



# In the *community*

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

FEBRUARY 2010

## eCare Update

by Dr. Paul Sullivan, Physician Lead for eCare

Since my last update in the October 2009 issue of *In the Community*, St. Joseph's has continued to move forward with our eHealth program of work, which will see us implementing and delivering a comprehensive electronic health record for our patients by 2013.

One significant change we made with respect to our eHealth strategy was renaming it "eCare". While our program of work towards implementing a fully electronic health record for our patients is fully aligned with the provincial strategy and mandate, we are now using the eCare name because this provides a better representation of the patient focused component of our strategy. In addition, we've also established "weCare" as our tagline, which also speaks to what this is really all about - and that is providing the best and safest patient care. Renaming our strategy was also important because it now gives it a life of its own, engaging our staff and physicians to really take ownership to be involved in the success of eCare.

We have now wrapped with Phase 1 of our eCare strategy, which has enabled us to set the foundation that we need to bring us to the future state we are aiming for. We worked to review, upgrade and improve our existing systems, educating our physicians and

staff to see what these various systems can do to support our goal of implementing a comprehensive electronic health record. While much of Phase 1 focused on the more technical aspects of eCare, with not much change yet on the clinical side, a number of projects are now up and running, with one highlight being that our Just for Kids Clinic is now operating with full electronic clinical documentation.

We are now into the new year and moving into Phase 2, where consultation, partnership and collaboration with our key eCare stakeholders continues to move our strategy forward. Physician engagement will be paramount and a key area of focus in this Phase. The next 'big ticket' item in our eCare strategy will be to establish our internal advisory groups, who will work together for the next few years to bring our eCare program of work to reality.

A number of advisory groups will be started, with one consisting of our physicians, as well as our nursing and interprofessional groups, to engage them in the computer order entry component of eCare. To prepare our physician group, we continue with presentations led by our eCare Project Office to provide them with an overview and enlisting their involvement with the order entry piece of the strategy. We also continue to work with physicians to review certain aspects of Sunrise



Clinical Manager that have been under utilized by physicians to engage them and give them a glimpse of the future potential of what this will all mean. And lastly, we will be looking for further opportunities where our physicians can provide their feedback on a number of systems and modules that will be needed as part of implementing our eCare program of work, especially when we are addressing the computer order entry aspect of the strategy.

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# Innovation in Minimally Invasive Thoracic Surgery at St. Joseph's

With the arrival of Dr. Maurice Blitz to St. Joseph's Thoracic Surgery service last July, he brought with him the skills and expertise to provide Video Assisted Thoracic Surgery (VATS), a form of minimally invasive surgery (MIS) to treat patients suffering from lung and esophageal cancer, as well as other diseases of the chest.

St. Joseph's Health Centre provides a complete range of thoracic surgical procedures through our Surgery and Oncology program. "The majority of the work we do here at St. Joe's is cancer related, but we also treat benign diseases of the lung, diaphragm, esophagus and stomach, reflux disease, as well as hyperhydrosis," explains Dr. Blitz. "Most hospitals across the country do minimally invasive surgical approaches to benign esophageal diseases and for routine procedures. The biggest change for St. Joseph's is that we can now provide more advanced MIS approaches for benign diseases in the esophagus, as well as perform VATS for entire esophagectomies, which is still uncommon in the province," he said.

In regards to lung cancer surgery, VATS is new here at St. Joseph's as well as in the province. "With my arrival to St. Joseph's, I also helped to train and educate our other thoracic surgeons on how to perform lobectomies through minimally invasive surgery," said Dr. Blitz. Prior to him joining St. Joseph's, only minor procedures such as wedge resections and biopsies were being conducted through VATS, but now we can provide this innovative

approach for both minor surgery and major life-saving cancer surgeries, he said.

The proper surgery to treat lung cancer patients is to remove the lobe, tumour and associated lymph nodes, explained Dr. Blitz. "The traditional way to do this surgery requires a large incision and spreading the ribs with a large chest retractor. This causes a lot of pain and post-operative difficulties for the patient, both short-term and long-term."

*In regards to lung cancer surgery, VATS is new here at St. Joseph's, as well as in the province.*

"Now we can do many of these surgeries without the large incision or rib-spreading, through smaller incisions, using cameras. It is very important that we can still provide the same (lung) cancer surgeries as we did before but in a way that is less painful for patients, that reduces their stay in hospital, and gets them back to everyday life," said Dr. Blitz.

St. Joseph's conducts approximately 200 lobectomies for lung cancer each year. "We are certainly a high volume centre for this, and we will be able to

conduct more surgeries and treat more patients now that VATS is routinely being done here," he said.

Providing lung cancer surgery via VATS is significant to St. Joseph's for a number of reasons. "First and foremost is that it is important to our patients. I think they get the best, most up-to-date treatment that they can for what is a very difficult disease. As a local community teaching hospital, we are able to get patients seen and processed through their treatment, including leading up to (surgery) and post-operative treatment (i.e. chemotherapy) if needed, more quickly and more efficiently," said Dr. Blitz.

"From a teaching perspective, it's great for the residents and fellows that we have training here so they can get exposure to these techniques and learn them as well. Although we are a community hospital, we have all of the benefits and attributes of a tertiary centre."

For physicians in the community who currently have questions about and/or are treating patients with either malignant or benign diseases of the chest such as lung or esophageal cancer, reflux, diaphragmatic and paraesophageal hernias, hyperhydrosis, or any other disease of the lungs, airways, esophagus, or diaphragm, Dr. Blitz can be reached at 416-530-6182.

Referrals can be faxed directly to his office at 416-530-6620 where they will be seen in an expedient manner.

Dr. Blitz attended university and medical school in Vancouver at UBC from 1990 to 1999. He completed his residency in general surgery at Edmonton's University of Alberta and Masters in Clinical Epidemiology in 2006. He moved onto Calgary where he completed his fellowship in Thoracic Surgery from 2006 to 2008, followed by a further fellowship in major thoracic oncology as well as MIS thoracic surgery, which he completed in 2009.



*eCare - continued from page 1*

Our success relies heavily on involving all of our key stakeholders in the process as soon as possible. Where our physicians are concerned, we need involvement and active participation in all stages of our eCare strategy in order to deliver on our eCare promise. Physician engagement with respect to the computer order entry piece is key to the success of our eCare program of work because this is a large component of our strategy that will directly impact the way we do things. In our current state, physician orders are either handwritten or provided verbally, with a clinician then being responsible for entering the information onto the system. Moving this part of our work to a fully electronic platform means that we will be responsible for entering orders, so ultimately a change in our day-to-day

activities. eCare will bring about a change in technology, a change in our culture and the way we do things - but it will also put the necessary safeguards in place that a paper-based workflow does not provide. But I am confident that this will be a welcomed change because again, eCare is all about what we can do to improve the way we provide care, to ensure we are providing the best and safest care for our patients and their families.

We need to continue to view eCare as only a good thing, as a way that change and innovation will enhance health care delivery at St. Joseph's.

Read our next issue of *In the Community* coming in June for further updates on how we are progressing with Phase 2 of our eCare strategy.

## Ongoing Education and Teaching is Vital in Putting our Patients First at St. Joseph's

*Dr. Jerry M. Maniate MD, M.Ed, FRCPC - Oncologist and Physician Educator, Assistant Professor, Faculty of Medicine, University of Toronto Service of Hematology, Department of Medicine, SJHC*

At St. Joseph's there is a collision of two separate yet intertwining worlds. The world of health care delivery, as evidenced by the patients who present themselves for acute and chronic care, and the world of health professional education, as evidenced by the hundreds of trainees that come through our doors to gain the valuable clinical experience they need to complete their training. And because of this, we need to ensure that St. Joseph's creates and sustains an environment that holds teaching and education as a key priority in order for us to achieve our Vision to be

Canada's Best Community Teaching Hospital.

Having an environment of teaching and learning allows us to expose our health professional learners to a more accurate representation of "real life" clinical care which is becoming even more so now, team-based, intraprofessional and interprofessional. This exposure provides a practical demonstration of the critical link between collaboration and education that is most likely to occur in an environment that fosters respect, collegiality, intellectual curiosity and team-work.

Just as change is a key descriptor of health care delivery, health professional education also demonstrates that it is a dynamic domain - one where there's not only a growing amount of work being done to explore and understand the theories that underpin what and how we teach, but also to understand how learners learn. As we examine health care delivery one quickly realizes that it is not a static domain - we have countless examples of the tremendous speed through which our health care

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## SJHC New Appointments from September to October 2009

### Department of Anaesthesia

- Dr. Peter Menikefs - Chief of Anaesthesia

### Department of Emergency Medicine

- Dr. Sammy Sue

### Department of Family & Community Medicine

- Dr. Hashini Bandaranayake
- Dr. Farzana Haq
- Dr. Benjamin Kaasa
- Dr. Jennifer Kane
- Dr. Erin Kraftcheck
- Dr. Navika Limaye
- Dr. Karine Meador
- Dr. Kiara Smith
- Dr. Priya Sood

### Department of Laboratory Medicine

- Dr. Asghar Naqvi

### Department of Medicine

- Dr. Anjali Anselm - Service of Cardiology
- Dr. Oksana Batejko - Service of Internal Medicine
- Dr. Lukasz Drzymala - Service of Cardiology
- Dr. Tony Mazzulli - Service of Infectious Diseases
- Dr. Dylan Pillai - Service of Infectious Diseases
- Dr. Harpreet Upneja - Service of Internal Medicine
- Dr. David Black - Clinical Assistant
- Dr. Jonathan Stein - Head of Service, Rheumatology

### Department of Paediatrics

- Dr. Alexander Barron
- Dr. Tania Samanta

### Department of Psychiatry

- Dr. Jose Silveira - Chief of Psychiatry

### Department of Surgery

- Dr. Megumi Iizuka - Service of Ophthalmology
- Dr. Graham Roche-Nagle - Service of Vascular Surgery
- Dr. Rick Fox - Head of Service, Otolaryngology

# Patient Safety Week 2009 - Collaborating with the Community

by Nadine Agard, Lisa O'Drowsky, Rick Edwards and AnnMarie Marcolin

As a community teaching hospital, we are committed to Enhancing the Health of the Communities we Serve and during Patient Safety Week, we could not think of a better way to demonstrate this than by reaching out to our community in the form of a Patient Safety Fair.

The Patient Safety and Community Engagement teams in conjunction with St. Joseph's Interpreter Services department, Urban Family Health Team, May Robinson Tenant representatives, and the Toronto Community Housing Corporation worked collaboratively to celebrate Patient Safety Week at West Lodge, an apartment building within the Parkdale community that provides housing for seniors living with limited income and often faced with other social challenges.

The afternoon was spent providing information and talking with the seniors about hand hygiene, falls prevention, medication information, and safety tips. We chose these topics because we know that they are low cost measures/behaviours that could be adopted by the community residents to help keep them healthy. We also shared information on the services offered at St. Joseph's Health Centre and other community agencies geared towards seniors.



*St. Joseph's aimed to promote Patient Safety Week 2009 with residents at West Lodge an apartment building in Parkdale that provides housing for seniors that face a number of challenges and have limited income.*

Through this initiative, we wanted to demonstrate that Patient Safety Week is not solely about the inpatients or outpatients at the hospital, but that it can also extend out into the community. We believe that educating our community will have a direct impact on admission rates, as people become better equipped to manage their health needs and know how to prevent harms such as acquiring infections and falls.

## **RESPECTING THE DIVERSITY IN OUR SURROUNDING NEIGHBOURHOODS**

One of our primary learnings in implementing effective and useful community engagement is respecting the diversity of the folks that live in our surrounding neighbourhoods. We quickly learned that at West Lodge, English is the second language for most of the building's residents, and that Chinese, Mandarin and Portuguese are the main languages spoken. At St. Joseph's, we are fortunate to have an onsite interpreter service, which assisted with translation during the event.

By reaching out to the community with health promotion and prevention, we believe that we truly help to enhance the health of our community members. It is hoped that alliances such as these will continue as we try to ensure that our community members receive health information, which in turn will assist them in prevention, and hopefully reduce the number of hospital visits.

Patient Safety Week 2009 was a great opportunity for us to meet with members of the community in an effort to truly understand their needs.

Any community agency and/or service provider interested in exploring community engagement activities with St. Joseph's Health Centre is encouraged to contact Rick Edwards, Director, Community Engagement and Urban Health at [edwarr@stjoe.on.ca](mailto:edwarr@stjoe.on.ca) or by calling 416-530-6000 ext. 4323.

## Update on Toronto Central LHIN Integrated Health Services Plan

by Rick Edwards, Director, Community Engagement and Urban Health

On April 1, 2007, the Toronto Central LHIN, with the 13 other LHINs across the province, assumed full responsibility for funding, planning and integrating health care services at the local level. Every three years the LHINs are required to develop a new plan for improving their local health care systems. Remarkably enough, the LHINs' first three years have passed, and with that, the Toronto Central LHIN's first Integrated Health Services Plan (IHSP) for Toronto concludes this year.

The Toronto Central LHIN's second plan, IHSP-2, builds on the progress made to improve local health care since 2007. It consolidates long-term goals for health care in Toronto Central and defines action plans and deliverables for the next three years, 2010/11 through 2012/13.

The Toronto Central LHIN priorities must be aligned with those of the Ministry of Health and Long-Term Care; they must also address urgent needs and improve the health of people in the LHIN. Over the next three years, the Toronto Central LHIN will take action in five key areas that meet these criteria, while having the potential to make a difference for a large number of people in the LHIN and also catalyze broader, system-wide transformation:

1. Reduce Emergency Department (ED) wait times
2. Reduce Alternative Level of Care (ALC) days
3. Improve access to services and outcomes for people with diabetes
4. Improve access to services and outcomes for people with mental illness and/or addictions
5. Enhance value and affordability of health care services.

The IHSP-2 describes the main initiatives and actions to serve each priority, but they all rest on a core assumption that the challenges faced by the system today and in the future will not be addressed by the responses of individual health care organizations alone. Rather, realizing the priorities requires a system-wide strategy that increases integration and alignment and increases the value the system delivers to the people it serves. Hence the title of the IHSP-2: *Delivering High-Value Local Health Care through Collaborative Action*.

More information on the priorities and initiatives of the IHSP-2 is available at [http://www.torontocentrallhin.on.ca/Form.aspx?ekfrm=2470&ekmense=e2f22c9a\\_72\\_204\\_btnlink](http://www.torontocentrallhin.on.ca/Form.aspx?ekfrm=2470&ekmense=e2f22c9a_72_204_btnlink).

*In the Community* will continue to monitor and report on the IHSP-2 as it unfolds over the next three years.

## St. Joseph's Reduces Consult Times in the Emergency Department

To ensure patients coming to our Emergency Department (ED) receive timely care and access to medical physicians for specialized consultations, St. Joseph's implemented an initiative in the ED last fall to reduce the time it takes from when patients are triaged to when their consult is completed by two hours.

"St. Joseph's decided to implement this project because consult times have increased over the last year," said David Golding, Manager of Access Services. "This was identified

as a project with high impact, but very hard to do," he said. "We operate one of the busiest ED's in the city - seeing over 86,000 patients annually. Many of the patients we see in the ED will come in with some type of condition that will require a medical physician to assess the patient and consult (on their care)," he said.

"At the start of the project, the average time from triage to consult completed was 10.39 hours. Through this project, we were actually able to reduce that time by 128 minutes," explained Golding.



Success in this project was achieved by doing a number of things, explained Golding. "Two project leads were identified, an ED physician as well as a medical physician, and we had the assistance of improvement advisors. Essentially, we worked to 'get eyes on the process' - we put a

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# Excellence at St. Joseph's

The following list showcases St. Joseph's Health Centre's interprofessional staff who have been recognized for professional achievements:

## **SJHC BEST CLINICAL TEACHER AWARDS 2009**

- Dr. Stephen Lee - Anaesthesia
- Dr. Michael Falcioni - Emergency Medicine
- Dr. Natascha Crispino - Family Medicine
- Dr. Farah Moid - Laboratory Medicine
- Dr. Dominic Lehnert - Medicine
- Dr. Nick Leyland - Obstetrics and Gynaecology
- Dr. Mark Feldman - Paediatrics
- Dr. David Gotlib - Psychiatry
- Dr. Paul Sullivan - Surgery

## **SJHC BEST SCIENTIFIC ABSTRACT AT SJHC CLINICAL DAY 2009**

- Abby Langer and Vinay Phokeo

## **SJHC EXCELLENCE IN NURSING PRACTICE AWARDS 2009**

- Alma Small
- Teresa Garbowski
- Gabriella Herr
- Pat Pollard
- Jenny Poon
- Overall Winner: Maeve McNally

## **SJHC AWARD OF DISTINCTION FOR NURSING PRECEPTORSHIP 2009**

- Daisykutty Jacob

## **SJHC LORI'S LEGACY FUND AWARDS FOR NURSING EXCELLENCE IN CANCER CARE 2009**

- Gilda Arvizu
- Hannah Feruelo
- Anne Dillon

## **SJHC DEPARTMENT OF SURGERY AWARDS 2008/2009**

- Dr. Tom Harmantas - Ernie Spratt Award for Resident Teaching, Service of General Surgery
- Dr. Amr ElMaraghy - Award for Resident Teaching, Service of Orthopaedic Surgery
- Dr. Craig Fielding - Award for Resident Teaching, Service of Plastic Surgery
- Dr. Umesh Jain - Award for Resident Teaching, Service of Urology
- Dr. Andres Gantous - Award for Resident Teaching, Service of Otolaryngology

## **HUMBER COLLEGE - 2008/2009 Award of Excellence for Education and Preceptorship**

- SJHC Occupational Therapy Assistant and Physiotherapy Assistant Groups

## **2009 UNIVERSITY OF TORONTO/MICHENER INSTITUTE**

- Clinical Supervisor Award, Medical Radiation Sciences Program
- Rhonda Gannon

## **2008/2009 UNIVERSITY OF TORONTO AWARDS**

- 1) Department of Emergency Medicine
  - Dr. Richard Kim, Undergraduate Education Teaching Award
- 2) Department of Family and Community Medicine (DFCM) Awards
  - Dr. Daphne Williams - Annual Faculty Award for Excellence in Leadership
  - Valerie Johnson - Undergraduate Teaching Awards - Interprofessional Health Teaching
  - Dr. Michael Olah - Undergraduate Teaching Awards - Award for Teaching in the Family Medicine Clerkship (Community-Based)

## **DFCM Post-Graduate Achievement Awards Residents:**

- Dr. Farzana Haq - Teaching Excellence
  - Dr. Larisa Hausmanis - Advocacy for Patients
  - Dr. Kiara Smith - Advocacy for Patients
- 3) Department of Paediatrics
    - Dr. Mark Feldman (runner up) - Lionel Weinstein Award: Undergraduate Paediatrics Teaching
    - Dr. Eddy Lau - Community Paediatrics Postgraduate Teaching Award
  - 4) Department of Physical Therapy
    - Kinny Quan-Velanoski - Recognition in the categories of Clinical Instructor and Small Group Facilitators
  - 5) Department of Surgery
    - Dr. Yaron Shargall - Bruce Tovee Award, Department of Surgery, Undergraduate Teaching

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nurse in the ED as an observer for three days, looking and understanding exactly what's happening with each, individual patient, to understand the gaps and the opportunities."

LEAN methodology was used to redesign the process so patients requiring consultations would be identified early and consultations could be completed in a more timely fashion. Reviewing the completion of the consult referral forms as well as improving the notification process also made all the difference in this project, added Golding.

"The success of this project is a significant step because it ensures that our patients will get the appropriate care they need in the appropriate place, as quickly as possible, and not have to wait in the ED any longer than they need to," said Dr. Greg Sue-A-Quan, the medical physician

lead for this project.

"One of things that will help sustain these results is the creation of an additional General Medicine Unit for further availability of a medical physician to be present in the ED at all times, as well as improving the utilization of the Medical Urgent Care Clinic," said Golding. "(Through this Clinic) we can treat patients that would be admitted pending further diagnostic tests - but instead of admitting them, if they can be seen within 24 to 48 hours in a clinic, they can go home and come back for follow up, therefore avoiding an increase in admissions," he said.

Further opportunities to use these methods for referrals to other specialists are also being explored as well as the implementation and use of pre-printed orders.

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*Education, continued from page 3*

system adapts, adopts and creates innovative solutions to address new and evolving challenges in the field.

One way for St. Joseph's to stay innovative and address challenges in the health care field is to enhance our leadership role in health professional education, not only within the University of Toronto but also nationally. Community-based education is a relatively new focus for the University of Toronto, albeit one that has had a long history at St. Joseph's. This new focus is also reinforced nationally at both the undergraduate and postgraduate level of medical education through the appreciation of the significant benefits that community-based education plays in the development of learners. These benefits have also been recognized by other health care professions such as pharmacy, nursing, social work, nutrition and rehabilitation sciences, who have made St. Joseph's an active learning environment.

As an organization, St. Joseph's must strive to further strengthen our environment of teaching and learning by not only supporting trainees but all health care providers in pursuing lifelong learning initiatives. Why is this important? Lifelong learning ensures that we continue to bring best practices into our clinical environment, so we can provide the safest and highest quality care for our

patients. While it is necessary that individuals remain highly motivated to pursue lifelong learning, often times one of the greatest barriers to adopting new models or practices of care are the systematic challenges, and this is where the organization must continue to ensure that decisions are made at the strategic/corporate level to put the necessary steps in place to achieve our Vision.

As health care providers, it is absolutely necessary to recognize the importance of lifelong learning, education and teaching. If we simply assume that all of the things that we've learned in our undergraduate or professional program degree is sufficient to sustain us through the rest of our career, we simply have to recall that the reality is that medicine is a dynamic field and therefore efforts to increase our knowledge, upgrade our skills and maximize on all teachable moments aren't an option, they are a 'must'.

We are all learners regardless of age, because of our professional responsibility to our patients to keep up-to-date with the rapidly changing reality of medical practice. We also have the professional obligation and responsibility to be teachers, not only with our peers and colleagues but with all our patients and their families and the next generation of health care professionals.

Originally from Winnipeg, Dr. Maniate started working at St. Joseph's in February 2009 after completing his Masters of Education at the University of Toronto. In addition to his clinical practice, he spends part of his time conducting research that examines the issue of challenges and barriers in educational change, for example in the area of professionalism and health advocacy, while also teaching Faculty Development for the University of Toronto at a number of community hospitals in Ontario.



## Briefs

### H1N1 Update

During the peak of the second wave of H1N1 across the province, St. Joseph's did see an increase of paediatric patients coming through our Emergency Department and Just for Kids Clinic. To accommodate the rise in patients, we activated a portion of our ambulatory surge capacity plan (as part of our overall pandemic plan) and extended the hours of our Just for Kids Clinic.

We maintained our response to this continued global outbreak by aligning ourselves with our Toronto Academic Health Sciences Network partners, working together to implement directions from the Ministry of Health's Important Health Notices.

When the Ministry announced a change in their immunization schedule this past fall, we began offering H1N1 immunizations to our staff, physicians, volunteers and students at the end of October. In November, St. Joseph's also agreed to assist the Ministry of Health with H1N1 immunizations by providing vaccine to our inpatient and outpatient populations.

We continue to follow our standardized infection prevention and control practices, and continue to monitor the flu activity in our communities throughout the winter months.

### Redevelopment Update

St. Joseph's is in the final redevelopment phase our new Our Lady of Mercy (OLM) patient care wing, with construction currently in the concrete forming stages.

The second floor concrete slab is complete and the second floor columns, along with the third floor concrete slab, are underway. Over the next several months, the rest of the four-floor structure and fifth floor mechanical penthouse level will be constructed. Construction will then focus on closing in the building and completing the exterior building envelope to protect the interior from the weather so that interior construction can proceed.

When it opens in 2012, the new OLM wing will provide the families of southwest Toronto with increased access to Neonatal Intensive Care, Paediatrics and birthing services closer to home.

For more information, please log onto our website at <http://www.stjoe.on.ca/about/redevelopment/index.php>.

### 2010 Foundation Events

#### February 19

*'25 Days', A Benefit for the Neonatal Intensive Care Unit*  
A show incorporating jugglers, dancers, clowns and acrobatics, organized by Alisa Walton whose son's life was saved by the NICU Team.

Tickets: General Admission - \$30, Ticket and VIP reception - \$60, available at [www.brownpapertickets.com](http://www.brownpapertickets.com) or call 1-800-838-3006, press 1

#### May 8

*Lori's Legacy Walkathon*

A fundraising walk in memory of Lori Martin who passed

away from cancer at SJHC at the age of 35. This event is in its 11<sup>th</sup> year and has successfully raised over \$1 million for cancer care at St. Joseph's. Sign your team up today at [www.lorislegacy.org](http://www.lorislegacy.org)

#### September 20

*8th Annual Fall Classic Golf Tournament*  
Islington Golf Club

Details on the Foundation website at [www.foundation.stjoe.on.ca](http://www.foundation.stjoe.on.ca)

For more information about Foundation events, please contact Aurelia Kay at 416-530-6486 ext. 3232.



*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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