

REPORT TO THE COMMUNITY

2010 | 2011





For St. Joseph's, this too has been a year of crossroads, marking endings and new beginnings all at the same time. This report is a reflection of the crossroads for those in our care and for St. Joseph's as a whole.

As for the endings, we said farewell to patients and staff members moving to Kitchener as the first step in decentralizing specialized mental health services across Southwestern Ontario. We marked the gradual decline of the number of World War II Veterans. Our President and CEO of fourteen years, Cliff Nordal retired, with our deep appreciation and good wishes. And, we are marking a legacy of life and love nurtured in the birthing and neonatal programs as they leave St. Joseph's and move to new environments at London Health Sciences Centre.

In the new beginnings, we continue to develop specialized day surgery and treatment programs, create new care and research spaces and build specialized mental health care facilities for generations to come. We are setting a course for the future and like the people who come to us for care, we are working hard to value each moment and the many people who are part of our past, present and future.

This past year, St. Joseph's achieved a balanced focus on performance, quality/safety, and access – the three most significant pillars of high functioning health systems. At the same time, the development and engagement of our people and the deepening of our mission remain central success factors.

Thanks to so many,
the legacy of life
and love goes on.

Because of you... ..we are changing lives.

Across St. Joseph's diverse programs and services, we devote ourselves to people experiencing crossroads in their lives – some as the result of a sudden injury or illness; others experiencing the anguish of a severe mental illness; and the many facing the effects of a chronic disease or a condition related to aging. These are life-altering moments. Our calling is to draw alongside each person in our care and to bring the best of ourselves to their journey – body, mind and spirit.

We remain steadfast in our commitment to partnership and to advancing the health care system through integration and new approaches wherever they make sense for patients, for care providers and for the public purse. It is through the shared experiences and aspirations of all who play a role in Ontario's health care system that care is improved and communities are strengthened.

A renewed mission and a new vision (see back cover) are our guideposts for the future, stretching our efforts to ensure care, teaching and research meet today's requirements and anticipate the needs of tomorrow.

And so, as we mark these crossroads and set a renewed course for the future, we are grateful for the many blessings found in serving others and for the many families, friends, professionals, volunteers, partners and donors who answer the call to serve others in need.

Dr. Gerald Killan
Chair, Board of Directors

Dr. Gillian Kernaghan
President and Chief Executive Officer



PICTURED ABOVE: THE HAND-WRITTEN RECORD OF BIRTHS AT ST. JOSEPH'S HOSPITAL FROM OCTOBER 5, 1910 TO AUGUST 7, 1931 AND A TIME-WORN PAIR OF PALE BLUE BOOTIES GIVEN AS A GIFT TO A PATIENT IN 1914 BY ONE OF THE FOUNDING PHYSICIANS, DR. HARRY MEEK. THE LEDGER AND BOOTIES REMAIN IN THE OFFICE OF THE PRESIDENT AND CEO – A REMINDER OF THE GREAT LEGACY OF LIFE AND LOVE AT ST. JOSEPH'S HOSPITAL.



Brett has become a sought-after conference speaker, impressing audiences with his personal experiences in the correctional and mental health care system.

A future full of hope and talent

It's been a long journey, one that brought Brett Batten to an entirely new place in his life. After seven years that included a short jail term, then years as an inpatient and outpatient at Regional Mental Health Care St. Thomas, Brett received an absolute discharge and is successfully living in the community.

During Brett's time in hospital and jail he wrote many eloquent letters to his family and kept a journal. "During that time I found my writing to be very therapeutic, but really, it was just for me. When I moved back into the community, I wove those letters and journal entries into a book that eventually, I would like to have published".

Brett has also shared his life experiences as a speaker, beginning first in hospital with presentations to staff and then moving on to engagements with

student groups, faculty and community clinicians at The University of Western Ontario. More recently, Brett has become a sought-after conference speaker, impressing audiences in Ottawa, Hamilton and closer to home with his personal experiences through the correctional and mental health care systems.

When he isn't speaking at conferences, Brett spends his time looking after the duplex house where he lives in Wortley Village, and writing.

TO FIND OUT MORE ABOUT THE FORENSIC PSYCHIATRY PROGRAM AT ST. JOSEPH'S VISIT: SJHC.LONDON.ON.CA/MENTAL-HEALTH-CARE/FORENSIC-PROGRAM



Turning research into care

CRAIG SOMERVILLE, LEFT, HAS A LAUGH WITH REGISTERED NURSE JOANNE WESENGER AND RESEARCHER DALTON WOLFE.

On Valentine's Day 2010, Craig Somerville endured a tragic snowmobile accident that would paralyze him from the shoulders down. Facing the long road to recovery, Craig, 29, spent eight months in acute care before coming to one of Canada's leading rehabilitation centres for spinal cord injuries – Parkwood Hospital.

In collaboration with the Rick Hansen Institute, the Ontario Neurotrauma Foundation selected Parkwood Hospital for an initiative aimed at accelerating promising spinal cord research discoveries into care.

"Thousands of research discoveries are made every year, but translating that research into effective patient care can take years, and sometimes it never happens at all," explains Jane Hsieh, co-lead overseeing the project and Associate Scientist at Lawson Health Research Institute.

"The support of the Ontario Neurotrauma Foundation and Rick Hansen Institute allows us to speed up this process by removing barriers such as demands on clinicians' time, inadequate training and support, and insufficient resources," explains Dr. Dalton Wolfe, Lawson Associate Scientist, Spinal Cord Injury Research and co-lead on this initiative.

Researchers and clinicians will review scientific evidence and decide which spinal cord injury practices to implement. The team will employ these practices and evaluate their effectiveness in collaboration with other Canadian rehabilitation facilities. The three initial areas of focus are pressure ulcers, bladder management and pain.

Jane, Dalton and Anna Kras-Dupuis, Clinical Nurse Specialist, are leading the consensus process to determine which practices to implement and ways to measure their success.

TO LEARN MORE ABOUT SPINAL CORD AND COMPLEX CARE AT ST. JOSEPH'S PARKWOOD HOSPITAL VISIT: SJHC.LONDON.ON.CA/COMPLEXCARE

Room to breathe



Thanks to a project funded by the South West Local Health Integration Network, patients on long-term ventilation can be moved from intensive acute care to the best possible environment for them.

"IN COMPLEX CARE AT PARKWOOD HOSPITAL I'M ABLE TO ENJOY THE SOCIAL INTERACTIONS, THE FREEDOM TO GET UP AND GO WHENEVER I LIKE, AND THE VIEW," SAYS LESLIE HAUPT, LONG-TERM VENTILATION PATIENT.

The complex care team is helping people on long-term mechanical ventilation leave the confines of intensive care units and move to the highly-skilled and home-like environment of Parkwood Hospital.

An intensive care unit (ICU) in an acute care hospital is the right place for patients who are critically ill. For many years it was also the only option for patients who are medically stable but need long-term mechanical ventilation to help them breathe – some staying in the ICU for many months, even years.

Thanks to a project funded by the South West Local Health Integration Network, patients on long-term ventilation can be moved from an ICU to the best possible environment for them. The complex care team at Parkwood Hospital already had the skills in place to care for patients needing chronic assistive ventilator care, and Parkwood was chosen for five of these beds.

To ensure a smooth transition for patients, the ICU team at London Health Sciences Centre works closely with the team at Parkwood Hospital. This seamless care provides patients like Leslie Haupt room to breathe with a sweeping view of the Westminster Ponds area from her window at Parkwood Hospital, along with the social interaction and the freedom to come and go as she pleases.

Ingenuity yields winning health care formula

Using a little ingenuity to reduce length of stay while maintaining excellent patient outcomes is a winning formula for patients.



HEATHER MCHALE, LEFT, MATTHEW MEYER AND EILEEN BRITT COLLABORATED ON A PROJECT THAT DRAMATICALLY IMPACTS THE LENGTH OF STAY IN THE STROKE REHABILITATION PROGRAM.

In 2009 stroke patients, on average, were staying longer at Parkwood Hospital than in any other Canadian rehabilitation facility. The Stroke Rehabilitation Team at Parkwood sought a solution that would reduce the length of stay while maintaining patients' clinical outcomes.

Eileen Britt, Stroke/Neurological Program Coordinator, realized length of stay data alone was not comparing apples to apples. She worked with colleagues to develop a framework that combined length of stay data with information classifying the severity of patients' strokes to paint a more accurate picture.

Using this information, the stroke team set target discharge dates for new patients. These dates were flexible based on each patient's actual recovery progress.

Other factors that influenced these positive results were extended therapy hours, outpatient programs and continuing rehabilitation.

The results were impressive. In 2009-2010, the average length of stay was reduced from 43 to 35 days and to 32 days in 2010-2011 – with patient outcomes remaining the same.

Other stroke rehabilitation services in the province are showing great interest in the easy adaptability and effectiveness of the length of stay framework developed at Parkwood Hospital.



There's no place like home

"This place just instantly felt like home," exclaims Melanie, a patient of Regional Mental Health Care's Forensic Program, and the first person to move into a St. Leonard's Community Services residence.

Offered jointly by St. Joseph's and St. Leonard's the residential program became available in May 2010, as part of an innovative partnership. The program assists people in their recovery through education and community-based services as they transition back to community living.

The program has been a special experience for Melanie who occupies one of two residential spots while fiancé, Skip, is in the second spot in a men's residence nearby. The two met six years ago while both were in hospital.

"The environment has been positive," explains Melanie, who also has Huntington's disease. "My new home is very accessible for my walker and the staff are helpful and supportive."

As the couple embarks on this next chapter of their life together there is much to be excited about. Melanie is graduating from the University of Western Ontario with a Bachelor of Arts degree in sociology and the couple is enjoying their new residences and time together. Melanie adds, "There is so much to look forward to."

First in Safety



THE SURGICAL SAFETY CHECKLIST IN ACTION IN THE OPERATING ROOM AT ST. JOSEPH'S HOSPITAL

Ensuring patients receive exceptional and safe patient care is at the core of St. Joseph's mission.

On July 31, 2010, provincial surgical safety checklist compliance scores were released and St. Joseph's was listed as a top performer province-wide with a 99 per cent compliance rating. This is a notable accomplishment as St. Joseph's performs more than 17,000 surgeries each year.

The surgical safety checklist assists surgical teams in communication and reinforcement of critical information at three distinct phases for each and every surgery. The checklist helps to ensure no crucial items are overlooked and that consistent practice is followed, all aimed at reducing preventable surgical complications. In addition, the Endoscopy Clinic at St. Joseph's Hospital modified the document to incorporate a team approach during endoscopy procedures.

TO FIND OUT MORE ABOUT HOW ST. JOSEPH'S KEEPS PATIENTS AND RESIDENTS SAFE VISIT: SJHC.LONDON.ON.CA/PATIENTSAFETY

IN FEBRUARY 2011, ST. JOSEPH'S ACHIEVED TWO ADDITIONAL MILESTONES:

- St. Joseph's was ranked above average in patient satisfaction with overall care according to newly released patient experience indicators and data from the Ontario Hospital Association.
- St. Joseph's Hospital was the first in Canada to adopt the remote respiratory monitoring system called OxiNet III, which enables continuous monitoring of patients' oxygen saturation levels even when the clinician is not at the bedside. This allows clinicians to know of adverse events sooner.

The Perinatal Program

More than 100 years, more than 100,000 babies



A NEW LIFE IS CRADLED AND CARED FOR BY A PERINATAL NURSE DONNING THE ST. JOSEPH'S HOSPITAL LEGACY T-SHIRT.

With more than 100,000 babies born at St. Joseph's Hospital over the past 100 years, our organization has been privileged to care for families in times of joy and in times of unspeakable loss.

With great skill and abounding compassion, physicians, staff and volunteers have nurtured, embraced and celebrated each birth, each life. This is the legacy our perinatal team leaves behind – from world firsts in research to specialized programs serving the region and beyond. With the transfer of perinatal care to London Health Sciences Centre on June 5, babies are no longer born at St. Joseph's. But the achievements and lives touched will remain woven, always, in our history.

"As we transition to our new space, it is the St. Joseph's spirit and feeling of camaraderie that we will bring to our new surroundings as we begin to work with our colleagues at London Health Sciences Centre. In that way we will continue to honour our time at St. Joseph's Hospital."

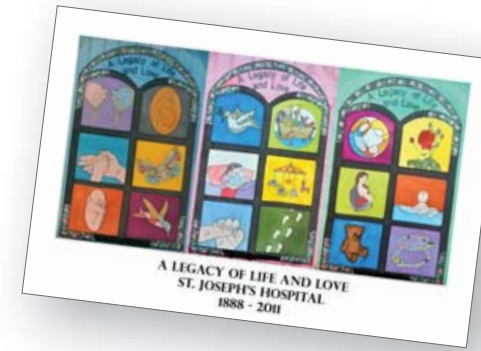
VAL ROUSOM, KIM PLANQUES, DIRECTORS, PERINATAL PROGRAM

A special keepsake

More than 100 years of care has been celebrated in art created by nurses and veterans at St. Joseph's.

The art will hang at London Health Sciences Centre to serve as a permanent reminder of the illustrious legacy of life and love of perinatal and women's care at St. Joseph's.

The nurses and veterans came together at Parkwood Hospital to paint three, eight feet-high silk paintings. The day was deeply meaningful for both nurses and veterans as they worked side-by-side to commemorate and preserve a very special part of St. Joseph's history.



Carrying a legacy with him

Early in 2011, a very tiny newborn arrived at St. Joseph's Hospital, a baby that will carry a very large legacy with him through life. He is Joseph William Weir, named in honour of the hospital he was born in. Even before his birth, which came far too early. Even before he and his twin, James Patrick Weir, would need the expertise of the neonatal intensive care unit to survive. Even before their parents would experience and become so grateful for the compassion, devotion and skill of those looking after them.

The story of little Joseph's name, in fact, begins many years ago – on June 15, 1977. That was the day his mom, Amanda, was born, also at St. Joseph's, also too early. When Amanda became pregnant, she and husband Andrew knew she would give birth at St. Joseph's. They knew too their twins would be born in the final year of the perinatal program. What they didn't know was that it would be at 27 weeks gestation.

Today James and Joseph are growing and thriving and will have a great story to tell about their early start in life. And St. Joseph's has a great story to tell too, about Joseph William Weir and the special place both he and his brother hold in the history of perinatal care.



PROUD MAMA AMANDA HOLDING JAMES, LEFT, AND JOSEPH.

The tremendous legacy of care for women and newborns at St. Joseph's Hospital and the personal stories of those who were born, gave birth and contributed to the care of women and children are remembered at the I Was Born at St. Joseph's website. Share your story through words, video or photos and help create a tribute to perinatal care at St. Joseph's.

Since the first recorded birth on October 5, 1901, many medical pioneers and other devoted staff and physicians have contributed to the tremendous history and achievements of our perinatal program. Some of our most shining achievements have included:

- 1967 The opening of what would become the internationally-renowned **Neonatal Intensive Care Unit (NICU)**.
- 1979 The creation of the **Developmental Follow-Up Clinic** for high-risk infants who had been cared for in the NICU. That same year saw the development of the **Regional Perinatal Outreach Program** to assist hospitals in the region with education and consultation regarding maternal and newborn care to reduce perinatal morbidity, mortality and the incidence of low birth weight.
- 1987 **First in Canada to show that nuclear magnetic imaging** would be able to detect abnormalities.
- 1989 The **first use of natural surfactant drug** – a boon for babies with immature lungs.



Getting older

Recreation, social and education activities are key tools in the age-defying 'arsenal'.

St. Joseph's Third Age Outreach program is making aging a positive experience for seniors. Knowing that social, recreation and education activities are key tools in the age-defying 'arsenal', Third Age Outreach offers a wide range of programs, services and events geared to enhancing health, independence and quality of life.

One new initiative Third Age Outreach embarked on this year is called Third Age Outreach Teaching. This program pairs computer-savvy senior volunteers with other seniors who want to learn about computers. Covering such topics as email, spreadsheets and web page creation, more than 20 senior teachers are enthusiastically leading their peers down the information highway.

Third Age Outreach is part of St. Joseph's Specialized Geriatric Services Program. The teaching program is made possible through a New Horizons for Seniors Community Participation and Leadership grant.

TO LEARN MORE ABOUT SPECIALIZED GERIATRIC SERVICES AT ST. JOSEPH'S PARKWOOD HOSPITAL VISIT: SJHC.LONDON.ON.CA/SPECIALIZEDGERIATRICS

THIRD AGE OUTREACH VOLUNTEER RIKIE SCHIEVEN, LEFT, TEACHES DOREEN PLUMRIDGE COMPUTER SKILLS WITH COORDINATOR DANA BORRIE.



Getting better

Researchers are using portable technology to improve patient care and promote healthy lifestyles.

At Lawson Health Research Institute, researchers are using portable technology to improve patient care and promote healthy lifestyles. Lawson scientists have completed a study to test the ability of smartphone technology to change physical activity and health monitoring behavior in patients at risk for type II diabetes and cardiovascular disease. Study participants received a personalized exercise program and were provided with a BlackBerry®, Bluetooth® blood pressure monitor, Bluetooth® glucometer, and pedometer. Once trained on the technologies, the participants were responsible to self-monitor from home several times a week for two months. Each measure taken was sent automatically via Bluetooth® technology to an online, real-time health-monitoring database.

"Results from the Diabetes and Technology for Increased Activity (DaTA) study showed an increase in fitness, decrease in waist circumference and body mass index, and a decrease in fat mass around the stomach area – one of the most dangerous places to carry fat," says Dr. Rob Petrella, Beryl and Richard Ivey Research Chair in Aging, Rehabilitation, and Geriatric Care. The goal of self-monitoring technologies is to take the burden off family physicians and encourage individuals to become engaged in monitoring their own health care.

MARLENE PARSONS, A PATIENT IN THE DATA STUDY, USES SMART TECHNOLOGY TO RECORD HER BLOOD PRESSURE READING.





ST. JOSEPH'S HAS MORE THAN 1,800 NURSES WITH VARYING ROLES, RESPONSIBILITIES AND SPECIALIZED SKILLS, REPRESENTING THE CONTINUOUS EVOLUTION OF A VERY DIVERSE PROFESSION.

The nurse of the future...

Knowledge, theory and critical thinking are as integral to the nursing role as care and compassion. From the bedside to the boardroom, no single job description defines what nurses at St. Joseph's do, they fill many diverse roles across our organization.

In October 2010, more than 150 nurses and interprofessional staff came together to discuss change and evolution at St. Joseph's first Nursing Summit. The summit was an opportunity to share, inspire and create a plan for the ongoing development of nursing practice at St. Joseph's.

St. Joseph's nurses work in every part of the organization – complex care, rehabilitation, geriatrics, family medicine, long term care, veterans care, surgery, mental health, palliative care and other specialized areas. They anticipate and prevent life-threatening complications, teach patients and families how to care for themselves, and create relationships that allow patients to resume their lives or regain independence. They are the comforting voice in the middle of the night and the expert link through each patient and resident care experience.

- 1 Nurse practitioners are RNs who have undertaken an additional specialty training program in acute care, paediatrics, or care for adults and are licensed through the College of Nurses of Ontario. Here, **Wendy McCrady** listens to baby Evan Michelle McConnell's heartbeat at her 12-month check-up at St. Joseph's Family Medical and Dental Centre.
- 2 Advance practice nurses support and promote program development, staff education, advancing the practice of nursing and optimizing complex patient care. **Leslien Walters**, Advance Practice Nurse at Regional Mental Health Care, left, instructs **Breton Eby** a Fanshawe College nursing student, and **Corinne Wilson**, Registered Practical Nurse, on the use of a kangaroo pump, used for patients who require nutrition through continuous or intermittent feeding.
- 3 Nurse clinicians provide in-depth assessments, education, and assistance with the implementation of evidence-based research across a variety of St. Joseph's programs and services – in hospital and in the community. Here, **Anne LeMesurier**, Nurse Clinician in wound care at Parkwood Hospital performs an inpatient consult for skin and wound issues with veteran John Ready.
- 4 **Amy Kidder**, middle, Registered Nurse at Regional Mental Health Care St. Thomas, and Occupational Therapist **Maureen Ellis**, right, help Stuart with some daily living tasks in the new rehabilitation apartment, where staff work with patients to support recovery and the transition from hospital to community.
- 5 **Kevin Cresswell**, Registered Practical Nurse at Mount Hope Centre for Long Term Care, assists resident Mary MacDonald, who loves listening to music on her headphones.
- 6 **Stuart Leales**, right, Registered Nurse at St. Joseph's Hospital, has several roles in the operating room, including patient care before and after a procedure and working alongside the surgeon and operating room team.



The change ahead...

Over the past several decades, the mental health care system in Southwestern Ontario has seen tremendous change. Most notably is the change seen over the past 15 years. The system is being transformed to ensure patients are getting the best care possible – closer to family, closer to friends, closer to community and closer to home.

Changing care...

In 1997 the provincial Health Services Restructuring Commission called for the divestment of mental health services from facilities in London and St. Thomas to communities across the region. This move was mandated to further the principle of providing care closer to home for residents of Southwestern Ontario. The divestment process is underway, with the first transfer of inpatient services to Kitchener implemented in the fall of 2010.



SANDRA FISMAN
CHIEF OF PSYCHIATRY
2001 – 2011

Changing buildings...

The Commission's directives also called for St. Joseph's to build two new specialized mental health care facilities, one near St. Thomas and one in London; and in March of 2010 both projects reached financial close through Infrastructure Ontario.

The new buildings will help to provide dignity, comfort, and life-affirming progress as patients journey toward recovery, regaining the skills and confidence needed to return to community living. These new spaces will help to promote individualized care plans as well as supporting the philosophy of care – psychosocial rehabilitation (PSR). "PSR is a journey for patients," says Sandra Fisman, Chief of Psychiatry. "It's about promoting individual healing rooted in personal goals, family involvement, support and community interaction. PSR enables people to lead full, meaningful lives while coping with a mental illness."



SPECIALIZED
MENTAL
HEALTH CARE
BUILDING,
LONDON



FORENSIC
MENTAL
HEALTH CARE
BUILDING,
ST. THOMAS

NEW ARTIST
RENDERINGS
REVEALED AT
FINANCIAL
CLOSE,
MARCH 2011

New buildings will help to provide dignity, comfort, and life-affirming progress as patients journey toward recovery, regaining the skills and confidence needed to return to community living.

TO LEARN ABOUT ST. JOSEPH'S RESTRUCTURING, INCLUDING MENTAL HEALTH VISIT: SJHC.LONDON.ON.CA/RESTRUCTURING

Changing lives... Time well spent

Margareta Rawlins was a bit anxious, but mostly excited when she heard her husband who was receiving care at St. Joseph's Regional Mental Health Care London was going to be transferred to a hospital close to their home town of Cambridge. "Edward had really good care so I was a bit nervous when I thought of him transferring to a new place, hoping his care would be as good as what he received at St. Joseph's."

Before coming to London, Margareta and Edward had already been on the long journey that Alzheimer's disease brings to families. Edward's early onset Alzheimer's had resulted in some mental health issues and the nursing home he was cared for in Cambridge was not equipped to handle his specialized care needs. At that time, in 2008, Waterloo Region did not have a facility to support Edward's care, so he was sent to the Geriatric Psychiatry Program at St. Joseph's Regional Mental Health Care. "I was so impressed with the staff," says Margareta. "I knew things were going to get better for my husband." Edward's condition did improve, his medication was adjusted and he was doing very well.

In the fall of 2010 a transformative step happened for mental health care in Southwestern Ontario. The first of four planned divestments of beds and services from St. Joseph's to hospitals in the region was completed. This was a long-awaited step set in place by the 1997 Health Services Restructuring Commission. This step involved the transfer of patients and staff from Regional Mental Health Care to Grand River Hospital in Kitchener. The move away from large institutional mental health care settings to care closer to home had begun. For Margareta, her husband was moving closer to home.

"I was really happy with the care at Regional Mental Health Care London, but not happy with the drive," says Margareta, who would make the hour long drive twice a week to visit her husband. "Sometimes the roads were really treacherous in winter; it was difficult to get there as often as I wanted." Now she travels only 10 minutes from her home to Grand River Hospital to be with Edward. "Having my husband closer to home has tripled the amount of time I spend with him!" Margareta feels Edward is in a good place. "His quality of life is the best it can be – and I am spending more time with him, rather than in the car."



The best in breast care

We are creating a journey of care not available anywhere else in Canada. From the moment an abnormality is found, through diagnosis, treatment and follow-up care, the compassionate team of leading experts at St. Joseph's Hospital's Breast Care Program is transforming care for those facing breast cancer in London and across the region.

KAREN DONCASTER, REGISTERED TECHNOLOGIST, IS A FRIENDLY FACE WHILE SHE PREPARES A PATIENT FOR A MAMMOGRAM.

Poised to become a model for Canada, the Breast Care Program at St. Joseph's Hospital brings together breast imaging, assessment, and surgery services in one location, with the goal of seamless, comprehensive care. Recognizing that it takes more than medical care to help women, and men, fight breast cancer, education and support play a critical role in easing anxiety and empowering patients. A remarkable team of surgeons, radiologists, nurse navigators, advanced practice nurses, social workers, technologists, spiritual care providers, volunteers and others offer the best in breast care.

Targeting breast cancer

At St. Joseph's Hospital the critical role nuclear medicine plays in the diagnosis and treatment of women facing breast cancer has burgeoned with the consolidation of all breast imaging, assessment and surgery at St. Joseph's.

To determine if breast cancer has spread, surgeons perform a biopsy to remove a small sample of lymph nodes. Before this is done, a nuclear medicine procedure highlights the sentinel lymph node for the surgeon, explains Don Kuhl, coordinator of nuclear medicine at St. Joseph's. "Within 24 hours of the planned surgery, a nuclear medicine technologist injects radioactive tracer under the skin near the tumour. This tracer travels to the lymph nodes and accumulates in the nodes for the surgeon."

In the operating room, the surgeon uses a hand-held probe to find the lymph nodes that contain the most radioactive tracer – the first node in the chain, also known as the sentinel node. By pinpointing the sentinel node, it can reduce the number of nodes the surgeon needs to remove. For the patient, this means fewer complications and a quicker recovery.

 TO FIND OUT MORE ABOUT THE BREAST CARE PROGRAM AT ST. JOSEPH'S VISIT: SJHC.LONDON.ON.CA/BREASTCARE

Always caring for women

St. Joseph's Hospital is home to several leading edge services essential to the health and well-being of women. Gynecological surgery, colposcopy, breast care, treatment for osteoporosis, gestational diabetes, urological and thyroid disorders, and care for women who have experienced domestic or sexual abuse all meet critical needs of women in London and surrounding areas.

Teaching and research in these areas also continues to play a vital role as St. Joseph's sets new standards of care, implements new ways of delivering that care and strives to do more to enhance the care of women at all stages of life.

Community stories



Beating the blahs

The Therapeutic Recreation Team at Mount Hope Centre for Long Term Care offers residents a diverse range of leisure activities to enhance the well-being of seniors and younger residents with complex needs.

At the Beat the Blahs celebration a little wine, a little cheese and rousing

music from the Mount Hope Trio blew away the winter blahs. The Trio, made up of three University of Western Ontario students, has a loyal following of residents who eagerly await their performances. Hosted by the Mount Hope Residents' Council in partnership with Therapeutic Recreation, the Beat the Blahs event brought a touch of sunshine and the hope of spring to a blustery February day.



Seven decades of love

A chance meeting in 1948 sparked a love that has spanned seven decades. On Dec. 29, 2010, Fred and Grace Henkel celebrated their 62nd wedding anniversary with the help of the Therapeutic Recreation Team at Mount Hope Centre for Long Term Care. In 1948 Fred, now 100, was a patient cared for by nurse Grace, now 89. The couple is extremely grateful to share a room at Mount Hope.

"The fact that I'm able to live here with Freddie makes him very happy," says Grace.



The Trews honour Parkwood veterans

East Coast rockers The Trews paid tribute to Parkwood Hospital veterans at an impromptu concert in December. The band dropped in on a snowy Sunday afternoon to perform an acoustic version of their song Highway of Heroes. Band member Colin MacDonald, who wrote the song to honour a friend killed in Afghanistan, said, "We have to honour the people who make the ultimate sacrifice...All of our grandfathers served in World War II and it was good to be able to play a song for the veterans at Parkwood."

Shorter waits for patients

Thanks to an investment of \$300,000 made possible by St. Joseph's modest budget surplus achieved this year, patients needing endoscopy procedures at St. Joseph's Hospital saw their wait times reduced. The short-term investment meant additional scoping time, allowing 649 additional patients to receive care from early January to late April 2011. This positive development was just one significant achievement for the Endoscopy Clinic Team, which officially opened its new space in November.

The clinic is now enjoying 10,000 square feet of newly renovated, specially-designed space to accommodate more than 6,500 patient visits a year. The clinic provides a range of specialized diagnostic and treatment services. Included in the investment, St. Joseph's also provided 39 additional cancer surgeries.



St. Joseph's refreshes website

St. Joseph's Health Care London unveiled its redeveloped public Internet site in December 2010.

The award winning website provides stronger information for patients, visitors and our community on St. Joseph's programs, services and performance. It meets the highest standards of accessibility and

provides opportunities for engagement and feedback.

Since its inception, traffic to the website has more than doubled.



SJHC.LONDON.ON.CA

Award-winning workplace

St. Joseph's has become one of the first health care organizations in Ontario to be awarded a prestigious Quality Healthcare Workplace Award from the Ontario Hospital Association and HealthForce Ontario.

The award recognizes outstanding efforts to improve health care workplaces in ways that contribute to the quality of worklife for employees and the quality of care they provide. "We are thrilled to win this award. Our commitment to creating healthy work environments is crucial, not only for staff but for excellence in care," says Karen Stone, Vice President, Human Resources.



Cyclotron facility named after Cliff Nordal

Throughout his 41-year career in health care leadership, Cliff Nordal helped to advance science through research and innovation. To recognize his vision and foresight the cyclotron and PET radiochemistry facility of Lawson Health Research Institute has been named for the former St. Joseph's President and CEO. The Nordal Cyclotron PET Radiochemistry Facility will play a critical role in diagnostic medicine by producing non-reactor based isotopes for use in nuclear medicine and a wide variety of diagnostic tests.



Veterans care program going strong

With 222 inpatient beds and outpatient services offered through the Operational Stress Injury Clinic, the Veterans Care Program at Parkwood Hospital thrives. While 36 inpatient beds were reduced in 2010 because of a decrease in the need for service, a tentative plan to reduce a further 36 beds in 2011 has been deferred due to the program's unexpected high occupancy. The ongoing demand for this service is being closely monitored so veterans who come to Parkwood for care will be served with respect, excellence and compassion – now and in the future. During the monthly Kids, Crafts and Vets Program, veteran George Scott and Norah Derbecker, from the Parkwood Children's Daycare, work on a project together in the Veterans Arts Studio.

Because of the growing needs of our community...

While the health care system continues to experience uncertainty in a challenging economic climate, St. Joseph's service, fiduciary and stewardship commitments remain clear – to act in accordance with our values and mission and to respond to the performance challenges of the day while sustaining a sound resource position for the future.

Having a clear set of planning and decision making principles helps to navigate the complexities between meeting needs and balancing budgets, but the decisions are still difficult as they impact people, service models and jobs. This requires us to be constantly focused on our mission, grounded in our values of respect, excellence and compassion, and leaders of innovation and change.

The fiscal year 2010-2011 was pivotal, with the completion of some major transformation steps and the beginning of others. The remaining acute care program transfers are coming to fruition; divestments of mental health services initiated; and the veterans care program resized to meet demand.

The region's mental health transformation began in November 2010 with the divestment of 50 beds from St. Joseph's to Grand River Hospital in accordance with the directives issued by the 1997 Health Services Restructuring Commission and the support of the South West Local Health Integration Network. Three more divestments will occur in the next several years, including beds and ambulatory services to Windsor Regional Hospital in 2011-2012.

Balanced operations

St. Joseph's ended the fiscal year with a Generally Accepted Accounting Principles (GAAP) surplus of \$16 million, primarily achieved through unrealized investment gains and investment income of \$7.9 million, as well as one-time funding in support of acute care restructuring of \$4.1 million.

The remaining \$4 million surplus came from operations, representing only 0.9 per cent of the annual operating budget, essentially a balanced budget made possible through effective planning and service delivery thanks to leaders, physicians and staff.

Patient activity levels across St. Joseph's were consistent in 2010-2011 as compared to the previous year. All performance accountabilities as established between St. Joseph's and the South West Local Health Integration Network were met. To a substantial extent, funding is contingent on these volume indicators as per the Hospital Services Accountability Agreement (H-SAA) created and verified each year.



Jacquie Davison
Treasurer of the Board

Healthy working capital

Working capital continues to be healthy at a current ratio of 1.2:1 as at March 31, 2011. Unrealized investment gains of \$4.4 million coupled with gains achieved in the prior fiscal year of \$7.9 million means that we have nearly regained all unrealized losses when they peaked at \$13.3 million in February 2009.

Restricted investments that support current and future commitments remain secure and total \$186.5 million at March 31, 2011. Investments are externally managed by professional firms under the stewardship of an investment sub-committee of the Board of Directors.

Supporting St. Joseph's care, teaching and research mission, capital investments during the year totaled \$38.8 million. Of this total, \$30.8 million was spent on building projects and \$8 million on capital equipment. These expenditures were supported by \$20 million in internal funds and \$18.8 million in external funds mainly through contributions from the provincial government and the St. Joseph's Health Care Foundation. The St. Joseph's Health Care Foundation remains a key partner in our ability to invest in the future while responding to today's care, comfort and research needs.

One very significant highlight and achievement is the completion of Milestone 2, Phase 2 in acute care restructuring and renewal. The total cost of this project was \$58.1 million, of which St. Joseph's contribution was \$6.4 million. In addition, St. Joseph's has made significant advancements in the current year with approvals to proceed with the final phase of acute care redevelopment for Milestone 2, Phase 3, as well as advancing with redevelopment initiatives to construct new specialized mental health care facilities in London and St. Thomas. The total estimated hospital or 'local' share contribution for all restructuring initiatives is \$43.3 million.

Looking ahead – completing operational transformation; setting a new vision

As we begin a new fiscal year, the transfer of Perinatal Services from St. Joseph's to London Health Sciences Centre took place in June 2011.

Phase II of the Veterans' Care Program changes may also occur during fiscal 2011-2012, however, this change is on hold due to an unexpected rise in the demand for service.

Through this time of significant transformation, St. Joseph's has also been preparing to further reduce infrastructure and administrative costs in alignment with the reduction to hospital revenues in connection with the changes to our clinical services.

Although these and remaining changes to clinical care, services and the organization's total revenues are substantial, they also signal the beginning of a new era for St. Joseph's and the opportunity to create a new and exciting vision for the future.

The challenges of change, a continued uncertain economic climate and the ongoing gap between costs, inflation and unknown revenue increases continue. However, more than ever, St. Joseph's is excited about building its future and creating its new place in the region and community, always upholding its mission of health and healing.

The tradition of sound fiscal and service results remains a hallmark of St. Joseph's and is the result of the contributions of many. St. Joseph's is blessed with the support of dedicated staff, excellent physicians, compassionate volunteers, and a supportive community. It is with appreciation to all that we present these financial results.

TO LEARN MORE ABOUT OUR PERFORMANCE PLEASE VISIT:
SJHC.LONDON.ON.CA/OURPERFORMANCE

WHERE OUR MONEY COMES FROM TO OPERATE THE ORGANIZATION – TOTAL REVENUES BY SOURCE

The primary source of operational funding comes from the Ministry of Health and Long-Term Care, and Veterans Affairs Canada representing 80 per cent of St. Joseph's total funding resources. Included in funding from the Ministry is \$4.1 million of one-time support for acute care restructuring costs.



MINISTRY OF HEALTH AND LONG TERM CARE/
LOCAL HEALTH INTEGRATION NETWORK



OTHER REVENUE AND INVESTMENT INCOME



PATIENT SERVICES



VETERANS AFFAIRS



AMORTIZATION OF DEFERRED CONTRIBUTIONS

"St. Joseph's is excited about building its future and creating its new place in the region and community, always upholding its mission of health and healing."

CONDENSED STATEMENT OF FINANCIAL POSITION

St. Joseph's financial position at March 31, 2011 remains a healthy one. The 1.2:1 working capital ratio is well within the established range as per our accountability agreement with the Local Health Integration Network and our obligations under various debt agreements continue to be easily met. Our working capital position allows us to restrict funds to ensure we are able to meet our commitments for the completion of our capital redevelopment plans and sustain our capital equipment base.

The losses experienced in our investment portfolio during 2008-2009, have been recovered to a significant degree over last two fiscal periods including the current 2010-2011. Our professionally managed funds are invested in a manner consistent with our investment management policies, funding cash needs as they arise.

Year Ended March 31	2011 (000's)	2010 (000's)
ASSETS	\$	\$
Current assets	70,983	90,117
Restricted investments	186,461	148,643
Capital assets and other	343,931	332,177
	601,375	570,937
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
Current liabilities	60,912	85,083
Long-term liabilities and deferred contributions	285,758	247,165
Net assets	254,705	238,689
	601,375	570,937

"St. Joseph's is blessed with dedicated staff, excellent physicians, compassionate volunteers, and a supportive community."

STATEMENT OF OPERATIONS

The year-end surplus of \$16 million includes unrealized investment gains of \$4.4 million, investment income of \$3.5 million as well as \$4.1 million of one-time restructuring funding received from the Ministry of Health and Long-Term Care/Local Health Integration Network.

The remaining \$4 million are results from operations, representing 0.9 per cent of the hospital's annual budget.

\$12 million of our revenue relates to amortization of deferred contributions and donations to offset the \$27.2 million in amortization of our capital investments.

Year Ended March 31	2011 (000's)	2010 (000's)
REVENUES	\$	\$
Ministry of Health and Long-Term Care and Local Health Integration Network	364,487	362,295
Other	104,657	100,992
	469,144	463,287
EXPENSES		
Salaries and benefits	331,650	335,837
Other	126,888	122,713
	458,538	458,550
Excess of revenues over expenses from operations	10,606	4,737
Net restructuring expenses	(2,487)	(1,818)
Investment income	3,472	3,079
Unrealized investment gains	4,425	7,877
Excess of revenues over expenses	16,016	13,875

HOW OUR MONEY IS SPENT – RESOURCE ALLOCATION BY CLINICAL AREA

The following graphic represents the resource allocation break-down for St. Joseph's major clinical care areas. Acute Care represents approximately 42 per cent of the total expenditures, followed by Mental Health Care at 30 per cent, Complex Care/Rehabilitation/Veterans Care at 22 per cent, and Long-Term Care at six per cent.



ACUTE CARE



MENTAL HEALTH CARE



COMPLEX CARE/REHABILITATION/
VETERANS CARE



LONG TERM CARE



TO LEARN MORE ABOUT THE DIFFERENCE DONATIONS MAKE TO THOSE IN OUR COMMUNITY AND IN OUR CARE VISIT: SJHCFUNDATION.ORG

CONDENSED STATEMENT OF CASH FLOWS

In 2011, St. Joseph's invested \$30.8 million, of which \$22.9 relates to site preparations for mental health restructuring and the remainder represents costs for renovations of existing facilities. In addition, \$8 million was invested in capital equipment, including \$1.4 million for ultrasound units and \$1.2 million for replacement of angiography equipment.

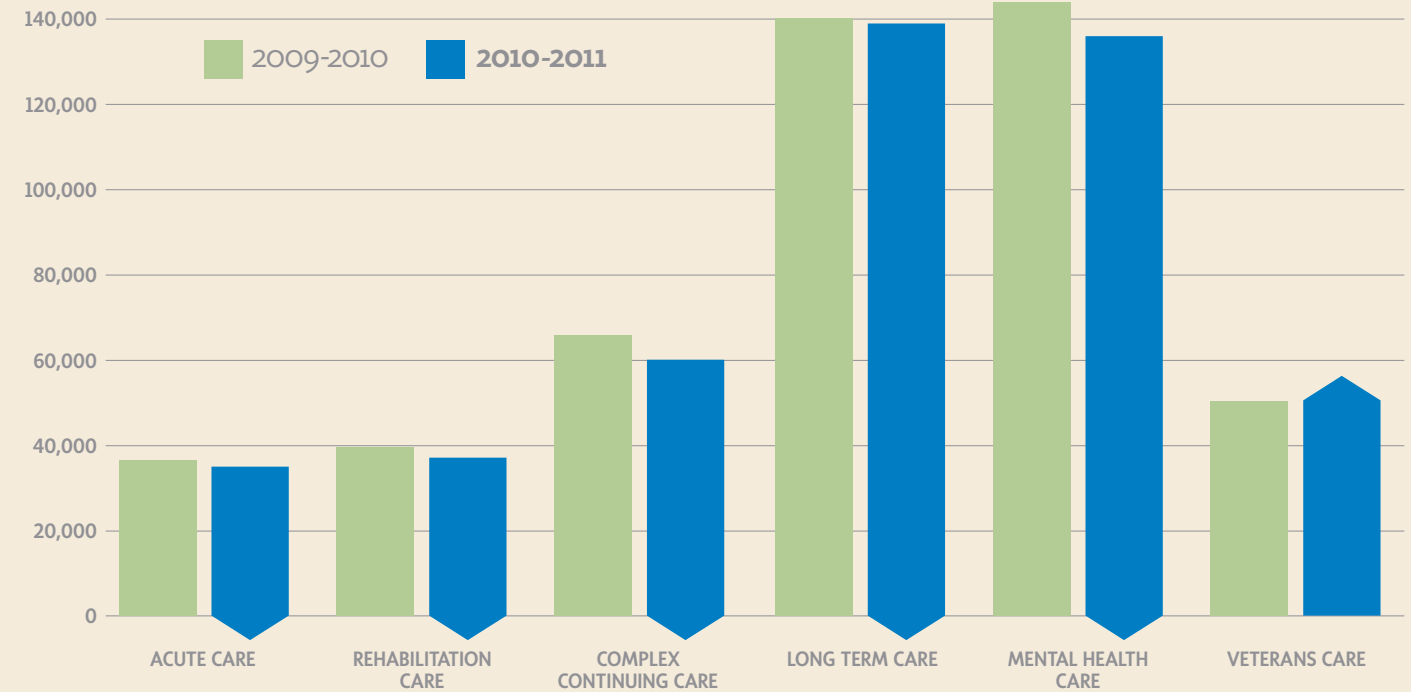
Capital spending is financed internally with \$20 million from restrictions, and externally with \$18.8 million of contributions from the government, the community through the St. Joseph's Health Care Foundation, and debt by way of equipment leases.

Year Ended March 31	2011	2010
	(000's)	(000's)
CASH PROVIDED BY (USED FOR):	\$	\$
Operating activities	6,178	34,613
Financing activities	49,142	56,304
Investing activities	(72,329)	(80,221)
Net (decrease) increase in cash and investments	(17,009)	10,696
Cash and investments, beginning of year	61,888	51,192
Cash and investments, end of year	44,879	61,888

FOR FULL FINANCIAL STATEMENTS PLEASE VISIT: SJH.C.LONDON.ON.CA/ANNUALREPORT

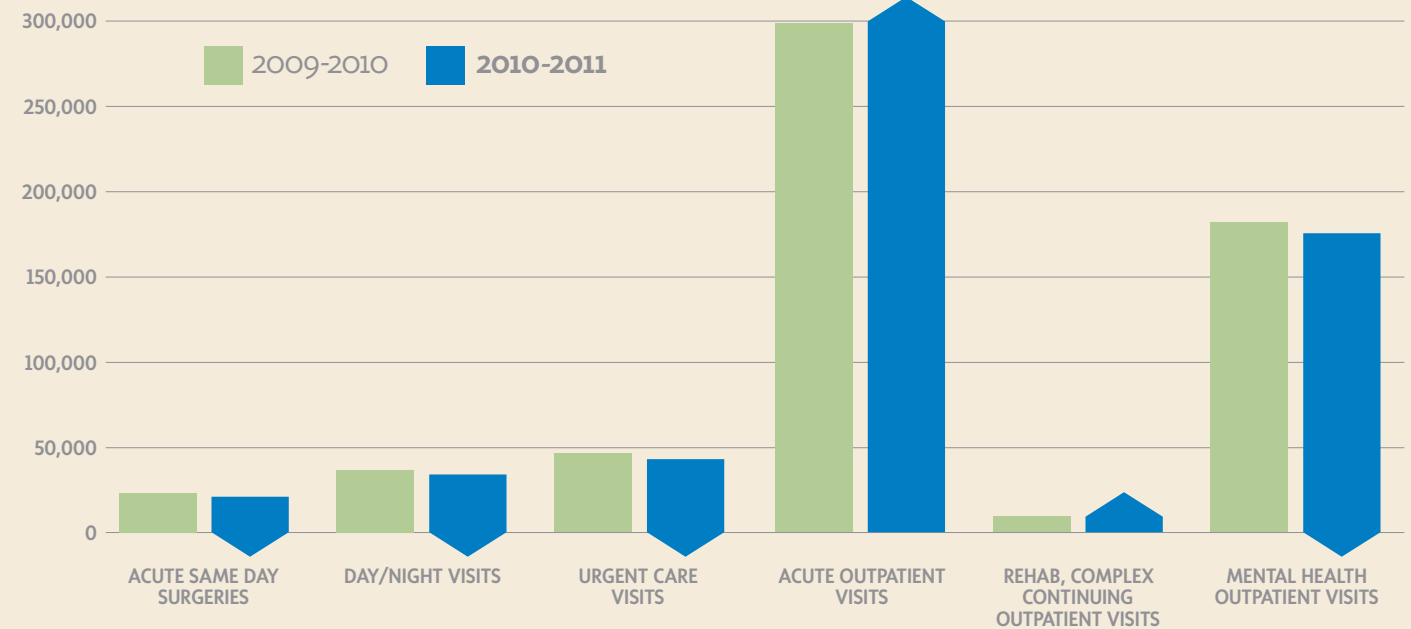
INPATIENT DAYS

	2009-2010	2010-2011
Acute Care	37,789	36,612
Rehabilitation Care	39,853	37,647
Complex Continuing Care	66,222	60,534
Long Term Care	140,623	139,862
Mental Health Care	142,408	135,516
Veterans Care	51,395	51,718



OUTPATIENT VOLUMES

	2009-2010	2010-2011
Acute Same Day Surgeries	20,611	20,584
Day/Night Visits	37,939	36,167
Urgent Care Visits	47,673	41,230
Acute Outpatient Visits	298,024	300,563
Rehab, Complex Continuing Outpatient Visits	11,055	11,270
Mental Health Outpatient Visits	184,840	176,241



CARING FOR THE BODY, MIND & SPIRIT SINCE 1869

VISION

From the shortest visit to the longest stay, we earn complete confidence in the care we provide, and make a lasting difference in the quest to live fully.

MISSION

We help all who come to us for care to maintain and improve their health. We work with people 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.

In the spirit of our founders, we care in the example of Jesus Christ and in keeping with our values. We attend to the wholeness of each person – body, mind and spirit. We are a life-affirming community, nurturing a living spirituality through all stages of life, health, suffering and death. We ensure ongoing ethical reflection.

We advocate for those who are vulnerable and without a voice. We actively pursue and build partnerships to create a better health care system.

VALUES

Respect

- Honour the people we serve
- Appreciate the work of others
- Welcome the contributions of all
- Celebrate diversity
- Be truthful, honest and open
- LISTEN

Excellence

- Give our best each day
- Be creative and resourceful with our gifts, skills and talents
- Build on our proud past
- Work as a team to seek the new, the undiscovered
- LEARN

Compassion

- Be with others
- Understand their needs, realities and hopes
- Give from the heart
- Sustain the spirit
- Make a difference
- CARE

2010-11 BOARD OF DIRECTORS

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Dr. Michael Strong
David Van Trigf
Peter Whatmore

**Cliff Nordal was President and CEO until October 2010 when Dr. Gillian Kernaghan assumed the role.*

On the Cover: Dr. Muscedere and ultrasound technologist Jane Stacey perform a breast ultrasound. St. Joseph's offers the full complement of diagnostic imaging for breast patients, performing about 23,000 mammograms, 7,200 breast ultrasounds, 700 breast MRI scans, and 50 MRI-guided breast biopsies each year. St. Joseph's is the only hospital in the region offering MRI-guided breast biopsies.



TO LEARN MORE ABOUT OUR LEADERSHIP VISIT: SJHC.LONDON.ON.CA/YOUR-ST-JOSEPHS/LEADERSHIP

Catholic Health Care in Ontario

We care for you — body, mind and spirit.

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 Catholic Health Association of Ontario
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