

# Nursing News

The International Council of Nurses (ICN) is pleased to announce the recent release of *Nurses on the Move: Migration and the Global Healthcare Economy*, written by Mireille Kingma, PhD, Nurse Consultant in Health and Policy at ICN and published by Cornell University Press. Health systems in industrialized countries now depend on nurses from the developing world to address their nursing shortages. This situation raises a host of thorny questions. What causes nurses to decide to migrate? Is this migration voluntary or in some way coerced? When developing countries are faced with nurse vacancy rates of more than 40%, is recruitment

by industrialized countries fair play in a competitive market or a new form of colonization? What happens to these workers – and the patients left behind – when they migrate? What safeguards will protect nurses and the patients they find in their new workplaces? Highlighting the complexity of the international rules and regulations now being constructed to facilitate the lucrative trade in human services, Kingma presents a new way to think about the migration of skilled health-sector labour as well as the strategies needed to make migration work for individuals, patients and the health systems on which they depend. <http://www.icn.ch>

## CIHI Reports

### Nursing Workforce Reports

A series of reports released in October by the Canadian Institute for Health Information (CIHI) profiled Canada's nursing workforce. The reports cover all three regulated nursing groups in Canada – registered nurses, licensed practical nurses and registered psychiatric nurses. Interesting facts from the report include:

- Most nurses are remaining in or returning to the provinces where they were trained. Almost 9 in 10 either never left or eventually returned. The remaining 12% who move represent roughly 40,000 nurses in Canada. BC is the most popular province for nurses who move after graduation.
- \* The data show an increase in the number of nurses working full-time, but even with the increase, only slightly more than half of nurses have full-time jobs.
- \* The average age of nurses has gone up again. For the first time, nurses aged 50 – 54 have become the most common age group in the nursing workforce, with nearly one in five nurses in that age range.
- \* The percentage of foreign-trained nurses who make up the nursing workforce in Canada has remained fairly steady over the last decade at around 7%, with Ontario attracting the most foreign-trained nurses.
- \* There has been a slight increase in the number of RNs, LPNs and RPNs since last year, representing a larger increase than population growth. However, over a five-year

period, the increase in the number of nurses is actually less than that of population growth.

### Rising Number of Nurse Practitioners in Canada

A report released in September by CIHI and the Canadian Nurses Association (CNA) shows that the number of nurse practitioners in Canada increased by more than 20% from 2003 to 2004. This was an increase of 153, from 725 in 2003 to 878 in 2004. The number of provinces and territories licensing NPs increased from seven in 2003 (Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario, Alberta, the Northwest Territories and Nunavut) to eight in 2004 (with the addition of Saskatchewan).

Additional highlights of the report:

- \* More than two-thirds (71%) of licensed NPs employed in 2004 self-identified their position as nurse practitioner, 9% as staff nurse or community health nurse, 4% as instructor, professor or educator and 3% as manager.
- \* More than two-thirds (69%) of licensed NPs worked full-time in 2004. Nearly half (45%) of licensed NPs employed in 2004 worked in the community health sector, and more than one-fifth (23%) in the hospital sector.

These reports are available on the CIHI Web site at [www.cihi.ca](http://www.cihi.ca).

## Celebrating Innovations in Canadian Health Services

A report on healthcare released by the Canadian Council on Health Services Accreditation (CCHSA) reveals innovation, collaboration and leadership throughout Canada. A *Look Inside Canada's Healthcare System* offers a glimpse at how healthcare organizations in Canada are performing and highlights innovations that are improving the care Canadians receive.

A sampling of the "Leading Practices" outlined in the report includes innovations from all regions in Canada, such as:

- The development of a Human Resources Service Centre in Newfoundland that manages attendance, disability, occupational health and safety planning. Not only is the initiative reducing time off as a result of injury, it has also been nominated for a United Nations Award.
- Health Councillors and schools in PEI are working together to curb youth addiction.
- Cardiac patients in Quebec are benefiting from a regional rehabilitation program that includes individual follow-up and group activities in their community.

- A Pandemic Influenza Plan is in place at a Toronto area hospital.
- A nursing home in Manitoba has implemented a 24-hour phone support service offering insight on treatment and education of health issues for its community.
- "In Motion Active Living", a collaborative program between schools and workplaces, is being embraced in Saskatchewan as an answer to disease prevention.
- A Diabetes Flow Sheet developed in Alberta is being used by the Canadian Diabetes Association for all Canadians.
- In British Columbia, health professionals are working to prevent falls for seniors in hopes of lessening the demand for hip and joint replacements.
- A First Nations Health Program in the Yukon is easing the transition to and from hospital for aboriginal Canadians by including cultural components such as traditional diets and a healing room in the care they provide.

The 110-page report, available at [www.cchsa-ccass.ca](http://www.cchsa-ccass.ca), summarizes 313 surveys covering 1,135 sites, services and programs, carried out by CCHSA in 2004.

The Honourable Ujjal Dosanjh, federal Minister of Health, recently announced the appointment of three new members of the **Canadian Institutes of Health Research (CIHR) Governing Council**.

- Dr. Harvey Max Chochinov – Professor of Psychiatry at the University of Manitoba and CancerCare Manitoba, and Canada Research Chair in Palliative Care;
- Dr. Jean Rouleau - Dean of Medicine at the Université de Montréal;

- Dr. Janet Rossant – Professor in the Department of Medical Genetics and Microbiology at the University of Toronto and Chief of Research at The Hospital for Sick Children.

Composed of 13 Institutes, CIHR provides leadership and support to close to 10,000 health researchers and trainees across Canada. The biographies for the members of the CIHR Governing Council are available on-line at [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca).

**Ian Shugart, Senior Assistant Deputy Minister at Health Canada**, has been named chair of the Asia-Pacific Economic Cooperation (APEC) Health Task Force. The Health Task Force was created two years ago after the outbreak of SARS, to address health-related threats to economies, focusing mainly on emerging infectious diseases. The work of the APEC Health Task Force includes development and implementation of projects to promote information-sharing and capacity

building among APEC's members. Recent APEC projects have included: work on pandemic preparedness assessments, establishment of an APEC Emerging Infections Information Network to share information among APEC members on emerging infectious diseases, and workshops examining the challenges of addressing HIV/AIDS in the workplace and among vulnerable populations. Mr. Shugart's appointment will start in January 2006 and is effective for two years.

## News Across Canada

In the **Northwest Territories**, the 2005 Health Status Report was recently released. The report highlights the major illnesses and causes of death in the NWT, and also examines some of the social and economic factors and personal behaviors that contribute to the health of the population.

The report is intended to serve several objectives: first, to inform people about the health and well-being of the population; second, to inform the public, practitioners and decision-

makers about the challenges and opportunities that stand on the path toward health and well-being; and third, to measure changes in population health and well-being over time, and examine differences within the NWT. These objectives all serve the same goal – improved health and well-being for all residents of the Northwest Territories. For more information see: [www.hltss.gov.nt.ca](http://www.hltss.gov.nt.ca)

**British Columbia** is investing over \$1.65 million to increase the first-year residency spots for foreign-trained doctors from 6 to 18 in the next calendar year. Six of these new spaces are for family medicine and six are for specialties such as internal medicine, general surgery, psychiatry, pediatrics, pathology, anesthesiology, obstetrics and gynecology. The specialties will be determined by matching the candidate's assessment results and interests with the specialty program's readiness to train.

This increased investment for 2006/07 in physicians is in addition to expansions of the province's medical

school through the Ministry of Advanced Education, which is increasing the number of first-year medical education spaces from 128 to 256 by the year 2007.

B.C. continues to be the favoured destination for doctors from other provinces. In comparing inter-provincial migration of Canadian physicians from 2001 to 2003, B.C. gained 232 doctors, while in the same time period Ontario gained 150 and Alberta 159 doctors. The provinces of Quebec, Saskatchewan, Manitoba, Nova Scotia and Newfoundland all recorded net losses of physicians to other provinces. [www.gov.bc.ca](http://www.gov.bc.ca).

**Alberta Health and Wellness** has awarded Aon Consulting Inc. the contract to review Alberta's healthcare system and propose alternative ways to fund health services. Aon Consulting will examine options for healthcare insurance in the areas of prescription drugs, continuing care, supplemental health products and services and non-emergency healthcare. The project will cost up to \$1.5 million to complete. Aon Consulting will submit its final report in spring 2006.

Alberta's Third Way plan for health renewal calls for a review of how private, supplementary health insurance might play a role in funding accessible, high quality healthcare in Alberta. The mix of public funding and private insurance in countries with leading healthcare systems was also one of the themes examined at the International Healthcare Symposium in May 2005. The Alberta Health and Wellness Request For Proposal, which Aon responded to, is publicly available at [www.health.gov.ab.ca](http://www.health.gov.ab.ca).

Access to healthcare across Alberta will improve as a result of an injection of **\$1.4 billion in funding for 20 capital projects**. The announcement means additional bed capacity will be provided in the form of new buildings and renovations and expansion of existing facilities. A total of at least 657 new and upgraded acute care beds and 85 new long-term care beds will be added across the province.

The Calgary Health Region will receive \$662 million for six projects including the new Sheldon M. Chumir Health Centre and an expansion to add 140 new beds to the Peter Lougheed Centre. Capital Health Region will receive \$647 million for 10 projects including redevelopment of the Royal Alexandra, University, Misericordia and Grey Nuns

hospitals in Edmonton to provide over 450 additional beds. Lethbridge Regional Hospitals will receive \$44 million for redevelopment. A further \$65 million will go to renovate and expand health facilities in Edson, Barrhead, Viking and High Prairie. The High Prairie project will see the existing facility replaced on a new site.

This announcement is part of the Alberta government's three-part plan to invest in the future using this year's surplus. More than 75% of surplus dollars are being spent in priority areas like infrastructure and saved in endowment funds like the Heritage Savings Trust Fund. A smaller part of the surplus – \$1.4 billion – will be given back to Albertans through the year 2005

**Wait times for Manitobans** in need of hip and knee operations will be reduced as a result of a new joint-replacement strategy. The strategy, developed in consultation with the Winnipeg Regional Health Authority's (WRHA) surgery program, will invest an initial \$13.5 million as a part of the \$155-million Wait-time Reduction Strategy.

The key initiatives that will assist in lowering waiting times for hip and knee surgeries are:

- focusing efforts on those who have been waiting the longest;
- introducing dedicated trauma slates to free up additional capacity for elective procedures;

- adding more clinical assistants;
- promoting central-list management;
- adding wait-list managers to help patients better navigate the system;
- and introducing common assessment tools.

These additional surgeries will be performed at Concordia, Seven Oaks and Grace hospitals. Additional hip and knee volumes outside of the Winnipeg area will be announced in the coming months.

The **Ontario** government is improving the education of nurses by investing a further \$10 million this year in clinical simulation equipment. Clinical simulators are anatomically correct computer-run mannequins designed to exhibit signs and symptoms of injury or illness and responses to treatments just as a human does. Ontario is the first province to embrace this important innovation in nursing education. This is the second consecutive year that funding is being made available to nursing schools for the purchase of clinical simulators. It is part of the government's \$145 million nursing strategy, which aims

to improve access to full-time employment opportunities and to enhance working conditions for nurses in Ontario's hospitals.

This \$10 million announcement includes \$2.95 million that will be used to develop Clinical Centres of Excellence for key nursing priorities including critical care continuing education, northern nursing education, aboriginal nursing education, and rural nursing education. A call for applications for the development of Clinical Centres of Excellence will open in December and close in mid-January. See [www.moh.gov.on.ca](http://www.moh.gov.on.ca).

**SickKids Foundation** is delighted to announce the launch of the newly created Rotman Award for Paediatric Home Care Innovation, offered through the Children and Youth Home Care Network (CYHN). The award is made possible through a generous gift from Janis Rotman. The first of its kind in Canada, the \$100,000 award will go to a Canadian non-profit organization that delivers home and community healthcare services to infants, children, youth (0 – 18 years old) and their families.

The Rotman Award for Paediatric Home Care Innovation has been created to recognize successful and innovative home and community healthcare programs serving children, youth and families in Canada. The purpose of the Rotman Award is threefold:

- 1) To acknowledge and reward paediatric home and community care organizations that are innovative and demonstrate best practices;

- 2) To identify and promote examples of best practices programming or organizational models from which other organizations can learn;
- 3) To encourage further innovation in the winning organization by awarding a cash prize.

Award-winning organizations must have made a demonstrable positive difference in the lives of children, youth and families.

Organizations may self-nominate or be nominated for the award. The deadline for nominations is January 31, 2006. Award guidelines and nomination forms are available through SickKids Foundation and on the CYHN website. The award-winning organization will be selected by a national committee of experts and will be honoured at a ceremony next spring, to be held in Toronto.

A campaign that helps **Nova Scotians** understand the front-line work being undertaken by healthcare providers has earned the province a prestigious communications award.

Communications Nova Scotia and the Department

of Health received a Gemstone Award for its Primary Healthcare Campaign in November, at the Canadian Public Relations Society's celebration of the best in provincial communications strategies, materials and campaigns.

The campaign was designed to help Nova Scotians understand that healthcare is not just about being admitted to a hospital. Primary healthcare happens when people meet with a public health nurse to talk about blood pressure, get flu shots at the local health clinic or when they visit

a family doctor. The campaign materials – DVD, brochure, fact sheets and a new updated Web site – are now being used throughout Nova Scotia's healthcare system as an educational tool. For more information see: [www.gov.ns.ca](http://www.gov.ns.ca).

**In New Brunswick,** Dr. Denis Allard has been appointed medical officer of health for Region – the area covered by the Beauséjour Regional Health Authority and the South-East Regional Health Authority. Allard will be based at the Public Health Regional Office in Moncton. His appointment is effective

April 1, 2006. Allard has extensive training and experience in public health, and is returning to New Brunswick after having been district medical health officer for Region 3, and serving as chief medical officer of health for the province for several years in the 1990s.

**In Newfoundland,** William Fanning has been appointed the chair of the Newfoundland and Labrador Centre for Health Information's Board of Management. Mr. Fanning has been the chief operating officer and general manager of Spectrol Energy Services Inc., a privately owned Newfoundland and Labrador company providing engineering and technical services to the oil and gas industry

from offices in Atlantic Canada, Texas and West Africa. He has extensive project management, supply chain and commercial/contract management expertise on oil and gas engineering, procurement and construction projects. In 2004, Mr. Fanning was a recipient of Atlantic Canada Business Magazine's Top 50 CEO Award.

## The Canadian Academy of Health Sciences

Canada has a new academy, and nurses are among its first members. The Canadian Academy of Health Sciences (CAHS) came into being in October 2004, when Prime Minister Paul Martin announced the creation of the Canadian Academies of Science (CAS), which "will be a source of expert advice on scientific aspects of important domestic and international issues, and will give our country a prestigious voice among the choir of international science groups" (Office of the Prime Minister 2004). There are three constituent members: the Royal Society of Canada, the Canadian Academy of Engineering and the Canadian Academy of Health Sciences.

The creation of CAHS has taken more than five years. Its predecessor, the Canadian Institute of Academic Medicine (CIAM), the organization to which national leaders in medicine could be appointed, recognized the need to expand its horizons to become interdisciplinary. This is an important trend in Canada, as manifest by the Canadian Institute of Health Research with its 13 institutes, all with interdisciplinary advisory boards. Leadership from within the CIAM participated in the planning for the CAHS, along with leaders from medicine, nursing, pharmacy, dentistry, rehabilitation science and veterinary medicine ("The Birth of the Canadian

Academy of Health Sciences" 2005). Carol Orchard, then president of the Canadian Association of Schools of Nursing, represented nursing.

A major responsibility of the CAHS will be to undertake "assessments," thorough and expert analyses of important questions that affect the health of Canadians, in order to inform decision-makers and the public. The objective is to support the creation of sound public policy. As well, the CAHS will represent Canadian health sciences internationally, and members may be called upon to provide advice on important and emerging health issues.

A call for nominations went out in late 2004 to all universities with health sciences faculties and schools. A membership committee reviewed the nominations against a set of criteria that included "demonstrated leadership, creativity, and distinctive competencies and commitment to advance academic health sciences" ("The Birth of the Canadian Academy of Health Sciences" 2005). The inauguration, attended by the federal Minister of Health, the Honourable Ujjal Dosanjh, was held in Vancouver on September 21, 2005. Twelve nurses were appointed:



**Joan Bottorff** is one of Canada's leading scientists in the field of health behaviour. She is currently the Dean of the Faculty of Health and Social Development, University of British Columbia Okanagan, and has been the recipient of a UBC Distinguished University

Scholar Award and a CIHR Investigator Award. She co-leads two very successful research units and has developed active research programs in tobacco control, cancer screening and health promotion. As a leader in the field of genetic nursing, Dr. Bottorff is also collaborating on projects to examine psychosocial issues related to genetic testing. Dr. Bottorff is well known for her expertise in qualitative research methods.

**Annette Cormier O'Connor** has focused on developing and evaluating decision support tools for consumers and practitioners. She has built and maintains the Bell Patient Decision Support Laboratory. She leads a CIHR Group Grant in Decision Support, the International Cochrane Review of Trials of Decision Aids, and co-leads the International Patient Decision Aid Standards (PDAS) Collaboration. She holds a

Tier 1 Canada Research Chair in Consumer Health Decision Support and, in the last year, received the Society for Medical Decision Making's John Eisenberg Award and the University of Ottawa Award for Excellence in Research.



**Diane Doran** is Professor and Associate Dean of Research, Faculty of Nursing, University of Toronto. She has earned an international reputation for research focusing on the evaluation of methods for improving the quality of nursing prac-

tice and the measurement of nursing-sensitive patient outcomes. She recently edited a seminal book on the subject and is now engaged in an innovative investigation into the use of handheld devices to improve nurses' utilization of health information at the point-of-care in collaboration with partners from computer science and industry. Dr. Doran is a recipient of an Ontario Premier's Research Excellence Award.

**Ellen Hodnett** is a Professor in the Faculty of Nursing at the University of Toronto and holds the first endowed chair in nursing research in Canada. She is an expert in the conduct of large international trials to answer important questions about the care of childbearing women and her research has led to new laws in two countries. She is an Editor for the Pregnancy and Childbirth Group of the international Cochrane Collaborative and was the first woman and first

non-physician to chair the Clinical Trials Grants Review Committee for MRC/CIHR. Dr. Hodnett is also a member of the Scientific and Technical Advisory Group for the Maternal and Reproductive Health Program of the World Health Organization.



**Joy Johnson** is a Professor and Associate Director, Graduate Programs and Research, in the School of Nursing at the University of British Columbia. She is an outstanding researcher and is viewed as one of the leading nurse scientists

in Canada, whose work in health promotion and disease prevention has attracted international attention. Dr. Johnson's research continues to make important contributions to our understanding of behaviour change, tobacco dependency and health promotion. She has published widely in highly respected and high-impact journals, and her numerous research awards testify to her outstanding achievements in health research.

**Celeste Johnston** is James McGill Professor and Associate Director for Research at the McGill School of Nursing. She is a Nurse Scientist (Hon) at the McGill University Health Centre (Montreal) and the Isaac Walton Killam Children's Hospital (Halifax). She is Director of the Canadian Pain Coalition, Secretary of the Special Interest Group on Pain in Children of the International Association for the Study of Pain, and Past-President of the Canadian Pain Society. Dr. Johnston's

research interests focus on non-pharmacologic interventions for pain in infants, with a particular focus on pre-term infants. Other areas include measurements of pain in infants and improving pain management practices by health-care professionals.



**Janice Morse** is a Professor, Faculty of Nursing, University of Alberta, and Scientific Director, International Institute for Qualitative Methodology, University of Alberta. She holds PhDs in both nursing and anthropology and uses anthropological research

methods to explore the illness experience, suffering and the attainment of comfort. Dr. Morse is an authority on

qualitative research methods, serves as founding editor for the journal *Qualitative Health Research*. She has published more than 300 articles and 14 books, and is a fellow of the American Academy of Nursing, American Anthropological Association and the Society for Applied Anthropology. Her contributions to nursing and health research have been acknowledged: she is the fifth Episteme Laureate (the bi-annual research award, Sigma Theta Tau International) and has been awarded an honorary Doctorate from the University of Newcastle, Australia.

**Linda O'Brien-Pallas** is a Professor in the Faculty of Nursing and a co-founder of the Nursing Health Services Research Unit at the University of Toronto. Her research has focused on nurses, their role in the healthcare system and the forces that influence their practice. Recognized as the world authority on nursing human resources, she holds the CHSRF/CIHR Chair in Nursing/Health Human Resources. She has mentored dozens of students and researchers and has over 200 publica-

tions and 250 presentations to her credit. Her outstanding committee contributions include the Canadian Nursing Advisory Committee, the Romanow Commission, the Canadian Nurses Association, the Registered Nurses Association of Ontario and many others.



**Dorothy Pringle** is a Professor of Nursing at the University of Toronto, serving as Dean of Nursing from 1988 to 1999, when she was instrumental in launching the first doctoral program in Nursing in Ontario and the second in Canada. Her clinical and research inter-

ests are in the care of the disabled and impaired older people in the community and in the assistance required by family caregivers. She was research director for the national office of the Victorian Order of Nurses and has published more than 20 articles and book chapters, presented at more than 100 scientific conferences and serves as Editor-in-Chief of the *Canadian Journal of Nursing Leadership*. She is a member of the Board of

Directors of the Workplace Safety and Insurance Board of Ontario and has served as a member of the Boards of the Toronto Hospital, the Queen Elizabeth Hospital and Sunnybrook Health Sciences Centre. She is a Senior Fellow at the University of Toronto's Massey College and currently a board member at the Baycrest Centre for Geriatric Care. She was also a member of the Alzheimer Society of Canada Research Advisory Committee and a member of The Gerontological Advisory Council, Veteran Affairs Canada. Dr. Pringle's numerous awards include the Jeanne Mance award from the Canadian Nurses Association, honorary doctorates from universities in Lethbridge and Laval, an Honorary Doctor of Science from Laurentian University in Sudbury and an outstanding teacher award from the Ontario Association of University Teachers.

**Ellen Rukholm** is currently the Director of the School of Nursing, Laurentian University. She was the innovator of graduate programs there in Nursing, Health Sciences and Policy, and of a cardiovascular nursing graduate training program. She is principal or co-investigator for CIHR, Health Canada, Ontario Heart and Stroke and Ontario Ministry of Health research grants on cardiovascular health, hospital restructuring, nursing, interventional tele-health and inter-professional education in rural and northern contexts and has over 100

related peer-reviewed publications. She chaired the committee that founded the first cardiovascular nursing peer-reviewed journal in Canada (Editor, 1992–99). She received a National Award of Excellence (2003) for a Web-based cardiovascular nursing course.



**Miriam Stewart** is Professor in the Faculty of Nursing and Public Health Sciences, Faculty of Medicine at the University of Alberta. Previously, Dr. Stewart was Director and Chair of the Centre for Health Promotion Studies, University of Alberta (1997–April 2001); Director of the Atlantic Health Promotion Research Unit (1992–1997); and co-principal investigator and co-creator of the Maritime Centre of Excellence on Women's Health

(1996–2000). In 2001, Dr. Stewart was appointed as the first Scientific Director of the CIHR Institute of Gender and Health. In this capacity, she has launched numerous strategic research initiatives, built research capacity, fostered innovative knowledge translation strategies and attracted over \$10 million in national and international partnerships.

**Sally Thorne** is a Professor and Director of the School of Nursing at the University of British Columbia. Her research emphasis is the human experience of chronic illness and cancer especially as it intersects with the structural and ideological underpinnings of our healthcare delivery system. She maintains active community involvements, bridging the

theoretical enterprise with social action and policy processes. She is an expert in the application of qualitative research methodologies to health and healthcare problems, engaging an analysis of the nature of knowledge claims into considerations of evidence-based healthcare decision-making.

The next call for nominations will occur early in 2006.

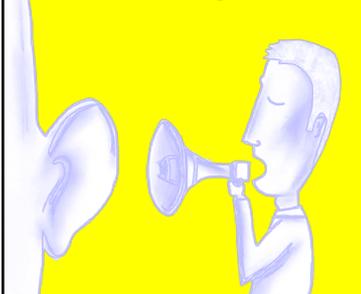
Dr. Paul Armstrong of the University of Alberta is the first president of the CAHS and heads the Council of CAHS. Celeste Johnston and Dorothy Pringle represent nursing on the Council.

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