



2005-2006

ANNUAL REPORT

Illuminating a vision of care



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Strategic Plan

Creation of our new four-year strategic plan began in the summer of 2004 with the formation of a Board-appointed Strategic Planning Steering Committee. In the months that followed, a highly consultative process was used to gain input about our future roles and directions. We welcomed the involvement of St. Joseph's clinical programs and services, individual staff, volunteers, physicians, senior leaders and board members; as well as community members, key partners and other health care providers in our region. St. Joseph's Board of Directors approved the plan in February 2005.

Strategic Plan 2005-2009, the blueprint for our future, is now helping to guide our decision-making and to focus our daily work. We have developed an electronic tool that assists senior leaders in reporting progress and allows board members to monitor the status of each initiative in real time. Indicators and work plans, essential components of the tool, are used to help implement and guide strategic initiatives.

If you are interested in learning more about our strategic plan, please call 519-646-6100 ext. 64065.

Excel in compassionate evidence-based care

- Advance high-quality, effective and efficient care
- Maximize access to care within available resources
- Provide a safe patient care experience
- Improve continuity of care for the patient populations served
- Integrate technology to enhance care
- Strengthen our evidenced-based approach to care

Advance clinical education and align research with care

- Pursue quality and innovation to create rewarding and successful student experiences
- Translate relevant research into improvements in care

Complete restructuring directives

- Complete Milestone 1 (acute/ambulatory care) initiatives
- Gain Ministry of Health and Long-Term Care approval and implement Milestones 2 and 3 (acute/ambulatory care) plans
- Work with partners to obtain Ministry of Health and Long-Term Care approval and achieve Tier II (mental health care) plans
- Implement St. Joseph's mental health facility master plan

Be proactive and responsive to the Ministry of Health and Long-Term Care's transformation plan

- Work with Local Health Integration Networks to enhance their effectiveness
- Implement the Connect the Continuum of Care (C3) strategy
- Enable regional integration through technology
- Advance the renewal of Mount Hope Centre for Long Term Care
- Advance St. Joseph's Hospital as a leading acute/ambulatory/diagnostic care centre
- Advance Regional Mental Health Care as a leading tertiary specialized mental health provider

Be a progressive workplace that lives its values

- Recognize staff members for their contributions
- Strengthen leaders' core competencies and skills
- Strengthen our shared leadership practices
- Enhance workplace health and safety
- Invest in individual and team learning focused on achieving patient care needs
- Increase the effectiveness of staff communication
- Optimize recruitment practices

Together with our community and partners, strengthen our role in the evolving integrated health care system

- Strengthen St. Joseph's identity
- Realize an integrated hospital system in London in partnership with London Health Sciences Centre
- Work in partnership with the St. Joseph's Health Care Foundation to realize its goals in support of our programs
- Participate, with our community and regional partners, in the integration of health systems beyond London's hospitals
- Work with the Lawson Health Research Institute to realize its strategic plan in support of our programs

Align the pursuit and allocation of resources with our strategic directions

- Develop and implement a rational and transparent allocation process for human, financial and capital resources
- Foster an environment that promotes the appropriate and efficient use of resources
- Ensure fiscally responsible and accountable care and service delivery
- Balance our plans with appropriate infrastructure investment



Paul Caplan
Chair, Board of Directors

Cliff Nordal
President & CEO



Capturing a year in review is never an easy task. In a number of ways, St. Joseph's experienced a year like no other, and in some ways, familiar themes continue. Always, however, is an abiding sense of focus – like the light reflected in the photographs and stories on these pages.

The backdrop of our annual report is one of ongoing work with the Ministry of Health and Long-Term Care to move transformation initiatives forward and at the same time, resolve financial and funding issues. We welcomed the renewed commitment from the Province to complete our rebuilding and renovation projects associated with St. Joseph's Hospital and in future, our specialized mental health care programs.

Continued capital investment is possible at St. Joseph's thanks to prudent investment planning, federal and provincial programs, and the support of donors through the St. Joseph's Health Care Foundation. The benefits of capital investment are threaded throughout this report - as we celebrate the completion of the new G.A. Huot Surgical Centre and the Diagnostic Imaging Centre; through the acquisition of the daVinci robot now revolutionizing surgery procedures; through technology that has started to connect care providers across the region; and in services that make a difference in the lives of longer term patients and residents.

With an unwavering commitment to our values of respect, excellence, and compassion, we press forward in establishing partnerships and innovative ways to care, teach and conduct research. I am most appreciative of the support from board members, leaders, physicians, staff and our community as I embarked on my new leadership role at London Health Sciences Centre as well as St. Joseph's. Thank you for continuing to uphold St. Joseph's mission as we work together to achieve a renewed academic hospital system.

It is with tremendous respect for and pride in the staff, physicians and volunteers of St. Joseph's Health Care, London that I complete my first year as your Board Chair. I have the privilege of leading our Board and its exceptional and very committed members during another important time of change, innovation and advancement at St. Joseph's.

This is happening concomitant with a collective focus on our faith-based mission as part of an emerging integrated health care system.

Guiding our Board, leaders and staff is a new, four-year strategic plan shaped by hundreds of people at St. Joseph's and throughout Southwestern Ontario. Comprised of seven strategic directions and 34 initiatives to achieve them, the plan has brought even more focus to our work, including collaboration with others. Your Board, our Board, continues to take an active role in monitoring its progress.

This year, I am most pleased to report to you that St. Joseph's was awarded full, three-year accreditation status from the Canadian Council on Health Services Accreditation, a testament to all those who put our vision, mission and values in to action each day. Even more significant and certainly laudatory, is the notation by the Council that a number of our governance, leadership and clinical processes have been identified as best practices by the Council and will be available to others across the country.

We are committed to seeing the renewal of London's hospital system completed. Together with our partners, we remain resolved to create the best academic health system for the future and at the same time, strengthen St. Joseph's mission of health and healing.

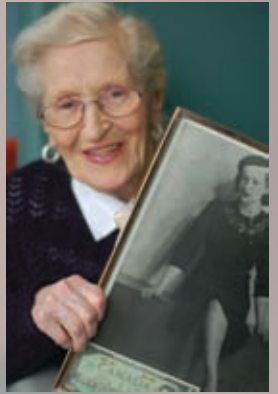
This annual report honours those we serve and reflects the hard work, compassion, and innovative service of the St. Joseph's family, including the St. Joseph's Health Care Foundation, and Lawson Health Research Institute. It is their remarkable achievements that have made St. Joseph's the respected organization it is today, with the promise it holds for tomorrow.

Cliff Nordal
President & CEO

Paul Caplan
Chair, Board of Directors



Sometimes our light goes out but is blown into flame by another human being. Each of us owes deepest thanks to those who have rekindled this light.
Albert Schweitzer



"It meant so much to me..."

Pansy Harvey proudly served in Britain's Royal Air Force from 1940 to 1946.

Remembering through care

It awakened pride and strengthened the ties among them. For veterans at Parkwood Hospital, Year of the Veteran 2005 was a meaningful 12 months, during which they remembered, rejoiced, shed tears, shared stories, and revelled in the recognition.

“It meant so much to me,” says 85-year-old Pansy Harvey. “I know each one of us feel the same. The year brought us closer together. We talked more. We opened up more. We really felt we were somebody. In our closing days, it was wonderful to be recognized.”

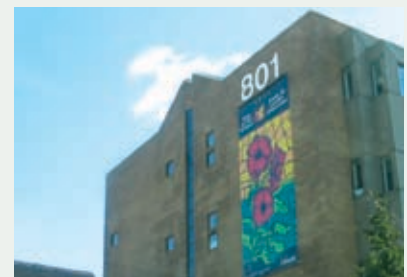
Throughout the year – a national declaration of thanks to Canada’s war veterans – Parkwood’s veterans took part in dozens of events at the hospital and in the community. Picnics and parades, hockey and a homecoming gala, concerts, socials, singing, and song writing – all paid tribute to the sacrifices, celebrated the victories, and remembered those who lost their lives.

For Pansy, particularly meaningful were activities that involved children for the opportunity it presented to educate young people. One group of students was captivated by a deeply personal glimpse of war that Pansy provided when she read a letter from the best friend of her fiancé. Kept all these years, the letter details how the young pilot was shot down and killed in the Battle of Britain. He had proposed to Pansy two months earlier.

For Parkwood staff, too, Year of the Veteran renewed pride in the work they do and in those they look after. With creativity, much thought and respect, staff made an outstanding effort throughout the year to acknowledge the courageous contributions of the men and women in their care and the legacy they will leave behind.

“Not only am I more aware and prouder of our veterans than I was before, but I feel more pride in my efforts to improve the lives of the veterans with whom I work.”

Donna Hentz, social worker, veterans care program



“The year was extra special because I was able to help our veterans live out some of their dreams of performing for the first time, or again. They touched my heart with their strength and courage to get up in front of so many people and share their gifts. I’m proud to work with, and for, so many wonderful men and women.” Jillian Bostick, music therapist, veterans care program



urologist, Dr. Stephen Pautler

"The da Vinci enhances reconstructive minimally invasive surgery as the robot's surgical arms act as extensions of my hands..."



World Firsts

1979 > Used glucocorticoids (steroids) as initiator of term labour – stimulant to help bring on labour
1980 > Initial studies using real time ultrasound and detailing biological factors affecting human fetal behavioural activity and breathing movements
1981 > extraction and purification of natural surfactant from cow's lung fluid to help the development of natural surfactant to aid babies with breathing difficulties
1982 > first use of natural surfactant drug as replacement therapy for babies with immature lungs
1984 > Initial studies showing increased cerebral metabolic rate during the fetal low-voltage / REM state
1989 > first development of Canadian Enhancement MRI
1990 > first measure of neurotransmitter concentration in schizophrenics by Magnetic Resonance Spectroscopy (MRS)
1991 > first clinical trials of potassium channel-blocking drug-sampridine in spinal cord-injured patients shown to restore neurological function in individuals for whom once thought impossible
1993 > first use of holmium laser for fragmentation of renal calculi – now used world wide as standard of care in hundreds of centres. One of the first to use the same laser for treating tumours in the urinary tract and prostate enlargement
1995 > first 1.9T dedicated hand and wrist MRI images
1999 > first 3.0T MRI system for neonatal imaging
1999/2000 > Initial studies of sagittal vein blood flow and cerebral protein synthesis and demonstrating rapid protein turnover during brain development, and the relationship to behavioural state activity
1999/2000 > Initial studies of cerebral blood flow and metabolism in relation to electrocortical activity with severe cord occlusion in the near-term ovine fetus and demonstrating the protective capacity of the brain
2000 > St. Joseph's Hospital Urology was the first site in the world to implant an antibiotic-coated penile implant called Inhibizone
2000 > first development of CT Perfusion Imaging
2001 > St. Joseph's Hospital is one of five sites in the world piloting the Diabetes Electronic Management Systems (DEMS)
2002 > one of the busiest lithotripters in the world
2003 > first treatment of pain with extremely low frequency magnetic field using specific pulsed magnetic fields
2003 > first to study the role of sleep and hormonal changes in the etiology and treatment of postpartum psychosis, the most serious psychiatric disorder to follow childbirth
2005 > performed a robot-assisted partial cystectomy using the DaVinci robot, believed to be a world's first

Da Vinci surgical robot

Bringing specialized care and faster recovery to patients

The da Vinci surgical robot is the latest technology acquired by St. Joseph's Hospital and is one of only three in Canada. The robot uses a "master-slave" operating system, which consists of a surgeon's console, "the master", and a surgical patient-side robot, "the slave". The robot consists of three sections, including a series of arms controlled by the surgeon; the arms hold an endoscope with a camera and laparoscopic surgical instruments.

The robot allows the surgeon maximal precision during operations and has assisted in performing a number of laparoscopic procedures.

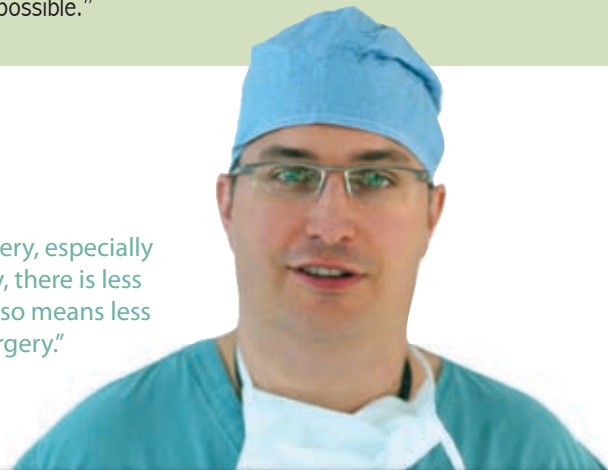
Urologist Dr. Stephen Pautler performed the first robot-assisted surgery at St. Joseph's Hospital on April 5, 2005. With a team of physicians and nurses, they completed a radical prostatectomy – a first at St. Joseph's Hospital and only the ninth in Canada. Since then, he has performed 25 robot-assisted laparoscopic radical prostatectomies including ten robot-assisted laparoscopic pyeloplasties. Dr. Pautler also worked with gynecologist Dr. George Vilos on a robot-assisted partial cystectomy, which is believed to be a world's first.

"The precision of the robot is exceptional," says Dr. Pautler. "The da Vinci enhances reconstructive minimally invasive surgery as the robot's surgical arms act as extensions of my hands, but with incredible accuracy and dexterity not possible with conventional laparoscopic instrumentation."

Patients see shorter recovery time, less blood loss and a reduced risk of infection.

"With minimally invasive surgery, especially in the case of robotic surgery, there is less trauma to the body, which also means less pain and discomfort after surgery. With smaller incisions we also see less scarring and speedier recoveries. This is highly beneficial as it is important for people to return to their daily lives and be active parts of their communities as soon as possible."

"With minimally invasive surgery, especially in the case of robotic surgery, there is less trauma to the body, which also means less pain and discomfort after surgery."



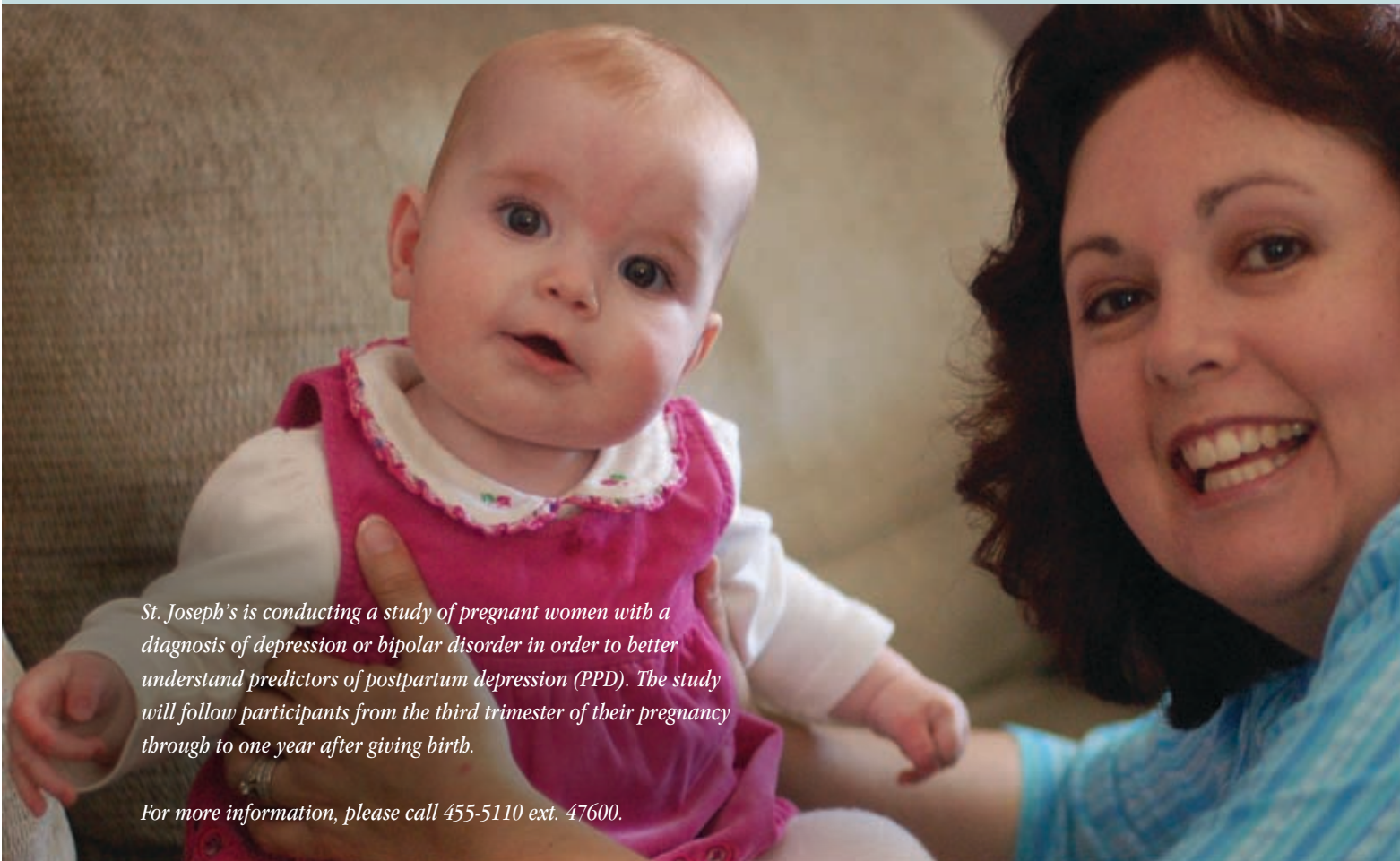
“It was nice to know that someone was always there when I needed them.”

That’s how 38-year-old Sharlene Batterink feels about the support she’s had over the last year.

Sharlene was referred to Dr. Verinder Sharma, psychiatrist with the mood disorders program at Regional Mental Health Care London (RMHC), by her obstetrician during the second trimester of her pregnancy. Diagnosed with bipolar disorder long before becoming pregnant, Sharlene was referred to take part in a study of pregnant women with a diagnosis of depression or bipolar disorder. Dr. Sharma, also a researcher with the Lawson Health Research Institute, is conducting the study to seek a better understanding of predictors of postpartum depression (PPD) in these patients.

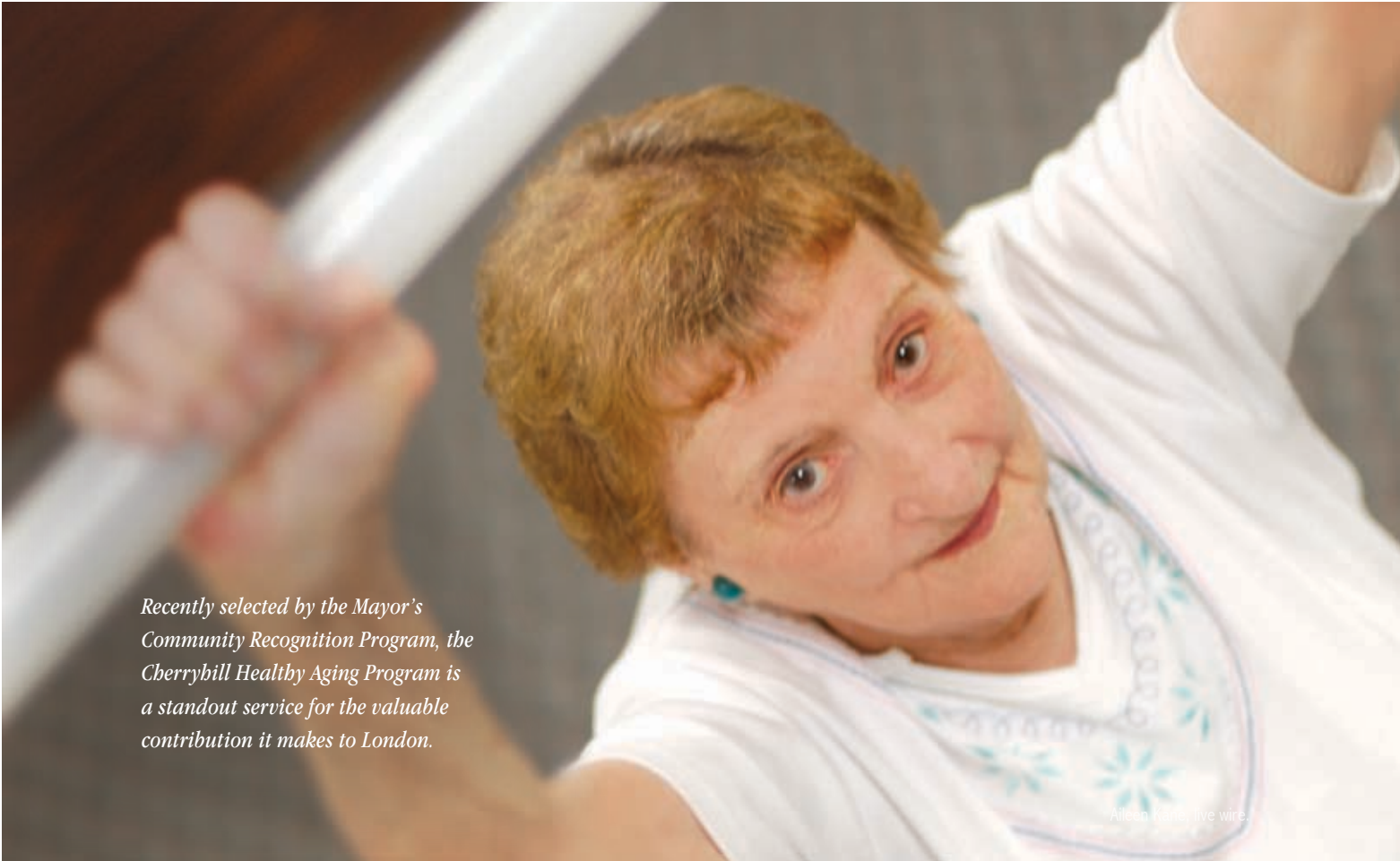
Sharlene maintained her medications throughout the pregnancy while her progress was monitored carefully. She gave birth to daughter Kaitlyn in October 2005, and serious PPD began in December 2005. To address the problem, Dr. Sharma added a second medication to Sharlene’s regular regimen, which was extremely effective in alleviating the depression.

Early detection of PPD is critical to provide the most effective treatment, both during the postpartum period and long term. “Patients with bipolar disorder are typically at very high risk for postpartum depression,” explains Dr. Sharma. “There are not many opportunities in psychiatry where we can intervene as successfully as we can with mood disorder patients during the postpartum period. By watching carefully and acting quickly, we will have a healthier mother, and, in turn, a healthier baby.”



St. Joseph’s is conducting a study of pregnant women with a diagnosis of depression or bipolar disorder in order to better understand predictors of postpartum depression (PPD). The study will follow participants from the third trimester of their pregnancy through to one year after giving birth.

For more information, please call 455-5110 ext. 47600.



Recently selected by the Mayor's Community Recognition Program, the Cherryhill Healthy Aging Program is a standout service for the valuable contribution it makes to London.

Aileen Kane, live wire.


Reaching out

Five years ago, Aileen Kane found herself face down on a sidewalk when a bone just below her hip spontaneously fractured. It was agony, and the senior's first indication she had osteoporosis.

These days, Aileen is a live wire. Legs pumping and arms wind milling, the 87-year-old works out three times a week where, among peers, she is a marvel of strength, energy and stamina. "It's fabulous," Aileen says of the exercise class held only steps from her home. "I don't know what I'd do without it." The Cherryhill Healthy Aging Program is an innovative model of community care for seniors that provides one-stop shopping for a wide range of services. From health promotion and prevention to specialty clinics, community dining, social services and recreational activities, the program is instrumental in helping older individuals in the community remain active, independent and in their own homes as long as possible.

The program is also a model of how organizations can together respond to needs in a community. Built upon collaborative research and learning partnerships with the Faculty of Health Sciences and the Schulich School of Medicine, University of Western Ontario, the program represents a unique partnership between specialized geriatric services at St. Joseph's Health Care, London, the Victorian Order of Nurses, Community Care Access Centre London-Middlesex, and the Cherryhill community. Located in the Cherryhill Mall and at 190 Cherryhill, seniors now have easy access to services that respond to needs and issues they themselves have identified.

For Aileen the live wire, the program represents the best in continuity of care. From surgery and acute hospital care following the sidewalk mishap, to inpatient rehabilitation at Parkwood Hospital, the day hospital at Parkwood, and then the Cherryhill program, Aileen was able to fully rebound. Now nimble and strong, she maintains her independence and bouncy outlook on life.

A photograph of a man and a young woman smiling together outdoors near water. The man is on the left, wearing glasses and a suit, looking towards the woman. The woman is on the right, with long dark hair, smiling broadly. The background is a bright, slightly blurred outdoor setting with water and trees.

"As challenging as living with diabetes has been for me, the most difficult was injecting my daughter, Lila-Kay, with insulin for the very first time."

Craig Collins

Craig Collins of Woodstock pictured here with his daughter, Lila-Kay

What are Clinical Trials

Clinical trials provide an opportunity for patients to receive treatment not readily available to the public. The investigational drug or treatment has been extensively and vigorously tested in the laboratory. Results of these tests are submitted to either the Food and Drug Administration (FDA) in the United States or Health Canada in Canada, or both.

These agencies review the data and approve the clinical trial protocol. Patients are closely monitored so the risks from possible side effects can be recognized early and therefore minimized. Patients benefit from participation by having close follow-up for their condition, such as diabetes, while participating in a clinical trial.

Clinical trials advance medicine

London is the birthplace of insulin, and since its discovery in 1920, people living with diabetes have been injecting themselves many times a day to keep their blood sugars under control. But thanks to a clinical trial at St. Joseph's Hospital, diabetics may be able to take their insulin with fewer injections.

Dr. Irene Hramiak, endocrinologist at St. Joseph's Hospital and scientist at Lawson Health Research Institute, is leading a clinical trial on inhaled insulin and is optimistic that this technology will make life easier for people living with diabetes. As well, using inhaled insulin will help patients who have a difficult time managing their blood sugar levels within the healthy range by incorporating more intense treatment strategies.

Craig Collins of Woodstock has been injecting insulin before each meal and at bedtime since he was diagnosed with diabetes more than 30 years ago. He had the opportunity to participate in the trial of inhaled insulin, which allowed him to replace his three pre-meal injections with inhaled insulin. He continues with his one insulin injection before bedtime. "Although the device looks cumbersome, it is very easy to manage," comments Craig. "A bigger adjustment is breaking the habit – for over 30 years I have injected insulin before each meal. Now I have to get used to not having to do this." Craig, like others involved in the clinical trial, has benefitted from better control of blood sugar levels, as well as an easy alternative to injections of insulin.

In the United States, the Food and Drug Administration (FDA) has approved inhaled insulin, which will likely be on the market there next year. Similar approval in Canada should follow in the next three to five years.



Craig and Lila-Kay Collins will be at Banting House the day they extinguish the flame.

Lawson Health Research Institute at St. Joseph's Health Care London is actively involved in more than 360 clinical trials in many areas, including diabetes, rheumatology, rehabilitation, mental health, gastroenterology, and perinatology. More than 115 physicians and scientists are actively conducting clinical trials.



There are two ways of spreading light: To be the candle or the mirror that reflects it. Edith Wharton



New procedure minimizes injury in laparoscopic surgery

Surgical procedures performed through laparoscopy are generally safer than those performed through the open abdominal surgery (laparotomy) method, but complications do still occur. More than 50 per cent of these complications occur at the time of surgical entry into the abdomen.

Dr. George Vilos, a gynecologist at St. Joseph's Hospital, has found a way to minimize major complications during laparoscopic surgery – a technique he refers to as “safe laparoscopic entry.” During surgery, carbon dioxide (CO₂) is used to inflate the abdomen so surgeons can access organs. With Dr. Vilos' new method, the amount of CO₂ is doubled, further inflating the abdomen, with no adverse effects to the patient. In fact, since Dr. Vilos began using this technique, he has not had a single complication or injury upon entry into the abdomen in close to 3,000 gynecological procedures.

Dr. Vilos and a group of four researchers (Angelos G. Vilos, Basim Abu-Rafea, Jackie Hollett-Caines and Mohammad Al-Omran) presented these findings at the Global Congress of Minimally Invasive Gynecology in Chicago this past year and won first place for their paper.



Dr. George Vilos, a gynecologist at St. Joseph's Hospital, has found a way to minimize major complications during laparoscopic surgery.



"I am noticing a greater level of employee satisfaction with the use of these products..."

Gerry Johnston, registered nurse in the specialized adult program at Regional Mental Health Care London

Enhancing safety for our staff

The implementation of safety hypodermic needle devices at St. Joseph's Health Care, London has brought us closer to our goal of reducing the risk of blood-borne pathogen exposures among our staff.

The safety hypodermic needles incorporate a device that shields the needle after its use, protecting staff from receiving a needlestick injury. Across the organization, more than 100 different needle and needle/syringe combinations were replaced with new needles that include this safety feature.

Gerry Johnston, registered nurse in the specialized adult program at Regional Mental Health Care, London and co-chair of the nursing council at St. Joseph's, helped communicate the importance of implementing the safety needles and uses them on a regular basis.

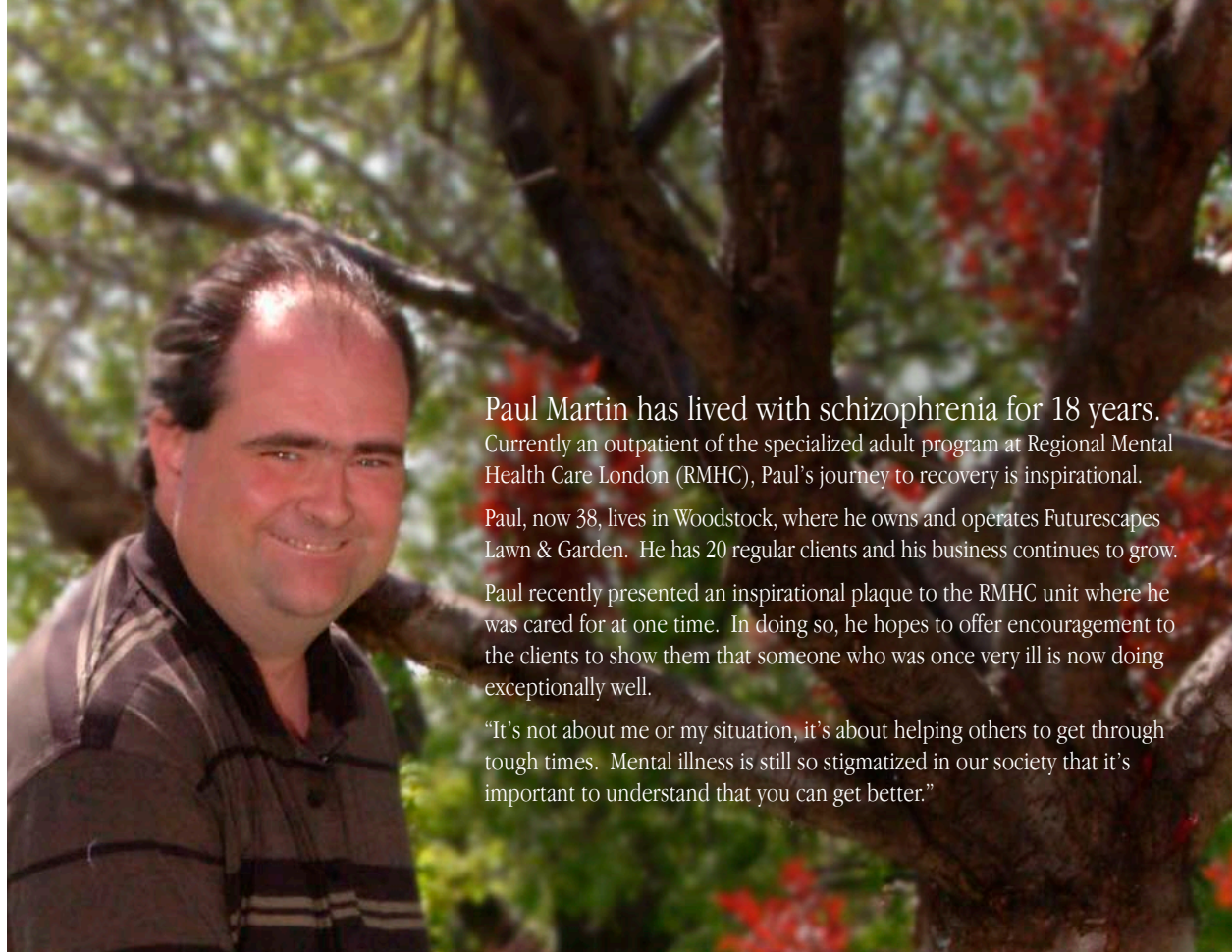
"I am noticing a greater level of employee satisfaction with the use of these products. There is a huge benefit to staff – we are more confident working with the new needles and are more comfortable knowing we are safer. In return, the patients and clients feel our confidence, and it creates therapeutic trust. It's especially nice to know that St. Joseph's is looking out for our wellbeing and is taking it seriously."

Wendy Reed, director of occupational health and safety services, says there is an initial cost outlay when implementing a project of this magnitude, but the cost is outweighed by staff safety. "The safety devices are more expensive. A typical non-safety needle syringe combination comes in at a cost of eight cents, where as a safety needle syringe combination is 32 cents; but the estimated financial cost to manage a needlestick injury can range from \$1,500 to \$250,000. More importantly, beyond the financial cost, there are the human implications of an exposure, which is not easily measured, but now, with our safety needle implementation, may be prevented."



Forensic psychiatry program milestone:

May 26, 2006 marked the 30th anniversary of the Regional Mental Health Care St. Thomas forensic psychiatry program. When the program began in 1976, it was the first medium-secure unit established in Ontario. It was also the first to include a program for female patients. Prior to that, there were no services for women available in the province.



Paul Martin has lived with schizophrenia for 18 years. Currently an outpatient of the specialized adult program at Regional Mental Health Care London (RMHC), Paul’s journey to recovery is inspirational.

Paul, now 38, lives in Woodstock, where he owns and operates Futurescapes Lawn & Garden. He has 20 regular clients and his business continues to grow.

Paul recently presented an inspirational plaque to the RMHC unit where he was cared for at one time. In doing so, he hopes to offer encouragement to the clients to show them that someone who was once very ill is now doing exceptionally well.

“It’s not about me or my situation, it’s about helping others to get through tough times. Mental illness is still so stigmatized in our society that it’s important to understand that you can get better.”

Pharmacy and ACT partnership provides unique support

The pharmacy at Regional Mental Health Care (RMHC) and the staff from the assertive community treatment (ACT) teams work in partnership to ensure that clients who move back into the community continue to receive their medications, making an easier transition from hospital to home.

“Through our RMHC pharmacy, we offer a seamless transition for our clients from the inpatient setting to the community,” says MaryBeth Blokker, coordinator, pharmacy operations at RMHC. “We ensure that the medications prescribed are consistent with their plan for community reintegration and are reconciled with their inpatient medication profile. We facilitate the continuation of medications on discharge and in the community programs. We ensure no client we are involved with falls through the cracks.”

ACT client Jerry Gowers, age 28, was the very first client referred to the ACT 3 team, now located at Mission Services in downtown London. Having gone from multiple hospitalizations prior to receiving support from ACT, to no hospital admissions in over a year, Jerry has done exceedingly well. He believes that his success is due in part to pharmacy’s ongoing service of providing his clozapine – the medication that has been instrumental in his recovery – and ACT 3 staff ensuring he is supported in receiving his medication as needed.

Jerry is enthusiastic about the support that he’s received: “I don’t think bad thoughts any more. I am taking my meds every day and they are helping with the bad thoughts. The pharmacist helped me out quite a bit. Now I can focus on good thoughts, like looking for a job and writing songs. The ACT team is always there to reassure me. It’s nice to be one of their clients because they help me out every day – if I didn’t have them I’d probably be lost.”

“When a client is on clozapine, they are part of an international support network, of which RMHC is a part. This includes weekly or biweekly blood work, which our ACT staff ensure Jerry attends the hospital for,” says ACT 3 coordinator Liz McIntosh. “Jerry had his clozapine application through RMHC, was initially supplied it as an inpatient, and transitioned to an outpatient, all the time receiving ongoing support from pharmacy.”

Concludes MaryBeth, “In pharmacy, our frontline people see the positive tangible outcome of us continuing to provide medications to these community-based clients. They are appreciative of our unique personal service and attention. We help them function in the community.”



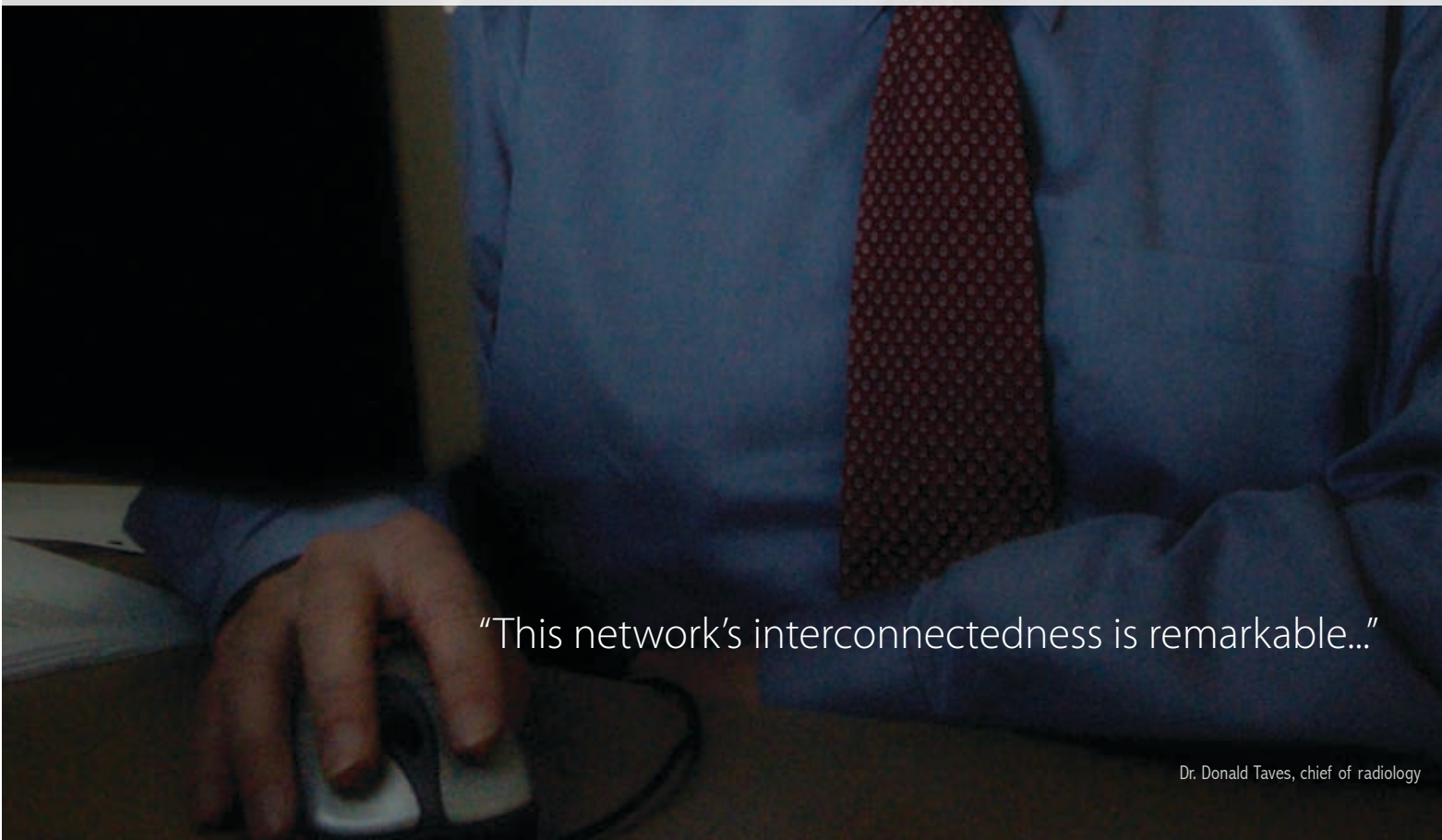
Jerry Gowers



“We ensure no client we are involved with falls through the cracks.”



Eight Thames Valley hospitals can now seamlessly access one another's medical images when required: Alexandra Hospital in Ingersoll, Four Counties Health Services in Newbury, London Health Sciences Centre, St. Joseph's Health Care, London, St. Thomas Elgin General Hospital, Strathroy Middlesex General Hospital, Tillsonburg District Memorial Hospital and Woodstock General Hospital



"This network's interconnectedness is remarkable.."

Dr. Donald Taves, chief of radiology

Thames Valley Digital Imaging Network

St. Joseph's is at the centre of the most complex regional diagnostic imaging network in the world. The Thames Valley Digital Imaging Network, encompassing eight hospitals, enables medical images to be accessed regardless of the geographical location of the patient or radiologist within the network.

"This network's interconnectedness is remarkable," says Dr. Donald Taves, chief of radiology at St. Joseph's Hospital. "We have 24/7, instant access to images taken at any one of the Thames Valley hospitals."

In a recent case, a chest x-ray showed an abnormality. Was it an old scar or cancer? Dr. Taves accessed the patient's imaging history. He viewed the initial image taken in Tillsonburg, the follow-up image from London Health Sciences Centre, and the CT scan from St. Joseph's Hospital and made a timely diagnosis. Two years ago it would have taken two weeks or more to follow the images' trail from one hospital to another – now it's only seconds to minutes.

Not only does the digital imaging network eliminate transportation of film-based images, it also saves travel time for radiologists and often means patients from the community hospitals no longer have to travel to London for diagnosis. If they do need to come to London, their imaging is not lost or does not need to be repeated.

"The shared imaging network is poised to expand beyond the Thames Valley hospitals," says Diane Beattie, integrated vice president and chief information officer for St. Joseph's and London Health Sciences Centre. "Our vision of using technology to enhance patient care throughout Southwestern Ontario is becoming a reality."

*PACS implementation at
the Thames Valley hospitals:
Team: 263 people
Hours: 100,360*

Woodstock General Hospital



Fostering a healthy environment

St. Joseph's Health Care, London has a long tradition of energy conservation, dating well back into the 70s. Today, St. Joseph's is a leader in its commitment to reduce energy consumption, control costs and foster a healthy environment.

In February, Parkwood Hospital celebrated the completion of an energy-saving project guaranteed to slash \$170,000 per year from the hospital's energy costs and reduce carbon dioxide emissions by 629,000 kg. In a contract with Honeywell, the project was designed to upgrade the equipment and system operations across 554,643 square feet of building space. This included retrofitting and redesigning lighting fixtures, new zonal air flow controls to match occupancy and comfort levels, optimizing existing controls of the building automation system, and installation of a thermal blanket on the therapeutic pool to reduce heat and evaporation losses.

"Understanding the relationship between energy use and environmental and human health, St. Joseph's is committed to being as responsible as possible with their energy use," says Mark Read, energy stewardship specialist. "The Parkwood Hospital project clearly demonstrates foresight and leadership in the field of energy conservation."

"The Parkwood Hospital program is an excellent example of how institutions can reduce their electricity consumption, save on expenses, and lighten the load on our energy supply," says Peter Love, Ontario's chief energy conservation officer. "The province encourages more public and private sector organizations to follow the hospital's lead."

Energy self-sufficiency, renewable energy technologies and reduced environmental impact are among the goals of St. Joseph's as a centre of health care excellence and as a responsible corporate citizen.

Reducing carbon dioxide emissions by 629,000 kg is the equivalent of removing more than 100 cars from the road.

Parkwood Hospital at night

Heart-wrenching inspiration

Caring for individuals on a day-to-day basis who are living their lives infected with HIV/AIDS can be both challenging and saddening, even in London, Ontario, where expert health care is readily available. Caring for their counterparts in Lesotho, South Africa is heart-wrenching, yet inspiring.

But that's just what Brenda Done, a nurse with the infectious diseases care program (formerly called the HIV care programme) chose to do for six weeks this past winter. Brenda worked alongside two nurses in a rural health centre. "The nurses had no formal training in HIV/AIDS, but were certainly well aware of its devastating effects on their community," says Brenda. Thirty-five per cent of all people in Lesotho are living with the virus and the overall average life expectancy at birth is 34.5 years.

"I have heard so much from my colleagues both in London and around the globe who have done work in developing countries and of the overwhelming challenges due to the lack of resources there are to provide appropriate care. I knew I needed to do something to help alleviate the suffering," says Brenda. Working through the International Centre for Equal Healthcare Access, Brenda travelled to South Africa in January. Along with her colleagues from Lesotho, Brenda assisted in incorporating HIV/AIDS diagnosis, care and treatment into their continuum of care. In the mornings, Brenda provided teaching while another counsellor did a safer sex talk to those gathered in the waiting room. Her afternoons were spent clinically monitoring and pitching in to help wherever she was needed. "It's interesting," says Brenda. "I went there to teach and help others, but ended up learning as much from them as I think they did from me."

"Clinical mentoring is much like precepting — a skill Brenda learned while working in the NICU and ICU at St. Joseph's Hospital. "By allowing the local nurses to do the care while offering support and encouragement, we built capacity in those nurses to be able to deliver good HIV/AIDS care and to then teach others. In this way there will be sustained HIV/AIDS care and education in Lesotho long after we return to Canada," says Brenda.

In the weeks Brenda spent in Lesotho the team:

- tested 123 patients
- found 50 to be HIV positive (40 women and 10 men)

Lesotho FACTS:

- average annual income: \$145
- Lesotho is one of the poorest countries in the world. More than half of the population is unemployed and live on less than \$1 per day.
- Lesotho has the third-highest HIV prevalence in the world; almost 35 per cent of all people in Lesotho are living with the virus.
- 70 people a day die of AIDS in a country of 1.8 million.
- life expectancy at birth is 34.5 years



The Alzheimer Disease Neuroimaging Initiative is the largest study ever in dementia research. With the information to be placed in a common database for access by researchers worldwide, those participating will be making a tremendous contribution, not only to this study, but to future studies around the globe.

Unraveling Alzheimer disease

One hundred years after it was first described, more than 430,000 Canadians over age 65 and their families are now living

“My hope is that Alzheimer research at St. Joseph’s and other centres will allow individuals to be supported or live independently in the community. Currently, half of those with AD live in institutions.” Dr. Michael Borrie

with the devastation that is Alzheimer disease (AD). But around the world and here at St. Joseph’s Health Care, London, researchers are talking about slowing the disease, even halting it before its symptoms can derail and uproot lives.

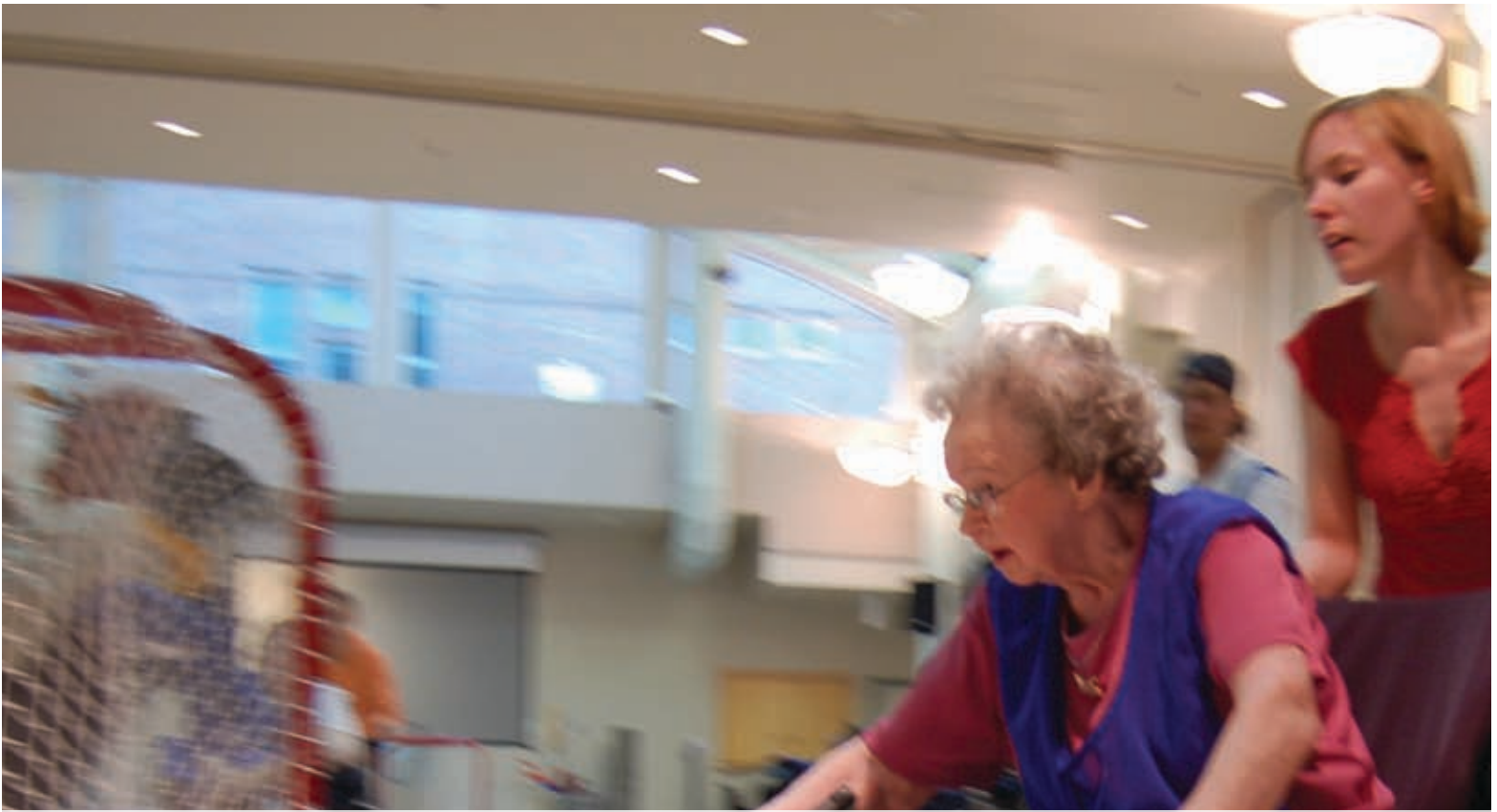
It was 1906 when Alois Alzheimer first described a middle-aged patient with progressive memory, language and behaviour problems. After the patient died, the German physician identified changes in brain tissue that are essential features of the disease that bears his name.

In the last 50 years, great gains have been made in understanding the disease, developing drugs to treat patients, and in creating diagnostic tools to accurately monitor the disease’s progression. Contributing to those gains are experts at Parkwood and St. Joseph’s hospitals, where cutting-edge clinical trials make St. Joseph’s Health Care, London one of the leading centres in North America shedding light on AD and potential treatments.

Studies assessing new drugs, quality of life of patients, and state-of-the-art neuroimaging are among the national and international trials underway at St. Joseph’s. One study may eventually allow experts to actually predict who will fall prey to AD and drug interventions that could slow its progress. Parkwood and St. Joseph’s hospitals are two of only five sites in Canada taking part in a massive international study aimed at early detection. The \$60-million Alzheimer Disease Neuroimaging Initiative, funded by the National Institutes of Health, will use imaging tools, measurement of blood and cerebrospinal biomarkers, and clinical and neuropsychological assessments to measure progression of mild cognitive impairment and early AD, explains Dr. Michael Borrie, director of the aging brain and memory clinic at Parkwood Hospital.

With such precise measurements of the brain and biomarkers, combined with neuropsychological testing and drugs now emerging that may modify the disease, the destructive course of AD could change significantly.

“I’m very optimistic that we will see Alzheimer disease as a chronic disease for which we actually have effective treatments. And if we have these medications and can identify people early who are at risk, we will reduce the likelihood of people struggling with cognitive impairment that seriously affects their life.”



Betty Newman, is a member of the Angels Floor Hockey Team at Mount Hope Centre for Long Term Care. Before living at Mount Hope, Betty had played only one game of floor hockey in her life, now she has one of the best shots on the team. "It is wonderful to be able to play floor hockey well into my 80's," says Betty. The fast paced floor hockey program has been running at Mount Hope for more than six years and is a very popular recreational event for many of the residents and families.



Light tomorrow with today. Elizabeth Barrett Browning



‘Angels’ vs. ‘Vultures’

For residents who live in long-term care facilities, having the opportunity to take part in enjoyable recreational activities is extremely important. At Mount Hope Centre for Long Term Care, these opportunities are offered in a wide variety of areas both within Mount Hope and out in London and the surrounding communities.

The therapeutic recreation team works with residents to provide interesting leisure opportunities, including art and music therapy, birthday parties, bingo, bowling, ceramics, darts, card games, movies, fitness classes, outings to malls and restaurants, etc., pet programs and music programs, just to name a few. The programs are designed to meet and support past activity involvement and provide an opportunity for new experiences. In many cases, family and friends are welcome to take part along with their loved ones in these activities.

Residents are encouraged to be involved in as many of the group activities as they are interested in, but the therapeutic recreation team works to meet residents’ needs on a one-to-one basis as well.

The community is often invited to take part in Mount Hope resident-sponsored activities, such as bazaars, the annual Christmas tree display and multicultural festival. These kinds of activities give residents an opportunity to play host to families and individuals from the community.





“I have goals now.”

The outreach team, consisting of registered nurses from the adolescent program at Regional Mental Health Care London, has recently implemented a new approach to therapy for youth coping with mental health issues.

“...I’m 100 per cent sure I’ll never go down that road again.”



Outreach team member Julie Jeanson and eighteen year old Laura Robson.

“For with thee is the fountain of life: in thy light shall we see light.” (Psalms 36:9)

The adolescent outreach dialectical behaviour therapy (DBT) program was developed to meet the needs of adolescents, ages 15-18, struggling with chronic depression, self-injurious and suicidal behaviour.

DBT is an evidence-based clinical tool with a unique blend of change and acceptance that has proven to reduce severe dysfunctional behaviours, enhance treatment results and reduce hospitalization.

Outreach team member Julie Jeanson explains: “The 12-week intensive treatment program invites youth to make ‘a life worth living’. We help them to cope with confusion about themselves, impulsive behaviour, emotional instability, and interpersonal problems.” Groups are held at RMHC, while individual sessions are held in the community at the youth’s setting of choice.

Eighteen-year-old Laura Robson is an active participant of the program and is experiencing great success as a result of her work there. “Before I was referred to the outreach team, I was in and out of hospital for depression and addiction. I was in a destructive cycle. But even when I would lose touch with Julie for a while, she was always there for me no matter what. She always cared, even when I felt like no one did.”

“I feel better about things now than I’ve ever felt in my life. I have goals now. I have a job. I’m clean. I’m doing well in school. And I’m 100 per cent sure I’ll never go down that road again.”

The outreach team expects to see significant improvement in the recovery of clients like Laura, with benefits reflected across the health care system. “This population has been historically difficult to treat due to frequent emergency room visits and hospitalizations, often exhausting current resources in seeking effective treatment,” says Julie. “In providing DBT, we are helping our clients, but also meeting the needs of our community and partners in mental health care for youth.”

For more information:

The adolescent outreach team offers outpatient treatment for youth coping with suicidal and self-harm behaviours. If you are interested in learning more about the 12-week program, call 455-5110 ext. 47073. Adolescents seeking treatment can self-refer to the program.

MESSAGE FROM ROBERT WOOD – TREASURER, BOARD OF DIRECTORS

2005-06 ST. JOSEPH'S HEALTH CARE, LONDON BOARD MEMBERS

Paul Caplan (Chair)
Graham Porter (Vice Chair)
Sister Joan Atkinson
Dawn Butler
Dr. Robbie Campbell
Ruthe-Anne Conyngham
Trish Fulton
Dr. Carol Herbert
Leroy Innanen
Tom Jesty
Gerald Killan
Peter Kleinstiver
Dr. Renato Natale
Cliff Nordal
Father Michael Prieur
Dr. Doug Ross
Liza Scurr
Jennifer Thompson
David Van Trigt
Peter Whatmore
Robert Wood

I am pleased to report on St. Joseph's Health Care, London's (St. Joseph's) 2005/06 efforts to sustain an overall healthy financial condition while dealing with growing demand and rising costs.

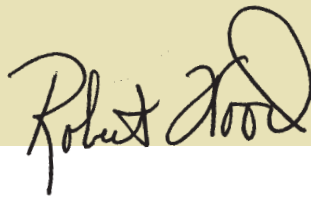
Continued progress toward the renewal of London's hospital system has been made. As well, this year has also seen the introduction of new provincial Hospital Accountability Agreements and Local Health Integration Networks (LHINs). These initiatives, which will require extra effort to implement, are seen as system improvements to benefit future planning and coordination. The recent opening of the G.A. Huot Surgical Centre and the Diagnostic Imaging Centre at St. Joseph's Hospital marks another major achievement in the transformation of this site, in keeping with the development of acute/ambulatory care, teaching and research programs.

While the financial statements reflect a balanced operating position and a positive return on investment, this outcome was much less certain earlier in the year. The Statement of Operations highlights that \$15 million of our funding in 2005/06 was 'non-recurring' in nature and as such, is not guaranteed for the next fiscal year.

Hospitals are dependent on the processes and timing of provincial decisions about funding levels. In future years, funding will be guided by the annual accountability agreements as well as system planning in conjunction with each region's LHIN. This approach is hoped to add more funding stability to our health care system.

St. Joseph's funding levels for 2006/07 remain subject to the results of a Third Party Peer Review, sponsored by the Ministry of Health and Long-Term Care (Ministry) and planned to be completed before summer. This is not the first time our hospital has been engaged in this type of external review. It is our collective hope that upon completion of the review, an agreement will be reached with the Ministry on the funding levels for services St. Joseph's is expected to provide.

I wish to thank our staff, physicians, volunteers, and community supporters for all that you do to advance care, teaching and research at St. Joseph's. There are significant issues facing hospitals in Ontario today. Despite the challenges, I am optimistic that together we can find the means and the methods to continue to fulfill our mission across our distinct family of programs and services.

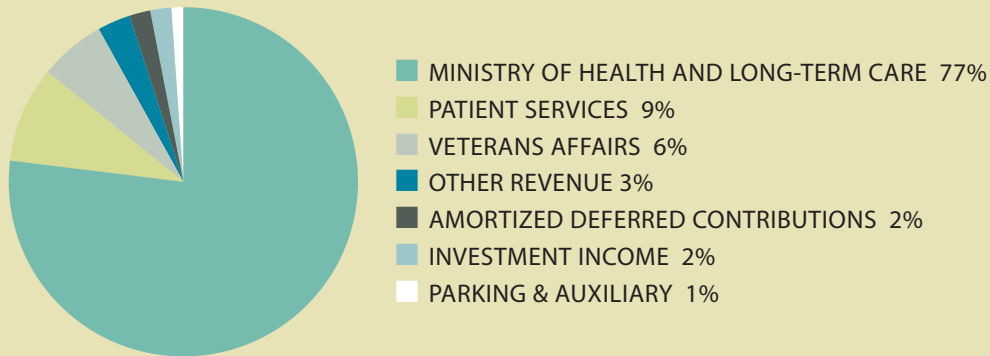


Robert Wood
Treasurer, Board of Directors
St. Joseph's Health Care, London



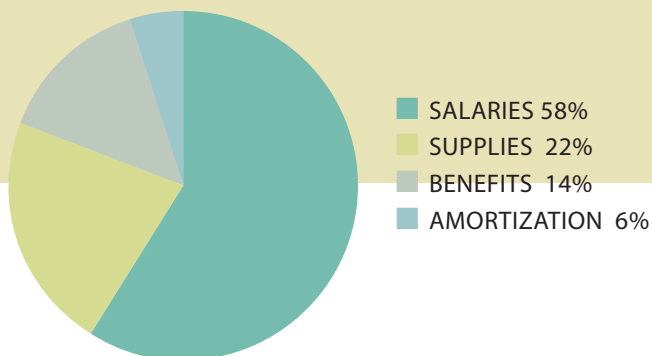
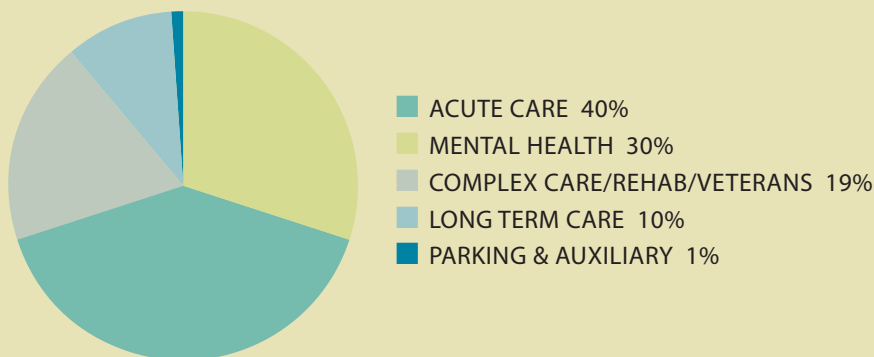
Where our money comes from to run the organization

Government remains our chief source of funding with a combined 83 per cent from the Ministry of Health and Long-Term Care and Veterans Affairs Canada. The majority of this funding is global in nature, meaning it is not tied to volume or demand for service. In 2006 we received \$15 million in 'non-recurring' funding to manage our deficit, including \$8 million in restructuring costs. Investment income supports capital redevelopment.



How our operating money is spent

The diagrams show how our resources are spent by our major programs and expense types. The acute care share of expenses will decline in 2007 as we see the full effect of programs transferred during the year. Salaries and benefits make up 72 per cent of our operating costs and this is consistent with prior years. Supplies are 22 per cent of our expenses, and amortization is 6 per cent.





FINANCIAL HIGHLIGHTS

We are pleased to present highlights of the St. Joseph's Health Care, London (St. Joseph's) audited financial statements for the 2005/06 fiscal year along with this management report. One of the most significant financial planning and management challenges of the year was that we did not receive a clear understanding of the organization's funding allocation from the Ministry of Health and Long-Term Care (Ministry) until the week before the close of the 2005/06 fiscal year. This was due in part to system planning changes being introduced by the Ministry.

As a result, funding level uncertainty extended through the year, making planning for both capital and operations most challenging. The Ministry did provide the majority of its 'non-recurring' funding (\$15 million) at the end of the year and this allowed us to balance operations for the year and restrict investment income for future capital facility and equipment needs.

St. Joseph's is required to dedicate significant reserves to contribute to the overall renewal of London's acute care hospital system. These resources, plus ongoing philanthropic support of the community and grants from the government, are critical to ensure the planned buildings and equipment will become reality.

As included in our treasurer's report, the Ministry has introduced a new planning process and hospital accountability framework. We were not able to negotiate a Hospital Accountability Agreement for 2005/06 with the Ministry and, as a result, have been engaged in the Third Party Peer Review previously noted. Our aim now is to develop a financial plan for 2006/07 that would allow both the Ministry and the St. Joseph's Board of Directors to achieve a formal Hospital Accountability Agreement for the current fiscal year.

St. Joseph's ended the 2005/06 fiscal year with an excess of revenues over expenses of \$8 million, and working capital of \$10 million. We have maintained a healthy balance sheet, providing us the needed flexibility to respond to the complex and emerging needs within our distinct role areas. Year-over-year changes to operations reflect the impact of inflation plus the reduction in both revenues and costs of \$24 million for programs transferred from St. Joseph's to London Health Sciences Centre.

In addition to completing a major milestone in acute care restructuring, St. Joseph's Hospital saw the continued development of its roles in day surgery, outpatient treatment and health management programs, all leading towards a new future in care, teaching and research.

The community's response to the new Urgent Care Centre was greater than expected with more than 44,000 visits, a strong indication of the importance of this service in London.

As we look ahead, we will continue to further strengthen our rigorous budget planning and financial management practices. Safeguarding our assets and ensuring they are employed in the most optimal, responsive manner remains a high priority.

We will see the continued redevelopment of facilities as we work in partnership with others to streamline and improve the care pathways experienced by patients across the system. We also expect that the planning for St. Joseph's future specialized mental health care facilities in London and St. Thomas will be renewed given the province's recent indications of support to move plans forward.

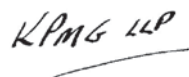
AUDITORS' REPORT ON SUMMARIZED FINANCIAL STATEMENTS

To the Board of Directors

The accompanying summarized balance sheet 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, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated May 11, 2006. 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

London, Canada
May 11, 2006

St. Joseph's financial position at March 31 remains strong, with the year-end surplus contributing to a \$3 million improvement in working capital over 2005. The 1.14:1 ratio is considered healthy in comparison to the rest of the province's hospitals. Restrictions on net assets will ensure we are able to meet our commitments for the completion of our capital redevelopment and beyond. Our professionally managed funds are invested in a manner that attempts to maximize our rate of return with an acceptable level of risk, funding our cash needs as they arise. Obligations under various debt agreements continue to be easily met.

CONDENSED STATEMENT OF FINANCIAL POSITION

March 31, 2006, with comparative figures for March 31, 2005

	2006	2005
	(000s)	
Assets		
Current assets	\$ 78,751	83,568
Restricted investments	128,423	135,725
Capital assets and other	229,517	204,314
	436,691	423,607
Liabilities, Deferred Contributions and Net Assets		
Current liabilities	68,896	77,022
Long-term liabilities and deferred contributions	167,427	154,249
Net assets	200,368	192,336
	\$ 436,691	423,607

CONDENSED STATEMENT OF OPERATIONS

Year ended March 31, 2006, with comparative figures for March 31, 2005

	2006	2005
	(000s)	
Revenues		
Ministry of Health and Long-Term Care:		
Base Funding	\$ 296,515	314,902
Special Funding	7,239	1,416
Other	88,213	90,386
	391,967	406,704
Expenses		
Salaries and benefits	281,771	299,818
Other	108,406	109,129
	390,177	408,947
Excess (shortfall) of revenues over expenses from operations	1,790	(2,243)
Net restructuring expenses	-	(821)
Investment income	6,242	3,849
Excess of revenues over expenses	\$ 8,032	785

With operating cost pressures from wage increases driven by collective agreements, to compliance with legislated mandates, we continue to live within our resources. The year-end surplus is due to the generation of investment income for capital, and special year-end funding by the government to cover our operating and restructuring expenses. Funding of \$24 million transferred to London Health Sciences Centre with program transfers, along with the funding of inflation on base operating costs, accounts for the change in Ministry funding over 2005. Restructuring expenses of \$8 million were fully funded by the Ministry in 2006.

In 2006 St. Joseph's invested \$26 million in new facilities and \$21 million in new equipment. We have recently opened the new surgical and diagnostic imaging centre, and have purchased the latest equipment including a CT scanner, and intricate surgical robotics. The development of the electronic patient record, along with other investments in information systems, will see us significantly enhance our decision-making through technology. Our capital spending was financed with \$32 million from reserves, and \$15 million from contributions from the government and the community.

CONDENSED STATEMENT OF CASH FLOWS

Year ended March 31, 2006, with comparative figures for March 31, 2005

	2006	2005
	(000s)	
Cash provided by (used for)		
Operating activities	\$ 16,540	20,065
Financing activities	23,229	13,816
Investing activities	(39,552)	(25,396)
Net increase in cash	217	8,485
Cash and short-term investments, beginning of year	51,536	43,051
Cash and short-term investments, end of year	\$ 51,753	51,536

For a complete set of financial statements including notes, visit our website at www.sjhc.london.on.ca or call 519-646-6100 extension 65721.



2005-2006
ANNUAL REPORT

www.sjhc.london.on.ca

For additional copies of the report, salary disclosure information or other information, please call Communication & Public Affairs at 519-646-6034.

Editor: Betty Dann, St. Joseph's Health Care, London Design: Honey Design