



my ST. JOSEPH'S

A publication of St. Joseph's Health Care London
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A LITTLE FALL TO A BIG CLIMB

With help from her care team at Parkwood Institute, Miranda Scott was able to reach great heights — figuratively and literally — by incorporating wall climbing into her recovery.

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SURVIVING COVID-19—THE RECOVERY REALITY

The Post-acute COVID-19 Program of St. Joseph's Health Care London is helping patients tackle the long-lingering symptoms faced by many survivors of COVID-19.

Wendi Heal had heard the horror stories about those who ended up on a ventilator with COVID-19. And here was the lead COVID-19 physician at her bedside explaining her deteriorating condition and just that grim possibility.

“I remember asking him what my chances were for recovery once on a ventilator and I’ll never forget his words. He said he wouldn’t lie to me – that my chances drop to single digits. I asked him if I could have two days to see what happens, and those are the days I made calls to my husband, my son and my two brothers. I wanted to say the important things I needed to say.”

“During those two terrifying days, every time someone came into the room I thought ‘oh God oh God,’” recalls Wendi.

Willing herself to stay positive, Wendi miraculously began improving and avoided the ventilator, but it would only be the beginning of many more dark days and a struggle that persists today – some 10 months after leaving the hospital.

Wendi, 69, is what some refer to as a COVID-19 long hauler, and while she continues to make good strides, problems with fatigue, memory, brain fog, lung capacity, gastrointestinal episodes, pain, and more are only now easing sufficiently to resume her life.

A small army of experts have helped to make that possible. Wendi is a patient of the Post-acute COVID-19 Program of St. Joseph's, which is ensuring her various lingering symptoms are being addressed.

The program works in partnership with London Health Sciences Centre's (LHSC) Urgent COVID Care Clinic (LUC3), a virtual clinic for people with COVID-19 in the London area offering rapid assessment, home oxygen monitoring and follow-up after initial diagnosis. When symptoms persist, patients may be referred to St. Joseph's.

“Having now worked directly with patients affected by acute COVID-19 illness for more than year, we recognized that many patients are still suffering from symptoms months after their initial diagnosis,” explains infectious diseases specialist Dr. Megan Devlin. “It has really affected some people's quality of life and normal level of functioning.

Some patients will have lingering shortness of breath, cough or chest discomfort, others significant fatigue, and others with long-lasting headaches, altered sense of smell, ongoing chest pain, or other symptoms.”

Patients are seen in person at St. Joseph's where they may receive further breathing tests to help the team better understand if there are lasting changes from their acute COVID-19 illness, and referrals within St. Joseph's, including Parkwood Institute, for other symptoms. Through the program, Wendi has received care by an infectious diseases specialist, respirologist, occupational therapist, physiotherapist, speech language pathologist, psychologist, and neurologist.

Anxiety, depression and post-traumatic stress disorder are among a long list of possible side-effects.

“For some, targeted rehabilitation, education and intervention from occupational therapists, physiotherapists, social workers and speech language pathologists is needed in addition to medical follow-up,” says Saagar. “This is crucial for supporting individuals in their pathway to recovery.”

Wendi began feeling symptoms of COVID-19 on Dec. 20, 2020. Her son and his girlfriend had contracted the disease so she feared the worst. But it would take seven days to get an appointment at an assessment centre, by which time she was so ill, she was taken by ambulance directly from the testing centre to the hospital. It was the start of journey she traces candidly, eloquently, revealingly, even humourously in a blog at wendiaheal.ca, providing a striking story of survival and an insider's glimpse of a disease that has changed the lives of so many.

Wendi, who is thrilled to gradually be “fired” by her various specialists as she improves, ranks fatigue as her most severe symptom.

“It's like being in a swimming pool and someone has pulled the plug and you can feel the water draining out. That's how your energy feels. It's at the cellular level. It's not like you worked in the garden and you're tired. As I was recovering, if I was awake for an hour, I would have to sleep for an hour. Just being awake and breathing would use up my energy levels. I still have days where it comes back.”

It's only been in the last few months that Wendi, an avid walker, hasn't needed a three to four-hour nap in the afternoon and could begin to venture out for short walks. She is now up to three kilometres – a far cry from her usual seven to 10 kilometres four times weekly.

“Each individual has a unique set of symptoms, which can include physical, cognitive, communication, as well as mental health effects.”

Patients are grateful to be able to share their experience, have their symptoms investigated, and meet with members of the program team, some of whom also helped them along in their acute care journey at LHSC, says respirologist Dr. Michael Nicholson.

“We have captured a few people with underlying secondary issues resulting from COVID-19 infection that include asthma, lung scarring, tachycardia arrhythmias, but also no abnormalities, which can be reassuring to patients with lingering symptoms,” says Dr. Nicholson.

“Each individual has a unique set of symptoms, which can include physical, cognitive, communication, as well as mental health effects,” adds Saagar Walia, Coordinator, Rehabilitation Program at Parkwood Institute.



Among a small army of experts helping Wendi Heal manage and recover from the lingering symptoms of COVID-19 is speech language pathologist Nadia Torrieri. Through the Post-acute COVID-19 Program of St. Joseph's Health Care London, clinicians at St. Joseph's Hospital and Parkwood Institute address each person's unique set of symptoms, which can include physical, cognitive, communication, as well as mental health effects.

...continued

Also surprising for Wendi was the pain she experienced with COVID-19.

“I was not expecting the pain. I had one incident in the hospital where it felt like sparklers going off in my head. I had touched my hair and there was an explosion of sparks that went right down my body. I remembering trying to rip the sheets off because anything that was touching was painful. I don’t think people talk about how painful COVID-19 is. Everything hurts – joints, muscles, head. It hurts to blink.”

Yet Wendi’s other challenges have been more distressing – memory issues, an inability to find words, challenges with problem solving and multi-tasking – all of which were strengths before COVID-19.

“Brain fog is exactly the right word. You feel disconnected, unable to see things clearly – literally and figuratively,” explains Wendi.

Particularly crushing for Wendi is an inability to resume what has always given her the greatest joy and energy – singing. A professional jazz singer, her various symptoms make it impossible to perform. But as with all things, Wendi maintains optimism she will get there, and gratitude for how far she’s come.



Wendi Heal, who contracted COVID-19 in December 2020, is benefitting from the Post-acute COVID-19 Program of St. Joseph’s Health Care London, where her long-lingering symptoms are being addressed.

DID YOU KNOW?

- Findings of a recent review by the Public Health Agency of Canada suggest more than eight in 10 people had at least one long term symptom four to 12 weeks after diagnosis, and more than half reported lingering symptoms after 12 weeks.
- More than 100 symptoms, conditions or difficulties with usual activities were identified in individuals four or more weeks after a COVID 19 diagnosis.
- The most prevalent symptoms in both the short term (four to 12 weeks after COVID 19 diagnosis) and long term (more than 12 weeks after diagnosis) were fatigue, general pain or discomfort, sleep disturbances, shortness of breath, anxiety or depression, cough and hair loss.
- Lingering symptoms can affect both young and older individuals regardless of the severity of their COVID 19 symptoms in the acute stage.
- Prolonged or recurring symptoms, commonly referred to as Long COVID, are recognized by the World Health Organization as “post COVID 19 condition.”

“I am in awe of all those who have provided care to me and those like me. I had some of the most brilliant, nurturing and caring people, and they were suffering too dealing with such a devastating level of death and destruction and worrying whether they were taking it home to their families.”

Through her blog, Wendi wants people to understand the reality of COVID-19 so they will do their part to curb the pandemic. She has also joined multiple research studies.

“While in hospital, the duality of how I felt was strange,” she says. “I was so glad to be where they could take care of me and I was so unhappy that I had to be taken care of. I was scared to death and willing to do whatever they said to get better. Unlike other illnesses, it was clear no one could say exactly what that was. We have to help people figure out what this disease is all about so others are taken care of just as efficiently and gently as I have been.”

ST. JOSEPH’S POST-ACUTE COVID-19 PROGRAM

- Accessible by referral only from London Health Sciences Centre’s Urgent COVID Care Clinic (LUC3) or from St. Joseph’s Health Care London programs.
- Provides multi disciplinary, in person care and referrals for lingering COVID 19 symptoms.
- Clinicians address each person’s unique set of symptoms, which can include physical, cognitive, communication, as well as mental health effects. Care may include medical treatment and/or rehabilitation with patients being seen at St. Joseph’s Hospital and St. Joseph’s Parkwood Institute.

CONNECTING TO CARE

A Lawson Health Research Institute trial of online cognitive behavioural therapy is providing hope for people living with chronic disease, spinal cord injury and neurological conditions.

After a long battle with a disease that left him with a severe spinal cord injury, Phil Raney remained optimistic. Paying close attention to his health, he was doing his best to live life to the fullest in his power wheelchair – with his devoted wife Janna and Rutger, the service dog, by his side.

Despite his diligence and positive attitude, Phil was left with constant pain from five major spinal surgeries and no clear direction on next steps for his physical and mental wellbeing.

One in three people in Ontario live with at least one major chronic health condition but the physical symptoms are only part of their daily battle.



Phil Raney, with his trusty service dog Rutger, was able to connect to the mental health care he needed thanks to an online cognitive behavioural therapy website supported by donors to St. Joseph’s Health Care Foundation.

These individuals are also more likely to develop the psychological fallout of living with a chronic illness – feelings of anxiety, distress and depression.

Searching for resources online, Phil found a link to a research study at Parkwood Institute that sparked hope for the Brantford native.

With donor support through St. Joseph’s Health Care Foundation, Lawson Health Research Institute scientist, Dr. Swati Mehta, is piloting a cognitive behavioural therapy (CBT) website to support the mental health of people living with chronic disease, spinal cord injury and neurological conditions. The online therapy, which combines mindfulness-based pain management and practical life applications guided by a therapist, helps patients manage their unique mental health needs.

“While mental health challenges are common for those with neurological conditions, they often go untreated for a number of reasons,” says Dr. Mehta. “For example, those living in remote areas often do not have access to specialized services and many patients are concerned about stigma.”

The long-term goal of the pilot program is to help people like Phil overcome barriers of accessing face-to-face therapy by providing an online alternative.

Phil credits the web-based CBT course with helping him get the care he needed during a difficult time in his life.



Dr. Swati Mehta, a scientist at Lawson Health Research Institute, is studying the value of cognitive behavioural therapy delivered online to serve the unique needs of people living with a spinal cord injury, chronic disease and neurological disease.



Natasha and her care team with Parkwood Institute's Rehabilitation Program use a state-of-the-art EKS0 exoskeleton to help her reach her mobility and activity goals.

A NEW ERA IN REHABILITATION

The Gray Centre for Mobility and Activity at Parkwood Institute is building connections and fostering discovery.

With the official launch of the Gray Centre for Mobility and Activity at Parkwood Institute, teams of medical professionals, researchers, educators and industry experts have been brought together to develop, test and deliver new treatments and new ways of rehabilitating people with a wide variety of diseases and conditions that impact activity and mobility.

This unique, coordinated approach is a perfect platform for innovation – while keeping patients and caregivers in the forefront.

“We’re delighted that our philanthropic investment is being utilized for both frontline patient care today, and research efforts that will continue to transform care in the future.”

— THE GRAYS

“During our first official year we have begun to build a roster of mobility and activity experts who, collaboratively, will achieve the purpose of The Gray Centre – to build connections and foster discovery,” says Roy Butler, President and CEO of St. Joseph’s Health Care London.

While each scientist, educator and health care provider who are part of the Gray Centre has a unique area of expertise, they all align with at least one of 10 core areas of focus:

ACQUIRED AND TRAUMATIC BRAIN INJURY

Acquired or traumatic brain injuries can have profound consequences on activity and mobility. These injuries can decrease a person’s ability to be physically active and carry out daily activities as they did before.

What we are doing:

Experts at the Gray Centre are trying to understand how specific brain injuries impact mobility and activity, how to quickly identify patients with long-term brain injury rehabilitation needs, and how to best treat them.

MOBILITY AND BRAIN HEALTH

There is a direct link between mobility, cognition and brain health. For example, physical activity has been shown to help memory, thinking and mental health disorders. As well, early diagnosis of dementia can be aided by studying how a person walks.

What we are doing:

Clinicians and scientists are trying to better understand the link between mobility and brain health through research on physical therapies and using careful assessment of gait to make an early diagnosis of dementia.

NEUROMUSCULAR DYSFUNCTION

The neuromuscular system is made up of nerves that provide signals to the muscles that then move the body. Damage or disease can compromise the function of the neuromuscular system, resulting in activity and mobility dysfunction.

What we are doing:

Researchers are working to understand how to preserve function of the neuromuscular system in the face of disease and the natural aging process. Working with surgical colleagues, clinicians are studying novel surgical procedures to repair damage to nerves after a trauma.

SPINAL CORD INJURY

The spinal cord is the neural highway of the body, transmitting signals from the brain to the muscles, thereby enabling movement. Injuries to the spinal cord, through trauma or disease, disrupts these signals, often resulting in paralysis.

What we are doing:

Through testing new therapies, the Gray Centre experts are helping patients with spinal cord injury maximize their recovery and develop new strategies to be as independent as possible with their mobility and activity.

STROKE

A stroke is caused when blood to part of the brain is reduced or blocked, depriving cells of the oxygen and nutrients they need to function and survive. The main feature of stroke is paralysis on one side of the body and balance difficulties, which negatively affects a person’s mobility and activity after a stroke.

What we are doing:

Scientists are testing new therapies to improve activity and mobility for stroke patients through improved recovery of paralysis. The team is also responsible for the most comprehensive synthesis of stroke rehabilitation research in the world.

AMPUTATION

The partial or complete loss of a limb frequently leads to mobility and activity challenges. Dexterity and balance are often compromised, new gait patterns might need to be learned and activities of daily living become difficult.

What we are doing:

The Gray Centre is helping patients with amputations overcome mobility challenges by testing ways to safely use prosthetics in their home and community by better understanding how limb loss impacts cognitive function and mental health.

BALANCE, GAIT AND FALLS

Poor balance and weakness increases the risk of falling, which can often result in serious injury. Thirty-three per cent of older adults over the age of 70 will experience a fall each year. Preventing falls is paramount to the health of older adults and the diagnoses and treatment of balance and gait problems benefits from a specialized approach.

What we are doing:

By identifying ways to evaluate and treat people with balance challenges and weakness through clinical trials, the Gray Centre is providing cutting edge, individually tailored programs to prevent falls.

CHRONIC PAIN

Chronic pain, which is prevalent due to a number of musculoskeletal and neurological conditions, can frequently impair a person’s mobility, function and quality of life.

What we are doing:

The Gray Centre is working to understand the factors that impact chronic pain development and progression and exploring chronic pain management issues for various rehabilitation diseases and conditions.

...continued



ADULTS WITH CHILDHOOD ONSET CONDITIONS

Being born with, or developing a physical disability in early childhood can have a significant impact on mobility and activity throughout a person's life. Those with childhood conditions, such as cerebral palsy, often suffer weakness, spasticity, fatigue and pain limiting their ability to participate in physical activity.

What we are doing:

Considering the unique needs of adults with childhood onset physical disabilities, the Gray Centre is developing a unique program of assessments and interventions to maximize their physical function, mental health and quality of life.

IMPLEMENTATION SCIENCE AND EDUCATION

New discoveries and knowledge must be shared and used to make an impact. Translating new treatments into clinical practice quickly has traditionally been a challenge in health care.

What we are doing:

At the Gray Centre, teams are narrowing the gap between research findings or new technologies and their use in clinical practice. Researchers, health care providers and students are coming together to develop and implement the most-up-to-date mobility and activity rehabilitation care.



Lynne and William (Bill) Gray donated \$7.5 million to establish The Gray Centre for Mobility and Activity, and an associated endowed research chair.

YOUR DONATION MATTERS HERE

The Gray Centre for Mobility and Activity was made possible by a generous donation from William (Bill) and Lynne Gray to St. Joseph's Health Care Foundation. Bill is the second-generation owner of Gray Ridge Egg Farms, one of the largest farm-to-table egg companies in Ontario.

The couple knows first-hand how vitally important mobility and activity can be and responded by providing a \$7.5 million gift to St. Joseph's to establish the Gray Centre and continue their family's more than 80-year legacy of community support and philanthropy.

"We're delighted that our philanthropic investment is being utilized for both frontline patient care today, and research efforts that will continue to transform care in the future," says Bill. "Compromised physical mobility and activity adversely affects the well-being of many, many people, and we're very pleased to help support the advancement of care that can help so many people."



Learn more at:
<http://graycentre.ca>

THANK YOU TO OUR GENEROUS SPONSORS FOR COMING TOGETHER FOR DIABETES

We are so grateful to the many community leaders who supported diabetes research at St. Joseph's Health Care London by sponsoring St. Joseph's Coming Together for Diabetes virtual event on November 4, 2021.



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TWO NEW LEADERS, ONE COMPELLING VISION

As a global pandemic wages on and yet another era in health care delivery unfolds in Ontario, St. Joseph's Health Care London welcomes a new Board Chair and a new President and CEO. Meet Roy Butler and Jonathan Batch



CHARTING THE NEXT COURSE — ROY BUTLER

A long-time leader at St. Joseph's Health Care London, Roy Butler is now poised to chart the next course of the organization in his role as President and CEO.

"It is with pride, appreciation and much excitement that I have the opportunity to lead St. Joseph's at such a pivotal time," says Roy. "We are embarking on a refreshed strategic plan, embracing the transformation of health care delivery regionally and provincially, while navigating the challenges of the pandemic. It is truly a compelling time for St. Joseph's and for health care."

Roy's appointment as President and CEO was announced by the St. Joseph's Health Care London Board of Directors in May 2021 and his first day on the job was Aug. 3.

A member of the Senior Leadership Team since 2009, Roy was most recently Vice President, Patient Care and Risk Management (2014-2021) prior to being appointed President and CEO. In this role, he led clinical operations at Parkwood Institute Main Building and Mount Hope Centre for Long Term Care, as well as Corporate Risk Management, Privacy and Patient Relations. He has championed significant improvements in staff engagement and quality outcomes across the organization.

Roy has also held progressive and executive leadership roles at St. Joseph's where he has been accountable for strategic planning, corporate quality and patient safety, environmental services, food and nutrition services, pharmacy, clinical decision support and health information management.

During the pandemic, Roy played a critical lead role in St. Joseph's pandemic response, including the redesign and reintroduction of services with a steadfast focus on the safety of patients, residents, family caregivers, staff and physicians.

"The fortitude, ingenuity, compassion and dedication shown by our staff and physicians over the past 18 months will now be key as we recover and move forward while remaining nimble and responsive to the ever-evolving pandemic," says Roy. "Considering all we have been able to achieve during this global crisis, I know St. Joseph's is on solid footing."

The pandemic, adds Roy, has taught those in health care a great deal. "It has taught us about the inequities in our community and gaps in care that need to be addressed. And we learned how critical it is to work together as a system. This is true now, and in looking ahead to a fully integrated approach to care."

In the months ahead, St. Joseph's will share its refreshed strategic plan and priorities, which will be the organization's roadmap to 2025.

"The plan will strengthen our role as a leading academic, teaching organization within an integrated health system," says Roy.

"It is grounded in care partnership, uncompromising excellence in quality and safety, purposeful partnerships, and a commitment to deepen our competency in equity, diversity, inclusion and belonging."

Having been part of the St. Joseph's family for more than 20 years, Roy says he has had the privilege of being immersed in all that makes the organization unique.

"The organization's culture has been referred to as our 'secret sauce'. The recipe is time-tested and steeped in history, tradition and subtleties difficult to define. Keeping the core ingredients, we will work to add to it, strengthen it, and grow as a great place to work to achieve excellence in care, teaching, and research."



CONTRIBUTING TO A VIBRANT COMMUNITY — JONATHAN BATCH

While new to the role of Board Chair at St. Joseph's, Jonathan Batch is no newcomer to the organization, complex work environments, shifting sector landscapes, or leading in times of great change. The Portfolio Manager and Senior Investment Advisor with BMO Nesbitt Burns is not only up for the challenge, he's excited by the possibilities.

Jonathan has volunteered with St. Joseph's since 2011, starting as a community member on the Finance/Resource Planning and Audit Committee and eventually serving as Chair of that committee.



St. Joseph's Health Care London has two new leaders at the helm. Jonathan Batch, left, is Chair of the Board of Directors, and Roy Butler has stepped into his role as President and CEO.

He has also served as Board Treasurer, Vice Chair of the Board, a member of the Executive Committee, Vice Chair of the Mission Committee, Chair of the Lawson Health Research Institute Finance and Investment Committee, and more.

But his experience at St. Joseph's actually began years earlier. Moving to London from Toronto 20 years ago, Jonathan's wife, Elizabeth, joined St. Joseph's Health Care Foundation, where she worked until their first daughter was born.

"We were blessed to have all three of our girls born at St. Joseph's."

Now in the role of Board Chair, Jonathan, who believes volunteering is integral to a vibrant community, is delighted to be at the table of one of Canada's leading and most complex health care organizations at such a critical juncture in health care.

"I have truly enjoyed the work at St. Joseph's since my first meeting and was immediately impressed by the high-quality governance work being done."

There was focus and clarity as to the purpose of the work and there was a palpable enjoyment of the work by everyone around the table.

Over his past 10 years with St. Joseph's, Jonathan says he has learned that "despite the volume of work, the challenges of the external environment and the challenges inherent in health care, everyone at St. Joseph's is pulling in the same direction. There is simply an underlying belief in the mission, alue and culture – all directed toward providing excellence in care to those we serve."

"What is most important is that we rise to every challenge. We have a great reputation and that influence is both important and needed in the system."

Among Jonathan's aspirations as Board Chair is to build upon awareness in the community of the tremendous work of St. Joseph's.

He would also like to see the organization's role grow in making "meaningful change" in the community.

"We are a quiet, humble leader and a strength in London and it's important for the wider public to better understand the depth of that leadership. Looking ahead, I envision St. Joseph's strengthening its focus on diversity and inclusion as well as being a leader in how we contribute to the broader health our community."

A place like St. Joseph's has the ability, skills and indeed the mission to have an impact."

Both challenges and opportunities abound for St. Joseph's at this time in health care, says, Jonathan.

"What is most important is that we rise to every challenge. We look for opportunities, continue to lead, continue to be an excellent partner, continue to advocate for those who need it and for what we know is right. We have a great reputation and that influence is both important and needed in the system."

FILLING GAPS IN CARE FOR THE MOST VULNERABLE

The new Community Outreach and Support Team in London aims to reduce the need for police-led responses in situations where someone is experiencing a serious mental health or addictions-related issue.

Compassionate care at the right time, in the right place, by the right people are at the heart of a new partnership in London that is targeting gaps in care for the city's most vulnerable citizens.

St. Joseph's has partnered with three community service providers to pilot the Community Outreach and Support Team (COAST) – an outreach and support service for individuals experiencing serious/acute mental health and addictions issues. Collaborating with St. Joseph's are the Canadian Mental Health Association Elgin-Middlesex (CMHA), Middlesex-London Paramedic Service (MLPS) and London Police Service (LPS).

Building upon the strengths of each organization, COAST is addressing gaps in the system by improving collaboration between health care services and police.

“As experts in engaging hard to reach individuals, St. Joseph's COAST members have experience reaching out to individuals wherever they live.”

“The main goals of COAST are to reduce police-led responses to situations in which an individual is experiencing a mental health/addictions related concern, reducing interactions with frontline

LPS officers in these scenarios and hence, improving outcomes for these individuals by ensuring they receive the appropriate care,” says Deb Gibson, Director, Mental Health Care at St. Joseph's.

In the course of caring for those who suffer from serious, persistent mental illness and addictions, there are times when the police are mandated by law to assist individuals in accessing mental health care. The COAST model facilitates specialized mental health care support for LPS, assisting them in carrying out mandated activities while improving the experience of those in need.

The new team will serve individuals 16 years of age or older living in the community with serious mental health issues and who are at risk of crisis due to addictions, poverty and/or homelessness. The purpose is to:

- Provide support through proactive intervention and follow up
- Assist individuals in navigating and accessing local mental health care services and programs
- Prevent unnecessary hospital emergency department visits
- Divert individuals from unnecessary involvement in the criminal justice system
- Decrease stigma of individuals living with mental health and/or addictions issues
- Build and maintain effective partnerships between police services and health care providers

Teams work varying shifts, seven days a week. During a shift, each COAST team consists of two members: one COAST constable from LPS and one COAST health care provider from either MLPS, CMHA Elgin-Middlesex, or St. Joseph's. Health care members consist of social workers from CMHA, paramedics from MLPS, and nurses from St. Joseph's Assertive Community Treatment (ACT) Teams. Police COAST members are not in uniform and the team does not travel in a marked cruiser.

Due to the nature of their specialized and intensive work within the community, St. Joseph's ACT health care workers are considered an essential element of the COAST team.

“St. Joseph's COAST members bring a sensitive and person-centred approach to their interactions for those in need of support.”

“As experts in engaging hard to reach individuals, St. Joseph's COAST members have experience reaching out to individuals wherever they live,” explains Deb. “Whether it's in a home or apartment, a group home, or if the individual has been displaced or are homeless, St. Joseph's COAST members bring a sensitive and person-centred approach to their interactions for those in need of support.”

At this time, individuals who may benefit from proactive COAST involvement are identified and referred through CMHA's Crisis Services or through calls to LPS.

The one-year pilot project is anticipated to run until March 31, 2022. Over the course of the pilot year, the model of service delivery will be expanded and evaluated with the goal to secure sustainable funding.



Members of London's new Community Outreach and Support Team (COAST) look forward to making a difference for those living in the community with serious mental health issues and who are at risk of crisis due to addictions, poverty and/or homelessness.

A LITTLE FALL TO A BIG CLIMB

With help from her care team at Parkwood Institute, Miranda Scott was able to reach great heights – figuratively and literally – by incorporating wall climbing into her recovery.

Miranda Scott had big plans. She had just bought a house, was about to graduate from college for a second career, and was an avid rock climber, gardener and all-around exceptional athlete.

It all ground to a halt when an accident in her home left her unable to walk.

While practicing ariel aerobics, a sport using a suspended hoop, Miranda slipped, falling only three feet to the floor.

“It wasn’t the height; it was the angle. I fell right on my neck,” says the fit 34-year-old. She sat on the floor stunned and confused, “I was panicked, in pain, and my legs felt like they were floating – though they were flat on the floor. I realized this may be serious.”

Taken by ambulance to hospital, Miranda thought perhaps she would be prescribed pain medication and the floating feeling in her legs would subside. That was not the case. She was told she had a broken neck.

“There was no prognosis. No one was willing to guess my future. I asked if I would walk again and I couldn’t get an answer.”

The accident happened well into the third wave of COVID-19, adding complexity to Miranda’s situation with restrictions on family visits.



After a traumatic spinal cord injury, Miranda Scott climbed her way back – figuratively and literally. Wall climbing, a great joy, became part of her rehabilitation.

After two weeks of acute care, she was transferred to Parkwood Institute for rehabilitation. Her short fall had resulted in a traumatic spinal cord injury with several fractured vertebrae. She had weakness throughout her upper and lower extremity muscles, and no voluntary movement in her left leg.

“It was a very sad time for me. Not only did I lose my active lifestyle but due to the pandemic, I couldn’t see my family as much as I wanted to. It was depressing.”

Admitted to the Spinal Cord Injury Rehabilitation Program at Parkwood Institute, Miranda had to adjust to being in a wheelchair, which was challenging for the active young woman. To transfer from bed to wheelchair, she needed a mechanical lift.

“Really all I could do myself was roll over in bed,” she says. “And even that was hard work.”

“My life changed when I started climbing and it was something I always looked forward to... When I was able to get back into the climbing gym for the first time, I felt complete joy.”

Miranda told her clinicians her ultimate goal would be to return to some of the activities she enjoyed, including rock-climbing – something she fell in love with five years prior to the accident. Yet she kept herself in-check, trying not to be too hopeful in case she never walked again. Accepting whatever her body was willing to give her, she would try everything her physiotherapist, Neal McKinnon, proposed as part of her treatment.

“There was no point in NOT trying it,” Miranda recalls. “Eventually I started to see little gains.”

“A big part of Miranda’s success was related to her motivation and work ethic,” remembers Neal. “During our initial assessment, she outlined that her goal was to be able to walk out the front door of the hospital when she was discharged. She was always motivated to push herself during therapy and try new activities.”

Miranda spent two months at Parkwood Institute as an inpatient. And looking back remembers the moment she could finally move her left leg on her own. Slowly and with tenacity Miranda worked toward more and more movement.

It was fortuitous that early on in her recovery Miranda and Neal discovered they were both die-hard rock climbers. As a matter of fact, Neal was a belay-certified rock climber, and member at a local indoor climbing gym called Junction Climbing Centre.

Due to COVID-19 the gym was closed to the public, but at that time the Ontario government allowed people with a disability to access gyms for the purpose of physiotherapy. Neal reached out to the owner of the gym and was able to work out a plan to get Miranda climbing. After spending a couple of sessions assessing her safety, Neal provided education and recommendations to the gym staff who continued to assist Miranda with her climbing therapy.

“Climbing is my passion,” says Miranda. “My life changed when I started climbing and it was something I always looked forward to. It was never a task or errand. When I was able to get back into the climbing gym for the first time - I felt complete joy.”

Upon discharge from Parkwood Institute, she achieved her main goal. “I was brought into the hospital on a stretcher. I promised myself I would be walking out – and I did! My dad was waiting for me outside and I walked toward him and gave him a big hug. I was crying, my dad was crying. It was such a special moment.”

It was equally emotional for Neal. “It reminded me why I got into this profession.”

Miranda continues to climb two to three times each week and is also an outpatient with the Spinal Cord Injury Rehabilitation Program. Her left leg, she admits, has a way to go.

“It’s difficult to not compare myself to where I was before the accident. I can do pretty much everything I did before, but now it’s much more work. I use the analogy of a teapot. If you drop it and it breaks you can glue it back together and it still looks like a teapot – but it won’t work the same. I sometimes struggle with not being the same.”

Still laser-focused on her recovery, Miranda continues to work through neuropathic pain and has set new goals – to complete a co-op position for school, graduate, build-up to taking her dog on two walks a day, and get back to hiking, more climbing and the other hobbies she once enjoyed. A task her physiotherapist thinks she is well equipped for. “Miranda would not have her independence taken away,” chuckles Neal. “She is very tough and determined. She sets her mind on an accomplishment – and then does it.”



Neal McKinnon, a physiotherapist with the Spinal Cord Injury Rehabilitation Program at Parkwood Institute, helped Miranda Scott take part in wall climbing as part of her recovery from a traumatic spinal cord injury.



“It’s a big sigh of relief for me. It has been scary thinking about what the outcome would be if I got COVID-19 and if I could never receive the vaccine.”

**JOEL MCLAUGHLIN,
PATIENT, ALLERGY CLINIC,
ST. JOSEPH’S HOSPITAL**

Carrie McLaughlin and her son Joel can breathe a sigh of relief now that Joel, who has numerous allergies, was able to receive the COVID-19 vaccine in the Allergy Clinic at St. Joseph’s Hospital.

A SIGH OF RELIEF

At the Allergy Clinic of St. Joseph’s Health Care London, patients at risk of a reaction to the COVID-19 vaccine are grateful to safely receive their shot and have their fears allayed.

Like so many people with serious health conditions, Joel McLaughlin lived in fear of contracting COVID-19. Yet, he was also terrified of what it would take to properly protect himself – the vaccine.

At 17, Joel has spent a lifetime in and out of hospital battling asthma, pneumonia and numerous allergies so serious that a mere touch could trigger a dangerous reaction. Dairy, eggs, tree nuts, peanuts, grass, trees, dog, cats – the list of allergies is long.

The Corunna teen carries three EpiPens with him at all times, and mom Carrie has had to administer the injection 13 times over the years.

As a youngster, Joel had a severe reaction to a flu shot and, two years ago, he landed in hospital with an allergic reaction to a virus. The actual source of both reactions has not been determined.

“So, when it came to COVID-19, we couldn’t take any chances,” said Carrie. “We went into lockdown. With Joel’s asthma and a possible allergic reaction to the virus itself, we couldn’t risk it.”

For his safety, Joel, as well as his two brothers, stopped attending school in March 2020 and didn’t return for the rest of the school year. But when the vaccine became available, new fears arose.

“We don’t take chances when it comes to any kind of shot,” says Carrie. “And yet we knew the COVID-19 vaccine was essential for Joel. He wanted to get the shot but it had to be done carefully and safely.”

The Allergy Clinic at St. Joseph’s Hospital has answered that call – for Joel and many others. For patients with potential allergies to the COVID-19 vaccine, the clinic is one of few in the province seeing patients who require consultation with a clinical allergist/immunologist.

“We are giving injections to patients who may be allergic to a component of the vaccine or have reacted to the first vaccine dosing,” explains Dr. Harold Kim, Medical Director of St. Joseph’s Allergy and Immunology Program. “Anyone with a suspected allergy to the vaccine is assessed to decide whether we would give it in our clinic or if they can receive it in a normal vaccination clinic.”

At St. Joseph’s, patients receive the COVID-19 vaccine in small and gradually larger doses over a period of time and are monitored closely for signs of reaction. By the end of their visit, they will have received the full dose.

In December 2020, Toni Ritchie, 58, had a severe anaphylactic reaction to an antibiotic but it was unclear which ingredient caused it. It was the first such episode she had experienced and there was a chance it may have been triggered by a non-medicinal component that is also present in the mRNA COVID-19 vaccines. It was determined that Toni was a good candidate for the clinic at St. Joseph’s Hospital.

“There are a lot of people with allergy concerns who are holding back on getting the COVID-19 vaccine and they may not need to hold back. This clinic is a game changer.”

“If there was a chance I would crash again, I wanted to do it in a hospital where there was full medical support and a thoughtful, challenge-based protocol in place to minimize the risk.”

For Toni, who must keep on top of her asthma and has had autoimmune irregularities, vaccination to protect against COVID-19 was vital. On July 7, she received the first dose of the Moderna vaccine in four separate amounts during which her oxygen levels, blood pressure and other indicators were monitored. She had no reaction and it was determined she could safely receive her second dose in her community. It too was uneventful.

“I think it’s a sensational initiative,” says Toni of the clinic. “There are a lot of people with allergy concerns who are holding back on getting the COVID-19 vaccine and they may not need to hold back. This clinic is a game changer.”

Dr. Kim agrees. Without the clinic’s cautious approach, many patients would not be getting the vaccine due to fear of a reaction, he says. “We have also likely prevented severe reactions with the protocol used at our clinic.”

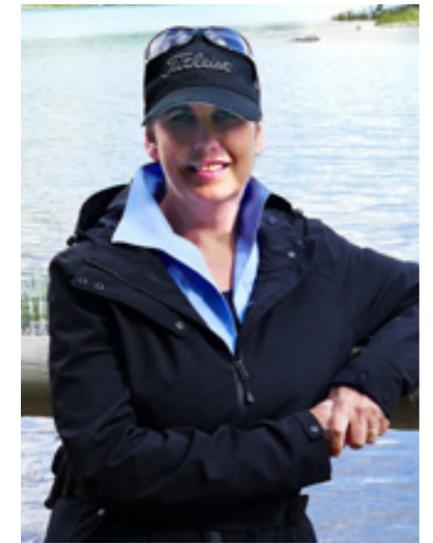
Joel also received the first dose of the vaccine in segments at St. Joseph’s Hospital without any issue.

He received his second dose in one shot at the clinic on Aug. 4, and now looks forward to resuming a more normal life – attending school, playing hockey and getting a part time job.

“It’s a big sigh of relief for me,” says Joel about being able to safely receive the vaccine. “It has been scary thinking about what the outcome would be if I got COVID-19 and if I could never receive the vaccine.”

The clinic has been an equally positive experience for staff, says nurse Christina Attard-Kennel.

“Many of us were redeployed to assessment centres at the start of COVID-19 and we talked about the hope for a vaccine. We are now part of helping patients receive it and are seeing the burden of the pandemic lifting. We have come full circle. It’s very satisfying.”



Toni Ritchie was a good candidate to receive the COVID-19 vaccine at the Allergy Clinic at St. Joseph’s Hospital in London because of a severe anaphylactic reaction she experienced with an antibiotic.



Joel McLaughlin receives the second dose of the COVID-19 vaccine from nurse Christina Attard-Kennel at St. Joseph’s Hospital in London, one of few centres in the province providing the vaccine to individuals with a potential allergy to a component of the vaccine.

FINDING COMFORT IN THE FLAME

In November — Diabetes Awareness Month — Canada and the world will mark 100 years since the development of insulin, a discovery with deep connections in London.

It was at 442 Adelaide St. North where Dr. Frederick Banting, a surgeon and professor at Western University, woke up at 2 am with the idea that led to the discovery. Since 1984, the house has been a museum dedicated to Banting's revelation. It is here that the Flame of Hope was ignited and continues to burn, only to be extinguished when a cure to diabetes is found.

The anniversary of insulin is particularly momentous for St. Joseph's Health Care London, the primary regional centre for diabetes care and education in Southwestern Ontario with an illustrious legacy of diabetes research and clinical trials. For thousands of St. Joseph's patients, insulin has made a life-saving difference, but for one patient, Bob Seneshen, the Flame of Hope has extra special meaning.

Thirty-two years ago, the Flame of Hope at London's Banting House was lit for the first as a beacon to those living with diabetes that a cure is only a matter of time. It was kindled by The Honourable Judge John M. Seneshen, the driving force behind the flame's creation.

Among those who find comfort in that eternal flame is Bob Seneshen — the late judge's son and motivation. In 2015, Bob was among those receiving the St. Joseph's Health Care London's Diabetes Half Century Award having lived well with diabetes for 50 years. Each receives a print of London's Banting House and a special medal to commemorate their achievement. Both gifts feature the Banting House Flame of Hope. It's most fitting that Bob would become a recipient.

"My dad would be absolutely pleased, but then he would say we still need to work toward a cure," says Bob.

"My parents were very supportive. I never heard 'you can't do that'. They were concerned and caring but made a conscious decision to let me live a normal life."

Diagnosed at age 13, Bob never thought he would live past 30. No one actually told him that, but as an avid reader he did his own research and assumed he would not live a long life. When a friend with diabetes died at age 19, it added

credence to Bob's ominous theory. But it didn't stop him. He was a downhill skier, a scout, lifeguard, took up martial arts in adulthood and has his black belt.

"My parents were very supportive. I never heard 'you can't do that'. They were concerned and caring but made a conscious decision to let me live a normal life."

The only barrier Bob experienced was the police service, which, at the time, didn't allow people with diabetes to enter the force. Bob's eyesight also met a failing grade.

"I wanted to become a police officer. My father and grandfather were police officers. It was a disappointment but not a huge thing. That's the way it was."

He became a businessman and later a Justice of the Peace, following, after all, in the footsteps of Judge Seneshen, who was passionate about developing Banting House as a museum. Bob jokes that Banting House and the flame "was all about me."

While he wishes a cure was closer for the next generation of those with diabetes, Bob is pleased with his success at living with the condition. He thanks his parents, physicians and wife Linda — "you have to be patient to be the wife of a diabetic" — for helping him do so.



In 2015, Bob Seneshen, third from left, was among the recipients of the Diabetes Half Century Award presented annually by St. Joseph's Health Care London to patients who have reached 50 years of living with diabetes. As partners in their care and participants in research, award recipients are celebrated for their contributions to great strides in diabetes care and education, for their commitment to their health, and as role models for others.



Banting House in London Ontario displays the Flame of Hope.



YOU CAN MAKE AN IMPACT TODAY

To mark the 100th anniversary of the development of insulin, St. Joseph's Health Care London, Lawson Health Research Institute, Western University and London Health Sciences Centre came together to share the stories, dedication and remarkable contributions to diabetes research and care by London's scientists, care providers and the patients who inspire them.

Visit:
londonresearchandcarepartners.com

11 MILLION

Canadians are living with diabetes or prediabetes.



EVERY 3 MINUTES someone in Canada is diagnosed with diabetes.



Compared to the general population, Canadians with diabetes are more likely to be hospitalized

3X more with cardiovascular disease.
12X more with end-stage renal disease.
20X more for a non-traumatic lower limb amputation.

42%

increase in type 1 and type 2 diabetes rates since 2009 in Ontario.



DIABETES is the leading cause of blindness.



This automated medication dispenser is one of many smart technologies explored during a year-long study by Lawson Health Research Institute. The tool can be incorporated into a 'smart home' to help those living with severe mental illness be more independent.

A SMART SOLUTION FOR SEAMLESS CARE

Lawson Health Research Institute is discovering how smart technology can serve those living with a mental illness.

A research team from Lawson Health Research Institute (Lawson) has announced promising results from a one-of-a-kind demonstration study that evaluated the use of smart technologies in the home for people with severe mental illness.

“Our Smart Homes solution is for people who are having difficulty managing their everyday life and need a high level of care to maintain community living,” says Dr. Cheryl Forchuk, Assistant Scientific Director at Lawson and project lead for Smart Home Community Model Phase.

“More and more, smart technologies like phone applications or virtual care are being used for mental health care.”

After prototyping this approach within a hospital setting at St. Joseph’s Health Care London, the research team outfitted affordable housing units at Canadian Mental Health Association (CMHA) Elgin-Middlesex and London and Middlesex Community Housing (LMCH) with smart home technology.

There were 13 participants as part of this project phase, each with different living situations such as individual apartments, group homes or family homes.

The most common mental health conditions among the participants were anxiety, mood and psychotic disorders, with many also suffering from chronic pain that make activities of daily life more difficult.

“More and more, smart technologies like phone applications or virtual care are being used for mental health care,” explains Dr. Forchuk. “A smart home solution like the one we have tested could be considered a higher dose of technology, offered to clients with higher needs. The right dose for one may not work for another – the technological solutions used should vary depending on the individual.”

“The complement of smart technology in our Supportive Independent Living Program has proven to improve the quality of life of participants by reducing the use of emergency services and fostering learning opportunities for independent living skills.”

Each study participant chose from a wide range of tools that would best meet their individual needs, with all but one participant selecting more than one tool. Devices such as smartphones and touch-screen monitors connect with applications to provide video-conferencing, questionnaires, prompts and reminders based on the person’s care plan. The participants also had access to automated medication dispensers and smart health monitoring devices for tracking heart rate, activity and sleep.

“All of the data is viewable by both the client and health care provider, allowing for more seamless care and identification of issues earlier on,” adds Dr. Forchuk.

The study found that visits to a health or social service provider and the emergency department decreased, as did the need for home visits from a provider. Telephone appointments increased and communication between the client and provider were enhanced. Almost 80 per cent of the participants felt that the technologies improved their health care overall.

When medication dispensers were used, no medication doses were missed. Participants also said they were better able to track their own health and were more motivated to lead healthier lives.

Additionally, higher levels of community integration and a greater sense of independence were reported, including a greater ability to remain connected with friends and family during the pandemic.

“The complement of smart technology in our Supportive Independent Living Program has proven to improve the quality of life of participants by reducing the use of emergency services and fostering learning opportunities for independent living skills,” says Nedrita Shemshedini, Manager of Supportive Independent Living at CMHA Elgin-Middlesex. “In a large-scale rollout, this model could improve wellbeing and empower persons to better manage their care.”

The research team hopes this work will help inform the integration of smart technology more fully into mental health care delivery.

The community model phase of the Smart Homes project was generously funded by the Canada Mortgage and Housing Corporation.



“Our Smart Homes solution is for people who are having difficulty managing their everyday life and need a high level of care to maintain community living”

— DR. CHERYL FORCHUK, ASSISTANT SCIENTIFIC DIRECTOR, LAWSON HEALTH RESEARCH INSTITUTE AND PROJECT LEAD FOR SMART HOME COMMUNITY MODEL PHASE

“We see smart technology supporting more seamless communication between health care providers and the client,” says Dr. Cheryl Forchuk, Assistant Scientific Director at Lawson Health Research Institute and project lead for Smart Home Community Model Phase.

SMALL TEAM, BIG IMPACT

St. Joseph's mobile vaccination team ensured those living in group homes and other facilities did not miss out on the COVID-19 vaccine.

A small but mighty team at St. Joseph's stepped out of their comfort zone and onto the frontlines to ensure vulnerable individuals in the community received COVID-19 vaccinations. This trio of staff members, called the COVID Response and Stabilization Team (CRST), volunteered their time administering the vaccine in London area group homes and other facilities.

Originally formed in January 2021 to act as emergency support to local long-term care facilities and retirement homes, this team was trained and ready to step in should the need arise.

However, due in large part to the successful vaccination of the vast majority of long-term care and retirement home residents and staff, they were never deployed.

Still wanting to provide meaningful support, the CRST team members – clinical nurse specialist Michelle Fredette Carragher and administrative professionals Joanna Teixeira and Brett Elliot – shifted their focus to the mobile vaccination efforts of the Middlesex-London Health Unit. Omer Vandevyvere, Coordinator of St. Joseph's Operational Stress Injury Clinic, provided leadership and support for the team. Deployed in April on a part-time basis, they were assigned to London and region's mental health and developmental sector group homes.

"It was a humbling experience for all of us," says Michelle, who administered the COVID-19 vaccines as part of this voluntary team effort. "It was meaningful to see staff step up to help ease the burden of this pandemic and rise to challenges. It's a big part of the St. Joseph's spirit."

Residents of more than 20 homes in the area received their vaccinations through the initiative – a powerful tool in preventing the spread of COVID-19 in these vulnerable, congregate living settings.

"Some people may have been given their first dose in a hospital setting and were then transferred into a long-term care facility. We went into these long-term care homes and provided the vaccine to those who may have missed their second dose upon being transferred to a new facility. We looked for these gaps to ensure no one was missed," says Michelle.

"They were like walking angels and were so kind to me and my kids."

Also part of this work, the team went into the homes of individuals with mental health challenges who might otherwise fall through the cracks.

"It was the relief on family member's faces that really hit home," says Michelle. "Some of the people we provided vaccines to have dual diagnosis mental health and developmental challenges who are too unwell to go into a larger vaccination clinic or where going would provoke too much anxiety and stress for that particular individual. We met people where they were and went to them."

Joanna, who was responsible for registering individuals into the tracking system, agrees that the work was an eye-opening experience.



Mother of three Liora Barak is grateful to have had St. Joseph's mobile vaccination team come to her home. One of her children has autism and lives with anxiety, which would have made going to a large assessment centre for a COVID-19 vaccine difficult.

"Every week, I was amazed by the hard work of the staff who work in long-term care and retirement facilities and the incredible challenges many staff and patients face throughout this pandemic. It was an amazing experience," says Joanna.

Liora Barak and her family were grateful to have received a COVID-19 vaccine in their own home from members of the CRST team.

"They were like walking angels and were so kind to me and my kids," says Liora who has three teenage children.

"My children have high levels of anxiety with needles, especially my child with autism. Going into a large assessment centre to receive the vaccine was very anxiety provoking," explain Liora. "The team came into my home, held my son's hand and took their time to make sure everyone was comfortable and safe. It made a big difference to me and my family and we all got a little emotional about it. It was such a sense of relief."

The team wrapped up their efforts during the summer months and feel humbled to have been part of such a meaningful trio.

"I loved being part of this team," says Brett. "It was a chance to step out of my comfort zone and do something to help vulnerable people in our community."

The team found themselves relying on each other for support and building a bond they never anticipated.

"Joanna and Brett were the heart and soul of this team," says Michelle. "They not only did all the organizing, but they often went with me into the homes of community members. They held their hands, they talked to them with such compassion, and supported me too. It's a service leadership mentality that inspires me every day – if there is a need, we will serve the public as best we can."



Joanna Teixeira, left, Michelle Fredette Carragher and Brett Elliot volunteered their time this past year as part of St. Joseph's mobile vaccination team to help ensure the most vulnerable in the community had access to crucial COVID-19 vaccines.



Michael Kan, second from right, credits his rehabilitation care team at St. Joseph's Parkwood Institute for helping him get back on his feet after a near-death bout of COVID-19, which caused a stroke. They include Dr. Steven Macaluso, left, physiotherapist Rajender Rajender, speech pathologist Nadia Torrieri, and physiotherapist assistant Ryan Dungavell.

THE STEEPEST SLOPE

Michael Kan's life was forever changed when he suffered a debilitating stroke soon after contracting COVID-19, but he was able to reclaim independence and mobility with the help of Parkwood Institute's rehabilitation team.

An early riser, Michael Kan went about his typical morning fitness routine on Mar. 29, 2020, like any other day. It began with a run, weight-lifting and other high-intensity training exercises. As a natural athlete, runner, skier and outdoor enthusiast, Michael was in impeccable shape, but when he finished his workout that particular morning he suddenly found himself struggling to catch his breath.

"I knew something was wrong," says Michael. "I do a lot of high-intensity training and I had never felt like that before."

Michael called his daughter, who called an ambulance – and his life-altering ordeal began.

At London Health Sciences Centre, Michael was told that he had tested positive for COVID-19. He was placed on a ventilator and put into a medically-induced coma for almost seven weeks. Fighting for his life in the intensive care unit, Michael suffered a devastating stroke that would leave him unable to walk or speak clearly.

"I never thought I would get that sick," says Michael. "I almost died. I didn't think this would ever happen to me."

In early June, Michael was released from acute care and began rehabilitation at St. Joseph's Parkwood Institute. There, as an inpatient in the Stroke/Neurological Rehabilitation Program, he benefited from the highly

specialized team of occupational therapists, physiotherapists, social workers, speech-language pathologists and other health care professionals who work with patients to achieve their rehabilitation goals and potential.

"When I arrived at Parkwood Institute I couldn't walk and I was on a feeding tube," recalls Michael. "I remember needing assistance to get out of my hospital bed and into my wheelchair just so that I could look out a window. It was a dark time."

Despite the challenges ahead, Michael kept his spirits up by tapping into his competitive nature and challenging himself with a renewed sense of determination.

"I had to learn how to walk again," he explains. "Walking down stairs for the first time was a big milestone for me. When I looked down at them, I felt like I was at the top of a ski mountain again. It was a great sense of accomplishment."

"I still have goals that I want to reach and more work to do, but I am grateful for everyone who has helped me get this far."

Michael continues to work on improving his overall mobility. He is now able to live independently in his home, cook his own meals and has recently passed a driver's assessment test. He's working on his golf swing with the hope of returning to the sport he loves, and aspires to even get back on the powdery ski slopes at Whistler Mountain.



Stroke survivor Michael Kan, left, remained determined throughout his recovery journey to regain his strength with the help of St. Joseph's physiotherapist assistant Ryan Dungavell and physiotherapist Rajender Rajender.



Michael Kan, middle, runs on a treadmill with the guidance of his physiotherapists Rajender Rajender (left) and Ryan Dungavell as part of his stroke rehabilitation recovery to improve his strength, mobility and balance.

"It's scary to all of a sudden have your independence taken from you," reflects Michael. "I still have goals that I want to reach and more work to do, but I am grateful for everyone who has helped me get this far. The rehabilitation team at Parkwood Institute is truly amazing. I don't think I could have asked for better care. They wanted me to succeed."

During this past summer, Michael focused on simple pleasures he no longer takes for granted.

"I couldn't wait to just sit on my balcony with my family on a nice summer night talking about everything and nothing," he says smiling. "Those simple things in life now mean so much to me."



my ST. JOSEPH'S

St. Joseph's Health Care London provides care through a 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
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Southwest Centre
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Teams, clinics and programs in our
community and beyond.

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