

## Nursing News

The **International Council of Nurses (ICN)** is carrying out the first systematic investigation of the nursing workforce globally. The global analysis aims to identify the policy and practice issues and solutions that should be considered by governments, international agencies, employers and professional associations when addressing the supply and utilization of nurses. The outcome will be a policy paper aimed at key decision-makers, highlighting the extent of the global nursing shortage, its main dynamics and regional and country variations.

The outcomes from this analysis will be used as a backdrop to a high-level Global Nursing Resource Summit scheduled to take place early in 2005. The Summit will bring together decision makers to discuss the findings and evidence-base in order to make sound recommendations related to nursing human resources. Dr. James Buchan of Queen Margaret University College in the United Kingdom will lead the assessment. Dr Buchan is a labour economist with extensive experience in nursing workforce analysis. website: <http://www.icn.ch>

The **Canadian Nurses Foundation** recently announced that a new scholarship has been funded by The W. Garfield Weston Foundation in memory of Tecla Lin and Nelia Laroza, the two nurses from Toronto who sacrificed their lives caring for patients with SARS. The announcement was made at North York General Hospital, where Nelia worked, prior to her death. The \$75,000 trust will generate a \$3,000 award annually, in perpetuity. The Tecla Lin and Nelia Laroza Memorial Award will be granted to an international nurse who has applied for licensure to practice as a Registered Nurse (RN) in Canada, or for an international nurse who is currently working as an RN in Canada and wishes to pursue further nursing education at the baccalaureate level.

**In British Columbia**, 11 members have been appointed to the Emergency Health Services Commission to guide the delivery of high-quality, consistent pre-hospital emergency healthcare. The commission provides strategic direction and governance to the B.C. Ambulance Service. The new members will further strengthen ambulance services and encourage more integration with the six health authorities to develop a better continuum of pre-hospital care. The expanded make-up of the commission provides balanced representation from

government and the health authorities as well as from key leaders with medical and clinical expertise. The new appointments are: Bert Boyd, Chair; Dr. David Butcher, Northern Health Authority; Dr. James Christenson, Vancouver Coastal Health Authority; Dr. Jeff Coleman, Vancouver Coastal Health Authority; Dr. Urbain Ip, Fraser Health Authority; Joanne Konnert, Fraser Health Authority; Dr. Glen Lowther, Vancouver Island Health Authority; Dr. Patricia Petryshen, Ministry of Health Services; Dr. Brian Schmidt, Provincial Health Services Authority; Anne Sutherland Boal, Ministry of Health Services; and David Woodward, Ministry of Health Services. The commission representative for the Interior Health Authority will be named shortly.

Also, a new CEO was recently named to the **B.C. Ambulance Service**. David Morhart was appointed on Feb. 9, 2004. He replaces B.C. Ambulance Service Executive Director Paul Gotto, who is retiring.

Emergency Health Services Commission members' biographies are available at <http://www.gov.bc.ca/healthservices/>.

In **Alberta**, the cost of basic health services increased in 2002/2003, while more lower-income Albertans paid reduced or were exempt from paying healthcare premiums, according to the 2002/2003 Alberta Healthcare Insurance Plan Statistical Supplement. The supplement is an annual update of statistics relating to the plan, which covers Albertans for services provided by physicians and other health practitioners.

Highlights of the 2002/2003 Statistical Supplement include:

- \$1.2 billion was paid to physicians for basic health services, an increase of more than \$164 million, or 15.5% over 2001/2002.
- More than three million Albertans were covered by Alberta's healthcare insurance plan, an increase of more than 52,000 people, or 1.7%.
- 474,084 Albertans were fully exempt from paying healthcare premiums. Overall, 16.9 % of the Alberta population paid reduced or no premiums, an increase of 5,900.
- The average annual payment to physicians was \$235,426, an increase of \$26,493, or 12.7%
- 220 physicians received a total annual payment of under \$10,000, and 61 received more than one million dollars in payments.
- The average annual payment to specialists was \$288,969, an increase of more than \$36,000, or 14.3%.
- 323 specialists received a total annual payment of more than \$500,000, which represents 13.8% of specialists.

The 2002/2003 Alberta Healthcare Insurance Plan Statistical Supplement is available on-line at [www.health.gov.ab.ca](http://www.health.gov.ab.ca).

In **Saskatchewan**, the health budget has an overall increase of \$160 million or 6.3%. This will allow the vast majority of programs to continue and strategic investments to occur, but some system change will be required. Health spending now accounts for 44% of provincial program spending. Funding increases for regional health authorities range from 3.6 to 6.6%, with the larger increases targeted in those regions operating provincial hospitals. Although these are significant increases, changes in health delivery are required and will include further administrative efficiencies, changes in staff mix, facility closures or conversions and reductions in long-term care bed numbers. Saskatchewan Health will be working closely with regional health authorities to finalize the regional plans in the coming months.

Saskatchewan has unveiled a key initiative in its strategy to better manage surgical access. **“Target Time Frames for Surgery”** will help patients receive surgical care according to their level of need. It is another significant action for improving timely access to surgical care, identified as a priority in The Action Plan for Saskatchewan Healthcare. Target Time Frames are performance goals set for all surgical specialties and procedures. These targets will allow the surgical care system to monitor and track patients better and help to ensure they receive care according to their level of need.

Saskatchewan Health will work with health regions to concentrate on two key areas. The first key area will be cancer surgeries. Reflecting their urgency, the goal will be to complete 95% of cancer surgeries within three weeks. The other key focus will be on patients who have been waiting longest for surgery. The target is to have all surgeries completed within 18 months. For information on SSCN initiatives, visit [www.sasksurgery.ca](http://www.sasksurgery.ca).

**Manitoba’s** recently released 2004 budget saw the health budget increase 5.2% to \$3.2 billion. Of note, acute care is getting a 6.5% boost while long-term care is receiving 2.7% extra and home care 1.6%. The physician services budget is up 7.5% to \$577.8 million, while the pharmacare budget is being increased by 3.3% to \$177.5 million.

The budget also provides specific funds to increase the number of heart surgeries, and provide more staff in emergency rooms to reduce wait times – two issues that have plagued the government in the past year. Funds are also being made available to educate more nurses and expand Manitoba’s two-year nursing diploma program. Licensed practical nurses in rural areas will be given the opportunity to train to become registered nurses. Nurses who want to return to work will receive assistance to refresh their skills.

In **Ontario**, Health and Long-Term Care Minister George Smitherman recently released the interim report from Commissioner Archie Campbell on the investigation into the outbreak of Severe Acute Respiratory Syndrome (SARS) in Ontario and announced a timetable for a comprehensive action plan on public health renewal. The Campbell report recounts how decades of problems and inaction in public health contributed to the SARS crisis.

Smitherman said there is more work to be done and he will release a comprehensive action plan for public health in two months, which will look at:

- Public health leadership and accountability
- Creation of a health protection and promotion agency for Ontario
- Legislative changes to increase the independence and strengthen the role of the Chief Medical Officer of Health
- Health emergency preparedness
- Expanded health human resources

For a copy of the Campbell report, visit [www.health.gov.on.ca](http://www.health.gov.on.ca).

The **Registered Nurses Association of Ontario (RNAO)** has announced new partnerships with two Quebec healthcare organizations to implement and evaluate nursing best practice guidelines (NBPG). The two spotlight organizations are Hôpital Charles LeMoyne and McGill University Health Centre, bringing the total number of RNAO NBPG spotlight organizations to nine: Hôpital Régional de Sudbury Regional Hospital; Niagara Health System; Royal Victoria Hospital (Barrie); Saint Elizabeth Healthcare (across Ontario); University Health Network (Toronto); Victorian Order of Nurses, Canada/VON Peterborough Victoria Haliburton; and West Park Healthcare Centre (Toronto).

To date, Ontario’s NBPG Project, led by RNAO and funded by MOHLTC, has completed 21 guidelines focusing on elder health and elder care, home healthcare, mental healthcare, emergency care and primary healthcare as well as an implementation tool kit to help nurses and organizations use the guidelines. And development of four new guidelines is in progress. Health education fact sheets have been developed to supplement the guidelines and increase the public’s knowledge and involvement in making decisions about their health. Thousands of expert nurses from across Ontario and all sectors of the profession – staff nurses, advanced practice nurses, researchers, administrators, academics and policy experts – have been developing, pilot testing, implementing and evaluating guidelines that flow from the latest research in nursing practice.

A review of plans for two new superhospitals in Montreal has found they are both likely to run significantly over budget. The review, conducted by former Prime Minister Brian Mulroney and former Quebec Premier Daniel Johnson for the Quebec government, looked at project plans for a new French-and English-language teaching hospitals. The French-language hospital (CHUM) would replace two existing hospitals, and the English-language hospital (MUHC) three. Each would be supported by an existing hospital facility to ensure ease of patient access.

The two-man panel was mandated to evaluate the plans against the parameters that they should not exceed budgeted costs of \$1.1 billion apiece, and not increase existing operating budgets. They concluded that the only way the projects could meet these conditions is if the number of beds in each new superhospital was reduced to a maximum of 550 with additional beds in the auxiliary hospitals. It was planned to have 608 beds at the MUHC superhospital, and 700 at CHUM.

On April 23, 2004 the **Ross Tilley Burn Centre (RTBC)** at Sunnybrook & Women's College Health Sciences Centre (S&W) officially celebrated 20 years of ground-breaking burn care. The RTBC is named in honour of Dr. Ross Tilley, a former reconstructive plastic surgeon at the Wellesley Hospital where the burn centre officially opened its doors. At the Wellesley Hospital, it operated with only seven tertiary care beds. In 1998, as part of the healthcare restructuring, the Centre was transferred to Sunnybrook & Women's. Since moving to Sunnybrook & Women's, RTBC has grown into a state-of-the-art facility, the largest of its kind in Canada. The Electrical Burn Telemedicine Program and the Office of International Surgery are two examples of how the centre has been able to reach out to help burn patients in clinics across Canada and as far away as Uganda and China. For more information on the RTBC, visit [www.sw.ca/RTBC](http://www.sw.ca/RTBC) and click on The Ross Tilley Burn Centre.

In **New Brunswick**, the Department of Health and Wellness announced that 74 nursing students will benefit from the 2003-2004 Nursing Bursary Program. A total of \$268,000 will be awarded to student nurses and student practical nurses to help pay for their studies. The students who will receive bursaries will sign return-of-service agreements to work at a nursing home or a Regional Health Authority in the province. The bursary program was first announced in April 2001 as part of the province's three-year nursing resource strategy. Forty-seven of the students are enrolled in university nursing programs. Twenty-seven are studying at New Brunswick Community Colleges and will graduate as Licensed Practical Nurses (formerly known as Registered Nursing Assistants). Students will receive bursaries of between \$1,000 and \$5,000, depending on their field and the number of years they have committed to working in the province. This is the second year money has been issued in the bursary program.

The province has also created an Education Subsidy Program for Student Nurse Practitioners. The program encourages nurses to pursue their careers in New Brunswick as nurse practitioners. The government has approved \$70,000 specifically for student nurse practitioners to help cover their tuition fees and books for fall 2003 and winter 2004 semesters. A total of 21 student nurse practitioners benefit from the program; four from Université de Moncton, 16 from the University of New Brunswick, and one New Brunswick student attending Athabasca University in Alberta. In 2002, legislation provided for the creation and registration of nurse practitioners, and also enabled front-line nurses to utilize their skills fully in delivering primary healthcare services to the citizens of New Brunswick.

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**Nova Scotia's** 2004 budget includes a 10.9% increase in health spending from what was originally in the 2003-04 budget. It is being paid for in large part by increases in corporate and personal taxes. The \$230-plus million increase in the new \$2.3 billion health budget includes \$79 million more for hospitals and \$86 million more for physicians' services. Long-term care is getting \$24 million extra, and as of next January, seniors living in nursing homes will no longer have to help pay for their medical costs. This advances the government's promise during the election to phase out the nursing home fees over a three-year period.

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**Newfoundland's** Minister of Health and Community Services recently confirmed a new direction for provincial health and community services as outlined in the province's 2004 budget. The series of health reforms, aimed at protecting the sustainability of a publicly-funded system, will create a foundation for safe, quality and accessible health and community care.

The four key initiatives include:

- Creation of regional integrated health authorities. Board integration will occur in the coming months, providing integrated and smaller corporate structures to better reflect the population base of the province.
- Development of a Location of Services plan to bring a balance of quality, accessibility and sustainability to the health services delivery system. Provincial standards will be developed to protect and ensure quality patient care, protect accessibility to care and ensure health authorities make evidence-based decisions to meet the health needs of each region.
- Development of a skill mix framework to ensure health and community services employees practice to their highest level of training.

- Adoption of a best practices culture to evaluate continually the programs and services we currently deliver and build upon the achievements in other jurisdictions.

Initiatives will be rolled out over the coming 18 months, beginning with a new structure for regional integrated health authorities and the development of consistent provincial standards for health and community service delivery.

## Appointments



The **Ontario Hospital Association** has appointed Rosalind Smith to the position of Vice President of Member and Professional Relations (M&PR) effective immediately. Ms. Smith has been with OHA for six-and-a-half years as Director of Member Relations and is currently interim Vice President of M&PR. She will be responsible for a variety of member and professional

issues such as supporting the work of the Governance Committee, Regional Council Executive Committees, the Professional Advisory Committee of the Board, Hospital Report and Patient Satisfaction and the Patient Safety Support Initiative.



The **Canadian College of Health Service Executives (CCHSE)** Board of Directors recently announced that Donna Tower, Chief Liaison Officer at the Capital Health Authority in Edmonton is now Chair of its Board of Directors.

Joseph Mapa, President and Chief

Executive Officer (CEO) of Mount Sinai Hospital in Toronto, is Vice-Chair.

Their two-year terms of office begin on May 30, 2004



Angelo Presta has been appointed **Cambridge Memorial Hospital's (CMH)** Director of Clinical Support Services, effective April 7, 2004. He will assume a newly created portfolio at CMH, which will include Admission/Discharge Planning, Allied Health, Clinical Education and the Scheduling Office. He has over 15 years of healthcare management

experience. For more than four years, he has been the Assistant Executive Director, Corporate Planning, at the Hotel Dieu Health Sciences Hospital in St. Catharines.



Dr. Judith Shamian, Executive Director, **Office of Nursing Policy, Health Canada** will be leaving Health Canada on June 11, 2004. The Victorian Order of Nurses (VON) Canada has appointed Dr. Shamian to be its President and CEO. Dr. Shamian has been Executive Director at Health Canada for nearly five years. Sandra MacDonald-Rencz has agreed to act as Executive Director in the interim.



March 1, 2004, Brendan Seaton was appointed the Chief Privacy and Security Officer for **Ontario's Smart Systems for Health Agency (SSHA)**. SSHA provides a secure, shared information technology infrastructure to make healthcare professionals more effective by giving them quick and secure electronic access to information to make better decisions for

patients. In his position, Brendan will ensure that SSHA maintains the highest standards for the protection of personal health information and complies with the Freedom of Information and Protection of Privacy Act and the CSA Model Code for the Protection of Personal Information. Concretely, Brendan will lead Privacy Impact Assessments and establish privacy policies at SSHA.

The Council of the **College of Registered Nurses of Nova Scotia** recently announced the appointment of Linda Hamilton, MN, RN, as the new executive director of the College, effective immediately. Ms. Hamilton is a graduate of the Bachelor of Science in Nursing program from the University of the Philippines and holds a Master of Nursing degree from Dalhousie University. During her 14 years with the College of Registered Nurses, she has held positions such as education consultant and manager of professional practice and policy services, and been project leader of a number of major initiatives supporting the College's policy priorities in education, legislation, primary healthcare and nursing leadership. Among her many contributions over the years, at the provincial level, Ms. Hamilton has been a member of various task forces and advisory committees on nursing and other health policy priorities, including primary healthcare. Most recently, she played a pivotal role in the introduction of nurse practitioners in Nova Scotia and contributed to the establishment of Nova Scotia's first ever Nursing Strategy, aimed at rebuilding the province's nursing workforce and supporting quality practice environments.





### **Nova Scotia's Department of Health**

has created a new chief health human resources officer to coordinate health human resources planning and Dr. Peter Vaughan has accepted the position. Nova Scotia is the first province to establish a leadership position to co-ordinate its planning. As part of his responsibilities, Dr. Vaughan will work with other provincial health depart-

ments to develop an Atlantic approach to health human resources. Dr. Vaughan has been president of the Canadian Medical Association and for two years was director of health services for the Nova Scotia Workers Compensation Board. He has experience with varied health organizations and has had both national and international appointments. He has also worked on several projects that involved implementing changes affecting a number of organizations.

The **GTA/905 Healthcare Alliance** Chair Jane Watson recently announced the appointment of Tariq Asmi to the position of Executive Director effective May 3, 2004. His appointment follows an extensive recruitment effort, and he replaces former Alliance Executive Director Joe Pilon who accepted the position of President and CEO of Espanola General Hospital and the Blind River Health Centre several months ago. Mr. Asmi's role will be to champion the GTA/905 hospitals to establish funding equity with other Ontario hospitals and to increase their capacity to respond to their growing service volumes. With 60,000 new residents each year, Alliance hospitals must provide hospital care for communities growing at twice the provincial growth rate and three times that of Toronto.

**Canada Health Infoway** has appointed Trevor Hodge as Vice-President, Investment Strategy and Planning. Trevor will be responsible for leading strategy development in line with Infoway's business objectives. As Vice-President in this key position within the organization, Trevor will be instrumental in setting the direction for future investment decisions. He will also establish and maintain relationships with public and private sector stakeholders for the purpose of strategic planning.

Trevor has over 25 years of experience in the public health and health information technology sectors. Most recently, he was Partner and Corporate Health Practice Lead at Sierra Systems Group based in Seattle. He has also held senior positions at Alberta Health including that of Chief Information Officer and Acting Assistant Deputy Minister, Public Health. Trevor brings to Infoway in depth knowledge of health infrastructure, electronic health records and health surveillance systems.

## **Vendor News**

### **Ainsworth Announces Total Plant Maintenance Performance Savings for Customers**

Ainsworth Inc. announced that its Total Plant Maintenance Program (TPM) brought substantial cost savings for Brampton based Almag Aluminum Inc. At the end of the first year of Ainsworth Inc. managing Almag's entire maintenance program, maintenance costs were reduced by 23.6% over the previous year and 14.6% below this year's plan.

Ainsworth's TPM program is an outsourced management program for medium to large manufacturers, designed to reduce an organization's costs of operations and increase production system efficiency. For more information, visit [www.ainsworth.com](http://www.ainsworth.com)

### **Agfa and Evolved Digital Systems Join Together to Deliver an IMPAX Integrated Solution**

Agfa, a leader in digital imaging solutions, and Evolved, the first Managed Services provider in the diagnostic imaging market, have announced that McKenna Memorial Hospital, a 132-bed acute care facility serving the 36,000 residents of New Braunfels, Texas, has implemented a community-wide digital solution that will see the RadWeb® technology from Evolved implemented as part of an Agfa IMPAX® integrated solution. Via the Internet, RadWeb enables physicians and radiologists rapid and secure access to radiology images and reports, as well as the full patient exam status. For more information, visit [www.agfa.com](http://www.agfa.com)

### **Cardinal Health Granted ISO 9001:2000 Certification for Pyxis Products**

Cardinal Health, Inc. announced its successful achievement of ISO 9001:2000 certification from ISO registrars DNV for its Pyxis automation products.

ISO, a Switzerland-based organization, is comprised of the national standards institutes' network of 148 countries whose delegates preside over standards that meet both the requirements of business and the broader needs of society. This certification covers all U.S. design and manufacturing operations, customer services and global sales for Pyxis automation products from Cardinal Health. For more information, visit [www.cardinal.com](http://www.cardinal.com)

### **Misys signs Declaration of Support for "Partners for Patients" initiative**

Misys Healthcare Systems has joined the American Academy of Family Physicians in its goal to provide quality electronic health record (EHR) products to family physicians.

Misys Healthcare Systems signed a Declaration of Support for Partners for Patients, an initiative in which healthcare IT vendors work with the AAFP to ensure that patients receive the timeliest, appropriate and efficient medical care possible. As part of this initiative, the AAFP stresses the need for quality EHR solutions that meet four principles – affordability, compatibility, interoperability and data stewardship in the hands of the physicians. For more information, visit [www.misys.com](http://www.misys.com)

### **3M and MedMined Join Forces to Help Hospitals Reduce the Human and Economic Cost of Infection**

MedMined Inc. and 3M Healthcare will provide hospitals with the insight needed to target infection control initiatives and the practical solutions needed to improve patient and business outcomes. MedMined combines patented artificial intelligence technologies, clinical expertise, quality improvement training and outcomes measurement into a comprehensive service that reduces the incidences of healthcare-associated infections.

Using the data and insights generated by MedMined, the 3M Perioperative Consulting team will apply a systematic, evidenced-based quality improvement approach to the perioperative process. For more information, visit [www.3m.com](http://www.3m.com)

### **MediSolution Announces Acquisition of CIO**

MediSolution Ltd. has completed the acquisition of Concellers Info-Orientes Inc. (CIO), a provider of integrated financial applications for service industries. CIO, developer of the VIRTUO ERP suite, has a strong market position in healthcare and public sector organizations, and a base of more than 175 customers that generated approximately four million dollars of revenue over the past year. The acquisition stems from a successful two-year partnership whereby MediSolution was a reseller of CIO's financial and materials management systems to the healthcare industry. The transaction is valued at up to five million dollars. For more information, visit [www.medisolution.com](http://www.medisolution.com)

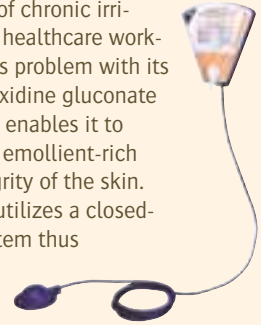
### **ARAMARK Expands Partnership with Evanston Northwestern Healthcare to Provide Comprehensive Managed Services**

Under a 10-year agreement with sales estimated to reach approximately \$45 million per year, ARAMARK has been selected by Evanston Northwestern Healthcare to provide comprehensive managed services at its Evanston, Glenbrook, and Highland Park hospitals, all located on Chicago's North Shore. Through its Healthcare Management Services group, ARAMARK will provide the three hospitals with environmental/housekeeping, patient and retail food, clinical equipment, plant operations and maintenance, energy and central patient transportation management services, and will provide a centralized customer service centre. For more information, visit [www.aramark.com](http://www.aramark.com)

## **3M innovations boost healthcare**

### **Revolutionary Alternative to the Traditional Surgical Scrub**

3M has launched Avagard CHG Hand Antiseptic – the first waterless, brushless, surgical scrub. According to recent CDC Guidelines, as many as 85% of nurses give a history of having skin problems. Frequent and repeated use of hand-hygiene products, particularly soaps and other detergents, is a primary cause of chronic irritant contact dermatitis among healthcare workers. Avagard CHG alleviates this problem with its unique combination of chlorhexidine gluconate (CHG) and ethyl alcohol, which enables it to provide bacterial kill while the emollient-rich lotion helps maintain the integrity of the skin. Avagard CHG Hand Antiseptic utilizes a closed-system foot pump delivery system thus preventing contamination of the dispenser and recontamination of the hands.



### **3M Delivers Wound Coach**

3M Canada has developed and delivered 3M Wound Coach. 3M Wound Coach will provide integration of best practice guidelines for skin and wound care. It helps prioritize the critical steps in advanced wound care to maximize the benefits for the patient, the facility, and the healthcare provider.

3M Wound Coach will enable hospitals and other healthcare facilities to develop a seamless, interdisciplinary, team-oriented, best evidence/ best-practice guideline approach to chronic skin and wound care management. 3M Wound Coach will not only facilitate best practice guideline integration for improved patient outcomes, but will also provide continuing professional development for clinicians to sustain those practice changes.



### **3M Introduces Lightweight Stethoscope**

3M has launched the 3M™ Littmann™ Lightweight II S.E. stethoscope. The unique bell/diaphragm chestpiece design on the stethoscope allows for better orientation around blood-pressure cuffs and body contours, and provides clear, reliable acoustic performance. In addition, the

patented 3M Littmann Snap Tight Soft-Sealing Eartips provide a comfortable fit and more secure seal to reduce ambient noise and improve acoustics. For more information, visit [www.3m.ca/ca/healthcare](http://www.3m.ca/ca/healthcare) .