually see the lump in her breast. It started out as a small cyst her doctor watched closely for nearly a year, but in five weeks it grew from the size of an olive to that of tangerine.

"What else grows like that but cancer? I couldn't believe this was happening to me."

Referred to St. Joseph's Hospital for a biopsy, Margie came to the appointment filled with dread, imagining the worst, and wondering how she would cope. She would find the answers with the help of Ralph Hale, a chaplain with spiritual care at St. Joseph's and a member of the support team of the breast assessment program.

"Ralph helped me see that I have control of this situation, challenged me to see the positives and led me to understand what was really important – living each day, spending time with people you love and who love you."

"The biggest obstacle is the misconception that spiritual care is about religion when it's actually about emotional and spiritual support," says Ralph. "We are willing to go to the dark places with people and help them while they transition through pain, despair and hope."

After her diagnosis, Margie began chemotherapy to shrink the tumour before undergoing surgery.

The mother of two is now undergoing radiation therapy and has received good news about her progress – she is cancer free. Emotionally and spiritually, the news is also good.

MY ST. JOSEPH'S HAS A ...

Clear vision for aging eyes

THE MORNING AFTER HIS CATARACT SURGERY, CARL CROCKER DID WHAT HE ALWAYS DID WHEN HE WOKE UP. He reached for his glasses to see the time on his clock radio. But then he noticed the numbers were clear and crisp.

"I COULDN'T BELIEVE IT. I WAS SO HAPPY."

Everything has come into focus for 79-year-old Carl. "I have trophies on my wall and I can see them now from a distance. It's a wonderful thing."

The active senior is also now back behind the wheel. Cataracts, which increased the glare of headlights for Carl, made it impossible to drive in the early morning and evening hours. "The surgery has been a godsend."

Carl is one of more than 5,000 patients who undergo cataract surgery every year at St. Joseph's Hospital, where a dedicated cataract suite provides unparalleled expertise. With nursing staff who work only in this area and a well-honed process of admitting, treating and discharging patients, cataract patients receive fine-tuned care with tremendous results.

With extra money pledged by the province for cataract surgery in response to burgeoning demand from a rapidly growing aging population, and St. Joseph's efficient system of care, wait times at St. Joseph's Hospital have dropped to about eight weeks from the time surgery is recommended. This varies by ophthalmologist but not long ago, the wait was two years.

CARL CROCKER of Dorchester can now actually see where his ball is headed when he golfs and the vibrant colours of the course thanks to cataract surgery, which has dramatically improved his vision.

AND THE SURVEY SAYS...

Accreditation Canada surveyors visited dozens of teams and individuals across St. Joseph's sites this past fall. Some of the many topics the surveyors focused on in their discussions included governance, clinical care, patient safety, physical environment, resource management, and emergency preparedness.

With warmth and humour, several members of the surveyor team expressed how much they had enjoyed their week at St. Joseph's, how impressed they were with the programs and services, and commended staff for their excellent work.

Strengths and opportunities were identified for each of the areas surveyed as well as for the organization as a whole.



STRENGTHS INCLUDED BEING LEADERS IN: RESEARCH AND TEACHING; WORKFORCE COMMITMENT; TRANSITION MANAGEMENT; RELATIONSHIPS WITH PROFESSIONAL STAFF AND WITH PATIENTS AND FAMILIES

On the fast track

THE WELL-HONED SYSTEM IS ATTRACTING INTERNATIONAL ATTENTION AND HAS MADE ST. JOSEPH'S HOSPITAL A LEADER IN JOINT REPLACEMENT.

AN INNOVATIVE SYSTEM AT ST. JOSEPH'S HOSPITAL HAS PATIENTS HOME AND COMFORTABLE 24-36 HOURS AFTER HIP OR KNEE REPLACEMENT SURGERY. With fast track arthroplasty, a small portable system provides continuous local freezing into the incision, providing excellent pain relief and reducing the need for oral pain medications that can have unwanted side effects like nausea, vomiting, dizziness and constipation.

"Hip or knee replacement can be life-improving surgery allowing for healthy exercise, such as walking, and relief from pain," says advance practice nurse Maureen Loft. "Pain management following surgery is often what keeps people in hospital."

The fast track program also involves a strong interprofessional approach to total joint replacement. This includes: pre-operative assessment and education; the latest in surgical techniques; physiotherapy; occupational therapy; nursing care; and discharge planning for a smooth transition from hospital to home. Patients continue their rehabilitation through home care.

The well-honed system is attracting international attention and has made St. Joseph's Hospital a leader in joint replacement. "We have achieved very good outcomes and patient satisfaction," says Maureen. "Our patients do well with no increase in complications, infections or readmissions, and have a reduced length of stay in hospital."

Give 'em a hand



REDUCING HOSPITAL ACQUIRED INFECTIONS THROUGH BETTER HAND HYGIENE

STATISTICS INDICATE LESS THAN A 40 PER CENT RATE OF HAND HYGIENE COMPLIANCE AMONG ONTARIO'S HEALTH CARE WORKERS

ONE OF THE BIGGEST THREATS TO PATIENT SAFETY IN HOSPITALS IS SOMETHING WE CAN'T SEE: GERMS THAT CAUSE INFECTIONS. Every year approximately 8,000 patients in Canadian hospitals die of hospital-acquired infections. Cleaning our hands properly is the single most effective way we can reduce these infections.

The importance of cleaning hands is a fundamental practice for those working in health care. But statistics indicate less than a 40 per cent rate of hand hygiene compliance among Ontario's health care workers. Why? Studies show that health care workers are cleaning their hands, but need further education to ensure they are cleaning them in the right way at the right time.

To improve patient and staff safety, St. Joseph's is making hand hygiene a priority. "We're making it easy and convenient for everyone to clean their hands," says Dr. Gillian Kernaghan, vice-president, medical education and medical affairs. "We're increasing the number of hand sanitizer dispensers, placing them by the bedside for quick access, and marking them with bright red buttons."

Many other hand hygiene improvement initiatives are underway including education programs, newsletters, online training modules, and compliance feedback specific to care units.

A QUESTION OF ETHICS

DAD IS 88 YEARS OLD. HIS STROKE HAPPENED SIX MONTHS AGO. It's painful to watch him now, remembering his passion for life and family prior to this event. Today he stares at the ceiling while he lies in bed, fed through a feeding tube. He told me once that if he should ever find himself in a totally dependent state he would not wish "heroic" measures to prolong his life. Is this what he meant by a "dependent" state? Is this feeding tube a "heroic" measure? I wish we could talk again.

The scenario is not unusual but answers to the questions are never easy. The decisions are made even more challenging if personal values of patients, family members, society and health care providers conflict. Is there a right choice? How do we decide?

ST JOSEPH'S DILIGENCE AND COMMITMENT WHEN IT COMES TO HEALTH CARE ETHICS HAS MADE THE ORGANIZATION A LEADER IN THE FIELD.

Many Catholic hospitals across Canada have adopted St. Joseph's policies, guidelines and tools. Our physicians, clinical ethicists and health care practitioners regularly participate in health care ethics education locally and nationally.

Ethics consultation and education does not assume to have the answers, however it is effective in asking the difficult questions that can assist in identifying and understanding options. Health care ethics at both the personal and corporate level is a priority at St. Joseph's and we are proud to have contributed significantly to its focus and development in hospitals across the country.

BUILDING ON A GOOD THING

The past year celebrated many restructuring accomplishments for St. Joseph's Hospital. New spaces for the cataract suite, health records, Urology Centre, diabetes education and research, and the Urgent Care Centre were among the major restructuring milestones. The year also saw the consolidation of inpatient surgical services in one area, and the welcoming of finance to St. Joseph's Hospital from Mount St. Joseph's.

"Renovations to existing areas at St. Joseph's Hospital have given us the opportunity to look at further improving our overall infrastructure and technology and work flow," says David Crockett, integrated vice-president of facilities management St. Joseph's Health Care, London. "As the first phase of renovations near completion, work is already well underway on the second phase of renovations."

The second phase will include new spaces for: the Ivey Eye Institute; ear, nose, and throat; ambulatory gynecology; endoscopy; respiratory therapy; endocrinology and metabolism clinics; kitchen and cafeteria.



This new state-of-the-art procedure room allows medical staff to perform urological procedures in the clinic that were traditionally done in the operating room.

Message from the Treasurer



MARCIE GRAIL
Treasurer, Board of Directors
St. Joseph's Health Care, London

AS I SAT DOWN TO WRITE THIS YEAR'S FINANCIAL MESSAGE, I COULD NOT HELP BUT REFLECT ON THE ECONOMIC CRISIS THAT HAS AFFECTED THE WORLD ECONOMY; WHAT THIS HAS MEANT FOR ST. JOSEPH'S HEALTH CARE, LONDON, AND WHAT IT WILL MEAN FOR OUR FUTURE. We were not immune and our financial results for 2008/09 have been impacted by the collapse of the financial markets.

We ended the year with a small deficit of \$0.2 million. This result was significantly below plan as we experienced an unrealized loss on investments of \$11.4 million due to the market changes. Fortunately, we are not heavily invested in the equity market (13.6 per cent of portfolio). As these funds were invested for the long term, there is no requirement to liquidate the funds and therefore we are hopeful that we will recover this loss long before the funds will be required. Working capital remains positive at a current ratio of 1.1:1 as at March 31, 2009.

Our restricted investments that support our existing and future commitments remain secure and total \$152.3 million at March 31, 2009. Our investments are externally managed by professional firms under the stewardship of our Board.

As we prepare for the future, we made capital investments in 2008/09 totaling \$61.9 million. Redevelopment spending accounted for \$36.6 million of this total, equipment \$16.7 million, and information systems \$8.6 million. These expenditures were supported by government grants (\$40.7 million), hospital resources (\$12.9 million), debt (\$2.2 million) and St. Joseph's Health Care Foundation, Lawson Research Institute and others (\$6.1 million). At St. Joseph's we are

committed to ensuring our services and programs remain well positioned to serve the community. This requires multi-year planning and a strong commitment to good fiscal management.

Patient activity levels overall for St. Joseph's were virtually unchanged in 2008-09 from 2007-08 and the hospital achieved its Hospital Services Accountability Agreement (HSAA) performance indicators that were established with the Southwest Local Health Integration Network for the year.

We are expecting some difficult years ahead as a result of the recession. It will take time for Ontario to recover, and even longer for the private sector and taxpayers; we are therefore anticipating limited funding increases for 2010-11 and 2011-12. On March 26, 2009 the Provincial Budget reaffirmed the operating funding planned for 2009-10 for the hospital system. This was very welcome news and the announcement was consistent with the operating plan our hospital has developed for the upcoming year. We also rely heavily on the local community for support of new capital projects and equipment through philanthropy. While we have been very fortunate in the last year and have continued to see strong support, we will monitor these trends and manage our expenditures accordingly.

St. Joseph's is blessed with the support of dedicated staff, physicians, volunteers, plus a supportive and active community. It is the collective effort of all these individuals that defines who we are and what we can accomplish. As I come to the end of my term as Chair of the Resource Planning and Audit Committee, I would like to thank everyone for the continuing support of our mission and the effective and efficient stewardship of St. Joseph's resources.

Financial highlights

THE FINANCIAL INFORMATION AND THE RESULTS OF OPERATIONS ARE THE RESULT OF SYSTEMS AND PROCESSES IN PLACE THAT ENSURE THE RELIABILITY AND EFFECTIVENESS OF OUR FINANCIAL INFORMATION AND REPORTS. The Internal Control environment is strong at St. Joseph's and leadership recognizes the need to provide the public with the confidence they need to rely on the financial information we generate, and to ensure the protection of our assets.

Management's 'tone at the top' is clear and committed to sound financial and business practices. The recently introduced Standards of Business Conduct policy addresses the issue of ethical business relationships and our collective obligation to remain vigilant to ensure our policies are adhered to. Senior Financial Management attest annually to the effectiveness of controls as part of the Annual Report.

The hospital's strategic operational and financial planning cycles align with the timelines and guidelines established by the Local Health Integration Network (LHIN). We have a multi-year planning cycle that allows us to anticipate service level requirements and economic pressures in advance of negotiation of a Hospital Services Accountability Agreement (HSAA). Our budget processes are facilitated by a Business Plan Committee (BPC), made up of representation from across the organization. We approach budget challenges by looking at all areas of efficiency both in terms of looking for continuous improvements, ensuring we benchmark favourably with our peer organizations, and looking at the effectiveness of the services we provide. While we submitted a Board approved multi-year plan to the Ministry in 2007-08 for 2008-10, our continued refinement of estimates and evaluation of other operating pressures required savings in excess of \$10 million to be identified in 2008-09 in order to balance our 2009-10 budget and continue to meet our service obligations.

AUDITOR'S REPORT ON SUMMARIZED FINANCIAL STATEMENTS

TO THE BOARD OF DIRECTORS

The accompanying summarized statement of financial position and statements of operations and cash flows are derived from the complete financial statements of St. Joseph's Health Care, London as at March 31, 2009 and for the year then ended on which we expressed an opinion without reservation in our report dated May 15, 2009. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related

complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

CHARTERED ACCOUNTANTS, LICENSED PUBLIC ACCOUNTANTS
London, Canada, May 15, 2009

CONDENSED FINANCIAL STATEMENTS

CONDENSED STATEMENT OF FINANCIAL POSITION

St. Joseph's financial position at March 31, 2009 remains healthy. Although we continued to experience unrealized losses on our investment portfolio, we still had sufficient working capital to restrict funds to ensure we are able to meet our commitments for the completion of our capital redevelopment and sustain our capital equipment base. Our professionally managed funds are invested in a manner consistent with our investment management policies of funding cash needs as they arise.

The 1.1:1 working capital ratio is well within the established range as per our accountability agreement with the Local Health Integration Network [LHIN] and our obligations under various debt agreements continue to be easily met.

CONDENSED STATEMENT OF OPERATIONS

The year-end deficit of \$0.2 million includes unrealized investment losses of \$11.4 million. While these losses are significant, they are comprised of losses in our long-term investment fund, which is comprised of funds not expected to be used for at least seven years.

The excess of revenues over expenses from operations of \$6.6 million is largely a result of savings realized during the year as we continue to look to benchmarks in the industry to achieve best practice results in operational efficiency. The Ministry fully funded \$3.4 million in one-time restructuring expenses as we continue toward the next milestone in our restructuring efforts with our health care partners in the region. \$14.2 million of our revenue relates to external grants to offset the \$28.3 million in amortization of our capital investments.

CONDENSED STATEMENT OF CASH FLOWS

In 2009, St. Joseph's invested \$36.6 million in new facilities and \$25.3 million in new equipment. The most significant addition in facilities relates to the completion of the Milestone 2, Phase 1 restructuring project. This project was completed in the current fiscal year for a total value of \$27.9 million, of which \$25 million was funded by the Ministry. We also continue our investment in new information systems technology as we make considerable progress with the electronic patient record. Capital spending is financed internally by \$12.9 million from reserves, and externally by \$49 million from contributions from the government, the community, and debt by way of equipment leases.

As at March 31	2009 (000's)	2008 (000's)
ASSETS	\$	\$
Current assets	71,442	98,692
Restricted investments	152,259	154,412
Capital assets and other	269,457	222,051
	493,158	475,155

LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
Current liabilities	64,900	65,981
Long-term liabilities and deferred contributions	203,428	184,150
Net assets	224,830	225,024
	493,158	475,155

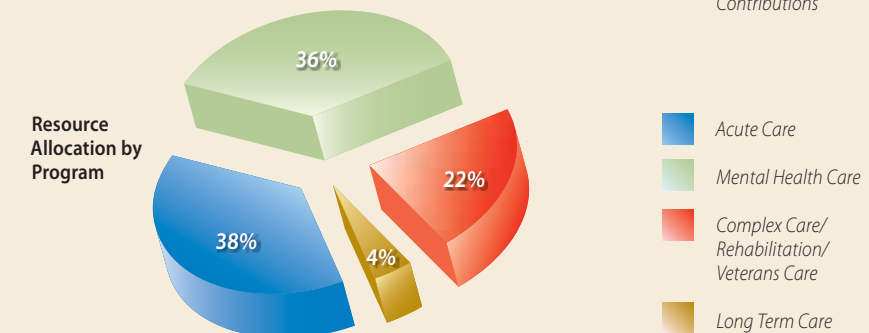
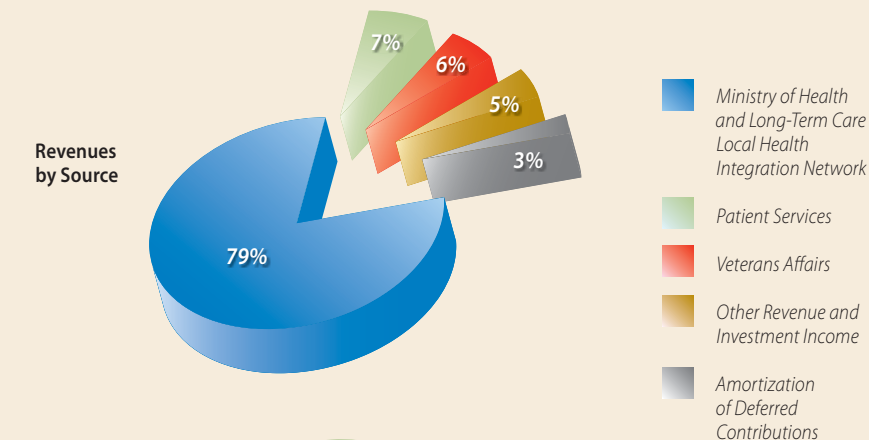
Year Ended March 31	2009 (000's)	2008 (000's)
REVENUES	\$	\$
Ministry of Health and Long-Term Care and Local Health Integration Network	351,071	341,792
Other	99,347	98,614
	450,418	440,406

EXPENSES		
Salaries and benefits	324,042	312,870
Other	119,803	118,160
	443,845	431,030
Excess of revenues over expenses from operations	6,573	9,376
Investment income	4,665	6,146
Unrealized investment losses	(11,432)	(4,243)
(Deficiency) excess of revenues over expenses	(194)	11,279

Year Ended March 31	2009 (000's)	2008 (000's)
CASH PROVIDED BY (USED FOR):	\$	\$
Operating activities	30,007	51,092
Financing activities	33,917	18,255
Investing activities	(73,237)	(53,909)
Net (decrease) increase in cash	(9,313)	15,438
Cash, beginning of year	33,625	18,187
Cash, end of year	24,312	33,625

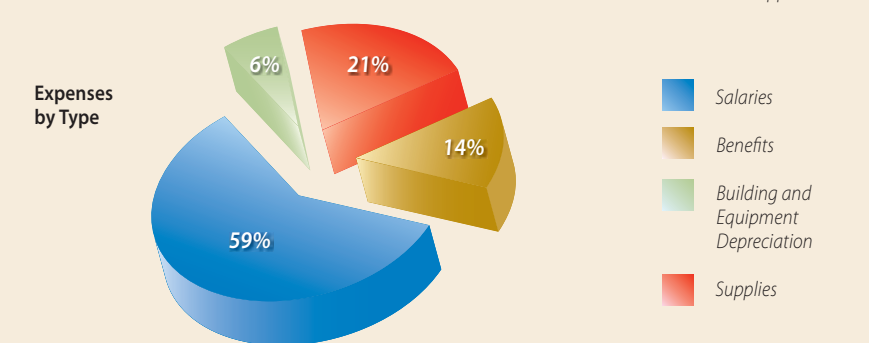
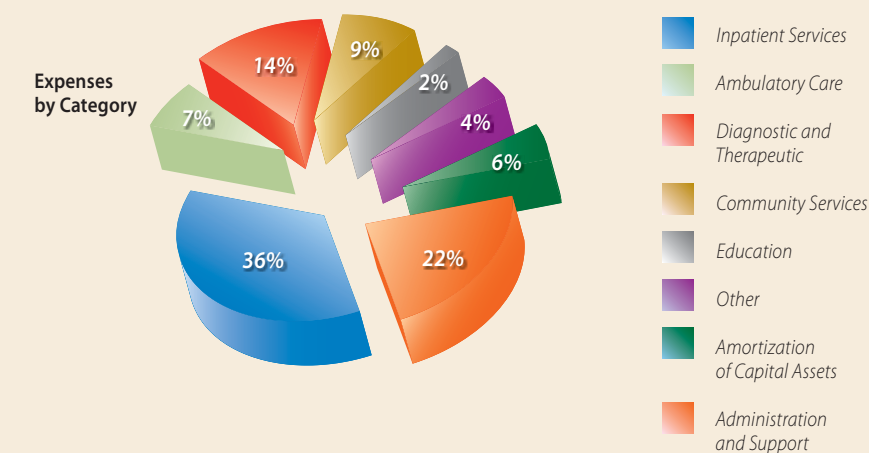
WHERE OUR MONEY COMES FROM TO OPERATE THE ORGANIZATION

Government remains our primary source of funding with a combined 85 per cent from the province and Veterans Affairs Canada. Our accountability agreement sees us responsible to deliver agreed upon levels of service for the base funding provided. In addition, the government provided \$5 million in non-recurring funding to address waiting lists and manage our restructuring costs.



HOW OUR MONEY IS SPENT

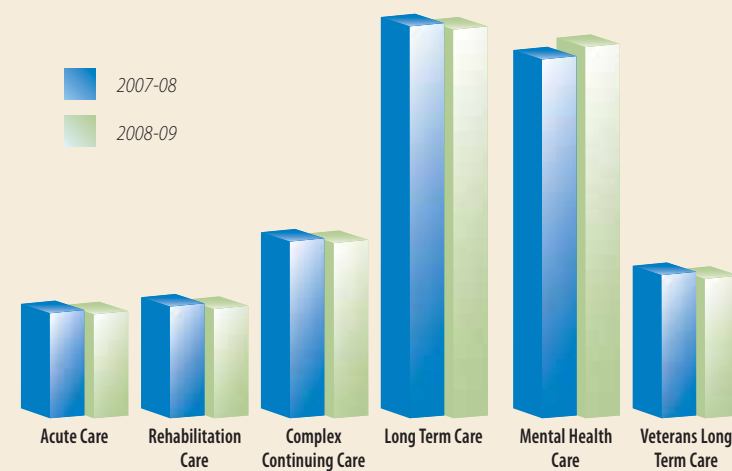
The diagrams show how our resources are allocated to our major programs, and expense types. Acute Care receives the greatest portion of our base funding. Salaries and benefits make up 73 per cent of our operating costs and this is consistent with prior years. We allocate approximately six per cent of our expenses for equipment replacement.



INPATIENT DAYS

Mental Health patient days rose as we recruited more medical staff.

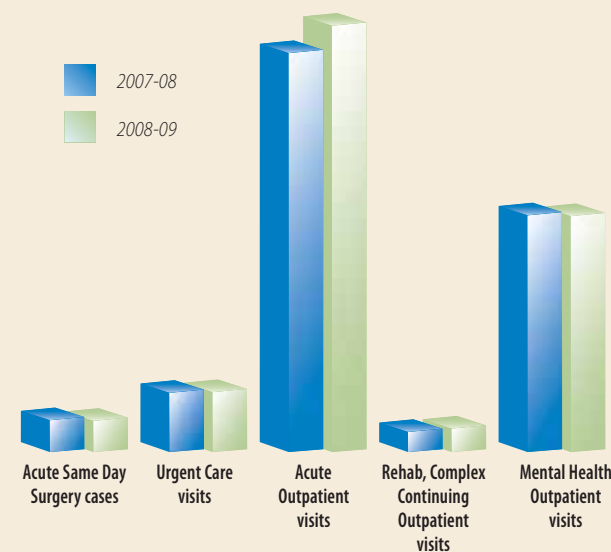
	2007-08	2008-09
Acute Care	38,371	37,925
Rehabilitation Care	40,575	39,819
Complex Continuing Care	64,230	63,637
Long Term Care	142,402	141,315
Mental Health Care	130,588	134,970
Veterans Long Term Care	52,004	50,793



OUTPATIENT VOLUMES

Demand for services in Ophthalmology, Ear Nose and Throat, and the Hand and Upper Limb Clinic, show in the increase in Acute Care Outpatient visits.

	2007-08	2008-09
Acute Same Day Surgery cases	25,418	25,000
Urgent Care visits	47,621	48,034
Acute Outpatient visits	313,614	334,988
Rehab, Complex Continuing Outpatient visits	14,692	16,397
Mental Health Outpatient visits	190,108	188,889



MISSION

We help people to maintain and improve their health and work with them to minimize the effects of injury, disease and disability. We do this by pursuing excellence in care, research, and education in a wide range of hospital, clinic, long term and community-based settings. We work with our partners to create a better health care system.

VISION

A respected source of excellent health service guided by the people we serve... provided by people who care.

VALUES

Inspired by the care, creativity and compassion of our founders – the Sisters of St. Joseph, the Women's Christian Association, and the London Psychiatric Hospital and St. Thomas Psychiatric Hospital – we serve with... *respect, excellence and compassion.*





268 Grosvenor Street
London, ON N6A 4V2
Telephone: 519-646-6034

*For a complete set of financial statements
including notes, visit our website at
www.sjhc.london.on.ca*

Catholic Health Care in Ontario
We care for you — body, mind and spirit.

A Proud Member of the Catholic Health Association of Ontario

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

