



Quarterly Change

In December 2005, the **Canadian Patient Safety Institute (CPSI)** announced the results of its first research funding competition, with 28 patient safety-related research and demonstration projects selected as eligible for \$1.9 million in available funding. One of the key strategies of CPSI is to increase the scope and scale of patient safety research in Canada. This competition, and the selection of successful applicants and their projects, marks the first of many research initiatives that will make patient safety in Canadian healthcare a priority. Applicant teams proposed research and demonstration projects in a variety of healthcare settings, including hospitals, community care, long-term care and home care, mental health and emergency medical services. The projects needed to demonstrate potential for measurable improvements in patient safety, be readily applied to other healthcare services, settings or jurisdictions and have a strong emphasis on the sharing of lessons across the system. For a listing of all winners, visit www.patientsafetyinstitute.ca.

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

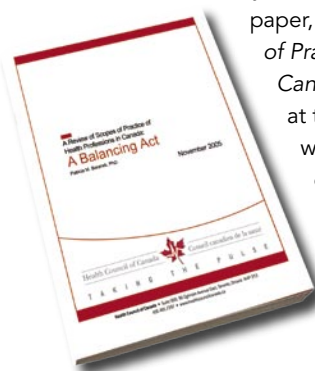
- Dr. Harvey Max Chochinov - Professor of Psychiatry at the University of Manitoba and CancerCare Manitoba, and Canada Research Chair in Palliative Care;
- Dr. Jean Rouleau - Dean of Medicine at the Université de Montréal;
- Dr. Janet Rossant - Professor in the Department of Medical Genetics and Microbiology at the University of Toronto and Chief of Research at The Hospital for Sick Children.

The biographies for the members of the CIHR Governing Council are available on-line at www.cihr-irsc.gc.ca.

Who-Does-What?

A comprehensive review of who-does-what in the healthcare system is required to help redefine roles and enhance healthcare reform, says a background paper recently released by the **Health Council of Canada**. The

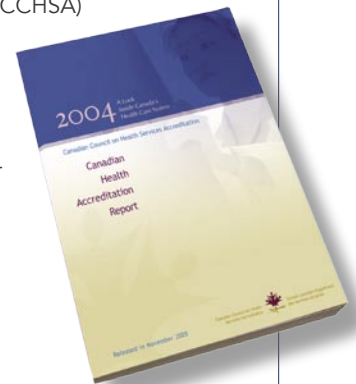
paper, entitled *A Review of Scopes of Practice of Health Professions in Canada: A Balancing Act*, is available at the Health Council of Canada's website (www.healthcouncilcanada.ca). For more information about the Health Council of Canada, visit www.healthcouncilcanada.ca or subscribe to the Council newsletter at <http://hcc-ccs.com/newsletter.aspx>.



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 Counsellors 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, summarizes 313 surveys covering 1,135 sites, services and programs, carried out by CCHSA in 2004.

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 to 54 have become the most common age group in the nursing workforce, with nearly 1 in 5 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 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.

Inpatient hospitalizations in Canada increase slightly after many years of decline

New data from CIHI show that, in the last two years, the downward trend in inpatient hospitalizations in Canada and the upward trend in the average number of days Canadians stay in hospital have both levelled off.

After declining every year between 1995–1996 and 2002–2003, Canada's acute care hospitals experienced slight increases in hospitalizations in both 2003–2004 and 2004–2005. Even when inpatient hospitalization numbers are adjusted to account for


Canada's growing and aging population, the downward trend in hospitalizations is still seen to be levelling off. Furthermore, while the average length of stay in hospital has been on the rise over the past decade, in 2003–2004, it decreased from 7.0 days to 6.9 days and then remained the same in 2004–2005.

Healthcare spending to reach \$142 billion this year

Canada's healthcare spending is expected to reach \$142.0 billion in 2005, a 7.7% increase over last year. This represents a real increase of 5.0%, after the numbers are adjusted to account for inflation. These figures were released in CIHI's annual report on healthcare spending in Canada, *National Health Expenditure Trends 1975–2005*.

The new estimates also show that healthcare spending continues to increase as a share of Canada's gross domestic product (GDP). In 1975, healthcare spending accounted for 7.0% of the GDP. That proportion grew to 10.0% by 1992, declined gradually to 8.9% in 1996 and then rose again, reaching an estimated 10.2% in 2004. CIHI projects it will climb again to an estimated 10.4% in 2005, its highest share ever.

These reports are available on the CIHI website at www.cihi.ca.



News Across Canada

Researchers at the **University of British Columbia Centre for Health Services and Policy Research** have developed a comprehensive portrait of pharmaceutical spending in Canada – more than \$20 billion by the end of 2005 – and assembled the results into two first-of-their-kind atlases.

The Canadian Rx Atlas uses IMS Health Canada Inc. data to break down trends in drug spending between 1998 and 2004, and provides detailed depictions of regional variations in spending.

The British Columbia Rx Atlas uses population-wide BC PharmaNet data to offer rich insights into the patterns of drug use and expenditure over the life course, across the province, and over time.

Key National Findings

- Across Canada, per capita spending on prescription drugs doubled between 1998 and 2004. This was largely due to increases in the volume of drugs being used, and due to the selection of more costly drugs from within drug categories when treating a particular illness.

- By 2004, cardiovascular and cholesterol drugs accounted for about 40% of total prescription drug spending in Canada.
- In general, residents of eastern Canada spend more on prescription drugs than those in western Canada. In 2004, per capita spending on the medicines tracked in the Canadian Rx Atlas was \$312 in Saskatchewan, while per capita spending in New Brunswick was \$486.
- Variation in spending across provinces stems largely from differences in the quantity of prescription drugs being purchased. However, differences in the cost of drugs chosen from within therapeutic categories also added to regional variations. Residents of Ontario and Quebec tended to use more expensive drugs to treat a particular illness than the rest of Canada.

Electronic copies of the Canadian Rx Atlas and the British Columbia Rx Atlas are available for download at the CHSPR website: www.chspr.ubc.ca.

Providence Health Care, in collaboration with Vancouver Coastal Health and Windermere Care Centre, is opening 12 new hospice beds for the terminally ill. The beds represent a 75% increase from the 16 hospice beds currently available in the City of Vancouver, and are the first to be located on the city's Westside. It is expected that Marion Hospice will reduce the time patients wait for hospice beds and free up palliative beds in acute care settings.

British Columbia is investing over \$1.65 million to bring the first-year residency spots for foreign-trained doctors from six 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.

BC continues to be the favoured destination for doctors from other provinces. In comparing inter-provincial migration of Canadian physicians from 2001 to 2003, BC 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. For more information see: www.gov.bc.ca.

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 behaviours 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

Alberta Health and Wellness has awarded Aon Consulting Inc. the contract to review Alberta's health-care system and propose alternative ways to fund health services. Aon Consulting will examine options for health-care 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.

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 ten 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 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.

Toronto's **St. Michael's Hospital** announced the inaugural Canadian donation of \$25 million from the Li Ka Shing (Canada) Foundation. This gift will be used to establish the Li Ka Shing Knowledge Institute, the first of its kind in North America. The Institute will bring together the worlds of research, education and patient care to create a unique global institute dedicated to bringing science to patients faster than ever before. Construction of the institute will commence next spring and completion is scheduled for 2009. The Li Ka Shing Knowledge Institute will house the Keenan Research Centre and the Li Ka Shing International Centre in Health Care Education.

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 website – are now being used throughout Nova Scotia's healthcare system as an educational tool. For more information see: www.gov.ns.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 which are innovative and demonstrate best practices;
2) To identify and promote examples of best practice program 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.

Appointments



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.

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. Mr. Shugart's appointment will start in January 2006 and is effective for two years.



Anne-Marie Malek has been appointed President and CEO of West Park Healthcare Centre. Ms. Malek succeeds Barry Monaghan, who is now the CEO of the Toronto Central Local Health Integration Network. Ms. Malek was previously Chief Nursing Executive and Vice President, Programs at West Park.

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. Dr. Allard will be based at the Public Health Regional Office in Moncton. His appointment is effective April 1, 2006. Dr. 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.

Also in New Brunswick, **Dr. S. Eshwar Kumar** of Rothesay and **Dr. Réjean Savoie** of Moncton have been appointed as co-chief executive officers of the New Brunswick Cancer Network. Dr. Savoie is a specialist in gynecology oncology and is the head of the Department of Gynecology and Obstetrics at the Dr-Georges-L.-Dumont Regional Hospital in Moncton. He has worked with the Beauséjour Regional Health Authority since 1978. Dr. Kumar, whose specialty is radiation oncology, has been with the Atlantic Health Sciences Corporation since 1984 and has been head of the Department of Oncology since 1994. He represents New Brunswick on the Council for the Canadian Strategy for Cancer Control, and is on the boards of the Canadian Cancer Society and the Canadian Association of Provincial Cancer Agencies.

The Boards of Directors at London Health Sciences Centre (LHSC) and St. Joseph's Health Care, London (SJHC) unanimously endorsed the appointment of **Cliff Nordal** as President and CEO of LHSC, effective January 1, 2006. Mr. Nordal will assume this role in addition to his role as President and CEO of SJHC, London. The dual appointment will not change the ownership and governance of either hospital corporation as distinct organizations. Tony Dagnone, the current President and CEO of LHSC, will be retiring on December 31, 2005.



Ray V. Hession, Chair of the newly established Ontario Health Quality Council, recently announced the appointment of **Angie Heydon**, BA (hons), MBA, as its first Secretary and Chief Administrative Officer. Ms. Heydon brings to the Council extensive governance, policy and organizational knowledge and skills gained from over 16 years of progressive managerial experience in several health sector organizations, including the College of Family Physicians of Canada, the Association of Ontario Health Centres, Cancer Care Ontario, the Ontario Medical Association, and the Workplace Safety and Insurance Board.

Dr. James (Jim) Woodgett, Ph.D., has been named as the new Director of the Samuel Lunenfeld Research Institute at Toronto's Mount Sinai Hospital. Since 2000, Dr. Woodgett has served as Director of the University Health Network (UHN) Microarray Centre. He has also been Division Head of Experimental Therapeutics at the Ontario Cancer Institute at UHN's Princess Margaret Hospital.



The Alberta Heritage Foundation for Medical Research (AHFMR) has appointed **Gail Surkan** as Chair of the AHFMR Board of Trustees. She succeeds Harley Hotchkiss. Ms. Surkan received a degree in economics with distinction from the University of Saskatchewan. She served four terms as Mayor of Red Deer from 1992 to 2004 and also served on Red Deer City Council from 1986 to 1992. Ms. Surkan has extensive experience as a consultant and analyst in various fields including strategic planning, tourism, northern communities, regional development policy, and economic development.

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The Knowledge Exchange

These speakers will change your mind...

Dr. Sherry Cooper, January 31st
Dr. Arthur Porter, February 28th
Dr. Penny Ballem, February (V)
Dr. Michael Guerriere, March 21st
Glenda Yeates, March 22nd (V)
Sheila Weatherill, Spring '06
Barry Monaghan, April 11th
Matthew Anderson, May 9th
Richard Alvarez, April 20th (V) & June 7th
Michael Decter September
Jeffrey Lozon, September
Dr. Alan Bernstein, October
Dr. Ross Baker, December

(V) is Vancouver only. Fall program to be announced



Breakfast with the Chiefs

Contact Lina Lopez at llopez@longwoods.com

Toronto • Vancouver

CIHR Awards



Janet Rossant



Lionel Chow



Marc Lalonde



Frédéric Charron



Jack Tu



Robert Brunham



Meredith Schwartz

Canada's top health researchers were recognized in November at the fourth Canadian Health Research Awards. These awards are among the Canadian health research community's highest honours and are given every year to Canada's foremost health researchers. The awards are sponsored by a range of research organizations including the Canadian Institute for Health Research (CIHR), The Health Charities Coalition of Canada, Research Canada: An Alliance for Health Discovery as well as provincial health research organizations.

Among those receiving recognition this year:

- Dr. Janet Rossant (Chief of Research, Hospital for Sick Children, University of Toronto) was the recipient of the CIHR Michael Smith Prize in Health Research. This award recognizes innovation, creativity, leadership and dedication to health research. Dr. Rossant is a world-leading developmental biologist who has made major contributions to our understanding of how embryos develop, how genes control development and how embryonic and other stem cells arise.
- Dr. Lionel Chow (Postdoctoral Associate, St. Jude's Children's Research Hospital, Memphis, Tennessee) was awarded the CIHR Jean-Francois St-Denis Fellowship in Cancer Research. His work focuses on constructing a mouse model of a common human brain tumour that will allow analysis of these tumours at the genetic and protein level.
- The Honourable Marc Lalonde (Senior Counsel, Stikeman, Elliot LLP) received the CIHR Distinguished Leadership Award. This award recognizes outstanding leadership qualities and support by individuals for health research. Mr. Lalonde has played an important role for more than 30 years in engaging and challenging the health research community in Canada.
- Dr. Frédéric Charron (Lab Director, Molecular Biology of Neural Development - Institut de recherches cliniques de Montréal and Assistant Professor, Université de Montréal) was awarded the Peter Lougheed/CIHR New Investigator Award. This award is given to Canada's brightest young health researchers at the beginning of their careers. Dr.

Charron is recognized as an extremely gifted young scientist noted for his expertise in developmental neurobiology and cell signalling.

- The Canadian Cardiovascular Outcomes Research Team (CCORT), (Dr. Jack Tu, Institute for Clinical Evaluative Sciences, University of Toronto) received the CIHR Knowledge Translation Award. This award recognizes an exceptional individual or team currently involved in a collaborative health research or development project that aims to advance and expand the understanding of knowledge translation. The important research results generated by CCORT will help physicians provide better care to their patients as well as provide policy-makers with the information needed to ensure consistent quality of care for people with cardiovascular disease.
- SARS Accelerated Vaccine Initiative (SAVI), (Dr. Brett Finlay, Scientific Director - SAVI, UBC Peter Wall Distinguished Professor, Michael Smith Laboratories and Dr. Robert Brunham, Associate Director - SAVI, Medical Director, University of British Columbia) received the CIHR Partnership Award. This award recognizes partnerships that bring health research communities together to create innovative approaches to important research questions. SAVI represents a national effort to develop a human vaccine against SARS as quickly as possible and is a model for partnerships that produce needed results in the face of emerging health threats.
- Ms. Meredith Schwartz (Doctoral Fellow, CIHR Training Program in the Ethics of Health Research and Policy, Dalhousie University) received the CIHR Douglas Kinsella Doctoral Award for Research in Bioethics. This award honours the accomplishments of Dr. T. Douglas Kinsella in bioethics and his lifelong promotion of the ethical treatment of humans in research. In her research, Ms. Schwartz focuses on the ethics of genetic testing, in particular, the question of responsibility among those identified as being genetically "at risk" of a disease or disorder.

For a complete list of award recipients, please visit the CIHR website, www.cihr-irsc.gc.ca.