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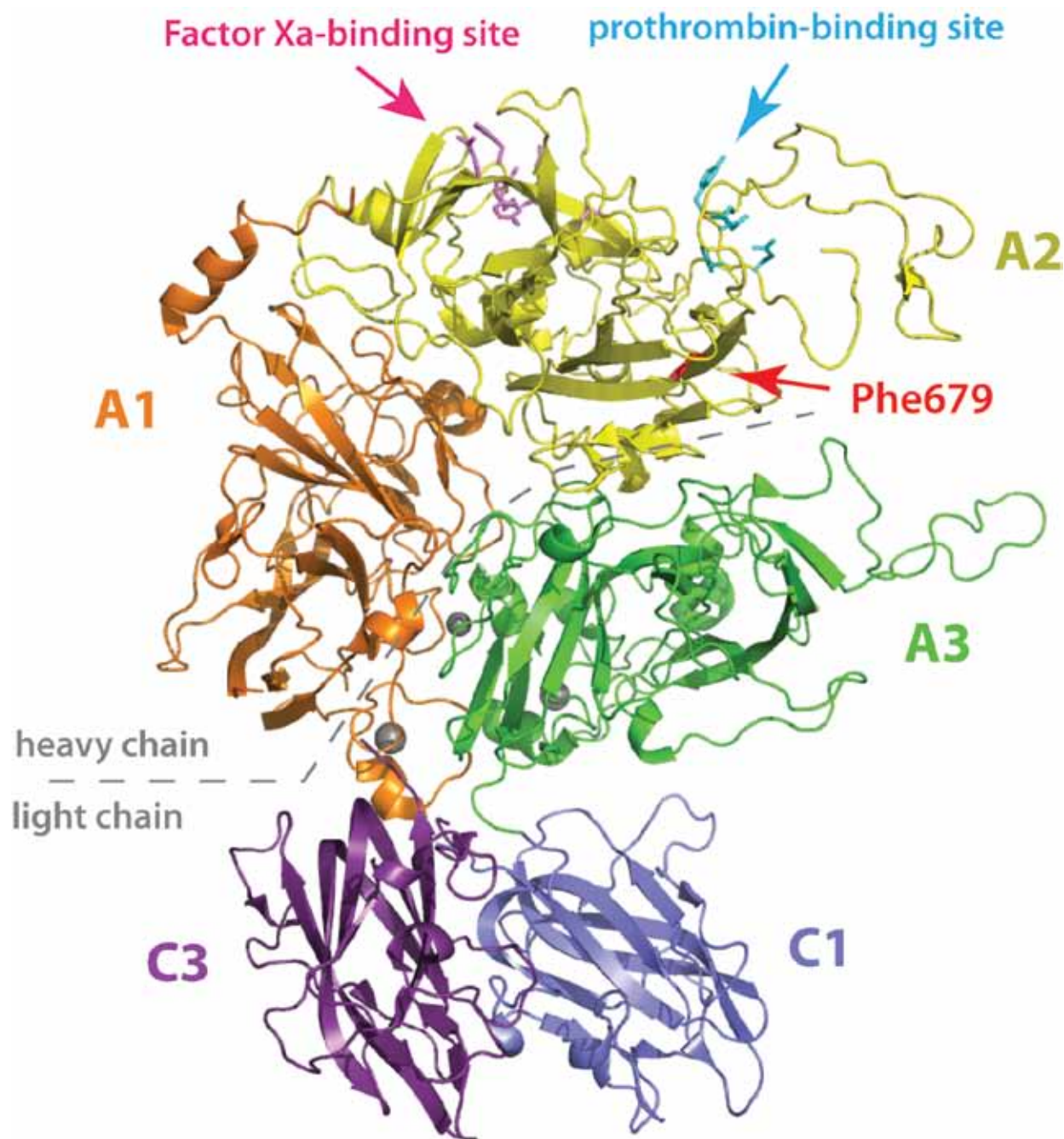
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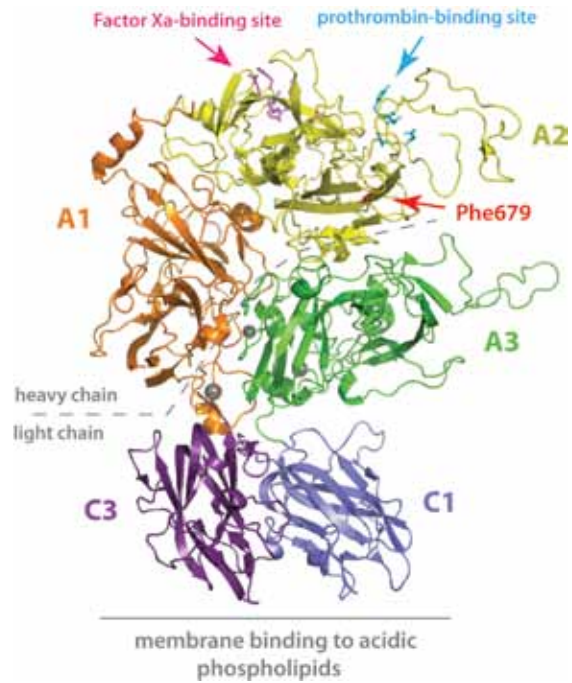
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ONTARIO FORENSIC PATHOLOGY SERVICE

Ex Morte Scientia: From Death, Knowledge





ON THE COVER

Factor V

The cover diagram shows the predicted three-dimensional structure of a protein, known as human coagulation factor Va, that is involved in blood clotting. This abnormal form of factor Va has a mutation near its active site that binds to another coagulation factor, prothrombin.

This protein plays a part in normal clotting of blood. Individuals with an abnormal form of this protein are prone to develop clots (thrombi) in the legs, which can lead to blood clots in the lungs (pulmonary thromboemboli), a possible cause of sudden death. This mutation may be forensically relevant in cases of sudden, unexpected death.

The structural model of the factor Va molecule is courtesy of Jeff Lee, Ph.D., Assistant Professor, Department of Laboratory Medicine and Pathobiology, University of Toronto.

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Chief Forensic Pathologist's Report



Our second year as the legislatively-defined entity providing medicolegal autopsy services in Ontario has been a time of unparalleled growth and development for the Ontario Forensic Pathology Service (OFPS). We concentrated on expanding the scope of our work and ensuring its highest quality. Specifically, we established and implemented a new quality management system and opened a Molecular Autopsy Laboratory, the first of its kind in Canada. These developments add to the positive role we play in helping Ontarians and their families.

The OFPS team worked hard this year in many different domains, including our offices, autopsy rooms and laboratories, crime scenes, and courtrooms across the province. This year, we welcomed new, well-qualified staff into our expanding team, including new forensic pathologists and other professionals and trainees, adding to the diversity of perspectives and roles in the OFPS.

The future of forensic pathology in Ontario is exciting. We are building on our strengths and harnessing technology to provide more accurate and timely service. Our commitment to innovation is demonstrated by the implementation of the new telemedicine system and the development of a new information management system (both based on our partnership with the Office of the Chief Coroner). Similarly, the Molecular Autopsy Laboratory at the Provincial Forensic Pathology Unit (PFPU) in Toronto will use DNA science to help save lives in surviving family members after a sudden cardiac death from a genetic cause. However, technology is a tool, not a goal in itself. The OFPS has become a model of excellence because of our dedicated team of professionals, extending from community hospitals across Ontario to the histology laboratory in the PFPU.

Our credibility derives from our respect for and commitment to scientific knowledge. In fact, the OFPS has adopted a motto: *Ex morte scientia* - From death, knowledge. The OFPS has continued its strong affiliation with the University of Toronto's Faculty of Medicine and Centre for Forensic Science, and has a central role in training forensic pathologists through the residency program and in promoting multidisciplinary research and education in forensics. Academic partnerships and collaboration are essential to the work that we do to further our pursuit of knowledge.

What does the OFPS do in a typical week?

Registered pathologists across the province perform autopsies:

- On average, 112 medicolegal autopsies are performed each week in Forensic Pathology Units and community hospitals.
- Five are suspicious deaths and homicides, autopsied only by accredited forensic pathologists.
- Three are deaths in infancy or early childhood (< 5 years of age), autopsied only by accredited forensic pathologists or pediatric/perinatal pathologists.
- In all cases, pathologists work closely with coroners and investigative agencies such as police services, the Office of the Fire Marshal and the Special Investigations Unit.
- Pathologists determine causes of death and complete postmortem examination reports, which are subject to quality assurance.
- Forensic pathologists confer with Crown and defence attorneys and attend court to offer expert witness testimony.
- Pathologists teach other medical professionals and those involved in death investigation, such as police officers and lawyers.

These significant duties and responsibilities are taken seriously by all of us engaged in death investigation in Ontario. We also contribute to global forensic pathology by training pathologists from other countries and lending our expertise in times of international crises and disasters.

Forensic pathology is one of the smallest and newest sub-specialties of medicine in Canada. Despite its recent formal recognition, the OFPS has accomplished so much.



Michael S. Pollanen
Chief Forensic Pathologist for Ontario
Director, Centre for Forensic Science and Medicine
Associate Professor, University of Toronto

About Us

The OFPS provides forensic pathology services under the Coroners Act. The OFPS works closely with the Office of the Chief Coroner to ensure a coordinated and collaborative approach to death investigation in the public interest. Together, the Chief Forensic Pathologist and Chief Coroner provide dual leadership for Ontario's death investigation system.

Pathologists are specialized medical doctors who have undertaken five years of additional training after medical school in pathology, the study of disease. Forensic pathologists have additional post-graduate training in forensic pathology, the application of medicine and science to legal issues, usually in the context of sudden death.

Most deaths in Ontario are due to natural diseases and do not require medicolegal investigation. However, deaths that are sudden and unexpected require investigation by a coroner. These include deaths from accidents, suicides, homicides, and sudden deaths from previously undiagnosed diseases.

When a coroner requires an autopsy to answer questions about a death, an autopsy is ordered from the OFPS. Of the approximately 17,000 deaths investigated by coroners annually, about 6,000 undergo medicolegal autopsy performed by pathologists working under the auspices of the OFPS. These autopsies are conducted in Forensic Pathology Units and community hospitals across the province. In some of these cases, the death is considered to be "routine" (e.g., sudden natural deaths and some accidents and suicides), while "complex" cases include homicides, criminally suspicious cases and pediatric deaths.

Our vision

A seamless forensic pathology system that fully integrates public service, education and research.

Our mission

To provide the highest quality forensic pathology service aimed at contributing to the administration of justice, preventing premature death and protecting public safety.

Our values

The OFPS and the OCC share core values that speak to our commitment to public service:

Integrity: We remember that the pursuit of truth, honesty and impartiality are the cornerstones of our work

Responsiveness: We embrace opportunities, change and innovation

Excellence: We constantly strive towards best practice and best quality

Accountability: We recognize the importance of our work and will accept responsibility for our actions

Diversity: We respect a diverse team with different backgrounds, professional training and skills

The OFPS encourages the practical application of these core values in casework. This is achieved by embracing an independent and evidence-based approach that emphasizes the importance of thinking objectively in pursuit of truth.

Our Legislation

The Coroners Act defines the roles and responsibilities of pathologists and coroners in death investigation and enhances the quality, organization and accountability of forensic pathology services. The Coroners Act:

- defines the OFPS as the unified system under which pathologists provide forensic pathology services, including autopsies.
- defines the position of the Chief Forensic Pathologist as overseer of forensic pathology services.
- defines the positions of the Deputy Chief Forensic Pathologist and pathologist.
- requires a registry of pathologists accredited to perform medicolegal autopsies.
- requires the Chief Forensic Pathologist to communicate with the College of Physicians and Surgeons of Ontario (CPSO) on adverse findings related to competency and professionalism of a registered pathologist.

Registered pathologists have legal authority under the Coroners Act to attend scenes and to order ancillary tests as required, pursuant to their duties.

Our Governance

The OFPS and the OCC are part of the Ministry of Community Safety and Correctional Services and are accountable to the Minister of Community Safety and Correctional Services. The Deputy Minister of Community Safety provides direction on administrative matters. The Death Investigation Oversight Council (DIOC) oversees the OFPS and OCC on a variety of legislatively prescribed matters.



Our Structure

Ontario Forensic Pathology Service

Under the Coroners Act, the Chief Forensic Pathologist administers and operates the OFPS. Specifically, the Chief Forensic Pathologist:

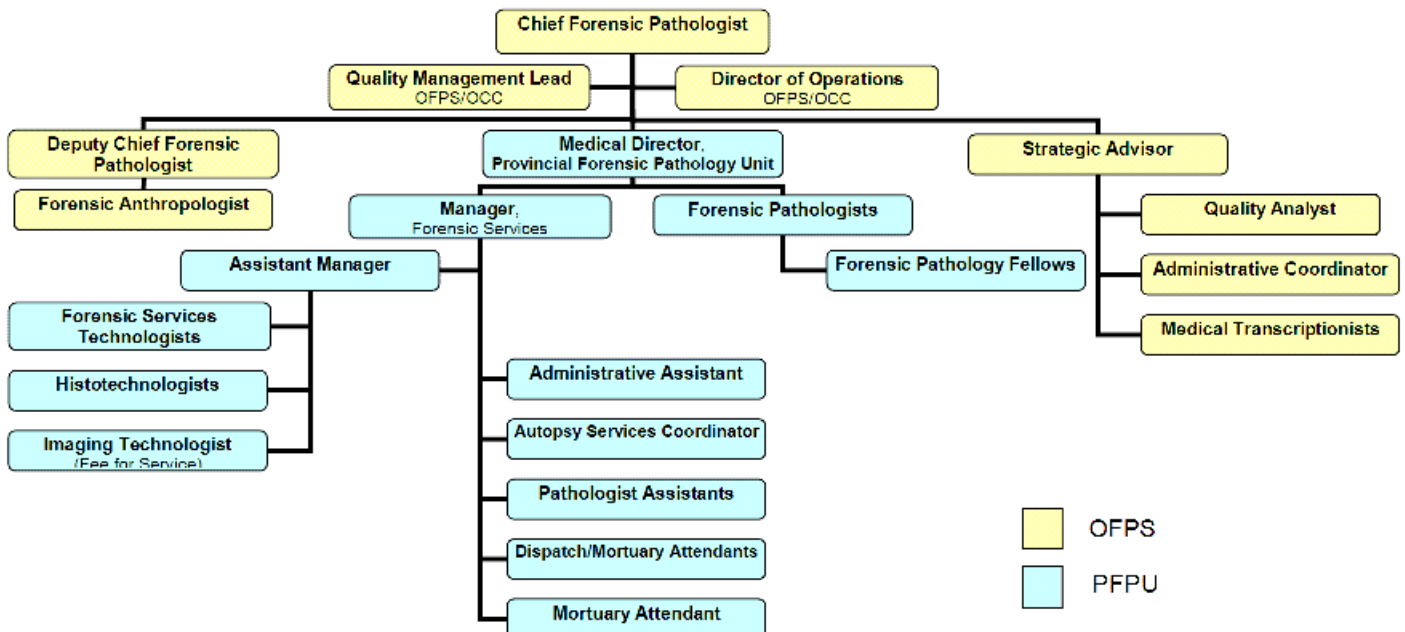
- supervises and directs pathologists in the provision of services.
- conducts programs for the instruction of pathologists.
- prepares, publishes and distributes a code of ethics.
- maintains a register of pathologists authorized to provide services.

The first Deputy Chief Forensic Pathologist (DCFP) was appointed in July 2011. The DCFP has all the powers and authorities of the Chief Forensic Pathologist in the event the Chief Forensic Pathologist is absent or unable to act, or in the case that the Chief Forensic Pathologist's position becomes vacant. The Deputy Chief Forensic Pathologist also supports the Chief Forensic Pathologist in the administration, oversight and quality management of the OFPS.

The head office of the OFPS is located in downtown Toronto. The OFPS is co-located with the PFFU and the OCC to facilitate communication and collaboration. The OFPS and the OCC are supported by a shared administrative service led by a Director of Operations.

The OFPS is now supported by a Quality Management Lead who is responsible for a combined Quality Management Program for the OFPS and OCC as well as separate Quality Assurance Programs for each area.

OFPS Directorate and PFFU Organizational Model



Provincial Forensic Pathology Unit

The PFPU performs approximately 1,500 autopsies per year and is the central referral facility for many complex autopsies, including homicides, skeletal remains and suspicious infant and child deaths. The Medical Director of the PFPU reports to the Chief Forensic Pathologist.

The operation of the PFPU has been enhanced through the addition of many new professional and technical positions. These include Forensic Pathologists, a Forensic Anthropologist, Pathologist Assistants, technologists and management personnel.

Forensic Pathology Units

Forensic Pathology Units (FPUs) are located in university teaching hospitals in Hamilton, Kingston, London, Ottawa and Sudbury. These units provide expertise in forensic pathology for approximately 2,000 routine and complex autopsies annually, including homicides and pediatric cases. The Ministry, through the OFPS, provides transfer payment funding to these units.

Historically, service to Northeastern Ontario was provided by a single Forensic Pathologist. This long-standing arrangement was formalized in December 2010 with the establishment of the Northeastern Regional Forensic Pathology Unit in Sudbury. Recently, a second Forensic Pathologist joined the staff of the Northeastern Ontario FPU. Increasing forensic pathology capacity in Northern Ontario remains a strategic priority for the OFPS.

Most complex forensic autopsies are performed at the PFPU or FPUs. Some non-suspicious pediatric autopsies are performed at the Hospital for Sick Children in Toronto and the Children's Hospital of Eastern Ontario (CHEO) in Ottawa. Since April 1, 2011, perinatal autopsies are also performed at Mount Sinai Hospital in Toronto. Occasionally, pediatric forensic cases from Northwestern Ontario are transferred to Winnipeg for autopsy by pathologists registered in Ontario.

Community Hospitals

Pathologists working in 33 community hospitals contribute to the OFPS by conducting routine medicolegal autopsies in their facilities on a fee-for-service basis.





Our Partners and Working Relationships

Our major partners include the OCC, municipal and provincial police agencies, the Ontario Fire Marshal, the Special Investigations Unit, the Centre of Forensic Sciences (CFS), the criminal justice system; and Ontario families.

The OFPS also collaborates with universities on research, education and training. Furthermore, the OFPS provides services to organizations outside of Ontario such as the Department of National Defence.

Our Services

The OFPS provides a range of services in support of the death investigation and justice systems.

Scene visits

Pathologists may attend scenes to gain necessary information as part of a complete autopsy. In some cases, photographs, video recordings and other imaging techniques replace the scene visit.

Autopsies

Pathologists conduct autopsies to observe, document and interpret findings to support the determination of cause of death. There are five steps to a medicolegal autopsy:

1. Review of case history, scene and circumstances
2. External examination
3. Internal examination
4. Ancillary tests, including histology and consultation reports
5. Opinion and report writing

Ancillary laboratory procedures and analyses

A wide range of ancillary analyses are used such as histology; radiology; cardiovascular; neuropathology; anthropology and odontology consultations; toxicology; and metabolic screening.

Forensic pathology consultations and expert opinions

Forensic pathologists participate in case conferences with other death investigation partners.

Forensic pathologists are asked for consultations and expert opinions on complicated and “cold” cases from Ontario, Canada and other countries. These requests may come from police agencies, crown prosecutors and defence attorneys.

Testimony in trials and other hearings

Forensic pathologists testify as expert witnesses at coroner’s inquests, at all levels of court and at public inquiries. This contribution to the justice system is of the utmost importance to forensic pathologists.

Special services

Special services are provided on request to other agencies, including international groups and non-governmental organizations. These services may include Disaster Victim Identification (DVI) in cases of multiple fatalities or human rights death investigations.

Our Activities



Administration and Operation of the OFPS

Start-up plan for the OFPS

In 2009, a five year plan for the OFPS (Our Plan 2010-2015) was released with two overarching strategic goals: to modernize forensic pathology services, and to focus on quality assurance, service sustainability and innovation. The OFPS aspires to maintain a leadership role in forensic pathology and advance service provision, education and research.

Ten strategic priorities were established within the start-up plan to help meet our goals.

1. Implement the Pathologist Registry.
2. Implement a Pathology Information Management System.
3. Develop stronger quality management processes for the OFPS.
4. Rejuvenate the Forensic Pathology Units.
5. Redevelop OFPS services in geographic areas that are under-served by pathologists.
6. Implement new health and safety procedures across the OFPS.
7. Develop contracts or other agreements with major OFPS clients.
8. Renew the technical support services of the OFPS.
9. Develop the molecular autopsy as a core OFPS service.
10. Train future generations of Canadian forensic pathologists.

Many of these priorities have been accomplished, with significant progress made in the remaining as documented in this report.

Forensic Pathology Advisory Committee

The Forensic Pathology Advisory Committee (FPAC) is the main advisory committee of the OFPS. This committee includes the directors of the regional forensic pathology units, the president of the Ontario Association of Pathologists, and the Chief Coroner. FPAC provides advice to the Chief Forensic Pathologist regarding professional medicolegal autopsy practices.

During the reporting period, FPAC convened twice in Toronto to discuss issues including quality assurance for routine cases, report backlog reduction and new turnaround time policy, courtroom testimony monitoring, and the management of pediatric autopsy cases.

Forensic Services Advisory Committee

The Forensic Services Advisory Committee (FSAC) was created to strengthen the objectivity of the OFPS and to improve communication with key external stakeholders such as police, crowns and defense attorneys. This committee provides advice to the Chief Forensic Pathologist to advance the quality and independence of medicolegal autopsies.

During the reporting period, FSAC met once in Toronto to discuss a protocol for post-conviction reviews by the OFPS.

Registry of Pathologists

Under the Coroners Act, only pathologists who are appropriately credentialed and registered by the OFPS may perform medicolegal autopsies. On the basis of their qualifications, registered pathologists may be approved to perform: all medicolegal autopsies including homicide and criminally suspicious cases (Category A pathologists), routine cases only (Category B), or non-suspicious pediatric cases (Category C).

As of July 26, 2011, a total of 166 registered pathologists are active, including 27 Category A pathologists permitted to conduct all types of autopsies. These 27 pathologists are recognized as having additional experience, training and/or certification in forensic pathology.

| Category | Number of Registered Pathologists |
|------------|-----------------------------------|
| Category A | 27 |
| Category B | 132 |
| Category C | 7 |

The Credentialing Subcommittee of FPAC reviews applications and provides advice to the Chief Forensic Pathologist regarding acceptance to the register.

The OFPS Register is available publicly through the Ministry's website at:

http://www.mcscs.jus.gov.on.ca/english/Pathology/PathologistsRegistry/pathologists_registry.html

Performance management of registered pathologists related to quality of medicolegal autopsies is the responsibility of the Chief Forensic Pathologist. The Chief Forensic Pathologist is legislatively obliged to report any registered pathologist to CPSO where there is an issue of professional misconduct or incompetence.

Supervision and Direction of Pathologists

To promote consistent and high quality practices across Ontario and to assist registered pathologists in their work, the OFPS provides a Practice Manual and Toolkit.

The Practice Manual includes the Code of Ethics, practice guidelines for medicolegal autopsies and explanations of the peer review system and the Register. Together, these documents provide the professional and policy foundation for the OFPS.

The Code of Ethics was adapted from the Forensic Pathology Section of the Canadian Association of Pathologists.

The OFPS and OCC have released various memoranda addressing a range of operational and administrative matters, which augment this policy framework.

Pathology Information Management System

Over the reporting period, the OFPS has used the Pathology Information Management System (PIMS), a custom Microsoft Access database, to collect current information about autopsies performed across Ontario. Forensic Pathologists working in units have been contributing information to PIMS through the Postmortem Examination (PME) record for the entire

period. Since October 1, 2010, all community hospital pathologists have also contributed to PIMS. The PME record is an electronic form used to capture high level data about autopsies. The PME record is completed and submitted to the OFPS directly after the autopsy. The information collected is used to evaluate resources and statistics about performance and quality. PIMS, in conjunction with the PME record, facilitates accountability and oversight of autopsies performed by registered pathologists.

To maximize performance, quality and service integration, the OFPS and OCC are developing an electronic case management system. This system will record information from death investigations beginning with the notification of the coroner and ending with the closing of the case. This will unify and streamline existing documentation and administrative procedures. Implementation of the new system is anticipated in 2012.

PIMS Caseload Statistics

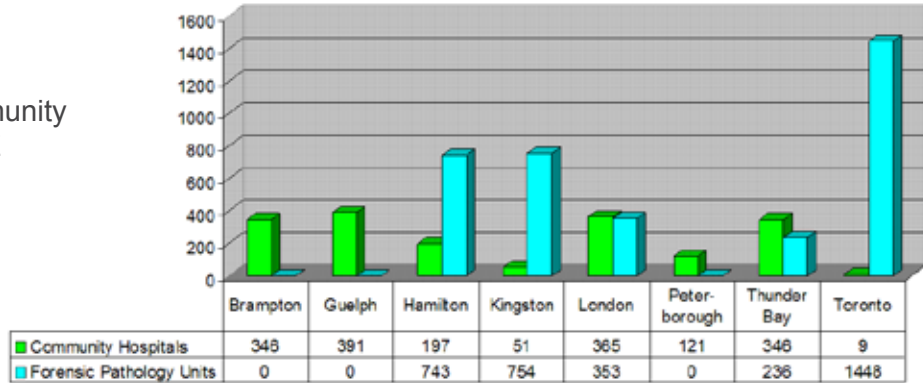
These caseload statistics are derived from PME records submitted during the reporting period. Complete statistics are available from FPU's. Statistics from community hospitals are incomplete since not all community pathologists were submitting PME records before October 1, 2010.

Each OFPS case begins with a coroner's request for an autopsy by warrant to a pathologist. Autopsies on homicides, criminally suspicious and pediatric cases, deaths involving firearms and routine (non-suspicious) autopsies are performed in FPU's. Some non-suspicious (medical type) autopsies of children are also performed in pediatric sites. Only routine autopsies are conducted in community hospitals. Sixty-six per cent of all autopsies were performed in FPU's and 34% in community hospitals as recorded by PIMS. Of routine cases, about half were performed in community hospitals. Chart 1 shows the distribution of autopsies captured in PIMS by OCC investigative regions.

Chart 1: Distribution of Autopsies by OCC Investigative Region*

* Data incomplete as not all community pathologists were submitting PME records before October 1, 2010

Distribution of Autopsies by OCC Investigative Region



The distribution of autopsies performed in FPU and pediatric/perinatal sites is shown in Chart 2.

Chart 2: Distribution of Autopsies by FPUs and Pediatric/Perinatal Sites

Distribution of Autopsies in Forensic Pathology Units

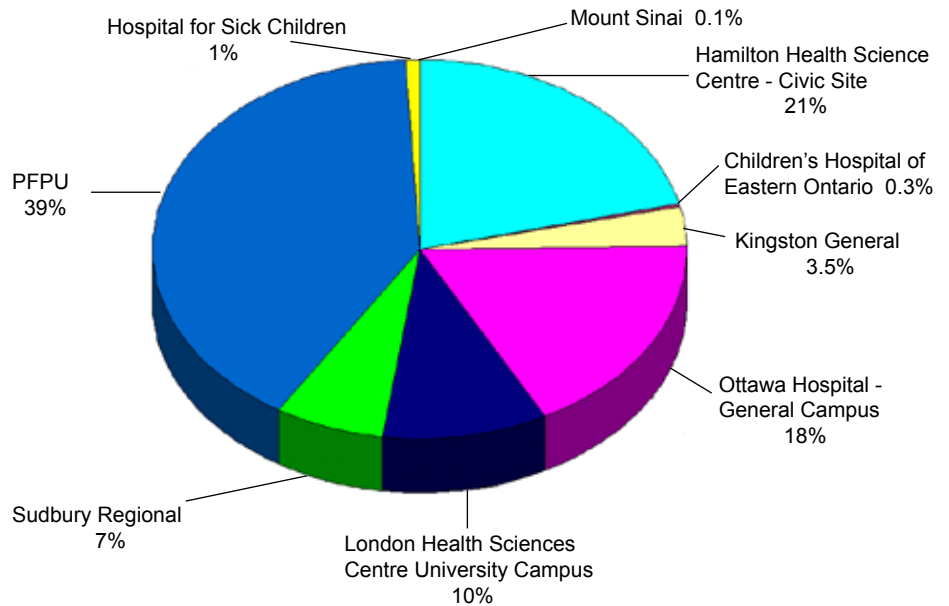


Chart 3 provides a breakdown of autopsies by case type as entered in PIMS.

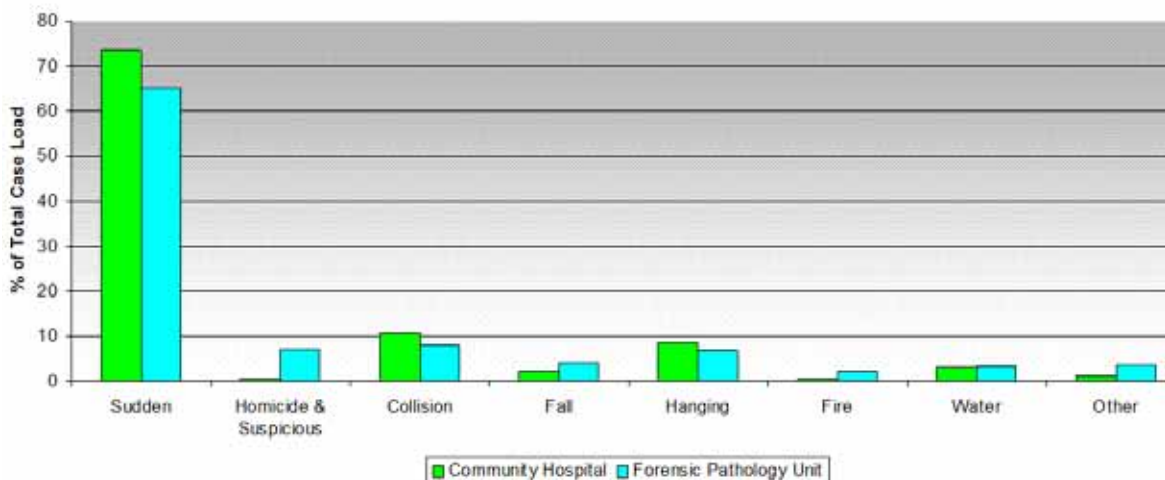
At present, the category "sudden" includes non-homicidal gunshot wounds, drug overdoses and others not specified in the available categories.

Chart 3: Distribution of Autopsies by PIMS Case Type*

* Data incomplete as not all community pathologists were submitting PME records before October 1, 2010

In some cases, after discussion between a Forensic Pathologist and a Regional Supervising Coroner, a decision is made to limit an autopsy to an external examination. There were 63 such cases, all performed in FPUs.

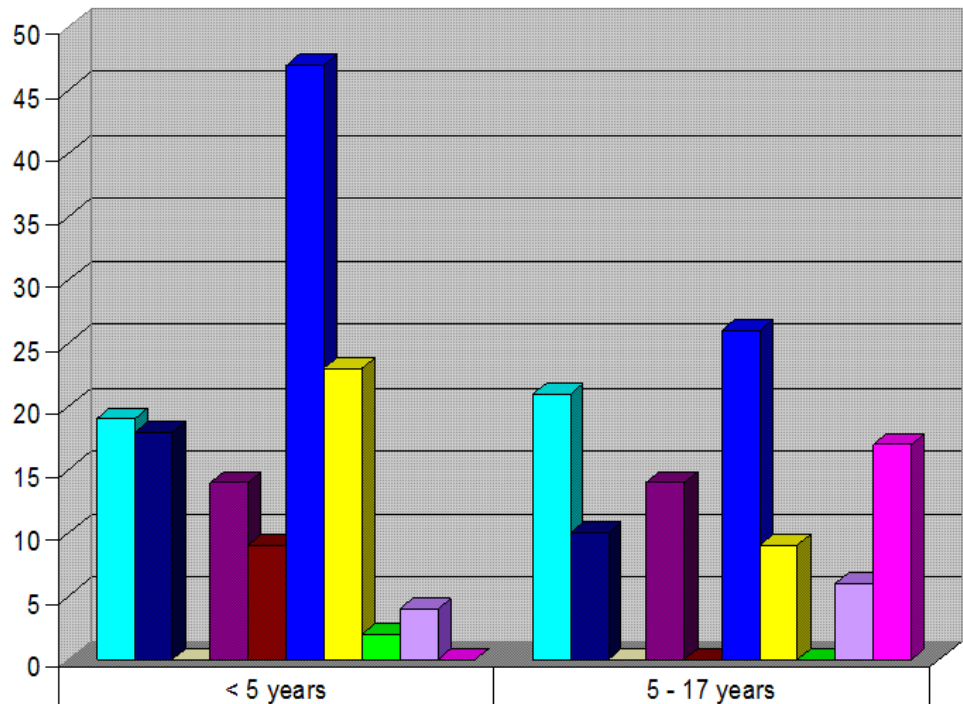
Distribution of Case Types



Charts 4 and 5 show the distribution of pediatric cases by age group (under age five, and between ages five to 17) and by PIMS case type.

Chart 4: Distribution of Routine Cases by Age Group

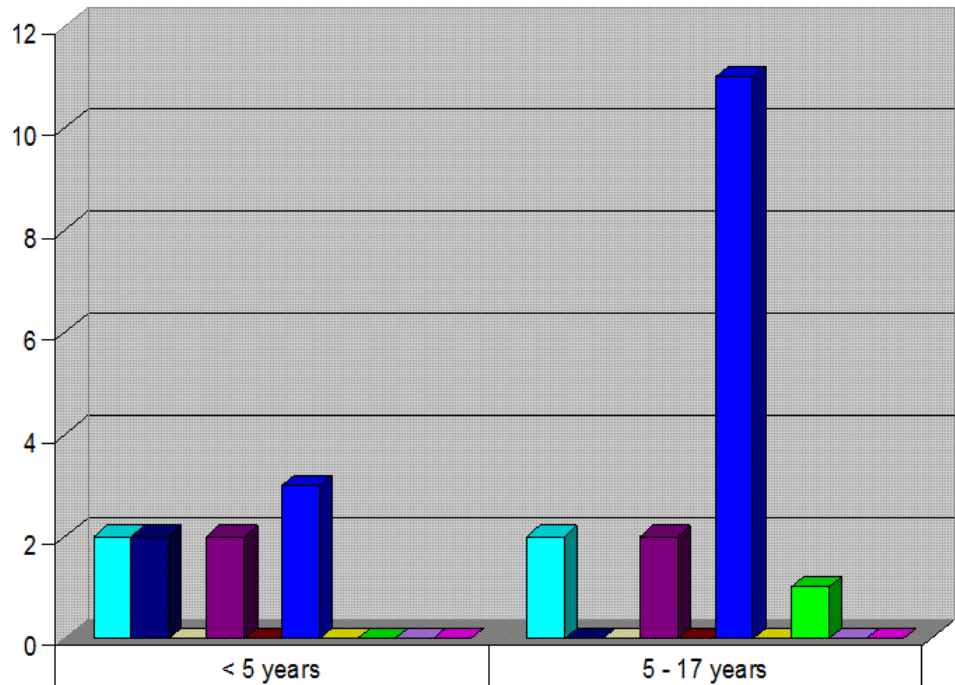
Distribution of Routine Cases by Age Group



| | < 5 years | 5 - 17 years |
|--|-----------|--------------|
| Hamilton | 19 | 21 |
| London | 18 | 10 |
| Kingston | 0 | 0 |
| Ottawa | 14 | 14 |
| Children's Hospital of Eastern Ontario | 9 | 0 |
| PFPU | 47 | 26 |
| Hospital for Sick Children | 23 | 9 |
| Mount Sinai | 2 | 0 |
| Sudbury | 4 | 6 |
| Community Hospitals | 0 | 17 |

Chart 5: Distribution of Homicide and Suspicious Cases by Age Group

Distribution of Homicide & Suspicious Cases by Age Group



| | < 5 years | 5 - 17 years |
|--|-----------|--------------|
| Hamilton | 2 | 2 |
| London | 2 | 0 |
| Kingston | 0 | 0 |
| Ottawa | 2 | 2 |
| Children's Hospital of Eastern Ontario | 0 | 0 |
| PFP | 3 | 11 |
| Hospital for Sick Children | 0 | 0 |
| Sudbury | 0 | 1 |
| Mount Sinai | 0 | 0 |
| Community Hospitals | 0 | 0 |

Quality Management

The OFPS has a robust quality assurance program comprising the following:

- Pathologist Registry
- Practice guidelines including standardized reporting templates and forms
- Collection of standardized case information through the PME record
- Peer review of all autopsy reports on homicide, criminally suspicious, pediatric (deaths under 5) and SIU cases prior to report distribution
- Audit of autopsy reports on routine cases
- Peer review of courtroom testimony
- Detection and follow-up of significant quality issues and critical incidents
- Reporting of key performance indicators to clients and stakeholders

Peer Review of Autopsy Reports for Homicide, Criminally Suspicious, Pediatric and SIU Cases

Two hundred and eighty-one peer reviews were performed, averaging 13 per Forensic Pathologist. The average turnaround time for peer reviews was nine days.

Peer Review of Courtroom Testimony by Forensic Pathologists

On July 1, 2011, a new process was implemented for peer review of courtroom testimony (judicial, inquest, civil and tribunal). On an annual basis, each forensic pathologist who testifies submits a transcript for review by another forensic pathologist.

Courtroom testimony is now assessed for:

- Accuracy and evidence-base
- Professionalism and objectivity
- Clear and unambiguous language
- Presentation of limitations, uncertainties and alternate hypotheses

Audit of Autopsy Reports for Routine Cases

Beginning in October 2010, autopsy reports on routine cases have been audited for administrative and technical accuracy. Directors of FPU's review reports of routine cases performed in their units. Reports from community hospitals are audited by the Chief Forensic Pathologist or designate.

The administrative audit focuses on completeness and adherence to guidelines. All community hospital reports undergo administrative audit and



10 percent of routine autopsy reports from FPUs undergo this type of audit.

The technical audit focuses on the content of the report to ensure that the approach, conclusions and opinions derived from the evidence are appropriate. In general, 10 percent of all routine reports are reviewed on this basis.

Technical audit is also done on all cases of certain types. These are:

- Cases with an undetermined cause of death
- Non-traumatic and non-toxicologic deaths of individuals younger than 40 years old
- All reports from pathologists performing fewer than 20 autopsies per year

Key Performance Indicators

Key performance indicators for autopsy reports such as submission compliance, completeness, turnaround time and validity are collected from the administrative and technical reviews and reported.

Table 1 shows the indicator, the target outcome

and overall performance (FPU and community hospital pathologists) since all pathologists have been contributing to PIMS.

Table 1: Key Performance Indicators

| Key Performance Indicator | Target Outcome | Performance | |
|---|----------------|--------------------|---|
| Submission Compliance (PME record) | 100% | 98% | ● |
| Completeness of PME Reports | 95% | 93% | ● |
| Consistency of PME Reports | 95% | 95% | ● |
| TAT – (Autopsy – PME Report) ¹ | --- | Average = 125 days | ● |
| % Reports with Significant Issues | < 2% | 4% | ● |
| % Critical Incidents | 0% | 0% | ● |

Turnaround Time (TAT) policy came into place on September 1, 2011

- Green: good compliance
- Yellow: approaching compliance
- Red: poor compliance

Significant quality issues include substantial errors, omissions and other deficiencies.

A critical incident is a significant quality issue that contributes to a significant error in death investigation. All critical incidents are analyzed to determine root cause and corrective action.



Chart 6 illustrates completeness of autopsy reports in accordance with practice guidelines. Chart 7 illustrates consistency of the content and opinion of autopsy reports as assessed by the reviewing pathologist.

Chart 6: Completeness Measures

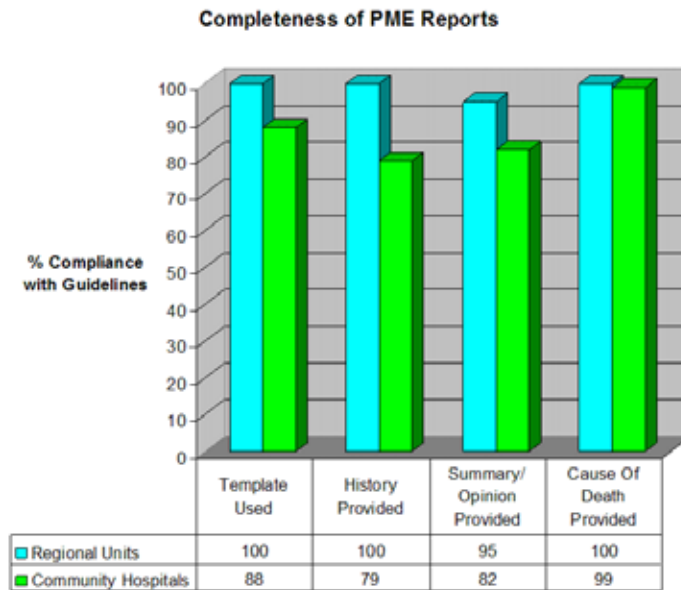
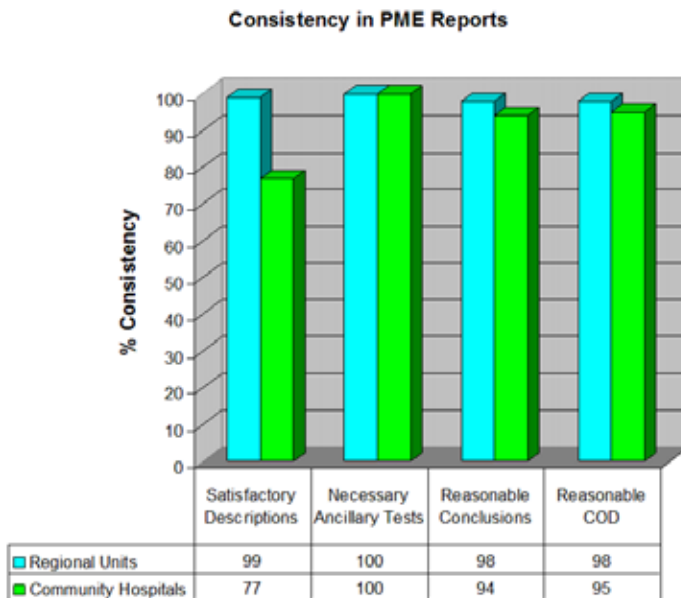


Chart 7: Consistency Measures



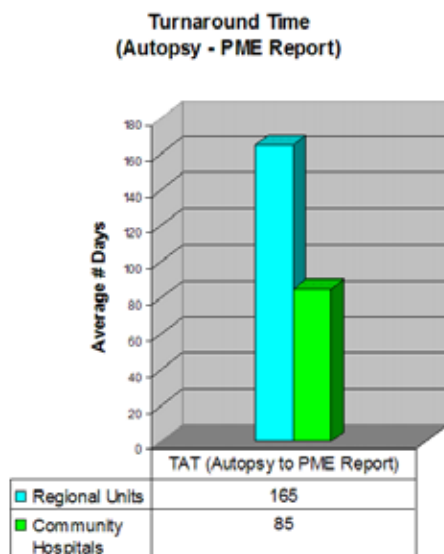
Turnaround Time (TAT)

Timeliness of autopsy reports is a key performance indicator. Turnaround time (TAT) is influenced by case complexity, return of ancillary test results, pathologist workload and staffing pressures. During the summer of 2011, forensic pathologists in FPU's undertook to complete outstanding cases in anticipation of an OFPS policy on TAT. Chart 7 depicts the TAT for community hospital pathologists and forensic pathologists in FPU's. The longer TAT in FPU's reflects in part the outcome of the case reduction initiative, as many older cases were completed.

On September 1, 2011, the OFPS adopted a policy regarding turnaround time as endorsed by FPAC:

- Ninety percent (90%) of autopsy reports are to be completed within 90 days of the day of the postmortem examination.
- Cases involving homicides, pediatric deaths, deaths in custody and cases in which the coroner has requested that the report be prioritized (due to requests from family or other parties) are to be expedited as a matter of routine.
- No more than 10 percent of cases should be greater than six months old. There must be a justifiable reason (e.g., delays caused by molecular autopsy for channelopathy, etc.) for delay in those cases.

Chart 8: Turnaround Time



Significant Issues

During the technical review, if the reviewing forensic pathologist detects a significant issue, feedback which might consist of suggestions for changes to the existing report or for improvement in future cases is provided to the case pathologist. The mean percentage of significant issues detected in routine case reports from FPU pathologists and community hospital pathologists were 1% and 7%, respectively.

Risk Management

At the request of the OFPS, Ernst & Young was selected by Ontario Internal Audit to perform a risk assessment of the organization and recommend mitigation strategies. This exercise took place from July to September 2010.

Ernst & Young's report identified 10 areas of high residual risk, including business model sustainability; recruitment, retention and development of personnel; management of post-mortem examinations and expert testimony; effective governance and oversight; regulatory and policy compliance; and stakeholder expectations. Forty-two short-term and 22 long-term mitigation strategies were recommended.

In the first half of 2011, these risks were reviewed, action plans were instigated and plans were monitored. This work was performed by Jodie Leditschke, Ph.D., Manager of Forensic Technical Services at the Victorian Institute of Forensic Medicine in Melbourne, Australia (see profile in Our People section), who was seconded to the OFPS.

A total of 58 recommendations have been addressed, of which six are still in progress. The remaining six recommendations have been deferred for long-term planning.

This work forms the basis of the newly created OFPS Risk Register, which is regularly reviewed by the OFPS executive.

Forensic Anthropology

Forensic Anthropologists are experts in the study of bones (human osteology) in the medicolegal context. Forensic Anthropologists make an important contribution to death investigations involving skeletonized, burned, mutilated or otherwise unrecognizable remains. Forensic Anthropologists act as consultants to Forensic Pathologists.

A new policy was introduced in November 2010 to ensure the delivery of consistent and sustainable practices across the province. The new policy identifies the types of cases requiring forensic anthropology input and describes the call-out procedures for obtaining anthropological services.

In July 2011, a Forensic Anthropologist position was created within the OFPS to deliver anthropological services in support of death investigation and to coordinate fee-for-service providers. This is the first such full-time position in Canada.

According to PIMS, forensic anthropology consultation was required in 25 cases during the reporting period.





Histology

Histology is the preparation of microscope slides from tissues obtained at autopsies, for examination by a pathologist. The number of slides prepared for each case varies with the type of case and the pathologist's preference. Histology services are provided through laboratories at community hospitals and on-site at the FPU's. At the PFPU, two full-time Histotechnologists are employed to process approximately 1,100 tissue specimens each month.

Molecular Forensic Pathology

Forensic pathologists recognize cases of sudden arrhythmic death in young people with structurally normal hearts. Advances in clinical genetics have discovered certain genetic mutations that are associated with these arrhythmic disorders. Detection of these genetic mutations and diagnosis of their respective arrhythmias allows for screening, diagnosis and life-saving treatment or intervention in surviving family members such as siblings or children.

In March 2011, the Ministry supported the establishment of molecular testing at the Kingston General Hospital for this purpose. Then, in June 2011, a Molecular Autopsy Laboratory was opened at the PFPU. These two labs will collaborate to diagnose genetic conditions with a goal of preventing premature deaths.

Health and Safety

Improved health and safety protocols have been implemented at the PFPU to enhance personal protection, prevent unnecessary risk and ensure laboratory and morgue processes and facilities align with external standards of practice. PFPU managers and staff have taken mandatory Workplace Hazardous Materials Information System (WHIMS) training.

A survey will be undertaken of all FPU and hospitals where medicolegal autopsies are performed, in order to assess health and safety procedures to inform best practices. The survey is based on a checklist from the National Association of Medical Examiners.

OFPS-Based Education

In-House Professional Development Seminars for Forensic Pathologists

Continuing education seminars for Forensic Pathologists throughout the province are held at the PFPU. These rounds qualify as continuing education for the Maintenance of Certification (MOC) program of the Royal College of Physicians and Surgeons of Canada (RCPSC).

The following topics were covered last year:

- Neuropathology of Head Injury
- Forensic Anthropology and Gross Specimens
- Poisons That Kill
- Disaster Victim Identification: The Australian Perspective
- Update on Excited Delirium



Annual Education Course for Coroners and Pathologists

This annual, two-and-a-half day course is conducted jointly by the OCC and OFPS each autumn. This meeting qualifies as continuing education for the MOC program of the RCPSC.

Last year's course was held from October 28 to 30 and was attended by 23 registered pathologists.

A range of topics was covered including:

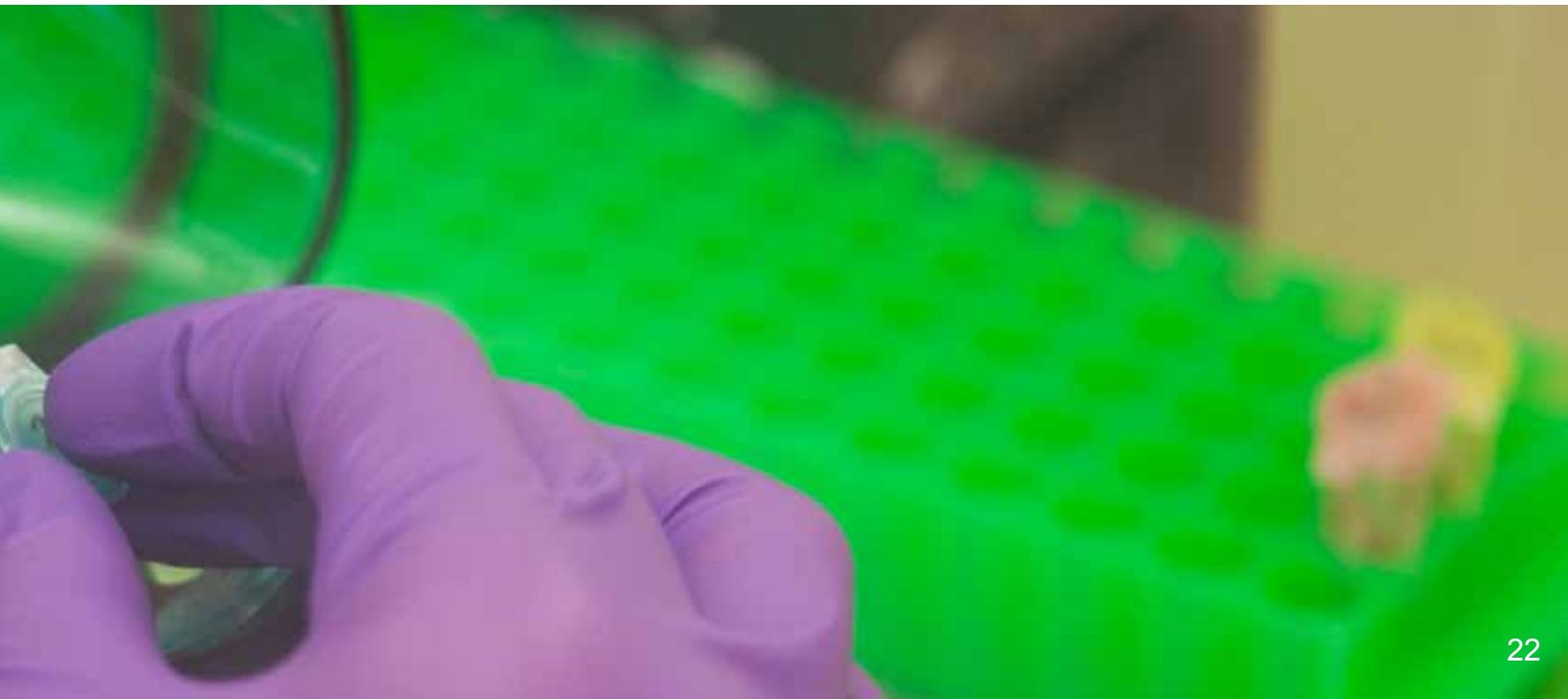
- Common Mistakes with Medicolegal Autopsy
- Approach to the Investigation of Hazardous Scenes
- Heritable Cardiac Arrhythmogenic Disorders
- Sudden and Unexpected Deaths in Children
- Molecular Autopsy
- The Negative Postmortem

Centre for Forensic Science and Medicine at the University of Toronto

The Centre for Forensic Science and Medicine (CFSM) at the University of Toronto (U of T) is an interdisciplinary initiative dedicated to the advancement of teaching and research

in the forensic disciplines at the interfaces of medicine, the law and social sciences. The CFSM aims to contribute to the development of knowledge in these fields by drawing together a diverse group of practitioners and scholars. Presently, the Chief Forensic Pathologist holds the position of Director of the CFSM.

The disciplines involved in the CFSM include law, forensic sciences, forensic pathology, forensic psychiatry and psychology, forensic anthropology, forensic odontology and forensic pediatrics. The centre is affiliated with the university's postgraduate residency and fellowship training program in forensic pathology, the Faculties of Medicine and Law, and the Forensic Sciences Program.



**Seminar Series: Current Controversies
in Forensic Science & Medicine: Toward
Resolution in the 21st Century**

This monthly series brings national and international experts to U of T to discuss controversies in forensics. These seminars are attended by academics, those working in forensic disciplines, legal professionals and law enforcement practitioners. These seminars are also broadcast live over the Internet.

In the last year, the following topics were covered:

- *Coroner vs. Medical Examiner: Apples and Oranges or Birds of a Feather?*
Dr. Graeme Dowling, Chief Medical Examiner, Province of Alberta, Professor, University of Alberta Faculty of Medicine
- *Forensic Applications of Decomposition Chemistry*
Professor Shari Forbes, Associate Professor, University of Ontario Institute of Technology
- *Advances in Forensic DNA Analysis*
Jonathan Millman, PhD, DNA Biologist, Centre for Forensic Science
- *Science and the Significant Risk Test: Intervening in the Criminalization of HIV Non-Disclosure in Ontario, Canada*
Professor Eric Mykhalovskiy, Associate Professor, Department of Sociology, York University and Glenn Betteridge, Law & Policy Researcher
- *Abusive Head Trauma*
Dr. Carole Jenny, Head, Division of Child Maltreatment, Professor, Pediatrics, Brown University School of Medicine, Providence, Rhode Island
- *Explaining the Unexplained; Expecting the Unexpected: Where are we with Sudden Unexplained Death in Epilepsy?*
Dr. Elizabeth Donner, Pediatric Neurologist, Hospital for Sick Children, Associate Professor of Pediatrics, University of Toronto
- *Judicial Bias and the Admissibility of Expert Evidence*
Professor Rachel Dioso-Villa, Assistant Professor, School of Criminology and Criminal Justice, Griffith University, Queensland, Australia





Training New Forensic Pathologists

The OFPS, in partnership with the Forensic Pathology Residency Training Program at U of T and with funding support from the Ministry of Health and Long-term Care, continues to have the only active training program in Canada leading to certification in forensic pathology by the RCPSC. Since 2008, six pathologists completed training and are working within the OFPS.

In July 2011, two new residents began their training in forensic pathology in the U of T program.

Dr. Liza Boucher obtained her medical degree and Doctorate in Medicine from the University of Montreal in 2004. Dr. Boucher received three years of training in General Surgery and completed her Anatomic Pathology Residency at Laval University.

Dr. Mandi Pedican obtained her Doctor of Medicine and postgraduate specialization in Anatomical Pathology from the University of the West Indies (UWI). She works in the Department of Pathology and Laboratory Medicine of the Grand Bahama Health Services.

In addition, Dr. Sarathchandra Kodikara from Sri Lanka has extended his residency training for an additional year.

Supporting the growth of forensic medicine in developing regions is a priority for the OFPS and the CFMS. Since 2006, three fellows from Sri Lanka have completed residency training in forensic pathology at the PFPU.

Recruitment of Forensic Pathologists

The capacity of the OFPS has been enhanced through the recent addition of talented new recruits:

- In April 2011, Dr. Alfredo Walker (from Sheffield, United Kingdom) joined the Eastern Ontario Forensic Pathology Unit in Ottawa.
- In July 2011, Dr. Michael D'Agostino became the second Forensic Pathologist at the Northeastern Regional Forensic Pathology Unit in Sudbury after completing his residency training in Toronto.

Recruitment is made difficult by the extremely limited pool of qualified candidates in a highly competitive world market.

Retirement of Veteran Forensic Pathologist



Dr. David King retired from the practice of Forensic Pathology after 35 years of service in Ontario. Dr. King began his practice in 1976 in Ottawa. In 1983 he moved to Hamilton where he provided high quality medicolegal autopsies at the Hamilton Forensic Pathology Unit until his retirement.

Dr. King's achievements include his successful advocacy for evidence-based practice and for recognition of Forensic Pathology as a defined sub-specialty by the RCPSC.

New Technology

The OCC and OFPS are investing in a new information management system and related technologies.

Provincial Coroner Dispatch

Currently when a death occurs in Ontario, there is no single mechanism to assess the need for a death investigation under the Coroners Act or to notify an investigating coroner. This lack of a systematic approach has resulted in an inconsistent, patchwork-like communication system.

The OCC and OFPS have explored options for a province-wide coroner dispatch process. As a result, the Toronto Coroner Dispatch located at the headquarters of the OCC and OFPS is expanding its scope to provide service to the entire province. This centralized dispatch service will allow creation of a death investigation record at the time of initial contact, a standard process for coroner dispatch and accessibility to details of death investigations across the province. This system should be fully implemented by April 2012.

The OCC and OFPS Computer Aided Dispatch pilot project won a 2011 Showcase Ontario Merit Award in the category of Service Excellence.

Death Investigation Information System

The Death Investigation System Technology (DIST) will combine and significantly enhance the functionality and features currently available in the present Coroners Information System and PIMS. DIST will incorporate all data from the OCC and OFPS into an integrated information management system that spans the entire death investigation system.



Telemedicine

The OCC and OFPS recognize a need for video and telecommunication among head office, regional coroners' offices, FPU's, remote and northern community hospitals and police. This will enhance case management and service quality, facilitate teaching and decrease the need to transport bodies across significant distances. It enables coroners and pathologists to virtually attend difficult-to-reach locations and observe and collaborate on cases. This technology produces further costs savings by reducing travel for attendance at meetings.

Installation of videoconferencing equipment will be completed in fall of 2011.

The video conferencing equipment includes:

- remote scene cameras to be used by the Ontario Provincial Police which can stream real-time video images from remote scenes in Northern Ontario across a secure justice video network (via WiFi or satellite uplink)
- standard office videoconferencing equipment to enhance peer-to-peer consultation
- morgue carts to allow pathologists to share video images for consultation and teaching.

The OCC/OFPS telemedicine project won a 2011 Showcase Ontario Merit Award in the category of Innovation.



Forensic Services and Coroner's Complex

Construction of the new Forensic Services and Coroner's Complex (FSCC) at Keele Street and Wilson Avenue in Downsview commenced in August 2010. This will be the future headquarters of the OFPS, OCC and CFS. Carillion Secure Solutions, the contractor, has made significant progress with the structure of the building. Equipment and furniture procurement and transition planning are underway with relocation expected in early 2013. The new facility will be largest, most state-of-the-art facility of its kind in the world, bringing together all aspects of forensic science and medicine.

OFPS Overseas

Ontario has a history of providing leadership and support to international Disaster Victim Identification (DVI) missions. These missions are assembled following natural or human-caused disasters where help is needed in identifying victims. The OFPS participates internationally with Interpol, the International Committee for the Red Cross, the Federal Bureau of Investigation and other experts from the forensic community at large to identify and develop DVI guidelines and best practices.

During this year, the Chief Forensic Pathologist:



- Continued his participation in a United Nations initiative in Jamaica. He assisted the Office of the Public Defender and Ministry of National Security with their investigation of civilian deaths during a security forces operation in Kingston in May 2010
- Lectured on the topic of Quality Assurance in Forensic Pathology at the 9th Triennial Meeting of the International Association of Forensic Sciences (IAFS) in Madeira, Portugal
- Instructed a course, "Update in Forensic Pathology," at the Servicio Médico Legal in Santiago, Chile

Goals for Next Year

The OFPS plans to:

- continue to focus on service quality and sustainability.
- plan a smooth transition to the new state-of-the-art facility.
- continue to embrace technology and innovation to improve service delivery.
- contribute to the growth of the forensic pathology field.



Ontario

Office of the Chief Coroner
and Ontario Forensic
Pathology Service



Our People



Profiles

Dr. Toby Rose



Dr. Toby Rose was appointed Deputy Chief Forensic Pathologist in July 2011. Dr. Rose, a full time forensic pathologist since 1998, was the Medical Director of the PFPU in Toronto since 2009.

She completed her MD at the University of Saskatchewan (1977) and residency training in Anatomical Pathology at U of T. She is Assistant Professor at U of T in the Department of Laboratory Medicine and Pathobiology.

Melanie Fraser



Melanie Fraser became the Director of Operational Services of the OCC and OFPS in May 2011. She had previously held the positions of Director of Finance/Chief Financial Officer for the MCSCS, and Executive Assistant to the Deputy Minister (DM), and Director of Executive Support in the Office of the DM.

She has also worked on the Ministry's Infrastructure Renewal Project and in the Facilities, Emergency Management & Security Branch. Melanie has a MA in psychology specializing in perception, psychophysics and visual neuroscience.

Profiles

Dr. Kristopher Cunningham



Dr. Kristopher Cunningham was appointed Medical Director of the PFPU in July 2011. Dr. Cunningham, a Forensic Pathologist at the PFPU since 2009, received a PhD in biochemistry at Ohio State University (2000) and his medical degree from the University of Ottawa (2004).

Dr. Cunningham did his residency training at U of T in Anatomical Pathology, with additional training in cardiovascular and pulmonary pathology at U of T and the Ottawa Heart Institute. He is Assistant Professor at U of T in the Department of Laboratory Medicine and Pathobiology.

Dr. Jodie Leditschke



Dr. Jodie Leditschke is the Manager of Forensic Technical Services at the Victoria Institute of Forensic Medicine, Melbourne, Australia. She was previously a Forensic Technical Officer (mortuary assistant). She completed her PhD (Department of Forensic Medicine) in 1996.

She has been actively involved in disaster victim work internationally and in the 2009 Australian Bushfires. She is a current member of the National and State DVI Committees and the Australian Standards Forensic Analysis Committee and is a former Chair of the Medical Sciences SAG (Scientific Advisory Group).

Profiles

Dr. Kathy Gruspier



Dr. Kathy Gruspier was hired as Forensic Anthropologist of the OFPS in July 2011. Dr. Gruspier obtained her MA in Palaeopathology and Funerary Archaeology from the University of Sheffield and her PhD in Physical Anthropology and JD from the Faculty of Law, both from U of T.

She has been a consultant to the OCC and OFPS since 1992. She is an Adjunct Professor of Forensic Science at U of T, Mississauga and is on the advisory committee of the CFMS. She has undertaken field work and analysis of human remains in many countries.

Dr. Alfredo Walker



Dr. Alfredo Walker joined the Ottawa Unit as a forensic pathologist and the University of Ottawa as Assistant Professor in 2011. Dr. Walker graduated from the Faculty of Medical Sciences, University of the West Indies, Trinidad (1996) and trained in the UK in Histopathology and Forensic Pathology, receiving Fellowship of the Royal College of Pathologists as well as Diploma in Medical Jurisprudence (1999).

He was a Consultant Forensic Pathologist on the Home Secretary's Register in England and Wales (2006 to 2011), employed by the UK's Department of Forensic Pathology and Legal Medicine in Sheffield.

Profiles

Dr. Michael D'Agostino



Dr. Michael D'Agostino joined the Sudbury Unit as a forensic pathologist in July 2011. Dr. D'Agostino obtained his MD in 2005 and completed a residency in General Pathology in 2010, both at U of T.

He was a fellow in Forensic Pathology at the PFP, obtaining his FPCPC in Forensic Pathology in 2011. He also holds a Masters in Business Administration (2000).

New Fellows

Dr. Mandi Pedican



Dr. Liza Boucher



Our People

OFPS Directorate

Michael POLLANEN
Toby ROSE
Effie WALDIE
Kathy McKAGUE
Amanda MAINIERO
Bonita ANDERS
Veronica SMART
Rose PERRI
Lori BRADSHAW
Cathy ARABANIAN
Lisa PERRI

Chief Forensic Pathologist
Deputy Chief Forensic Pathologist
Executive Assistant
Quality Management Lead
Quality Analyst
Quality Analyst (On leave)
Administrative Coordinator
Medical Transcriptionist
Medical Transcriptionist
Medical Transcriptionist
Quality Assistant

Shared Admin Services

Melanie FRASER
Cathy CRAIG
Ann-Carol HARGREAVES
Cheryl MAHYR
Robert MacVICAR
Jeffrey ARNOLD

Director of Operations
Chief Administrative Officer
Business Solutions Project Manager
Issues Manager
Projects and Services Manager
FSCC Project Manager



Toronto PFPU

| | |
|------------------------|--|
| Kris CUNNINGHAM | Medical Director and Forensic Pathologist |
| Noel MCAULIFFE | Forensic Pathologist |
| Charis KEPRON | Forensic Pathologist |
| Jeff TANGUAY | Forensic Pathologist |
| Michael PICKUP | Forensic Pathologist |
| Michelle SAPP | Forensic Pathology Fellow (Currently at Brampton Civic Hospital) |
| Michael D'AGOSTINO | Forensic Pathology Fellow (Currently at Sudbury Regional Health) |
| Sarathchandra KODIKARA | Forensic Pathology Fellow |
| Mandi PEDICAN | Forensic Pathology Fellow |
| Liza BOUCHER | Forensic Pathology Fellow |
| Liz IVES | Manager, Forensic Services |
| David CLUTTERBUCK | Assistant Manager, Forensic Services |
| Kathy GRUSPIER | Forensic Anthropologist |
| Renee KOSALKA | Forensic Anthropologist |
| Greg OLSON | Forensic Anthropologist |
| Bob WOOD | Forensic Odontologist |
| Brian FELDMAN | Forensic Odontologist |
| Sherah VANLAERHOVEN | Forensic Entomologist |
| Miguel ARIAS | Autopsy Services Coordinator |
| Maureen CURRIE | Pathologist Assistant |
| Emily COLEMAN | Pathologist Assistant |
| Jessie COTTON | Pathologist Assistant |
| Mark COOK | Pathologist Assistant |
| Peter LEWIS | Pathologist Assistant |
| Terry IRVINE | Pathologist Assistant |
| Solange MALHOTRA | Pathologist Assistant |
| Tiffany MONK | Pathologist Assistant |
| Yolanda NERKOWSKI | Pathologist Assistant |
| Stephanie SANTANGELO | Pathologist Assistant |
| Irina SHIPILOVA | Pathologist Assistant |
| Patrick KIM | Forensic Service Technologist |
| Michelle VAUGHN | Forensic Service Technologist |
| Amanda BURNS | Forensic Service Technologist |
| Elisabeth HAJNAL | Imaging Technologist |
| Christiane GUILLEMETTE | Histotechnologist |
| Amanda (Amy) FONG | Histotechnologist |
| Lucy COSTA | Administrative Assistant |
| Renato TANEL | Dispatcher/Morgue Attendant |
| Jason CAMPITELLI | Dispatcher/Morgue Attendant |
| Brian POWELL | Dispatcher/Morgue Attendant |
| Debra WELLS | Dispatcher/Morgue Attendant |
| Tanya HATTON | Dispatcher/Morgue Attendant |
| Amber DRAKE | Dispatcher/Morgue Attendant |
| Margaret PICHECA | Dispatcher/Morgue Attendant |
| Chris MASSABKI | Dispatcher/Morgue Attendant |
| Graham BELL | Dispatcher/Morgue Attendant |
| Arlindo COELHO | Dispatcher/Morgue Attendant |

Hamilton FPU

| | |
|----------------|--|
| John FERNANDES | Medical Director and Forensic Pathologist |
| Chitra RAO | Forensic Pathologist |
| David KING | Forensic Pathologist (Retired June 30, 2011) |
| Michael PICKUP | Forensic Pathologist (Left to join PFPU July 2011) |
| Vidhya NAIR | Cardiovascular Pathologist |
| Ross BARLOW | Forensic Odontologist |
| John PROVIAS | Neuropathologist |
| Boleslaw LACH | Neuropathologist |
| Tracy ROGERS | Forensic Anthropologist |
| Danny POGODA | Forensic Odontologist |
| Murray PEARSON | Forensic Odontologist |
| John THOMPSON | Forensic Odontologist |

London FPU

| | |
|----------------------|---|
| Subrata CHAKRABARTI | Chief and Chair of Pathology |
| Michael SHKRUM | Medical Director and Forensic Pathologist |
| Edward (Ted) TWEEDIE | Forensic Pathologist |
| Elena TUGALEVA | Forensic Pathologist |
| Jessica SHEPHERD | Pathologist Bertha GARCIA |
| Bertha GARCIA | Pathologist |
| Helen ETTLER | Pathologist |
| Nancy CHAN | Pathologist |
| Manal GABRIL | Pathologist |





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|-----------------------|-------------------------|
| Bret WEHRLI | Pathologist |
| Madeleine MOUSSA | Pathologist |
| David DRIMAN | Pathologist |
| Aaron HAIG | Pathologist |
| Jose GOMEZ-LEMUS | Pathologist |
| Christopher ARMSTRONG | Pathologist |
| Mariamama JOSEPH | Pathologist |
| Christopher HOWLETT | Pathologist |
| Jeremy PARFITT | Pathologist |
| Kamilia RIZKALLA | Pathologist |
| Keith KWAN | Pathologist |
| Alan TUCK | Pathologist |
| Carolyn MCLEAN | Pathologist |
| Catherine MCLACHLIN | Pathologist |
| David RAMSAY | Neuropathologist |
| Robert HAMMOND | Neuropathologist |
| Lee-Cyn ANG | Neuropathologist |
| Mike SPENCE | Forensic Anthropologist |
| Stanley KOGON | Forensic Odontologist |
| Mark DARLING | Forensic Odontologist |
| Thomas MARA | Forensic Odontologist |

Eastern Ontario FPU

| | |
|------------------|---|
| Jacqueline PARAI | Medical Director and Forensic Pathologist |
|------------------|---|

| | |
|--------------------|-----------------------|
| Christopher MILROY | Forensic Pathologist |
| Alfredo WALKER | Forensic Pathologist |
| Eric BELANGER | Pathologist |
| Terence MOYANA | Pathologist |
| John VEINOT | Cardiac Pathologist |
| John WOULFE | Neuropathologist |
| David CAMELLATO | Forensic Odontologist |

Ottawa Children’s Hospital of Eastern Ontario

| | |
|-------------------|-----------------------|
| Jean MICHAUD | Neuropathologist |
| Elizabeth NIZALIK | Pediatric Pathologist |
| David GRYNSPAN | Pediatric Pathologist |
| Joseph DE NANASSY | Pediatric Pathologist |

Kingston FPU

| | |
|----------------------|---|
| Victor TRON | Head of Pathology & Molecular Medicine, Pathologist |
| John ROSSITER | Medical Director and Neuropathologist |
| Marosh MANDUCH | Pathologist |
| Patricia FARMER | Pathologist |
| Paul MANLEY | Pathologist |
| David HURLBUT | Pathologist |
| Jerry CHEN | Pathologist |
| Christopher DAVIDSON | Pathologist |
| Tim CHILDS | Pathologist |
| Alexander BOAG | Pathologist |
| Samuel LUDWIN | Pathologist |
| Iain YOUNG | Pathologist |
| David LEBRUN | Pathologist |
| Sandip SENGUPTA | Pathologist |

Sick Kids



| | |
|------------------|---|
| Glenn TAYLOR | Head of Pathology, Pathologist |
| David CHIASSON | Medical Director and Forensic Pathologist |
| Gregory WILSON | Pathologist |
| William HALLIDAY | Neuropathologist |
| Cynthia HAWKINS | Neuropathologist |

Northeastern Regional FPU

| | |
|----------------------|--|
| Martin QUEEN | Forensic Pathologist |
| Michael D'AGOSTINO | Forensic Pathologist (Began July 2011) |
| Silvia GAYTAN-GRAHAM | Neuropathologist |
| Scott FAIRGRIEVE | Forensic Anthropologist |
| Scott KEENAN | Forensic Odontologist |

Mount Sinai

| | |
|-----------------|-----------------------|
| Patrick SHANNON | Perinatal Pathologist |
| Sarah KEATING | Perinatal Pathologist |

Community Pathologists Location

| | |
|-------------------------|--|
| ACHARYA, Chhaya | Bluewater Health - Norman Site |
| AFSHAR-GHOTLI, Zohreh | Thunder Bay Regional Health Sciences Centre |
| ALEXANDER, | Kunniparampil Brampton Civic Hospital |
| ALI-RIDHA, Nihad | Lakeridge Health Centre |
| ALLEVATO, Pat | Windsor Regional Hospital Metropolitan Campus |
| ARWINI, Ahmed | Thunder Bay Regional Health Sciences Centre |
| AWAD, Saadeldin | Chatham-Kent Health Alliance |
| BHAVSAR, Pravin | Grand River Hospital Kitchener-Waterloo Centre |
| BOURGEOIS, Jacqueline | Cambridge Memorial Hospital |
| BROOKS, Brenda | Cambridge Memorial Hospital |
| BUTANY, Jagdish | Toronto General Hospital |
| CHAN, Konrad Kung Yeung | Joseph Brant Memorial Hospital |



| | |
|-------------------------|--|
| CHAWLA, Satish | St. Catharines General |
| CHORNEYKO, Katherine | Brant Community Healthcare System |
| CLERK, Nilam | York Central Hospital |
| CUMMINGS, Brian | Grand River Hospital Kitchener-Waterloo Centre |
| CYR, Pamela | Cambridge Memorial Hospital |
| DELIALLISI, Ardit | Grey Bruce Health Services |
| DIVARIS, Dimitrios | Grand River Hospital Kitchener-Waterloo Centre |
| DOUCET, John | York Central Hospital |
| ENGBERS, Peter | Woodstock General Hospital |
| ESCOTT, Nicholas | Thunder Bay Regional Health Sciences Centre |
| FABRIS, Gilbert | Brampton Civic Hospital |
| FADAVI, Ziba | Orillia Soldier's Memorial Hospital |
| FARMER, James | Hotel Dieu Hospital |
| FELTIS, Tim | Credit Valley Hospital |
| GIANG, Hudson | Ross Memorial Hospital |
| GIDWANI, Ram | Bluewater Health - Norman Site |
| GOETZ, Catherine | Belleville General Hospital |
| GUZOWSKI, Ann | St. Catharines General |
| HAKIM, Omar | Windsor Regional Hospital Metropolitan Campus |
| HALL, Ann | Cambridge Memorial Hospital |
| HART, Julien | Joseph Brant Memorial Hospital |
| HAWORTH, Angela | Joseph Brant Memorial Hospital |
| HELDE, Michael | Hotel Dieu-Grace Hospital |
| HERATH, Jayantha | University of Manitoba |
| HO, Eric | Ross Memorial Hospital |
| HUNT, Allan | Rouge Valley Health System Centenary Site |
| ISMAIL, Said | Brampton Civic Hospital |
| JANI, Prashant | Thunder Bay Regional Health Sciences Centre |
| JIANG, Chaozhe (Bell) | Joseph Brant Memorial Hospital |
| JOSHI, Sangeeta | St. Catharines General |
| JOSHI, Suhas | St. Catharines General |
| KASSIM, Olayiwola | West Parry Sound Health Centre |
| KAZIMI, Syed | Royal Victoria Hospital |
| KENNEDY, Meagan | Thunder Bay Regional Health Sciences Centre |
| KERRIGAN, Scott | North Bay General Hospital |
| KHARE, Suneeta | Belleville General Hospital |
| KOUTSOGIANNIS, Dimitri | St. Catharines General |
| KURIAN, Annie | Bluewater Health - Norman Site |
| LENTZ, John | York Central Hospital |
| LIAGHATI NASSERI, Navid | Bluewater Health - Norman Site |
| LITTMAN, Charles | University of Manitoba |
| LIU, Dong | Woodstock General Hospital |
| LUBYNSKI, Rosemary | Bluewater Health - Norman Site |
| MACAULAY, John | Cornwall Community Hospital |
| MACDONALD ,Kelly | Lake of the Woods District Hospital |
| MACDONALD, Kerry | Lake of the Woods District Hospital |
| MACNEILL, Karen | Royal Victoria Hospital |
| MANOWSKI, Zbigniew | The Trillium Health Centre - Mississauga Site |

MORRIS, Anna
MOUSSA, Bassem
MOZAROWSKI, Paul
NEWELL, Ken
O'HARA, Kathleen
PASTOLERO, Gemma
PENSWICK, John
PHILLIPS, Susan
PRICE, Russell
RA, Paul
RIECKENBERG, Roland
ROUSE, Tyler
SALATHIEL, Ian
SAPP, Michelle
SAWKA, Barry
SEGURA, Jose
SHUHAIBAR, Hafez
SHUKOOR, Sajid
SIVARAJAH, Kalawathy
SMITH, Pamela
SMITH, Sharyn
SOARES, Mark
STEELE, Alexander
SYED, Abdul
TINGURIA, Mukund
TODD, Stanley
TORLAKOVIC, Goran
TROSTER, Michael
TWEMLow, Greg
VASUDEV, Pooja
VETTERS, John
WALTON, John
WASIELEWSKI, Joseph
WASTY, Syed Fasahat
WELBOURNE, David
YASSA, Naguib
ZEBROWSKA, Grazyna

Cambridge Memorial Hospital
Chatham-Kent Health Alliance
Sault Area Hospitals
Grey Bruce Health Services
Sault Area Hospitals
Brampton Civic Hospital
Muskoka Algonquin Health Care
University of Manitoba
Royal Victoria Hospital
Windsor Regional Hospital Metropolitan Campus
Orillia Soldier's Memorial Hospital
Huron Perth Healthcare Alliance
Royal Victoria Hospital
Brampton Civic Hospital (Began July 2011)
Grand River Hospital Kitchener-Waterloo Centre
Welland County General Hospital
Cambridge Memorial Hospital
Hotel Dieu-Grace Hospital
St. Catharines General
Windsor Regional Hospital Metropolitan Campus
Huron Perth Healthcare Alliance
The Trillium Health Centre - Mississauga Site
North Bay General Hospital
Royal Victoria Hospital
Brant Community Healthcare System
Brant Community Healthcare System
Brampton Civic Hospital
Huron Perth Healthcare Alliance
Belleville General Hospital
Cambridge Memorial Hospital
Huron Perth Healthcare Alliance
Huron Perth Healthcare Alliance
Thunder Bay Regional Health Sciences Centre
St Thomas-Elgin General Hospital
Thunder Bay Regional Health Sciences Centre
Brockville General Hospital
St. Catharines General



CONTACT:

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Email: ofps@ontario.ca

