



St. Joseph's Hamilton Joint Boards of Governors

December 2015

Open Agenda Package – Web Version

**St. Joseph's Hamilton Joint Boards
of Governors – Open Agenda
Tuesday, December 22, 2015
3:30 – 6:00 p.m.**

Dofasco Boardroom – St. Joseph's Healthcare Hamilton
2nd Floor, Juravinski Innovation Tower
50 Charlton Avenue East, Hamilton

Elected Members	Mr. Peter Tice (Chair), Mr. Carl Santoni, Mr. Sonny Monzavi, Dr. Mary Guise, Mr. Jim LoPresti, Ms. Carolyn Milne, Mr. Ray Rocci, Ms. Moira Taylor, Mr. Tony Thoma, Mr. David Tonin, Mr. Adriaan Korstanje, Ms. Lynn McNeil, Mr. Rod Dobson.
Ex-Officio Members	Dr. Cyndie Horner, Ms. Winnie Doyle, Dr. Tom Stewart, Dr. David Higgins, Dr. John Kelton, Dr. Kevin Smith.
Senior Management Team	Mr. Derrick Bernardo, Mrs. Jane Loncke, Dr. Jack Gauldie.
Resource	Mrs. Jessica Fry, Mrs. Fadia Voogd, Ms. Sera Filice-Armenio, Ms. Maureen Ellis.
Guest(s)	Dr. Anthony Adili.

VALUES: D = dignity, R1 = respect, S = service, J = justice, R2 = responsibility, E = enquiry

Time	Item	Topic	Motion	Values	Lead	Page
3:30pm	1.0	Call to Order				
	1.1	<i>Opening Prayer and Reflection on DIGNITY</i>		R2	M. Taylor All	
	1.1.1					
	1.2	<i>Approval of Agenda</i>	<u>All JBG Voting Members:</u> THAT THE OPEN AGENDA OF THE DECEMBER 22, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS COMMITTEE BE APPROVED	R2	P. Tice	
	1.3	<i>Declaration of Conflict of Interest</i>		R2	P. Tice	
	1.4	<i>Introduction of Guests</i>		R1	P. Tice	
3:55pm	2.0	Consent Agenda				
	2.1	<i>Approval of St. Joseph's Hamilton Joint Boards of Governors Open Minutes</i>	<u>All JBG Voting Members:</u> THAT THE OPEN MINUTES OF THE NOVEMBER 26, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF	R2	P. Tice	1-6

Time	Item	Topic	Motion	Values	Lead	Page
			GOVERNORS BE APPROVED			
	2.2	<i>Governance Mission and Values Committee Minutes and Motions</i>	<p>All JBG Voting Members THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF DECEMBER 1, 2015 BE ACCEPTED FOR INFORMATION</p> <p>All JBG Voting Members THAT THE FOLLOWING POLICIES BE APPROVED: -JBG#9 – POSITION DESCRIPTION FOR TRUSTEES -JBG#10 – STRATEGIC PLANNING -JBG#11 – APPOINTMENT OF OFFICERS</p>	R2	S. Monzavi	7-20 16-20
	2.3	<i>Resource & Audit Committee Minutes and Motions</i>	<p>All JBG Voting Members THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF DECEMBER 16, 2015 BE ACCEPTED FOR INFORMATION</p> <p>SJHC Voting Members</p>	R2	A.Korstanje	21-98

Time	Item	Topic	Motion	Values	Lead	Page
			THAT THE COMMUNITY ACCOUNTABILITY PLANNING SUBMISSION (CAPS) FOR ST. JOSEPH'S HOME CARE BE APPROVED			
4:10pm	3.0	Quality & Patient Safety				
	3.1	<i>Quality Committee Minutes, Motions and Report</i>	<u>All JBG Voting Members</u> THAT THE MINUTES OF THE QUALITY COMMITTEE OF DECEMBER 8, 2015 BE ACCEPTED FOR INFORMATION	S	R. Rocci	99-109
	3.2	<i>Medical Advisory Committee Presentation</i>	<i>Dr. A. Adili</i> <i>Chief, Department of Surgery</i>	E		
4:20pm	4.0	Reports				
	4.1	<i>Report of Chair</i>		R2	P. Tice	
	4.2	<i>Report of the President and CEO, St. Joseph's Health System</i>		R2	K. Smith	
	4.3	<i>Report of Presidents</i>		R2/S	D. Higgins D. Bernardo J. Loncke	110-113
	4.4	<i>Report of the Chief Nursing Executive</i>		R2/S	W. Doyle	
	4.4.1	<i>Skill Mix Change - GIM</i>				114
	4.5	<i>Report of the Vice President Research</i>		R2	J. Gauldie	
	4.7	<i>Report of President, Medical Staff Association</i>		R2	C. Horner	115-117
	4.8	<i>Report of the President SJVD Foundation</i> <i>SJHH Foundation</i>		R2	M. Ellis S. Filice-Armenio	
4:50pm	5.0	Information / Education Items				

Time	Item	Topic	Motion	Values	Lead	Page
	5.1 5.2 5.3	JBG Closed Summary SJHC Summary and Newsletter Articles – Globe and Mail – December 10 – separate enclosure		R2 / E	P. Tice	118 119- 139
4:50pm	6.0	Adjournment				
	6.1	<i>Motion to adjourn</i>	<u>All JBG Voting Members:</u> THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED		P. Tice	
4:50pm	7.0	Break followed by Closed Session				

Mission: Living the Legacy – Compassionate Care.
Faith. Discovery.

Vision: On behalf of those we are privileged to serve, we will: deliver an integrated high quality care experience, pursue and share knowledge, respect our rich diversity, always remaining faithful to our Roman Catholic values and traditions.

Values: We commit ourselves to demonstrate in all that we undertake, the vision and values that inspired our Founders, the Sisters of St. Joseph. These are: **Dignity, Respect, Service, Justice, Responsibility and Enquiry.**

JBG Values

Dignity – The worth of the person is affirmed & unconditional



Definition

Places high emphasis on the worth and value of the individual and is not dependant or conditional on anything. Dignity is demonstrated by focusing on needs of the person, their comfort, and respecting their choices.

Behaviours

- Concerned with the feelings of their patient or family
- Recognizing the sacredness of human life
- Cultivating the notion of control, confidence and decision making to the patient or family member
- Eliminating events that might embarrass or bring shame to the patient or family member

Committee: **St. Joseph's Hamilton Joint Boards of Governors – OPEN SESSION** Date: November 26, 2015
Called to order at: 1530 hours Adjourned: 1720 hours

St. Joseph's Healthcare Hamilton Voting Members:

Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Mr. J. LoPresti, Ms. L. McNeil, Mr. C. Santoni, Mr. D. Tonin.

St. Joseph's Villa Dundas Voting Members:

Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Mr. R. Rocci, Mrs. M. Taylor, Mr. T. Thoma, Mr. R. Dobson.

St. Joseph's Homecare Hamilton Voting Members:

Mr. P. Tice, Mr. S. Monzavi, Mr. A. Korstanje, Dr. M. Guise, Mrs. M. Taylor, Mrs. C. Milne, Mr. D. Tonin.

Location: Dofasco Boardroom – 2nd Floor Juravinski Innovation Tower
Present: Mr. P. Tice - Chair, Mr. T. Thoma, Dr. M. Guise, Mr. S. Monzavi, Ms. W. Doyle, Mr. A. Korstanje, Mrs. M. Taylor, Mr. R. Dobson, Ms. L. McNeil, Dr. C. Horner, Mr. D. Tonin, Mr. R. Rocci, Dr. T. Stewart, Mr. J. LoPresti, Mrs. C. Milne.
Regrets: Mr. C. Santoni.
Resource Staff: Dr. D. Higgins, Mrs. F. Voogd, Mrs. J. Fry, Mrs. S. Filice-Armenio, Dr. J. Gaudie.
Guests: Dr. R. McDonagh, Dr. P. O'Byrne, Mrs. C. Olsiak.
NEXT MEETING December 22, 2015

Subject	Discussion
1. PROTOCOL	
1.0 CALL TO ORDER	The meeting was called to order at 1530 hours by P. Tice.
1.1 OPENING PRAYER	L. McNeil opened the meeting with a prayer. There was reflection with respect to the value of JUSTICE.
1.2 APPROVAL OF AGENDA	<p>It was noted that section 4.8 – Report of the President SJHH Foundation would be moved to 1.4.1.</p> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>WITH THIS AMENDMENT, ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p>THAT THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS AGENDA BE APPROVED AS CIRCULATED</p>
1.3 DECLARATION OF CONFLICT OF INTEREST	There was no declaration of conflict of interest.
1.4 INTRODUCTION OF GUESTS	All invited guests were introduced.
1.4.1 REPORT OF SJHH FOUNDATION	<ul style="list-style-type: none"> • The Annual St. Joseph's Holiday Gala was held on November 7th at Liuna Station. Over \$370K was raised to support new equipment purchases and research. • A Patient Comfort and Kindness Grant Program has been established to support the purchase of comfort items for patients during hospital stays. • A media launch was held on November 19th for the Paris2Ancaster Race. M. Crowther was at the launch and spoke in support of research. • The Mental Health Morning Breakfast will be held on May 4th at Michelangelo's Banquet Hall.

Subject	Discussion
<p>2. CONSENT AGENDA</p> <p>2.1 APPROVAL OF ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS OPEN MINUTES</p> <p>2.2 GOVERNANCE, MISSION AND VALUES COMMITTEE MINUTES AND MOTIONS</p>	<p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p>THAT THE OPEN MINUTES OF THE OCTOBER 29, 2015 ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE APPROVED</p> <ul style="list-style-type: none"> • Discussion ensued with respect to the expansion of the Nominating Committee to include recognized community leaders who are not eligible for appointment to the JBG itself (community based nomination process). It was felt that this process would allow the board greater input into fit and culture of the existing board and attract high caliber external leaders. <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p>THAT THE MINUTES OF THE GOVERNANCE, MISSION AND VALUES COMMITTEE OF NOVEMBER 2, 2015 BE ACCEPTED FOR INFORMATION</p> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p>THAT THE RESOURCE AND AUDIT COMMITTEE TERMS OF REFERENCE BE APPROVED</p> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p>THAT THE EXPANSION OF THE BOARD NOMINATING COMMITTEE TO INCLUDE WELL RECOGNIZED LEADERS IN THE COMMUNITY WHO ARE NOT ELIGIBLE FOR APPOINTMENT TO THE JBG ITSELF BE APPROVED</p> <p style="text-align: center;"><u>All JBG Voting Members</u></p> <p><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p>THAT THE FOLLOWING POLICIES BE APPROVED:</p> <ul style="list-style-type: none"> - JBG#6 – JBG OPEN/CLOSED/IN-CAMERA POLICY - JBG#7 – COMMUNITY REPRESENTATION (NON BOARD MEMBERS) ON JBG COMMITTEES - JBG#8 - JBG – GOVERNANCE APPROACH

Subject

Discussion

**2.3 RESOURCE AND
AUDIT COMMITTEE
MINUTES AND
MOTIONS**

SJHH Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

THAT THE FOLLOWING MOTIONS RELATED TO THE HEALTH INFORMATION SYSTEM (HIS) PLATFORM BE ENDORSED TO MOVE FORWARD TO JBG FOR REVIEW AND APPROVAL:

-THAT SJHH MANAGEMENT STAFF BE DIRECTED TO SEEK TO ESTABLISH A COMMON HEALTH INFORMATION SYSTEM (HIS) PLATFORM WITH REGIONAL PARTNERS AND THE HNHBLHIN

-THAT STAFF BE DIRECTED TO DEVELOP A GOVERNANCE STRUCTURE WITH REGIONAL PARTNERS AND THE HNHBLHIN THAT WOULD ALLOW FOR EFFECTIVE AND COLLABORATIVE DECISION-MAKING IN THE CREATION OF A COMMON HIS PLATFORM

-THAT STAFF BE DIRECTED TO ENGAGE WITH REGIONAL PARTNERS, ON A NONBINDING BASIS TO ENGAGE IN A REQUEST FOR PROPOSAL OR SIMILAR PROCESS, AS APPROPRIATE TO COMPLY WITH THE BROADER PUBLIC SECTOR ACCOUNTABILITY ACT (BPSAA), TO SCOPE AND ASSESS THE REQUIREMENTS TO ACHIEVE A COMMON HIR PLATFORM

-THAT STAFF BE DIRECTED TO REPORT BACK ON PROPOSED COMMITMENTS, INCLUDING A ROADMAP, BUDGET AND SUSTAINABILITY PLAN, GOVERNANCE STRUCTURE, AND PROVIDE UPDATES TO THE JBG AT EACH COMMITTEE MEETING

- The challenges facing SJHH with respect to the impact of the budget gap and the clinical transformation project was discussed. It was noted that the new financial framework moving forward must maintain a clear approach to quality and safety and maintain a focus on safe, effective, accessible and kind care.

All JBG Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

THAT THE MINUTES OF THE RESOURCE AND AUDIT COMMITTEE OF NOVEMBER 18, 2015 BE ACCEPTED FOR INFORMATION

SJHH Voting Members

ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:

THAT THE COMMUNITY ACCOUNTABILITY PLANNING SUBMISSION BE APPROVED

Subject	Discussion
<p data-bbox="142 911 418 968">3. QUALITY AND PATIENT SAFETY</p> <p data-bbox="142 1003 472 1089">3.1 QUALITY COMMITTEE MINUTES, MOTIONS AND REPORT</p> <p data-bbox="142 1398 456 1484">3.2 MEDICAL ADVISORY COMMITTEE GUEST PRESENTATION</p>	<p data-bbox="902 191 1170 218"><u>SJVD Voting Members</u></p> <p data-bbox="516 258 1528 312"><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p data-bbox="516 359 1414 386">THAT THE INTERNAL OPERATING BUDGET FOR SJVD BE APPROVED</p> <p data-bbox="902 426 1170 453"><u>SJVD Voting Members</u></p> <p data-bbox="516 485 1528 539"><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p data-bbox="516 588 1425 642">THAT THE COMMUNITY ACCOUNTABILITY PLANNING SUBMISSION BE APPROVED</p> <p data-bbox="902 688 1170 716"><u>SJVD Voting Members</u></p> <p data-bbox="516 747 1528 802"><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p data-bbox="516 842 1507 896">THAT THE LONG TERM CARE ACCOUNTABILITY PLANNING SUBMISSION BE APPROVED</p> <ul data-bbox="565 999 1523 1178" style="list-style-type: none"> • A patient story about a SJVD resident on a secured ward was relayed. As a result of the patient's experience, a number of changes were made to limit the use of anti-psychotic medication and using best evidence to spread the approach across the organization. • A quality report for SJVD, Q2 scorecard and the critical incident report were reviewed. <p data-bbox="893 1211 1180 1239"><u>All JBG Voting Members</u></p> <p data-bbox="516 1270 1528 1325"><i>ON MOTION DULY MADE AND SECONDED THE FOLLOWING RESOLUTION WAS PASSED:</i></p> <p data-bbox="516 1365 1528 1419">THAT THE MINUTES OF THE QUALITY COMMITTEE OF NOVEMBER 10, 2015 BE ACCEPTED FOR INFORMATION</p> <ul data-bbox="565 1459 1552 1696" style="list-style-type: none"> • A presentation on the Baby Assessment Clinic (BAC) was made by Dr. R. McDonagh, Chief, Department of Obstetrics and Gynecology. The future state would include improved antenatal preparation for "birth as a natural process" not requiring prolonged exposure to the sophisticated environment of the acute care setting and timely discharge after delivery. Patients and families would be engaged throughout the process to ensure their needs were being met. In response to a question, it was noted that surveys are conducted in follow up once discharge to the BAC Clinic has taken place.

Subject	Discussion
<p>4. REPORTS</p> <p>4.1 REPORT OF CHAIR</p> <p>4.2 REPORT OF PRESIDENT AND CEO, ST. JOSEPH'S HEALTH SYSTEM</p> <p>4.3 REPORT OF PRESIDENTS</p> <p>4.4 REPORT OF THE CHIEF NURSING OFFICER</p> <p>4.5 REPORT OF THE VICE PRESIDENT RESEARCH</p> <p>4.5.1 ASTHMA – THEN AND NOW</p>	<ul style="list-style-type: none"> • P. Tice congratulated Dr. Jack Gauldie, VP Research, SJHH who has been named to McMaster University's Faculty of Health Sciences Community of Distinction, Dr. Paul O'Byrne who has been inducted as a Fellow of the Canadian Academic Health Sciences and Mr. Jim LoPresti, who received a Distinguished Service Award from the Hamilton Catholic District School Board. • The Credentialing Session held by BLG on October 29th was extremely informative and well received by all attendees. • P. Tice attended the Excellence in Practice Awards organized by the Professional Advisory Council. • A thank you note was sent on behalf of the JBG to Ms. Christine Morrissey, who received the Exemplary Service Award from the Medical Staff Association. • There was no report. • It was noted that researchers at SJHH and McMaster University have successfully tested an antidote that reverses the effects of two new blood thinners. The study has been published online in the New England Journal of Medicine. • An update on the future direction of Home Care will be provided at the next JBG meeting. • An update on the results and metrics of the skill mix change in the GIM Program was overviewed. Overall the staffing skill mix change has resulted in the continuance of the provision of quality care to patients. In many cases there were improved quality metrics. This is an example of transformational change in the nursing process. It was noted that it would be useful for early adopters to speak to other units with respect to their experiences. • There is increased alertness to violence in the workplace. An overview of strategies with respect to this issue was provided. <p>ACTION: A LIST OF STRATEGIES WITH RESPECT TO VIOLENCE IN THE WORKPLACE WILL BE PROVIDED TO THE JBG</p> <p>ACTION: A LIST OF SKILL MIX CHANGE METRICS WILL BE PROVIDED TO THE JBG</p> <ul style="list-style-type: none"> • An update was provided on the Research Institute. \$28M in research was carried out last year, and it was noted that SJHH ranks #19 among Canada's top 40 research hospitals. • Two Centres of Excellence are currently being proposed – one In Chronic Lung Disease and one in Post Traumatic Stress Disorders and Related Diseases. • It was noted that the Globe and Mail will be providing an insert on December 10th which will showcase research highlights across the country and SJHH will be featured. <p>ACTION: ARTICLE ON RESEARCH HIGHLIGHTS IN THE GLOBE AND MAIL TO BE DISTRIBUTED TO ALL JBG MEMBERS</p> <ul style="list-style-type: none"> • P. O'Byrne gave an informative presentation on Asthma: Then and Now. Asthma, it's characteristics and the many contributions of the Firestone Institute for Respiratory Health (FIRH) were overviewed. It was noted that significant progress has been made at understanding its origins and improving treatment for patients. The research led through the FIRH has had international impact on asthma care.

Subject	Discussion
<p>4.6 REPORT OF THE PRESIDENT MEDICAL STAFF ASSOCIATION</p> <p>4.7 REPORT OF PRESIDENT</p> <p>SJVD FOUNDATION</p> <p>SJHH FOUNDATION</p> <p>5. INFORMATION EDUCATION ITEMS</p> <p>6. OTHER BUSINESS</p> <p>7. ADJOURNMENT</p>	<ul style="list-style-type: none"> • The Association held a Pub and Social Night on Friday November 13. • A Future Leaders Workshop was held by the College of Physicians and Surgeons (CPSO) last week. • Engagement between the MSA and the Medical Administration continues with respect to fiscal sustainability and budget, and it was noted that it will be key in the upcoming years to try and find constructive solutions. <ul style="list-style-type: none"> • The Enhancing Care Program has been established. A complete marketing/media strategy has been designed to support this new initiative which has raised over \$165,000 to date. • The Annual Neil McArthur Memorial Golf Tournament was held on Oct 6th at Dundas Valley and raised over \$80,000. • The Road2Hope was held recently and there were approximately seventy participants. It was noted that over \$15K was raised. • The Annual SJVD Gala - "Villa Royale" will be held on Friday, April 29th at Liuna Station. Tickets are \$200 and will be available in January. • It was noted that the SJVD Foundation Board has just completed and approved a three year Strategic Planning document. <p>See item 1.4.1</p> <ul style="list-style-type: none"> • JBG Closed Summary • JBG Walkabouts/Education Schedule <p>T. Thoma was thanked for providing the summary article for this month's education item.</p> <ul style="list-style-type: none"> • Education Item – Summary Article – Why Your Good Not-for-Profit Board Needs to be Great – 10 Steps to Get There <p>There was no further business.</p> <p>THAT THE OPEN SESSION OF THE ST. JOSEPH'S HAMILTON JOINT BOARDS OF GOVERNORS BE ADJOURNED</p> <p>_____ Peter Tice, Chair</p> <p>_____ David Higgins, Secretary</p> <p>_____ Fadia Voogd, Recorder</p>

St. Joseph's Hamilton Joint Boards of Governors (JBG)

Summary of November 26th, 2015 Closed Meeting Session

Motions Summary

Recommending Committee	Motion
The Medical Advisory Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Medical Advisory Committee of November 5, 2015 be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members). ▪ Recommendation(s) on Credentials of the November 5, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members). ▪ Recommendations of the Research Committee of the November 5, 2015 Medical Advisory Committee be approved (St. Joseph Hamilton Joint Boards of Governors – St. Joseph's Healthcare Hamilton Voting Members).

Presentations and Reports to the JBG – Summary

The following reports were provided to the JBG in the closed session:

1) Enterprise Risk Management (ERM) Update

Margaret Doma and Julie Wilson provided an overview of the SJHH and SJVD Enterprise Risk Management programs, which provide a catalogue of all corporate risks at respective organizations. Risks are divided into pillars, undergo a risk assessment and are assigned a risk priority number. A reporting framework to management and the Board was outlined. Reports will include a focus on one of the three key risk pillars, as well as a highlight of all risks categorized as 'high risk', as well as any changes in risk level or new risks identified.

2) Journey to Fiscal Sustainability Update

Susan Hollis provided an update on the SJHH 'Journey to Fiscal Sustainability' or budgeting process, including details on how the organization decided upon the current 2 year planning process, details of the current budget gap, and the philosophy for finding savings strategies. The Board offered their full support in this process and will look forward to a final recommendation on savings strategies at the January 2016 Board meeting.

3) Physician Assisted Death Generative Discussion

Steve Abdool led a discussion on Physician Assisted Death, including a focus on definitions, areas of uncertainty for hospitals and health care providers, as well as discussion on this matter through the lens of a faith based health care organization. There remains a number of unanswered questions that will need to be resolved externally as we continue to discuss this matter as a Board. The importance of continuing the discussion on improving palliative care was highlighted.



**GOVERNANCE, MISSION AND VALUES (GMV) COMMITTEE of the
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

**GOVERNANCE, MISSION AND VALUES (GMV) COMMITTEE OF THE
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

- Summary of the December 1st, 2015 Meeting -

The Committee discussed the following standing agenda items:

- Preview of Next Board Agenda
- Selection of Generative Topic for Next Board Meeting
- Review of Previous Board Meeting Evaluation
- Review of Previous GMV Meeting Evaluation
- Review of Board Closed Session Summary
- SJHS/NHS Update
- Tracking Tool: 2015/16 Governance Work Plan
- Education Item

The Committee discussed the following business arising:

New Nominating Committee Structure

- In follow up to the motion at the November GMV meeting that the JBG consider expansion of the Board Nominating Committee to include well recognized leaders in the community who are not eligible for appointment to the JBG itself (Community Based Nominating Committee), questions were brought forward for discussion on our next steps.
- B. Guest / J. Fry to draft position description for Community Leader position on Nominating Committee and bring back to next GMV meeting.
- B. Guest / J. Fry to revise Nominating Terms of Reference to reflect updated membership and bring back to next GMV meeting.

The Committee discussed the following new business:

Annual Review of JBG Pressures & Opportunities

- This information has been requested in the past by the Governance committee and is included annually on the Governance work plan. This document is intended to provide a high level, informal snapshot of pressures and opportunities for each of the 3 JBG organizations.
- It was noted that this is not intended to replace or overlap with the Enterprise Risk Management process. But rather this was created before we had a formal ERM process in place. As such, it may be duplicating information at this point.
- Members felt this was a very good informal way of highlighting and reminding information for JBG members, particularly new members of the large items on the horizon for SJHH, SJHC and SJVD
- It was noted that this document captures opportunities and some achievements, which is slightly different from the ERM process and outcomes.

- Timing of this presentation was discussed and it was suggested to bring this back to the GMV committee annually at the September committee meeting as a way of reminding and re-introducing pressures and opportunities for the organizations.
- Add 'Annual Review of JBG Pressures & Opportunities' to the GMV work plan for September going forward.

Approve JBG Quarterly Report to SJHS

- The JBG Quarterly Report to SJHS has been brought forward for information.
- The committee endorsed the report to move forward to the SJHS Board.
- J. Fry to forward report to the SJHS Board.

Review/Renew JBG Policies

- The following policies were brought forward for review and approval:
- ON MOTION DULY MADE AND SECONDED, THE FOLLOWING RESOLUTION WAS PASSED: The following policies are approved for recommendation to the JBG:
- JBG#9 – Position Description for Trustees
- JBG#10 – Strategic Planning
- JBD#11 – Appointment of Officers
- A document entitled 'Guidelines for Board Policies' will be included in December JBG package
- In response to discussion on our process for declaring conflict of interest, B. Guest/J. Fry will contact BLG for a legal opinion on what is standard good governance practice with regard to declaration of conflict of interest, and bring back to next GMV meeting.

Next Nominating Committee Meeting

- The next Nominating Committee meeting is tentatively scheduled for January following GMV.
- We will have two-3 JBG positions coming open in for the 2016-17 Board year.
- It was suggested to contact JBG members who are up for renewal of first and second terms to ascertain their interest in renewing their membership.

Deputy Chief of Staff Position

- As part of the SJHH-NHS Chief of Staff agreement is the appointment of a Deputy Chief of Staff at each organization;
- D. Higgins/K. Smith/T. Stewart will appoint a search committee for this position, which includes a review of the role description;
- We are requesting GMV to recommend a JBG member to sit on this search committee.
- P. Tice to contact potential candidate and advise President's office if accepted/declined.

Guidelines for Board Policies

1. Structure

The St. Joseph's Hamilton Joint Boards of Governors (JBG) policies apply to St. Joseph's Villa, Dundas (SJVD), St. Joseph's Home Care (SJHC) and St. Joseph's Healthcare Hamilton (SJHH). All organizations have corporate, administrative, professional practice, program and departmental policies, procedure, guideline and protocols, in addition to Board policies.

2. Legislation and Regulatory Requirements

It is understood that all JBG Organizations fully comply with all applicable legislative and regulatory requirements, by-laws, and applicable policies, procedures, guidelines and protocols.

3. Language

Wherever possible, the language used in Board policies will reflect the different sectors (namely, Long Term Care, Hospitals, and Home Care providers) served by the JBG.

All reference to Boards of "Trustees" in Board policies includes the Board of Directors of St. Joseph's Home Care.

Policies will utilize gender neutral language wherever possible, though where such language becomes cumbersome, words importing the masculine gender shall be deemed to include the feminine and neutral genders. References to "patients", includes "residents", "clients", "customers" and other groups served by JBG member Organizations and Foundations.

4. Process

Normally, policies will be drafted and reviewed initially by Management, following review and recommendation by the Governance committee of the Board. Final approval of policies rests with the JBG. Approved policies are posted on the JBG website for public viewing and saved on the SJHH Executive Share drive.

The development of new policies may result from new legislation, direction from the Chair of the Board, Presidents and/or the St. Joseph's Hamilton Joint Boards of Governors, or recommendations from JBG Committees, Executive Team.

5. Review

Board policies will be reviewed on an ongoing basis (3-4 policies per month from September to June, resulting in review of all policies every year).

Policy Name: JBG Position Description for Trustees	
Policy Number (JBG or voting organization – number - approval year): JBG - #9 - 2015	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws
Replaces:	Pages: 1 of 3
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance Mission & Values Committee of the JBG
Approved on:	Recommended on: December 1, 2015

1.0 Purpose

- 1.1 The JBG is committed to ensuring that it achieves standards of excellence in the quality of its governance.
- 1.2 All references to the role of a Trustee of the JBG in this policy include responsibilities to individual Boards of the JBG to which the Trustee is appointed as determined by bylaws and policies.

2.0 Policy Statement

- 2.1 The organization has adopted this policy describing the duties and expectations of Trustees to maintain those standards.

3.0 Procedure

This policy applies to all elected and ex-officio Trustees and is provided to all Trustees before they are appointed to the member Boards of the JBG. A Trustee who wishes to serve on the JBG must confirm in writing that he or she will abide by this policy.

As a member of the JBG and in contributing to the collective achievement of the role of the JBG, the individual Trustee is responsible for the following:

3.1 Fiduciary Duties

Each Trustee is responsible to act honestly, in good faith, and in the best interest of the organization and, in so doing, to support the agency in fulfilling its mission and vision and in discharging its accountabilities.

A Trustee shall apply the level of skill and judgment that may reasonably be expected of a person with his or her knowledge and experience.

3.2 Accountability

A Trustee is not solely accountable to any special group or interest and shall act and make decisions that are in the best interests of the JBG as a whole. A Trustee shall be knowledgeable of the stakeholders to whom the organization is accountable. They shall appropriately take into account the interests of such stakeholders when making decisions as a Trustee, but shall not prefer the interests of any one group if to do so would not be in the best interest of JBG.

3.3 Education

A Trustee shall be knowledgeable about:

- The operations of the organization;
- The health care needs of the community served;
- The duties and expectations of a Trustee;
- The JBG's governance role;
- The JBG's governance structure and processes;
- The JBG's governance policies; and,
- The organization's policies applicable to JBG Members.

A Trustee will participate in JBG orientation sessions, JBG planning retreats and JBG education sessions.

3.4 Teamwork

A Trustee shall develop and maintain sound relations and work cooperatively and respectfully with the JBG Chair, Members of the JBG and Senior Management.

3.5 Community Representation and Support

A Trustee shall represent the JBG and the organization in the community when asked to do so by the JBG Chair. JBG Members shall provide support to the fundraising efforts of the JBG in accordance with their means and shall support the organization through sponsored events.

3.6 Time and Commitment

A Trustee is expected to commit the time required to perform JBG and Committee duties. It is expected that a Trustee will devote a minimum of between 8-12 hours per month.

3.7 Contribution to Governance

Trustees are expected to make a contribution to the governance role of the JBG through:

- Reading materials in advance of meeting and coming prepared to contribute to discussion;
- Offering constructive contributions to the JBG and Committee discussions;
- Contributing his or her special skills, knowledge and expertise;
- Respecting the views of other members of the JBG;
- Voicing conflicting opinions during JBG and Committee meetings but respecting the decisions of the majority even when the Trustee does not agree with the decision;
- Respecting the role of the Chair; and,
- Participating in JBG evaluations and annual performance reviews.

3.8 Continuous Improvement

A Trustee shall commit to be responsible for continuous self-improvement. A Trustee shall receive and act upon the result of the JBG evaluation in a constructive and positive manner.

3.9 Terms and Renewal

A Trustee is appointed for a term of three years and normally may serve a maximum of nine years. A Trustee's renewal for each term is not automatic and shall depend on the Trustee's performance.

3.10 Declaration

All trustees and committee members of the JBG shall sign the “Declaration of Commitment to Mission and Confidentiality and Disclosure of Relationships with Member Organization Vendors” (JBG Policy #18) upon appointment and renewal of terms.

Policy Name: JBG - Strategic Planning	
Policy Number (JBG or voting organization – number - approval year): JBG - # 10 2015	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws
Replaces:	Pages: 1 of 1
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission and Values Committee of the JBG
Approved on:	Recommended on: December 1, 2015

1.0 Purpose

- 1.1 To establish the framework to guide the strategic planning process both for the member organizations of the St. Joseph's Hamilton Joint Boards of Governors (JBG) and for the JBG as a whole, providing a continuum of services to the Hamilton and surrounding community.

2.0 Policy Statement

- 2.1 The JBG defines the future strategies of the organization. In the strategic planning process, the JBG is responsible for the organizational purpose or vision. To this extent, the development of the mission and values of the organization are the responsibility of the JBG and should be considered in conjunction with the vision.

3.0 Procedure

- 3.1 The JBG is to create, review and update the vision statement for the organization:
- From time to time (approximately every 3 years) a review of the organization's mission and values statements should occur.
 - Management will develop and the JBG approve the overall strategic initiatives of the organization.
- 3.2 The site Presidents will be accountable for the operational performance of the vision established by the JBG.
- 3.3 On an annual basis, a set of objectives and strategies will be created by the site Presidents to support the achievement of the vision.
- 3.4 The objectives and strategies will be presented by Management to the JBG for information purposes.

Policy Name: JBG – Appointment of Officers	
Policy Number (JBG or voting organization – number - approval year): JBG - #11 2015	Cross Reference: SJHH, SJVD, SJHC Administrative By-laws SJHS Policy: 2-SYS-MO
Replaces:	Pages: 1 of 1
Approved by: St. Joseph's Hamilton Joint Boards of Governors (JBG)	Recommended by: Governance, Mission and Values Committee of the JBG
Approved on:	Recommended on: December 1, 2015

1.0 Purpose

- 1.1 To ensure there is a Nominating process for Officer appointments to the JBG (and Boards of SJHH, SJVD and SJHC).

2.0 Policy Statement

- 2.1 The JBG is committed to succession planning for Officers of the JBG to ensure continuity and knowledge in the JBG leadership roles.

3.0 Procedure

- 3.1 The JBG Leadership is appointed by the JBG at the June Meeting of the JBG. These positions will include Chair, Vice-Chair and Treasurer of the JBG.
 - 3.1.1 Only voting members of the JBG are eligible to be appointed as Chair, Vice-Chair or Treasurer of the JBG.
 - 3.1.2 The Chair of the JBG shall hold office for a maximum of two (2) years or until a successor is appointed.
- 3.2 The Officers of the JBG will hold the positions of Officers of the Boards of SJHH, SJVD and SJHC.
- 3.3 The Governance Committee shall establish a Nominating Committee to appoint Trustees to member Boards as outlined in the member organization By-Laws.
- 3.4 The Nominating Committee, in fulfillment of its responsibility for the nomination process, will nominate a Chair, Vice-Chair and Treasurer of the JBG.
- 3.5 The Vice-Chair will typically be nominated as JBG Chair at the expiration of the term of the incumbent Chair. Special circumstances as determined by the Nominating Committee may require that someone other than the Vice-Chair succeed the incumbent Chair.
- 3.6 Trustees who have chaired a JBG Committee will be eligible to be nominated as Vice-Chair. Special circumstances as determined by the Nominating Committee may require that other Trustees may be eligible for nomination to this position.
- 3.7 If for any reason a JBG Chair, Vice-Chair or Treasurer resigns or is otherwise unable to complete their full term, the Governance Committee will recommend a replacement to the JBG within 30 days of receiving notice.



**RESOURCE & AUDIT COMMITTEE of the
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

Treasurer's Report to the JBG Resource and Audit Committee Meeting (Dec. 16, 2015)

4.1 Insurance Renewal Update

- extensive process and work to renew insurance on an annual basis. Coverage bound for the organization by November 30th.
- insurance renewal is divided amongst the member organizations into three categories as coverage is slightly different for each, i.e. Hospital, Long-Term Care and Homecare
- Property premium has remained consistent for SJHH in light of a very significant event and the limit for the hospitals and for SJVD which is based on the value of the buildings owned and contents
- it was noted that the Business Interruption coverage has been substantially reduced from prior year
- minimal changes overall to Liability premium
- premiums for Crime, D&O Excess Liability, Environmental, Cyber and Board Member Travel/Accident remained consistent with the prior year
- there was a change in provider for Excess Liability for SJHH from RSA to Berkley
- automobile premiums remained consistent with prior year, although SJHH saw a reduction due to a decrease in fleet vehicle numbers

5.1 SJVD - Audit Plan & Letter of Engagement

KPMG provided the Committee with an overview of the pre-circulated Audit Planning Report for the year December 31st, 2015. The report is intended to provide an overview of the audit plan for St. Joseph's Villa with the following being noted:

KEY AREAS OF FOCUS

- revenue recognition
- long term debt
- salary and benefits
- capital costs related to the new Diocese rooms and chapel

A meeting without management followed.

6.1 Journey to Fiscal Sustainability (SJHH) – Update

6.1.1 Principle-Based Decision Making: Nuts & Bolts of Resource Allocation

In follow-up to the request by JBG, a detailed review and discussion of major strategies to balance identified through the Journey to Fiscal Sustainability was provided.

- lead by Steve Abdool, an ethical review as it related to the major categories of strategies was discussed at the December 8th Senior Leadership Team meeting
- good dialogue occurred related to current constraints to ensure SJHH is doing things the right way
- there was also recognition by the team that there were no ideal options related to some of the strategies being considered. The group thoughtfully discussed how to mitigate the impact to staff and support the decision makers.
- as of the end of November the deficit is \$4.3M and SJHH continues to forecast a \$7M deficit at year end
- the trend of expenses is being watched carefully with slight changes having already been seen in November
- validated budget strategies were grouped and presented according to the LHIN prioritization framework
- the preliminary FTE impact based on current strategies was reviewed
- there has been ongoing dialogue and discussion with our union leaders regarding the magnitude of the budget pressure since April through FAC
- the Bright Ideas campaign was implemented for staff to submit possible budget saving strategies in late June
- the Executive Team have held Director, Manager and staff forums over the last several weeks

- during the staff forums held on December 15th, specific strategies were not identified, but an outline of the current situation along with a timeline moving forward was provided to those staff present
- preliminary strategies have been broken down categorically and rated with respect to the impact on quality and access and effort to achieve
- categories such as funding optimization, supply chain management and revenue generation have would have minimal impact on staff whereas categories such as program efficiencies, service consolidation and bed changes/utilization will prove to be more challenging the organization
- many of the strategies being pursued were also independently suggested by staff through the Bright Ideas campaign
- further details are available in the minutes, please review

7.1 SJVD & SJHC - Monetary CUPE Negotiating Mandate (MOTION)

Information was pre-circulated related to the monetary CUPE negotiating mandate at St. Joseph's Villa Dundas.

7.2 SJVD & SJHC - Monetary ONA Negotiating Mandate (MOTION)

Information was pre-circulated related to the monetary ONA negotiating mandate at St. Joseph's Villa Dundas.

7.3 SJHC Community Accountability Planning Submission (CAPS) (MOTION)

A correction to the CAPS presentation was noted.

8.1 Clinical Transformation Project & ICT Subcommittee Update

The minutes of the Information & Communication Technologies Committee (ICTC) were presented as a blotter item.

No concerns were noted by the Committee members.



**QUALITY COMMITTEE of the
St. Joseph's Hamilton Joint Boards of Governors (JBG)**

QUALITY COMMITTEE OF THE
St. Joseph's Hamilton Joint Boards of Governors (JBG)

- Summary of the December 8, 2015 Meeting -

The Committee discussed the following new business:

Patient Safety Priority – Reducing Infection – Presentation by A. Bialachowski, Dr. C. Lee, G. Jassy, J. Wilson

Highlights from the presentation included:

St. Joseph's Healthcare:

- Infection prevention strategies include:
 - Increased surveillance on preventing infection, Conducting audits, Networking for best practices, Educating staff on preventing and reducing spread of infections
- Key Infection Reducing Initiatives include:
 - Catheter Associated urinary Tract Infections (CAUTI), Pneumonia, Sepsis, MRSA Bloodstream infections, C. difficile

St. Joseph's Home Care:

- Implemented a new practice of ensuring all employees have proof of TB Testing and a completed record of immunization upon hire

St. Joseph's Villa:

- Implemented a post-outbreak review process where findings and recommendations are communicated to front line staff
- Improved hand hygiene rates
- Administered influenza vaccines to both staff and residents

Mental Health Quality Report – Presentation by Dr. A. Rudnick, R. Cercone, Dr. P. Cook

Highlights from the presentation included:

- Many patients present with an addiction, but the type of addictive substance has been changing over time. Previously more patients were treated for substance abuse related to alcohol, marijuana, or cocaine; however we are seeing less and less of that now. An increasing number of patients are using methamphetamine (also known as crystal meth), and these patients are presenting with severe agitation.
- The program has been involved in the development of steps leading towards an electronic medical record, including physician order sets and a patient document management system
- Integration of Medicine and Psychiatry at West 5th via C-IMRAC (Community Internal Medicine Rapid Access Clinic)

St. Joseph's Villa Falls Program – Presentation by J. Williams

Highlights from the presentation included:

- The Villa's falls prevention strategy is 3 pronged:
 - Falls Risk Identification
 - Prevention Strategies
 - Mitigation of Serious Injury



INFORMATION ITEMS

St. Joseph's Hamilton Joint Boards of Governors (JBG)

Therapeutic Recreation for better quality of life



Therapeutic recreation, or recreation therapy as it is also called, refers to the use of recreational and other activities as treatment interventions to overcome the barriers that may have been stopping clients from maintaining an active & healthy lifestyle, whether that activity is physical, cognitive/intellectual, emotional, spiritual or social.

SJHC is fortunate to have a recreation therapist, Lydia Amos, who works with seniors in the Assisted Living Unit and Transitional Beds Program at First Place Hamilton.

Lydia has a simple definition for therapeutic recreation that she posts in her work area to help colleagues and clients alike understand her philosophy to care:

The purpose of recreation is not to kill time, but to stimulate activity; not to keep people occupied, but to keep them refreshed; not to escape from life, but to expand possibilities.

The objective of therapeutic recreation is to improve the quality of life of a person living with disabilities that result from an accident, a health-related event (like a stroke) or from the aging process.

Colleagues at First Place have been extraordinarily supportive of the therapeutic recreation program, encouraging clients to participate in sessions and at times even helping clients get to different sessions and activities.

The setting at First Place offers a unique environment for therapeutic recreation with two programs that have very different turn-over rates for clients. On the one hand, the assisted living unit has long-term residents, whereas clients in the Transitional Beds program have a much higher turn-over rate. With new clients coming into First Place, the activities planned for therapeutic recreation need to change often and geared to the specific needs and preferences of the clients in

residence. For clients who will be transitioning to a different care setting, therapeutic recreation becomes an important component to help clients be confident and calm during their next transition.

To stimulate a sense of anticipation and showcase the variety of activities available, Lydia posts a monthly calendar of activities. The calendar changes each month to meet the needs of clients in both programs at First Place.

The therapist needs to build rapport and trust with clients. Since recreational therapy is completely individualized to each person, their past, present and future interests and lifestyle, incorporating client's interests, and the client's family and/or community makes the therapy process meaningful and relevant. Discovering a person's likes and dislikes is crucial to building a therapy approach that is tailored to the individual.

One of Lydia's successes at First Place is Mrs. L, a client in the Transitional Beds program. Life was very different than what Mrs. L had envisioned at her age. In her early 60s, Mrs. L had hoped to travel and enjoy time with family; instead she found herself at First Place recovering from a debilitating stroke, needing a wheelchair and with a non-functional left hand that further reduced her mobility and independence. She cried daily and refused participate in activities or even come out of her room. For Lydia, the goal was to help Mrs. L enjoy the next phase of her life. Since Mrs. L did not have any cognitive impairment resulting from the stroke, Lydia started by encouraging participation in therapies that would be an appropriate match for Mrs. L's abilities.

Lydia has an area in her workspace that is set up as a kitchen table. For many of the seniors in our care at First Place, the kitchen table was a gathering place for family and friends, and evokes these social interactions and healthy relationships. The table is decorated with seasonal tablecloths and other motifs to encourage clients to gather and socialize.

PRESIDENT'S CORNER

A message from Jane Loncke, President



We continue to develop programs with our client's needs at heart. Across the organization, we all work together to deliver client-centred care that is innovative, makes effective use of the resources available, and incorporates best practices. This is true of all programs, all services, all staff and I am very proud to work along with you on this journey.

Despite being a small, local home and community care agency, the work we are doing is having an enormous impact – across the province of Ontario, in fact.

The ICC project has received much media attention in the last few months, especially with Dr. Eric Hoskins' the Minister of Health and Long-Term Care, special announcement in early September. St. Joseph's Home Care is the lead home and community care agency in the expansion of the ICC program for patients with chronic obstructive pulmonary disease (COPD) across our LHIN, one of only 6 ICC-like projects that have been approved by the Ministry of Health and Long-Term Care. The success of the ICC model is due in large part to the

seamless transition between hospital and community and our nurses and PSWs have played a crucial role in this success.

Another program in which SJHC is having a significant impact is the Collaborative Care Model program that was launched earlier this year within the Community Support Service Division. This innovative service delivery model allows the CCAC and CSS agencies to collaborate closely to provide assisted living and supportive housing services to support older adults, ensuring a seamless and coordinated health care experience for individuals who live independently in the community and whose care needs are relatively stable. St. Joseph's Home Care is an early adopter of this model and our learnings are serving to inform processes that will be rolled out across the province as the model grows.

None of our accomplishments would be possible without the exceptional individuals who work at St. Joseph's Home Care. SJHC employees are passionate about caring for people and dedicated to our mission and values. This fact shines through in the number of staff who were celebrated at the annual Staff Recognition event earlier this month. Congratulations to all, the recognition is well-deserved.

Celebrating Clients

SJHC staff were on hand to help Mike, at Gwen Lee, celebrate his milestone birthday. Happy birthday Mike!



A couple of hours with... Sharon Mulamba, Care Coordinator

Written by Tanya Tomasino

A couple of hours with Sharon Mulamba, Care Coordinator

Written by T. Tomasino

I join Sharon Mulamba at around 8:45 a.m. on a sunny Friday morning. On this particular day, the team has had a sick call from a nurse with a full schedule and all the nurse's patients need to be reassigned.

When I arrive to sit with Sharon, she is looking at the unassigned visits (also called "on the planner") to determine each patient's care needs and so she can assign visits in order of priority; for example, because of complexity and urgency of needs, palliative patients and school kids are deemed to have the highest priority for assignment. This morning there are two school kids who need to be reassigned and, fortunately, they attend the same school, which means that one nurse can complete both visits.

School kids rely on community nurses to measure their blood sugar and inject insulin. Timing is of the essence for school kids. Insulin needs to be injected shortly after lunch and most of the school kids who need to see a nurse are scheduled around lunch time in various schools across the city.

Everything would be perfect if we could figure out how to be in more than one place at a time, but that hasn't happened yet, so the Care Coordinators need to get into action to make sure these patients are seen.

Sharon starts by looking at the caseload of all the other nurses who are working that particular day; unfortunately, everyone has a full caseload and it looks like no one who is already working will be able to take on the two school kids.

She calls the roster of casual nurses who have indicated they are available for this day. She needs to do this in order of seniority to comply with the collective agreement. After leaving two voicemails, the third nurse on the casual roster responds. As soon as she responds, it is obvious that she is sick and is not able to pick up any patients. She sounds terrible over the phone, completely stuffed up, so the Care



The nursing administration team, including Care Coordinators, Program Assistants and Management, meet in huddle twice daily.

Coordinators take note that this is a possible sick call over the weekend. This nurse is already booked for a full day, but judging from how she sounds on the phone, it doesn't seem likely that she will be able to see patients for the next few days. The Care Coordinator team will need to prepare a contingency in case the nurse needs to call in sick.

Seems easy enough: identify an issue, solve the issue, and move on.

What most wouldn't see is that, in the process of trying to find someone who can make time in their full schedule to see the school kids who are on the planner, a number of other issues or questions come up. In this time, Sharon:

- * Receives a call from a community nurse asking about a change in a patient's visit frequency and whether new doctor's orders are available, which means that Sharon has to log into the CCAC database to look at the client file for information on status changes and new orders.
- * Has to follow-up with another nurse to verify a visit from the previous day.
- * Consults with her Care Coordinator colleagues on a clinical question from a third nurse in the community.
- * Receives a request from a fourth nurse to turn back a client.
- * A nurse calls to inform the team that a client is on their way to hospital for treatment and needs to have their visit rescheduled to a different time.

Back to the school kids, another option is to see whether a nurse who is working in a nearby area can pick up the visit.

The City of Hamilton is divided into four geographic areas – Lower East, Lower West, Mountain East, and Mountain West. The entire nursing team is organized along these geographic lines. Nurses work within a designated area with a Care Coordinator who looks after assigning visits in their particular area. This system took some time to refine and, since implementation has worked well to increase efficiencies by reducing travel time and to foster a team environment. Care Coordinators and nurses in the community collaborate despite working in different locations.

Since the Care Coordinators have already established that all the visiting nurses are carrying full caseloads, this can only be done if they turn back another client to open up space

...continued on pages 8-9

Using a wide range of interventions, or activities, with clients, Lydia aims to improve their quality of life through the development of skills, knowledge and behaviors for daily living and community involvement.

For example, some of the activities included in the therapeutic recreation program at First Place include:

- Through therapeutic horticulture clients grow, maintain and use herbs and other plants and dried fruits to make potpourri and other items. The aromas and feeling of these familiar items (like apples in the potpourri) help trigger memories; when clients share these memories with other participants it reinforces their social circle.
- The culinary club learns about safe food handling and gathers to cook or bake comfort staples like turnovers. Discussions of memories triggered by every-day food ensue and help solidify relationships within the community. Sometimes clients can lose their ability to communicate in English and for some their language memory can be triggered by the familiar scents of the herbs they use in cooking; for these clients, the culinary club can be crucial to helping them relate to other, including family and loved ones.
- The colouring program uses Color Me Calm templates designed to encourage meditation and relaxation to convey a sense of peace and enjoyment. By involving families in the therapeutic colouring sessions, Lydia helps foster a deeper understanding of how family members can interact with and related to their loved one.
- The music program provides age appropriate entertainment for clients. Music with a suitable tempo can have a tremendously calming effect. One resident even joins in on the sessions playing the steel drums.
- Another activity that is well loved is the DVD sing-alongs.
- A media cart is available to clients as a rolling toolbox full of one-to-one music activities, including headphones and media players. Thanks to the cart, Lydia is able to reach out to residents who prefer not to participate in groups.
- Reader's Digest and National Geographic magazines are available in large print format.



- A volunteer comes into First Place to visit clients with her St. John's therapy dog, Liberty. Pet therapy is particularly helpful with non-verbal clients who will often respond to a non-threatening pet.
- Doll therapy can be used successfully with agitated clients; the act of cuddling, rocking a baby, can help calm a person who is agitated even if the baby is not real.
- Creating seasonal crafts for residents encourages conversation and gives residents an opportunity to create a tangible keepsake that can be displayed on their unit door. Clients in the Transitional Beds program are encouraged to keep the craft during their next transition as a memory of their residence at First Place.
- Therapeutic hand massage is an opportunity to provide individual interaction and a gentle touch, which provides sensory stimulation; Epsom salt and warm water with familiar objects like measuring cups or spoons triggers the memory of washing dishes.
- Shake, Lose and Memory is a cognitive program where a participant rolls a dice and pulls a card with a statement or question meant to evoke a memory. A popular one that gets the group talking is "have you ever milked a cow?" A similar concept is used in Shake, Lose and Taste with statements or questions that revolve around food, like "green olives or black olives?"
- Spiritual wellbeing is fostered by activities like Hymn singing or a monthly Catholic Mass that is hosted at First Place.

In addition, residents can participate in any number of activities to promote physical and psychosocial wellbeing that include games like bingo, shuffleboard, bocci ball, mini-putt, darts; a Wii is available for



residents to play games. Cognitive abilities are nurtured through puzzles or trivia. While participation in these activities is dependent on a resident's physical or cognitive condition, the puzzles and games are available for residents to use at any time.

Ultimately, the goal of recreational therapy is to recreate the quality of life a person enjoyed prior to the effects of illness, disability, or aging. As client journey through their therapy, the role of the therapists changes from therapists, to instructor, to facilitator, and Lydia has filled all three roles at different stages for her clients.

Why Recreational Therapy?

The benefits of therapeutic recreation are well documented and include:

- increased independence by regaining or developing skills for daily life
- better quality of life for both the individual and family
- recovery after an accident, injury, or illness
- reduction or prevention of decline in physical, cognitive, and social abilities
- reduced need for future health care services
- improved involvement of family members and caregivers
- increased overall activity level



<p style="text-align: center;">PHYSICAL BENEFITS</p> <ul style="list-style-type: none"> • increased mobility, flexibility, and range of motion • greater muscular strength • decrease pain and stiffness • better physical endurance and coordination, including agility and balance • recovery, maintenance, or improvement of gross and fine motor skills that have been affected or lost through an illness or accident or other • help in regaining a formerly active lifestyle • reduce falls and other health risks • faster rate of healing from injuries • prevent decline in health status 	<p style="text-align: center;">EMOTIONAL BENEFITS</p> <ul style="list-style-type: none"> • relaxation and stress reduction • opportunity for increased self-esteem • better sense of self and body image • improve self-confidence • enhanced self-sufficiency and sense of independence • lower depression, anxiety and problem behaviours • restoration of sense of pride and wholeness • discovery or renewal of interest in an enjoyable and meaningful activity • encouragement to set and achieve new goals • promote acceptance of illness or disability
<p style="text-align: center;">SOCIAL BENEFITS</p> <ul style="list-style-type: none"> • opportunity to find and build relationships • reduced loneliness • better connections with family and community through a fun activity • prevention of social isolation • development or maintenance of social skills • develop ability for self-advocacy 	<p style="text-align: center;">COGNITIVE BENEFITS</p> <ul style="list-style-type: none"> • increased mental alertness and attention span • improved problem-solving and organizational skills • enhanced memory • sensory stimulation • development of new skills

Staff Recognition 2015

On October 1 St. Joseph's Home Care hosted the annual Staff Recognition event at Michelangelo's Banquet Centre, a celebration of our accomplishments throughout the year. The evening honoured the dedication of long-serving staff and the recipients of the Awards of Excellence.

Recognizing Long-Serving Employees

35 Years of Service

Sharon Fulcher

30 Years of Service

Joanne Norwood

20 Years of Service

Rodica Borosiu | Lita De Guzman Milagros Gabatino | Candy Laidlaw | Arlene Marcon
Sheila Schuitemaker | Annette Simpson

15 Years of Service

Denise Harvey | Yolanda Matias | Pauline Miller
Michelle Wood

10 Years of Service

Diane Cameracci | Marcianita Ellurig
June Hayward | Jennifer Pinho
Hermalyn Rosales

5 Years of Service

Loida Arroyo | Melba Atienza | Adela Berrios
Carol Brown | Margaret Burton
Gerald Del Campo | Marigluo Del Campo
Janet Dizer | Marvelina Fabellon
Marilou Fabian | Julieta Fernando
Sophia Gardocki | Karen Hughes | Irena Jackson
Danique Johnjules | Julie Joseph | Susan Litzen
Christine Loyer | Melissa Loyer | Kathy MacNeil
Davene Miles | Eucelie Millano | Sandy Moniz
Willie Pei | Fakhraddin Rasul | Lovella Rodriguez
Michelle Russell | Estrellita Santos
Barrington Sewell | Mark Shoga | Amanda Short
Susan Slikker | Conway Sewart | Sonia Tabalno
Zora Zivanovic



Lori Lawson with Joanne Norwood, Rodica Borosiu, Mila Gabatino and Candy Laidlaw.



Lori Lawson with Annette Simpson, Pauline Miller, Yolanda Matias and Michelle Wood.



Lori Lawson with Diane Cameracci, Marcianita Ellurig, June Hayward and Jennifer Pinho.



Lori Lawson with recipients of the 5 Years of Service recognition.

Awards of Excellence

Terry Dalimonte and Lori Lawson presented the four Awards of Excellence. This award recognizes staff members who demonstrate a caring and respectful nature, performance above and beyond ordinary duty, innovative thinking and resourcefulness leading to improved efficiency, care and concern for the whole person, and responsibility to our community

All SJHC employees are eligible for the award, but recipients must be nominated by their colleagues. Honorees are role models of professionalism in their respective fields and truly embrace the values of St. Joseph's Home Care.

Joanne Gallagher

A dedicated and hard-working nurse with a soft voice and a big heart, she always puts her patients first, advocating for them, helping navigate the healthcare system, and providing much needed emotional and spiritual support during a difficult time. She is a "go-to" resource in palliative care for her colleagues and is always available to others as a mentor and role model. It is precisely this willingness to go above and beyond ordinary duty, whether providing direct care to clients, mentoring younger nurses or serving as a union representative advocating for her colleagues that shows her commitment to the mission of St. Joseph's Home Care.



Bridget Hill

Always willing to share her knowledge and experience, she is adept at building professional relationships with colleagues, patients, and families based on trust and respect. No matter how difficult the situation is, you can count on her having a smile on her face and a kind word to say. Her tireless efforts on behalf of clients and colleagues alike make her a very well-liked and well-respected member of the nursing team. As well as representing her colleagues as a union representative, she has consistently volunteered to help the organization to everyone's benefit, whether it is as a member of the Social Committee, providing helpful recommendations for process improvements, or serving as a mentor to nurses who are new to the organization, just to name a few. And we are a better organization for having her with us.



Liwayway Velo

A pillar of strength at the Neighbourhood Model for Seniors at Risk Supportive Housing Program, she is unfailingly professional, kind and reliable. Anyone who comes into contact with her, whether a client or a colleague, comes away with a permanent positive impression of her and our organization. She never refuses to help a fellow worker and can handle the most challenging situation with composure. One example of this is during a severe snow storm three years ago. This employee was the only PSW able to arrive at work and had to rearrange the care schedule of 3 staff to be able to provide essential care for clients. Not only was she able to do this, but she did in such a way that clients did not notice a difference in the level of service delivered. Our community depends on exceptional people like this honoree who come through in challenging situations.



Grant Muzzell

Exemplifying the qualities of outstanding effort and a positive attitude, over the last several months, this employee has been asked to actively participate in a number of projects that were above and beyond his day-to-day duties. He has completed this work efficiently and with a great attitude. Some of this work has involved close collaboration with St. Joseph's Health System colleagues, at St. Joseph's Healthcare Hamilton and St. Mary's General Hospital; in those circumstances, he has demonstrated not only his financial expertise, but his overall professionalism. There is no denying he has the organization's best interests at heart and takes his role in promoting fiscal responsibility and an efficient use of the organization's resources very seriously.

*A couple of hours....
continued from page 3*

in the caseload to see the school kids. The Care Coordinator assigned to that specific area calls out to nurses in the area to see if anyone can pick up the visits for the two school kids. Going outside of a nurse's assigned area also increases travel time, and the added travel time can have a further impact on the nurse's other scheduled visits.

This nurse already has a school child assigned to her that she must see at the same time, so the timing will not work for her to take on the visits for school children on the planner.

As a final resort, Sharon puts a callout to all nurses to ask whether anyone can pick up the school kids on the planner. The response is almost immediate. Two nurses work out between them how to rearrange two scheduled visits to open up space in one of their schedules so that the two school children can be picked up. As an observer, it is amazing to watch this act of camaraderie.

With the school kids assigned, now Sharon and her Care Coordinator colleagues need to move onto the next issue that needs immediate attention. It looks like SJHC may not be able to accept any new referrals this evening. One of the four nurses regularly scheduled on evenings is not available and the three nurses (one RN, two RPN) have a full caseload. The Care Coordinators will start calling the list of casual nurses

to see if anyone is available to take on any new home care referrals that come in.

As questions, issues, discussions arise, however, it is easy to see just how quickly you could lose track of what you were doing when you are being pulled in so many different directions. You can start writing an email, but get interrupted by a phone call coming in, which requires you to stop what you are doing and look up information; by the time you finish helping the person on the other line, you might have a new referral that needs to be scheduled. It can be difficult to manage. That is why everyone on the Care Coordinator team has developed different techniques to stay on top of everything that is going on. Sharon's preferred method is writing notes to herself on Post-Its; this helps her remember what she meant to do before she was pulled in a different direction.

Apparently today is a usual Friday for the Care Coordinator team. The number of new referrals is manageable and, while the nurses in the community have full caseloads, they are able to make adjustments to their schedules to accommodate changes in availability and new referrals.

Whether it is between the Care Coordinators in the office or between a particular Care Coordinator and the visiting nurses in the community, communication is key for the team to function effectively and in my short time sitting with Sharon, I can see how the team works like a well-oiled machine.

UNITED WAY

On October 7, 2015 SJHC was invited to participate in a United Way presentation to the Canada Border Services Agency, located in Hamilton. Anne Kenderic represented SJHC as an impact speaker and expressed how the funding that St. Joseph's Home Care receives from United Way, directly affected an actual client.

The story touched the group. It may be just one of over 30 different impact stories shared with us by our clients who benefit from services funded through United Way, but the impact of the funded cleaning is significant.

Funded cleaning and personal support services can be the difference between someone living independently in their own home and a person losing their autonomy by having to move into an institutional setting.

Please donate to the United Way.

Your donation can help someone continue living in their own home. It doesn't matter how small your donation may seem; every dollar makes a difference.



More from the Staff Recognition event

Thank you to the members of the Event Planning and Staff Recognition Committee — Angela Batelic, Karen Hughes, Melissa Duguid, Amy Pickernell, Michelle Wood and Tanya Tomasino for their excellent work planning the event and fundraising for the United Way.



WELCOME ABOARD!

NAME	PROGRAM AREA
Kimberleene Bolos, Dietary Aide	Wellington Terrace
Maribeth Carino, PSW	Marketed Services
Ivan De Castro, PSW	Marketed Services
Dana De Simone, PSW	Marketed Services
Janice Lamont, PSW	Neighbourhood Model
Patricia McCabe, PSW	Park Assisted Living
Ramon Mesa Gomez, Server	First Place Cafe

NAME	PROGRAM AREA
Laura Priestley, Server	First Place Cafe
Elizabeth Saban, PSW	Marketed Services
Silvana Sevitti, PSW	CCM
Esther Sim, PSW	CCM
Priya Singh, Care Coordinator	Visiting Nursing
Jennifer Vincent, PSW	Wellington Terrace

SJHC IN CONFERENCE

In the month of October, St. Joseph's Home Care participated in the Health Quality Ontario (HQO) and Ontario Community Support Association (OCSA) conferences.

Health Quality Ontario (HQO)

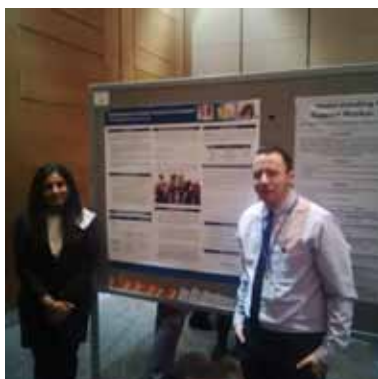
This was an opportunity to showcase the Hamilton Community Transitional Wellness Capacity Project at First Place with a poster presentation at both conferences. The poster highlighted the progress and success of the St. Joseph's Home Care's First Place Transitional Beds Program which had initially started with three beds, and has now evolved to a 32 bed program. Stories of clients' experiences in the program demonstrate how our services have helped clients improve their quality of life.



Ontario Community Support Association (OCSA)

In addition to the poster presentation, SJHC was invited to participate in the panel featuring the Quality Advantage Learning Lab at the OCSA conference. Entitled "Good, Better, Best: Insights and Observations on Building Improvement Capability in the Community Support Services Sector", the panel participants have been asked to share their experience and results from the Quality Advantage Learning Lab.

At SJHC, our project aim was to improve client satisfaction with the way in which client concerns are handled by 17% in the supportive housing hub around Park Street. The team was selected for their success in utilizing Learning Lab principles and tools, and for implementing creative solutions to meet the project objectives.



KINDNESS RECOGNIZED

The amazing story of an unusual bus ride and how it is connected to SJHC

A couple of weeks ago a news story went viral that has an important SJHC connection.

Someone took a photo of a young man on a HSR bus who held a stranger's hand throughout a 30-minute bus ride and posted it on the "Only in Hamilton" Facebook page. The response was magnificent.



Within days, the young man in the picture was labelled an internet hero when the family of the second man in the photo, Robert, came forward to explain that their relative has cerebral palsy and is deaf.

Photo published in news media of Godfrey Coutto comforting a stranger during a bus ride.

Robert had offered Godfrey a handshake and did not want to let go afterwards. Godfrey, a student at McMaster University, allowed Robert to rest his head on his shoulder through the bus ride from downtown Hamilton to East Gate Square; offering this kindness to a stranger despite feeling uncomfortable.

The story is still on the news, two weeks after it was first reported. People around the world have taken note of Godfrey's actions and the story has appeared on news reports on the Today Show, The Telegraph in the U.K. and in media as far away as Australia.

In interviews, Godfrey credits his Catholic upbringing and especially his mother, who taught him to be giving to others.

And this is where the SJHC connection comes in.

Godfrey's mother is Maria Lopez, a PSW in the Gwen Lee Program in downtown Hamilton who has been at SJHC for almost 20 years.

Maria is no stranger to putting other's needs first. With her colleagues at Gwen Lee, Maria provides necessary personal care for 26 clients in the building. In interviews, her son describes his mother as always smiling and that is certainly true at work. Maria is always smiling, happy to be helping others.

It's serendipitous that all this attention on Maria's family comes this month. October is Community Support Month and the week of October 18-24 has been designated as Supportive Housing Week.

Often called the backbone of the healthcare system, the work done by PSWs is tough. They care for clients with mobility issues, cognitive impairment and must learn to work through cultural and language barriers. Situations and environments can be very challenging, but PSWs have to be respectful of people's living conditions and show an enormous sense of

compassion because they are working in someone's home.



Maria and her two sons, Noah (L) and Godfrey (R)

It should be no surprise that kindness and compassion are the qualities that Godfrey demonstrated on that HSR bus a few weeks ago that have sparked all this attention. After all, he has the perfect role model in his mother.

DONATIONS DRIVE

to benefit Programs for Seniors at First Place Hamilton

First Place is holding a clothing sale for residents in support of the Therapeutic Recreation program.

Residents in the Assisted Living Unit at First Place Hamilton will be able to fill a grocery bag with used clothing for \$1 (or whatever amount they can pay). All proceeds will go to the Therapeutic Recreation Program at First Place.

First Place staff reached out to all SJHC employees for your generous donations of gently-used, warm clothing (track pants, shirts, sweaters) and plastic grocery bags. If you have any items to donate, please contact Aden at ahiscox@stjhc.ca or (289) 237-1753 by November 3.

RESPECTFUL WORKPLACES

Respectful workplaces don't just happen, they are built!

We all have the right to work in an environment where respectful interactions between colleagues are the norm and we all share a responsibility in making this happen.

Respectful workplaces are productive, rewarding, and enjoyable for everyone. These are environments where employees work well together and recognize that:

- Behaviours and attitudes affect others;
- Building upon individual strengths and abilities fosters a positive workforce; and,
- Each individual is unique and has the right to be treated with respect and dignity.

Respectful behaviour displays personal integrity and professionalism, practices fairness and understanding, demonstrates respect for individual rights and differences, and is accountable for one's actions.

A foundation of respectful conversation builds cohesive and productive teams and businesses. It promotes creativity and continuous improvement while ensuring that disrespectful behaviours are not going unreported and bleeding away

productivity and profitability.

The most important factor in creating and sustaining respectful relationships, especially in the workplace is dialogue. The willingness to listen, consider divergent perspectives, give feedback and engage in respectful dialogue with others should become the norm for all employees at work. Honest and candid dialogue among peers and colleagues allows us to learn more than what we could ever learn on our own.

The responsibility for building and maintaining a respectful workplace is shared by everyone at St. Joseph's Home Care. Respect is a foundational value of our organization and, because of this, it is critical that we practice respect in our daily interactions. By maintaining a respectful workplace environment, we can all take pride in our work and successes.

Every employee at SJHC has the right to work in a respectful workplace. In order to promote and sustain a workplace where all employees are treated with respect and dignity, regardless of their role, each employee is expected to abide by these values and standards of interpersonal behavior, communication and professionalism.

Guidelines for building a respectful workplace:

- We respect and value the contributions of all members of our team, regardless of status or role in the organization;
- We work honestly, effectively and collegially with employees and others;
- We respond promptly, courteously, and appropriately to requests from others for assistance or information;
- We use conflict management skills, together with respectful and courteous verbal communication, to effectively manage disagreements among employees;
- We heed closed office doors and do not interrupt conversations, presentations, meetings or telephone calls;
- We have an open and cooperative approach in dealings with colleagues, recognizing and embracing individual differences;
- We recognize that differing social and cultural standards may mean that behavior that is acceptable to some may be perceived as unacceptable or unreasonable to others; and,
- We demonstrate commitment to continuous personal and professional learning and development.

COLLABORATIVE CARE MODEL

The Collaborative Care Model (CCM) program is a “hub” based model of home care service delivery. This program has capacity to serve approximately 80 clients with light to moderate personal support needs.

Clients in this program require personal support for safety and independence to prevent deterioration of functional status. The target population is older adults who are in need of one or more home and community services as a result of their frailty or long-term chronic conditions with light or moderate care needs. Care is provided right in the client’s own home and can include bathing, dressing, hygiene, feeding, and transfers.

The philosophy behind the program is to have a “one sector” approach between the home and community care sectors. The objective of this model is to reduce CCAC waitlists through utilizing existing capacity for service within the community sector. Care for clients with low to moderate needs who are waitlisted for CCAC service is transferred to a participating community support services (CSS) agency.

Referrals are made through the CCAC, with a Care Coordinator conducting an initial screening for each referral using a standardized urgency assessment algorithm. This will determine whether a patient is eligible and consents to personal support services (PSS) provided by a CSS agency. Level of care need is identified (light, moderate, complex) and a Care Plan and Service Agreement are completed within 5 business days.

Clients must live in the defined geographic hubs of downtown Hamilton or the Dundas area. Consistent with the Ministry Policy Guideline, there is no “wrong door” for clients in the HNHBLHIN to receive information or to access home and community services. The program fosters a self-management approach and provides linkages to other community resources to promote independence and prevent escalation of care needs.



NOVEMBER IS FALLS PREVENTION MONTH

To celebrate National Falls Prevention Month and continue raising awareness of our falls prevention efforts, SJHC will be participating in a one-day event at St. Joseph's Healthcare Hamilton on November 17th from 12:30 to 4 p.m. in the Upper and Lower Auditorium at the St. Joseph's Healthcare West 5th Campus.



prevention program in a panel discussion on what influences falls in hospitals and the community.

The event is open to healthcare professionals across Hamilton, including St. Joseph's Healthcare Hamilton, Hamilton Health Sciences, Hamilton Public Health, and St. Joseph's Home Care.

“We all have a role to Play. What’s yours?” seeks to showcase the unique collaboration in falls prevention in Hamilton.

In addition to having a poster display at the event, Shamiso Matinyarare will be participating with a client from the falls

Online registration is open. Space is limited, so attendees must register for this event.

Please contact Shamiso directly for more information at (905) 522-6888 ext. 2237 or smatinyarare@stjhc.ca.

CATHOLIC SERVICE ORGANIZATIONS

St. Joseph's Home Care is a member of the Hamilton Council of Catholic Service Organizations (CCSO).

The mission of the group is:

Guided by our faith in Jesus Christ, the Hamilton Council of Catholic Service Organizations strengthen our community by providing services that promote a sense of compassion, social justice and sanctity for all life by:

- Recognizing the dignity of each person we are privileged to serve
- Advocating for the poor and marginalized
- Striving to enhance the quality of life for individuals and families
- Fostering positive relationships

This diverse group of organizations includes organizations like: St. Vincent De Paul Society; Catholic Children's aid Society of Hamilton; School Sisters of Notre Dame; The Knights of Columbus; Catholic Women's League; Hamilton-Wentworth Catholic District School Board; Catholic Family Services of Hamilton; The Sisters of St. Joseph in Canada (Hamilton); The Diocese of Hamilton; Good Shepherd; as well as all three St. Joseph's organizations in Hamilton: St. Joseph's Healthcare Hamilton, St. Joseph's Villa, and St. Joseph's Home Care.

In an effort to raise awareness about what each of the organizations does and what we do in common, the Council has printed posters and brochures for each member organization. At SJHC, posters will be posted at each of our program sites, as well as at head office; brochures will also be available at all locations. Ads appeared in The Hamilton Spectator on Saturday, October 17 and Saturday, October 25 to publicize the council's work.



Guided by our faith in Jesus Christ, the
Hamilton Catholic Service Organizations
strengthen our community by providing services that promote
a sense of compassion, social justice and sanctity for all life.

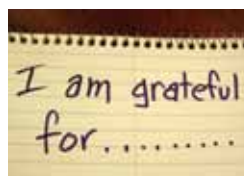


GET OUT AND ENJOY AUTUMN

Fall is a wonderful time of the year to try something new. The air is crisp and invigorating, the fall colours are at their best and it's a great chance to spend some quality time outdoors.

Here are some ideas of activities you might want to try this fall.

1. Go for a walk and enjoy the fall colours. Don't forget to take pictures to share with friends and loved ones.
2. Visit one of over 100 waterfalls in the Hamilton area. The most famous one of these is Webster's Falls in Dundas.
3. Start a gratitude journal. Take a few minutes each night to write down one or two things that make you grateful. Building this habit is good for your mental and physical health and helps you build stronger relationships.
4. Visit an apple or pumpkin farm. Especially on a beautiful, sunny day, picking your own fruit can be fun. Even better, you can make an apple or pumpkin pie afterwards with your freshly picked fruit.



PERSONAL EMERGENCY PLANNING

If the power goes out for a few days, do you have what you need at home to get by?

This scenario may seem far-fetched, but when the August 2003 massive power outage that turned the lights off from Chicago, to New York City, to southern Ontario, many did not have their power back for 2-3 days. The power outage was sudden and many were caught unprepared.

Emergency planning is important

Disaster can strike with little to no notice, that's why the best way to be ready for any emergency is to have a plan. If an emergency happens in your community, it may take emergency workers some time to reach you, which is why you should be prepared to take care of yourself and your family for a minimum of 72 hours.

This recommendation doesn't come from the Emergency Planning Committee at SJHC. In fact, the Government of Canada recommends taking steps to be prepared for an emergency so you know what to do before, during and after an emergency situation occurs.

To raise awareness of the steps we can all take to prepare for an emergency a memo was included in all paystubs on October 16 and copies of the guide published by the Government of Canada called "Your Emergency Preparedness Guide" has been made available to all staff. The purpose of the guide is to help all Canadians create a personal or family emergency plan to get by for at least 72 hours after an emergency.

Over the next few issues of SJHC Corner, you will find articles that are meant to help you and your family prepare for an emergency.

At a personal level having an emergency plan for your family gives you the comfort that, if an emergency like a power outage or a severe storm were to occur, you would have a plan in place to help you manage the situation.

Being prepared for an emergency at a personal level is even more important for St. Joseph's Home Care employees. After all, if our families are not safe and taken care of, we cannot possibly provide services to the clients that count on us each and every day, even during an emergency situation.



3 Simple Steps to Preparing:

know the risks, make a plan and have an emergency kit.

"Your Emergency Preparedness Guide" starts the emergency planning journey with identifying the disaster risks. There are various types of risks, from weather-related (like severe snow storms or tornadoes), to natural disasters (like earthquakes), to industrial or environmental accidents (like power outages, a chemical spill or a train derailment). Ontario has an Emergency Public Warning System to provide timely and accurate information during an emergency and more information on this system will be included in the next SJHC Corner issue (Winter 2015).

Once you know what types of emergency situations are more likely in your area, you can start to make a plan for you and your family.

The guide provides fillable templates you can use to create an emergency plan. Keep your plan in a place where it is easy to find. Better yet, have copies of the emergency plan and your emergency contact list in more than one place throughout your home, vehicle, and workplace. Make copies of important documents and keep these with your emergency contact information so it is easy to grab in case you need to evacuate. Don't forget to update your plan once a year. Look for more tips on how to create your personal emergency plan in the Spring 2016 issue of SJHC Corner.

The last step in emergency preparedness is getting together an emergency kit. Whether you assemble one from scratch or purchase a kit from a store, it is important to make sure you have some essentials, like enough non-perishable food and water for at least 72 hours for you and each member of your household. More information on what to include in your personal emergency kit is coming in Summer 2016.



Know the risks



Make a plan



Get a kit

STOP THE SPREAD; GET YOUR FLU SHOT

Flu season is almost here

As health care workers and leaders in infection prevention and control, we must work together to prevent the spread of influenza to our clients and to one another.

The best way to protect yourself, your family and those for whom you provide care is to get the flu shot every year and get it early.

Here are some reasons why getting the flu shot is good practice:

- Getting the flu vaccine protects you, your family and the ones you care for.
- Everyone is susceptible to getting the flu. Get the flu shot every year and get it early since it can take up to two weeks to build up immunity.
- The flu shot provides protection for patients, many of whom are at high risk of serious complications from the flu.
- Getting a flu shot is part of a healthy lifestyle. When you get vaccinated against the flu, you build up your immunity, making you stronger and more resistant to the virus.
- The flu vaccine is safe and well tolerated. Mild reactions include soreness, redness or swelling where the vaccine was given, lasting up to two days. Serious reactions from the vaccine are rare.
- Vaccination is the most effective way to prevent influenza. Although the flu vaccine is not 100% effective, it prevents many influenza-related illnesses, hospitalizations and deaths.
- Hand washing, sneezing or coughing into your sleeve and staying home when you are sick reduces the risk of the flu, but it's not enough. Get the flu shot!
- Whether in direct patient care or not, all staff should get the flu shot. It reduces infection rates and improves patient outcomes within your health care facility.

So make sure you get the flu shot this year and each year, and help spread the word to others.

Cold vs. Flu: the symptoms

SYMPTOM	COLD	FLU (INFLUENZA)
Fever	Rare	Usual, high fever (102°F/39°C to 104°F/40°C), sudden onset, lasts 3-4 days
Headache	Rare	Usual, can be severe
General aches and pains	Sometimes, mild	Usual, often severe
Tired and weak	Sometimes, mild	Usual, may last 2-3 weeks or more
Extreme fatigue	Unusual	Usual, early onset
Runny, stuffy nose	Common	Common
Sneezing	Common	Sometimes
Sore throat	Common	Common
Chest discomfort	Sometimes, mild to moderate	Usual, can be severe
Complications	Can lead to sinus congestion or earache	Can lead to pneumonia and respiratory failure Can worsen a current chronic respiratory condition Can be life-threatening

For your convenience, SJHC has scheduled two flu vaccination clinics for staff:

*November 3, 2015 — 2-6 p.m.
at Head Office*

*November 10, 2015 — 2-6 p.m.
at First Place*

Myth vs Fact: Flu Vaccination

MYTH

FACT

I have never had the flu, so I do not need to get the flu vaccine.	Influenza viruses change or mutate often. You may have been lucky in the past, but that's no guarantee for the future. Protecting yourself from the flu also helps safeguard the vulnerable people around you, including older adults, people with chronic health conditions, young children and infants.
I got the vaccination last year, so I am OK.	Flu viruses mutate every year, and a person's immune protection from vaccination declines over time. An annual vaccination is needed to get the best protection.
Even if you get the vaccination, you can still get the flu.	You may have been vaccinated too late — the vaccine takes about two weeks to protect you — or you may have contracted an uncommon strain of influenza. The vaccine is developed each year for the predominant strains, but not for every single one. Or you may simply have had a cold or some other virus.
The influenza vaccine can give me the flu.	The inactivated influenza vaccine or flu shot cannot give you influenza. The vaccine contains killed influenza viruses that cannot cause infection.
The influenza vaccine causes severe reactions or side effects.	The influenza vaccines are safe. Most people who get the flu shot only have redness, soreness or swelling where the vaccine was given. Some people, especially those who get the flu shot for the first time, may have a headache, muscle aches or tiredness. People who receive the live attenuated influenza vaccine may have mild influenza symptoms as described above. Guillain-Barré Syndrome (GBS) is a rare condition that can result in weakness and paralysis of the body's muscles. It most commonly occurs after infection, but in rare cases can also occur after some vaccines. GBS may be associated with influenza vaccine in about 1 per million recipients.
The influenza vaccines protect against the viruses or bacteria that causes colds or stomach illnesses.	Influenza vaccines do not protect against the viruses or bacteria that cause colds or stomach illnesses, often called the stomach flu. Influenza is a respiratory disease that rarely affects the digestive system. Influenza vaccines only protect against the viruses that cause influenza.
The vaccines do not work because I still get the flu.	There are many different types of viruses year-round that can cause flu-like symptoms, but these are not actually the influenza virus. The vaccines do not protect against other viruses that cause similar illnesses. Because the influenza virus strains change most years, you need to get immunized each year to be protected against new strains. In elderly people and people who have certain chronic health conditions, the vaccines may not prevent influenza completely but may decrease symptoms, complications and the risk of death from influenza.

SOCIAL MEDIA POLICY



Did you know SJHC has a Social Media Policy that sets out a direction for SJHC staff participating in social media and how they represent themselves and/or the organization online?

Social media and online communication platforms like Facebook, LinkedIn, YouTube and Twitter are an important part of many people's lives. These platforms allow us to stay connected with friends and family; they allow us to share information quickly and easily with our network and beyond. Social media and smart phone technology, however, also bears an increased risk of breaches of client privacy, sharing proprietary corporate information, and reputational damage from inappropriate employee communication; these impacts to privacy, confidentiality and reputation can be either accidental or intentional.

SJHC has a new Corporate Social Media Policy (number IT 11) to safeguard SJHC's confidentiality and reputation, as well as protect client privacy.

We all have a responsibility to maintain confidentiality of client health, personal and agency information. Consequences of breaches in confidentiality may be far reaching and in most cases not anticipated at the time of occurrence. Confidentiality breaches can jeopardize client care, effective job performance, reputation, and place SJHC and staff members in contravention of legislation and at legal risk.

Connect with SJHC on social media. Friend, follow, share and converse with official SJHC social media channels; for now we have a LinkedIn page, but look for other platforms in future. If you do choose to identify yourself as an employee of St. Joseph's Home Care on your personal account(s), consider how you are representing yourself and the organization, and how SJHC will be perceived. Posting a negative comment about your job when you identify yourself as a St. Joseph's Home Care employee can have a negative impact on our reputation.

Here are some other things to consider when participating in social media:

- Do not connect with clients online. This is for two reasons: first it protects clients' confidentiality; and second, it promotes a professional relationship between you and the client.
- Before publishing any material online, remember that what you post online is legally considered public material and, as such, each employee of SJHC is personally responsible for his or her publications.
- Do not publish materials that are insulting, demeaning, or offensive to SJHC, our staff, our clients, their families, or community partners, or that have the potential to damage our reputation in any way.
- Do not reveal confidential information related to SJHC, our staff, our clients and families, or any community partners. Do not disclose the names or personal information of your co-workers, managers or supervisors, or discuss incidents that have occurred in the workplace and that are not generally known outside of the workplace. Remember our legal responsibility for our clients' privacy and confidentiality and your professional responsibility to your employer.



REJECTING STIGMA

On Wednesday October 7, 2015 St. Joseph's Healthcare Hamilton hosted an Anti-Stigma Conference at the West 5th Campus. Staff from St. Joseph's Home Care attended both the afternoon conference and evening sessions.

The event brought together a diverse group of healthcare providers, community members, and individuals who have experienced mental illness and/or addiction, as well as their families, to explore challenges and opportunities surrounding stigma associated with mental health and addiction. This conference gave us an opportunity to discuss the importance of building an inclusive community free from the barriers of stigma.

Mental Illness is often called an invisible illness. For most, the only way to know whether someone has been diagnosed with a mental illness is if they tell you.

Anyone can develop a mental illness or experience poor mental health. In fact, one in five people will be affected by mental health or addictions – that is a significant percentage of the population.

The disease of addiction knows no boundaries. Undoubtedly, some of our colleagues and friends are likely affected directly

or indirectly by this disease, whether it is because they are dealing with addiction themselves or know someone who is dealing with addiction.

No one wants to suffer through this in silence; but until there is a change in attitude towards both addiction and mental health issues, many won't risk the stigma.

The stigma that has been associated with mental health issues is not just about using the wrong word to describe the diseases; it is about disrespect and fear that results in discrimination that in turn discourages people from getting the help they need to heal. One study found that 30 percent of people who experience mental illness have also experienced stigma in the workplace as a result.

Anti-stigma = treating people with dignity and respect.

Let's begin to break down the stigma by speaking about mental health with dignity and respect.

The words we use to describe people can be imbued with respect, sensitivity and provide dignity. Everyone in our organization (employees, clients, partners, etc.) deserve to be treated with respect. We can often reinforce stigma intentionally or unintentionally through our words.



BUILDING A COMMUNITY OF INCLUSION & UNDERSTANDING

DO

Use respectful language

Emphasize abilities, not limitations

Refer to the person, not the disability (e.g. "person with schizophrenia" rather than "schizophrenic")

Tell people when they express a stigmatizing attitude

DON'T

Portray successful people with disabilities as the exception

Use generic terms like "retarded" or "the mentally ill"

Use terms like "crazy", "lunatic", "manic depressive" or "slow functioning" in general conversation, much less when speaking to the individual with a lived experience in mental illness. The term "insane" (unsound mind) should only be used in a strictly legal sense.

ROGERS WIRELESS: SAVINGS FOR STAFF

St. Joseph's Home Care employees can now take advantage of a special offer from Rogers Wireless.

Order online at mcnaincommunications.com and click on **Corporate Login**.

Use Promo Code **STJOESEMP** in Corporate Employee Purchases

For more information, please contact Sharon Thomas (stthomas@mcnain.com)

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