

# Nursing News

Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa, is the recipient of the International Council of Nurses' (ICN) **Health and Human Rights Award**. The award is given every four years and bestows the esteem and recognition of the world's 12 million nurses for Mr. Lewis' outstanding humanitarian contributions and achievements in the domain of health and human rights. The 2001 inaugural recipient of this Award was Sadako Ogata, former United Nations High Commissioner for Refugees. It is ICN's only award given to someone who is not a nurse. (See: [www.inc.ch](http://www.inc.ch))

New data in September by the **Canadian Institute for Health Information (CIHI)** show that the heart transplant survival rate for first-time recipients treated between 1996 and 2001 has reached 78%, compared to 72% for patients treated between 1990 and 1995. This improvement in patient survival comes at a time when there are fewer heart transplants being performed. In the past three years (between 2001 and 2003), 483 heart transplants were performed in Canada (a rate of 5.1 per million population). This represents a decrease from a rate of 6.0 per million population (524) between 1993 and 1995. [www.cihi.ca](http://www.cihi.ca)

Another recent report from **Canadian Institute for Health Information (CIHI)** shows nearly half of Canadian women (45.4%) had an epidural during delivery and notes increases in caesarean section and medical induction but a decline in the use of forceps during delivery. **Giving Birth in Canada: A Regional Profile**, the second installment in a four-part series by CIHI on giving birth in Canada, presents for the first time information describing maternal and infant care at the regional, provincial, territorial and national levels. [www.cihi.ca](http://www.cihi.ca)

**Bonnie Sheldrake**, a Personal Support Worker with **Saint Elizabeth Health Care**, has been named the sole winner of the 2004 Canadian Community Care Worker Award for making an outstanding contribution to her clients and community. Bonnie is a highly-skilled and compassionate certified Personal Support Worker who carries a caseload that is palliative in nature. She has been employed as a Supportive Care Worker with Saint Elizabeth Health Care for four years and previously at The Red Cross for two years.

The 2004 Community Care Worker Award is sponsored and administered by the Canadian Association for Community Care (CACC). Criteria include extent of commitment; impact on clients and families; ability to meet a wide range of client and family needs; and participation in continuing education activities

**Saint Elizabeth Health Care (SEHC)** has been awarded its third successive three-year accreditation from the Canadian Council on Health Services Accreditation (CCHSA). In its survey report, the CCHSA commended Saint Elizabeth Health Care for "embracing the ideals of continuous innovation in service delivery and being a knowledge organization," noting that SEHC's services are "customer focused and embedded in a culture of quality improvement and best practices."

A prominent American organization known for promoting positive parenting and healthy child development has awarded the **Healthy Families Yukon** program a Certificate of Credential. The award from Prevent Child Abuse America was announced in October. Healthy Families Yukon provides in-home assistance and education to help families of newborns adapt to life with an infant. Working closely with public health nurses, family support workers promote positive child-parent relationships and healthy childhood development in families that require early intervention and support. The credentialing process entailed an in-depth review of the program's operation, including personnel, fiscal, and program management, both on site and through interviews with other service providers. Prevent Child Abuse America was established in 1972 and is a not-for-profit, volunteer-based organization committed to healthy child and family relationships through education, research, public awareness and promotion. The Yukon's credential remains in place until March 2008.

## National Nursing Study Releases New Research, Prepares for Government Consultations

As it heads into the final months of its research phase, Canada's national nursing study has released a new research report, will issue several others this year, and is preparing for discussions with provincial and territorial governments.

Launched in 2002, *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada* is the first national study led by all of the country's nursing stakeholder groups. Its overriding goal is to develop integrated labour market strategies for Canada's Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs).

Phase one of the study comprises in-depth research to gather current, detailed information on all aspects of the nursing labour market. Phase two will involve consultations with stakeholder groups to achieve consensus on the key issues and the strategies to resolve them.

The study's achievements so far include numerous focus groups with student nurses and union activists across the country, and in-depth surveys of LPNs, RNs, RPNs, senior nurses, nursing schools, and nursing employers across Canada on a full spectrum of human resources issues.

Most recently, the study's research team released *Mobility of Nurses in Canada*, a report that examines the inter-jurisdictional migration of the three regulated nursing professions over the past decade. While it identifies

several broad patterns, the report emphasizes that Canada lacks consistent, reliable data about nurses' mobility and calls for coordinated, national collection of accurate information on all three regulated nursing professions, and adoption of a unique, lifetime identifier to reliably track nurses throughout their careers and support a database for workforce projections and planning.

This report follows *The International Nursing Labour Market*, released in March 2004, which recommended various strategies for national and international collaboration to recreate global nursing capacity. Upcoming reports will include a review of nursing education and an assessment of capacity, analysis of how changing health care needs contribute to changing patterns of nursing care delivery, and analysis and review of immigration and emigration trends.

Early in 2005, the study's research phase will conclude with a final, overarching report that integrates the key challenges and recommendations of all aspects of the research. Then launch phase two will begin – in-depth consultations with nursing stakeholders across Canada to achieve consensus on the issues and develop viable strategies and solutions. However, before launching this phase, this study's steering committee will consult with all provincial and territorial jurisdictions to obtain their input on the research findings and their commitment to being involved in strategy development.  
[www.buildingthefuture.ca](http://www.buildingthefuture.ca).

In British Columbia, 85% of patients have rated the quality of care they received in emergency rooms as good to excellent, in the most comprehensive survey ever undertaken on **patient satisfaction** in the province. A total of 14,767 patients responded to the survey, based on their experiences in 79 emergency rooms and urgent care facilities in all regions of the province. Almost 80% of respondents reported waiting an hour or less to see a physician. The survey is part of government's commitment to greater accountability for health care delivery and to continue building a system that is even more focused on patient-centred care.  
[www.gov.bc.ca](http://www.gov.bc.ca)

The **BC government** is also investing \$17 million per year in childhood immunization programs and other public health initiatives. An investment of \$12.75 million per year will enhance the childhood immunization program, and \$4.25 million will be targeted to other public health areas that include disease prevention and food safety programs.  
[www.gov.bc.ca](http://www.gov.bc.ca)

In Alberta, a new provincial breast cancer screening program will be developed to help reduce the Alberta breast cancer death rate by up to 30%. The **Alberta Breast Cancer Screening Program**, to be operated by the Alberta Cancer Board, will encourage women 50 to 69 years old, the age group most at risk for breast cancer, to receive a mammogram every two years. Women who have not received a mammogram will be sent letters encouraging them to go for screening. The program will also track women who have been screened, their results and any treatment they have received. Researchers will use program information to track breast cancer diagnoses and treatment effectiveness.  
[www.health.gov.ab.ca](http://www.health.gov.ab.ca)

Albertans seeking emergency room treatment in two Alberta hospitals will make new “Friends” starting November 1, 2004. The “**Friends of the Emergency Room**” program is a six-month pilot project sponsored by Alberta Health and Wellness. St. John Ambulance is coordinating the program, in partnership with the Calgary Health Region and Capital Health. During the pilot, St. John Ambulance volunteer Friends will be in emergency room waiting areas in the Royal Alexandra Hospital in Edmonton and the Foothills Medical Centre in Calgary. The Friends will offer help to waiting patients that is practical, but not medical, and can include helping a patient find a phone or restroom, or keeping patients or companions updated on waiting times. [www.health.gov.ab.ca](http://www.health.gov.ab.ca)

**Saskatchewan** is taking a national leadership role with new formal critical incident reporting that will strengthen patient safety provisions in the province. A “critical incident” is a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function. Saskatchewan is the first province in Canada to introduce formal reporting of critical incidents. This is a key element in providing quality improvements and increased accountability, as outlined in The Action Plan for Saskatchewan Health Care.

The purpose of reporting critical incidents is to improve patient safety by gathering all relevant information, and identifying opportunities for system-wide changes that could prevent similar incidents from occurring in the future. The regulations establish a framework for critical incident reporting to Saskatchewan Health by regional health authorities and health care organizations. Many health regions have already been reporting critical incidents on a voluntary basis.

Saskatchewan’s new **web-based Surgical Patient Registry**, the first of its kind in Canada, now includes data from seven health regions, including the two largest, Regina Qu’Appelle and Saskatoon. While the Registry data will be a valuable tool for physicians and regions, the public can now get information on regional surgical wait times through the newly updated Saskatchewan Surgical Care Network (SSCN) website, [www.sasksurgery.ca](http://www.sasksurgery.ca). The website includes information about the number of people having surgery in Saskatchewan, and details about how patients are assessed by physicians and given priority for surgery.

The SSCN website also provides details on the surgical system’s performance goals for surgical wait times, known as Target Time Frames for Surgery. These time frames allow the system to monitor and track patients and ensure they receive care within an appropriate time. The website will be updated further in the coming months.

In BC, the 132nd edition of the **Selected Vital Statistics and Health Status Indicators** report was released earlier this fall. The series has been compiled annually since 1872. The report presents accurate, timely and relevant vital event-related data for 2003 based on information collected from birth, marriage and death registrations. The data is compiled from more than 1,700 public and private sector contributors, including marriage commissioners and licensors, religious representatives, funeral homes, coroners, hospitals, physicians and government agents.

Each year, analysis of the report offers insight into underlying or emerging social trends that help decision-makers to prioritize policies and programs, and to evaluate their results over the long term.

Areas of interest from the 2003 report include:

- \* Death rates from cancer, cardiovascular disease and cerebro-vascular disease continue to decrease. However, the death rate for lung cancer among females is increasing. The province continues to work on the tobacco control strategy to address smoking issues.
- \* The rate of death caused by diabetes and nervous system diseases is increasing. Government and physicians working together have developed a chronic disease management strategy and identified diabetes prevention, early detection and management as priorities.
- \* The rate of caesarean section births was 28.2 per cent of live births in 2003, up slightly over 2002. Across Canada, the rate has slowly been increasing since 1994. The province continues to work with experts at BC Women’s Hospital to ensure that women continue to receive the best maternity care and that c-sections are done for the right medical reasons.
- \* The rate of low birth weight singleton live births for mothers under 35 is on a long-term downward trend.

Over the years, many of the tables and statistics in the report have become standard population health status indicators, widely used by regional and provincial health care planners and managers. Since 1998, its publication on the Internet has increased its accessibility and usefulness to a wider range of public, private and academic users. More recently, medical health officers are able to access more detailed vital event information directly online from a data warehouse. The annual report includes data by region and is available online at [www.vs.gov.bc.ca](http://www.vs.gov.bc.ca).

Alberta's healthcare system continues to receive high marks, with 89% of Albertans satisfied with the way health services are provided, up from 87% in 2003, according to the **2004 Alberta Health Survey**. The Population Research Laboratory of the University of Alberta conducted the independent annual survey to gauge public perceptions of healthcare and the health system in Alberta. Survey information is used for planning, monitoring and reporting on performance measures in the three-year ministry business plan.

The 2004 Alberta Health Survey results show:

- 86% of Albertans reported they personally received excellent or good quality care, up one percent from 2003.
- 74% of Albertans are satisfied with the health system in Alberta, up one percent from 2003.
- 85% of Albertans reported it was easy or very easy to obtain physician services in 2004, down slightly from 86 percent in 2003.
- 73% of Albertans reported it was easy or very easy to obtain hospital services in 2004, up one percent from 2003.

Other results show the overall rating of the health system remains unchanged from 2003 with 65 percent of Albertans responding excellent or good. [www.health.gov.ab.ca](http://www.health.gov.ab.ca)

**Toronto East General Hospital (TEGH)** has received the National Quality Institute (NQI) Progressive Excellence Program (NQI-PEP) Level One Certification. TEGH has successfully met NQI's Level One criteria demonstrating a commitment to excellence and continuous improvement and is well on its way to Level Two certification. This is the beginning of a journey for the organization that will support the hospital in its future work and lead to a climate where quality improvement becomes the way of life at TEGH. NQI is embarking on a new project, which is looking at integrating the criteria on quality with that of healthy workplaces, and TEGH has been invited as one of three hospitals in Canada to work together with them on this project.

In early September, the **Ontario** government announced the next step in its plan to transform the provincial healthcare system and better meet the healthcare needs of Ontarians by reducing wait times and bringing health services closer to communities.

To assist the government in coordinating and implementing changes to the healthcare system, Minister of Health and Long-Term Care George Smitherman announced the creation of a new **"health results team."** Hugh MacLeod, an associate deputy minister at the health ministry, will serve as the team's executive lead. MacLeod will be supported by a team of industry leaders that includes:

- Dr. Alan Hudson, president and CEO of Cancer Care Ontario, as lead of access to services/wait times
- Dr. Jim MacLean, president and CEO of Markham Stouffville Hospital, as lead of primary care
- Gail Paech, former assistant deputy minister, long-term care redevelopment project, as lead of systems integration
- Adalsteinn Brown, professor in the University of Toronto's department of health policy, as lead of information management
- Public affairs professional Gloria Bishop, lead of external communications
- Former Toronto Mayor Barbara Hall, lead of community relations.

Smitherman also highlighted other key actions the ministry is taking to improve the quality and

accessibility of healthcare:

- Development of Local Health Integration Networks (LHINs) to better plan, co-ordinate and fund the delivery of health care services at the local level.
- Strategy to bring down wait times for cardiac care, cancer care, hip and knee replacements, cataracts and MRIs.
- Investing in community-based care in five signature areas: long-term care, home care, community mental health, public health and prevention, and primary care through the creation of 150 Family Health Teams.

The text of the Smitherman's speech is available on the ministry's website at <http://www.health.gov.on.ca>.

In October, the Ontario government announced key details about the province's plan to build Local Health Integration Networks (LHINs) that will co-ordinate the delivery of local healthcare services. The networks are a key element of the government's plan to create an integrated healthcare system that is patient-centred and responsive to local healthcare needs.

The 14 local networks will plan, co-ordinate and fund healthcare services locally along geographic boundaries that match the way patients currently seek healthcare. The Institute for Clinical Evaluative Sciences worked with the ministry to develop the methodology to determine LHIN boundaries. A website with more information is available at [www.health.gov.on.ca/transformation](http://www.health.gov.on.ca/transformation).

Ontario's **NORTH Network** received a Showcase 2004 Diamond Award in September. The award recognized the NORTH Network's innovative I & IT projects, which enable patients in remote and rural communities of Ontario to have speedier and more efficient electronic access to medical care. With these services, patients no longer have to travel hundreds of miles to see a medical specialist. The NORTH Network supports more than 100 healthcare sites in northern and central Ontario, and has provided more than 5,000 medical consultations so far this year.

The Showcase Awards are an annual highlight of Showcase Ontario, one of the largest public-sector education conferences, exhibits and trade shows. They celebrate the power of information technology to transform public service while encouraging innovation and excellence.

In Quebec, the Fleurimont Hospital, a site of the **University Hospital Complex of Sherbrooke** (CHUS), is the first in the province to acquire a Knife Gamma. The hospital complex acquired the device thanks to a financial contribution of \$3 million from the Ministry for Health and Social services as well as significant contributions from the Foundation of the CHUS and the Foundation of Sherbrooke Hospital

The Quebec government will build two new superhospitals in Montreal through public-private partnerships (PPPs). The \$1 billion hospitals, as well as upgrading long-term care facilities, are among a limited number of PPP undertakings the government will manage through a new agency it wants to create early next year. Legislation creating this agency (Bill 61) was introduced in June.

The Nova Scotia government has introduced new legislation in its efforts towards mental health reform. The new **Mental Health Act** updates 30-year-old legislation, reflects current practices and is consistent with other mental health legislation across the country. The proposed act will provide the legal framework for mental health professionals to intervene on behalf of individuals who lack the capacity to determine their need for treatment. It will ensure that this is done without unduly interfering with civil rights and liberties.

The bill was created after careful review of the current provincial legislation, legislation in other provinces, and in-depth consultation with legal experts, and mental health professionals, advocates and consumers. The first step in mental health reform was the development of comprehensive mental health standards, announced in 2003.

In **New Brunswick**, Health and Wellness Minister Elvy Robichaud has released a document entitled Nursing Service and Resource Management Plan (2005- 2010) designed to help guide the development and management of nursing resources and facilitate the delivery of quality nursing services. The new plan highlights recent progress, identifies challenges and recommends strategic directions for the next five years and will be integrated into the Provincial Health Plan. The priority nursing issues identified in the plan are nursing role and leadership, nursing education, nursing skill mix and nursing human resources, which the minister said align well with the Provincial Health Plan. The Nursing Service and Resource Management Plan (2005-2010) can be found online at <http://www.gnb.ca/0051/pub/index-e.asp>.

The **Prince Edward Island Cancer Control Strategy** was announced early this fall. The Strategy was developed by an advisory committee comprised of representatives of the Canadian Cancer Society, P.E.I. Division; the Department of Health and Social Services; the Hospice Palliative Care Association of P.E.I., the P.E.I. Cancer Registry, the P.E.I. Cancer Treatment Centre; the P.E.I. Health Research Institute, the P.E.I. Medical Society; the Provincial Health Services Authority and cancer survivors, who shared their experiences and insights.

The final report, entitled "Partners Taking Action: A Cancer Control Strategy for Prince Edward Island 2004-2015," offers recommendations regarding various issues related to cancer, including prevention, screening and diagnosis, treatment and supportive care, palliative and end-of-life care, and survivorship. The strategy has three main goals: to reduce cancer incidence, mortality and morbidity in P.E.I.; to enhance the quality of life of cancer patients and families; and to improve the sustainability of the healthcare system.

Copies of the Prince Edward Island Cancer Control Strategy can be obtained from the Canadian Cancer Society P.E.I. Division office or from Island Information Service, Jones Building, 11 Kent Street, 368-4000 or 1 (800) 236-5196.

**Nova Scotia's ground ambulance service** has been given a full three-year accreditation by the Commission for Accreditation of Ambulance Services. This is the first and only system in Canada to achieve this distinction. And, newly introduced legislation will soon require ambulance service providers to meet standards of patient care, performance and competency. Nova Scotia's EHS system consists of the communication centre, ground ambulance system, medical oversight (medical management of each call), LifeFlight (air ambulance system), the Nova Scotia Trauma Program, medical first responders and the Atlantic health training and simulation centre. The Department of Health administers the system at a cost of about \$65 million annually.

In **Newfoundland and Labrador**, Health and Community Services Minister John Ottenheimer announced that the CEO selection process for the four new Regional Integrated Health Authorities (RIHA) has started, as government continues with its transformation of the governance structure of the health and community services system. On September 10, government announced the transformation of 14 provincial health boards to four Regional Integrated Health Authorities. It is anticipated that an announcement of the new Board Chairs will be made later this fall, and it is hoped that the four CEOs will be named in December.

## Appointments

St. Michael's Hospital in Toronto recently announced the 2004-05 Board of Directors and the appointment of **Mr. John Cassaday**, President and CEO, Corus Entertainment as Chairman. New appointments to the Board include: **Mr. Anthony Gagliano**, **Ms. Yvonne Johnston**, **the Honorable David Peterson**, **Ms. Dale Ponder**, and **Mr. Rick Waugh**.

In September, the Ontario Council of Teaching Hospitals (OCOTH) held its Annual General Meeting. **Tom Closson**, President and CEO of University Health Network was elected to the position of President. Fellow officers include: Past President – **Murray Martin**, President and CEO of Hamilton Health Sciences Centre; Vice President – **Jack Kitts**, President and CEO, The Ottawa Hospital; and Secretary-Treasurer – **Cliff Nordal**, President and CEO, St. Joseph's Health Centre, London.

**Frances Pilon** has been appointed CEO of Homewood Employee Health, a division of Homewood Corporation. Ms. Pilon received her Honours BA in Psychology and Sociology from the University of Guelph and obtained her MBA at McMaster University. She has enjoyed a long and distinguished career in the field of behavioural health and health sciences. Her previous positions include Director of Program Management, National Clinical Director, and Vice-President of Corporate Services for a number of national healthcare companies in Canada.



**Ian B. Campbell** has been appointed Leamington District Memorial Hospital's Senior Vice President. Mr. Campbell comes to Leamington District Memorial Hospital after having served as the CEO of the South Muskoka Memorial Hospital in Bracebridge, Ontario. Prior to that role, he served for ten years as the Chief Operating Officer of the Hamilton Regional Cancer Centre.

St. Mary's General Hospital in Kitchener, Ontario recently announced the appointment of **Marion Bramwell** to Chief Operating Officer, in addition to her roles as Executive Vice President and Chief Nursing Executive. Ms. Bramwell is a Registered Nurse, holds a Bachelor of Arts Degree (Psychology) from McMaster University and a Master of Health Science (Health Administration) from the University of Toronto. Most recently, Ms. Bramwell was appointed to the Provincial Health Human Resources Strategic Advisory Group and the Board of Governors Conestoga College (Kitchener).



Canada Health Infoway announced that **Mr. H. Arnold Steinberg** has been appointed Chair of the corporation's Board of Directors. Mr. Steinberg, recognized for his vision and leadership, brings to Infoway a wealth of board-level experience and strong knowledge of the health-care sector. Mr. Steinberg is currently principal of Cleman Ludmer Steinberg, Inc. He is a

director of Provigo Inc., the McGill University Health Centre Foundation and the MUHC Research Institute, and Advisory Board Chairman of McGill's Faculty of Medicine. He has previously held positions as director and chairman at major Canadian corporations as well as with charitable and cultural organizations. A member of the Order of Canada, Mr. Steinberg is a graduate of McGill University as a Bachelor of Commerce, and a graduate of Harvard University with a MBA degree. He was also awarded an honorary doctorate from McGill.

The Institute of Health Economics (IHE) is pleased to announce the appointment of **Dr. Lorne Tyrrell** as Chair of the Board of Directors. With his experience in conducting medical research and the achievement of research objectives under the auspices of both academic and industry funding, Dr. Tyrrell is uniquely qualified to lead the IHE. He recently completed ten years as Dean of Medicine at the University of Alberta and has returned to his research on viral hepatitis as a professor and holder of the Glaxo Smith Kline Chair in Viral Pathogenesis. Dr. Tyrrell received the Alberta Order of Excellence from the Province of Alberta in 2000, was appointed an Officer of the Order of Canada in 2002, and was elected as a Fellow of the Royal Society of Canada in 2004.



Cambridge Memorial Hospital is pleased to announce the appointment of **Dean R. Martin** to the position of Vice President, Finance and Administration, effective September 20, 2004. Mr. Martin is currently the Director of Finance and Decision Support Leader at the Trillium Health Centre in Mississauga, where he has managed all financial and decision support functions for a \$300 million organization.

The Office of Nursing Policy announced that Dr. Fadi El-Jardali's will be departing the organization November 10 2004 to join the Health Council of Canada as Health Economist and Project Manager. Dr. Fadi El-Jardali joined the Office of Nursing Policy as Senior Policy Advisor in October 2003. His principal area of responsibility was as the lead on Health Canada's Healthy Workplace Initiative for Health Care Workers, part of the Pan-Canadian Health Human Resources Strategy, providing content knowledge and strategic direction. He also provided general policy advice to the Office and Health Canada.

The Board of Cancer Care Ontario recently announced the appointment of **Terrence Sullivan**, as president and chief executive officer. Dr. Sullivan was previously the organization's chief operating officer and provincial vice-president of research and cancer control. He succeeds Dr. Alan Hudson, OC, who leads the wait times initiative for the Ontario Ministry of Health and Long-Term Care.



In Newfoundland and Labrador, former Education Minister **John Ottenheimer** has been appointed Minister of Health replacing Elizabeth Marshall who resigned following a disagreement with the premier over his handling of a VON strike on the west coast of the province. Mr. Ottenheimer, a teacher and lawyer before entering politics in 1996, has served in a senior voluntary capacity with two disease groups: the Newfoundland and Labrador Heart and Stroke Foundation, and a local chapter of the Crohn's and Colitis Foundation.



**Cheryl Doiron** has been appointed Deputy Minister of Health in Nova Scotia. Ms. Doiron, a former Assistant Deputy Minister, had been acting Deputy since Tom Ward's resignation earlier this year.

In Manitoba, **Tim Sale** has been appointed Minister of Health. The former energy minister switches jobs with his predecessor, Dave Chomiak who was Canada's longest-serving health minister. Mr. Sale, prior to entering politics, was a teacher and business consultant whose field of practice included health care.



Also in Manitoba, **Theresa Oswald** has been appointed Minister of Healthy Living. A former teacher and vice-principal, Oswald is the current chair of the province's task force on Healthy Kids, Healthy Futures. She is the MLA for Seine River and has been serving as the premier's legislative assistant since her election to the legislature in June 2003.

**Dr. David Butler-Jones** was recently named Canada's first-ever Chief Public Health Officer (CPHO). The creation of a CPHO, heading up a new Public Health Agency of Canada, was a key recommendation of last year's Naylor report on the SARS outbreak.



Dr. Butler-Jones' appointment was announced by Prime Minister Paul Martin at a news conference in Winnipeg where the new CPHO and the public health agency will be located. The agency's mandate is to ensure Canada is prepared for any serious outbreak of infectious disease, and to improve the health of Canadians by targeting chronic diseases and injury prevention.

Dr. Butler-Jones is the former Medical Health Officer for the Sun Country Health Region in Saskatchewan and Consulting Medical Officer for the Saskatoon Health Region. He was previously Chief Medical Officer for the province.

### Book Review Editor

Dr. Dorothy Pringle, Editor in Chief, and the members of the Editorial Advisory Board, are delighted to announce that **Dr. Gail Donner** has accepted a one-year appointment as Book Review Editor for the *Canadian Journal of Nursing Leadership*. Dr. Donner is a Professor and former Dean of the Faculty of Nursing at the University of Toronto. She is also a partner in the career development consulting firm, donner-wheeler. Dr. Donner has written extensively and is co-author of the books, *Taking Control of Your Nursing Career* and *Building Your Nursing Career: A Guide For Students*. Watch for our first book reviews in the Winter issue.