



London Health  
Sciences Centre



Children's Hospital  
London Health Sciences Centre

# Supervisor and Corporate Nursing Executive (CNE) Report

---

September 2024

# Table of Contents

<b>Strategic and Operational Priorities</b> .....	<b>3</b>
Introducing LHSC’s new organizational structure .....	3
Nick Vlacholias to join LHSC as new Chief Financial Officer (CFO) and Vice President (VP) of Facilities.....	3
Announcing a groundbreaking affiliation with Shriners Hospitals for Children Canada .....	3
LHSC’s new Free.Max MRI will improve access to care and help reduce wait times.....	4
Make Kids Count initiative helps LHSC reduce paediatric surgical waitlist by 26 per cent .....	4
<b>Organizational Updates</b> .....	<b>5</b>
Virtual care research .....	5
Green Team initiative has members of Team LHSC exercising their green thumbs .....	5
Looking back at 2024 Team LHSC Pride celebrations .....	5
Trauma Career Bootcamp at LHSC allows students to explore health-care careers.....	6
Optimizing nurse practitioner roles .....	6
Monitoring and prevention of pressure injury prevalence .....	6
<b>Media and Storytelling</b> .....	<b>7</b>
Media coverage and metrics .....	7
Social media .....	8
Scientists develop new tool to detect consciousness in the intensive care unit .....	9
New addition of vital sign machines across LHSC .....	10
LHSC’s Oncology Patient Navigation Program .....	10
World first discoveries allow researchers to accurately diagnose prenatal exposure syndromes and birth disorders .....	10
New technique could lead to more organs being available for transplant.....	11
Breakthrough technology ends one patient’s chronic pain .....	11
<b>Awards, Recognitions &amp; Publications</b> .....	<b>11</b>
Optimizing postpartum care in Canada as rates of comorbidity in pregnancy rise .....	11
LHSC clinical medical physicist aims to bolster equity, access during Canadian Organization of Medical Physicists presidency .....	12
Spring 2024 Internal Research Fund competition results .....	12
<b>External Landscape</b> .....	<b>13</b>
Ontario enhancing protections for more people throughout fall respiratory illness season .....	13
Ministry proposes regulatory amendments regarding provincial electronic health record.....	14
Government of Ontario announces new funding for nurses to upskill their training.....	14
New College of Nurses of Ontario Practice Standard: ‘Discontinuing or Declining to Provide Care’ .....	15
Ontario Hospital Association submits recommendations to the House of Commons Standing Committee on Finance .....	15

---

# Strategic and Operational Priorities

## Introducing LHSC's new organizational structure

Following a third-party review, LHSC has implemented a new organizational and [executive leadership structure](#) to improve operations, align to best practices and ensure the sustainable delivery of high-quality health care – now and into the future. The restructuring has led to 59 leaders leaving the organization and 71 leaders being reassigned. This will result in approximately \$14 million in savings. These changes will not impact the quality of care provided by LHSC, and any savings realized from these changes will support the path to a balanced budget and reinvestment in frontline patient care where possible. The recommendations were developed following staff and physician engagement to ensure they reflect what's best for our organization and the patients we serve.

## Nick Vlacholias to join LHSC as new Chief Financial Officer (CFO) and Vice President (VP) of Facilities

Nick Vlacholias, CPA, CA (1993) will be joining LHSC effective November 4, 2024, as both our new Chief Financial Officer (CFO) & Performance and Vice President of Facilities (including Information Technology Services), providing leadership to two portfolios. Nick brings over 29 years of leadership experience in transforming and revitalizing health-care institutions across Ontario, with a particular focus on academic health sciences centres. He has a track record of making organizations more effective and efficient. Nick is currently the President and CEO at Brockville General Hospital, where he has improved patient care, staff engagement, and community confidence. He secured infrastructure investments and funding for operational needs, making a lasting impact on the hospital's viability. Before that, he held the positions of Senior Vice President and CFO at Children's Hospital of Eastern Ontario (CHEO), where he reorganized the finance department and played a key role in the amalgamation of CHEO and Ottawa Children's Treatment Centre. Nick's expertise in governance, corporate integration, and financial planning will help position LHSC for future success.

## Announcing a groundbreaking affiliation with Shriners Hospitals for Children Canada

On August 30, 2024, LHSC announced a [groundbreaking affiliation agreement](#) between Children's Hospital at LHSC and Shriners Hospitals for Children Canada (SHC Canada). This partnership aims to bring specialized care closer to home for children in southwestern Ontario by establishing a Shriners Rare Bone Disease Clinic at Children's Hospital. Previously, children with complex bone disorders had to travel hours to SHC Canada in Montreal. This affiliation is supported by a \$1.5 million grant over five years from Shriners Children's, administered by Children's Health Foundation and Canada Shriners Hospital. It aligns with LHSC's vision of transforming health, together, and our strategic priorities of integrated care and advancing excellence. The collaboration between these two organizations promises to enhance clinical care, advance research, and create new educational opportunities for the future generation of health-care professionals and researchers.

### **Reiko's story: How Children's Hospital at LHSC and Shriners Hospitals for Children Canada are bringing care closer to home**

As an infant, Reiko was diagnosed with Osteogenesis Imperfecta Type III, a rare bone disease characterized by frequent fractures. Reiko has undergone multiple tests, surgeries, and treatments for his condition. He has experienced over 1,000 fractures and undergone 16 surgeries. As a patient at the new [Shriners Rare Bone Disease Clinic](#) at Children's Hospital at LHSC, he is now receiving care closer to home. The specialized care provided by the clinic has also led to remarkable reduction in fractures and improvements in his mobility.

## **LHSC's new Free.Max MRI will improve access to care and help reduce wait times**

LHSC recently introduced a new magnetic resonance imaging (MRI) machine called the [Siemens MAGNETOM Free.Max MRI](#). This cutting-edge 0.55T MRI, located outside Victoria Hospital, features advanced artificial intelligence (AI) technology and a larger patient opening, aimed at improving diagnostic imaging and reducing wait times. The new machine operates more efficiently with lower construction and operating costs, and is the first of its kind in Ontario. Dedicated to non-urgent and non-emergent cases, this new MRI features a lower-strength magnet and will help ensure the right level of scanning is provided to each patient, reflecting LHSC's commitment to advancing excellence in patient care.

## **Make Kids Count initiative helps LHSC reduce paediatric surgical waitlist by 26 per cent**

Thanks to \$14.2 million in funding from Ontario's Make Kids Count initiative, LHSC's Children's Hospital and Perioperative Services teams at Victoria campus have [achieved a 26 per cent reduction in our paediatric surgery waitlist](#) for non-urgent and non-emergent cases. The funding directly enhanced LHSC's operating room (OR) capacity by increasing available OR hours for paediatric patients. It also enabled us to acquire new equipment for the Minor Procedure Room (MPR) at Children's Hospital, allowing us to perform additional procedures that were previously done in the OR. As a result of these advancements, 54 per cent of paediatric patients are now receiving their elective surgeries within target timeframes, up from 44 per cent in early 2023.

## Organizational Updates

### Virtual care research

Natasha McIntyre, an academic clinician scientist with a nursing background, is leading a project at LHSC to study the evolution of virtual care post-pandemic. The project aims to understand the range of virtual care activities across different professions and identify key criteria for successful development and implementation of virtual care services. Interviews have been conducted with health disciplines and nurses from LHSC and St. Joseph's Health Care London, revealing nine key areas that impact the success of virtual care. Based on these findings, a Virtual Care Assessment Tool (ViCAT) has been developed to provide standardized support for clinical areas in developing virtual care services. The tool is being tested in both organizations' clinical areas and the testing phase will be completed in September 2024. The analysis of testing results will inform further revisions to the ViCAT, which will be completed by January 2025.

### Green Team initiative has members of Team LHSC exercising their green thumbs

LHSC's Green Team's [Garden Box Project](#), launched at Victoria Hospital, aims to promote staff wellness by integrating nature into the workplace. Inspired by patient gardens in the PEPP program, the project features four garden boxes that are 'owned' by different departments for the summer. The project was made possible through the support of LHSC Facilities Management and Clintar London and aligns with LHSC's wellness strategy and sustainability goals.

### Looking back at 2024 Team LHSC Pride celebrations

This past June and July, the LHSC Pride Committee organized a range of engaging activities for Team LHSC to celebrate Pride, including a display of solidarity with the raising of the Progress Pride flag at University and Victoria hospitals. Throughout the months, our team participated in events such as Drag Storytime and other opportunities that both united and educated us. The celebration continued as Team LHSC proudly supported the 2SLGBTQIA+ community by participating in the London Pride Parade and the Pride London Festival on July 21, 2024.

## Trauma Career Bootcamp at LHSC allows students to explore health-care careers

From July 8–12, LHSC’s Injury Prevention Team hosted a [Trauma Career Bootcamp](#) for 22 high school students entering grades 11 and 12, offering them an immersive experience in health care. The week included job shadowing and hands-on activities across various departments, where students learned critical skills, such as administering naloxone, stopping severe bleeding, intubating in simulations, suturing, and responding to emergencies. The bootcamp emphasized practical learning and exposure to diverse health-care roles, preparing students for potential careers in the field.

## Optimizing nurse practitioner roles

At LHSC, there are approximately 100 practicing nurse practitioners who work in a variety of clinical units and programs throughout the organization. Nurse practitioners play a crucial role in delivering safe and high-quality care to patients and families, performing a range of responsibilities including assessments, diagnostic tests, prescribing medications, developing treatment plans, admitting and discharging patients, and collaborating with other health-care professionals. They also serve as educators, mentors, and researchers, contributing to the advancement of patient care. To support their practice, an assessment tool has been developed to optimize their roles at LHSC. Through these efforts, an understanding of how nurse practitioner roles can be optimized at LHSC will be garnered. Collective efforts from nurse practitioner practice leads, LHSC’s Corporate Nursing Executive, nurse practitioners, clinical leaders, and physician partners will be required to implement needed changes that will ensure the expertise and breadth of nurse practitioner practice is fully leveraged at LHSC.

## Monitoring and prevention of pressure injury prevalence

In 2024, LHSC participated in the International Pressure Injury Prevalence (IPIP) Survey for the seventh consecutive year with a record-breaking number of 777 patients participating. The 2024 results show a reduction in both overall pressure injury prevalence and hospital-acquired pressure injury prevalence compared to the previous year. The survey results highlighted

factors that increased patients' likelihood of pressure injuries and LHSC's Pressure Injury Steering Committee is implementing evidence-based strategies to further reduce hospital-acquired pressure injuries.

# Media and Storytelling

## Media coverage and metrics

The following highlight metrics from LHSC's July and August media exposure:

- **Total news media mentions (media exposure):** 1,061
  - **Negative** – 1 (0.09%)
  - **Neutral** – 297 (28%)
  - **Positive** – 763 (72%)
- **Total potential reach (number of people who saw LHSC mentioned in the news):** 1,167 million
- **Earned media value (how much LHSC would have to spend on ad placement to achieve this type of coverage):** \$7.56 million

### Top stories by reach:

- **155M reached:**
  - [Interconnected crisis: Declining planetary and population health](#) – MSN.com
- **46M reached:**
  - [Children's Hospital at London Health Sciences Centre and Shriners Hospitals for Children Canada announce groundbreaking affiliation agreement](#) – Yahoo! Finance
- **33M reached:**
  - [New tech that can significantly cut organ waiting list](#) – The Times of India

- **11M reached (each story reached 11M):**
  - [Groundbreaking MRI technology available at LHSC in London, Ont.](#) – CTV News
  - [Doctors highlight virtual urgent care for Ontarians this summer](#) – CTV News
  - [Wait list down at LHSC Children’s Hospital OR](#) – CTV London
  - ['Difficult but necessary steps' LHSC continues to trim senior staff](#) – CTV London

### Coverage analysis

Communications and Public Engagement experienced a very active July and August for media stories involving London Health Sciences Centre. Local media was interested in the hospital’s financial position and ongoing organizational restructuring.

In addition, we saw extensive coverage on stories like the installation of a Free.Max MRI, a 26 per cent reduction in surgery wait times at Children’s Hospital at LHSC, a Canadian-first neurosurgery patient feature and the marquee announcement of a new groundbreaking partnership with Shriners Hospitals for Children Canada. The reach of these stories was not only local, but national in nature.

## Social media

The Communications and Public Engagement team posted 63 pieces of content across LHSC’s social media platforms this month (Facebook, Instagram, LinkedIn, X). Content included a combination of staff and patient stories as well as hospital and partner initiatives, all of which garnered positive sentiment and engagement.

- **Total social media followers (across all platforms): 73,958 (+1,802 new followers, +2.5%)**  
*\*number of stakeholders/members of the public that see and have the potential to engage with LHSC’s stories on a regular basis.*
- **Total social media impressions: 764,816**  
*\*number of times posts across all LHSC social media platforms appeared on someone’s screen*



- **Total social media engagements:** 17,990  
*\*number of people who liked, commented, or shared LHSC's content/stories on social media*

#### Top social media posts by engagement included:

- [Critical Care Trauma Centre \(CCTC\) bagpipes | all platforms](#)
- [Layla's story | all platforms](#)
- [Dr. Kathleen Surry newly named President of the Canadian Organization of Medical Physicists \(COMP\) | X](#)
- [Paediatric surgery waitlist reduction | LinkedIn](#)

#### Social media analysis

In July and August, LHSC's social media content experienced a notable increase in engagement, particularly with the Critical Care Trauma Centre (CCTC) video which showcases a tradition of a bagpiper walking out retirees on their final day in the department, and Layla's story, who spent 88 days in Children's Hospital at LHSC following a motor vehicle collision. The positive response to this content highlights the value of storytelling and our audience's interest in how our staff support our patients and each other. These stories have become some of our highest-performing content on social media this year.

The positive reaction to Dr. Surry's appointment as President of COMP (Canadian Organization of Medical Physicists) reinforces our audience's interest in the professional development of our staff and physicians. Additionally, the success of the paediatric surgery waitlist reduction content demonstrates that our audiences value the efforts being made by Team LHSC to provide timely access to specialized care for our patients.

## Scientists develop new tool to detect consciousness in the intensive care unit

Researchers at Lawson Health Research Institute and Western University have used a new brain imaging method called [functional near infrared spectroscopy \(fNIRS\)](#) to detect consciousness in intensive care unit (ICU) patients who appear to be in a coma following a severe brain injury. The study demonstrates that fNIRS could identify brain activity in patients in the ICU at LHSC's University Hospital, indicating preserved awareness. This technique, tested initially on over 100

healthy individuals, offers a significant advancement in understanding and communicating with unresponsive patients, providing new insights into their cognitive states.

## New addition of vital sign machines across LHSC

[LHSC is enhancing patient monitoring](#) by replacing shared vital signs machines (VSMs) with new, dedicated units for each general inpatient care space. This upgrade allows clinicians immediate access to vital signs equipment, improving workflow, patient care, and safety. The new VSMs, now installed at University Hospital and soon to be installed at Victoria Hospital, also support infection control by eliminating the need for equipment sharing and frequent disinfection. They integrate with existing systems for real-time alerts and will eventually connect with electronic health records to streamline data entry. This initiative aligns with LHSC's goal of optimizing organizational efficiency and advancing our Strategic Plan.

## LHSC's Oncology Patient Navigation Program

A recent patient story highlights the importance of the [Oncology Patient Navigation Program](#) at the South West Regional Cancer Program and LHSC. In 2022, Chris Wyenberg noticed blood in his stool and sought a colonoscopy due to a family history of colorectal cancer. The colonoscopy revealed a cancerous mass, leading him to start treatment. Without a primary care provider, Wyenberg was connected to the Oncology Patient Navigation Program through the South West Regional Cancer Program and LHSC. The Oncology Patient Navigation Program provided Chris with a dedicated patient navigator who guided him through appointments and treatment decisions, greatly reducing his stress and improving his experience. Wyenberg praised the program for making his cancer journey more manageable.

## World first discoveries allow researchers to accurately diagnose prenatal exposure syndromes and birth disorders

Researchers at LHSC and Lawson Health Research Institute have [advanced rare disease and prenatal abnormality diagnostics](#) using EpiSign, an artificial intelligence--driven technology developed by LHSC's Dr. Bekim Sadikovic. Published in the *American Journal of Human Genetics* and *Genetics in Medicine*, the studies showcase EpiSign's ability to diagnose over 100 genetic diseases by analyzing the epigenome. Notably, EpiSign can now identify recurrent constellation of embryonic malformations (RCEMs) and develop biomarkers for fetal valproate syndrome caused by prenatal medication exposure. This breakthrough highlights the potential of epigenetics to enhance diagnosis and treatment for various conditions.

## New technique could lead to more organs being available for transplant

Our researchers have become [the first in Canada to employ abdominal normothermic regional perfusion \(A-NRP\) for organ transplants](#). This technique optimizes organs from donors after circulatory death by using a specialized pump to restore blood flow. It was used for the first time at LHSC in April 2024, leading to the successful transplantation of two kidneys and two livers. A-NRP enhances organ quality and could significantly increase the number of available donor organs, addressing the critical shortage. The research, funded by several organizations, is currently testing A-NRP's safety with 20 to 30 donors with hopes to expand the use of this technique to other transplant centres throughout Canada.

## Breakthrough technology ends one patient's chronic pain

In a [groundbreaking neurology procedure](#) at LHSC, patient Mandy Dostie experienced a dramatic transformation in her quality of life. Suffering from severe facial pain due to chronic earaches from child abuse, Dostie found relief through a new approach pioneered by Dr. Jonathan Lau. Utilizing a trigeminal ganglion stimulator, a device traditionally used for spinal cord stimulation, Dr. Lau and his team adapted the technology to target the pain source in Dostie's brain. This Canadian first resulted in an immediate 60 per cent pain reduction for Dostie, leading to a pain-free life and remarkable personal achievements, including re-enrolling in college with the highest GPA in her cohort. Grateful for her newfound relief, Dostie honoured her medical team with hand-made blankets, continuing a family tradition of expressing thanks.

# Awards, Recognitions & Publications

## Optimizing postpartum care in Canada as rates of comorbidity in pregnancy rise

A recent [article](#) published in the *Canadian Medical Association Journal (CMAJ)* discusses the importance of postpartum care and highlights LHSC's T.I.M.E midwifery program. The T.I.M.E program integrates midwifery and maternal-fetal medicine to provide comprehensive care for

high-risk patients, including underserved populations such as those with mental health concerns or non-English speakers. It offers both hospital and community-based appointments and has secured funding for an early discharge initiative. This component allows midwives to support patients after discharge, reducing hospital stays for low-risk individuals while ensuring continued care. Overall, the program exemplifies a collaborative approach to enhancing postpartum care.

## LHSC clinical medical physicist aims to bolster equity, access during Canadian Organization of Medical Physicists presidency

Dr. Kathleen Surry, a clinical medical physicist at the Verspeeten Family Cancer Centre at LHSC, has been [appointed president of the Canadian Organization of Medical Physicists](#) (COMP). In her role, she aims to enhance equity in cancer care access across Canada and ensure all COMP members have necessary resources, regardless of location. Dr. Surry is also focused on increasing diversity within the field by supporting women and historically marginalized groups. Her leadership reflects a commitment to advancing cancer care and supporting the medical physicist profession.

## Spring 2024 Internal Research Fund competition results

Over \$275,000 has been awarded to 14 new and innovative research projects through Lawson Health Research Institute's Spring 2024 Internal Research Fund (IRF) Competition. This funding will support a variety of research initiatives across LHSC and St. Joseph's Health Care London, including projects in the Departments of Surgery, Paediatrics, Medicine, Ophthalmology, Medical Imaging, Oncology, Otolaryngology, and Clinical Neurosciences. The recipients' groundbreaking work will help lead to larger research projects and new innovations in patient care. Canadian Institutes of Health Research Spring 2024 Project Grants

The following researchers from across LHSC, St. Joseph's Health Care London and Western University have been awarded grants as part of the Canadian Institutes of Health Research (CIHR) Spring 2024 Project Grant Competition:

- Drs. Heather MacKenzie (Parkwood Institute Research), Mark Bayley, Michelle McDonald, and Maria Carmela Tartaglia, "Social determinants of health outcomes in adults who have sustained a mild traumatic brain injury", \$1,449,675, 4 years.
- Drs. Dianne Bryant (Surgery) and Alan Getgood (Surgery), "Does the addition of a lateral extraarticular tenodesis (LET) to an anterior cruciate ligament reconstruction (ACLR) increase the incidence of lateral compartment knee osteoarthritis?", \$646,424, 4 years.

- Dr. Fred Dick (Cancer), “Understanding pattern recognition receptor signaling in homeostasis and cancer”, \$1,002,150, 5 years.
- Drs. Siobhan Schabrun (Parkwood Institute Research) and David Seminowicz, “Unravelling the mechanistic 2 architecture of motor behaviour in pain”, \$545,976, 4 years.
- Drs. Lauren Flynn, Mamadou Diop (Imaging), Gregory Dekaban, Paula Foster, and David Hess, “Delivery of human monocytes and adipose-derived stromal cells within decellularized adipose tissue hydrogels for peripheral vascular regeneration”, \$1,021,276, 5 years.
- Drs. Marc Joanisse, Janis Oram Cardy (Children’s Health), Blake Butler, and Laura Batterink, “Neural tracking of speech in developing brains”, \$742,050, 5 years.
- Drs. Kun Ping Lu, Douglas Fraser (Children’s Health), and Xiao Zhen Zhou, “Identification of Novel Disease Drivers, Therapeutic Targets, and Biomarkers of Sepsis”, \$1,063,350, 5 years.
- Drs. Sisira Sarma, Kristen Clemens (Metabolism & Diabetes), Kelly Anderson (Mental Health), Rose Anne Devlin, Saverio Stranges, and Guangyong Zou, “Interprofessional Primary Care Teams and Quintuple-aim Outcomes: Longitudinal Investigation”, \$520,200, 4 years.
- Drs. Charles Weijer, John Basmaji (Critical Illness), Anton Skaro (Surgery & Transplantation), Mary Ott, Andreas Kramer, Frederick D’Aragon, Darin Treleaven, Sam Shemie, Nicholas Murphy, Stephen Beed, Sonny Dhanani, Laurie Blackstock, Mayur Brahmania, Stephanie Chartier-Plante, George Isac, Prosanto, Chaudhury, Jed Gross, Dennis Djogovic, Andrew Healey, Heather Badenoch, Aviva Goldberg, and Mark Walsh, “Building a national platform for trust-preserving implementation of normothermic regional perfusion in deceased organ donation in Canada”, \$745,872, 4 years.
- Drs. Maria Mathews, Alexander Summers, Jamie Wickett, Stephen Wetmore (Critical Illness), Daniel Grushka (Imaging), Lindsay Hedden, Emily Marshall, Gillian Young, Sandra Mackenzie, Ashley Bilodeau, Andrea Gillan, Tom Freeman, Eric Wong, Arianna, DiSchiavi, Joanne Kearon, Paul Gill, Erin Kennedy, and Julia Lukewich, “3PC-I: Pandemic Planning for Primary Care - Implementing a plan in Southwestern Ontario”, \$100,000, 1 year.
- Drs. Krishna Singh, David Hess, Alison Allan (Cancer), and Robert Gros, “Novel Mechanisms in Doxorubicin- induced Cardiomyopathy”, \$100,000, 1 year

## External Landscape

### Ontario enhancing protections for more people throughout fall respiratory illness season

The rollout of Ontario's new [Respiratory Syncytial Virus \(RSV\) immunization program](#) will increase vaccine access to infants and high-risk children up to two years old. Pregnant women will also be offered a different vaccine to provide protection to their newborns until six months of age. This program will double the number of children eligible for the vaccine and could dramatically reduce hospitalizations during the viral surge season. LHSC is currently planning for the delivery of the vaccine to eligible patients in alignment with provincial guidelines as we prepare for RSV season.

## Ministry proposes regulatory amendments regarding provincial electronic health record

The provincial electronic health record (EHR) is a secure lifetime record of a patient's health history that is managed by Ontario Health and used by health care providers to make clinical decisions and support integrated care. On July 5, 2024, the Ministry of Health posted a regulatory proposal with respect to Ontario Regulation 329/04 (General) under the *Personal Health Information Protection Act, 2004* (PHIPA) that would enable Ontario Health to provide additional services and access to individuals with respect to the provincial EHR. If approved, the proposed amendments would enable Ontario Health to create and maintain accounts for individuals. These accounts would provide a secure login mechanism for individuals to access various services, resources and information, including approved digital health resources (provincially funded electronic health information repositories) as well as certain personal health information (PHI) and health-related digital correspondence from their EHR. Approved health information custodians (HICs) would also be able to use Ontario Health's authentication services to help provide individuals access to approved digital health resources. LHSC will continue to monitor updates to this proposal, which aligns to our work of digital transformation.

## Government of Ontario announces new funding for nurses to upskill their training

On July 10, 2024, the Ontario government [announced](#) that it is investing \$10 million to help more than 1,000 nurses upskill their training to provide emergency department (ED) care. This investment aims to help bolster, stabilize and maintain the nursing workforce in EDs across the province, especially in rural and remote hospitals. Since the program's launch last year, over 400 nurses from 72 rural and remote hospitals have received this training. As a hospital that serves a large region in partnership with many rural partners, LHSC welcomes this funding to support our partners in upskill training.

## New College of Nurses of Ontario Practice Standard: ‘Discontinuing or Declining to Provide Care’

The College of Nurses of Ontario has released a new Standard called [\*"Discontinuing or Declining to Provide Care"\*](#), which replaces a retired guideline. This Standard clarifies professional accountabilities for all nurses in all practice settings, ensuring patient safety and understanding of these responsibilities. Nurses are obligated to provide accessible, inclusive, culturally safe, and discrimination-free care. The Standard also outlines how nurses can discontinue care while ensuring patients have ongoing access to appropriate care that aligns with regulations and professional standards. The new Standard from the College of Nurses will support nurses at LHSC in ensuring patient safety and in understanding professional accountabilities.

## Ontario Hospital Association submits recommendations to the House of Commons Standing Committee on Finance

The Ontario Hospital Association (OHA) has submitted its [recommendations](#) to the House of Commons Standing Committee on Finance ahead of the 2025/26 Federal Budget. The OHA has developed three key recommendations to strengthen commercialization within Canada’s research ecosystem.

- **Recommendation 1:** The Government of Canada develop regulatory frameworks to further streamline the translation of research into market-ready products, reducing the time-to-market for new medical innovations.
- **Recommendation 2:** The Government of Canada invest in commercialization supports, such as technology transfer offices, that drive innovation to improve health outcomes and foster economic growth.
- **Recommendation 3:** The Government of Canada increase support for cross-sector partnerships to encourage collaboration between hospitals, research institutions, and the private sector.

The OHA will continue to engage with the federal government on its pre-budget submission in the months ahead.