



Annual Report 2010-2011

Executive Letter

It is an honour to serve as your community hospital and we hope our 2010-2011 Annual Report will help you to get to know St. Joseph's Health Centre's staff, our programs and our patients just a bit better. We are pleased to be able to share our Annual Report with you to highlight our accomplishments and unveil our exciting plans for the future of health care right here in the South West of Toronto.

While striving to achieve our Vision to be Canada's Best Community Teaching Hospital, we are grounded by our Mission and Values that are the legacy of our founding Congregation, the Sisters of St. Joseph of Toronto. The Sisters came to this community to provide care to those in need – and in 2011 we will celebrate the 90th anniversary of their commitment to providing for the health needs of our local communities. We know that the legacy of the Sisters will live on as we commit to ensuring that we continue to live our shared values of Human Dignity, Excellence, Compassion, Social Responsibility and Community of Service each and every day.

This year, we completed a new three year Strategic Plan to help guide us forward from 2011-2014 to continue to Put Patients First, Enhance the Communities We Serve, Inspire Our People, Create a Culture of Inquiry and Innovation, and Use Our Resources Wisely. In developing our plan we talked to over 1,000 staff, volunteers, physicians, partners and members of our many communities about what we need to think about in order to be successful in the next three years.

In late 2011, we will be growing again - with the opening of the new Our Lady of Mercy (OLM) Wing we will be able to better serve the growing community around us. On the grounds of the former Mercy Hospital for Incurables (later the Our Lady of Mercy Hospital) the new OLM will bring a 21st century building to house our already 21st century care. Specially designed to meet the needs of tiny babies who are experiencing a difficult start to life, sick children, children and adolescents with mental health concerns, new families, as well as adults and seniors with medical and surgical conditions, our new wing will provide a wonderful healing environment.

2010-2011 was a busy and fruitful year and 2011-2012 will be an even more exciting year for us and for the patients and the communities that we serve. We hope as you read through the Annual Report, you will learn how our accomplishments of this past year will help us to continue to deliver the services that our community needs next year and for years to come.

If you have any feedback about anything that you read in our Annual Report, please [click here](#) to let us know what you think.

Richard A. Ross, Board Chair
Carolyn Baker, President and CEO
Ted Rogovein, Chief of Staff

Our big hairy audacious goal

Keeping our patients safe is our number one priority and it takes everyone in our organization to be involved every day in providing the safest most reliable care. Our Big Aim is to keep patients safe by reducing the likelihood of experiencing an adverse event when our patients come to us for care.

Since we launched the Big Aim in April 2010, quality improvement initiatives – big and small - are underway across the organization. The whole hospital is tackling reducing C. Difficile, Falls With Injury and Hospital Acquired Pressure Ulcers. Staff and physicians are getting down to business to ensure that everyone is following best practices to prevent C. Difficile – through good hand hygiene, rigorous environmental cleaning, and the practice of Antimicrobial Stewardship (the “right drug for the right bug”). We are also making sure that we work hard to reduce the risk of injury from falls while in our care and to reduce the risk of developing a pressure ulcer while in our care.

Kathy Millar, Vice President of Quality, Safety and Performance Excellence notes that we have seen improvements: There are fewer falls with injury, an overall decrease in hospital-acquired cases of C. Difficile, and a reduction in pressure ulcers. The successes so far have been achieved through targeted programs, tracking progress, audits, and the diligent attention of staff on the front lines, management, Board members and senior leaders all working together to improve patient safety.

Our dedication to patient safety was recognized in the Ontario Hospital Association's 2010 Patient Safety Guidebook entitled, *Advancing Patient Safety Through Ideas and Innovations*. "It is satisfying to be recognized for the hard work that has gone into advancing quality and patient safety at St. Joe's and hopefully this will inspire other organizations to continue (to find innovative ways) to Put Patients First by providing the safest care," said David Golding, Manager of Access Services at St. Joseph's.

Talking about and sharing our results as an organization is a crucial step in helping us to achieve our Big Aim and we do this in several ways. Every week we post our results and talk about how well we are doing and look for opportunities to improve our performance. Every quarter our Big Aim indicators are communicated via our scorecard which helps every one of our programs and services and our Board to Know How We are Doing!

Every week, leaders in the organization “report out” on our progress towards achieving the Big Aim and other key quality indicators. This weekly report occurs at "The Wall" lead by the CEO where the Senior Leadership Team, directors, managers, physicians and staff update the organization on our progress. It provides everyone with an opportunity to hear about and celebrate our success so far and to engage the team in joint problem solving so we continue moving in the right direction.

On a daily basis, the Health Centre checks in by doing audits of environmental cleaning, hand hygiene, and reports on any and all hospital acquired cases of C. Difficile. This information is rolled out to all work areas in patient care rounds and team huddles to discuss the latest results. With all of the work we have done in the last several years using Lean tools to improve patient access and flow, engaging with staff through Executive Patient Safety Rounds to advance our culture of patient safety, and giving staff and leaders the skills they need to lead and participate in quality improvement work, we are confident our audacious Big Aim goal is achievable.

New technology provides faster results for patients

St. Joseph's continues to enhance the health of the communities that we serve through the purchase and 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.

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 Picture Archiving and Communication System for reporting," said Hicks.

"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," she added.

The digital readings help our clinicians obtain test results more quickly, which means they can provide patients with reliable, up-to-date information faster. And going digital also minimizes the need for paper-based BMD results and this helps with St. Joseph's commitment to be more accountable for the resources we use and reduce our environmental footprint.

For each patient, the results of all the previous bone mineral density tests are stored in the new machine, allowing the most recent results 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 has been 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 such as family history or a previous fracture
- * Adults with fragility fractures (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, having this new technology at St. Joseph's serves our community by ensuring individuals have access to state-of-the-art medical care close to home at their community hospital.



Patient focused and clinically informed electronic health record

Delivering a fully electronic health record for our patients is a corporate priority and one of the largest clinical projects ever undertaken at the hospital. This multimillion dollar transformation of the way that we provide care has been broken out into three phases and over the last year we have successfully finished off the foundational work in Phase I and have moved into Phase II.

“It is our patients and their families’ need for safer, timelier and better coordinated patient care that is directing all of the work that we are currently doing to improve quality at St. Joseph’s. eCare is one of the many strategic initiatives that will help us achieve our goal of Putting Patients First by providing the safest care,” said Mark Vimr, Executive Vice President of Clinical Programs and Chief Nursing Executive.

In January 2011, St. Joe’s implemented Single Sign On (SSO). With our various systems, staff may be required to log into five or six different information systems like email, clinical systems, and decision support systems. “SSO is a new technology that allows our clinicians to streamline the computer logon process and account management. Users now only have to login once to gain access to multiple applications without being prompted to login to each application,” said Elizabeth Goff, Director of Information Services at St. Joseph’s.

In areas where there are multi-users on computers, mainly in the clinical areas, their ID card can tap to input their user name, and the password is entered only once a shift. SSO is a significant “win” in our eCare strategy, because it means making systems more accessible and user friendly for our clinicians, which directly impacts patient care.

A key part of our design process for Phase II involves a structured series of working sessions called Sunrise Clinical Manager Redesign Sessions, which kicked off in October 2010 and will wrap up following the remaining two sessions in mid fall of 2011. In the 17 sessions that have taken place to date, a cross section of over 150 staff members have been brought together to collaborate in making key decisions that will redesign processes for patient care delivery and leverage the capabilities of the electronic system.

“We want to ensure our new systems are patient focused and clinically informed, and that we standardize our care practices and incorporate interprofessional practice into our workflows and systems wherever possible in order to improve patient outcomes and quality,” said Andrew Brearton, Chief of eCare and Chief Information Officer.

A system wide upgrade of Sunrise Clinical Manager (SCM) from version 4.5 to 5.5, as well as the replacement of the current Emergency Department Information System (EDIS) to the new Sunrise EDIS was one of the biggest milestones achieved in Phase II, Stage 1, helping to lay the foundation for the future work we are planning for Phase II, Stage 2.

The upgrade to SCM version 5.5 included relatively minor changes for clinicians and their daily practice, but these changes affected the entire Health Centre. “However, the emergency department replaced their software with the Sunrise Emergency Care module, so there was a big change as they adopted the new system and overall I believe the implementation went very smoothly,” said Paul Sullivan, Physician Lead for the eCare program.

One of the largest benefits of the upgrade to SCM 5.5 is that Sunrise EDIS is now available throughout the Health Centre or from home - anywhere that SCM is installed - allowing our users to flip easily between



the two applications. The new Electronic Document Management System (EDMS) was also implemented which makes the full scanned outpatient charts from the Emergency Department available within 24-48 hours of the patient being discharged from the ED. "This has not only enhanced the viewing capability of the ED chart by clinicians both in and out of hospital but has also eliminated the filing of the paper ED chart in Health Records while providing timelier access to the information," said RoseAnn Pacheco, Director, Health Records.

As we progress through Phase II, Stage 2 we continue to work towards Clinician Order Management with selected Clinical Documentation for most of the inpatient units in the Health Centre and the introduction of full Clinical Documentation for Emergency Department as well as a medication administration record within SCM. The end result will be the foundation of an Electronic Health Record (EHR) that will facilitate the delivery of safer, timelier, and more coordinated patient-centered care.

Launching the emergency neuro image transfer system

St. Joseph's is utilizing the Emergency Neuro Image Transfer System (ENITS) as part of a province wide coordinated effort so trauma patients across Ontario have access to a Neurosurgeon 24 hours a day, 7 days a week. ENITS is a centralized, online electronic health consultation system that makes remote neuro-consultations easier, faster and more accurate. Hospitals across the province send head CT scan images to ENITS where they can be accessed and reviewed by neurosurgeons, anytime, anywhere.

To highlight the completion and availability of ENITS for hospitals across Ontario, St. Joe's hosted an on-site event on March 3, 2011 with special guests including the Honourable Deb Matthews, Minister of Health and Long-Term Care; Greg A. Reed, CEO of eHealth Ontario; Dr. Michael G. Fehlings, Medical Director of the Krembil Neuroscience Centre and Head of the Spinal Program at the Toronto Western Hospital; and Dr. Steven Rhee, Emergency Physician at St. Joe's.

"This is a significant milestone for improving patient care in Ontario through eHealth. It means people right across the province will benefit from neurological specialists regardless of geography. It also means that unnecessary transfers will be avoided, sparing families needless travel, expense and worry," said Deb Matthews, Minister of Health and Long-Term Care.

What this means for patients at St. Joe's is when a patient presents in our Emergency Department with a head trauma or other neurological issue, a CT scan is ordered and sent through our Picture Archiving and Communication System to ENITS, explains St. Joe's Dr. Rhee. CritiCall is then contacted to arrange a consultation with the oncall neurosurgeon, who is able to view the CT scan via ENITS to discuss treatment options or transfer recommendations with the Emergency Department physician. Then a decision is made to keep the patient at St. Joe's or transfer them to the most appropriate alternative place for care.

"For our patients, ENITS means better and faster access to the right care at the right time and in the right place," said Carolyn Baker, President and CEO, St. Joseph's. "This investment in technology means our patients can access neurosurgical expertise in their community teaching hospital while reducing the need for unnecessary travel. The value to the patient and the system is significant."

Building genuine partnerships with our patients

We've made a commitment to Put Patients First by building genuine partnerships with our patients and their families. It's one of our strategic priorities in our 2011-2014 Strategic Plan. So last year when the provincial government passed the Excellent Care for All Act in June, 2010 requiring all Ontario hospitals to develop and post a Patient Declaration of Values (PDoV), this legislated requirement fit right in to an area that was already critical to our success.

The development of the PDoV was an extensive six month process carried out from November to April and included discussions with St. Joseph's Population Panels, direct patient interviews, online surveys, an open community focus group, and a working session with the Seniors' Advisory Committee hosted by Donna Cansfield, MPP for Etobicoke Centre. We also held a variety of specific focus groups to reach out to the communities we serve in the top five languages within our catchment area: Polish, Portuguese, Spanish, Tibetan and Ukrainian.

This invaluable feedback helped form the wording of the PDoV, which is posted around the Health Centre and on our website.

St. Joseph's patients, families and community members told us what they value, and this formed the PDoV:

- * Caring
- * Partnering with you in your care
- * Involving you and your family in your care
- * Being informed about your care
- * Quality care

By committing to these values, St. Joseph's will continue to ensure that Patient and Family-Centred Quality Care is core to the health services we provide to every patient, every time.

St. Joseph's patient Joe Blazik, who provided feedback into the development of the PDoV, said the Health Centre is demonstrating these words through actions. Joe came to the Health Centre's emergency department in February, 2011 for pain treatment from major surgeries he'd undergone eight years ago. And while he'd visited the Health Centre a year ago regarding his physical symptoms, in February his visit was coupled with emotional stress due to the ongoing pain.

"I had a break-down because of stress," said Joe. "I was skeptical of coming into the hospital because I wasn't sure how I'd be treated. I was afraid of being judged, but it was completely the opposite. I was treated with care and compassion."

After he was triaged in the Emergency Department, he saw a crisis worker and was admitted for a short-stay as an inpatient. He met with a social worker and psychiatrist to develop a short-term and long-term recovery plan. Joe did not want to be on addictive medication to manage his pain, so one aspect of the plan was a referral to an off-site pain clinic. He was an active participant in developing the right solutions specific to his situation.

"Both emotional and physical issues were addressed with a short-term and long-term plan," he said. "St. Joe's staff knew I needed the care I asked for and they gave it to me. I really wanted to get back into my routine and they realized that and helped me."



“They asked me about the best long-term solution for me,” said Joe. “The words in the Patient Declaration of Values were the structure of my short and long-term treatment.”

Releasing time to care turns 1 year old

Releasing Time to Care (RTC) celebrated its first anniversary, graduating from our 4East pilot area and expanding to every medicine and surgery unit in our hospital.

The program, which is based on a patient-centred approach to improving the quality of care that we provide to our patients and their families by helping to free up caregivers to spend more time with them, has quickly become part of our regular practice here at St. Joe’s.

In the first six months of our pilot of RTC, 4E Medicine staff found that the time they spent on direct patient care increased from 20 to 40 per cent! Nurses used that time to focus on the Health Centre’s Big Aim of reducing adverse events, including pressure ulcers by 50 per cent.

Perla Mancao, Team Leader on 4East, shared that staff on other units that are rolling out RTC have approached her to discuss the implementation. “They want to know how we came this far and what they should do. My best advice to them is to talk to the team and make decisions around what works best for your unit.”

Staff on 4East utilized RTC to reduce the number of pressure ulcers that patients develop in this unit. Through the Knowing How We are Doing module, staff on 4East tracked the number of days without a new pressure ulcer on the unit and hit a high of 46 days.

“Reducing the number of pressure ulcers really has a huge impact on not only the patients that we care for, but also for our staff on the unit. 4East chose to focus on this for all the right reasons and they are doing a fantastic job of it,” said Joe Brubaker, Patient Care Manager. “We’ve had an amazing year and have seen people step forward and be leaders in change on this unit, and for that I am so proud.”

Ideas that were developed on 4East, such as the Pressure Ulcer Prevention Tool, have been shared with additional St. Joseph’s units as well as other hospitals including Trillium, Blue Water Health and Markham Stouffville Hospital. “We’ve really cut a path through the forest for not only others in the Health Centre, but our partners in care across the province,” said St. Joe’s Brubaker.

The momentum and success of the Health Centre was recognized on a provincial level at the Centre for Healthcare Quality Improvement (CHQI), the organization that brought the RTC program developed by the National Health Service Institute for Innovation and Improvement in England here to Ontario. “The folks at CHQI have certainly been pointing to St. Joe’s as a true model for success in this program, and that is something that we all should be very proud of,” said Mark Vimr, Executive Vice President, Clinical Programs and Chief Nursing Executive.



Strategic plan puts patients first

Last year, the Health Centre completed an inclusive process of engagement with staff, physicians, volunteers, patients, their families and members of the communities we serve to develop our 2011-2014 Strategic Plan. Our plan helps us to ensure that we will achieve our Vision to be The Best Community Teaching Hospital in Canada. To develop our plan, we talked with over 1,000 staff, volunteers, partners and members of the community, and looked carefully at how our current services match the evolving needs of our communities. We also looked at other factors including current and emerging Government priorities, plans for training the next generation of physicians among other factors. We took all of this advice into a strategy retreat with our Board, Senior Leadership Team, Operations Team, Medical Advisory Committee and Medical Staff Association representatives.

We presented our draft 2011-2014 Strategy to the communities we serve, and they helped us to validate that we had our priorities right.

The Health Centre's Vision to be Canada's Best Community Teaching Hospital starts with knowing what the Best looks like. To us, the best means Providing the Best Care, Delivered by the Best People, Providing the Best Value and the Best Student Experience.

While we adjusted our strategy, we kept our Five Success Factors: Putting Patients First by ensuring that patient and family centered health care is core to the work we do every day.

Enhancing the Health of the Communities We Serve by engaging with our health care system partners, collaborating with the community to improve access to services and leveraging partnerships with the Toronto Central Local Health Integration Network to develop system wide solutions for care.

Inspiring Our People by encouraging and fostering leadership development at every level to ensure our work is grounded in our mission to provide care with respect, dignity and compassion.

Creating a Culture of Inquiry and Innovation by focusing on learning from the best and sharing our success, teaching the next generation and strengthening interprofessional development and collaboration.

Using Our Resources Wisely by being transparent and accountable for the public resources entrusted to us.

Improving the quality of life for children with Attention Deficit Hyperactivity Disorder

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 happening around you. The way you interact with your teacher and fellow learners would be negatively impacted and eventually keeping up with 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 our hospital for learning, behaviour or developmental issues.

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. These issues can be difficult and time consuming to diagnose and treat.

"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.

"There is evidence that children with Attention Deficit Hyperactivity 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. "When there is concern from the school or a parent that the difficulty with their child's development, learning or behaviour may be due to a medical problem, then they would benefit from referral to our clinic."

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. "Treating children in the clinic with ADHD is really about improving their quality of life – socially, academically, developmentally and emotionally."

If the problem is severe enough that it's 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. Dr. Feldman says along with proper medication, educational and behavioural modifications can also be effective including: remediation, reductions in distractions whenever possible, making school work more interesting, "chunking" school work to smaller bits, and positive reinforcement behaviour modifications.

"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. "So if you can educate and present good evidence to the parents, they feel a lot better about the (medical) intervention. Then they can see their child blossom."



According to Dr. Feldman, about one in 20 children have ADHD. "Children with ADHD are excluded from everything because they suffer from so many issues."

That's why getting to the root of a child's condition and behavioural problem is crucial. "I worked with a child who was abandoned by both parents and was cared for by his grandmother," said Dr. Feldman, recalling one patient's outcome that left a real impact on him personally. "He was a very difficult child, but once we treated his ADHD, he excelled socially and academically. One day as he was leaving his appointment, he came running back in to give me a hug without saying a word. These moments are the most rewarding."

Improving the quality of life for people suffering from the devastating affects of liver and pancreatic cancers

For the last nine years, St. Joseph's has helped patients with liver and pancreatic cancers through our specialized Hepatic, Pancreatic and Biliary Tract (HPB) surgery program. In the spring of 2011, we were formally recognized by Cancer Care Ontario as a provincially designated HPB site, giving us the ability to increase access to more patients who need HPB surgery.

"We have always provided this type of surgery - providing excellent care and results for our patients - and now we are one of several sites in the province recognized by Cancer Care Ontario to deliver this surgery as an area of special focus," explained Dr. Richard Hart, Surgical Oncology, Hepatobiliary and Pancreatic Surgeon, who specializes in HPB surgery and has been on staff at St. Joseph's since 2001.

He is a clinical leader in this area and was recruited to our hospital for his expertise in HPB surgery, which is a sub-specialty of general surgery. Dr. Hart performed over 50 HPB cancer surgeries in 2010 as well as a significant amount of surgeries for benign disease.

According to Cancer Care Ontario (CCO) guidelines, patients with a HPB cancer diagnosis should be operated on within 28 days from the time a decision is made to operate, targets we are committed to strictly adhering to, said Dr. Hart.

To meet the CCO standards, St. Joseph's also brought on a second HPB trained surgeon, Dr. Shiva Jayaraman, who has also undertaken extensive fellowship training in the management of hepatic and pancreatic disease, to allow us to further increase the volume of patients we treat.

As a hospital with high HPB surgical volumes combined with a formal designation from Cancer Care Ontario, "St. Joseph's can continue to respond to the needs of patients in the communities we serve and improve the quality of life for people suffering from the devastating affects of liver and pancreatic cancers," said Dr. Hart. "We are affiliated with the University of Toronto's Division of General Surgery. We have a full compliment of residents and fellows coming here to train in all facets of surgery."



Improving experience of care for seniors with complex health needs and helping them remain home longer

St. Joseph's is one of four pilot sites in Toronto adopting a new model of care for seniors with multiple and complex health care needs. This shared model of care involves health care providers from primary care, acute care, the Community Care Access Centre and community service agencies. With all the major players at the same table working together, the goal of the pilot project is to improve the overall experience of care and help people to remain at home longer.

This Integrated Client Care Project for seniors with complex needs (ICCP) pilot looks at reducing readmission rates to acute care, reducing Alternative Level of Care (ALC) days by improving patient flow, and reducing the demand for long-term care by providing enhanced support in the community.

"This pilot is really looking at a collaborative way of caring for frail seniors with complex medical, physical, cognitive and social conditions who require ongoing support, and research shows that this patient population represents as many as 70 per cent of all ALC days in the Toronto Central Local Health Integration Network," said Catherine Cotton, Administrative Program Director of Medicine, Ambulatory Care and Seniors' Health Program.

At the centre of this new model is an Intensive Case Manager who will help navigate and guide the patient's journey, giving extra support to St. Joseph's acute care teams when these patients are brought here and supporting the patient when they return to the community by helping to coordinate resources.

"We are looking at new ways to help improve patient's access to the right care, in the right place, at the right time, 100% of the time. It's the right thing to do for our patients – so they are receiving care in the most appropriate environment," said Cotton.

The year-long pilot is expected to deliver meaningful cost savings in the health care system by optimizing resources in primary care, Community Care Access Centre (CCAC), rehab and community service providers, to reduce this patient population's dependency on acute care. This shift has the potential to free up capacity needed in the health care system and facilitate patient flow to meet future demands. For patients and their families, it will help reduce the duplication, redundancy and frustration they experience when bouncing between community-based health care resources and hospitals.

At St. Joe's, 30 patients have been identified with the help of the CCAC for the pilot. The patients will be tracked for 18 months beginning February 2011, creating a foundation of information and measurements to enable greater collaboration across the system. Clinicians and physicians caring for these 30 patients at St. Joe's will benefit from improved hand-off communication from the Intensive Case Manager who will work directly with the care team and act as a bridge across the patient's care continuum.

"It is about implementing changes across the system to help close the gaps," said Cotton. "Clinicians and physicians at St. Joe's will recognize this model of care is a logical extension of the Home First strategy that we have been using for more than a year now to help keep people safely in their homes and in the community with their loved ones longer."

On cloud nine: Olenka is leading a community panel that is giving back

Olenka Popov has been a consumer survivor for more than half her young life. She was first diagnosed with mental illness 18 years ago at St. Joseph's Health Centre and has been receiving ongoing care by Dr. Devanshu Desai since then.

One of the issues Olenka has dealt with is social anxiety and peer pressure due to her diagnosis of schizophrenia when she was still in high school. "In a lot of social environments you go in and you talk to people and you tell them, 'you know I am experiencing a mental illness.' And they just shut you down," said Olenka, who is now 34. "I just tell them, 'look we are just like everybody else. We have this and we live with it.'"

Olenka is thankful for the support she has received not just from her St. Joe's doctor, but her mom who she describes as her best friend, and Gail Brown, who is a dear friend of six years.

"With the help I have gotten from everyone, I feel pretty confident. My medications have been pretty stable for the past five years," said Olenka. "I think right now with my situation having schizophrenia, at least in the last four years, it felt like I was in remission. I am learning how to deal with having hallucinations."

Olenka has been a member of St. Joe's Mental Health and Addictions Population Panel (MHAPP) since its inception in 2006, which is a source of great pride and confidence. So when the previous MHAPP co-chair retired, Olenka decided to apply for the position. The process involved a series of questions from panel members, who ended up choosing Olenka as co-chair.

"I was on cloud nine," said Olenka. "I kind of like the challenge and it also seems like I am giving back to the community." The 21-member MHAPP is comprised of St. Joe's staff, consumer survivors and family support individuals, and community agency representatives that focus on how the Health Centre can integrate with other service providers for mental health and addiction services. The panel hears from speakers, discusses inpatient admission criteria and guidelines, and finds ways for members to participate in workshops, projects and mental health awareness events.

"Everyone has their input. It goes to the panel and the panel decides what action to take," said Olenka. She has no shortage of advice for other consumer survivors. "Keep your head up. Be true to yourself. Never let anyone tell you that you are 'different'. Don't let anybody put you down. Always love yourself and educate people who want to be educated."

Becoming a senior friendly hospital

St. Joe's is senior friendly-focused and we are looking for more ways to help our teams to work together and teach each other about what senior friendly care really means. Last year St. Joe's formed a Senior Friendly Hospital Steering Committee with a focus on finding ways to provide quality care for seniors throughout their hospital experience and to support their journey through the health care system.

In 2010, seniors 65 years of age and over accounted for 18 per cent of our Emergency Department (ED) visits, with patients 65 years of age and over representing 28 per cent of inpatient admissions to the hospital. Since the ED is the first place many seniors in the community come through for care, Stella Cruz, the ED's Geriatric Emergency Management nurse said it is a perfect pilot area for the committee to develop and trial senior friendly ideas.



An environmental audit of the ED looked at a variety of key elements, like flooring, lighting, equipment, signage, hand rails, and washroom access - actually describing the physical environment as it exists now, and just how accessible it is for our elderly patients. Through the audit we realized there's a great opportunity to improve physical aspects of the environment, said Cruz. The committee partnered with our Facilities and Redevelopment Departments and Accessibility Committee to ensure any changes implemented also meet accessibility legislative requirements.

The committee will be rolling out environmental audits and education modules to all units across the hospital that will highlight physical, cognitive and social issues that staff should be aware of when caring for seniors.

"Our focus on seniors' care at St. Joseph's is a priority in our strategy to Put Patients First and Enhance the Health of the Communities We Serve, with seniors being one of the largest populations for whom we provide care," said Catherine Cotton, Administrative Program Director, Medicine, Ambulatory and Seniors' Health Program.

The development of a senior friendly health care centre goes beyond having large print signs and literature, non-glare lighting, and wheelchair accessible washrooms. "It requires a cultural shift in the way that we think, act, train, and lead the development towards becoming a more senior friendly healthcare system. Ultimately, we hope that the Senior Friendly Steering Committee helps us to continue to support our goal of becoming a leader in providing integrated care and services for the seniors in our community," she said.

Teaming up with Etobicoke Services for Seniors to educate those living with chronic diseases

People with chronic health issues face challenges every day in managing their medical conditions and maintaining their ability to complete simple, everyday tasks. When a chronic illness is left untreated or mismanaged, it can lead to a general deterioration of a person's health and well-being.

St. Joseph's has partnered and collaborated with Etobicoke Services for Seniors (ESS), to help improve the lives of people living with chronic conditions. Last fall, representatives from ESS brought a chronic disease self management program to St. Joe's. This six-week course, modeled on the Stanford Chronic Disease Self Management Program, is designed to educate adults on how they can better manage their chronic condition.

"The classes are not disease specific, but rather they will provide participants with information on a variety of health-related topics in a way that is interactive, fun and educational," said Catherine Cotton, Administrative Program Director, Medicine, Ambulatory and Seniors Health at St. Joseph's.

Lynne Parker, Director of Business Development at ESS approached St. Joseph's to host this program. "St. Joe's has a history of collaboration and cooperation in the community and is seen as a legitimate leader in the community," Parker said. "Partnerships between hospitals and community agencies can have a positive impact - if both parties collaborate towards the common goal of healthy communities, great strides can be made."

Participants in the program learned strategies to control pain, deal with fatigue and frustration, get more active, handle stress, improve nutrition and learn how to find and use community resources that can provide ongoing support. "The aim of any chronic disease management program is really to improve patient care and the patient's health outcomes, as well as their overall experience in the health system," explains St.



Joe's Cotton. "For many people suffering from a chronic condition, there is a sense of loss of control. Programs like these help to give them back some control and boost their confidence, because they have received specific education and simple tools they can use to manage their condition and lead healthy, fulfilling lives long term."

As an integral part of St. Joe's safety agenda, this new program is a natural step to promoting safe, quality care across the health care continuum. Cotton adds, "By teaching people to manage their chronic health problems and truly be a partner in their care – that is what safe and quality care is all about."

Care reaching beyond the borders of West Toronto

St. Joe's nurses are dedicated to providing reliable, quality care for our patients, and in some cases, their passion can take them beyond the borders of our catchment area.

Meet Susan Short, Sally Jakabowski and Carmela Sorbara - three nurses who have travelled to Northern Canada to do work placements. During Nursing Week they shared their experiences with their St. Joe's colleagues describing in detail the working conditions, specific problems facing First Nations people and the real need for additional nurses in Canada's North.

The theme to all three of these stories are similar: treatment centres were not like regular hospitals. In some instances, rooms in the treatment centres were used for several purposes – treating patients, storage and everything else that these tiny centres needed to provide. Carmela described a time when she was treating a patient and was interrupted because a nurse needed access to the supply cupboard. "It was not unusual for other people to walk into your room during an examination," said Carmela. "Buildings were small and space was tight, but we made the most of the situation."

Rationing was another daily aspect of the job these nurses had to cope with so they could stretch their resources as wisely as possible. The nurses said the lack of resources was often their biggest challenge. "All supplies were flown in and we didn't have oxygen pipes in the walls," said Carmela. "Once you finished your oxygen, you would have to wait until more was shipped to you."

Unlike a hospital inundated with doctors, each nurse described their job as highly autonomous. "You had to call the doctor (by phone) but for the most part, the nurses dealt with everything," said Sue. In some rare instances there was a doctor on site, allowing nurses to consult with them directly.

Sally shared a difficult story about her first working experience in Nunavut where she answered a call from a man who was contemplating suicide. She didn't have a lot of experience dealing directly with patients who were in crisis and was mostly accustomed to directing them to a psychiatrist or connecting them with other mental health supports.

"Oftentimes, (people) simply need someone to listen to them," she said. By listening to her patient, she calmed him down and was able to discuss his problems and more importantly work with him to develop multiple coping strategies for the future.

As each nurse spoke, it became more apparent how much the First Nations needs more nurses in their communities and how much value is placed on the health care services they provide. "It is important for nurses to become involved (in the community)," said Sue. "By being involved, you gain the respect of the people you're treating."



This experience allowed the nurses to use their skills to give back to other communities, extend their knowledge outside the Health Centre and then bring back the lessons learned to share with colleagues inside the organization. It's challenging but rewarding work that has clearly left lasting impressions with these three St. Joe's nurses.

Legend Awards honouring our staff's commitment to our Mission and Values

The Legend Awards, in honour of Sister Marcella Herlehy, recognizes and celebrates staff who consistently demonstrate extraordinary commitment to our Values of Human Dignity, Excellence, Compassion, Social Responsibility and Community Service. In the nominations for these awards, staff recognized and praised their peers, mentors and colleagues. Award recipients demonstrated how they work to provide the best care to patients and in doing so Inspire Our People to achieve their best. Here are our 2010-2011 Legend Award winners and quotes taken from their nominations:

EXCELLENCE – Dr. Jerry Maniate, Department of Medicine – Haematology

“I was most fortunate to have Dr. Jerry Maniate agree to serve as my mentor...He challenged me to strive for excellence in my work as an educator and demonstrated this to me in his commitment to my ongoing learning.”

“Dr. Maniate has taken on a lead role as a facilitator for the interprofessional journal club, where employees, physicians and students meet to discuss the latest and greatest articles about team collaboration...Jerry plays an important role in asking thought-provoking questions that help the group to challenge their assumptions and look for opportunities to make real life improvements in how they work with their teams.”

EXCELLENCE – Karen Bruton, Secretary, Cardio-Respiratory Services

“Karen has met almost every one of my patients as they come to the cardiology clinic or for cardiology investigations. I am astounded by how many of them have commented to me on Karen's kindness and courtesy as well as her ability to help and to make patients' experience at St. Joseph's as pleasant as possible...Patients feel like someone is advocating for them.”

“Karen is extremely warm and friendly, always kind and caring with patients, never says no – always says yes and gets things accomplished, and goes out of her way to facilitate smooth workflow in the lab.”

HUMAN DIGNITY – Michael Gowland, Social Worker, Mental Health Short Stay Unit

“Clinically, Mike is able to accomplish things with some of our patients that others have more difficulty accomplishing. His positive attitude disarms some of our patients who chronically experience disappointment and feel misunderstood...Because Mike's attitude reflects the genuine positive regard that he has for others, patients sense that they can trust his intentions.”

COMMUNITY OF SERVICE – Dayalan Thevathasan, Catering Coordinator, Nutrition Services

“Dayalan is genuine and honest in his communication. He says what he means and means what he says. He frequently has to juggle competing requests, but always comes across in a calming and reassuring



manner...I've seen Dayalan interact with many different people: physicians, front line staff, administration and external stakeholder groups. He treats everyone with the same kindness, consideration, and respect and is totally committed to ensuring that everyone has a great experience when working with him."

COMPASSION – Antoinette Krakovsky, Occupational Therapist, Outpatient Rehabilitation

"Antoinette is a caring compassionate therapist who models the healing Ministry of Christ in all her interactions with patients, family members and staff...When recently seeing a homeless patient who had not eaten that day, Antoinette ensured she was given some food while in our department and did so with the utmost discretion. The patient remarked that she 'felt like a human being again'. She sees beyond both the physical and mental challenges her patients face and provides them with the respect and dignity they so deserve."

SOCIAL RESPONSIBILITY – Eleazar Evangelista, Alfredo Lachica, Ingrid Johnson and Rajlatchmi Ramdayal, Health Care Attendants, 6M

"Over the years this team has become like an unofficial silent partner or colleague helping to identify early signs of distress in patients that are rapidly deteriorating. It is not unusual to receive a quick word or brief and informal note from one of them about someone that appears to be in pain or discomfort."

"I heard from the other side of the curtain a conversation between a patient in distress and a health care attendant... it became a deeply moving experience. The pain and fear of the patient and the calming, listening and reassurances of the health care attendant (was) so infinitely patient and caring. It was so transformative in my approach to patients and it has changed my attitude... I carry the example in my heart and it guides me to help sustain my efforts to be more present in an unconditional manner for my patients and to really care and listen from deep inside to their unspoken needs."

Supporting our physician leaders to be The Best

Physician leadership is critical to our hospital's ability to deliver on our strategy to be The Best. We rely on our physicians to take on leadership roles to participate in decision making that will help us to deliver the best care to our patients, their families and the communities that we serve.

Last year, we launched a unique leadership development program that will help our physician leaders inspire staff and help implement transformational change cross the Health Centre. This program builds on the momentum of the already successful development program that we have had in place for our Management Team for the last three years.

This first year of the physician leadership development program is focused on our current physician leaders. Dr. Wendy Thurston, Chief of Diagnostic Imaging, was in the program's first wave and said, "As a student, there was nothing in my medical school curriculum teaching me how to become a good leader. Most of us, therefore, take on these roles with no formal prior teaching. Without doubt, there is real skill and knowledge required to be an effective leader."

"Being a Medical Chief is a very challenging job and requires lots of commitment and education to try to do it well. One of the most valuable parts of this program for me was the ability to spend a fair amount of time with the other medical leaders at St. Joe's. We realized most of us face the same stressors and



challenges,” added Dr. Thurston. “We got to talk about different ideas and approaches and how to deal with our common issues together...I am working hard to be a better leader.”

Leadership development is not a one-time event – it’s a lifelong commitment. Executive Vice President Mark Vimr said “achieving transformational change requires an ongoing investment.” Our organization is committed to this as part of our corporate strategy and succession plan in recognition of the critical role leaders’ play in helping to achieve our corporate objectives. “The program provides participants with an opportunity to apply their learning to projects that will have a direct impact on improving the quality of patient care, enhancing interprofessional collaboration and teaching the next generation,” added Vimr.

The physician leadership program promotes a culture that supports physicians’ contributions to the hospital at a leadership level where they can work collaboratively with medical staff and administrators and share accountability.

St. Joseph’s new Chief of Staff Dr. Ted Rogovein went through the physician leadership program and said, “It was a wonderful opportunity for the physician leaders of St. Joe’s to discuss our hospital’s challenges and our strengths in an open, collaborative way. We learned much about our situation, but more importantly we learned much about one another.”

This comprehensive program involves best practices including personal growth, conceptual development, feedback, skills development, team building, and interactive learning with mentors and role models.

One students’ path to medical school started with volunteering

Volunteers play a crucial role in how our patients experience the care they receive by us throughout our organization. Whether it’s a welcoming smile or answering questions, our volunteers aim to support patients and their families as soon as they come through our doors.

Adrienne Elbert, a university student who has volunteered in our Emergency Department (ED) since 2008, always knew she wanted to volunteer in a hospital to observe the medical environment, interact with a variety of people and make a difference in the lives of others. For individuals who want to give their time to St. Joseph’s, we aim to provide them with a volunteer experience that’s rewarding and beneficial. For Elbert, it has helped her to prepare for the next stage of her life – medical school.

“What attracted me most to St. Joe’s was the Mission and Values and when doing my research (on where to volunteer), I wanted to give my time to a hospital where I could really contribute,” said Elbert. “Our role is really to make the patients comfortable in a non-medical way and interact with others to provide emotional support.”

As a volunteer, Elbert provides a comforting presence to patients and families who are anxiously waiting for treatment, test results, or news about a loved one in the ED. She is one of over 230 volunteers at St. Joseph’s who represents the growing number of student volunteers interested in health care related careers and seeking exposure to the health care environment to prepare them for the work force. When Elbert isn’t spending time with patients, she’s working towards her Masters degree on the genetics of learning disabilities and started a combined MD/PhD program last fall at the University of Western Ontario.

“Our Emergency Department volunteers are selected for this area because they understand the need for emotional support and the value of listening. They have strong communication skills that enhance overall



department communication and they can provide support in a non-judgmental manner that respects the Health Centre's Mission and Values," explains Maureen Ford, Manager of Volunteer Services. "Some are students interested in health care careers; some are foreign trained doctors looking for exposure to the Canadian system. Most importantly, they all care about our commitment to Put Patients First."

Adds Ford, "I was thrilled but not surprised, when Adrienne Elbert was accepted to medical school. All of my observations lead me to believe Adrienne's personal strengths and outstanding dedication will be a valuable asset to the medical profession - I look forward to following her career."

Elbert has also taken on a leadership role for this volunteer area, mentoring and training new volunteers assigned to serving in the ED. Each volunteer receives 12 hours of training prior to starting in the ED and volunteers are present seven days a week. There are 56 individuals in total giving their time to our ED patients.

"There are a lot of elderly patients that I see in the main bed area, where interaction is more about having conversations with them," said Elbert "In the waiting room, we can help alleviate some the stress the patients are feeling by the letting them know that they haven't been forgotten and that the staff are working hard to see them as quickly as possible."

Donna Hess, Patient Care Manager for the Emergency Department explains the team is so thankful to have volunteers in the department. "Volunteers play a very valuable role in the ED by helping the patients communicate their needs and liaising with our staff. They are integral members of our team, who truly aim to provide our patients with a more enjoyable experience while they are in our care."

Co-creating a culture that learns, innovates, educates, and uses new knowledge to improve care

We are excited to highlight in this section of our 2010-2011 Annual Report some of the very important initiatives we have been working on over the last year to help our entire organization work collaboratively to provide the best care to our patients.

To us, Creating a Culture of Inquiry and Innovation means co-creating a culture that learns, innovates, educates, and uses new knowledge to improve care. So we have been focusing on investing in our people through development programs to foster new leaders, creating more interprofessional collaboration, and planning a new inspiring learning environment for students and staff.

We are currently fundraising to build a new Learning Centre on site. A dedicated and recognized physical space for education will enhance the accessibility of learning materials, optimize opportunities for learners, and create an environment conducive to adult learning. The Learning Centre will be an important investment toward our Vision of being Canada's Best Community Teaching Hospital.

At St. Joseph's we focus interprofessional learning opportunities around five site specific core competencies for collaboration. These are: knowledge of roles, trust and respect, appreciating differences and conflict resolution, willingness to share power, and shared decision making. We know that when different professional groups learn together it drives teamwork when they connect at the bedside.

The Health Centre has a strong focus on team building among health care professionals throughout our organization and this is highlighted during the annual Interprofessional Education Week each fall. In addition this type of partnership among staff is something we continue to build upon every day of the year in order to Put Patients First.



In 2006, St. Joe's created point of care teams in every patient care area. These teams generate valuable discussion and collaboration about the goals for patient care, allowing the opportunity for each discipline to hear input from different professional perspectives. The Health Centre has also created an outpatient diabetes team and a tracheostomy team where staff use a collaborative interprofessional approach to focus on patient-centred care and leverage each profession's expertise.

As well over the past year, we developed an Antimicrobial Stewardship program with two lead pharmacists working with physicians and nurses to use the right drug, dosage and duration of antibiotics to treat patients with infectious diseases. These pharmacists also look externally for evidence of best practices and then educate and work collaboratively with all members of the health care team to identify the best clinical or pharmacological approach.

And St. Joe's is also sharing our expertise externally. Between 2010 to 2011 we had representatives from our interprofessional practice department lead workshops on how to develop interprofessional models of care at Bloorview Rehab and the surgery program at Women's College Hospital. These activities highlight our role within the Toronto Central LHIN as a real leader in interprofessional collaboration. We have been recognized by University of Toronto for our interprofessional education and practice, and have shared our knowledge with professionals across the city, province and country.

There is also great value in developing leaders within St. Joe's to instill our goals, Vision, Values and Mission to all staff throughout the organization. To help us develop current and future leaders, St. Joe's has expanded its leadership development program which focused on management to now include physician leaders as well. This is an opportunity to identify potential leaders within the organization and develop a succession plan years ahead of time.

The Health Centre is focused on how to further enhance learning opportunities for medical trainees, health professional students and staff to prepare them for the changing realities of the health care system. Our focus is on delivering a comprehensive, high quality, broad-based team approach to patient care.

Mark Vimr, Executive Vice President
Elizabeth McLaney, Director of Interprofessional Education and Collaboration
Michael Heffer, Chief of Staff and Director of Pharmacy and Interprofessional Practice
Jerry Maniate, Director, Medical Education



Inspiring the next generation of nurses

St. Joseph's nurses embody our hospital's Values of treating patients with dignity, compassion and respect. Geeta Jata is a shining example of a nurse who always strives to improve how she cares for patients while passing on her extensive clinical knowledge to her colleagues and pushing them to be their best.

Geeta has been a nurse at St. Joseph's for 32 years and has served as a Professional Practice Leader for nurses throughout the hospital. She's also been with the Rapid Evaluation Acute Care Team collaborating interprofessionally with colleagues in different professions throughout the organization.

"These opportunities allowed for sharing and exchanging of ideas to improve the quality of care and safety for our patients. It also allowed for acknowledging and appreciating the contribution members make to the nursing domain," said Geeta. "I try to bring the same mentoring qualities to my students, peers and colleagues. I am grateful to all the excellent nurses, physicians, managers, leaders and interprofessional team members who continue to support and encourage me to grow and learn."

One of Geeta's real passions is lifelong learning and she's always striving to learn more through continuing her education. She is close to completing her Masters in Nursing online through an Australian university. "I am doing my masters through an Australian university which gives me an international perspective on nursing as well as a local and a national perspective. It is important to recognize nursing knowledge includes having a global viewpoint," she said.

Geeta encourages her colleagues to continue their education in nursing, another field or through general knowledge courses. "I support my peers with their ongoing learning by encouraging them to participate in opportunities throughout the organization, with workshops and conferences."

She recently won an Excellence in Nursing Practice Award at St. Joseph's based on the nominations of her nursing peers. One nurse who nominated Geeta said, "She clearly practices nursing the way it was intended. Geeta's clinical expertise is not solely a reflection of the number of years she has practiced. She clearly integrates the best available evidence, is knowledgeable of her professional standards and practices them regardless of the role that she is in."

As a nursing leader, she's had the opportunity to work with nurses in all departments and help nursing students who job shadow her. "Leadership is not about directing or delegating, but about listening, being supportive, non-judgmental, passionate, being committed, open to other viewpoints and making decisions in collaboration with interprofessional members," she said.



A week of learning with, from and about each other

At St. Joseph's, we focus on interprofessional learning and development throughout the year to foster a team-based approach to patient care. We call this learning with, from and about it each other. It enhances the care we are able to provide patients and their families when teams are learning and working together and collaborating on a patient's treatment instead of doing this in silos and not communicating.

Every October we celebrate Interprofessional Education Week (IPE), a home-grown event that gives us a chance to showcase the advancements we have made towards enhancing collaborative learning opportunities for our staff, physicians and students. 2010 marked the third year for this event.

IPE Week features a series of activities including our interactive Skills Fair and IPE Speakers Forum. We also incorporate an educational component for our patients and families (those in hospital as well as the families living in our catchment area) by running a special IPE Week insert in our local newspapers.

The Skills Fair evolved out of our past Nursing Clinical Skills Fair, explains Elizabeth McLaney, Director of Interprofessional Education and collaboration at St. Joe's. "It started as an opportunity for nurses to come together and brush up on clinical skills. As the organizational focus has shifted towards interprofessional learning, we have included more and more professions and departments in showcasing their unique roles and contributions to patient care."

The Skills Fair provides a hands-on approach to learning about other professions. Each profession or department hosts a booth that includes experiential learning. Attendees can simulate video-assisted intubation with a respiratory therapist, make a splint with an occupational therapist or test their balance with a physiotherapist – which is a great way to learn.

Our chef, for example, provided samples of low sodium soup and highlighted how Nutrition Services helps patients get the right diet during their hospital stay. In 2010, the Skills Fair had over 40 booths from more than 23 different professions and departments. The last two years have seen us welcome high school students from the Toronto Catholic District School Board and nurses from the CARE Centre for Internationally Educated Nurses as guests.

Through our Speakers Forum, we are able to bring the latest news and hot topics in the world of IPE to our doorstep. Guest speakers share best practices and provide updates on the state of field. "It is also a chance for us to share local level successes and future directions with our internal audience and invited academic partners," said McLaney. At our 2010 Forum we welcomed Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division, and Maria Tassone, Director of The University of Toronto Centre for Interprofessional Education.

"Interprofessional education and collaboration are critical pieces to ensuring quality patient care," says Dr. Jerry Maniate, St. Joseph's new Director of Medical Education and an Assistant Professor at the University of Toronto.

"We can all contribute to patient care – but is it as optimal as we'd like when we do things solitarily as opposed to a team approach?" adds, Maniate, who is an Oncologist at St. Joseph's. "It is another opportunity for us to challenge thinking about IPE and continuously work to make it applicable for the other 51 weeks of the year."



Building towards a new learning centre

St. Joseph's is committed to educating our current staff as well as the next generation of health care professionals. Our Vision is to become Canada's Best Community Teaching Hospital and critical to achieving our goal is the development and building of a Learning Centre.

Although we already have an excellent education program, more space and new technology is needed to provide an optimal and centralized learning environment. Over 3,500 staff, physicians, students and trainees will benefit from real-world case studies, simulations, workshops, small-group, online and classroom learning 24 hours a day, 365 days a year.

"We are the first choice ranking for University of Toronto medical residents training in General Surgery. We have a rich tradition of educating that has been recognized locally and provincially at both the undergraduate and postgraduate levels, receiving teaching awards from U of T and the Michener Institute," said Wendy Steele, Chief of People, Learning and Leadership at St. Joseph's. "The Learning Centre will continue to positively influence our ability to maintain excellent standards in education and continue to help us provide ongoing education for our current employees, while also attracting the best and brightest staff and students, and help us achieve our strategic goal of Creating a Culture of Inquiry and Innovation."

The new Learning Centre will mean the ability to stay current with discipline and area-specific knowledge, as well as evolving technology/equipment, standards and policies. It will also accommodate an increased number of students needing real-world experience in a community teaching hospital.

A key aspect of the new Learning Centre is interprofessional education – the new frontier in bringing health care professionals together to improve the health of those we serve. By learning and working together, health professionals and students/trainees can provide better and more timely access to care, improve patient safety, achieve better health outcomes, decrease duplication of work, reduce frustration for patients and families, and ensure better use of our scarce health care resources.

"With 13 regulated health professions and thousands of employees, physicians and students working and learning under one roof, it is essential that we offer a diverse range of learning opportunities. By creating a 'one-stop-shop' for learning resources, we not only support lifelong learning, but enhance collaborative opportunities by bringing diverse groups together in a shared physical space," said Elizabeth McLaney, Director of Interprofessional Education and Collaboration.

A \$1.5 million fundraising goal has been set for the new Learning Centre. When it opens, it will be approximately 9,075 square feet, taking up 85 per cent of the fourth floor of the Glendale Wing. Its features will include spaces such as: a large classroom for staff and student orientation, clinical rounds and in-service education; a clinical/technical skills laboratory; simulation space to replicate realistic, team-based, patient care scenarios; a computer/e-learning room; a library; and a learners' lounge.



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Collaborating about the 'Right Drug for the Right Bug'

“The right drug for the right bug” is a slogan that has spun out of our efforts to Put Patients First by providing the safest care, and more specifically, reducing C. Difficile at St. Joe’s.

The catchphrase belongs to our Antimicrobial Stewardship program, which focuses on collaboration among our physicians, nurses and pharmacists to make sure patients are getting the most appropriate antimicrobial for the right duration of time when they need it. This is another extension of our interprofessional environment where clinicians are breaking down traditional silos and working together as teams sharing expertise to help create the best treatment plan for our patients.

The program began at St. Joe’s as a pilot in April 2010 with pharmacist Brad Langford as the lead. Last year we invested more resources expanding it to include a second pharmacist, Jenny Seah, so we can reach more units within our hospital.

Langford said, Antimicrobial Stewardship is about providing optimal antibiotic therapy while at the same time, reducing its unintended effects, such as side effects, super infectious and antimicrobial resistance (which is when bacteria and other microorganisms that cause infections are remarkably resilient and can develop ways to survive drugs meant to kill or weaken them).

Choosing the right drug may not always mean prescribing the antibiotic with the broadest spectrum that kills more organisms than is needed. Sometimes choosing an effective drug that targets only the offending organism is a more appropriate and safer course of action.

“It has been estimated in some studies that as much as 50 per cent of antibiotic use is inappropriate. Either it’s the wrong drug, the wrong dose, or it was not required at all. And that’s important because we have a limited number of antibiotics in our arsenal and there’s not a lot of new ones on the horizon. It is clear that we need to use the antibiotics that we do have available more wisely,” said Langford.

“The more antibiotics you give a patient, or a population, the more likely the organisms will be resistant to that antibiotic. As a result of antimicrobial treatment, sometimes patients may get a secondary infection that is often harder to treat,” said Langford. “So C. Difficile is a good example; it grows when many of the other organisms in the gastrointestinal tract are killed by the antibiotics, allowing C. Difficile to flourish.”

One of the Health Centre’s big aims in our corporate Quality Improvement Plan is to reduce hospital acquired C. Difficile in our patients by 50 per cent from 2010 levels. This is a multi-pronged approach that involves the Antimicrobial Stewardship program, plus environmental cleaning and 100 per cent compliance for proper hand hygiene at the four key moments of contact with a patient or equipment.

Many of our physicians have embraced and supported the Antimicrobial Stewardship program. It involves a much more of a collaborative effort when some doctors may be used to making the prescribing decisions for their patients without this type of consultative process. But Langford says it may soon become more common practice not just at our Health Centre but at many other hospitals as well.

“Antimicrobial Stewardship in the present day can be compared to Infection Prevention and Control in the 1950s when it was a new concept. Now we know infection control is beneficial and is required in every hospital. With Antimicrobial Stewardship, I think we are in that phase where people are realizing it is necessary,” he said. “We don’t really know the best way to do it (yet), but I think it will become a requirement in every organization in the near future.”

Interprofessional approach enhances care for tracheostomy patients

Last year we launched an interprofessional Tracheostomy Team dedicated to helping support better outcomes and overall satisfaction for our patients living with a tracheostomy. Our team includes a Registered Respiratory Therapist (RRT), Speech Language Pathologist (SLP), and Intensivist who work together to provide the safest care by minimizing our patients' time with a tracheostomy tube through expeditious weaning, improving communication, facilitating eating, and assisting with discharge planning.

This new initiative is part of our Emergency Department and Critical Care Program's quality improvement strategy. On average, we have up to 10 inpatients and between three to five patients in our Intensive Care Unit who are living with a tracheostomy and who often have an extended length of stay. Over the last ten years, there has been an increased use of tracheostomy tubes in order to decrease mechanical ventilation time, pneumonia, Intensive Care Unit (ICU) length of stay, and hospital mortality.

A tracheostomy is an opening from the trachea, or windpipe, to the outside of the body thus creating an airway to breathe. Sometimes the length of stay and/or time for a patient with a tracheostomy can be unnecessarily prolonged due to the many complications that can arise. So the more expeditiously we work to wean patients from a tracheostomy, the quicker their ability to regain verbal communication, return to natural oral intake of food and the better quality of life they will have.

For those that cannot be liberated and will require discharge home with a tracheostomy, the team helps to make sure there is timely, patient and caregiver tracheostomy care education and works closely with hospital staff, a social worker and Community Care Access Centre hospital co-ordinator, to customize a community care plan to ensure appropriate community supports and resources are organized prior to going home.

"Through earlier education about the tracheostomy and care required we can help build patient and caregiver comfort and confidence on returning home safely when discharged from the hospital," said Helen Papakyriacou, Speech Language Pathologist/PPL and co-lead.

Ginny Martins, Charge Respiratory Therapist and co-lead, agrees the team approach is beneficial to patients. "The Tracheostomy Team is a wonderful opportunity to improve the care that we provide to our patients who have tracheostomies," said Martins. "It is an exciting interprofessional initiative long overdue that is expected to positively impact staff satisfaction and improve the quality of life for this complex patient population."

Learning Snapshot

Student training days at St. Joe's

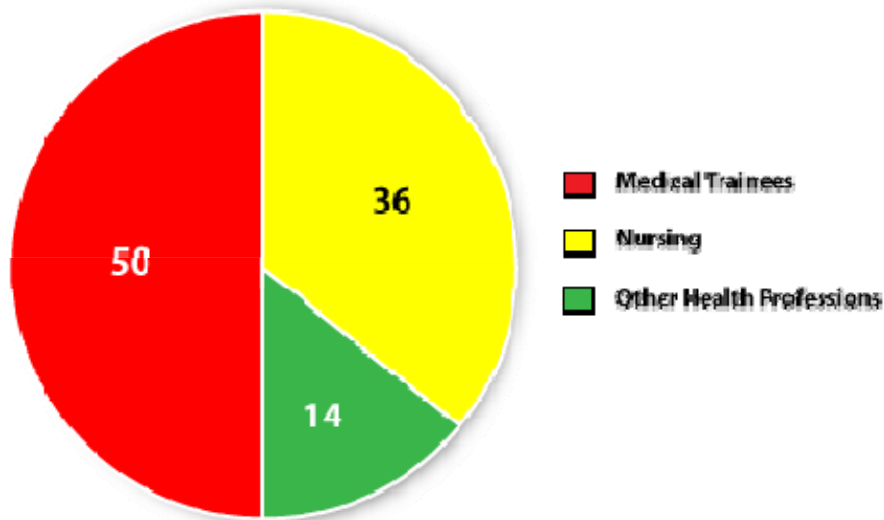
St. Joseph's continues to provide a rich interprofessional collaborative learning environment for thousands of health care students annually.

In 2010-2011, we provided 15,254 medical training days for our medical students, residents and specialty fellows, students from nursing, rehabilitation sciences, respiratory therapy and laboratory medicine, just to name a few.

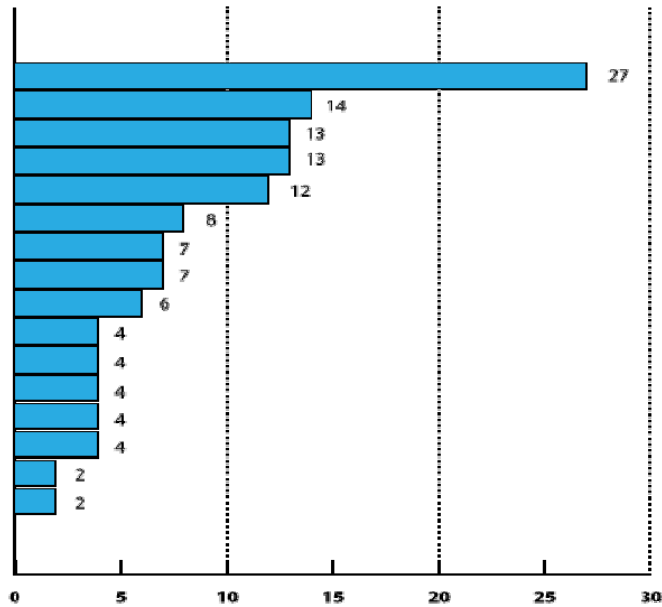
We also provided \$153,000 to support applications to our Education Assistance Fund, which assists staff in pursuing job or career related certificates, diplomas, undergraduate and/or graduate degrees, conferences and workshops.

Student Placement

Medical Trainees, Nursing Students & Other Health Professions By Percentage



Other Health Professions 14% Include



1. Diagnostic Imaging
2. Paramedic
3. Physiotherapy
4. Midwifery
5. Other *
6. Rehabilitation Assistan
7. Social Work & Social Services
8. Respiratory Therya
9. Occupational Therapy
10. Speech Language Pathology
11. Pharmacy & Pharmacy Technician
12. Lab Technician/Technologist
13. Clinical Nutrition
14. Child & Youth Worker
15. Food Services Worker
16. Addiction Services Worker

Other includes: Bio Medical Engineering, Cardio Respiratory Services, Clinical Ethics, Clinical Informatics, Corp Communications, Diet Technician, SSP



Students educational experience at the Health Centre

The Health Centre solicits feedback from our students on what the learning environment is like for them at our hospital. Here is a snapshot of what some of our students told us through the Learner Satisfaction Survey:

“I loved my placement, and I would love to continue working at St. Joe’s.”

“I really liked the exposure I had at St Joseph’s. I had the opportunity to see various cases. At the end of my clinical I felt that I had grown up a lot and my knowledge and experience increased as well.”

“St. Joseph’s is an unsurpassed institution for learning students. I am glad that I got my pre-grad placement here because I got to learn many different aspects that encompass the profession of nursing. I was very pleased to be able to visit other departments within the agency and I think this is one of the best things about getting placement in a big agency. The staff were very friendly, willing to teach and were always approachable.”

Interprofessional Education for Students

Students at St. Joe’s have the opportunity to participate in a wide range of Interprofessional education opportunities, which help our hospital strive ever closer to our Vision to be Canada’s Best Community Teaching Hospital. The Health Centre offers a variety of interprofessional learning opportunities for students including: structured interprofessional education placements, flexible learning activities such as job shadowing and participation in team meetings, student lunch and learn sessions, and the interprofessional journal club.

“Working in interprofessional student groups, we were able to discuss questions from each of our respective viewpoints while striving to provide a collaborative answer,” said Prasaanthan Gopee-Ramanan, a first year student at the Michener Institute. “My role within the Interprofessional Education (IPE) session was to represent my profession, radiological technology, from the perspective of a student,” he notes. “I wanted to ensure that others caught a glimpse into our clinical learning process.”

When asked what he learned at the session, Prasaanthan responded, “this IPE learning activity was instrumental in planting seeds within my mind as to how best to collaborate and innovate with my fellow healthcare professionals, so as to provide excellent patient care delivered in the best and most seamless manner possible - perhaps in this manner, we can approach a healthcare system void of error.”

Active Agreements

Algonquin Careers Academy
Brescia College
Cambrian College
Centennial College
Conestoga College
CTS Canadian Careers Academy
Dalhousie University
Durham College/University Of Ontario Institute Technology
Everest College
George Brown College
Humber College
King's University College
Laurentian University
McMaster University
Michener Institute
Mohawk College
Niagara College
Northern Alberta Institute of Technology
Queen's University
Ryerson University
Seneca College
Sheridan College
Sir Sandford Fleming College
Toronto EMS
Trent University
Trios College
University of Manitoba
University of Prince Edward Island
University of Toronto
University of Victoria
University of Windsor
York University

Showcasing our commitment to education and collaboration through Presentations, Posters and Publications

Members of our health care team have had the opportunity to share and exchange knowledge about interprofessional education and collaboration with a wide variety of organizations. Our 2010/2011 external presentations and publications include:

2011 Collaborating Across Borders III - Interprofessional Collaboration: From Concept to Preparation to Practice (Tucson, Arizona). Workshop entitled: Facilitating Interprofessional Education and Collaboration through Audience Response Technology. Marie Eason Klatt, BScOT, Scott Graney MSW, RSW, Chris Ashdown, BScPT.

2011 IPE Ontario (Toronto, Ontario). Presentation entitled: Celebrating the Spirit of Collaboration: Key Components for Planning an Interprofessional Education Week. Elizabeth McLaney BA, BScOT, MEd, Sabrina Divell

2011 IPE Ontario (Toronto, Ontario). Presentation entitled: Adopting and Innovating: Building Interprofessional Education Programs at Community Teaching Hospitals. Paula Rowland, BScOT, MA (Toronto East General Hospital), Elizabeth McLaney BA, BScOT, MEd, Mandy Lowe, MSc, BScOT (University of Toronto, Centre for Interprofessional Education).

2010 College and Association of Respiratory Therapists of Alberta 2010 Educational Forum and Trade Show (Calgary, Alberta). Key Note Speaker – Presentation Entitled: A Breath of Fresh Air: Respiratory Therapy and the World of Interprofessional Practice. Jeff Dionne, RRT, BSc. Dip. RT.

2010 College and Association of Respiratory Therapists of Alberta 2010 Educational Forum and Trade Show (Calgary, Alberta). Presentation Entitled: Working Together, Working Smarter: Enhancing Interprofessional Practice through Team Based Coaching. Jeff Dionne, RRT, BSc. Dip. RT.

2010 Collaboration and Integration Forum for Older Adults with Mental Health or Complex Needs. (York Region, Ontario). Presentation Entitled: Interorganizational Collaboration Across the Continuum: Lessons Learned. Jeff Dionne, RRT, BSc. Dip. RT, Scott Graney, MSW, RSW.

2010 All Together Better Health 5 International Interprofessional Conference (Sydney, Australia). Presentation entitled: Interprofessional Educational Events: Key Enablers & Practical Applications. Stacey Johnson, RN, BScN, MN (c), Elizabeth McLaney BA, BScOT, MEd, Lynne Strathern, RN, BScN, Med (c), MEd, Dayle Allen-Ackley, RN, BScN, CPN (c).

2010 All Together Better Health 5 International Interprofessional Conference (Sydney, Australia). Presentation entitled: From Rhetoric to Reality: Interprofessional Practice Brought to Life. Michael Heffer, RPh, BSc.Pharm., MHSC, Mary Kapetanos, BScN, MEd (c), Tracey Lawson, RPh., BSc.Pharm., ACPR, Pharm.D., Jeff Dionne, RRT, BSc. Dip. RT, Janice Klutt, RN CRE Jenny Seah, RPh CRE, Sarah Enriquez, BSc RRT CRE, Noreen Chan, BSc., RRT, Sheryl Bernard, RN, MN(c), CHE.

2010 American Interprofessional Health Collaborative (Philadelphia, Pennsylvania). Presentation entitled: From Competition To Collaboration – The Next Wave In Sustainable Cultural Change. Jeff Dionne, RRT, BSc. Dip. RT, Scott Graney, MSW, RSW.



2010 IPE Ontario (Toronto, Ontario). Presentation entitled: Learning Together Before Working Together. Impact of IPE and IPC at the Clinical Point of Care. Michael Heffer, RPh, BSc.Pharm., MHSC, Mary Kapetanos, BScN, MEd (c), Tracey Lawson, RPh., BSc.Pharm., ACPR, Pharm.D., Jeff Dionne, RRT, BSc. Dip. RT, Janice Klutt, RN CRE Jenny Seah, RPh CRE, Sarah Enriquez, BSc RRT CRE.

2010 IPE Ontario (Toronto, Ontario). Presentation entitled: Interprofessional Educational Events: Key Enablers & Practical Applications. Lynne Strathern, RN, BScN, Med (c), Elizabeth McLaney BA, BScOT, MEd, Stacey Johnson, RN, BScN, MN (c), Dayle Allen-Ackley, RN, BScN, CPN (c).

2010 Nursing Leadership Network of Ontario (Toronto, Ontario). Presentation entitled: Documentation is Everyone's Business: Improving our Practices Through an Innovative and Interprofessional Education Event. Stacey Johnson, RN, BScN, MN (c), Dayle Allen-Ackley, RN, BScN, CPN (c), Lynne Strathern, RN, BScN, Med (c), Elizabeth McLaney BA, BScOT, MEd.

2010 Nursing Leadership Network of Ontario (Toronto, Ontario). Roundtable discussion entitled: What's in it for me? Impact of Interprofessionalism on Nursing Practice. Mary Kapetanos, RN, BScN, MEd(c), Professional Practice Leader, Janice Klutt, RN, CRE, Team Leader, Intensive Care Unit, St. Joseph's Health Centre, Toronto "Mary Kapetanos, BScN, MEd (c).

2010 Journal of Interprofessional Care, 24 (4). July 2010. P. 466-469. An interprofessional education approach to teaching collaborative documentation practices: Exploring development, delivery and outcomes using the presage, process, product (3P) model. Elizabeth McLaney BA, BScOT, MEd, Lynne Strathern, RN, BScN, MEd (c), Dayle Allen-Ackley, RN, BScN, CPN (c), Stacey Johnson, RN, BScN, MN (c).

External awards honouring our staff

Kinny Quan-Velasoski, Physiotherapist OP PT Recognition Award for Clinical Instructor, University of Toronto presented Jan 2011. Who won the Canadian Physiotherapy Association National Clinical Education Award for making an outstanding contribution as a clinical tutor in the education of undergraduate students through innovative teaching.

Barbara Iwasiuk, Manager, Library Services Joan Leischman Award of Merit for Excellence in Health Science Information University of Toronto Health Sciences Libraries, Health Science Information Consortium of Toronto

Gita Lakhanpal, MES, OT Patient Education Specialist , Urban Family Health Team who won the Community Partners Sustained Outstanding Teaching Award from the Department of Occupational Science and Occupational Therapy at the University of Toronto. This award is for an individual who has excelled as a lecturer over many years.

Marie Eason Klatt B.Sc. (O.T.), CHT Professional Practice Leader - Occupational Therapy Advanced Practice Clinician - Hand Therapy who won Community Partners Outstanding Significant Contribution in Teaching Award from the Department of Occupational Science and Occupational Therapy at the University of Toronto. This award is for an individual who has demonstrated excellence in education of OT students.

OLM timeline

April 2010

The final major concrete pour topping off the building was successfully completed on March 31. The Contractor is now preparing to commence the installation of the exterior limestone and brick in mid April. Completion of the exterior building envelope and interior rough-in work will be the Contractor's primary focus over the next several months.

June 2010

With the concrete structure of the new OLM Building complete, the construction crane was removed from the site and the Contractor's focus shifted to closing in the exterior building envelope and continuing with the interior rough-in work. The installation of exterior brick and limestone has commenced on the first and second levels of the building's west elevation. Window frames have been installed and glass is complete on the first and second levels and is continuing on the third level. The structural steel for the main entry was recently installed and the curtain wall system will follow at a later date. Interior wall framing was completed on the first and second floors and is continuing on the third. Installation of the passenger elevator rails has now commenced.

August 2010

Exterior brick and stonework have reached the third and fourth floors on the west and north elevations of the building while cladding of the penthouse with metal siding has also commenced. On the interior of the building, wall studs are complete to the third floor and nearing completion on the fourth floor. All major mechanical equipment such as air handling units, fans and the medical gases distribution system are now on site with the exception of the new boiler which is expected shortly. Major electrical components continue to arrive on site on a daily basis. Drywall installation has commenced on the first floor of the building. The contractor has also commenced the installation of the ceiling on the first level of the parking garage which will keep the floor of the new OLM building warm for occupants.

October 2010

The exterior of the building has taken shape with brick and stonework nearing completion and windows now all in place. The Contractor is striving to close in the building before the winter weather sets in. On the interior, electrical and mechanical rough-in work, including plumbing is nearing completion on the first and second floors and the new boiler has arrived and was craned into the Health Centre's existing Boiler House. Work has commenced inside the penthouse with the installation of ductwork and the hooking up of mechanical equipment, most of which is now on site. The lights in the parking garage have been replaced with new ones that focus light downward to reduce the brightness in the surrounding community.

November 2010

The building exterior is nearing completion with the curtain wall glass currently being installed and stonework at the front entry of the building now very noticeable. Hard landscaping has also commenced but planting will have to wait until spring. Work on the interior continues unabated with drywall installation nearly complete on the ground floor and taping and painting well underway. The upper floors are in various stages of drywall and steel stud installation with electrical and mechanical work ongoing. Tie-in work to the steam and other systems in the main Health Centre are also progressing and the medical oxygen tie-in is being planned.



December 2010

At this point in our construction schedule, the new Our Lady of Mercy Patient Care Wing is mostly closed in and protected from the elements. The glass curtain wall at the front of the building is generally complete with the exception of an access area to allow delivery of large equipment and materials. The majority of the work is now taking place inside the building and in the underground parking garage. On the building's first floor base coat painting has commenced and is ongoing in patient rooms and corridors on this level. A mock up patient room is also underway and being completed for review by the Consultants and Health Centre.

January 2011

The New Year is upon us and construction of the new OLM building continues both on the interior of the new building and in the parking garage below. On the first floor, the T-bar ceiling installation and painting are ongoing and installation of ceramic wall tile in washrooms has recently commenced. The flooring, lighting, patient headwalls, plumbing fixtures, and millwork are all in various stages of completion in the mock-up room. Lighting installation commenced on the first floor and the installation of the ceiling in the parking garage is also continuing and most of the recessed pot lights have been installed.

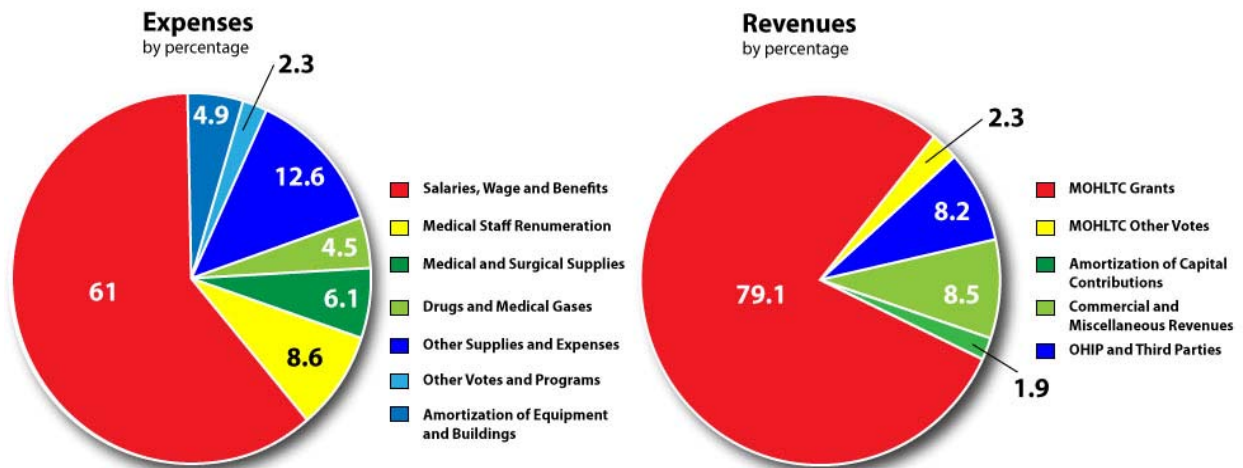
February 2011

As we hope for an early spring, planning for the move to the Our Lady of Mercy (OLM) Patient Care Wing is now underway at the Health Centre. We are joined by MHPM Project Leaders, who are meeting with the clinical programs that will be relocating to OLM. Health Centre staff and MHPM will be working closely over the coming months on occupancy planning and operational readiness to ensure a smooth transition of patients, staff and equipment to the new building. From a construction perspective the majority of work currently revolves around completing the installation of drywall, suspended ceilings, ductwork, electrical systems, mechanical systems, and the elevators.

March 2011

The Health Centre continues to progress with occupancy planning and operational readiness, with the clinical programs that will be relocating to OLM, along with support services touring the new building to get acquainted with their new home. On the construction front, work continues primarily on the interior of the building. Finishing work has commenced and is most advanced on the lower floors with the installation of corridor lighting, wall sconces, patient bed lighting and other devices. Patient headwalls have been installed on the first and second floors, complete with medical gas connections and work continues on the third floor. Installation of the nurse call system devices has begun on the first floor. As we move up the building, the floors are in various stages of completion, with suspended ceilings, duct work, electrical systems, mechanical systems, and medical gas piping all ongoing. Drywall installation continues primarily on the fourth floor, with some select ceiling drywall being installed on lower levels. The passenger elevators are generally complete and the service elevators are progressing.

Financials



As an accountable and transparent institution, we are committed to making the best use of the resources entrusted to us, while ensuring the highest level of care to our patients. The Health Centre has, based on consultation with our patients and their families, adopted a “declaration of values” defining what our patients value in their care. Focusing on what matters most to our patients, allows us to better utilize resources to improve the quality of patient care that we provide. Through efficient resource management, the Health Centre in 2010/2011 recorded an operating surplus, after building and interest on long-term debt, of \$2.5 million, on operating revenues of \$252.8 million.

St. Joe’s continues to benchmark its financial performance to that of comparable hospitals and uses peer-comparison data during its budgeting and planning cycle to ensure that we provide services to the community in a cost effective and efficient manner. We are a member of Plexxus, a not-for-profit company dedicated to providing shared services to 12 member hospitals in the areas of supply chain management and transactional finance. Savings resulting from shared services are reinvested to support patient care activities. The Health Centre has implemented a case costing system which provides additional analytical tools to cost out resource utilization in various patient care, ancillary and procedural areas and benchmark this against other healthcare providers. The case costing system enables management to target key areas of opportunity, focusing on improving resource utilization within these areas.

The Health Centre is committed to the highest standards of accountability and transparency under the Broader Public Sector Accountability Act (BPSAA) and the Freedom of Information and Privacy Protection Act (FIPPA) which further protects the privacy of patients with respect to personal and financial information and provides them with a right of easier access to such information.

In order to better serve and meet the needs and expectations of our patient population and plan for the future, the Health Centre continues to remain focused on several key initiatives such as:

* Investments in capital equipment and infrastructure to enhance our ability to deliver quality care using the latest medical advances, undertaking renovations and safety improvements to our current facility and increasing our capacity via space planning and new construction. A major redevelopment project, the “Our



Lady of Mercy Wing”, is nearing completion and will provide us additional capacity to better serve our patients and their families.

* Investments in communications and information technology as part of our e-care initiative to ensure that our physicians and staff have faster and streamlined access to the information they need to better serve our patients.

* Investments in our staff by supporting their on-going education and training. Fostering an environment which encourages learning and innovation; teaching and communicating best practices so that staff can more effectively care for our patients and those in the community whom we serve.

Our ranking as a top tier Health Care Centre and our continued strong performance financially as well as in service quality and patient satisfaction is due to the untiring efforts of our staff, physicians and volunteers assisted by the dedicated work of the St. Joseph's Health Centre Foundation and its generous and committed donors.

By the Numbers

Our Statistics for 2010-2011

Beds: 376

Admissions: 21,657

Average Length of Stay: 5.7 days

Occupancy Rate: 91.4%

Births: 3,080

Diagnostic Imaging Procedures: 165,125

Surgical and Procedural Cases: 31,568

Ambulatory care visits: 272,689

In the Emergency Room

Emergency Department Visits: 93,741

Patients Brought by Ambulance: 15,976

Percentage of Emergency Patients Admitted: 11.9%

Patient Stories - Olenka Popov

Meet Olenka Popov a 34-year-old, a St. Joe's patient and co-chair of our hospital's Mental Health and Addiction Population Panel. She wanted to tell you her journey in her own words.

Hello my name is Olenka and I have a mental illness. My illness is schizophrenia. I have been diagnosed with schizophrenia since the age of 21 years old. Can you tell that I have a mental illness by looking at me? Probably not.

Having a mental illness has made my life difficult, but having it has also been a big point in my life. I can remember times when I first got sick and went through many types of medication and treatments and being labeled as a "freak" or people would look at me like I have three heads.

These days are very good. I've gotten to the point over the last few years that I feel like I'm in remission. My medication is stable and I am doing extremely well thanks to my family and St. Joe's Dr. Devanshu Desai. Also these days I have a really good support system with my family and friends and I'm especially grateful to my mother who has been by my side since the beginning.

I have suffered for many years and because of my illness I was terrified that I wouldn't be stable enough to take care of myself. What I really want to accomplish with this illness is to educate others and give back some of the things I have gained through all this. I also want to give back to the community what they have given to me.

I want people to open up to me and feel comfortable talking about their illness. I want to tell them that everything will be alright and tell them to learn to accept what life has dealt. I also want to tell people that anyone who has a mental illness is just like everyone else. I want people to see me as I am and not as a "freak".

I am an everyday person and I have feelings just like everyone else. I want to help society change their attitudes about mental illness. I also want to make people aware that mental illness is and will be a curable disease. I hope that people will step up and learn that mental illness is just like any other disease – it can be treatable.

My advice to anyone who has a mental illness is to be happy and make them feel wanted. Keep your head high. Be true to yourself. Never let anyone tell you that you are "different". Don't let people put you down because of your mental illness. Always love yourself. Educate people who want to be educated.

Patient Stories - Terri Rohde

Terri Rohde wasn't sure what she was experiencing early one morning was a heart attack. The pain started in her shoulder but then increasingly radiated to her heart. Terri used to have high blood pressure that she maintained as normal with a low-fat, low sodium diet and weight loss. On this morning, she self-monitored her blood pressure and it was higher than normal and her heart beat was irregular, which concerned her. She searched the internet regarding her heart pain symptoms and the information she found urged her not to make her own way to a hospital emergency department, but instead to immediately call 9-1-1.

As part of a program called the Toronto Heart Attack Collaborative, EMS ambulance crew, St. Joseph's Health Centre and St. Michael's Hospital have partnered so patients have access to the right care, at the right time and in the right place. High level EMS crew are trained to do an electrocardiogram and interpret the readings to see if a patient is having a ST elevation myocardial infraction (STEMI) heart attack.

EMS determined Terri was having a STEMI and transferred her directly to St. Michael's, which has a catheterization lab. An interventional cardiologist performed an emergency angioplasty to unblock the occluded (blocked) blood vessel. Terri had originally called 9-1-1 around 2 a.m. and by 5 a.m. she was recovering from the angioplasty at St. Michael's. A few hours later, Terri was transferred to her community hospital St. Joe's for her follow-up care.

Dr. Mark Fisher, her St. Joe's cardiologist explains, "The procedures are centralized and not every hospital has access to a catheterization laboratory. That's why we've partnered with St. Michael's, but everything else happens at St. Joe's."

Terri was treated at St. Joe's Cardiac Care Unit and was an inpatient at our hospital for three days following her heart attack. Clinicians gave her medications for her condition and monitored her blood pressure. She was provided with education on heart health and helped to become ambulatory before she could be safely sent home. "I was treated phenomenally well at St. Joe's. The nurses were so kind," Terri said.

While most heart attack patients are still men, more women are having them, she said. Terri was already on a low-sodium, low-fat diet and monitoring her blood pressure, but the high-stress job she had at the time may have contributed to her heart attack, she said. "As more women are involved in high level jobs, I think their stress levels will increase and we'll see more risk of heart attacks in women," said Terri.

Terri's heart attack was in May, 2009 and Dr. Fisher continues to monitor her progress with check-ups. In the end the speedy care Terri received helped with a complete recovery. Two years after her surgery and after care, Terri, now 63, has no permanent heart damage.



Patient Stories - Lynn Tughan and her mother Margaret

Lynn Tughan sees the care St. Joseph's provides through multiple lenses: as the daughter of Margaret a repeat patient at St. Joe's, as a patient herself, and through the eyes of an experienced nurse.

Over the past four years, Lynn's 84-year-old mother Margaret has received treatment in St. Joe's emergency for complications from atrial fibrillation, a cardiac arrhythmia, which was originally diagnosed at another hospital.

"When she developed congestive heart failure, I took her to the emergency at St. Joe's," said Lynn. "She was there for 48 hours and had fabulous care. They connected her with Dr. Giridhar Logsetty, who has been her regular cardiologist since then."

"My mother continues to be followed by Dr. Logsetty, who in our opinion is not only a very skilled cardiologist, but an extremely compassionate physician who takes the time to listen to his patients, answer their questions and address their concerns," said Lynn of her mother Margaret's care. "As a nurse at another health care agency, who has encountered many physicians over the past 29 years, Dr. Logsetty is by far one of the best I have ever met."

Margaret has had multiple visits to St. Joe's emergency over the years, and has also been an inpatient at the hospital. Over that time both mother and daughter have witnessed the caring given to other patients as well. "At St. Joe's there is a theme of respect especially for patients who are seniors and you don't see that at all hospitals," said Lynn.

In December 2010, Lynn also found herself at St. Joe's emergency after she was involved in a minor motor vehicle accident. "My injuries turned out to be minor, requiring some follow-up with an orthopedic doctor at St. Joe's in the fracture clinic." Lynn added, "I have worked in and visited a number of emergency departments over the years and I can honestly say that in my opinion the nursing and medical care at St. Joseph's is second to none."

"Staff at St. Joseph's Health Centre clearly lives the hospital's mission to 'provide health care services that reflect the Gospel values of respect, dignity and compassion.' And St. Joe's demonstrates the values of human dignity, excellence and compassion in their work everyday," said Lynn. "I feel very fortunate to have St. Joe's in our community and thankful the hospital provides outstanding care to patients and their families everyday."



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Patient Stories - The Johnson-Walker family

It's not the way the Johnson-Walker family planned to spend their Christmas Day – in the Emergency Department with their six-year-old daughter Matilda.

On December 25, 2010, Gala Johnson, her husband Scott Walker and their children Alex and Matilda took a walk in High Park, which the family does often after brunch. But their Christmas Day took an unexpected turn for the worse when Matilda fell and got a cut above her right eyebrow exposing part of her skull with a wound that was bleeding heavily.

The Bloor West Village family already had a relationship with St. Joseph's Health Centre for previous treatments of Alex's broken arm and Scott had his appendix removed. Experiences that all left a positive impression on them. So when it came time to make a quick decision on where to take Matilda they felt confident in going to the Emergency Department at St. Joe's.

"St. Joe's was the closest hospital and we knew you had a paediatric area," said mom Gala. "If we'd had a negative experience with St. Joe's before maybe we'd have thought twice, but we had good previous experiences with St. Joe's."

They did not have a long wait in the Emergency Department, so the triage system of treating patients worked well and they were quickly transferred to the paediatric department. A nurse assessed Matilda and reassured her parents it was better than it looked as there was no concussion and there was nothing "stuck" in the part of Matilda's skull that was exposed. "The nurse wasn't freaking out. She was sitting with me. I had the attention of someone who knew what was going on," said Gala.

Then a paediatric doctor cleaned the wound and started the stitches with the aid of a topical anesthetic, but Matilda did not take well to the notion of a needle coming towards her face and wouldn't sit still. She was transferred so she could receive an IV and anesthetic. The fact Matilda was their second child helped to prepare them for the fact Matilda might resist receiving the IV, so Gala was thankful she could stay to help her daughter during treatment.

"All the staff at St. Joe's helped make things as good as possible. We think everyone did an excellent job." said Gala. "And because of Matilda's positive experience, she was able to sit still while having her stitches removed (during follow-up care) and has no lingering concerns about doctors, nurses or IVs."

And Santa wasn't the only one who got cookies left for him on Christmas. Matilda and her family baked cookies for the Health Centre's staff as a way to say thank you for the care she received on Christmas Day.