

my ST. JOSEPH'S

A publication of St. Joseph's Health Care London
WINTER 2020 | ISSUE 01

BORN TO MOVE

St. Joseph's leads the way for those facing mobility challenges with the creation of The Gray Centre for Mobility and Activity.

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Winter 2020 | Issue 01

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MY ST. JOSEPH'S IS

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Mount Hope
Centre for
Long Term Care

Southwest Centre
for Forensic
Mental Health Care

Teams, clinics and programs in our
community and beyond.



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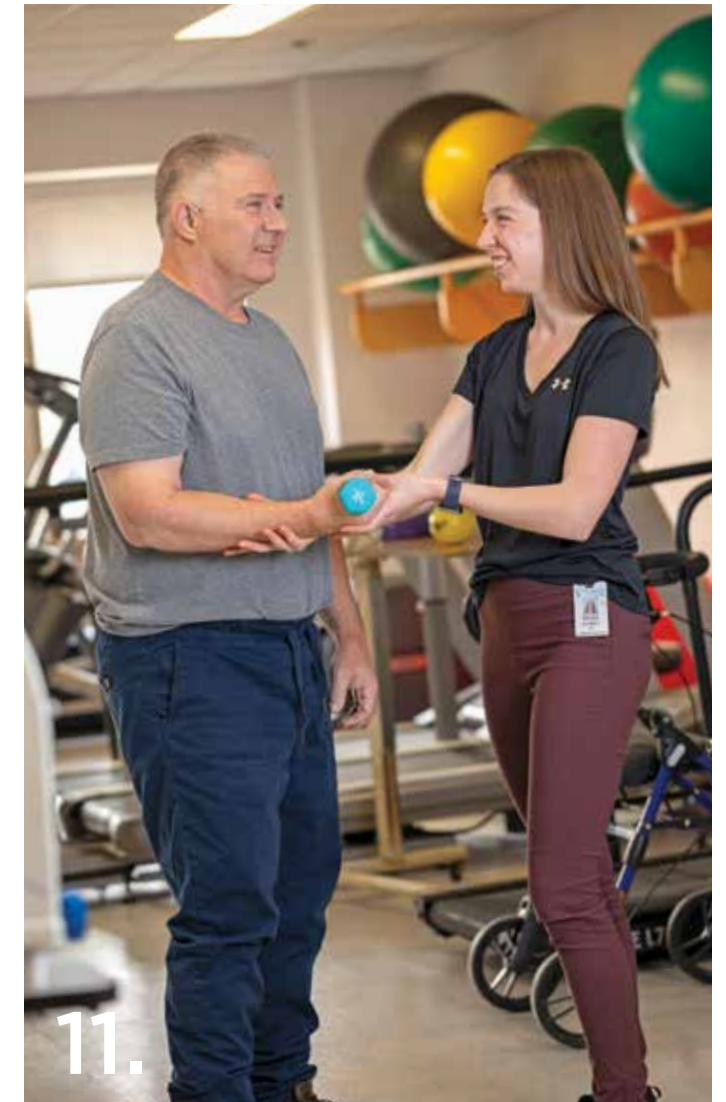
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Through a comprehensive program for people living with lung disease, patients are able to rediscover joys that had eluded them for years.

HEALTH CARE IN HARMONY

The coming together of programs and specialties at St. Joseph's Hospital for patients with multiple chronic illnesses has Dave Garton singing again.

Dave Garton's once-boisterous life had become so limited he contemplated suicide. But he was so ill he didn't think he would live long enough to kill himself, so he made funeral arrangements instead.

The former entrepreneur and self-proclaimed workaholic who "worked hard and played hard," Dave was in the darkest of places. Poorly managed chronic obstructive pulmonary disease (COPD), heart failure and diabetes had converged to make every breath, every step, every task a hardship.

Physicians had given up on him, he said, "so I gave up too."

Dave's health plummeted in 2002 after suffering a heart attack. He owned two businesses at the time – a neon sign manufacturing business and a coffee shop. He had to give up both, kick-starting a deep depression. Anti-depressants contributed to massive weight gain, accelerating Dave's spiral.

In 2007, a specialist said he needed a heart/lung transplant but that he wouldn't survive it. Two years later he had an implantable cardioverter-defibrillator inserted to reduce his risk of dying if his heart stopped beating. And in 2018, he had three stents put in to open blocked arteries.

Finally, Dave was feeling better and was able to do more, but new problems emerged and again, he began slipping. He couldn't climb more than two steps without sitting down. On the way upstairs to his bedroom, he once got stuck on the third step gasping for air, requiring paramedics to be called. In one month alone, Dave landed in the emergency department seven times. The burden on his partner-in-life, Wendy, weighed heavily upon him.

While Dave's various health issues were all linked, each problem was being addressed separately. He credits a new family doctor for

important role because they see the patient from a different perspective. We are creating connections and delivering care in new ways recognizing that patients are coming to us with more than one chronic disease. Patients tell you how grateful they are that it has all come together for them.

For example, care for COPD at St. Joseph's now includes an opportunity for patients to join a classroom-based education program and a group exercise program with rehabilitation trainers. The fitness training begins with an eight-week intensive phase of sessions held at St. Joseph's,

...continued



Dave Garton of St. Thomas is not only singing again, he feels lucky to be alive. The coming together of teams at St. Joseph's Hospital means his multiple chronic conditions are now in check.

followed by a six-month maintenance phase in partnership with the downtown YMCA. During their time in the exercise program, patients take part in skill building sessions with a social worker to better manage the anxiety and stress that often comes with COPD. Those with heart failure, heart disease or diabetes also see those nurses, educators and specialists.

“We work together to tease out the contributing factors to a patient’s condition and gaps in their care,” explains Mona Groenewegen-Beukeboom, nurse practitioner with the Heart Failure Clinic. “Appointments are often made on the same day for a patient being seen in the COPD and Heart Failure clinics, and we will share test results so that only one test is needed, such as an ECG or blood work.”

The overall emphasis is on self-management, education and self-advocacy so that patients are not passive consumers of health care but rather an essential member of their care team, say Laurie and

Mona. When patients are provided with the tools to manage their condition, they are better equipped to stay out of hospital and enjoy good quality of life.

Dave had resorted to spending his days on the couch watching TV when he was referred to the COPD program and offered pulmonary fitness training. “I thought there was no way I could exercise.”

Today, he is a healthy weight, back on the golf course, playing guitar and singing – something he didn’t

have enough breath to do before. Stairs are no longer a problem and on scenic drives with Wendy, he can actually get out of the car rather than passively watch the world go by.

“I can’t believe what they helped me accomplish,” Dave says of the many teams and individuals involved in his care. “They not only made me understand the mechanics of what was happening, they gave me the skills and confidence to do what I needed to do. I feel lucky to be alive.”

DID YOU KNOW...

67%

Of all deaths in Canada per year are caused by four major chronic diseases: cancer, diabetes, cardiovascular and chronic respiratory diseases.

3 OUT OF 5

Canadians aged 20 and older have chronic disease and four out of five people are at risk.

2000 2020

The rates of cardiovascular diseases and chronic respiratory diseases have increased since 2000, reflecting that more Canadians are living with those diseases every year.



Although seniors are living longer and are healthier than previous generations, with increasing age their potential to experience multiple chronic conditions increases.

87% 58%

Of disability in the Canadian population is caused by chronic disease.

Of annual health care spending goes toward chronic disease care.

A COMMON GOAL

At St. Joseph’s Health Care London, the broad range of outpatient programs for chronic disease have a common goal – to provide and coordinate care in new ways focused on each person’s multiple, complex continuing needs and individual goals.



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BREAKFAST of CHAMPIONS

FEATURING:

DAVID SHEFF

AUTHOR OF THE BEST SELLING BOOK *BEAUTIFUL BOY*

A father's harrowing journey through his son's addiction and undiagnosed mental illness.

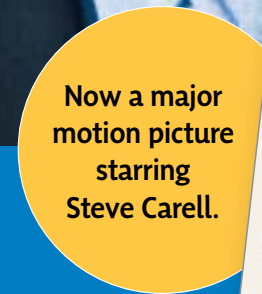
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WELCOME TO MY ST. JOSEPH'S

For everyone who receives care or works within our walls, St. Joseph's Health Care London holds unique meaning. A diverse family of programs and services in various settings across the city and region, St. Joseph's is, quite simply, one of Canada's most innovative health care organizations. From our facilities within London, to outreach teams in the community and region, and a clinic in Toronto, St. Joseph's touches the lives of people from all walks of life.

I am proud to introduce this first edition of My St. Joseph's, in which we share compelling stories of care, compassion, innovation, discovery, dignity, community giving and spirit. These are stories of impact, excellence and inspiration that shed light on who we are, what we do, and our enduring legacy of care – body, mind and spirit.

But don't take my word for it. Visit us within the pages of My St. Joseph's and see the impact for yourself.

DR. GILLIAN KERNAGHAN
PRESIDENT AND CEO
ST. JOSEPH'S HEALTH CARE LONDON

UNSPOKEN COMPASSION: A VOLUNTEER'S STORY



A recent breast cancer survivor, Patricia Mowry, 76, volunteers with St. Joseph's Breast Care Program as a way to show her gratitude for the care she received and to help other women who are on their own journey.

For the past three months, Patricia Mowry has been a calming presence for many women who walk nervously through the door of St. Joseph's Health Care London's Breast Care Program.

Patricia provides them with a gown, helps administer paper work and, more often than not, simply holds their hand.

"Sometimes I don't say anything," says Patricia. "Sometimes it's just a shared look of compassion and understanding."

Patricia is a St. Joseph's volunteer. While she doesn't always disclose, the 76-year-old knows all too well what many women are feeling when they arrive for their appointments. As a recent breast cancer survivor, she's been there.

A year ago, after an annual mammogram recommended by her doctor, Patricia was told she had a small tumour in her breast. With a history of early-onset breast cancer in her immediate family, she underwent a lumpectomy at St. Joseph's Hospital followed by several weeks of radiation therapy at the London Regional Cancer Program.

Now cancer free, she volunteers weekly to provide support for other

women who are on their own breast care journey and pays gratitude for the care she received.

"I was fortunate to be at a facility with such state-of-the-art technology and an incredible team of professionals," says Patricia. "They knew what you were feeling and had a way of making you feel like there was a light at the end of the tunnel. It's an incredible team to be a part of."

"I want women to know that they are not alone."

**—PATRICIA MOWRY,
VOLUNTEER AT ST. JOSEPH'S
BREAST CANCER PROGRAM**

St. Joseph's Breast Care Program brings together a breast care team of surgeons, radiologists, medical radiation technologists, advanced practice nurses, nurse navigators, spiritual care providers, social workers and others in a setting that nurtures and supports seamless, innovative care for patients focused on individualized care needs.

The unique, specially-designed Norton and Lucille Wolf Breast Care Centre is the main hub of the program. The centre was made possible through the generosity of the Bernard & Norton Wolf Family Foundation and support from St. Joseph's Health Care Foundation.

Patricia volunteers to let women know they are not alone.

"I walk through the door every week and I feel so grateful to be here," says Patricia of the Breast Care Program. "As women, I truly believe that sometimes it's the unspoken compassion and the shared experience we can offer one another that greatly contributes to our healing and recovery."



For more information on volunteering at St. Joseph's, visit:

www.sjhc.london.on.ca



Providing comfort, helping with gowns and administering paper work are just some of the tasks Patricia performs while volunteering with St. Joseph's Breast Care Program.



“When I’m out, I feel happy and relaxed.”

GLEN MARSH, RESIDENT AT MOUNT HOPE CENTRE FOR LONG TERM CARE

“FEELING THE FRESH AIR ON MY FACE”

Cycling around the city brings joy to residents of Mount Hope Centre for Long Term Care.

When Glen Marsh straps on his helmet and settles onto his bike seat, he never has to pedal. He leaves that to someone else.

“It’s so fun to be on a bike again because it reminds me of when I was a little boy,” says Glen,

a resident at St. Joseph’s Mount Hope Centre for Long Term Care (Mount Hope).

“I also like this bike because I don’t have to do any work like pedaling,” he laughs. “I just get to sit back and enjoy the ride.”

His ride is part of Cycling Without Age, a new program at Mount Hope offering recreational mobility to older adults on a uniquely engineered cycle pedaled by therapeutic recreation staff. Founded in Denmark, Cycling Without Age is a grassroots movement that’s available in more than 30 countries.

“Many of our residents experience a loss of mobility and independence,

which can lead to isolation and loneliness,” says Bernice Haasen, Coordinator of Therapeutic Recreation at Mount Hope. “Offering them the chance to go on a bike ride gets them outdoors to see life beyond Mount Hope, and to enjoy the city’s parks and neighbourhoods. And it really brings a lot of joy to their day.”

What’s Glen’s favourite part of being on the trishaw cycle?

“Getting to be outside in the sunshine, feeling the fresh air on my face,” he says.

His bike rides are powered by Brittany Tiseo, a Mount Hope staff member who pedals him wherever he wants to go.

“When I’m taking Glen or other residents out for a ride, I see how being outdoors and enjoying the view brings a sense of freedom, a feeling of relaxation,” says Brittany. “They feel special, especially when families and kids see them and wave, and sometimes stop to talk. It’s a whole different type of experience because it connects our residents with the community.”

Since launching in spring 2019, the program has rapidly become a favourite among Mount Hope residents. Time slots fill quickly, even by those who normally keep to themselves.

“It’s so great to see residents who are often reluctant to do

activities sit in the bike and enjoy the ride,” says Brittany. “Their faces light up, they smile...it brings back great memories.”

Mount Hope’s Cycling Without Age program is made possible through the generosity of donors to St. Joseph’s Health Care Foundation, who contributed to the cycle purchase.

For Glen, the bike is more than a comfortable ride.

“I get to go to Gibbons Park where I can be around all sorts of nature, water, trees and animals. It’s also

nice to see the families and children in the park, and sit by the water and watch people fish,” he says. “I also like to bike around the neighbourhood and look at all the houses. When I’m out, I feel happy and relaxed.”



To see more stories of donor impact, visit:

sjhcfoundation.org



Glen Marsh, a resident at St. Joseph’s Mount Hope Centre for Long Term Care, enjoys a leisurely spin with therapeutic recreation aide, Brittany Tiseo. The activity is part of a new Cycling Without Age program at the facility.

BORN TO MOVE



Dr. Tim Doherty, Chair/Chief of Physical Medicine and Rehabilitation at St. Joseph's

For most of us, we took our first steps before we turned a year old. On tiny unsteady feet, we explored the world around us, experiencing the wonder of independence. However, as we age and move into adulthood, our lack of mobility might slow us down.

Dr. Tim Doherty treats people who have mobility loss. A renowned expert in physical medicine and rehabilitation and lead physiatrist at St. Joseph's Health Care London's Parkwood Institute, he sees firsthand how movement and activity affect one's health. We asked Dr. Doherty about mobility.

Q: WHY IS MOBILITY AN IMPORTANT PART OF OUR HEALTH?

A: We were born to move. Mobility is how we get around in the world, allowing us to do all the things we need to do as people.

When we move, we feel better about ourselves physically and mentally. Most of us are mobile through much of our lives, but when our mobility is limited, it can affect us in numerous ways. It may harm our quality of life, lead to social isolation and depression, affect our ability to work and participate in the community, and place a burden on our family and caregivers.

Q: WHEN THINKING ABOUT MOBILITY LOSS, WE MAY PICTURE SOMEONE WITH A BROKEN LEG OR AN OLDER ADULT USING A WALKER. WHAT WAYS DO PEOPLE LOSE MOBILITY?

A: It can come in multiple ways. Sometimes it's through a sudden incident, such as a tragic accident, concussion, fall, spinal cord injury or stroke. Other times, mobility loss is gradual as people deal with frailty, dementia, mental illness, diabetes, stroke, arthritis, Parkinson's disease, and muscular sclerosis.

Q: WHAT IS BEING DONE TO HELP PEOPLE IMPROVE MOBILITY AND REGAIN INDEPENDENCE?

A: At St. Joseph's Parkwood Institute, we are leading in many areas of mobility, including the use of technology to assess and treat individuals. For instance, people with a spinal cord injury can use a robotic system that might help them walk again.

People are receiving better assessments thanks to our researchers who are exploring what factors affect mobility in aging,

neurological and musculoskeletal conditions.

The more we can do to get people moving again, the better off they will be in terms of mental and physical health – and in participating in what's important to them.

Q: WHAT DOES THE FUTURE OF MOBILITY LOOK LIKE?

A: We've come a long way in how we treat people who've lost mobility. What we're doing today in rehabilitation and treatment at Parkwood Institute wouldn't have been possible 20 years ago. Looking ahead, with development of The Gray Centre for Mobility and Activity, we are bringing together a diverse group of medical professionals, researchers and industry experts to develop, test and deliver new treatments, new ways of rehabilitating people. This kind of coordinated approach will help unlock innovative solutions – ideas we may not have considered yet – that get people moving again.



FACES OF MOBILITY



Chris MacGregor receives therapy from the Stroke Rehabilitation Program at St. Joseph's Parkwood Institute.

Each person's experience with mobility loss tells a unique story. Here, three individuals shed light on what it's like to be immobile and to take the next step.

EVERYTHING WAS TAKEN AWAY

**CHRIS MACGREGOR
FARMER, 52
PARKHILL, ONT.**

A farmer. A hard worker. An independent man.

This would describe Chris MacGregor, until he experienced a stroke at age 50.

"It took everything on his right side. It took his speech. He could do nothing," says Connie, his wife

of 23 years. "It was the worst day of my life. I didn't know if he was going to make it. Everything was taken away by the stroke. It was awful to see him lose his mobility."

To regain movement and build activity into his life, Chris received therapy from the Stroke Rehabilitation Program at St. Joseph's Health Care London's Parkwood Institute. His care team developed a personalized treatment plan, which included therapies tailored specifically to Chris. For example, movements needed to change a tractor tire – something familiar to a farmer like Chris – were part of his rehabilitation program.

With grit and determination, Chris has made great strides

since his stroke in 2018, literally and figuratively.

He walks to the end of the laneway three times a day by himself, says Connie. And while his speech is slow, it's coming.

Seeing mobility stripped from her husband and then witnessing it gradually return, she remains hopeful and optimistic.

"Yes, life is going to be different but we are going to work hard and we're going to get it to the best it can be."

"Without your mobility you don't have a lot. Mobility is everything."

— CONNIE MACGREGOR



MY LEGS DON'T WORK LIKE THEY USED TO.

LEE THIBEAULT
PARA ATHLETE, 31
LONDON, ONT.

On June 25 2013, Lee Thibeault took his motorcycle for a ride. He didn't make it home.

He was struck by a hit-and-run driver. "The accident left me in a wheelchair," he says. "It was actually pretty scary. I've become a prisoner to my own body."

Part of Lee's rehabilitation at St. Joseph's Parkwood Institute involved therapy on robotic equipment that imitates the movement of walking.

"Just to see that there's a light at the end of the tunnel, life got a little easier every day," says Lee, a former professional boxer who was studying air craft mechanics before the crash.

Even though his mobility is not what it used to be, Lee remains positive, and perhaps philosophical, as he works to take back his independence.

"We take it for granted when we're on our feet. We were meant to be standing, walking, and moving. Mobility is the most important thing... My legs don't work like they used to. But just because I have changed doesn't mean my life needs to change. And I feel that's what Parkwood Institute has done for me."



Lee Thibeault walks on a treadmill during a Locomotor Training session in a rehabilitation gym at St. Joseph's Parkwood Institute.



Lee Thibeault is thankful for his rehabilitation care at St. Joseph's Parkwood Institute.

FACTS ON MOBILITY

\$2 BILLION

Annual cost to the Canadian health care system for slips and falls.

1 IN 5

Seniors have difficulty rising from a chair or walking two blocks.

1 IN 4

Will be 65 years or older by 2030.



EVERY 30 MINUTES

Someone in Canada has a stroke.

30,000 CANADIANS

Fracture a hip annually.

IS MY WHOLE LIFE GOING TO CHANGE?

JUNE HAMEL
RETIRED COURT REPORTER, 87
LONDON, ONT.

June Hamel and her dog, Casey, had a difference of opinion while heading out on a walk.

"He ran one way and I landed on the floor with a broken hip," says June.

The next day, June underwent hip surgery and, following a hospital stay, came to St. Joseph's Parkwood Institute.

"When I was lying in a bed knowing I'd broken my hip, I started to think, "Oh no, now what? Is my whole life going to change?"

At Parkwood Institute, June's rehabilitation team got her exercising so she could get back on her feet.

"They were there to help me. They were encouraging me and they gave me spirit," says June. "Being mobile keeps my mind going, keeps my body going. I figure if I got moving, I would stay moving. I just want to be here, and I have to move to be here."



June Hamel exercises with physiotherapist Reuben Smith at St. Joseph's Parkwood Institute. June underwent hip surgery from a fall, which began her recovery journey.

MOVING MOBILITY FORWARD

As the country's population ages and rates of chronic diseases rise, more Canadians will experience mobility challenges, and will see their work and family life disrupted. At the same time, pressure on the health care system will surge.

St. Joseph's Health Care London is taking aim at these looming challenges with the creation of The Gray Centre for Mobility and Activity.

Located at Parkwood Institute, the centre will expand and advance the medical, research and community work already happening to improve mobility in patients. It will also make Parkwood Institute a national hub for rehabilitative care and treatment where scientists, clinicians and community partners will collaborate on new solutions to treat and care for people with loss of mobility and activity.

The centre's work is being made possible through a \$7.5 million gift to St. Joseph's Health Care Foundation by Bill and Lynne Gray.



Local couple Bill and Lynne Gray made an historic investment in 2019 that will open The Gray Centre for Mobility & Activity at Parkwood Institute to promote people's capacity to remain mobile and in good health throughout their lives.

PUTTING THE LID ON COFFEE SHOP TALK

Urologist Dr. Stephen Pautler clears the air on prostate screening misconceptions and urges men to be informed. Their life may depend on it.

Poised over a medical model of a penis in his office at St. Joseph's Hospital, Dr. Stephen Pautler quips, "to screen or not to screen, that's the question." Shakespeare he's not, but a urologist for almost 20 years, Dr. Pautler knows a thing or two about prostate care.

"I call it coffee shop talk – where men share the worst stories they've heard, leading to misinformation and dangerous consequences," says Dr. Pautler.

So why is it important to screen for prostate cancer? "One in seven men will have prostate cancer in their lifetime, so men should stay on top of it," he urges.

FLAWED STUDY

Despite such staggering rates, the number of men being screened is decreasing.

"It's a bit complex, but a study came out from the United States saying screening doesn't save lives, and a Canadian panel recommended against screening based on this work," explains Dr. Pautler.

A second study from Europe back-tracked on the original findings, saying screening does reduce mortality.

"Sadly, the 'screening doesn't help' language infiltrated doctor's offices. Now we are stuck with false information we need to combat," says Dr. Pautler.

Southwest Regional Surgical Oncology lead at Cancer Care Ontario and a pioneer in surgical

robotics, Dr. Pautler is a highly-respected leader who has keenly followed the debate over the years.

"Canada has come to the decision that not screening is a grave mistake."

NOTHING TO SHY AWAY FROM

Prostate screening happens in two steps starting with a PSA blood test, explains Dr. Pautler. PSA is made by the prostate and high levels of this protein means a higher risk of cancer being present.

The second part is a rectal exam.

"In my experience, men tend to build up this little exam. We are simply looking for lumps and bumps, which is a key indicator. The hype men give this is way worse than the exam. Men need to move past it – because it's important."

In addition to rectal exam dread, men hear misinformation about treatment.

"Sometimes surgery or radiation can cause incontinence and erectile issues, and that's what men hear in the coffee shops. Truthfully, there is so much more to the picture," says Dr. Pautler.

MANY TREATMENT OPTIONS

The care team looks at family history, lumps, the PSA and use clinical formulas to calculate cancer risk for men.

"If an abnormality is found or a PSA test is concerning, they get referred to the Prostate Diagnostic Assessment Program at St. Joseph's Hospital," says Dr. Pautler. "If their risk is low, the care team and patient may decide to observe. If there is cancer requiring treatment, patients may undergo radiation or surgery. It's through those interventions where the risk of incontinence or erectile dysfunction happens, but in many cases, function is restored. If it's not, then there are still more options."

There is much discussion in the medical world of cancers, like prostate, being treated as a 'disease of aging', understanding the spectrum is broad requiring everything from a watchful eye to tumor removal, says Dr. Pautler.

"Some patients are fine with monitoring and others want or need to take immediate action."

TIME FOR CHANGE

The trouble is men aren't even taking the first step – they aren't getting screened – and that has to change, says Dr. Pautler.

"It's really about being informed. It would also be helpful if men would put a lid on the misconceptions and instead spread the word about the reality of prostate screening – how it's really not bad, it's important, and it can save a life."



Urologist Dr. Stephen Pautler consults with a patient at St. Joseph's Hospital



Thomas Telfer participated in the Zero Suicide Implementation Advisory Committee as well as a working group to provide support and advice from an outpatient perspective.

THE POWER OF ZERO

As a mental health advocate with a passion for suicide awareness and prevention, Thomas Telfer helped shape a new approach to patient care. Today, the Zero Suicide initiative at St. Joseph's Health Care London is fully-funded thanks to community support.

In 2016, St. Joseph's became the first health care organization in Canada to adopt Zero Suicide, a system-wide initiative that aims to prevent suicide in the health care system by providing people with the help and protection they need – before they reach a crisis point.

Today, the initiative is fully-funded by generous donations made through St. Joseph's Health Care Foundation, which brings the goal of reducing the number of deaths by suicide to zero one step closer.

That's exciting news for Thomas Telfer. As a survivor of two suicide attempts, Thomas participated in the Zero Suicide Implementation Advisory Committee as well as a working group to advise and support the project from an outpatient perspective.

"This community funding support is a recognition of the importance of the initiative," says Thomas, who was first diagnosed with depression as a young lawyer.

At the time of his diagnosis, Thomas associated mental illness with weakness and rejected his doctor's recommendations for treatment. That attitude changed after his most recent hospitalization. "I was tired of hiding my illness," he says.

Thomas decided the only way to reduce the stigma and help others was to talk about his struggles. He began by inviting friends and work colleagues to visit him in hospital. Today, he uses his platform as a professor to share his experiences with students and colleagues.

Thomas' work as a mental health advocate led to his involvement with Zero Suicide.

As a member of the implementation committee, he was able to share his story as well as the experiences of many patients he has met in hospital.

This vital input helped shape the new wrap-around approach to suicide-prevention that is already making a difference in the lives of all patients receiving inpatient and outpatient mental health care at St. Joseph's.

"It's about helping people stay out of crisis and improve their quality of life day-to-day," says Thomas. "The goal of Zero Suicide is zero. That's the only acceptable number."

Currently, St. Joseph's is reaching out to community partners, offering suicide prevention education, resources and training on the Zero Suicide approach, to help support other organizations as partners in suicide prevention.

BY THE NUMBERS

671 NEW PATIENTS have received a lifetime suicide risk assessment since 2018.

61 AGENCIES in the region have expressed interest in the Zero Suicide initiative.

24 HOURS OR LESS, upon discharge: individuals receive a follow up call from care staff.

7 DAYS OR LESS, upon discharge: individuals receive a scheduled outpatient appointment.

THE SCOOP ON POOP

Like blood transfusions, fecal transplants save lives. Don't flush away an opportunity to donate.

It's inevitable that any conversation with Dr. Michael Silverman loops around to poop. Few get as excited at the mention of this bodily byproduct, and few are as well versed on the topic.

Dr. Silverman, Director of St. Joseph's Health Care London's Infectious Diseases Care Program and a scientist at Lawson Health Research Institute, is, in fact, a Canadian poop pioneer.

In 2003, long before poop was a hot topic in health care, Dr. Silverman was treating an 80-year-old patient who had been hospitalized repeatedly with Clostridium difficile (C. difficile) infection – the major cause of antibiotic-associated diarrhea that often strikes the elderly. She had borrowed money against her house to afford the medication and could no longer tolerate the burden of this debilitating and life-threatening infection – physically and financially. She begged him to find a solution.



Seema Nair Parvathy, Research Coordinator at Lawson Health Research Institute, prepares fecal transplant capsules.



Dr. Michael Silverman, Medical Director of the Infectious Diseases Care Program at St. Joseph's Hospital, Chair/Chief of Infectious Diseases in London, and a scientist at Lawson Health Research Institute, is a Canadian pioneer in fecal transplants.

Dr. Silverman had just read a new Scandinavian report about an alternative treatment that addressed the cause of the disease, its prevention and recurrence - fecal microbial transplantation (FMT), otherwise known as a poop transplant.

Most cases of C. difficile occur in individuals who are taking antibiotics and some acquire it while hospitalized. Antibiotics can destroy the normal bacteria found in the gut, causing C. difficile bacteria to overgrow. When this occurs, the C. difficile bacteria produce toxins, which can damage the bowel and cause diarrhea and other complications.

Treating C. difficile with antibiotics also kills even more of the helpful normal gut bacteria, and when these antibiotics are stopped the C. difficile returns. This can happen over and over again, making treating relapsing C. difficile a huge challenge.

With FMT, donated stools from a healthy person are diluted with saline, filtered to a clear liquid, and introduced by enema into the person with C. difficile. It works by replacing the normal healthy gut bacteria.

The 80-year-old woman was Dr. Silverman's first FMT patient. It worked. The woman was cured



Fecal transplant capsules being prepared in lab.

of the infection. And so began his pursuit of poop to treat disease.

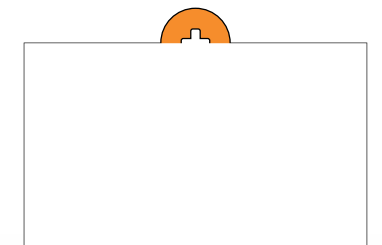
At St. Joseph's Hospital, Dr. Silverman has been able to advance his work in FMT, efforts that recently earned his team the Sandra Letton Quality Award presented by St. Joseph's for outstanding contributions toward improvement in quality patient care.

Since 2015, the team has successfully administered more than 150 FMTs for C. difficile patients from across Southern Ontario. Working in partnership with research coordinator Seema Nair Parvathy (PhD), the outpatient Infectious Diseases Care Program at St. Joseph's Hospital has become the first clinic in Ontario to offer FMT by capsule instead of by enema, and only the second in Canada to do so.

The hope is to expand treatment using FMT to other diseases such as a non-alcoholic fatty liver disease, multiple sclerosis, melanoma and atherosclerosis.

YOU CAN HELP: DON'T FLUSH AWAY A CHANCE TO SAVE A LIFE

Just like blood transfusions, fecal transplants save lives, says Dr. Michael Silverman, Medical Director of St. Joseph's Infectious Diseases Care Program. But transplants need donors. Dr. Silverman urges people to get past the "ick factor", be screened and donate. One stool can transplant three to four people. And donors can give as often as they poop.



THE BEST PERSON FOR THE JOB – HANDS DOWN

Expertise in hand therapy and a “handy” Indian accent created the perfect formula for teaching in South Asia.

During a recent trip to India and Sri Lanka, occupational therapist Shrikant Chinchalkar, a renowned leader in hand therapy at St. Joseph’s Health Care London, challenged old practices and shared his vast knowledge in treating hand fractures and other injuries.

Shrikant, a long-time hand therapist at the Roth|McFarlane Hand and Upper Limb Centre who couldn’t sit still in retirement, is contributing to the organization’s academic mission by teaching abroad.

Travelling to India for the past eight years, Shrikant is no stranger to the medical needs of developing countries. In India, he met with orthopedic and plastic surgeons, residents, fellows and medical students to discuss wound healing and decision-making for hand therapy, including the right timing for casting and when to begin hand therapy.

“In the past, the practice of keeping a cast on for three to six weeks was typical,” explains Shrikant.

Starting with a controlled movement program, patients are benefitting from wearing a cast for only three to seven days and then wearing a splint while progressing into therapy.

“This early hand rehabilitation helps the break to heal better,” says Shrikant.

“Having a patient in a cast for up to six weeks can pose problems for hand therapists as they struggle with stiffness. It results in a slower



Hand therapist Shrikant Chinchalkar explains the controlled movement program to a patient in the Roth McFarlane Hand and Upper Limb Centre.

recovery and additional surgeries. If therapy is started at the right time it helps to minimize recovery time, the need for additional therapies.”

Shrikant is also helping to bridge the communication gap between disciplines.

“Sometimes the surgeons don’t talk to the hand therapists and vice versa. Breaking down silos is important so we can all share information that benefits patients.”

At the request of the Education Committee of the International Federation of Societies for Hand Therapy, Shrikant also imparted his knowledge in Sri Lanka but jokingly declares the invitation wasn’t just about his expertise.

“It proves challenging in Asia when teachers are from Australia or the United Kingdom. The accents pose a problem. I think I was chosen not only because of my experience but because of my Indian accent,” he smiles. Through talks and clinics in both countries, Shrikant shared his wisdom with eager-to-learn clinicians.

“They do exceptional work in India and Sri Lanka. I was there to enhance the practice of hand therapy as best I could. We know early movement is key as it results in less scar tissue formation and better healing and mobility.”

When asked about the response to his coaching in Sri Lanka, Shrikant humbly states, “It was good.” So good he was invited back in 2020.

“Often surgeons felt the stiffer the injury was held in place, the better. But based on knowledge of wound healing, we know there is a better way.”

— SHRIKANT CHINCHALKER, OCCUPATIONAL THERAPIST

A NEW START

Occupational therapy builds confidence and independence for residents of St. Joseph’s Steele Street Rehabilitation Program.

Dylan leans over to grab another onion for chopping on his cutting board. He’s making soup – a routine task for most, but for Dylan, a former resident of St. Joseph’s Health Care London’s Steele Street Rehabilitation Program, it means much more. It’s a new start.

By his side is occupational therapist assistant (OT assistant), Angela Miles. Her role at the Steele Street residence allows individuals, like Dylan, to receive occupational therapy seven days a week. Angela follows treatment plans developed by Steele Street’s occupational therapist who also provides care within the residence. Trading off 12-hour shifts, the duo provide consistency in the support available for all nine residents living in the home.

“Prior to the addition of an OT assistant to our care team, occupational therapy at Steele Street was only offered during



On their road to recovery, residents at St. Joseph’s Steele Street are learning about themselves, their talents and abilities – including some impressive skills in the kitchen. From left are, John, occupational therapist assistant Angela Miles, and Dylan.

the week, not on weekends,” says program coordinator Terri-Lynn Timmermans. “This new role, and the many skills Angela offers, has positively impacted those we serve here.”

At Steele Street, located in St. Thomas, individuals with complex and persistent mental illness receive care and rehabilitation therapy for up to two years. A team of professionals with expertise in occupational therapy, nursing, psychiatry and therapeutic recreation provide services and treatment in a residential setting, helping residents to learn the tools and skills they’ll need to live independently in the community.

“Routine and structure are an important part of the therapy,” explains Angela. “We can now offer our residents occupational therapy outside of traditional business hours when they are not at work or at school.”

With 20 years of health care experience, Angela is always eager to make a difference. She helps residents with meal planning, daily chores, cooking, scheduling and socializing with others. As many of the residents have spent prolonged periods of time in hospital, the therapy gives them a renewed sense of independence and valuable community living skills.

“Sticking to a routine and learning how to cook and stay on a budget has been helpful,” says Dylan, who recently secured a new job and moved into his own apartment after living at Steele Street for a year.

“It’s rewarding to see all the residents work together and achieve their goal of independent living. I’m excited for the opportunity to use my skills in such a unique mental health care setting.”

— ANGELA MILES, OCCUPATIONAL THERAPIST ASSISTANT



Occupational therapist assistant Angela Miles helps Dylan, a former resident at St. Joseph’s Steele Street in St. Thomas, plan his meals for the week while staying on budget.

DIABETIC SUPPLIES OR GROCERIES?

For many patients, the financial toll of diabetes means making difficult decisions. At St. Joseph's Health Care London, the diabetes care team is helping patients find the support they need.

The gap between what people with diabetes need to manage their condition and what they can afford is a growing concern for staff and physicians at St. Joseph's Diabetes Education Centre (DEC).

A lack of funding for diabetes supplies, equipment and medications essential for evidence-based care means diabetes nurses and dietitians are spending much time helping patients navigate various avenues to secure financial support. To boost these advocacy efforts, St. Joseph's recently launched a new service for diabetes patients. A registered social service worker is now available to provide coaching and guidance aimed at helping diabetes patients and their families find the resources they need for optimal self-care.

"The overall goal is to decrease barriers to care," says Julie Hebert, social service worker. "This includes helping people with applications for financial support from various government agencies or advocating for coverage from private insurance companies."



A SIGNIFICANT STRESS

Many patients with type 1 and type 2 diabetes pay out thousands of dollars annually – a significant stress that adds to the physical and often mental health toll of diabetes, says Rebecca Meehan, DEC registered nurse and educator. "It's not uncommon for patients to be faced with choosing between recommended care and basic living expenses."

For example, many of those without adequate coverage for test strips used for checking blood glucose levels forego checking, which leads to poorly managed diabetes and a higher risk of complications, says Rebecca.

Jason Howard estimates he pays about \$4,000 a year out-of-pocket for diabetes-related essentials. Both he and his wife are self-employed, which means they can't tap into private group insurance and don't qualify for most of the government funding programs.

The 47-year-old, who has had to scale back his handyman business due to his health, admits to cutting corners as a way to ration supplies and medication, such as using the same needle for a week instead of a



St. Joseph's endocrinologist Dr. Tamara Spaic often sees the impact of the financial toll of diabetes on the lives and health of her patients.

new one daily for insulin injection. And rather than changing the lancet each time he pricked his finger to draw blood seven to ten times a day, he would use the same lancet for two weeks. While Jason now uses a flash glucose monitoring system that can read glucose levels through a painless scan of a sensor worn on the arm – no finger prick needed – the sensor must be changed every two weeks at a cost of \$100 each.



The gap between what people with diabetes need to manage their condition and what they can afford is a growing concern for the diabetes care team at St. Joseph's Hospital.

EVERY 24 HOURS...

\$75 MILLION

Is spent by the Canadian health care system to treat diabetes.

FOURTEEN

Canadians have lower limb amputation.

MORE THAN TWENTY

Canadians die of diabetes-related complications.

480

More Canadians are diagnosed with this devastating disease.

Jason also found a way to stretch his insulin use by eating fewer carbs, which affects how he feels.

In St. Joseph's diabetes clinics, the team often sees how the financial and psychological distress associated with diabetes impacts lives and the health of patients, says endocrinologist Dr. Tamara Spaic.

"We live in the era of great advances in treatment of diabetes. They include medications that significantly improve blood sugar control and decrease the risk of death and dying, and technological advances in blood sugar monitoring that help patients make informed decisions about their diabetes

management," she explains. "Yet the cost of these advances is not universally covered and hence not readily available to all our patients."

As a chronic illness that affects multiple organ systems, diabetes management is challenging, requiring not only good sugar control but also excellent blood pressure and cholesterol control, and more, adds Dr. Spaic.

"The number of medications prescribed for diabetes management can quickly exceed five or even 10 medications a day. And we should not forget that a healthy diet, which is a cornerstone

of diabetes management, can be expensive. It's easy to see how the cost of living with diabetes quickly adds up and how it may discourage some patients from persisting with their care."





At Parkwood Institute, the Research 2 Practice team brings together researchers, clinicians and patients to improve care for spinal cord injury and acquired brain injury patients. From left are Melissa Fielding, Laura Grabam, Calogero Giurleo, patient Patrick Stapleton, Dalton Wolfe, Heather Askes, and Deena Lala.

DELIVERING ON DISCOVERY

With patients as part of the team, new knowledge can be quickly translated into rehabilitative care at St. Joseph's Parkwood Institute.

Five years ago, Patrick Stapleton was sitting upright in a chair when his forehead went cold and clammy and his vision suddenly blurred. The next thing he remembers is waking up on the floor with no feeling in his legs.

“There is no explanation for what happened to me,” says Patrick. “Many doctors have looked at my case, and after ruling everything out, their best guess is that I had a muscle seizure, which broke my vertebra.”

Patrick has what is known as an L1 spinal cord injury. His journey through recovery and treatment

has been difficult. During the first year, he was prescribed multiple medications to manage the pain and underwent spinal decompression surgery. He now has two titanium rods spanning his T11, T12, L1, L2, and L3 vertebrae.

The road to recovery following a spinal cord injury (SCI) or acquired brain injury (ABI) can be long and challenging. Since every patient's condition is unique, so too are the rehabilitation needs. Optimizing treatment for the individual is the goal of Lawson Health Research Institute's Research 2 Practice (R2P) program at St. Joseph's Parkwood Institute.

The R2P team, led by Lawson scientist, Dalton Wolfe, is focused on embedding research into clinical care by bringing together researchers, clinicians, administrators and patients in an exciting approach that can quickly translate knowledge into care.

Parkwood Rehabilitation Innovations in Mobility Enhancement (PRIME) aims to create evidence-based treatment protocols by investigating what combinations of physical or occupational therapies are best for what type of patient. Through collaborations with computer scientists and engineers, researchers hope to identify which activities might be linked with the best physiotherapy practices, with the ultimate goal of providing the best possible clinical recommendations.

Patrick has experienced the health system from all angles and knows the Rehabilitation Program at Parkwood Institute well. His insights make him a valued member of the PRIME team.

“Ensuring the patient experience is embedded in our research is integral to this type of model,” says Dalton.

PRIME members meet regularly to share key findings and identify issues. This is where clinicians can reflect and refine their practice.

Today, Patrick's main symptom is neuropathic pain below his knees. About an hour spent sitting is all he can tolerate. When discomfort sets in, physical movement brings relief. Twice a week Patrick travels to the Fitness Centre at Parkwood Institute for therapy that is continually evolving.

“By integrating research into the clinical setting, improvements in care are made frequently, and patients are able to benefit from the research immediately,” says Dalton. “Patients experience more effective treatment, faster recovery, and ultimately, better outcomes.”



For an in depth interview with the PRIME Team, visit:

[A PRIME Team - Lawson Link 2019 on YouTube](#)

CANADA'S TOP
40
RESEARCH
HOSPITALS
2019 RESEARCH
Infosource Inc.

IN THE TOP 10 - YET AGAIN

Lawson Health Research Institute is ranked eighth in the country according to the 2019 edition of Canada's Top 40 Research Hospitals List by Research Infosource. This strong national position has been maintained by Lawson for the past six years. Lawson has also maintained the top ranking for research intensity among the large tier institutions with \$612,800 of research spending per researcher.

“As a hospital based research institute, our innovation happens where care is delivered,” says Dr. David Hill, Lawson Scientific Director. “Every day, researchers are working directly with clinicians and patients to improve treatments or create entirely new ones. They also find innovative methods of delivering services that drive efficiency and reduce costs.”

Lawson received \$123,790 million in research income in 2018, which represents 0.4 per cent in growth from the previous fiscal year.

“Our position as a leading research institute is the foundation for brilliant research and worldwide partnerships tackling the most pressing challenges in health care,” says Dr. Hill.

Lawson Health Research Institute is the research institute of St. Joseph's Health Care London and London Health Sciences Centre.

EVERY VOICE TELLS A STORY

As a patient, Joan Hubert shares what it means to be valued as a partner for change at St. Joseph's Health Care London.

As Joan Hubert looked around the table during a panel discussion at St. Joseph's Parkwood Institute, she felt a wash of connection and pride. On this particular day, Joan's story and the stories of other patients and family caregivers were being heard as part of an Accreditation Canada survey that took place this past fall.

These stories were shared to assess strengths and weaknesses in how services are offered and accessed, and to deepen understanding of the lived experiences of patients and families.

"It was powerful to listen to other patient and caregiver stories – to learn about their journeys and involvement with the organization," remarks Joan. "Many have been involved for several years and each has had a real impact."

During the panel discussion, Joan shared her involvement with the development of a new Family Presence policy, which came into effect across all St. Joseph's sites in June 2019. The policy was developed jointly by staff, patients and family caregivers through a co-design process that included a working group and engagement workshops at each site.

Bringing patient and family caregiver voices to the table provided integral context for the policy, which replaced traditional visiting hours. Family caregivers are now welcome based on patient wishes, respecting the care needs, well-being, safety and security for



Joan Hubert is a patient advisor on the Quality Committee of St. Joseph's Health Care London's Board of Directors. Following a traumatic car accident in 2016, Joan Hubert spent more than five months as an inpatient at Parkwood Institute.

all. Having spent time in a shared room during her recovery, Joan recalls some of the challenges that can come with balancing everyone's needs.

"The intentions of a policy may be good, but it also needs to work in practice. Working as partners made that possible," Joan says, "As patients and caregivers, we were encouraged to sit together with staff and work through scenarios and solutions."

Patient and family advisory committees at each site of St. Joseph's are another mechanism through which individuals share their voice and lived experience with the organization. These groups work with staff and physicians to drive innovation and improvement. Changes to wayfinding to ease navigation for patients and family caregivers, the design of new spaces, furnishing decisions and menu selections are just a few examples of the impact of these committees.

A strong voice for continuous improvement, Joan has recently taken on the role of patient advisor on the Quality Committee of St. Joseph's Health Care London's Board of Directors.

Across St. Joseph's, patients and family caregivers are providing valuable insight based on their experiences. They are essential partners impacting the following areas:

- Patient care
- Organizational processes
- Education and research
- Environment and design
- Quality improvement
- Staff recruitment

"Something that stood out was how patient and family caregiver involvement is being welcomed, not only at a program or project level, but in active roles up through decision-making and governance structures," explains Joan.

She acknowledges that not every story is a good story, but there is opportunity to learn as much – if not more – from difficulties and challenges.

"It is about how those situations are heard, respected and taken into consideration that leads to positive change all around. It truly is a partnership," she says.

At the conclusion of the survey process, St. Joseph's was awarded Accreditation Canada's highest distinction: Accredited with Exemplary Standing.

One of the Accreditation Canada surveyors recognized a 'secret sauce' behind the organization's success.

"We can't quite put our finger on it," Joan muses, "but you know that people are well-cared for and that individual voices are valued."

For Joan, having the accreditation process include inquiry into the role of patients and families as partners in care speaks volumes to the authenticity of the work at St. Joseph's.

"Sharing our stories is how we keep compassion and the human element at the centre of health care," says Joan.

"Every voice is important. Each experience is important... and even small changes can cascade into big changes for you and for others."

— JOAN HUBERT, PATIENT ADVISOR



Accreditation is an ongoing process of assessing health and social services organizations against standards of excellence. At St. Joseph's, the Accreditation Canada surveyors recently evaluated the organization's performance against a total of 1,980 standards of which 1,973 (99.6 per cent) were met. St. Joseph's, which has already held the highest designation given by Accreditation Canada for the past eight years, once again received "Accredited with Exemplary Standing," extending the title to 12 years.

A HEALTHY DOSE OF EXPERT ADVICE

St. Joseph's DocTalks program is back by popular demand with an informative and enlightening series of lectures by experts at St. Joseph's Health Care London. From today's most pressing health issues and the latest treatment options to new research findings these lectures are also an opportunity to showcase the role of philanthropy and the difference donors make in advancing patient care.

DOC TALKS

Expert Insights About Your Health

SNEAK PEEK AT THE 2020 DOCTALKS LINEUP

Feb. 4	Dr. Janet Pope	Rheumatoid arthritis
Mar. 11	Dr. Tom Sheidow	Retinal disease and vision loss
May 27	Dr. Viraj Mehta	Substance use and mental illness
July 22	Dr. Collin Clarke	Managing chronic pain
Nov. 25	Dr. Ken Faber	Shoulder surgery and upper limb health

Attendance is free but advance registration is required. Visit sjhc.london.on.ca for more information and to receive notification when registration opens for each lecture.

my ST. JOSEPH'S

St. Joseph's Health Care London provides care through an extremely unique mix of clinical settings - making us one of the most complex health care organizations in Ontario. In a continual effort to bring the best care possible to those we serve, we constantly engage patients and their families, leaders, physicians, staff, volunteers, donors and many partners to ensure St. Joseph's takes innovative steps in addressing the health care needs of our community, now and in the future.

MY ST. JOSEPH'S IS

St. Joseph's Hospital

Parkwood Institute

Mount Hope
Centre for
Long Term Care

Southwest Centre
for Forensic
Mental Health Care

Teams, clinics and programs in our
community and beyond.

SHARE YOUR FEEDBACK OR STORY WITH US

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