



Quarterly Change

The Health Council of Canada says a timely new publication analyzing the Canadian healthcare system and its recent reforms will allow better informed discussion and more accurate comparisons with international healthcare systems. The book, *Health Systems in Transition: Canada* (University of Toronto Press) was prepared by Gregory Marchildon, Canada Research Chair in the Graduate School of Policy Studies at the University of Regina and senior fellow in the School of Policy Studies at Queen's University, for the European Observatory on Health Systems and Policies.

The Health Systems in Transition profiles are country-based reports, which provide a detailed description of a health system and of reform and policy initiatives in progress. The reports are designed to help compare systems and reforms in each country. The European Observatory on Health Systems and Policies is a partnership between the World Health Organization Regional Office for Europe and a number of European governments, agencies and institutions. ► www.euro.who.int/pubrequest



The Association of Canadian Academic Healthcare Organizations (ACAHO) has

released a report entitled "Wait"

Watchers II: Measuring Progress on Wait Time Strategies Across ACAHO Members. This is the second report highlighting a range of innovative initiatives by teaching hospitals and Regional

Health Authorities focused on improving Canadians' access to a range of health services. The report underscores the fact that members of ACAHO are working collaboratively with governments and health providers to strengthen the public system so that it will remain flexible, innovative and responsive to the changing health needs of Canadians.

Highlights of this report, structured on six interlocking themes, include the following points:

- A number of provincial investments have focused on reducing wait times, including investments in information technologies prior to and since the First Ministers' Accord in September 2004.
- Many ACAHO members have increased capacity in order to provide additional healthcare services, including increasing the number of providers, increasing the number of operating suites, extending the hours of operation for existing surgical suites and establishing coordinated care processes.
- Consistently, members of ACAHO are concerned that a relentless focus exclusively on the five priority areas identified by the First Ministers could have a detrimental impact by minimizing needed investments in other areas of the health system.

► See: www.acao.org

New Tool for HR Planning

The Health Human Resources Planning Simulation Model for NPs in Primary Health Care™ is a one-of-a-kind software program developed to help planners determine current and future nurse practitioner (NP) requirements in their jurisdictions. Developed by the Canadian Nurse Practitioner Initiative, this tool was created for health human resources (HHR) planners in federal, provincial and territorial governments in Canada, and is also applicable in countries where NPs practice. The HHRP Simulation Model is a needs-based planning tool that incorporates various elements of planning, such as NP education/training, retirement and migration. It allows planners to test various policy scenarios prior to implementation and addresses such questions as:

- What is the requirement for NP services?
- What HHR policy initiatives will be most effective in addressing an NP shortfall?
- What NP enrollment levels are necessary to meet future population health needs?
- What are the effects of increased population health needs on NP services?

The model goes beyond traditional HHR planning models that are based on supply, utilization or projected population-to-provider ratios. The HHRP Simulation Model for NPs in Primary Health Care™ considers population health needs and the level of services required to meet those needs in a variety of settings.

For more information or to request a copy of the Health Human Resources Planning Simulation Model for NPs in Primary Health Care™, contact HHRPmodel@cna-aicc.ca.

New Reports from the Canadian Institute for Health Information

Giving Birth in Canada is a series of reports on the health and healthcare of Canada's mothers and infants. The first report, *Giving Birth in Canada: Providers of Maternity and Infant Care*, focuses on trends in birthing and maternity care and looks at the changing scope of practice for maternal and infant care providers. It was released in spring 2004.

The second report, *Giving Birth in Canada: A Regional Profile*, profiles selected health service indicators for Canada's mothers and infants. These indicators include new data presented at the regional level for regions with populations of 75,000 or more or at the provincial level. Additional regional health indicators are also available.

Moving Population and Public Health Knowledge into Action is a joint publication of the Canadian Institutes of Health Research (CIHR), Institute of Population and Public Health (IPPH) and the Canadian Population Health Initiative, which is part of the Canadian Institute for Health Information (CIHI).

Knowledge translation (KT) is a broad concept, encompassing all steps between the creation of new knowledge and its application to yield beneficial outcomes for society. Successful KT strategies can include linkage and exchange, communication and education, policy change, and program and practice improvement initiatives.

In early 2005, the CIHR Institute of Population and Public Health (IPPH) and the Canadian Population Health Initiative, a part of CIHI, issued a joint call for KT "stories" that illustrated both successful and less-than-successful examples of the collab-

orative development and practical use of population and public health research evidence.

The collection represents a naturally broad cross-section of experiences, ranging from the use of research-based theatre in a KT initiative with injured workers, to developing a community health tool kit in partnership with indigenous health organizations, to a large-scale international collaboration to identify issues in globalization, gender and health.

Health Personnel Trends in Canada is a publication that contains data on selected health personnel groups in Canada. Tables include counts of health professionals by registration status and, for some professions, the number of graduates.

This report continues to focus on aggregate supply-based trend information by province or territory and year. It also includes information on the regulatory environment and examines the education and training required to enter the health workforce.

Inpatient Rehabilitation in Canada is a report based on data submitted to the National Rehabilitation Reporting System (NRS), at Canadian Institute for Health Information (CIHI). The report provides a snapshot of adult inpatient rehabilitation services in participating hospitals across Canada. The report presents aggregate data and analyses related to inpatient rehabilitation clients including demographics such as age and rehabilitation group; system characteristics such as access to services; and clinical outcomes such as improvement in functional status.

Alternative Payments and the National Physician Database (NPDB) is a report that describes the status of alternative funding programs for physicians in Canada and was prepared to assist

CIHI in developing plans for collecting data on physicians' services insured by the provinces and territories and paid through alternatives to fee-for-service. The report

- provides documentation on alternative physician payment plans (APP) and alternative funding plans in Canada
- quantifies expenditure in APPs and assesses the impact of APPs on comprehensiveness and data quality in NPDB

Reciprocal Billing (RB) Report, Canada

The Reciprocal Billing Agreement allows physicians to bill their own provincial and territorial medical care plans for services provided to residents of other jurisdictions. This data is reported to CIHI in the National Physician Database. The report includes summary and detailed tables. The summary tables indicate the total number of services provided and received by each province, the total dollar value of these services and cost per services. The detailed tables show utilization for each individual province by home province of the patient and host province of the provider.

Both summary and detailed tables show breakdowns by physician specialty and type of service.

Waiting for Health Care in Canada: What We Know and What We Don't Know provides a snapshot of wait times for various health conditions, including waits in the five priority areas set by First Ministers (cancer, cardiac, joint replacement, sight restoration and diagnostic imaging). Drawing on surveys, provincial wait times data, CIHI analyses and other sources, the report takes a pan-Canadian look at wait times across the spectrum of care, from access to family physicians to waits for surgery and beyond.

► See www.cihi.ca to download reports.

Canadians Still Think They Wait Too Long



While recent findings from Statistics Canada show that wait times for care remains a primary concern across the country, a new omnibus survey of 1,200

Canadians also finds that one out of every two people feels they have to **wait too long to receive test results**. Conducted in January 2006 by Pollara Public Opinion & Market Research on behalf of Agfa HealthCare Canada, the study also reveals widespread concern about both access to specialists and communication among hospitals. In fact, only 22% of Canadians believe the current system is doing a good job of sharing healthcare information among facilities, and 54% of those surveyed are worried about having to travel unreasonable distances to see a medical specialist.

Residents in the Prairies feel strongest about the lack of communication, as only 13% say healthcare facilities are doing a good job of communicating, followed closely by British Columbia respondents at 16%. The most positive respondents were Albertans, 27% of whom believe healthcare facilities do a good job of communicating. However, this figure still shows significant room for improvement.

The results also indicate that residents in rural Canada (68%) are most worried about having to travel unreasonable distances to see medical specialists, showing that more work is still needed to increase access in remote areas. However, rural residents (83%) rate having the most advanced technology in Canada's healthcare systems as "very important," compared to their urban counterparts at 76%.

British Columbia is investing \$30 million in health promotion through partnerships with the BC Healthy Living Alliance and 2010 Legacies Now.

The BC Healthy Living Alliance is receiving a one-time grant of \$25.2 million to pursue recommendations outlined in its report, *The Winning Legacy – A Plan for Improving the Health of British Columbians by 2010*. The plan includes:

- promoting wellness and supporting chronic disease prevention
- enhancing collaboration among local government, non-government and private sector organizations

- increasing the capacity of communities to create and sustain health-promoting policies, environments, programs and services

2010 Legacies Now is receiving a grant of \$4.8 million to support physical activity and healthy lifestyles and to collaborate with local governments and partner organizations to increase the proportion of the BC population who are physically active.

ActNow BC is a government health and wellness initiative to promote healthy living choices that improve quality of life. ActNow BC focuses on healthy eating, physical activity, maintaining a healthy weight, tobacco control and healthy choices during pregnancy.

New CIHR Research Grants

The Canadian Institutes of Health Research (CIHR) recently announced the recipients of **793 health research grants** worth over \$273 million. The 793 research projects funded across Canada underwent a rigorous peer-review process before being approved and exemplify CIHR's comprehensive, problem-based approach to funding excellence in health research. The funded research projects will be carried out over periods of one to five years. Examples include:

- Dr. Amardeep Thind (University of Western Ontario) will examine how long patients in southwestern Ontario have to wait to see a specialist, a key piece of the wait times puzzle.
- Dr. Bin Hu (University of Calgary) will lead a team studying the brain networks that help people with Parkinson's react to music, potentially leading to new methods of physical rehabilitation.
- Dr. Margaret Penning (University of Victoria) will examine the impact of changes in the healthcare system on cancer diagnosis, treatment and care.
- Dr. Rhonda Rosychuk (University of Alberta) will examine visits to Alberta emergency departments for respiratory ailments such as asthma as a surveillance tool for identifying regions of high need for services.
- Dr. Ashok Malla (McGill University) will evaluate a way to lessen the wait for treatment of first episodes of psychotic disorders.
- Dr. Elizabeth McGibbon (St. Francis Xavier University) will address inequities in access to health services among rural Aboriginal and Black Canadians.

Comprising 13 institutes, CIHR provides leadership and support to close to 10,000 health researchers and trainees across Canada.

► See www.cihr-irsc.gc.ca

Alberta will add \$735 million to its Health and Wellness budget for 2006–2007 – a 7.7% increase over last year – to continue making improvements to the province’s healthcare system. The increase will bring the health ministry’s total 2006–2007 budget to \$10.3 billion. Nearly two-thirds of the Health and Wellness operating budget will be provided in operating grants to health authorities for services ranging from home care and diagnostic testing to surgeries and transplants. In 2006–2007, operating grants to health authorities will increase by \$338 million, or 6%, to nearly \$6 billion. Further increases of 6% are planned in 2007–2008 and 2008–2009.

Alberta also recently announced an additional \$116 million investment in the electronic health record system to support province-wide technology enhancements and to connect more health professionals to patient information. With the province already considered a national leader in electronic health record development, the new funding will support the health regions in acquiring new hardware for provincial systems and software to update inpatient and ambulatory care health information systems.

The additional funding comes in a year of significant progress for Alberta Netcare, the electronic health record system. This spring, more than 300 health professionals will pilot an enhanced Alberta Netcare that will give users a more intuitive and easy-to-access system. The upgrades will also give physicians across the province access to text reports of diagnostic imaging results for the first time. Diagnostic images will be accessible early in 2007, but for now, health professionals will have access to the detailed analysis of results.

This year also marks a milestone for the availability of lab test results on Alberta Netcare. More than 55% of lab test results conducted in the province are now available electronically, with 85% expected to be available this summer. Alberta’s pharmacists can now access lab test results, enabling them to provide more comprehensive advice to their clients about their prescriptions and over-the-counter medications. ▶ www.albertanetcare.ca

BC NurseLine recently celebrated five years of service to British Columbians. The service has grown significantly since its inception in 2001.

- BC NurseLine offers 24/7 health information and advice from a registered nurse.
- Translation services are available in over 130 languages.
- After-hours pharmacist support, available from 5 p.m. to 9 a.m. every day, was introduced in 2003.
- The BC NurseLine budget has almost tripled, rising to nearly \$15 million in 2005–2006 from \$5 million in 2001–2002.
- The number of calls has more than tripled to over 330,000 in 2004–2005 from close to 100,000 in 2001–2002.

New IT White Paper

The American Hospital Association (AHA) has released a new resource to assist hospitals implementing healthcare information technology (IT). A white paper, entitled “Health Information Exchange Projects: What Hospitals and Health Systems Need to Know,” explores the risks, benefits and lessons learned by hospitals and health systems that have started or are considering initiatives known as health information exchanges (HIE) in their communities.

The paper includes findings from the case studies of three diverse HIE projects and highlights the key role HIEs can play in improving patient care. Hospital leaders involved in the three projects answered several key questions commonly asked when a hospital is evaluating whether or not to participate in an HIE and how to proceed if they do. For a copy of the white paper, please visit the AHA Web site www.aha.org.

Seana O’Neill, President and Founder of Cottage Dreams based in Haliburton, Ontario, has been awarded US\$10,000 to advance her charitable work from Harlequin Enterprises through their More Than Words charitable program. Founded in 2002, Cottage Dreams connects cancer survivors and their families with donated

cottages to help bring families back together to recover, reconnect and rebuild their lives – all in a soothing natural setting. In only one short year, Cottage Dreams went from idea to reality and placed its first six families. Today, the cottage-lending program has grown to include over 300 cottages across Ontario and has made more than 100 placements. ▶ www.cottagedreams.org



ELECTRONIC STAFF SYSTEM UNDER DEVELOPMENT

Saskatchewan Health has partnered with the Saskatchewan Association of Health Organizations (SAHO) to implement an electronic staff scheduling system over the next two years. A new staff scheduling system will make the best use of health professionals, reduce administration and paperwork, increase time for patient care and better manage overtime and seniority. Time currently spent by managers to schedule employees can be redirected to staff leadership, supporting colleagues in the workplace and ensuring quality care.

Saskatchewan has a new initiative that will assist internationally educated nurses to practise in the province. The Orientation to Nursing in Canada for Internationally Educated Nurses program will begin this fall. The program will provide internationally educated nurses with training in such areas as the Canadian health system, theory related to drug therapy in Canada and assistance in preparing to write the Canadian Registered Nurse Exam. The majority of the courses can be delivered by distance, enabling students to begin training in their country of origin before moving to Canada.

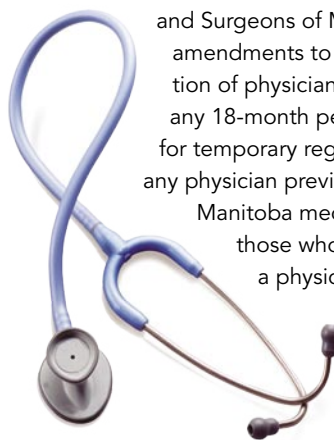
Also in Saskatchewan, students who want to enter the health professions will benefit from bursary funding in exchange for a commitment to work in the province. The government recently announced funding for more than 500 new and continuing return-in-service bursaries. Building on bursaries and other commitments, the provincial government recently announced Working Together: Saskatchewan's Health Workforce Action Plan – a comprehensive, detailed plan designed to improve healthcare in Saskatchewan by keeping and attracting health-care professionals.

This year, Saskatchewan's government is devoting \$5 million to support bursary programs in the health field. New bursaries will be targeted to Saskatchewan students studying to be licensed practical nurses, registered nurses, registered psychiatric nurses, nurse educators, primary care nurse practitioners, advanced practice nurses and those wishing to re-enter nursing. ► <http://www.health.gov.sk.ca/>

Manitoba Supports Temporary Physicians

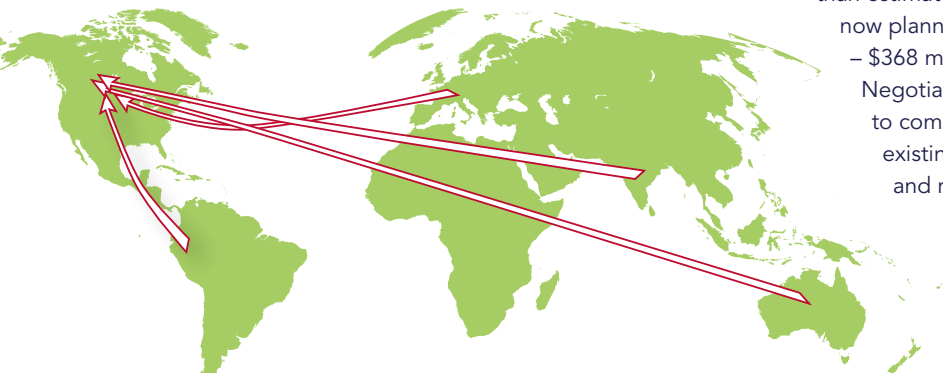
Regulation changes that support efforts to bring physicians to rural and northern Manitoba were announced recently. The province is supporting the plans by amending the Registration of Medical Practitioners Regulation under

The Medical Act. The College of Physicians and Surgeons of Manitoba proposed the amendments to allow temporary registration of physicians for up to 12 months in any 18-month period. Physicians eligible for temporary registration will include any physician previously registered in the Manitoba medical register, as well as those who hold full registration as a physician in good standing in a Canadian jurisdiction other than Manitoba. ► <http://www.gov.mb.ca/health/>



PPP for Montreal Hospitals

As reported in *Health Edition*, the province of Quebec has decided to turn to public-private partnerships to build two new multi-billion-dollar hospitals in Montreal, but it is scaling down private sector involvement to maximize public control. A new assessment of the costs for the new McGill University Health Centre (MUHC) and Centre Hospitalier de l'Université de Montréal (CHUM), as well as renovations to the Sainte-Justine Children's Hospital, has come to a combined total of \$3.6 billion, with the two major hospital centres contributing \$1.6 billion and \$1.5 billion, respectively. This total is \$1 billion higher than estimates produced last year. The government is now planning on contributions of almost \$2.2 billion – \$368 million more than it committed to last year. Negotiations for P3 contracts can take up to two years to complete, but the government insists that the existing deadline of 2011 to have the hospitals up and running remains in effect.



The government of **Newfoundland and Labrador** announced that a contribution of \$10.5 million by Canada Health Infoway Inc. (Infoway), combined with the provincial government's investment of \$4 million, will support the development of a province-wide Picture Archiving and Communications System (PACS) by 2007. The combined investment of \$14.5 million by government and Infoway will result in the implementation of the PACS project in the Western and Labrador–Grenfell regions of the province, enabling these areas to link into existing sites in Central and Eastern regions. Once completed, the integrated PACS will provide health-care providers with consistent and virtually seamless province-wide access to patients' complete diagnostic records. By 2007, there will be 27 PACS sites in the province. ► <http://www.health.gov.nl.ca/health/>

e-Therapeutics, a new, easy to use web resource from the Canadian Pharmacists Association (CPhA), provides primary healthcare professionals with quick access to current, more accurate drug information – greatly improving patient safety. Developed with the strategic support of IBM, e-Therapeutics delivers centralized and unbiased Canadian drug and therapeutic information online or via hand-held devices directly to physicians, pharmacists and nurses. Health professionals can quickly find drug therapy information, compare treatment options and choose the appropriate therapy without searching multiple references. ► For more information, visit: www.pharmacists.ca/e-Therapeutics.

Interdisciplinary Collaboration Critical

An 18-month study of interdisciplinary collaboration in primary healthcare proclaims that the team work trend must become entrenched if Canada hopes to address future health challenges and support the sustainability of our national health system. Health professionals working on the front line of Canada's health system will need to collaborate more, and work more often in teams, if the shifting demands of an aging population and emerging health trends such as chronic disease management are to be addressed, says the Enhancing Interdisciplinary Collaboration in Primary Healthcare (EICP) Initiative, an alliance of national health professional groups involved in primary healthcare. The EICP Principles and Framework can be found at www.eicp-acis.ca.

New Study on Board Governance

The findings of the first national study of **non-profit board governance practices** in Canada were announced in early May. The study, conducted by Strategic Leverage Partners, in partnership with the Centre for Voluntary Sector Research and Development, identifies the key issues facing today's non-profit boards. It also goes one step further and provides an inventory of proven successful practices.

The study was based on over 1,300 responses to a web-based survey, interviews with a number of governance leaders (the Honourable Bob Rae, Dr. David Leighton, Mr. John MacNaughton, Dr. James (Jim) Fleck, and Mme Guylaine Saucier), insight from other leaders in the voluntary sector, focus groups, and community roundtable discussions. ► The study is available at www.strategicleveragepartners.com.

PEI Introduces Nurse Practitioner Role

In **Prince Edward Island**, new nurse practitioner regulations have been approved for the *Registered Nurses Act*. Now that regulations for practice are in place, proposals can be developed for health sites on the Island that are considered good prospects for the nurse practitioner role. The role will work in collaboration with a medical practitioner (or practitioners) and teams of health professionals. A Nurse Practitioner Position Assessment Committee has been developed to oversee the optimal placement of these positions within the health system. ► <http://www.gov.pe.ca/health/index.php3>

Ontario Quality Council Reports

The Ontario Health Quality Council's first report identifies electronic health records for all patients, health information management systems and telehealth, together known as e-health, as the key enablers for healthcare system improvements. The report is based on the attributes of a high performing health system – Ontarians want their health system to be safe, effective, patient-centred, accessible, efficient, equitable, integrated, appropriately resourced and focused on population health – and indicators by which these attributes could be measured. The report can be accessed at: <http://www.ohqc.ca/en/yearlyreport.asp>.



Appointments

West Haldimand General Hospital (WHGH) has appointed **David Bird** as its new CEO. Mr. Bird is currently executive director of West Lincoln Memorial Hospital (WLMH) in Grimsby, and will continue in that position while additionally serving as CEO for WHGH. With an extensive background in healthcare, including a broad range of clinical, management and education-related experience, Mr. Bird has spent the last eight years expanding and transforming programs and services at WLMH. This shared leadership role will enable him to provide strategic direction for both hospitals and exemplifies how integration and partnership are playing increasingly important and beneficial roles within the healthcare system.

St. Michael's Hospital is pleased to announce the appointment of **Helen (Ella) Ferris** to the position of Executive Vice-President, Programs and Chief Nursing Officer, effective March 27, 2006. In this role, Ms. Ferris will oversee nursing practice and the areas of heart and vascular, trauma, mobility, risk management, professional practice and clinical informatics. A longtime employee, Ms. Ferris has been with St. Michael's Hospital since 1972 and has served as program director for both the Diabetes Comprehensive Care Program and the Heart and Vascular Program. In addition, she played a key leadership role during the SARS crisis as program director for the SARS Unit at the hospital and was interim chief nursing officer from December 2003 to May 2004. To her new role, Ms. Ferris brings a mix of practical experience and professional credentials. A registered nurse with 30 years of diversified experience in medicine, surgery and critical care, she also holds an MBA from the Richard Ivey School of Business.



Barb Mildon has joined Fraser Health as Chief Nurse Executive and Vice-President, Professional Practice and Integration. She was formerly at the Nursing Health Services Research Unit at the University of Toronto, where she was a research associate for Dr. Linda O'Brien-Pallas, CHSRF/CIHR Chair in Nursing/Health Human Resources. Barb

is currently completing her doctorate degree in nursing administration at the University of Toronto.

Barb is a recognized leader with more than 20 years of experience in clinical practice in acute and community care, education and senior management, augmented by roles in regulation, policy and research. She is an innovator in clinical nursing and professional practice, with a strong record of service and leadership for professional organizations at the provincial and national levels.

As part of its restructuring process, the Ontario Ministry of Health and Long-Term Care recently announced five **new Assistant Deputy Ministers:**

- Maureen Adamson, ADM, Health System Investment and Funding
- Dr. Sheela Basrur, ADM, Public Health and Chief Medical Officer of Health
- Adalsteinn (Steini) Brown, ADM, Health System Strategy
- Hugh MacLeod, ADM, Health System Accountability and Performance
- Dawn Ogram, ADM, Corporate Support

James Bay General Hospital Chair of the Board, Stella Wesley, is pleased to announce the appointment of **Wes Drodge** to the position of CEO. Mr. Drodge's previous executive positions include CEO and vice-president in Newfoundland, New Brunswick, Ontario and Northwest Territories. He comes to the James Bay Coast from St. John's, Newfoundland, and has extensive experience working with all levels of government, hospitals and other community agencies. Mr. Drodge will be taking over as CEO from Peter Fabricius, who spent over seven years with James Bay General Hospital.

Mount Sinai Hospital President and CEO Joseph Mapa is pleased to announce the appointment of **Marlene Robinson** as vice-president and chief information officer. Ms. Robinson has 20 years of work experience in Canada and internationally, and will lead the IT team in continuing to develop a fully integrated system that creates a more seamless flow for patients throughout the continuum of care.




Wendy Hill, currently Vice-President and Chief Operating Officer, Regional Support Services and Community Hospitals and Chief Nursing Officer for Capital Health, Edmonton, Alberta, has been appointed Assistant Deputy Minister, Performance Management and Improvement Division with the British Columbia Ministry of Health, effective May 1, 2006.


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The board of governors of Ross Memorial Hospital regretfully announces that **Anthony Vines** will retire as president and CEO effective August 31, 2006. Mr. Vines has been an outstanding representative of Ross Memorial Hospital and has also proudly served as a CEO in Ontario's hospital system for 30 years. During that time, he served on a number of external boards and committees, including the Hospitals of Ontario Pension Plan (HOOPP) board, the Joint Policy and Planning Committee (JPPC) and the Ontario Hospital Association. The board of governors also announced the appointment of Brian Payne to the position of president and CEO effective September 1, 2006. Mr. Payne has served Ross Memorial for 16 years – 12 years as senior vice-president and the past four years as chief operating officer.



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