



Quarterly Change

Health Canada, in collaboration with Canadian Institutes of Health Research's Institutes of Neurosciences, Mental Health and Addiction (INMHA), Population and Public Health (IPPH) and Gender and Health (IGH), recently announced a \$3.2 million health research initiative aimed at **improving mental health in the workplace**. The announcement was made at a Special Roundtable on Addiction and Mental Health for Leaders in Business, Labour and Science in Toronto. The Mental Health and the Workplace: Delivering Evidence for Action research initiative announced today will support new health research teams from across Canada to work with workplace organizations to help improve mental health in the workplace.

- The research initiative is designed to create a solid base of research evidence in this area as well as:
- increase the number of health researchers trained in the area of mental health in the workplace
- build a coalition among workplace stakeholder groups in order to enable research in identified priority areas
- foster the development and evaluation of innovative policy and program interventions and identification of best practices
- facilitate access to data from public and private sector sources
- develop and evaluate measurement tools that can be used to collect information on workers at the organizational and societal levels and to
- facilitate the effective exchange and translation of knowledge gained from the research into the workplace, resulting in actions by stakeholders and partners

The **Canadian Nurse Practitioner Initiative (CNPI)**, led by the Canadian Nurses Association, is developing a pan-Canadian framework for the sustained integration of nurse practitioners in primary healthcare. Consultations are under way with a broad coalition of representatives – from urban, rural and remote communities, as well as provincial and national health and government organizations – to achieve agreement on standardization of the role of the NP, plus the legislation and regulation governing their practice, education and core skill set.

The CNPI will file a final report of recommendations next spring. It is anticipated that the report will include national guidelines on the scope of practice for nurse practitioners; define the skill set, knowledge and education that nurse practitioners must have; explore pay scheme options that will enable physicians and nurse practitioners to work collaboratively; and demonstrate how nurse practitioners duties can change in different settings and locations.

The CNPI, an \$8.9 million project, is funded by Health Canada through the Primary Healthcare Transition Fund established by the Government of Canada to provide better access to primary healthcare for all Canadians.

Errata: In the last issue of *Healthcare Quarterly*, the Health Council of Canada was incorrectly identified. Sharon Rogers author of the case study "Benchmarking Patient Complaints Data Across Ontario Hospitals: University Health Network Invited Collaboration" was incorrectly identified. Our apologies for these errors.

Public Health Announcements

Following their April meeting, the federal, provincial and territorial Ministers of Health announced the creation of the **Pan-Canadian Public Health Network**.

The Public Health Network will build on current strengths in public health, and establish a new way of working that will enable jurisdictions to better collaborate on public health, including rapid and coordinated responses during public health emergencies such as SARS and pandemic influenza. Dr. Perry Kendall of British Columbia will serve as the provincial/territorial co-chair of the Council of the Public Health Network and Dr. David Butler-Jones, who is also the Chief Public Health Officer for Canada and head of the new Public Health Agency of Canada, will serve as the federal co-chair. Jurisdictions have named their representative to the Council.

Also in April, the Minister of State for Public Health, the Honourable Carolyn Bennett, announced the establishment of developmental funding to bring six **National Collaborating Centres (NCCs) for Public Health** into full operational status. The Centres will contribute to strengthening Canada's public health system by facilitating information sharing and collaboration between federal, provincial and territorial governments, academic institutions, international experts, non-government organizations, researchers and health professionals. Each NCC will connect, cooperate, collaborate and communicate with a wide variety of stakeholders in the public health community to create important new linkages that will make Canada's public health infrastructure more efficient and effective.

The NCCs will each work in a specialized area of public health and be based in a different region of the country. The NCCs are located as follows: environmental health in British Columbia; infectious disease in Winnipeg; public health methodologies and tools in Ontario; public policy and risk assessment in Quebec; health determinants in Atlantic Canada; and Aboriginal health in British Columbia. The NCCs will contribute to the development of an overall pan-Canadian public health strategy.

Health Minister Dosanjh also recently announced a series of measures to enhance the **safety of the therapeutics system** in Canada and create more openness and transparency in the way Health Canada deals with safety issues. The initiatives include the opening of two new regional centres to receive adverse drug reaction reports; the formation of an Office of the Public Ombudsman to hear concerns or feedback and resolve complaints; the creation of a forum to provide public input on the issue of selective COX-2 inhibitors; the opening of a Paediatrics Office within the Department to coordinate nutrition, drug and food safety issues for children; and the creation of a publicly accessible drug information database.

Two new Regional Adverse Reaction Centres opened in April in Alberta and Manitoba. The new centres are in addition to five others across the country that serve as regional points of contact to collect reports submitted by health professionals and consumers, follow up on reports to increase the quality of information gathering, and to deliver education and outreach programs to encourage reporting. Each centre is responsible for reviewing the reports before they are forwarded to the National Adverse Reaction Centre in Ottawa for further analysis. There are also Regional Adverse Reaction Centres in Winnipeg, MB; Edmonton, AB; Vancouver, BC; Saskatoon, SK; London, ON; Montreal QC; and Halifax, NS. The National Centre reviews all Canadian AR reports along with information from post-marketing surveillance around the world, as part of its determination as to whether the benefits of a drug outweigh the risks.

A further measure to increase the openness and transparency of the Department and its processes involves the creation of a new Office of the Public Ombudsman. The Office will receive complaints, concerns and feedback from individuals and organizations about the way Health Canada fulfills its responsibilities under the Food and Drugs Act and will assist in resolving these issues. The Office is expected to begin operations in the summer of 2005. The Ombudsman has not yet been appointed.

Health Minister Dosanjh also recently announced a \$75 million federal initiative that is expected to assist more than 2,000 **internationally educated healthcare professionals** to put their skills to work in Canada's healthcare system. The \$75 million, which was included in Budget 2005, will be provided over five years. During this period, it is estimated the funding will assist in the assessment and integration into the workforce of up to 1,000 physicians, 800 nurses and 500 other regulated health-care professionals. The numbers will vary, however, according to the priorities of provincial and territorial governments.

British Columbia's healthcare system will benefit from a \$230 million increase in funding to the province's six health authorities in 2005/06. The additional funding for health authorities will be distributed across the continuum of care to provide more services, such as:

- increasing options for frail seniors in the assisted living and residential care sector
- delivering effective community and home-based services as well as health promotion, disease prevention and other public health services
- improving access to mental health and addictions services providing more cancer treatment, heart surgeries,
- diagnostic imaging, joint replacement, sight restoration services, renal care and palliative care
- increasing the recruitment, retention and education of healthcare professionals
- making BC the safest place to be a patient, and the safest place to care for patients

As part of government's commitment to providing multi-year budgets to enable more effective planning, health authorities received funding allocations for 2005/06 and planning

allocations for 2006/07 to 2007/08. Funding increases from 2004/05 and total allocations for 2005/06 are:

- Fraser Health: increase \$81.7 million for a total of \$1,500 million
- Interior Health: increase \$21.9 million for a total of \$960 million
- Northern Health: increase \$13.7 million for a total of \$349 million
- Vancouver Island Health: increase \$36.4 million for a total of \$1,058 million
- Vancouver Coastal Health: increase \$38.9 million for a total of \$1,684 million
- Provincial Health Services: increase \$39.2 million for a total of \$937 million

The allocations to health authorities for acute care, residential care and home and community care are determined using a population-needs-based formula that considers factors such as demographics, patient flow, complexity of cases and remoteness.

Alberta will add over \$700 million to the Health and Wellness budget

for 2005/06, an 8.6% increase over last year. With the increase to Alberta's 2005 budget, the Ministry's funding will rise to almost \$9 billion in 2005/06. By 2007/08, the Ministry's budget is estimated to exceed \$9.7 billion, an increase of 17.4% from the 2004/05 forecast.

Over \$5.6 billion of the Ministry's budget will go directly to the province's health authorities. As well, a Mental Health Innovation Fund has been established and will receive \$25 million for each of the next three years. The purpose of the fund is to establish more community and facility-based mental health alternatives, address current need areas in services, such as children's mental health, and facilitate advancement of regional mental health priorities.

Other highlights of the budget include:

- over \$1.7 billion for physician services, an increase of \$173 million from the previous year
- an increase of \$72 million for ministry-sponsored, non-group health benefits, ensuring that Albertans not covered under a group plan, primarily seniors, continue to have access to supplementary health services, including prescription drug benefits
- a 25% increase in funding, an increase of almost \$48 million for the Alberta Cancer Board to continue high-quality patient care and to accommodate the growing cost of many cancer drugs

In Ontario, the second interim report from Mr. Justice Archie Campbell was released in April. Justice Campbell was commissioned to **investigate the outbreak of severe acute respiratory syndrome (SARS)** in Ontario in 2003. In his second report, he acknowledged that the government has undertaken the major changes to public health that he recommended in his first report.

Several of the recommendations made in Justice Campbell's second report relate to the operation of local public health units. The Ministry of Health and Long-Term Care has already begun a review of the 36 health units across the province. This review will examine many issues raised by Justice Campbell, such as governance, accountability, structure and capacity.

Students in Saskatchewan who want to enter the health professions will benefit from bursary funding in exchange for a commitment to work in the province. The provincial government is devoting **\$5 million this year to support bursary programs** in the health field. New bursaries will be offered to Saskatchewan students studying health sciences disciplines, including audiology; combined laboratory and x-ray technology; cytology; dental therapy; dietetics and nutrition; public health inspection; MRI technology; medical laboratory and medical radiation technology; nuclear medicine; physical, occupational and respiratory therapy; pharmacy; prosthetic and orthotic technology; speech language pathology; clinical psychology; clinical social work; speech language pathology; and ultrasonography.

New bursaries also will be targeted to Saskatchewan students studying to be licensed practical Nurses, registered nurses and registered psychiatric nurses to nurse educators, primary-care nurse practitioners, and advanced nurses to those wishing to re-enter nursing. In partnership with the Saskatchewan Medical Association, the government is also offering bursaries throughout the year to students and residents studying medicine. As well, the government is targeting bursaries to students studying to be emergency medical technicians.

Calgary will become a world leader in the prevention of heart disease with the creation of **Canada's first dedicated Cardiovascular MR (magnetic resonance) Centre**. Dr. Matthias Friedrich, an expert in the field, will head up the centre, which boasts a state-of-the-art \$2.8 million cardiovascular MR machine. The machine is a fast, non-invasive tool for diagnosing coronary artery disease and other heart problems. It uses radio frequency waves and a strong magnetic field rather than x-rays to provide clear, detailed pictures of the heart. Until recently, the heart has eluded MRI technology because its constant motion does not allow machines to focus on it. Engineering advances now enable doctors to obtain images in seconds. This machine has the capacity to predict a person's susceptibility to a heart attack or stroke and is able to monitor a patient's response to therapy by visualizing plaque in the arteries. It is expected that the new centre will perform 1,500 cardiovascular MR exams per year.

Faster response times and more efficient coordination and deployment of emergency medical resources in rural and northern Manitoba will be the goal of a new command and control centre for emergency services announced recently. The new **Medical Transportation Co-ordination Centre (MTCC)**, to be located in Brandon, will become the dedicated centre for the dispatch of all rural and northern emergency medical services including northern medivacs. The MTCC will ensure the closest available ambulance is dispatched to emergency calls and will be able to assist medical responders in locating emergency scenes through GPS technology.

The MTCC will also be responsible for managing and coordinating all non-emergent, inter-facility transfers within the city of Winnipeg. The Winnipeg Fire and Paramedic Service will continue to handle all emergency medical dispatch within the city of Winnipeg.

Call volumes for rural emergency medical services have been on a steady rise since 1991. Ambulance responses have more than doubled since 1991, going from 22,500 to 45,700 in 2003.

The **Cancer Quality Council of Ontario (CQCO)** and **Cancer Care Ontario (CCO)** have launched the Cancer System Quality Index - a Web-based tool for tracking cancer and cancer services in Ontario. The first of its kind in North America, the index evaluates progress against cancer and points out where prevention, treatment and care improvements can be made. It aims to motivate healthcare providers to make changes so that Ontarians have the cancer services they need, when they need them. The index, developed by cancer clinical, policy and research experts, has 25 indicators that measure:

1. How accessible services are to patients
2. How efficiently resources are being used
3. How Ontarians are affected by cancer and cancer risk factors
4. The quality of treatment
5. Our ability to understand and measure quality improvements

The Cancer System Quality Index points out areas of the cancer system where quality improvements can be made:

- With some exceptions, patients are receiving good quality cancer care, but waiting times for care are steady or slowly increasing, and access to care varies across the province.
- Too many Ontarians are likely to get cancer in the future, due to an aging and growing population, and too many Ontarians are increasing their risk for cancer due to unhealthy lifestyles.
- More Ontarians are being screened for some cancers, but overall there is too little screening to detect cancer earlier, when treatments are more effective.
- Our ability to track cancer at the point of diagnosis is better than ever before, but real-time information that would improve our ability to make course corrections quickly is not yet available.

Cancer Care Ontario Website: www.cancercare.on.ca/qualityindex.

The Montreal Children's Hospital recently opened **Canada's first Pediatric Insulin Pump Centre**. The Centre will treat and monitor children who use insulin pumps to cope with type 1 diabetes and it will actively encourage and facilitate the use of pumps for all of its young patients. The Centre's multidisciplinary team, which includes nurses, endocrinologists and a dietitian, will serve as a resource centre for remote regions of the province where this expertise is lacking. In addition, research into the use of insulin pumps will be conducted looking at such things as the quality of life of pump users and measures of metabolic control and health parameters.

In Quebec, the **new provincial budget for health spending** will increase by \$826 million in 2005-06 to \$20.9 billion. The new health budget contains a further \$75 million to help hospitals achieve balanced budgets by the end of the 2006-07 fiscal year. It is estimated that hospitals ended the last fiscal year \$230 million in the hole. However, their operating budgets for the new fiscal year are going up by only 3.8%. Spending to cover physicians' services is slated to go up by just 1.7%. The government is also providing \$50 million to improve home care for the elderly and mental health services.



▲ Mazankowski Alberta Heart Institute as it will look on completion.



Edmonton's Capital Health and the University of Alberta recently celebrated progress in the development of the **Mazankowski Alberta Heart Institute** - designed to position Alberta as a leader in cardiac care, education and research. It is being built with \$156 million in financial support from the Government of Alberta and \$38 million in donations. It now carries the name of the Right Honourable Don Mazankowski.

◀ Capital Health's Chairman, Neil Wilkinson with the Right Honourable Don Mazankowski at a presentation in Ottawa recognizing that both Mr. Mazankowski and the new heart institute are national assets.

In **Newfoundland and Labrador**, the government is reducing the time provincial residents wait for important health services through the delivery of 43,344 additional MRI, CT, cardiac and other key diagnostic procedures, surgeries and cancer treatments.

Budget 2005 allocates \$23.2 million (\$14.2 million one-time and \$9 million in ongoing funding) to improve access to key services by purchasing new medical equipment, modernizing diagnostic and medical equipment and expanding select services in all of the province's major healthcare centres.

The federal government recently renewed its commitment to stem cell research by announcing \$5.3 million in annual funding for the **Stem Cell Network**, one of Canada's Networks of Centres of Excellence. Research funding will support a range of high-impact, large-scale national projects, including CARE-NET, a multi-centre effort led by Dr. Jacques Galipeau of the Sir Mortimer B. Davis - Jewish General Hospital to study the use of adult stem cells as repair material for damaged hearts, lungs and blood vessels. CARE-NET brings together top scientists from Montreal, Toronto, Vancouver and Ottawa. Researchers hope to push scientific discovery towards clinical trials within the next two to five years by uncovering ways to grow a patient's own cells in the laboratory and to use those cells as patches to repair damaged hearts and lungs.) The project is co-funded by the Heart and Stroke Foundation of Canada and the Canadian Institutes of Health Research.

The Stem Cell Network, established in 2001, brings together more than 70 leading scientists, clinicians, engineers, and ethicists from universities and hospitals across Canada with a mandate to investigate the immense therapeutic potential of stem cells for the treatment of diseases currently incurable by conventional approaches. Headquartered at the University of Ottawa, the Stem Cell Network is one of Canada's Networks of Centres of Excellence funded through Industry Canada and its three granting councils. (www.stemcellnetwork.ca)

Nova Scotians with mental health problems will see new and enhanced mental health services as a result of an additional \$4 million funding in over the next two health budgets. The new funding will be used by district health authorities and the IWK Health Centre to increase access to mental health services in three priority areas: services for children and youth; crisis/emergency services; and community-based supports for those with chronic and persistent mental illness. Improving mental health services within communities helps people get the care they need, as close to home as possible, and helps prevent, reduce, or defer unnecessary trips to the emergency room.

Over the coming weeks and months, the Department of Health will work with district health authorities and the IWK Health Centre to identify the programs and services that will receive this new funding.

Transitions



Dr. Michel Tétreault became President and Chief Executive Officer of Winnipeg's St. Boniface Hospital in February 2005. Dr. Tétreault joined the hospital in September 2001 as Executive Director Clinical Programs and Chief Medical Officer. He has been responsible for leading and supporting cross-program

integration in addition to coordinating and supporting patient care at SBGH such as the implementation of the Elder Life Friendly initiative and quality and performance activities. He has also been actively involved with the Hospital Information System Project.



University Health Network's Vice President and Chief Information Officer (CIO) **Matthew Anderson** was recently named to the prestigious "Top 40 Under 40" list, published in the Report on Business. The national award celebrates Canadian leaders of today and tomorrow who have reached a significant level of success but have not yet reached the age of 40. Thirty-six-year-old Matthew

was recognized for his leadership and vision in the healthcare information technology field.

Saskatoon Regional Health Authority (SRHA) is pleased to announce the appointment of **Maura Davies** as Chief Executive Officer (CEO) for the Saskatoon Health Region. Ms. Davies assumes her duties on June 13, 2005. Ms. Davies's most recent position was that of Vice President, Planning and Performance for Capital Health in Halifax, which she had held since 2001. In that capacity, she was responsible for the following functions: strategic planning, patient safety, quality and decision support, risk management and legal services, infection control, professional practice development, ethics services, and board development. During the time she was asked to assume leadership of the executive team on an interim basis for an eight-month period in 2002.





Dr. Robert Bell has been named the new President and CEO of Toronto's University Health Network. Dr. Bell is currently Vice President and Chief Operating Officer(COO) of UHN's Princess Margaret Hospital. Dr. Bell has been COO at Princess Margaret Hospital and Medical Director of the UHN Oncology program from 2000 to the present. During this time, the hospital formed a strategic and positive relationship with Cancer Care Ontario, added a Palliative Care unit, and was successful in securing funding to enable an enhanced investment in radiation therapy, leukemia and surgical oncology. Dr. Bell is an orthopedic surgeon with a specialized practice in oncology and a successful career in cancer research and education. Dr. Bell will assume his new role on June 15, the date that Tom Closson, current UHN President and CEO, steps down from the position.

Emergis Inc. announced that **Ron Kaczorowski**, an accomplished executive in information technology for the healthcare industries, has joined the company's management team as Executive Vice-President, Sales and Marketing, Health. Mr. Kaczorowski will be focused on developing business opportunities and supporting Emergis' growth plans.



Mr. Kaczorowski also sits on the boards of the Kensington Health Centre and of the Change Foundation of the Ontario Hospital Association.

In London ON, **Dr. Christopher Schlachta** has joined the senior leadership team at CSTAR (Canadian Surgical Technologies & Advanced Robotics) as Medical Director, to facilitate further academic and scientific growth, as well as provide leadership in new research grant development and recruitment of scientists. Dr. Schlachta comes to London from Toronto where he held a leadership role at St. Michael's Hospital as Division Head of General Surgery. Originally from Montreal, Dr. Schlachta trained in general surgery at the University of Western Ontario where he developed an interest in laparoscopic surgery and minimally invasive surgery. He has since gone on to establish a national and international reputation for clinical excellence and innovation in the field.

Health Minister Ujjal Dosanjh recently announced the appointment of five distinguished scientists to **Health Canada's Science Advisory Board**. The new members fill vacant seats on the Board and bring independent expertise in new and complex areas of importance to the department.

The Science Advisory Board has operated at Health Canada since 1997. It provides independent advice to the Minister of Health on the future directions of Health Canada's scientific programs and activities, on emerging health sciences and trends. It also makes recommendations on Health Canada's priorities and advises on the relevance and effectiveness of its research.

The new members bring to the Board a range of expertise:

- Dr. Renaldo Battista, Professor in the Department of Health Administration, University of Montreal, has significant international expertise in health technology assessment.
- Dr. Arminée Kazanjian, Professor in the Department of Healthcare and Epidemiology, University of British Columbia, is an internationally recognized health services researcher.

- Dr. Andreas Laupacis, a general internist and Professor in the departments of Medicine and Health Policy Management and Evaluation at the University of Toronto, has expertise in clinical trials, pharmacoeconomics, drug policy and use of diagnostic tests.
- Dr. Renée Lyons, Professor and Director of the Atlantic Health Promotion Research Centre at Dalhousie University, is a world leader in health promotion research.
- Dr. Jacques Simard, Professor in the Department of Anatomy-Physiology at Laval University and Canada Research Chair in Oncogenetics, is one of Canada's most highly regarded breast cancer experts.

This new expertise complements an already impressive group of experts on the Board. For more information on new and ongoing members of the Science Advisory Board, visit the Health Canada website at: www.hc-sc.gc.ca/ocs-besc/advice-avis/sab-ccs/memb_e.html.

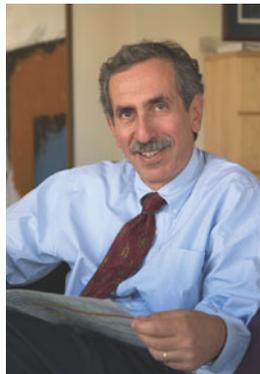
New CEOs in Newfoundland

David Diamond was appointed the new Chief Executive Officer (CEO) of the Central Regional Integrated Health Authority (RIHA). A native of Botwood, Mr. Diamond holds a Bachelor of Commerce from Memorial University of Newfoundland and a Master in Health Services Administration from the University of Alberta. Mr. Diamond also chairs the provincial Human Resources Management group of the Newfoundland and Labrador Health Boards Association and is a member of its labour relations committee. Over the past 15 years, Mr. Diamond has held a variety of senior leadership positions within the healthcare system.

George Tilley is the new Chief Executive Officer (CEO) to lead the Eastern Regional Integrated Health Authority. A native Newfoundlander, Mr. Tilley holds a bachelor of commerce as well as a masters of business administration from Memorial University of Newfoundland and is a certified health executive of the Canadian College of Health Services Executives. He is also a member of the board of directors of the Canadian Patient Safety Institute and the Association of Canadian Academic Healthcare Organizations. Since 1982, he has held a variety of senior leadership positions within the healthcare system. Since the fall of 2000, he has led the Healthcare Corporation of St. John's.

Boyd Rowe is the new chief executive officer (CEO) of the Labrador-Grenfell RIHA. A native of Whiteway, Trinity Bay, Mr. Rowe holds a bachelor of commerce from Memorial University of Newfoundland and is a graduate of the health services management program administered through the Canadian Hospital Association. Mr. Rowe is a member of the Canadian College of Health Services Executives. Over the past 28 years, Mr. Rowe has held a variety of senior leadership positions within the healthcare system. Since the summer of 2000, he has led one of only two integrated health boards offering a full continuum of health services in the province.

Susan Gillam is the new chief executive officer (CEO) of the Western Regional Integrated Health Authority. A resident of Corner Brook, Ms. Gillam is a registered nurse and holds a bachelor of nursing and master of nursing from Memorial University of Newfoundland. She graduated Magna Cum Laude with a master of science in administration from the University of Notre Dame and is currently a PhD candidate in nursing at McGill University. Over the past 15 years, Ms. Gillam has held a series of progressive senior management positions and is a member of the Newfoundland and Labrador Public Health Association and the provincial Primary Health Care Advisory Council.



Dr. Alan Bernstein has been reappointed as President of the Canadian Institutes of Health Research (CIHR). Dr. Bernstein is an internationally respected health researcher, mentor and scientific leader and has made significant contributions as a researcher of gene therapy, cancer, and blood development. He has won numerous awards, including the McLaughlin Medal of the Royal Society of Canada, the Genetics Society of Canada Award of

Excellence and the 2001 Australian Society of Medical Research Medal, and is an Officer of the Order of Canada.

In Hamilton, ON, St. Joseph's Healthcare and the Hamilton Health Sciences have created **new joint executive roles** to ensure the delivery of healthcare is effectively organized to best serve the needs of patients and the Hamilton and surrounding communities. The senior executive teams at both hospitals have expanded existing positions to include integrated vice-president roles. These positions will provide city-wide leadership within their areas of responsibilities, managing designated city-wide patient care programs and support services and working as members of the senior management group of both hospitals. The integrated vice-presidents will oversee patient care in the areas of emergency services, cardiac care, pediatrics, cancer care and mental health.

The integrated vice-presidents are:

- Darlene Barnes Emergency Services
- Charlotte Daniels Cardiac Services
- Winnie Doyle Mental Health
- Paul Faguy Clinical Support & Hospital Services

The new approach by the two hospitals builds on past successful collaborations such as the integration of a regional lab program and consolidation of pediatric services. Areas that will be considered for future partnerships include purchasing, warehousing and logistics.

About the Cover: Photographer Christina Hale captures renewal in this photo of new growth fed by spring sunlight. Renewal is a reappearing theme in our journals as we cover primary care, nursing resource realignment and systems redesign. Christina is a student at the Ontario College of Art and Design.



Vendor News

Medicalis Incorporates ACR Guidelines into Decision Support Knowledgebase

Medicalis® Corporation announced that it is incorporating the ACR Appropriateness Criteria™ guidelines into the Percipio™ clinical decision support knowledgebase. The Appropriateness Criteria guidelines, created by the American College of Radiology (ACR), will extend the Percipio decision support capabilities and provide a broadly accepted set of guidelines for use with Percipio order entry solutions. The ACR Appropriateness Criteria are a set of scientifically based guidelines that can assist primary care physicians and specialists in making appropriate imaging decisions for given patient clinical conditions. These guidelines will be deployed at the point-of-care using the Percipio web-based order entry system, ensuring that orders are safe, clinically appropriate, and cost effective.

MediSolution's Expertise Acknowledged Once Again

MediSolution's MPlex Solutions division has been awarded a contract for the implementation of an integrated financial management solution at the Regie de l'assurance maladie du Québec (RAMQ). This government agency, which manages the act governing the Quebec Health Insurance Plan, will implement a system to manage and integrate financial, procurement and data warehousing applications.

Edmonton's Capital Health Selects Agfa HealthCare for Regional Installation of RIS/PACS/Speech Recognition

Capital Health has selected Agfa HealthCare to install an integrated information, image and speech recognition system that will schedule, order, manage, store and display both cardiology and radiology images. Capital Health is one of the first health regions in Canada to implement a fully integrated cardiology and radiology PACS system. In addition, Capital Health and Agfa have formed a unique public-private partnership with shared risk to guarantee the improved delivery of diagnostic imaging services.

New Brunswick Health Authorities Select Sentillion for Identity & Access Management

Sentillion, Inc., the leading provider of identity and access management solutions for the healthcare industry, announced today the signing of a standing agreement for the Vergence® product suite by Contract Management Services (CMS). CMS is a purchasing agency acting on behalf of the majority of the New Brunswick Regional Health Authorities for the purpose of this sale. Under the agreement all Regional Health Authorities (which encompasses 51 facilities within New Brunswick), can purchase Sentillion's Vergence technology, which includes modules for automatically provisioning user accounts, single sign-on, single patient selection and strong authentication with Identix BioLogon® and Ensure Xyloc®.

Five of the health regions will implement Sentillion's Vergence product suite immediately – South East Regional Health Authority, Atlantic Health Sciences Corporation, River Valley Health, Restigouche Health Authority and ACADIE-BATHURST Health Authority. These organizations will leverage Vergence to access valuable patient information securely between each region's Hospital Information System and its Community Health Centre Information System. Vergence will provide secure access to MEDITECH, Agfa Healthcare, GE Centricity™, Purkinje Dossier as well as other clinical and non-clinical applications.

Hôpital Sacré-Coeur de Montréal Becomes First Quebec Hospital to Purchase Medical Supplies More Efficiently via Global Healthcare Exchange

Hôpital Sacré-Coeur de Montréal has become the first integrated hospital in the province of Quebec to begin purchasing medical supplies electronically through Global Healthcare Exchange (GHX). By utilizing its existing integration with IT services provider CGI Group Inc. (CGI), and the GHX Connect Plus' connectivity solution, Hôpital Sacré-Coeur de Montréal is also the first Canadian hospital to utilize GHX to streamline the processing of supply chain-related financial transactions, such as electronic invoices and those associated with order processing.

Hôpital Sacré-Coeur de Montréal is utilizing the GHX Content Center to cleanse and correct its internal product databases by validating information against GHX's AllSource™ content repository, which contains information on more than 1.4 million healthcare items and is the only electronic source of product data maintained and verified by the suppliers. By integrating the GHX Connect Plus solution with its technology service provider, CGI, Hôpital Sacré-Coeur de Montréal is able to electronically transmit a wide variety of supply chain documents, including invoices.

Accenture to Acquire Capgemini's North American Health Practice

Accenture has agreed to acquire Capgemini's North American health practice, expanding the range of capabilities. The acquisition will combine Accenture's capabilities in working with health plans, life sciences companies and government organizations with Capgemini's in serving hospitals and health systems. Accenture will pay the purchase price of \$175 million in cash.