



# In the *community*

A newsletter for the community surrounding St. Joseph's Health Centre

JUNE 2010

## St. Joseph's Enhances Patient Safety through use of the Surgical Safety Checklist

St. Joseph's Health Centre is now using a Surgical Safety Checklist in all of our operating rooms as part of our corporate commitment to patient safety and quality. The checklist provides a list of the most common tasks and items that operating room teams carry out in the perioperative period. Data collected from the Surgical Safety Checklist will be publicly reported on our website as one of our patient safety indicators as well as on the Ministry of Health and Long-Term Care's website starting in July.

"The premise for the checklist is that it will not only be used as a safety precaution, but also as a communication tool to allow discussions to take place in three different phases during surgery," said Kara Digenis, Project Manager, Perioperative Services at St. Joseph's. "The checklist is designed to have three phases, and we refer to these phases in our safety checklist as Planning, Time Out and Debriefing."

The checklist provides the opportunity for everyone to stop and discuss important information regarding the patient and procedure. It guides the surgical team members – nursing, surgery and anaesthesia - in verifying all information to ensure they are performing the right procedure on the right patient. "It is there to start a conversation, to encourage communication between the

team members that are involved in that patient's care. Research has shown that lack of communication is one of the highest forms of errors and that most errors would be preventable if the (proper) communication had occurred," explains Digenis.

"Prior to the new formal surgical safety checklist in place now, we certainly had a verification process on the identity of the patient and check in process all along the way (throughout the surgery). We also had the surgical pause (time-out) where the team could ask a multitude of questions," said Sue Bell, Patient Care Manager. "The biggest changes now are that we've added in the other two phases (Planning and Debriefing phases), there is involvement from the patient (in the Planning phase) and all three disciplines are involved in the checks, all at the same time. Each person brings their own perspective and information that they have about the patient, and through the checklist, it gives everyone the opportunity to bring any questions or concerns forward," she said.

A key highlight to the implementation of the checklist is having the patients involved in the process, explains Digenis. "We've talked to patients about it because the first part of the process, the Planning phase, is done when the patient is awake and the whole team is



*The use of the checklist has been in place in all SJHC operating rooms since March 2010.*

around the patient, talking with them. When it's explained to them what we are doing, as a safety precaution, many have said that they appreciate the process and the fact that everyone knows "what side it is (they are operating on)", and that everyone has verified

*see Checklist, page 2*

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and validated the procedure. It is important for patients to know that they can expect this process and to be involved when they come here for surgery.”

“The operating room environment can be quite hectic. The checklist ensures that everyone can take a pause in time to gain a clear understanding of what the overall plan is for any given patient. As an anaesthetist, I gain reassurance from knowing that we're all on the

same page,” said Dr. Peter Menikefs, Chief of Anaesthesia.

Bell also notes that the implementation of the list can have a tremendous impact on our corporate Quality Strategy because it incorporates best practices we need to adhere to with regards to surgical site infections and ensuring that we can provide safe and efficient surgical care to our patients. “This is a great initiative that helps build

the patient's confidence in our systems and processes, so that they know their safety and care is our priority.”

“Since we have implemented the checklist, I am amazed how it seems like such common sense and helps to create a sense of teamwork in our operating rooms. Definitely the best patient safety initiative I have seen in a long time,” said Dr. Lloyd Smith, Chief of Surgery.

## eCare Update

*by Dr. Paul Sullivan, Physician Lead for eCare*

St. Joseph's Health Centre has continued to move forward with our eCare strategy and this past spring, we completed Phase 1 of our eCare program of work, having put in place all of the necessary background work and technological updates to prepare us to move into Phase 2.

Phase 1 ended with the launch of our Single Sign On project, which went remarkably well, allowing our clinicians to work more efficiently by getting rid of multiple passwords needed for the many applications they access throughout their day.

Now in Phase 2, our primary focus will be on the Computer Order Entry piece, which will have a greater impact on our clinicians and end users, both in the context of development and testing. Our Emergency Department is setting the course to change their electronic systems to prepare for the Computer Order Entry component and a limited amount of clinical documentation will be implemented to facilitate this work - lessons learned from this will also help give us a glimpse into Phase 3, where clinical documentation will be the key project.

Critical to our success in this Phase is involvement from our physicians, specifically in the area of order set/care pathway development. We will be asking for their involvement to transform documentation to electronic formats, engage them for their input and feedback throughout the development process to ensure that a universal and standardized format can be utilized – that best meets their needs to support the delivery of high quality and safe care for our patients. To facilitate physician engagement, our Physician End User Advisory Group has been developed, including representation from all disciplines across the hospital.



They will act as a 'go-to' group for significant issues that arise where physician representation and input is needed in resolving these issues.

Structural changes have also taken place to get us ready for this Phase - our previous Clinical Informatics Committee has been disbanded and replaced by our Clinical Informatics Operations Committee, and our eCare Executive Steering Committee has also been revamped. In our eCare strategy, our mandate outlines a review of all our committees to ensure we are aligned appropriately with the work that needs to be done for each phase.

As we move towards our eCare vision to deliver a comprehensive electronic health record for our patients by 2013, our eCare success relies on the involvement and engagement of all our physicians, staff and clinicians so that our systems are developed to help support you in Putting Patients First by providing the safest care.

The October issue of *In the Community* will provide further information on the progress of Phase 2.

## New Technology Helps Provide Faster Results for Patients

St. Joseph's Health Centre continues to enhance the quality care that we provide to our patients with the installation of a new, state-of-the-art machine for assessing bone quantity. The new machine, called the Hologic Discovery W, measures a patient's bone mineral density (BMD) using dual energy x-ray absorptiometry (DXA).

With this latest technology, everything is digital, explains Lisa Hicks, Charge Technologist. "With the previous machine, the reports given to the radiologists were paper-based, but now the scans are available immediately on our PACS system for reporting," she said. "Having the test available digitally is a definite benefit because it provides a faster work flow for the technologists and radiologists, getting the results to the physicians quickly and efficiently."

For each patient, the results of all the previous BMDs are stored in the new machine, allowing the most recent test to be compared to the previous ones. With this useful information, the doctor treating the patient can decide if the patient needs to start treatment for osteoporosis or if the current treatment is beneficial.

Individuals who should have their bone density measured include:

- Women aged 65 and older
- Perimenopausal and postmenopausal women with risk factors for fracture
- Men age 70 and older
- Men under age 70 with risk factors for fracture (i.e. family history, previous fracture)
- Adults with a fragility fracture (a fracture that occurs spontaneously or following a minor trauma such as falling from standing height or sitting position)
- Adults with a disease or taking medications associated with low bone mass or bone loss
- Anyone being considered for pharmacological treatment for osteoporosis and anyone being treated for osteoporosis to monitor their treatment

Hicks adds that having this new technology at St. Joseph's serves our community by ensuring that individuals have access to state-of-the-art medical care close to home, at their community hospital. Physicians in our community can refer patients for DXA at St. Joseph's by faxing Diagnostic Imaging at 416-530-6060.

## Quality and Patient Safety

At St. Joseph's Health Centre, we have a saying that "patient safety is everyone's responsibility" and we are committed to Putting Patients First by providing the safest care.

Why is quality care and safety important to all of us at St. Joseph's? As a community teaching hospital serving the diverse communities of south west Toronto, our patients and their families rely on us each and every day to provide safe, quality care.

As part of our corporate Quality Strategy, there are many initiatives in place that guide us to ensure we can deliver on providing safe, quality care. To help engage our patients and families and educate the public on how we are doing, we have revamped the Patient Safety section of our website. While we have been using our website to report on our patient safety rates for several years now, the new and improved section provides:

- More detailed information on what our patient safety rates mean
- 'Quick polls' so we can get feedback from visitors to determine if this information is useful and help us to improve where we need to
- Web videos of our staff, physicians and volunteers talking about how each department is contributing to our Quality Strategy

Visit [www.stjoe.on.ca](http://www.stjoe.on.ca) to learn more about Quality and Patient Safety at St. Joseph's.

## **SJHC New Appointments** from January 2010 to April 2010

### **Department of Anaesthesia**

- Dr. Richard Ahn

### **Department of Family & Community Medicine**

- Ms. Donna Evans, Registered Nurse in the Extended Class  
- Ms. Corinne Hare, Midwife  
- Ms. Safire Naranjo, Midwife

### **Department of Medicine**

- Dr. Girish Bajaj - Service of Internal Medicine

- Dr. Anita Dunn - Service of Nephrology  
- Dr. Kanan Gutgutia - Service of Internal Medicine  
- Dr. Aamir Haider - Service of Dermatology  
- Dr. Marica Varga – (I) Head of Service, Geriatrics

### **Department of Obstetrics & Gynaecology**

- Dr. Clarissa Bambao

## Toronto Central LHIN Update: Developing a LHIN-wide Language Services Model to Provide Equitable, Accessible Health Care Services

by Rick Edwards, Director, Community Engagement and Urban Health

In 2007, the Toronto Central LHIN (TCLHIN) Board identified and communicated to health service providers (HSPs) that health equity is a priority for the TCLHIN. To that end, all TCLHIN hospitals were required to submit Health Equity Plans describing their respective communities, their programs and their leading practices contributing to equitable health outcomes in those communities, as well as gaps that need to be addressed. The report on the 2008/09 Hospital Health Equity Plans was publicly released to stakeholders online in Fall 2009, and is available at [www.torontoevaluation.ca/tclhin/index.html](http://www.torontoevaluation.ca/tclhin/index.html).

Hospitals identified a wide range of issues and opportunities, but greater capacity for and standardization of language and interpretation services were among the main recommendations. In September, the LHIN announced that it would fund the development of a LHIN-wide model to expand language services. The Hospital for Sick Children – the lead organization – and a number of hospitals and community agencies joined forces to develop a model of collaborative language service provision. St. Joseph's has been a primary partner in the development of the language services model.

As part of the model development project, a survey was conducted of language services provided by HSPs in the TCLHIN. As might be expected, services provided range from on-site employee interpreters, to mixed on-site and freelance, to telephone



interpretation, to none whatsoever – with the latter in the majority. Given the compelling international evidence on the barrier to service access represented by language and the risks of using family and/or untrained interpreters, the survey reinforced the need for quality language services across TCLHIN HSPs.

The draft model proposes coordinated, integrated delivery of language services and dissemination of translated materials/education modules across TCLHIN HSPs. The model recommends standards, policies and standardized training and education in the provision of language services, expanding the use of technology (telephone and/or video interpretation where possible), and the sharing of language human resources. A report on the model development process and the proposed model is being prepared for submission to the TCLHIN in May.

In its second Integrated Health Services Plan, the TCLHIN describes health equity as critical to transforming the health care system. Through the development of a LHIN-wide language services model for HSPs, the TCLHIN aims to ensure everyone in the LHIN has access to health services that reflect individual needs and circumstances.

*In the Community* will continue to monitor and report on the progress of the LHIN-wide language services model. For more information on TCLHIN language services planning and St. Joseph's involvement in it, please contact Rick Edwards, Director, Community Engagement and Urban Health at [edwarr@stjoe.on.ca](mailto:edwarr@stjoe.on.ca) or by phone at 416-530-6486 ext. 4323.

# Service Access for Everyone (SAFE)

by the Community Engagement & Urban Health Department

We all know people that we love and care for - family, friends, peers and patients – who are living with a disability.

Fran Elliott-Streeter is a person with a disability that at times requires her to use a mobile device and service dog. She is a service user at St. Joseph's Health Centre and has been a past volunteer at the hospital. She has many experiences of what it is like to live with a disability, and her message to health care providers is simple: "In my life I have to wait and depend on others for so many things such as transportation. Therefore opportunities to assert my independence are vital to me, and can be something as small as a health care provider being patient and really listening to what I have to say. Don't assume, don't make decisions for me because of what you see, consult with me, the whole person."

In an effort to support individuals with disabilities, like Fran, with their goal to lead as independent a life as possible, the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*, was passed by the Ontario legislature. The Act allows the government to develop specific standards of accessibility and to enforce them. They provide the details to help meet the goal of the AODA. The purpose of the accessibility standards is to move organizations in Ontario forward on accessibility.

The AODA legislation requires public sector organizations, like hospitals, to be more accessible to people with disabilities in five key areas:

1. Accessible customer service;
2. Accessible information;
3. Accessible communications;
4. Accessible built environment; and
5. Employment accessibility.

St. Joseph's, like other designated public sector organizations, had to comply with the accessible customer service standards by January 1, 2010. Standards in the other key areas will be rolled out over the next number of years, so that Ontario is fully accessible to people with disabilities by 2025.

At the corporate level, St. Joseph's Health Centre is committed to:

- Providing person-centred Service Access For Everyone (SAFE) in an equitable and inclusive manner. In alignment with our organizational philosophy of care and Values we respect the uniqueness of every individual and the diversity of the communities we serve.
- St. Joseph's provides a physical and social environment that supports the public's right to full access to all of our programs using an integrated service approach. Services are delivered in a manner that respects human dignity and maximizes independence, inclusively and participatory decision-making.
- The Health Centre also supports equitable access to services through establishing procedures to anticipate service access needs and to identify and eliminate service access barriers.

At the individual level each of us can provide person-centred Safe Access For Everyone. In practical terms, this means interacting with persons with disabilities (with all persons, in fact!) in respectful ways:

- Speak directly to the person whenever possible and position yourself to achieve eye contact as appropriate.
- Listen to the person and offer to



*Fran and Megan at St. Joseph's.*

assist and communicate, where possible, in a manner that is identified by the person as most beneficial and appropriate.

- If you are not sure what to do 'just ask'. The person will let you know how best to provide service in a way that works for them.
- Be patient, supportive and courteous.
- Respect their dignity and independence.
- Honour those occasions when a person chooses to decline assistance.

In the fall 2010, the Health Centre will be hosting focus groups to hear from service users regarding their accessibility experiences at St. Joseph's and any recommendations for improvements. Please feel free to contact AnnMarie Marcolin, Manager, Community Engagement and Urban Health at 416-530-6000 ext. 3224 or at [marcoa@stjoe.on.ca](mailto:marcoa@stjoe.on.ca) for further information on the focus groups and other accessibility initiatives that the hospital has implemented. Visit [AccessON.ca](http://AccessON.ca) for more information about the AODA.

## General Paediatric Consultation Clinic Helps Children Excel and Realize their Potential

Imagine being in a foreign language class and you are the only student who doesn't know how to speak the language. You would become very frustrated because you wouldn't understand a thing that was happening around you. The way you interact with your teacher and fellow learners would be negatively impacted, and eventually, keeping up to the rest of the class would seem impossible.

That level of frustration is what most children are feeling when they come to the General Paediatric Consultation Clinic at St. Joseph's, says Dr. Eddy Lau, Chief of Paediatrics. Each year, the Clinic sees approximately 3,500 school-aged children who have been referred to us for learning, behaviour or developmental issues.

"A lot of children can have difficulties at school, and when they have these difficulties it could be because of a learning disability, Attention Deficit Hyperactive Disorder (ADHD), other genetic, congenital disorders or neurological concerns. There is a difference between each of these conditions and each warrants a different type of investigation and management," said Dr. Lau. "So it is the paediatrician's job (in the Clinic) to sort out what the main and real concern is for the child."

This outpatient clinic is part of the full compliment of paediatric services that St. Joseph's provides as a Regional Paediatric Centre to the families living in Toronto's west end. Today, there are long waiting lists for children who are experiencing problems in school that are associated with these types of learning disabilities and conditions, and these issues can be difficult and time consuming to diagnose and treat. "There is evidence that children with Attention Deficit Hyperactive Disorder do better when treated in specialized clinics than they do receiving routine,

community care. Our Clinic helps to provide this important type of care for these children closer to home," said Dr. Mark Feldman, a paediatrician at St. Joseph's.

Children suffering from ADHD make up the largest patient population he treats in the Clinic. "It is a genetic condition that leads to difficulty with sustained attention, distractibility, difficulty completing tasks and can lead to social difficulties for kids. They are also more accident prone," said Dr. Feldman. "ADHD is a life-long, chronic condition, and on average is usually picked up in Grade 1 or 2, but can be picked up earlier or later in a child's life. Treating children in the Clinic with ADHD is really about improving their quality of life – socially, academically, developmentally and emotionally."

### GETTING TO THE ROOT OF THE PROBLEM IS KEY

When a child is referred to the Clinic, Dr. Feldman typically spends an hour with the family to observe and discuss what the issues are concerning the child. If ADHD is suspected, he will ask the family to come back with all of their child's report cards from Junior Kindergarten to the current date, and the Clinic will also send the SNAP rating scale (which is a measure of the child's attention span) to the school for the teacher to fill out. Additional information from the school regarding the child's development or behavioural concerns is also requested for review at the next appointment.

If the problem is severe enough that it is impairing the child's life, and the paediatrician can't find another explanation for the inattention based on all of the information collected through the parents, the school and medical examinations, then medication can be prescribed for the child. However, Dr. Feldman says along with proper

medication, educational and behavioural modifications can also be effective, such as remediation, reductions in distractions whenever possible, making school work more interesting, 'chunking' school work to smaller bits and positive reinforcement behaviour modifications.

Children with ADHD are often thought of by others to be 'lazy' and 'dumb', with the assumption that if they just tried a little bit harder or if they had more discipline at home they wouldn't have these problems. But this simply isn't true. "Going hand-in-hand with the treatment of a child with ADHD is the educational component for parents and de-mystifying false assumptions about the condition," said Dr. Feldman. "Relieving them of the guilt they feel is important because they are often told that using medicine for a 'school problem' is the wrong thing to do, but yet they feel if they don't intervene (this way) then they are depriving their children of potentially helpful treatment. So if you can educate and present good evidence to the parents, they feel a lot better about the intervention. Then they can see their child blossom."

According to Dr. Feldman, about one in 20 children have ADHD. This is as common as the number of children who suffer from asthma, another common chronic condition. "But the quality of life for children with untreated ADHD is reported to be worse than those of kids with untreated asthma. Why? Because kids with asthma are just excluded from sports; children with ADHD are excluded from everything because they suffer from so many issues."

With the proper management of their condition, these children can excel in their social lives and at school by dramatically increasing their grades and overall quality of life.

## Staff Improve Work Environment and Enhance Patient Care through Releasing Time to Care<sup>®</sup> Initiative

The Releasing Time to Care<sup>®</sup> (RTC<sup>®</sup>) initiative was launched at St. Joseph's Health Centre last November and has made a definite impact in Putting our Patients First.

This program was developed by the National Health Service Institute for Innovation and Improvement in England and is designed to improve quality in patient care. The intent of the program is to free up more time for staff to be with patients. This is achieved through staff leadership, provision of time, tools, and support for staff to improve unit processes and their environment, and highly visible real time information about patient safety outcomes which provides meaningful data for staff to make practice decisions.

The success seen to date on the RTC<sup>®</sup> pilot unit (4East, one of our medicine inpatient units) at St. Joseph's is due to the fact that it is a staff-led initiative, explains Lynne Strathern, Improvement Advisor for Releasing Time to Care<sup>®</sup>. "Because it is staff-led it just has so much more traction. These are the people that live and work in that environment everyday and they are the ones who must develop the solutions."

The program works by enabling staff to see their work processes and their environment with fresh eyes, so that they can identify and implement improvement ideas in their work area. It allows for staff to have the time away from patient care to really concentrate on identifying issues, develop potential solutions and work with other departments in order to make things happen to create a more efficient work environment – and ultimately free up more time to be with patients.

RTC<sup>®</sup> is broken into a series of modules for wards to implement – there are three foundational modules and eight process modules. "The three foundational modules are the basis upon which everything else rests, so that when these are completed, staff choose which process module to start working on. Staff are given the opportunity to lead or co-lead the modules," explained Strathern.

To start, 4E unit staff chose to focus on reorganizing the team unit station. "This is a small, cramped space that can

have up to 20 people in there at any given time - there was no space for staff to work efficiently," explained Strathern. "Shelves, countertops and desks were very cluttered and workflow was definitely not optimal. Staff led the revitalization of this station, talked to their colleagues and came up with ideas to make their space functional. If you go onto the unit now, there is a sense of calm because you have a chance to sit down and work in an environment that is conducive to collaboration and learning. And it is really important for staff to have this atmosphere."

By making the environment more favourable to the work that staff have to do, then they are more available to spend time with patients.

"4E was your typical hospital ward - unorganized and overcrowded. RTC<sup>®</sup> has transformed the ward into an efficient work place that is actually pleasant to be in. I expect that it will lead to more enhanced and safer care for patients," said Dr. Greg Sue-A-Quan.

Releasing Time to Care<sup>®</sup> also provides staff with real-time data regarding patient safety outcomes. Information is communicated on a display board on the unit that tracks information such as patient falls and hospital acquired infections. 4E chose to focus on the prevention of nosocomial pressure ulcers, since they know this has the greatest negative impact for their patients. Releasing Time to Care<sup>®</sup> has allowed staff to make great strides in how they are identifying patients that are at risk, consistently implementing preventative interventions and communicating with other staff about what's happening with those patients. As a result of Releasing Time to Care<sup>®</sup>, there is immediate, visible data for staff, to know what is happening across the unit. This is one initiative that will help us to achieve our corporate commitment of Putting Patients First by providing the safest care - and the work of RTC<sup>®</sup> pilot ward on nosocomial pressure ulcers is directly tied to this corporate goal.

During the last few months, Releasing Time to Care<sup>®</sup> has expanded to three additional inpatient units at St. Joseph's.

### PILOT UNIT: KEY SUCCESSSES OF RELEASING TIME TO CARE<sup>®</sup>

- ✓ Staff leadership
- ✓ Specific action plans in place to minimize patient safety events
- ✓ Development of environment and processes that work for staff, rather than staff working around their environment and processes
- ✓ Having real-time data in staff hands - clearly displayed - so staff and patients know at any given time what is happening on the unit
- ✓ The visibility and support of members of the Senior Leadership Team and their engagement on the unit is key to this initiative through visits, asking questions, etc.

## Arthritis Management Conference – An Interprofessional Perspective

On **Saturday, September 25, 2010**, SJHC will host 'Arthritis Management - An Interprofessional Perspective'. This half day conference is designed as a continuing education opportunity for family physicians, specialists and members of the health disciplines. The conference focus is on prevention and management of various forms of arthritis, with an emphasis on upper and lower extremities.

Keynote Speaker, Dr. Heather McDonald-Blumer, Program Director of the Division of Rheumatology and Core Internal Medicine Program Director (University of Toronto), will discuss key issues that family physicians need to know about patients with rheumatological diseases.

Three guest speakers will highlight best practice information on arthritis care from interprofessional perspectives.

Speakers are from medicine and the rehabilitation sciences.

- **Dr. Arthur Karasik (Rheumatologist)** will discuss an approach to diagnosing and treating inflammatory arthritis.
- **Marie Eason Klatt/Sue Ellis (Occupational Therapists)** will look at evidence-based orthotic intervention for the arthritic hand.

- **Florinda Coelho (Physiotherapist)** will consider the physiotherapy management of inflammatory arthritis.

Attendees will also have the opportunity to select and attend **one** of the following four concurrent workshops:

1. 'Clinical Decision Making and Intervention for the Arthritic Hand' (Occupational Therapy Facilitator)
2. 'Rheumatology: Physical Examination of Hand & Foot' (Rheumatology Facilitator)
3. 'Orthopedics: Physical Examination of the Knee & Shoulder' (Orthopedic Facilitator)
4. 'Low Back Pain: Diagnosis or Symptom? A Physiotherapy Perspective' (Physiotherapy Facilitator)

There is no cost to attend this conference, as it is industry sponsored with an unrestricted educational grant. However, we do ask that you register no later than September 3rd for our catering purposes as a hot lunch and refreshments will be provided.

To register, please email [warfoy@stjoe.on.ca](mailto:warfoy@stjoe.on.ca) with your name, discipline, phone number, and your concurrent workshop selection. Every effort will be made to give you your first choice. If no choice is provided, you will be placed in an available workshop.

## SJHC Foundation: Events Update

by Aurelia Kay and Tanya Lorenc, SJHC Foundation

**The Duffer's Invitational** is one of the oldest charity golf tournaments in Canada. Founded by Jack Lonergan, Ed Fidani, the late Ray Ferracutti, and John Boccia in the summer of 1955, it is now the signature social gathering of the golfing season and a highlight of the year in the GTA! St. Joseph's Health Centre Foundation is proud to be the beneficiary of the Duffer's Invitational Golf Tournament. This year's tournament is especially significant as we honour one of the founding members Ray Ferracutti. The goal this year is to raise over \$30,000 towards a new haemodialysis machine for the Health Centre, in memory of Mr. Ferracutti.

The 55th Duffers Invitational will be held on Tuesday, July 13th at Caledon Woods located just north of Bolton. To find out how you could be apart of this tremendous event please check out our website at [www.theduffersinvitational.com](http://www.theduffersinvitational.com)

**The 8th Annual St. Joseph's Health Centre Fall Classic** will take place on Monday, September 20th, and for the first time, this event will be held at the prestigious Islington Golf Club. The 18-hole, par 72 golf course was designed by renowned golf architect Stanley Thompson and is a partner for the 2010 RBC Canadian Open. Funds raised at this event will go towards the Neonatal Intensive Care Unit in the new Our Lady of Mercy patient care wing. To register, please visit our website at [www.foundation.stjoe.on.ca](http://www.foundation.stjoe.on.ca)



*In the Community* is published by St. Joseph's Health Centre for family physicians, community partners and agencies in our catchment area. Please share this issue of *In the Community* with a friend or colleague who also maintains a special interest in developments at St. Joseph's.

For comments or questions regarding this issue, or if you would like to contribute to a future issue, please contact the editor, Michelle Tadique, Communications Associate, Corporate Communications & Public Affairs, via e-mail at [tadiqm@stjoe.on.ca](mailto:tadiqm@stjoe.on.ca)

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