



Quarterly Change

The University of Victoria has a **new medical school**. The \$12 million, 4,040-square-metre Medical Sciences Building – the first UVic facility built to a gold-level standard for leadership in environmental and energy design – will eventually accommodate 96 students in the Island medical program. They will be linked through sophisticated audiovisual and e-learning technology for simultaneous, interactive learning with other medical students at the University of BC in Vancouver and the University of Northern BC in Prince George. The first 24 students began their studies in the Medical Sciences Building in January, after completing their initial semester at UBC's Vancouver campus. All graduates will receive medical degrees from UBC.

Funding for the \$134 million investment in medical school facilities, announced in March 2002, came from the Ministry of Advanced Education's budget for capital projects. For information on AchieveBC, visit www.achievebc.ca.

The government of **British Columbia** is investing \$35 million in the latest medical technology. Highlights of the new equipment include:

- A PET/CT scanner at the BC Cancer Agency, Vancouver Cancer Centre
- Three new 64-slice CT scanners at Royal Columbian Hospital, Royal Jubilee Hospital and Vancouver General Hospital
- A mobile MRI scanner for the Kootenays and south Okanagan, and a new 32-slice CT scanner at Kelowna General Hospital
- An MRI scanner upgrade at UBC Hospital
- Advanced radiology and pharmaceutical systems for the Northern Health Authority
- A Laboratory Centre of Excellence for Genomics in Vancouver
- A Radiopharmaceutical lab and cyclotron at Vancouver Cancer Centre

Since 2001/02, the number of CT scanners in BC has increased by over 20% with a total of 37 CT scanners available across the province as of June 2004. Over the same time period, the number of MRI scanners in the province increased by over 75% with a total of 16 MRI scanners as of June 2004. These investments have been assisted by federal funding for medical and diagnostic equipment.

Teams of health providers and managers from seven Saskatchewan hospitals are working together over the next year to improve quality of care and patient safety within their adult intensive care units (ICU). Participating ICUs will address two care processes: control of sedation and agitation, and prevention of venous thromboembolism in critically ill patients. Hospitals involved in the improvement project are Victoria Hospital (Prince Albert); Union Hospital (Moose Jaw); Regina General (2 units) and Pasqua Hospital in Regina; and City Hospital, St. Paul's Hospital and Royal University Hospital in Saskatoon. Saskatchewan's Health Quality Council is providing funding and Web-based IT infrastructure for the project, and will also evaluate the results.

The **Health Quality Council of Alberta** recently released its second Health Report to Albertans. Some of the key findings highlighted in the report include:

- While Albertans are more active than rest of Canada, only 30.6% of Albertans are physically active. This is up from 27.7% in 2000–01.
- The percentage of Albertans who die in hospital as a result of having a heart attack is lower than the Canadian average.
- Alberta's injury and suicide rates are among the highest in Canada.
- More Alberta women are getting pap smears and mammograms to detect cancer early.
- Chronic diseases like heart disease and diabetes are on the rise in Alberta. But in many cases they can be delayed or prevented.
- Patient safety is a growing concern both in Alberta and across Canada.
- Waiting times are still too long for some services in Alberta.

The Health Quality Council of Alberta (HQCA) is an arm's-length organization empowered and funded by the government of Alberta through the Minister of Health and Wellness to report directly to Albertans on the quality, safety and performance of health services. The Council identifies best practices, and reviews and monitors the following dimensions of healthcare quality: access, acceptability, appropriateness, effectiveness, efficiency and patient safety. Copies of the report are available on the HQCA's website at www.hqca.ca.

Women in Manitoba will have better access to Aboriginal midwives through a new, \$1.6million training program. The **Aboriginal Midwifery Education Program** (AMEP) will provide midwifery students with a blend of traditional Aboriginal and Western methods of practice, and will include both classroom and clinical components. When their education is complete, the midwives will provide culturally appropriate birthing services primarily to remote and northern Aboriginal communities in Manitoba and in Nunavut and the Northwest Territories.

In **Saskatchewan**, Regina will soon be home to a new provincial public health laboratory that will meet future needs by improving testing capability and speeding up intervention in the event of a public health crisis such as SARS or an influenza pandemic. The new Provincial Lab was announced in the government's 2004–05 Mid-Year Report. Location options are currently being reviewed. The project will be completed within three years, and cost approximately \$27 million.

The **Child Health Network for the Greater Toronto Area** (CHN) has released the findings from a first-annual study detailing birthing activity over a 12-month period in the Toronto/Greater Toronto Area. The report will help direct future planning and quality improvement for maternal and newborn care across the region. The report – *Niday Perinatal Database for the Greater Toronto Area: First Annual Statistical Report* – profiles information arising from a common database now being used by all CHN hospitals. The report includes data related to approximately 66,000 births that occurred in the region between April 1, 2003 and March 31, 2004. A copy of the *Niday Perinatal Database for the Greater Toronto Area: First Annual Statistical Report* is available on the CHN website, at www.childhealthnetwork.com/chn/publications.htm.

Construction is underway in rural and northern Manitoba on five new primary healthcare centres that will develop community-based health programs and support timely access to healthcare services. The new primary healthcare centres will be located in The Pas, Flin Flon, Waterhen, Camperville and Riverton and will provide community residents with access to a wide range of healthcare services including primary healthcare, mental health services and health promotion, prevention and education programs.

In Ontario, the first of 45 new Family Health Teams (FHTs) has been approved. Family Health Teams comprise doctors, nurse practitioners, nurses and other healthcare providers working together to meet the individual needs of patients around the clock, seven days a week. FHTs are a major part of the solution to the family doctors shortage that has plagued much of Ontario for years. More than one million Ontarians cannot find a family doctor close to home, and 142 communities are under serviced for basic healthcare. The government will create 150 Family Health Teams over the next four years.

Ontario also announced the establishment of the **Family Health Team Action Group**, headed by Dr. Ruth Wilson, former head of family medicine at Queen's University, which will provide expert advice from different health disciplines on the design and implementation of the Teams. For more information about Family Health Teams go to the ministry's website at www.health.gov.on.ca/transformation

Ontario is moving forward with its plan to tackle wait times with the launch of a new website that gives Ontarians information on key healthcare services. The **Ontario Wait Time Strategy** website – which can be accessed by going to www.health.gov.on.ca – features:

- Explanations and examples of wait times (with links to various healthcare organizations)
- Updates on what's happening to improve access to healthcare services
- Answers to frequently asked questions
- Myths and facts about wait times

By April 2005, data will begin being posted and regularly updated on the website. By the end of 2006, the site will have complete information on wait times for five key health service areas – hip and knee replacements, cataract surgery, cancer surgery, MRI/CT exams and selected cardiac procedures. The information will detail how many patients are waiting for surgery, where they are waiting and how long they are waiting. Ultimately the site will have information on every type of surgery being performed in the province. For more information on achievements in healthcare, visit www.resultson-tario.gov.on.ca.

In Ontario, the Ministry of Health and Long-Term Care and the province's hospitals have completed the first phase of a process started in October 2004 to balance hospital budgets by the end of March 2006. As part of the process, the Ministry has introduced a \$200 million one-time transitional fund to assist hospitals to become more efficient and improve their operations. The transition fund includes:

- \$91 million that all hospitals can apply for to cover severance costs
- \$65 million to reward hospitals who have financial difficulties but are working to become more efficient
- \$5 million to reward balanced hospitals, including the most efficient "pacesetter" hospitals
- \$20 million bridge funding to assist hospitals that need significant assistance to bring their budgets under control
- \$19 million for small rural hospitals that have small operating bases and difficulty integrating services with other providers because of their isolation

New Brunswick will invest \$95.73 million in healthcare facilities and equipment in 2005–06. More than \$54 million is allocated to five major construction projects. Those are:

- \$29 million to complete planning and begin construction of the new hospital for the Upper River Valley area
- \$10.7 million to complete construction of the Stan Cassidy Centre for Rehabilitation and laboratory addition at the Dr. Everett Chalmers Hospital in Fredericton
- \$10 million to begin construction of a new emergency, ambulatory care and laboratory services facility at the Moncton Hospital
- \$3 million to begin construction of a new surgical suite at the Bathurst Regional Hospital
- \$1.5 million to complete the construction of a new regional addiction services facility in Campbellton

As well, a total of \$1.665 million will be invested to complete renovations for the Community Health Centres at Saint Joseph's in Saint John, Lameque, Minto and Doaktown, while \$4.4 million has been budgeted for capital improvement projects valued over \$100,000. On the capital equipment side, \$10.7 million has been budgeted to equip the new Stan Cassidy Centre for Rehabilitation and to purchase new or replacement medical equipment. The money will be disbursed in collaboration with the Regional Health Authorities on a priority basis.

Nova Scotians will continue to see shorter wait times, more health professionals and better support for healthy choices as a result of \$62 million in federal funding commitments. Funding allocations include four capital projects totalling about \$19 million, \$19.5 million allocated throughout the province to address key pressure areas affecting wait times, \$2 million for addiction prevention and treatment and \$6.3 million for one-time operating costs such as long-term care deferred maintenance and startup funds for the recently announced early intensive behavioural intervention treatment for children with autism.

The government of Newfoundland and Labrador is recruiting its first provincial chief nurse. The province's Budget 2004 confirmed the government's Blueprint commitment to establish this position. Leaders in the nursing community are pleased the government has honoured its commitment.

Transitions

Amy McCutcheon has been appointed Executive Lead and Chief Nursing Officer for the Vancouver Coastal Health Authority.



Karen McGrath has accepted the position of Chief Executive Officer for the Canadian Mental Health Association, Ontario, effective March 1, 2005. For the past four years, she has been a Chief Executive Officer for Health and Community Services, Newfoundland & Labrador – two years as CEO for the St. John's Region and two years as CEO of the Central Region.



Bryan Held, Chair of the Board of William Osler Health Centre, has announced

that **Robert J. Bell**, President and CEO, has submitted his resignation to the Board of Directors effective March 25, 2005. Mr. Bell is relocating to London, England to become the Chief Executive Officer of the Royal Brompton and Harefield Hospitals NHS Trust.



Professor Diane Doran has been appointed Interim Dean, at the University of Toronto's Faculty of Nursing. Professor Doran, RN, PhD, joined the Faculty of Nursing, University of Toronto, in 1995 and is currently Professor and Associate Dean of Research and International Relations. She holds a PhD (Health Administration) from the University of Toronto, an MHS (Healthcare Practice) from McMaster University, a Diploma (Nursing) from George Brown College and a BA (Psychology) from Trent University.

Dr. Peter Cooney has been appointed the Chief Dental Officer for Health Canada. Dr. Cooney's primary responsibilities will be to increase awareness about preventing oral diseases and to improve the oral health status of Canadians. Dr. Cooney joined Health Canada in 1991 and worked with the First Nations and Inuit Health Branch in Manitoba Region. In 1997, he was appointed the National Dental Officer of the Medical Services Branch (now the First Nations and Inuit Health Branch or FNIHB). He was later appointed the Director General of the Non-Insured Health Benefits Division of FNIHB, from 1999 to 2003. Dr. Cooney is a former President of the Canadian Association of Public Health Dentistry and is currently the Chief Examiner for the specialty of Dental Public Health with the Royal College of Dentists of Canada.



At St. Peter's Hospital in Hamilton, Ontario, CEO **Grant Walsh** has announced that he is leaving the organization to become CEO of Murphy Walsh Management Group of Washington, DC.



Ron Sapsford will be Ontario's new Deputy Minister of Health and Long-Term Care effective Tuesday, March 1, 2005. Mr. Sapsford was most recently the Executive Vice-President and Chief Operating Officer of Hamilton Health Sciences, and comes to the ministry with an accomplished background in healthcare. He has served in a wide range of positions, including Assistant Deputy Minister, Institutional and Community Services, Ontario Ministry of Health; Vice-President and Chief Operating Officer of the Ontario Hospital Association; a number of other progressively responsible positions in the Ministry of Health and Long-Term Care affecting hospitals and nursing homes; and several senior management positions in hospitals across Ontario.



At Canada Health Infoway, **Trevor Hodge** was appointed Senior Vice-President, Investment Strategy and Alliances, effective January 1, 2005. Mr. Hodge, formerly Infoway's Vice-

President, Investment Strategy and Planning, will be responsible for Infoway's alliances with both public – federal/provincial/territorial jurisdictions – and private sectors, as well as for Infoway's investment strategies, including the business plan, the three-year planning process and resolution of strategic and tactical issues arising from the implementation of investment strategies.

The General Assembly of CARE International has elected **Peter Crossgrove** to the positions of Vice-Chairman and Treasurer. Mr. Crossgrove has been a member of the Board of CI since 1995, and has served as Treasurer since 1996. From 1995 until 2002, he was the Chair of CARE Canada, where he remains a Board member. Peter Crossgrove was one of the founders and is the current Chair of Masonite Inc., and has served on the boards of several public companies. He is the Chair of Cancer Care Ontario, as well as of the Canadian Association of Provincial Cancer agencies.

John Risk has been appointed Interim Executive Director of the JPPC. Mr. Risk joined the JPPC in December 2003 to lead the work on hospital accountability agreements, and he also played a leadership role in drafting several defining documents on joint accountability, including the JPPC's Hospital Accountability Agreement Framework, the 2005/06 Accountability Agreement Template, and the Policy Statement on Accountability. Before joining the JPPC, he worked with the Ontario Expert Panel on SARS and Infectious Disease Control and the Long-Term Care Redevelopment Project. Mr. Risk will be holding this interim position until a formal search can be completed for a permanent replacement for Mr. Markel.



Frank Markel has accepted the position of President of Trillium Gift of Life Network. Previously, he was the Executive Director of the Ontario Joint Policy and Planning Committee (JPPC), where he was integral in advancing the role of the JPPC as a true partnership between the Ministry of Health and Long-Term Care (MOHLTC) and the hospitals of Ontario, including involving the JPPC in the development and simulation of accountability agreements between hospitals and the Ministry.

Vendor News

The Alberta Orthopaedic Society (AOS) and Alberta Bone & Joint Health (ABJH) Announce Partnership Agreement with Nightingale Infromatix Corporation

The Alberta Orthopaedic Society (AOS) and Alberta Bone and Joint Health Institute have reached an agreement with Nightingale Informatix Corporation of Markham, Ontario to license Nightingale's Enterprise Practice Management and Electronic Medical Record tools. The Nightingale system will be delivered to all of their members in the province of Alberta using the Application Service Provider (ASP) model

CLINICARE EMR Repeats #1 Rating in 2004

CLINICARE Corporation's Electronic Medical Records (EMR) software has been rated 'Best in KLAS' in the Ambulatory EMR 6-25 Physicians category for the second straight year. KLAS Enterprises, LLC recently published the results of their 2004 'Top 20 Year-End Best in KLAS Report'.

AccessPt Enables Instant Access to Patient Data at TSH

The Scarborough Hospital (TSH) will install AccessPt's clinical browser application, which enables authorized physicians to gain instant access to disparate patient data spread throughout the delivery organization. The AccessPt system offers clinicians a single sign-on, as well as a single patient search utility from any secure computer with Internet access. Moreover, the AccessPt system visually integrates disparate data through a common and intuitive human interaction model, thus transforming fragmented data into integrated and meaningful clinical information.

TSH recently implemented a Picture Archive and Communication System (PACS) from AGFA and users will ultimately have remote access to diagnostic images directly through the AccessPt system.

Grey Bruce Health Services Chooses Xenos GoXML

Grey Bruce Health Services has chosen the Xenos GoXML solution to integrate their Cerner Patient Care System with the regional clinics. Xenos will manage the integration of this system, which will intelligently transfer and route HL7 Radiology patients' reports to their respective physicians upon their discharge.

This new integration will provide Grey Bruce Health Services with an open and flexible architecture that will allow an integrated approach to sharing a patient's medical record and improves the information flow between the hospital and clinics.

Integrating the Healthcare Enterprise Successfully Navigates Data Exchange

More than 80,000 medical industry professionals have banded together in a remarkably successful Integrating the Healthcare Enterprise (IHE) initiative to improve the safety, quality and efficiency of our electronic national healthcare system. IHE drives adoption of universal standards to address specific clinical needs in a framework for interoperability.

Sunnybrook & Women's Partner with Health Record Network

Sunnybrook and Women's College Health Sciences Centre will team with U.S.-based Health Record Network Foundation (HRN) to develop a strategy and pilot program designed to streamline the delivery of health record information between healthcare providers and test the market for an electronic Continuity of Care Record (CCR) system.

SSHA Increases Bandwidth for Hospitals

Smart Systems for Health Agency (SSHA) has moved to increase the bandwidth for 18 hospital sites on its secure network. This increase meets existing requests of hospitals over the last year and also includes the establishment of the planning principles to meet future requests.

Hospitals are increasing their use of SSHA's network for telemedicine, for the exchange of information between sites and hospitals, and for other purposes. Examples of how hospitals are using SSHA's secure network service are available at the SSHA website, under the "How We Help You" heading: www.ssha.on.ca/howwehelp/index.html.

RuralMed Announces Hip Fracture Pilot for Rural Hospitals

RuralMed announced the Hip Fracture Pilot for rural hospitals in Canada during the Ontario Hospital Association annual conference. The RuralMed hip fracture kit enables family practitioners and general surgeons to repair intertrochanteric (hip bone) fractures. The Pilot will provide training and the fracture kits to selected rural hospitals. The Fracture Kit includes both onsite and offsite training, sterilization and reprocessing of instruments.

St. Michael's Hospital partners with Aurillion Micro Systems to provide technology solutions

St. Michael's Hospital and Aurillion Micro Systems have signed a strategic agreement under which Aurillion will help St. Michael's Hospital enhance patient care, through efficient management of their supply chain operations. Additionally St. Michael's Hospital will become a beta reference site for LogiSYS™. Under this agreement Aurillion's LogiSYS will become the primary process driven, materials management solution for the hospital. LogiSYS will integrate with GEAC (financials) and Siemens (clinical) to deliver advanced supply chain management and control, to every department within the hospital.

VoodooPC Charms CES

VoodooPC, a world leader in the design and manufacturing of high-performance personalized computer systems, today announced they were the recipient of the Best Computing Product award at Consumers and Electronics Show (CES) in Las Vegas for the RAGE F:5 personal computer. The Best of CES Awards are hosted by both *Maximum PC Magazine* and *Mobile PC Magazine*.



Teranet to Protect Electronic Patient Records at William Osler Health Centre

Teranet Enterprises Inc. is providing William Osler Health Centre with electronic recovery services for the hospital's mission critical information systems. This five-year deal is part of the hospital's disaster recovery plan. Using data replication software from EMC Corporation, electronic patient information will be automatically copied as it is entered into the hospital's computer system and stored in EMC's networked storage systems at Teranet's secure facilities. Design and implementation services were provided by JWild Inc., who are recognized experts in restoration of the MEDITECH software used by the Health Centre.

HP and Siemens to Provide Greater Accessibility, Reliability in Medical Imaging Management

HP and Siemens Medical Solutions are combining Siemens' SIENET Cosmos® Image Management System with HP services and industry-standard servers. Designed for radiological practices and community hospitals, SIENET Cosmos handles tasks such as examination scheduling, reporting and archiving, image and report distribution, and fast documentation output for medical billing by using a centralized server structure, large-scale automatic data distribution and a cost-effective hardware platform.

Carefx Corporation and HIPAAT Inc. Combine Offerings to Bring Enterprise-Wide Security Auditing to Healthcare IT

Carefx will integrate HIPAAT's centralized auditing products with the Carefx suite of context management components to provide comprehensive security auditing capabilities to the healthcare industry. Through this agreement healthcare providers will be able to answer relevant HIPAA audit queries across the enterprise with the Carefx/HIPAAT combination of IHE standards-based products. With HIPAAT's additional audit tools, an authorized user at any facility will be able to answer such questions as: Who created, accessed or attempted to access a patient's electronic protected health information (PHI), from which application/modality, and at what time?

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