

Annual Report 2014-2015

Welcome to the 2014-2015 Annual Report

Contents

Annual Report 2014-2015.....	1
Welcome to the 2014-2015 Annual Report.....	1
Opening Message.....	3
Year in Review.....	4
FINDING HOPE AND HEALTH THROUGH ART	4
SHINING A LIGHT ON EXCELLENCE.....	4
WORLD DAY OF THE SICK.....	5
CANADA’S FIRST DIABETES-SPECIFIC MEDICAL RECORD	5
TWO WOMEN OF EXCELLENCE	6
MUCH NEEDED TLC FOR THOSE PEOPLE WITH SPECIAL HEALTH CARE NEEDS.....	8
PARTNER OF DISTINCTION	8
IS IT REALLY JUST A FRACTURE?.....	9
SCORING BIG FOR VETERAN’S CARE	10
A BRIDGE TO DISCOVERY	10
I AM THE FACE OF BRAIN INJURY.....	11
HUGO HAS ARRIVED.....	11
TEACHING THE NEXT GENERATION OF EXPERTS	12
A SPACE ODDITY.....	17
AN AWARD WINNING SOLUTION TO A LOOMING CRISIS.....	18
A BAND OF WOMEN WITH A SPECIAL BOND.....	18
Our Stories	20
LONG AND STRONG: CELEBRATING A LEGACY OF MENTAL HEALTH CARE	20
Next stop – Parkwood Institute	28
TAKING AIM AT PAIN	30
A STROKE OF GENIUS.....	32
MEETING OF GENERATIONS	34
CONFIDENCE, COURAGE AND COMMUNITY	36
COMMUNITY CARE AND COMPASSION IN ACTION.....	38
PROMISING ALZHEIMER’S STUDY OFFERS HOPE.....	41

SOUTHWEST CENTRE WINS TOPS DESIGN HONOURS	43
Take a virtual tour	44
SOLUTIONS FOR KIDNEY STONES.....	45
Treasurer's report 2014-2015.....	47
Board of Directors.....	49

Opening Message



Welcome to St. Joseph's Annual Report to the Community. Please read the stories of our patients and residents in this report and be inspired by their incredible journeys of care and recovery at St. Joseph's. Their stories speak to our commitment to earning the complete confidence of those we serve. We are truly honoured to care for these patients and residents through expert teams, state-of-the-art facilities, and innovative research.

It's been a momentous year for St. Joseph's, one of endings and beginnings as we embark on a new era of care for our organization. The opening of our new Mental Health Care Building and final new wing including a new accessible entrance at St. Joseph's Hospital, the creation of Parkwood Institute, new heights reached in many of our care programs that are transforming the patient journey, the launch of HUGO which is revolutionizing patient safety, and discovery and innovation that continues to challenge and change the way we provide care – these are just some of the highlights of 2014-2015.

With the long-awaited end to 17 years of hospital restructuring and renewal in London, our organization has reached a historic juncture. The years of change have transformed St. Joseph's from a traditional hospital to multiple sites with distinct and widely diverse roles. As a result, we are now one Canada's most unique and innovative health care organizations.

We mark this year once again in a spirit of partnership and community, with patients, residents and families, our health care partners, volunteers and donors. Thank you for your interest and for helping us make a lasting difference. At this important crossroads, the timing for our new strategic plan is ideal. Our 2015-2018 Strategic Plan is our roadmap for the next three years detailing where we will focus our efforts and what we hope to achieve. With the strength of our past, the expertise of our staff and physicians, and the support of our community, we will continue to strengthen our performance in all aspects of care, teaching and research. We will continue to rise to the call to serve all those who come to us in need, guided by the principles of Catholic health care.

Dr. Gillian Kernaghan
President & CEO

Margaret McLaughlin
Chair, Board of Directors

Year in Review

FINDING HOPE AND HEALTH THROUGH ART

Learn more by viewing the [art therapy program video on YouTube](#) (link will open in a new browser window)

At Mount Hope Centre for Long Term Care, helping residents explore - or rediscover - their artistic talent is allowing imagination, and hope, to take flight. A vibrant art therapy program provides meaningful activity that contributes to health and wellness - mind, body and spirit.

Learn more by viewing the art therapy program video on YouTube (link will open in a new browser window)

"Creating art is therapeutic, helping residents express their emotions, communicate, interact socially and grow personally," says art therapist Emmy MacLachlan.

Participating in art therapy helps residents reduce tension, enhance self-esteem, and foster happiness, friendships and personal satisfaction. In the words of one resident, "Art therapy is a safe place to reflect and find a sense of who I am."

"It gives me hope for the future," says another. "It's the beginning of something new."

SHINING A LIGHT ON EXCELLENCE



1 Nurses Ann Aarts, left, Kamala Murphy and Ali Rankin-Nash are part of the team at St. Joseph's Regional Sexual Assault and Domestic Violence Treatment Program, which received the 2014 Shine the Light Award.

St. Joseph's Regional Sexual Assault and Domestic Violence Treatment (SADVT) Program has been recognized for "extraordinary work with abused women" by the London Abused Women's Centre. The Shine the Light Recognition Award was presented during the city's Shine the Light on Woman Abuse campaign, which raises awareness of men's violence against women by turning cities, regions and counties purple for the month of November. Every year during the campaign, a community partner is recognized for excellence in care and support. At St. Joseph's Hospital, the highly specialized SADVT team provides care for people who have been assaulted at the time of the assault and in the

months following. Many care options are available depending on individual choice, the nature of the assault and the time since the assault. St. Joseph's Hospital is the only facility in the area that conducts forensic examinations associated with an assault.

WORLD DAY OF THE SICK



It's one of St. Joseph's most meaningful traditions. On February 11, a World Day of the Sick Roman Catholic Mass and Sacrament of the Sick was celebrated in the Mount Hope Chapel with celebrants Father Peter Poel, Father Mark Sargent and Father Jose Seminati. During this celebration the residents of Mount Hope in attendance were anointed and a special blessing was bestowed on caregivers. Pope John Paul II instituted World Day of the Sick in 1992 on the Feast of Our Lady of Lourdes. This annual celebration provides an opportunity for those involved in health care to recall the roots of their healing mission and is always a poignant ceremony at St. Joseph's.

[Learn more about World Day of the Sick ceremony](#) and view a video (on YouTube).

CANADA'S FIRST DIABETES-SPECIFIC MEDICAL RECORD

Diabetes patients of St. Joseph's Health Care London are benefitting from a new web-based system that allows all those involved in their care to access key medical information anytime, anywhere. Called Web DR (Web-based Diabetes Records), the secure system is a boon to care continuity, effectiveness, efficiency and diabetes research, say experts.

Introduced on June 11, 2014, Web DR is a comprehensive, diabetes-specific electronic medical record (EMR). With no existing EMRs available to meet the needs of outpatient diabetes programs, the team at St. Joseph's Centre for Diabetes, Endocrinology and Metabolism successfully combined clinical and research work with technology to develop and implement their own. Over the past two years, the team built the new system from the ground up.



"It shifts us from paper-based charts to an electronic medical record tailored explicitly for diabetes patients," explains Dr. Tamara Spaic. "It's also a researchable database that allows us to easily pull

information for care as well as research purposes. Most important, it improves integration of care across disciplines.”



Heather Reid, left, health information administrator, and endocrinologist Dr. Tamara Spaic were part of the team at the Centre for Diabetes, Endocrinology and Metabolism of St. Joseph’s Health Care London that developed Canada’s first electronic medical record specifically for diabetes – a web-based system that is enhancing care coordination and efficiency as well as diabetes research.

Web DR is simultaneously used by the diabetes specialists, medical trainees, diabetes educators, allied health professionals and administrative staff at the Diabetes, Endocrinology and Metabolism Clinic at St. Joseph’s Hospital, Diabetes Education Centre also at St. Joseph’s Hospital, and the Primary Care Diabetes Support Program at St. Joseph’s Family Medical and Dental Centre. All are part of St. Joseph’s Centre for Diabetes, Endocrinology and Metabolism. Combined, the clinics see nearly 22,000 patient visits a year.

TWO WOMEN OF EXCELLENCE

St. Joseph’s is brimming with excellence. Two of the eight recipients of this year’s YMCA of Western Ontario Women of Excellence Awards are members of the St. Joseph’s family – President and CEO Dr. Gillian Kernaghan, and occupational therapist Kathleen Murphy at Parkwood Institute.



The prestigious awards honour women in London who have assisted in creating a more vibrant community and whose accomplishments have inspired and motivated others to succeed. A most distinguished honour, all recipients have pursued their dreams through dedicated advocacy, development of professional skills and various forms of generosity.

Gillian received the award in the “Health, Science and Technology” for leadership that ensures St. Joseph’s strong tradition of compassionate, excellent care remains on firm footing, while Kathleen was recognized in the “Community and Volunteerism” category. Kathleen has been a dedicated volunteer for many years with various organizations, work that has brought her to far-flung corners of the globe.

St. Joseph’s is proud and fortunate to have two individuals of the calibre of Gillian and Kathleen as integral members of the organization.

MUCH NEEDED TLC FOR THOSE PEOPLE WITH SPECIAL HEALTH CARE NEEDS



A new program at Joseph's Parkwood Institute is filling a gap in rehabilitative care for adults with disorders of childhood onset such as cerebral palsy, spina bifida and developmental delay.

"It is wonderful that the life expectancy of those living with complex needs, physical disabilities and other conditions continues to increase," says Michael Barrett, CEO, South West Local Health Integration Network (LHIN). "We now need to ensure the health care system is changing to meet the needs of these children as they move into the adult-centred health care system.

In March, the South West LHIN announced \$374,727 in base funding for the creation of the Transitional and Lifelong Care (TLC) Program. Here, Dr. Caitlin Cassidy, a specialist in physical medicine and rehabilitation, will work with nursing and other allied health care professionals to provide comprehensive, family-centred, rehabilitative care to those with significant health care needs.

The TLC team also links patients and their families to care services in the community, and serves as a resource to these community services so they can best meet patients' needs.

[Read more about the new program](#) and how one grateful family feels about its availability.

PARTNER OF DISTINCTION

The Operational Stress Injury Social Support (OSISS) program is the 2014 recipient of St. Joseph's Partner of Distinction Award. This award recognizes partnership and collaboration – essential requirements of health care delivery and community service.



Michael Newcombe, Peer Support Coordinator, Operational Stress Injury Social Support program

OSISS is a network of peer support personnel across Canada providing support to Canadian Forces, veterans and their families. A collaborative effort of the Department of National Defence and Veterans Affairs Canada, the OSISS's primary role is to provide a listening ear, understanding, respect and compassion to those experiencing operational stress injuries (OSI) as they begin their journey toward health. OSISS peer supporters are individuals who have either experienced firsthand what it is like to live with an OSI, or who live with someone with an OSI.

St. Joseph's Operational Stress Injury Clinic (OSIC) at Parkwood Institute has enjoyed a long history of partnership with OSISS and together provide a unique, collaborative care model to individuals struggling with mental health injuries related to their military experience. Staff of the OSIC have been fortunate to work alongside OSISS peer support coordinator Michael Newcombe, who is actually onsite at OSIC working in separate yet often connected paths with clients and the OSIC team. The warmth,

understanding and support provided by OSISS pave the way for referrals to the OSIC and mutually beneficial opportunities to serve clients.

IS IT REALLY JUST A FRACTURE?

A slip, a fall and a broken wrist. But is it really just a fracture? Every year many Canadians over age 50 needlessly suffer fractures because their osteoporosis goes undiagnosed and untreated, says Dr. Lisa-Ann Fraser, Medical Director of St. Joseph's Osteoporosis and Bone Disease Program. Yet patients who present to hospitals with the kind of fractures that raise a red flag for osteoporosis are often not assessed for the condition or receive proper treatment.

In December 2014, St. Joseph's launched a monthly post-fracture osteoporosis assessment clinic – a partnership between the Osteoporosis and Bone Disease Program and St. Joseph's Roth | McFarlane Hand and Upper Limb Centre. All individuals over age 50 who have presented at the Roth | McFarlane Centre within the previous month with a non-traumatic fracture (caused by a fall from standing height or less) are referred for a bone mineral density scan and then seen by an osteoporosis expert at the clinic. Patients also receive education about bone health and appropriate osteoporosis treatment if needed.

“Osteoporosis has huge ramifications – pain, suffering, even a shortened lifespan – but with the right treatment, osteoporotic fractures can be prevented,” says Dr. Fraser.

[Read more about the clinic](#), the kind of fractures that raise a red flag for osteoporosis and who is at risk.



2 Dr. Lisa-Ann Fraser, medical director of St. Joseph's Osteoporosis and Bone Disease Program, talks to a patient about bone disease.

SCORING BIG FOR VETERAN'S CARE

As Sid Daley reflects back on his life, there isn't much this Canadian veteran hasn't done, from riding the rails during the Great Depression to becoming Canada's oldest living member of the Ontario Provincial Police. But ask the 102-year-old about his fondest memories and he'll tell you that, just this past year, he dropped the puck in front of 10,000 people at one of the 2014 Memorial Cup games in London.



In May 2014, veterans – both young and old – were honoured by the Memorial Cup, which included a veteran dropping the puck at each game and the best seats in the house at Budweiser Gardens. The tournament also supports care programs at St. Joseph's Parkwood Institute. From a silent auction to 50/50 draws at each game, nearly \$100,000 was raised by the Memorial Cup to benefit inpatient and outpatient services for veterans and actively-serving soldiers.

While the London Knights lost the 2014 Memorial Cup, the real winners were men and women like Sid who served on behalf of Canada and are now being cared for by St. Joseph's.

Read more about the [Memorial Cup's tribute to veterans at Parkwood Institute](#) and [view photos of a special visit by the cup and stars of the game](#) (on Flickr).

A BRIDGE TO DISCOVERY

Just where and how does research happen at hospitals in London? A snappy and eye-catching answer is provided by [Lawson Health Research Institute's a new infographic video](#) (view on YouTube), called Building the Bridge to Discovery. As Lawson is so seamlessly embedded in the hospitals, it can be difficult to identify when, where and how research is taking place. The video, launched on May 1, uses a series of visual representations to provide context for, and improve understanding of, the impact of hospital-based research.

I AM THE FACE OF BRAIN INJURY



Stephanie Hutton is on a mission to raise awareness that a mild traumatic brain injury (mTBI) is very real—even though it can't be seen. "Because mTBI has no visible symptoms, sometimes it's difficult for people to understand," she explains. "It's so frustrating when people say 'But you look great,' after I tell them I have a brain injury."

Stephanie Hutton at Rogers TV in London where she made the [I am the Face of Brain Injury public service announcement](#) (watch on YouTube).

In 2011 a bicycle accident left Stephanie with a mTBI, also known as a concussion, but not understanding the implications, she floundered for 1-1/2 years. "I thought I was losing my mind—I didn't connect my headaches, brain fog and dizziness to the accident."

At Parkwood Institute's Acquired Brain Injury (ABI) Rehabilitation Program, Stephanie began learning how to cope. During her treatments, she met others with a mTBI who shared her frustration about the lack of empathy for their condition and decided to do something about it. Having worked in radio and TV for 10 years, she approached colleagues at Rogers TV who helped her make an

impactful public service announcement to create a broader understanding about the face of brain injuries. Other Parkwood Institute patients joined in. "I can only dream this video will help others on this confusing brain healing journey."

Read [Stephanie's full story](#) and watch the video that is putting a face to brain injury.

HUGO HAS ARRIVED

With much anticipation, HUGO arrived and patient safety across St. Joseph's got a boost.



HUGO launch on May 21 was a transformative day for St. Joseph's and for patient care.

On May 21, after years of preparation, HUGO (Healthcare Undergoing Optimization) launched at all sites of the organization – a transformative step in the delivery of care. Driven by the pursuit of safer patient care, St. Joseph's is among 10 hospitals across the region to harness the latest in technology and adopt HUGO, which shifts the ordering of tests and prescribing of medications from paper to the computer. At the heart of HUGO is the overall quality and effectiveness of care processes. HUGO helps standardize practice, decrease variance and steps that are not helpful to patient care delivery, reduce errors, and measure and ensure best practice.

The commitment by staff, physicians and trainees to this revolutionary shift has been outstanding. There are hundreds of new processes across St. Joseph's driven by HUGO and a commitment to doing it better.

With HUGO implementation, the region became the first in the province to go live with this level of electronic health record integration. It marks a giant step forward in the journey towards a fully integrated electronic health record.

TEACHING THE NEXT GENERATION OF EXPERTS

A future of excellence in health care requires a commitment to teaching the next generation of experts. Each year across St. Joseph's Health Care London, more than 2,000 students and trainees come to learn from the best.



3 Andrew Macpherson is a student in St. Joseph's Clinical Pastoral Education course where interns learn how to provide spiritual care to patients, family and staff members in hospitals and other clinical settings. Many of the interns are in graduate theological training. "No theological college can offer this kind of experience - I'm very grateful," says Macpherson, a Masters of Divinity student at the University of Toronto's Emmanuel College.

A leading academic health care organization in Canada, St. Joseph's annually coordinates student placements with more than 70 schools, hospitals and community agencies around the globe. In 2014 physicians and staff provided education and training for more than 900 medical students, residents and fellows, and 1,200 students in health disciplines such as nursing, physiotherapy, psychology and social work.

Students at St. Joseph's are given the opportunity to serve patients with complex and chronic diseases, mental illness, rehabilitation, recovery and surgical needs, and veterans and residents in our long-term care programs. They are supported by interdisciplinary teams who encourage learning and collaboration guided by values of respect, excellence and compassion. Students are measured on their performance in relation to these values and their competency in quality and safe patient care.



5 As part of the speech language pathology program at Western University, Jordan Dyment had a two-month placement with the Community Stroke Rehabilitation Team, which provides post-stroke outreach care to patients living in the community.



4 In the stroke rehabilitation gym, student Meagan Smith, left, and physiotherapist Krisztina Huszar, right, help Millie Walters with grasp and release exercises using a neuromuscular stimulator. "The experience and knowledge I have gained here is invaluable" says Smith, a second year student in Western University's physiotherapy program. "Working with the fantastic staff and patients has given me confidence in my path to becoming a physical therapist."



6 Joshua Westbrook, right, a Western University occupational therapy student, and occupational therapist Sarah Miles work with patient Drew Cameron as part of his rehabilitation for a spinal cord injury. "I'm learning so much in this practical setting," says Westbrook, who had an eight-week placement at Parkwood Hospital.



As part of St. Joseph's international reach in teaching, urologist Dr. Blayne Welk at St. Joseph's Hospital has developed a fellowship program for trainees looking for experience in voiding dysfunction (urination). Here Dr. Welk and his first fellow, Hana'a Al Hothi, the first female urologist in Qatar, review a patient's diagnostic testing before going into surgery.



7 In July, St. Joseph's and Western's Schulich School of Medicine & Dentistry became the first academic teaching hospital and medical school in Canada to host a new pain medicine residency training program. Dr. Pat Morley-Forster, medical director of St. Joseph's Pain Management Program and a professor of anesthesiology at Western, championed its creation. She is pictured with the first two residents, Dr. Amjad Bader of Saudi Arabia, left, and Schulich Medicine graduate Dr. Michael Pariser.



8 Now in its fifth year, the annual Diabetes Research Day is an opportunity for Schulich Medicine clinical undergraduate and postgraduate students, as well as students from the basic sciences, to present their research related to diabetes. Here, Ken Grise explains his research to Dr. Irene Hramiak, chair/chief, Centre for Diabetes, Metabolism and Endocrinology at St. Joseph's.



9Micheline Hurst, a first year student in Fanshawe College's practical nursing program, spends some time with a patient at Regional Mental Health Care London, listening as he expresses himself through music



Psychology student Melissa Nantais presents her research on the relationship between creativity and cognitive vitality completed as part of her placement at Parkwood Hospital.

A SPACE ODDITY

The 2014 Tribute Dinner on Sept. 18 hosted by Joseph's Health Care Foundation eclipsed all dinners. The event showcased new frontiers in rehabilitative care at with astronaut Chris Hadfield sharing his own out-of-this-world story of reclaiming his body after returning to earth.

Hadfield's space flight gave him new insight, and a rapidly aged body. Aboard the International Space Station, millions watched the first Canadian commander lift a refrigerator with one finger, but back on earth the popular astronaut could barely lift his own weight. Not only did he have to adjust to what he referred to as the "relentless oppression of gravity," but nearly half a year in space had decreased his bone density by eight per cent, hardened his blood vessels and deteriorated his overall muscle mass.



With intensive rehabilitation Hadfield was able to reverse the damage, recover and get back to his active lifestyle. He is now part of a larger group being studied to safeguard humans in space and gain new insight into why and how the body ages.

Watch how the [Locomotor Training Program at Parkwood Institute](#) (watch video on YouTube) is giving hope to people with spinal cord injury.

AN AWARD WINNING SOLUTION TO A LOOMING CRISIS



Lawson Health Research Institute scientists are playing critical role in solving one of health care's most pressing issues. Dr. Michael Kovacs, Director of the Nordal Cyclotron and PET Radiochemistry Facility located at St. Joseph's Hospital is a member of a Canadian team of six scientists that, in February, received the 2015 Brockhouse Canada Prize for Interdisciplinary Research in Science and Engineering. The team, composed of experts in physics, chemistry and nuclear medicine, is addressing the impending shortage of medical radioisotope technetium-99m (Tc-99m) currently used around the world and in more than 1 million nuclear imaging scans annually in Canada to diagnose cancer and heart disease. The world's largest producer of medical isotopes – the nuclear reactor at Atomic Energy of Canada's Chalk River Laboratories – is winding down operations. Canada has to find an alternate source.

Thanks to the team's breakthrough technology, hospitals and companies will be able to retrofit current infrastructure with a made-in-Canada solution for producing Tc-99m in the event of another isotope crisis. Major Canadian hospitals will be able to use their own medical cyclotrons to produce enough Tc-99m for all their clinical needs.

A BAND OF WOMEN WITH A SPECIAL BOND

On Oct. 15, women from across the region attended the 2104 BRA (Breast Reconstruction Awareness) Day at St. Joseph's Hospital in London to learn about breast reconstruction post mastectomy. They heard directly from plastic surgeons about the various options and from women who have had the surgery. On hand was a vibrant band of women – members of the Circle of Sharing, a support group for women by women who have had or are considering breast reconstruction. They shared their experiences and even allowed women to view real results. The Circle of Sharing, created in 2009 by St. Joseph's Breast Care Program, was ahead of its time, recognizing and responding to a need long before the emergence of national BRA Day. The support group is unique in breast care – for the generosity of spirit of its members, the wisdom they impart, and the comfort they provide.



Many friendships have blossomed at St. Joseph's Circle of Sharing, a support group for women who have had or are considering breast reconstruction post mastectomy. Four founding members were instrumental in planning the group, which was created in 2009 and has since grown to about 140 women. The four include, front row, Lorraine Harvey, left, and Janice DeGroot, back row, Sue LeMoine, left, and Sophia Collin.

Meet the founders of the Circle of Sharing and [read their compelling story](#).

Our Stories

LONG AND STRONG: CELEBRATING A LEGACY OF MENTAL HEALTH CARE

The Highbury Avenue location was home to mental health care in London for nearly 145 years

As St. Joseph's Health Care London prepared for the momentous move of staff and patients into the new Mental Health Care Building on the grounds of what is now Parkwood Institute, the organization also reflected on the past and recognized the long-standing legacy of care that has advanced and transformed over the last century.

With a building cost of \$100,000, the London Asylum for the Insane (LAI) opened in November 1870. The facility became part of a widespread movement across North America to create specialized institutions for the mentally ill.



The London Asylum for the Insane was instantly at capacity with 500 patients when it was opened in 1870.

The LAI's first superintendents believed the quiet country setting was healing and that regular work habits, amusement and proper diet were beneficial for patients. Dr. Richard Bucke, the second and most notable superintendent, believed in the idea of work therapy, including farming, as treatment for those with mental illness. In the late 1800s almost all of the 900 patients were working in some capacity at the facility.

The understanding of mental illness continued to develop as the 20th century drew near and control of all mental health care facilities in Ontario transferred to the Department of Health from the Inspector of Prisons and Public Charities. This resulted in LAI being renamed the Ontario Hospital London in 1932.



As thinking progressed, more humane approaches of treatment were developed, including "moral therapy," one of the most revolutionary developments during the 20th century. Moral therapy focused on improving care but also had a strong focus on social norms and regular work habits. This therapy was incorporated into treatment with the expectation that patients could use the skills they learned in the community after their stay.

During his 25 years as superintendent of London Asylum for the Insane, Dr. Richard Bucke initiated some progressive ideas on care, such as work therapy, to help mental health patients focus on healthy activities.



Open air bedrooms were part of the therapy used in the early years at the Highbury site.

Though treatment of mental illness continued to develop, the 1930s saw the highest number of patients in the facility at 1700.



As overcrowding became an issue in the 1930s at the Highbury site, sunrooms were converted into patient bedrooms.

In 1963, demolition began on the Ontario Hospital London and construction began on a new mental health facility, the London Psychiatric Hospital (LPH). During the 1960s to late 1990s, the hospital was a regional resource and people came from across Southwestern Ontario to receive care. It was also during

this time that many changes to mental health care were developed, including new therapies, programs and advancements to medications.



Staff and patients partake in a friendly game of volleyball in the recreation hall of the Highbury site. Patients enjoyed many activities through the years including dances, picnics, gardening and drop-in centres.



As treatments changed, nurses adapted methods to ensure modern care practices.

In 2001 St. Joseph's Health Care London took over governance of the London Psychiatric Hospital and its name changed to Regional Mental Health Care London. This era was especially tied to change as mental health transformation began to take shape, including plans to build a new facility.



Built in 1884 the Chapel of Hope, now a designated heritage site, has long been a spiritual haven for patients, visitors and staff.

More recently, a shift in care has taken shape from an institutional model to one of rehabilitation recovery, hope and healing. Individuals no longer come from across the region to one facility. Instead, patients are cared for in newly established or expanded programs in their home communities, and a stronger emphasis is placed on community programs and support.



An icon of the Highbury site—the Avenue of Trees—represents the beauty and hope within every individual and the path that people journey toward recovery.

Era of the Avenue

On September 28, 2014 St. Joseph's held a mental health care legacy event, The Era of the Avenue, to help celebrate the end of an era that began nearly 145 years ago. About 6,000 people strolled the grounds of the former mental health care site on Highbury Ave. reminiscing as they viewed old buildings

and historical artifacts, in partnership with Museum London, as well as enjoying horse-drawn carriage rides, antique cars and learning about mental health advancements and developments throughout the decades. The event was a huge success marking the end of care at that site for staff, patients, families and the community.

.Dignity After decades—A New Era begins

The next era in care, recovery and rehabilitation was launched with the opening of St. Joseph's Mental Health Care Building at Parkwood Institute

"This building is designed with the belief that recovery is possible and, just as importantly, that even people who do not achieve the level of hoped-for recovery, are worthy of the best care possible. These two elements—recovery focused care and worthiness, just because they are members of our community—go a long way to address stigma."

Those meaningful words were spoken by Cathie Gauthier, a mother who has lived the journey of mental illness with her son, and who was among those at the grand opening ceremony of St. Joseph's new Mental Health Care Building in November 2014. The devoted mom brought tears to eyes when she shared her family's personal odyssey in supporting a child with a mental illness and what the new facility would mean to those who will receive care within its walls.

"This new building is aiming for excellence in care and research. Families look forward to what research reveals, but it's clear there are some things St. Joseph's already has right," said Cathie. "Any person who has loved another who has fallen ill knows that natural light, fresh air, privacy, a place to walk and a place to pray, staff that believe in their patients and value family as a strong component of recovery, provides the best chance of reclaiming wellness."

The opening of this innovative building, dedicated to the treatment, recovery and rehabilitation of adolescents and adults experiencing severe and persistent mental illness, is a major milestone and part of a bold vision for the future. Located on the grounds of Parkwood Institute, it replaces the old facility on Highbury Avenue—the site of mental health care in London since 1870.

After decades in the making, the new facility has come together with the programs of the former Parkwood Hospital, now referred to as the Main Building at Parkwood Institute. Originally established by the Women's Christian Association more than 120 years ago, Parkwood has a long legacy of caring for people requiring complex, specialized geriatric services and rehabilitation, helping them live life to the fullest. With similar strengths, hopes and possibilities, these two facilities, now in one location, are erasing the lines between physical and mental health with a focus on care, recovery and rehabilitation of the whole person—body, mind and spirit.

Across Parkwood Institute, clinical and research teams are collaborating in new ways across disciplines and specialties, making it unlike any hospital site in Ontario. Patients recovering from stroke, acquired brain injury, spinal cord injury and amputation, those with cognitive issues such as dementia and mental illness, and patients needing specialized geriatric care, palliative care, and veterans care are all served at Parkwood Institute.

With 156 individual patient bedrooms and 460,578 square feet of contemporary, therapeutic space, the new Mental Health Care Building will make a marked difference for patients, families and care providers, says St. Joseph's president and CEO Dr. Gillian Kernaghan. "Buildings don't provide care, people do. But the impact of environments on healing must not be underestimated."

Designed to inspire hope and support a recovery model of care, the new facility offers environments that foster dignity and promote individual growth and skill development. As patients progress in their recovery, they journey through the specially designed facility, where an abundance of natural light fills rooms and corridors. Spaces in the "downtown area" encourage social interaction and a sense of community while

areas in the “neighbourhood” promote education and skill building and the “house” provides private and comfortable living spaces.

“This is a beautiful building, this is a respectful building,” remarked Deputy Premier Deb Matthews at the opening. “We are celebrating a true transition. ...We are crossing a bridge. All of us are part of history today because this building represents a new way of caring for people who have challenges when it comes to mental health and addictions.”

Bill Wilkerson, co-founder of the Global Business Economic Roundtable on Addiction and Mental Health, understands first-hand the need to care for people, mind, body and spirit.

“This building is a statement and a philosophy as much as a facility of care,” he said. “I heard someone say that as much love was poured into this building as cement. And like all great places that is the thing that will keep it alive and keep it strong.”

At a Glance: St. Joseph’s new Mental Health Care Building at Parkwood Institute

- 460,578 square feet of healing, therapeutic space
- 10,000 square feet of new research space
- 156 individual patient bedrooms and bathrooms
- Built to facilitate a progressive recovery journey
- More than 100 volunteers
- Gold Level for Leadership in Engineering and Environmental Design (LEED)
- More than 700 staff members
- More than 83,500 outpatient and outreach appointments each year



The chapel and multi-faith prayer room is open 24 hours a day, seven days a week to patients, staff, visitors and volunteers for personal reflection or prayers. Individuals may also take meditative walks through the labyrinths located inside the prayer room and outside in the chapel gardens.



Interior courtyards allow for abundance of natural light and for the sun, rain and snow to be visible through the seasons from inside the core of the facility.



Members of St. Joseph's mental health care senior leadership team, along with St. Joseph's President and CEO Dr. Gillian Kernaghan, pose in front of the new Parkwood Institute landscape. From left are Sandy Whittall, Dr. Sandra Fisman, Dr. Kernaghan, Dr. Paul Links, Dr. Sarah Jarman and Deb Corring.



With 156 individual patient rooms and 460,578 square feet of specially designed therapeutic space, the new St. Joseph's new Mental Health Care Building will make a marked difference for patients, families and care providers.



As is the St. Joseph's tradition, Bishop Ronald Fabbro, with the assistance of St. Joseph's mental health care chaplain Chris Baron, blessed spaces in the new Mental Health Care Building.



Each unit within the Mental Health Care Building has access to a large interior courtyard. Designed for patient use, these outdoor spaces are landscaped and allow access to fresh air and sunshine. Dining rooms with floor to ceiling windows look out onto the courtyards, which bring in much natural light. Many of the spaces on the inpatient units, like the dining rooms, offer great flexibility and can be used for other social group activities or events.



St. Joseph's innovative, new Mental Health Care Building opened on the grounds of Parkwood Institute in November.

Next step – Parkwood Institute

One could easily say change is not easy, and that sentiment would be true for the journey mental health care staff, patients and families encountered in the past decade. Since the Health Services Restructuring Commission directives in 2001, St. Joseph's has undergone tremendous change and transition in the area of mental health.

The grand opening on Nov. 7, 2014 of the new Mental Health Care Building at Parkwood Institute was a landmark day but the true final step in Mental Health transformation took place nine days later when patients moved into the new facility.

It was a day mental health care staff have been waiting for – to care for patients in an environment they deserve that will aid in recovery and give them the privacy and dignity everyone values.

On the cold but dry day, Voyager Transportation vans lined up to take patients to the new site. Upon arrival patients were welcomed with small gifts from Parkwood Institute's therapeutic recreation specialists and handmade cards made by their neighbours – the veterans who live in Western Counties Wing.

"Watching the faces of the patients as they came in – seeing their own private bedrooms - was amazing," said Dr. Sarah Jarman, Site Chief for the mental health care program. "People are really excited about being in a clean, new space with lots of light and beautiful views."

While some patients and staff would need time to adjust most settled nicely. On move day, there was no shortage of positive comments from the patients who are excited about their new space, noting the bright colours, light and peacefulness associated with having their own room.

Some patients were apprehensive about moving in but were pleasantly surprised when they saw a gift and card, which helped them feel welcomed by the rest of the Parkwood Institute community. "It was awesome, a nice touch and very welcoming," said Tammy. "Thank you for putting your time and effort into doing this for us."

In a gesture of thanks one patient, Adam, painted a beautiful evening landscape to give to the veterans. The card that accompanied the painting had a painted poppy with the words, "We remember your sacrifices for our freedom. This is a painting from the G4 unit (Treatment and Rehabilitation) to all the war veterans who fought in...war. Thank you for the nice cards, God bless you all from all the staff and patients. Thank you."

The feel good moments were in abundance in the days following the move and as the snow swirled in the interior courtyards, looking quite magical. Others had fun in their newfound space. Patients in the Dual Diagnosis Program built a snowman on their rooftop patio - a fun tribute to the new location.



The journey to the new facility has now come to an end but the commitment to ensure patients receive the best care will continue. So too will advocacy efforts for those with mental illness. That path, though well underway, will require much focus for years to come.

Adam with his painting and card as a thank you to the veterans.

TAKING AIM AT PAIN

St. Joseph's and Western University are the first in Canada to host the newly accredited pain medicine residency program

Even before 32-year-old Dr. Michael Pariser officially completes all his medical training, he has become a pioneer in Canadian medicine. The Ingersoll native is one of the first medical residents in Canada to begin training in the newly accredited pain medicine residency program.



Dr. Pat Morley-Forster, Medical Director of the Pain Management Program at St. Joseph's Hospital in London and Professor of Anesthesiology at Western University's Schulich School of Medicine and Dentistry, was instrumental in creating Pain Medicine as a new subspecialty in Canada. She is seen here with the first residents to begin training, Dr. Michael Pariser, left, and Dr. Amjad Bader.

After seven years of lobbying by Dr. Pat Morley-Forster, Medical Director of St. Joseph's Pain Management Program and Professor of Anesthesiology at Western University's Schulich School of Medicine & Dentistry, pain medicine recently became recognized by the Royal College of Physicians and Surgeons of Canada as a designated subspecialty. On July 1, 2014 Western's Schulich School of Medicine & Dentistry and St. Joseph's became the first medical school and academic teaching hospital in Canada to host the training program.

The two-year residency program includes one full year at St. Joseph's outpatient pain management clinic where residents will learn from experts from various disciplines. Other rotations consist of neurology, psychiatry, physical medicine and rehabilitation, and pediatric pain for comprehensive training in the treatment of and rehabilitation for acute, chronic and cancer pain conditions.

Dr. Pariser is one of two residents who have begun the training in London. He is joined by Dr. Amjad Bader of Saudi Arabia.

A Schulich Medicine graduate, Dr. Pariser was completing a residency in anesthesiology in London when the opportunity arose to gain a specialty in pain medicine through the new training program.

"I think care for chronic pain is something that hasn't been done as well as it should be in the Canadian system," says the young physician. "If you have specialties and fellowships like this to provide training then care, and access to care, will improve. And that's what I'm most excited about."

The specialty training comes at a critical time, says Dr. Morley-Forster. "Chronic pain affects about 25 per cent of the Canadian adult population, rising to 50 per cent in the elderly. The toll is far reaching, impacting the physical emotional and psycho-social well-being of individuals as well as their families. Society suffers too with loss in work productivity, in disability support, and in health care dollars."

At the same time, there has been a gap in the availability of specialized care for chronic pain and in the training of medical students and young doctors, says Dr. Morley-Forster, who received the Canadian Anesthesiology Society's 2013 Gold Medal for her role in championing and creating pain medicine as a subspecialty. The Gold Medal is the society's highest honour given in recognition of excellence in matters related to anesthesia.

The hope for new pain specialists like Dr. Pariser and Dr. Bader, she says, is not only to become experts in the field but also be "leaders and ambassadors" for this new discipline.

Dr. Bader, who completed his undergraduate medical degree in Saudi Arabia and a residency in anesthesiology at Dalhousie University in Halifax, will be bringing his pain management expertise back to Saudi Arabia.

"There is a great need for this kind of expertise in Saudi Arabia," he says. "My goal is to eventually help establish such training there."

In Canada, Dr. Pariser sees an opportunity to "de-stigmatize pain" and be an advocate for people with chronic pain, which he says is often seen as a failure of moral character rather than a medical problem.

"The general public doesn't realize that people with awful chronic pain conditions are two steps removed from themselves. Everyone is one traffic light, one kitchen accident, one cancer problem, one surgery, one work-related accident away from having this happen to them."

A STROKE OF GENIUS

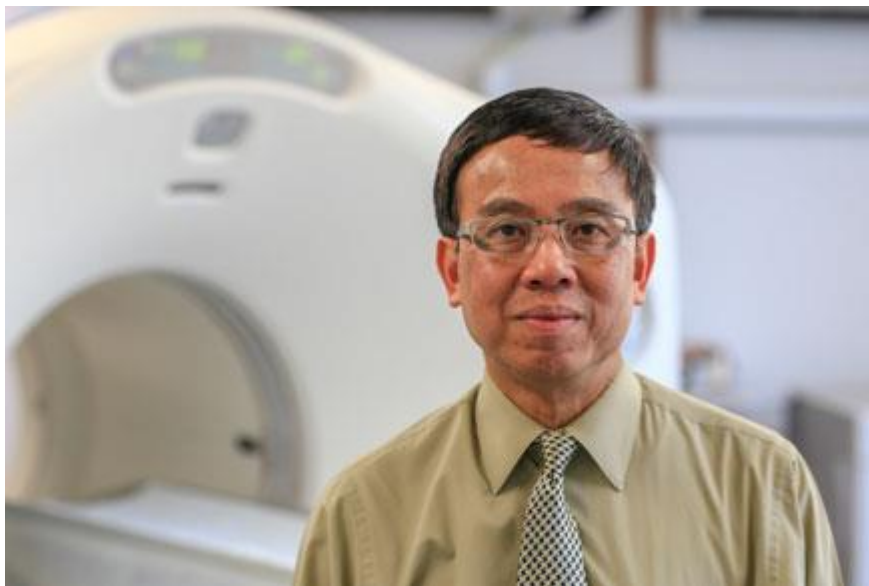
The work of a Lawson Health Research Institute scientist is saving and changing lives of stroke patients world-wide and proving that investing in research pays off

Medical imaging at St. Joseph's Hospital in London is giving research supporters big value for their dollars. Thanks to ongoing public support, life-saving stroke research is moving from bench to bedside to market to clinic faster than ever before—with big benefits for patients and the system.

A stroke is a brain attack. When blood flow in the brain is interrupted, cells can be injured or even die. For some people, stroke can cause difficulty seeing, speaking, reasoning or remembering. For others, it can lead to paralysis, difficulty breathing and heart problems.

Currently, more than 300,000 Canadians are living with the side effects of stroke, significantly impacting quality of life and costing the economy billions of dollars each year.

To avoid serious complications after a stroke it's critical to find and treat brain cells at risk immediately. This is no small task: It requires sophisticated science, advanced technology and easy access to these advances. One Lawson Health Research Institute scientist is tackling the challenge. Based at St. Joseph's Hospital in London, Dr. Ting-Yim Lee specializes in computed tomography (CT) imaging, a type of X-ray technology that captures images of slices of the body.



Medical imaging research by Lawson Health Research Institute scientist Dr. Ting-Yim Lee has had an international impact on stroke care.

As a young scientist, Dr. Lee dreamed of using CT imaging to measure how blood flows in the human body. The idea was to develop software that could be installed on existing CT scanners to make quick, easy work of a very complex algorithm. If a patient came to the emergency room suffering from a stroke, it would allow the doctor to quickly analyze and address the damage.

Thanks to decades of public and private sector support, Dr. Lee's idea has evolved from concept to prototype to clinically approved product. Through a licensing deal with GE Healthcare, his software is now installed on 70 per cent of the company's new CT scanners on the market. It's currently in use in more than 8,000 hospital imaging departments around the world, and counting. It is easy to use, produces quick results, and, most important, is helping patients live longer and healthier lives.

“Stroke is a situation where every minute of delay in treatment has grave consequences on the recovery of the patient,” says Dr. Lee. “The software we have developed will help physicians to quickly decide on the best treatment for the patient.”

Moving forward, Dr. Lee is extending his technology to measure blood flow in whole organs. Poised to be another breakthrough, this new model will allow physicians to predict and monitor how cancer and heart attacks respond to treatment.

“We will soon be able to show not just whether there is surviving tissue, but also how much time is left for the tissue to remain viable,” he explains. “This will further improve the treatment and outcomes for patients.”

MEETING OF GENERATIONS

An innovative art program at Parkwood Institute heals wounds and forges bonds among veterans



The Inter/Activity group with some of their art projects, from left, Craig Smith, Larry Williams, James McNabb, Veterans Arts instructor Kevin Curtis –Norcross, therapeutic recreation specialist Leah Taplay, Dennis Seguin, Lorne Spicer and Graham Yates (seated).

Some of the veterans served in World War II, some in the Korean War, others in Kosovo and Afghanistan, but the years melt away when they come together to liberate the artist within in the collective and healing pursuit of creativity.

The men are members of an intergenerational Veterans Arts group called Inter/Activity, which brings together inpatient veterans from 3 Kent-Essex at Parkwood Institute and outpatient veterans from the Operational Stress Injury (OSI) Clinic. Working together they develop and create a wide variety of art projects.

The sessions begin with conversation, then the mud begins to fly— or at least it did when the group was elbow deep in liquid clay excavated from the site of the new Parkwood Institute Mental Health Care Building. The group filtered and processed the clay, then imprinted it with natural objects such as pine cones and ferns (see photo). Other original art projects include a copper enamel mosaic project the group exhibited at London Central Library.

Inter/Activity is a joint venture with Veterans Arts and Therapeutic Recreation at Parkwood Institute.

“Through sharing experiences and working together on a common creative challenge the participants synergistically bond and help each other,” says Veterans Arts instructor Kevin Curtis Norcross.

“It’s rewarding to see veterans from such varied age groups interacting, forming relationships and becoming fast friends,” says therapeutic recreation specialist Leah Taplay. “With the art projects they all have a role to play and they all feel part of something meaningful.”



Artwork created by the group from clay excavated from the site of the new Parkwood Institute Mental Health Care Building and imprinted with natural objects.

Lorne Spicer, 88, a navigator on Halifax bombers in World War II, says, “I’m lucky to be part of this group – they make me feel right at home. No matter their age, all veterans are proud to have helped save the world in their own way.”

“It is an honour hearing the older veterans’ inspiring stories,” adds veteran Craig Smith, 40, who served in Kosovo. The art group, he says, is therapeutic, and relaxing, and is helping him deal with symptoms of post-traumatic stress disorder.

As an unexpected spinoff of the Inter/Activity group, two veterans from the OSI Clinic now volunteer in Veterans Arts and are looking for other opportunities to interact with others in an environment where they feel safe and welcome.

CONFIDENCE, COURAGE AND COMMUNITY



Richard Barton enjoys the sunshine outside of his residence, where he has successfully lived on his own for two years after spending five years in hospital.

After five years in hospital, Richard Barton is now living successfully on his own thanks to a supportive family and his mental health care team

Richard Barton was gainfully employed and had his own home when he lost both with a diagnosis of psychosis and a five-year stay in hospital.

It was a trying time, he says now, but a remarkably resilient Richard looks back with no regrets of his time in the mental health care program of St. Joseph's Health Care London.

"It was alright. I had people I was friendly with but nothing is better than living in your own place."

After making significant gains in his recovery Richard transitioned to his own apartment in London with the support of an Assertive Community Treatment (ACT) team. ACT teams work in the community to assist people with mental illness live independently and achieve their goals. With expertise in occupational therapy, nursing, psychiatry, social work, therapeutic recreation and vocational support, ACT team members ensure proper supports are in place for patients and connect them to other community mental health care resources and continuing care organizations.

"Richard's progress has really been quite amazing," says Erik Krysa, ACT team registered nurse. "Knowing him now, it's hard to imagine he lived at the hospital for several years."

When the time was right, Richard was confident in his abilities and felt ready to move into the community. "ACT support made Richard and his family feel safe to allow him to try living on his own," explains Morgan Will, ACT team occupational therapist

The team worked with Richard's family to find him an apartment, furnishings and set him up with a bank, family physician and dentist. As this new journey began for the Richard, he was seen by the ACT team twice daily to ensure he was on track with his medications and to provide support.

"In time, Richard began to show us how capable he really was and now does practically all of his daily activities independently," says Erik. "He shops and prepares meals, keeps his apartment clean, gets his medications from a pharmacy and attends medical appointments. He is very self-reliant."

The team now only sees Richard, 42, once a week and is talking about monthly appointments.

Richard has also made important social connections in the community through his involvement with the Canadian Mental Health Association (CMHA) where he participates in art programs, relaxation groups and a walking group. He also exercises and swims several times a week at a local health club.

Confidence and courage is paving the way to Richard's success in the community, along with the tremendous support of his family and ongoing care of his ACT team. Ask him about his progress and he smiles.

"I feel pretty good about everything. I am doing really well, I keep busy and I like to volunteer through CMHA when I can. I'm very proud of my successes."

COMMUNITY CARE AND COMPASSION IN ACTION

St. Joseph's Assertive Community Treatment teams are on the go, providing care and support to individuals living with persistent mental illness wherever they may be

It's 8 a.m. and a team of 11 clinicians is gathering to discuss the needs of the nearly 100 individuals they serve in the community, just as they do each weekday morning. These health care professionals are part of ACT 3, one of seven community mental health teams across Southwestern Ontario managed by St. Joseph's Health Care London. But the office is rarely where you will find these dedicated teams.

ACT stands for "Assertive Community Treatment"—a team approach that has been well documented as an effective model of community care for those living with severe and persistent mental illness. The teams are mobile and inter-professional, providing treatment, rehabilitation and support services to clients within community settings.



Dr. Michael Milo, centre, psychiatrist, and Peter Houghton, social worker, right, have a consultation with a long-time ACT 3 client known affectionately by staff as Stewie. Dr. Milo and the team regularly follow up with each ACT 3 client to monitor progress, discuss treatment plans and make any necessary adjustments. "They help keep me on a straight line," says Stewie. "I am grateful for these fine individuals."

"We like to think of ourselves as a hospital on wheels," says ACT 3 coordinator Joseph Morgan. "We go to the client wherever they are, whether it's their home, a shelter or drop-in centre, even if they are currently without a place to live. We provide care anywhere."



The ACT 3 team in London is made up of registered nurses, registered practical nurses, social workers, occupational therapists and a psychiatrist as well as a program coordinator and assistant. Daily and weekly meetings are held to discuss the care plans and progress of all clients receiving ACT services.

ACT teams work together with the client and other community providers to become collaborative partners in the client's recovery, explains Joseph.

“The reality is, some individuals may have to cope with a mental illness for the long-term, often for a lifetime. We treat our clients with dignity and help them gain the skills they need to better manage their illnesses and their lives. We aim to inspire hope and encourage our clients to stay connected with us and their families to continue treatment that will allow them to live independently in the community. We constantly advocate for their needs and are nonjudgmental with the choices they make.”

ACT team members are social workers, occupational therapists, nurses and psychiatrists. Depending on individual need, they provide medication support and addiction intervention; monitor physical health and mental functioning; assist with daily living skills; encourage positive lifestyle changes; and seek appropriate community resources for their clients.



Maureen Robinson, left, registered nurse, and Gord Cummings, registered practical nurse, prepare and fill out the day's medication trays to be delivered to clients. ACT team members provide varying medication support for clients, including

medication delivery/administration or assistance with ordering medication from the pharmacy, providing education, and monitoring medication compliance and side effects.

“First and foremost we work to improve the quality of our clients’ everyday lives, which is especially important for those who have limited financial means, family support or housing options,” says Joseph.

By building relationships with clients, the ACT model also helps reduce hospital admissions, visits to emergency rooms and crisis scenarios for those with mental illness. For those who do require hospital re-admittance

“This kind of support,” says Joseph, “makes a huge difference to a great many people in our community.”



Social worker Susanne Goudswaard, left, visits with Tobi, an ACT 3 client, over coffee each week to discuss and monitor how she’s doing with daily tasks and overall functioning, and to intervene if she’s experiencing difficulties. Providing side-by-side assistance with daily tasks is also a part of a comprehensive rehabilitation plan for all ACT clients.

PROMISING ALZHEIMER'S STUDY OFFERS HOPE

The first Canadian patient is now participating in a clinical trial at Parkwood Institute that's taking a new approach to trying to stop or slow the progression of Alzheimer's disease (AD) before symptoms emerge.

"The A4 (Anti-Amyloid Treatment in Asymptomatic Alzheimer's) study offers hope to AD patients," explains Dr. Michael Borrie, a geriatrician at Parkwood Institute and scientist at Lawson Health Research Institute who is leading the Cognitive Clinical Trials Group. "It is the first trial designed to prevent memory loss by identifying individuals who have the earliest changes of AD in their brain but who don't yet show symptoms."



Danny DePrest, second from left, the first Canadian patient to participate in the A4 study, with Dr. Borrie, A4 study coordinator Patricia Sargeant, Cognitive Clinical Trials Group Team leader Sarah Best, and Research Coordinator Elsa Mann.

With AD, one of the first changes to take place is the buildup of the protein amyloid in the brain. This can start to occur 10 to 20 years before significant memory loss emerges. The A4 trial is testing a treatment designed to help the brain clear amyloid and put a halt to the side effects associated with AD.

"We hope that by treating the amyloid early, we can change the outcome," say Dr. Borrie. "But we need research participants to help us." The study is taking place in 60 sites across Canada, the United States and Australia. An estimated 10,000 participants will need to be screened to find 1,000 who fit the study requirements.

To join the A4 study, participants must be between the ages of 65 and 85, have normal thinking and memory abilities and no symptoms of AD, yet have a strong family history of the disease. Those interested in seeing if they're eligible first undergo memory testing and a PET scan to confirm amyloid is present in their brain, then begin a three-year investigational treatment along with other procedures and monitoring.

Danny DePrest fit the requirements. "I was becoming frustrated with my forgetfulness, so I jumped at the chance to join the study and find out if AD was at the route of my problems," says the 66-year-old realtor.

Tests showed Danny's memory was within the normal range, but when a PET scan revealed amyloid buildup in his brain, he became the first Canadian to match the study requirements.

The A4 study is not for everyone; those diagnosed with AD or mild cognitive impairment, receiving treatment for AD or taking AD-related medications, diagnosed with a serious or unstable illness, or residing in a hospital or nursing home are not eligible to participate.

At St. Joseph's the Cognitive Clinical Trials Group are conducting the A4 research under the umbrella of the Centre for Cognitive Vitality and Brain Health. Here, clinicians and researchers are working together to create innovative approaches to brain health research, education and care for patients with dementia, stroke, neurological injury, traumatic brain injury and mental illness.

For more information on the study, visit: <https://a4study.org/>

SOUTHWEST CENTRE WINS TOPS DESIGN HONOURS



*The award winning Southwest Centre for Forensic Mental Health Care**

St. Joseph's Southwest Centre for Forensic Mental Health Care received the 2014 International Mental Health Design award, presented by the International Academy for Design and Health.

The award was presented to Parkin Architects Limited in joint venture with architects Tillmann Ruth Robinson, at a gala.

"We were pleased to work with St. Joseph's to develop this great new facility that acknowledges the importance of creating appropriate environments for people living with a mental illness," says Cameron Shantz, Principal, Parkin Architects Limited. "Through the introduction of natural light and views, therapeutic courtyards and single patient rooms, we believe that the building supports rehabilitation and can help to transform the lives of all those who receive care and work there."

Located in Elgin County, Southwest Centre opened its doors in June of 2013, replacing the now-closed Regional Mental Health Care St. Thomas. With 84 beds the hospital is devoted to caring for people with a mental illness who have also come into contact with the criminal justice system. Staff and physicians within various forensic programs assist patients toward recovery, where through intensive work with care teams, patients are able to develop the skills and supports needed to successfully reintegrate back into their communities.

Tom Tillman, Principal at the firm architects Tillmann Ruth Robinson adds "The dedication our entire design team brought to this assignment to produce a meaningful and high quality facility has now been recognized by the worldwide design community. What an honour to receive this award, and truly what an honour to be a part of the story at St. Joseph's Health Care London."

Built to top Leadership in Energy and Environmental Design (LEED) standards, the building was specifically designed to support and enhance and the patients' rehabilitation journey— balancing privacy, security, safety and healing spaces. The layout of the facility encourages social interaction, education and skill building and provides living spaces where privacy and dignity are valued.

"St. Joseph's is very proud of Southwest Centre and congratulate Parkin Architects and Tillmann Ruth Robinson on this award," says Sandy Whittall, former Vice President, Mental Health Services. "We worked together to design a building with a healing atmosphere that would help to facilitate a recovery oriented environment for patients and a welcoming place for families and visitors. We are honoured that our facility has been recognized at an international level."

This is the second award Southwest Centre has received since opening to patients in 2013.

The hospital was named a winner of a Don Smith Commercial Building Award in its category, institutional healthcare earlier this year.

Take a virtual tour

To view the unique design touches of the [Southwest Centre for Forensic Mental Health, take a virtual tour](#).

** Photo courtesy of Architect(s) of Record: Parkin Architects Limited in Joint Venture with architects Tillmann Ruth Robinson.
Photographer: Shai Gil Fotography*

SOLUTIONS FOR KIDNEY STONES

St. Joseph's has opened a multidisciplinary kidney stone prevention clinic—the first of its kind in Canada

The excruciating pain has often been compared to childbirth, and at some point in his or her life one in 10 Canadians will experience it: a kidney stone.



St. Joseph's urologist Dr. Hassan Razvi and patient Stacey O'Neill review diagnostic imaging scans of her kidneys.



Stacey O'Neill had her first kidney stone when she was just 18. She has since suffered numerous stones and endured surgeries to remove them. "I've had so many stones I've lost count," says the now 30-year-old.

Like Stacey, about 50 per cent of individuals who develop stones will have more than one, which can indicate more serious health problems. "If a patient has multiple kidney stones, or they form certain types of stones, this could mean they have an underlying problem with their diet or body metabolism," explains Dr. Hassan Razvi, Chair/Chief of the Urology Centre at St. Joseph's Hospital in London.

To treat patients with recurring stones, Dr. Razvi and his multidisciplinary team at St. Joseph's have established a kidney stone prevention clinic, the first of its kind in Canada. Through the clinic, patients are assessed in a single appointment by a nephrologist—a specialist with expertise in medical conditions that affect the kidneys—a urologist for surgical and treatment consultation, and a registered dietitian.

"Most kidney stones can be prevented through a combination of medication, diet, fluid intake and other lifestyle changes," says Dr. Razvi. "Prevention and treatment plans are determined based on the cause and type of stones." Patients are also evaluated on their medical and diet history, blood tests, and urine samples taken over a 24-hour period. If medication can play a role in prevention for a patient, nephrologist Dr. Nabil Sultan selects the best option and monitors its effectiveness.

For Stacey, medication has helped decrease the frequency of kidney stones, letting her lead a "more normal" life. The clinic has also improved her outlook. "Dr. Razvi and his team have been very supportive and have helped me learn to deal with my illness."

St. Joseph's has a long history of innovative advances in the treatment and diagnosis of kidney stones. In 1990 St. Joseph's became the second hospital in Ontario to offer shock wave lithotripsy, a noninvasive way to break up kidney stones. In 1993, St. Joseph's urologists were the first to treat a human for kidney stones using a holmium laser, a treatment now used around the world.



“St. Joseph's treats a large number of patients for kidney stones, many of them complex cases, and we recognized a great need for a comprehensive prevention clinic,” says Dr. Razvi. “As an academic teaching hospital this clinic also provides opportunities for future research into the causes of kidney stones and potentially new treatments.”



Kidney stone symptoms can include:

- blood in the urine
 - urinary tract infections
 - nausea and vomiting
 - severe pain in the back or lower abdomen
- Some stones may have no symptoms and are only diagnosed through diagnostic imaging.

Treasurer's report 2014-2015

Crossing the transformation 'finish line'



With many years of health care restructuring behind us, St. Joseph's crossed the transformation finish line this year. With much excitement and celebration, we opened the new Mental Health Care Building at Parkwood Institute in November 2014. This facility operates several inpatient, outpatient and community mental health programs previously located at Regional Mental Health Care London on Highbury Avenue.

Mental Health Care Building at Parkwood Institute

The Mental Health Care Building at Parkwood Institute is the final piece of mental health care restructuring at St. Joseph's, following the opening of the new Southwest Centre for Forensic Mental Health Care in St. Thomas in June 2013.

Combined, \$500.6 million has been invested in facilities and equipment at both Mental Health Care buildings. The completion of these facilities marks a shift in our mental health care system, focusing on recovery and rehabilitation. Parkwood Institute embodies a new vision for health care; a community of care, recovery and rehabilitation combining our mental health care programs with our complex care, rehabilitation and geriatric care programs at one site, Parkwood Institute. Like the Southwest Centre for Forensic Mental Health Care, the new facility has had immediate positive impacts for patients, moving into private rooms with private washrooms, all in an environment designed to truly uplift and foster dignity and healing. The addition of a Tim Horton's added to the excitement this year which opened in the cafeteria in April 2015.

Redevelopment continued at St. Joseph's Hospital, with a three year construction project completed in December 2014 which transformed the front façade with full accessibility features, as well as new research and administrative spaces. This project represents an investment of \$82.7 million at St. Joseph's Hospital as of March 31, 2015 and marks the final stage of redevelopment for St. Joseph's. Finally, the technological landscape across St. Joseph's was transformed with the implementation of HUGO – Healthcare Undergoing Optimization. HUGO has transformed medication order and reconciliation processes across the organization, integrating technology, medical practice and processes to reduce medication errors and adverse events. In total, \$6.8 million has been invested in St. Joseph's as part of this initiative.

Sound fiscal and service results

St. Joseph's ended the fiscal year with an accounting surplus of \$7.4 million which can be attributed to one-time unplanned Post Construction Operation Plan (PCOP) revenues of \$7.7 million announced in March 2015. This PCOP funding in support of expanding programs and services in Mental Health Care and the Acute and Ambulatory programs located at St. Joseph's Hospital. We have been advocating for this funding with the Ministry of Health in parallel with the opening of the new Mental Health Care Building at Parkwood Institute and the completion of redevelopment at St. Joseph's Hospital. As we move into fiscal 2015/16, we will continue working with the Ministry to achieve final agreement on PCOP funding for future years and then plan to increase volumes in approved programs accordingly.

St. Joseph's working capital ratio remains healthy at 1.7:1 and well within the guidelines in the Hospital Services Accountability Agreement with the South West Local Health Integration Network. For hospitals, a healthy working capital position allows for the restriction of funds in support of reinvestment and renewal of facilities and equipment, both in the short and long term.

St. Joseph's restricted investments for current and future commitments remain secure and total \$172.9 million at March 31, 2015. These investments are externally managed by professional firms under the stewardship of the Investment Subcommittee of the Board and in accordance with the hospital's Investment Policy Statement.

Supporting St. Joseph's care, teaching and research mission, capital investments during the year totaled \$401.1 million. Of this total, \$380.2 million was spent on major building projects, and \$20.9 million was spent on equipment, including the completion of the redevelopment projects at St. Joseph's Hospital and Parkwood Institute. St. Joseph's Health Care Foundation contributed \$2.8 million in support of capital purchases during 2014/15. The generous support of donors through the Foundation is vital to our ability to invest in the future while responding to today's care, comfort and research needs.

Our next steps...

We continue to learn more about the future impacts of provincial Health System Funding Reform (HSFR) and at the same time, sustain rigorous budget planning processes to ensure readiness and responsiveness for both the short and longer term in a climate of continued fiscal uncertainty.

Funding reform of this magnitude continues to hold challenges for all hospitals, including St. Joseph's. Our organization is one of only four teaching hospitals in the province impacted by all five different service modules of the Health Based Allocation Methodology. This speaks to the complexity of St. Joseph's and the scope of our roles in the hospital system.

As was the case a year ago, it must be noted that the timeliness of Ministry funding confirmations, including volume expectations, must be improved to support the ability of all hospitals to respond while sustaining the delivery of quality, safe patient care and balanced operations.

Our work ahead includes continuously reviewing our infrastructure and administrative costs in alignment with the emerging new size and configuration of our organization post redevelopment and transformation. The past several years have demonstrated that we have met the challenges of supporting the organization through complex transitions, with shrinking resources. Crossing our transformation finish line this year, St. Joseph's remains well positioned to take on a future where care, teaching and research programs are well-prepared to meet the most prevalent health care needs.

Change, economic uncertainty and growing needs continue to be the backdrop for health care and indeed, all sectors of our society. St. Joseph's continues to rise to these challenges through our mission and ministry of service, rooted in strong values, a clear strategic plan, and durable fiduciary and leadership principles. All this, and the constant engagement of patients, leaders, physicians, staff, volunteers, and donors helps us to ensure a sound foundation on which we can take new innovative steps and work in partnership with others to address compelling care needs, today and tomorrow. St. Joseph's is blessed with the support of dedicated, skilled staff and physicians, compassionate volunteers, responsive partners, and a supportive community. It is with appreciation to all that we present these financial results

[View our full audited financial statements here.](#)

Board of Directors

- Jonathan Batch
- Brad Beattie, Treasurer
- John Callaghan
- Phil Griffin, Chair
- Darcy Harris
- Dr. Sarah Jarman
- Margaret Kellow, Vice Chair
- Dr. Gillian Kernaghan, President
- Paul Kiteley
- Maria Knowles
- Ron LeClair
- Brenda Lewis
- Peter Mastorakos
- Margaret McLaughlin, Past Chair
- Rev. Terrence McNamara
- Karen Perkin
- Patricia Pocock
- Dr. Adam Rahman
- Howard Rundle
- Bruce Smith
- Dr. Michael Strong
- Bill Wilkinson
- PSO Vice President (TBD)