

# Quarterly Change

## Federal Funding to Train Métis Students

The Honourable Tony Clement, minister of health, and David Chartrand, the Métis National Council minister of health, recently announced a **\$10 million Health and Human Resources Initiative** to improve the health of Métis people. This funding of \$10 million over four years will increase the number of Métis students pursuing careers in health sciences through bursaries and scholarships, and will build the capacity of Métis organizations to engage in health human resource planning. The program's objective is to reduce long-term wait times and address the shortage of personnel in the field, and also provide a cultural context for non-Métis health personnel working in Métis communities.



## Emergency Physicians Release Recommendations on Emergency Department Overcrowding

In response to public concern with delays in emergency departments and the impact of overcrowding and wait times on the health of Canadians, the **Canadian Association of Emergency Physicians** has issued a new position paper on emergency department overcrowding. The paper includes recommendations to address the immediate situation in Canada's emergency departments, as well as some solutions for the longer-term. For instance, the paper suggests implementing national length-of-stay benchmarks and overcapacity protocols, which would share the responsibility for already admitted hospital patients within all wards of the hospital instead of "warehousing" them in emergency departments.

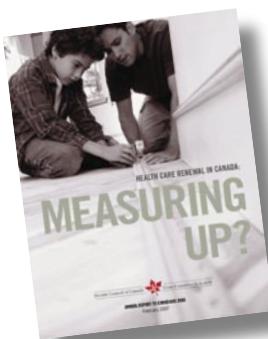


## Health Council of Canada Reports

### Measuring Up

While the federal, provincial and territorial governments are making gains on some commitments to renew healthcare, Canadians are not getting the detailed information they need to measure progress in improving healthcare, the Health Council of Canada concluded in its recently released annual report to Canadians. The **report tracks the progress governments have made** in meeting such commitments as reforming primary healthcare, reducing wait times and health inequalities, modernizing health information systems and improving drug coverage. While there is good news to share, the Health Council emphasized the lack of comparable data and the prevalence of inconsistent or incomplete reporting across the country.

First Ministers did not report on comparable health indicators this year, as they had agreed to do, and the federal/provincial/territorial committee that oversees this work has been disbanded. Information about how provinces and territories spend targeted federal funds is not easily accessible, or in some cases, not available at all. Without better data, jurisdictions will fall short of their commitment to more transparent public reporting and greater accountability. [www.healthcouncilcanada.ca/en/index.php?option=com\\_content&task=view&id=136&Itemid=115](http://www.healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=136&Itemid=115)



### Chronic Disease Management

The Health Council has also released an inaugural report on health outcomes, "Why Health Care Renewal Matters: Lessons from Diabetes," looks at what is known about the best ways to manage chronic conditions and measures that against the way diseases are currently being treated across Canada, using type 2 diabetes as a case study. The report explores how shifting the focus of healthcare can have a profound, positive impact on health outcomes and on the lives of Canadians.

The Health Council examined research on diabetes care in Canada and around the world and concluded that we need to adopt new and better ways of delivering care, including the use of healthcare teams; comprehensive electronic patient records; and setting targets to improve the quality of care. We need to provide better care to high-risk populations, including First Nations people, low-income Canadians and people who belong to particular ethnic groups. And we need to coordinate sustained action on prevention.

The Health Council believes that Canada's healthcare system needs to move past the traditional "find it and fix it" approach that emphasizes short-term health care, toward a more sustainable "prevent it, find it, manage it" approach that integrates high-quality healthcare and prevention.

The full report on health outcomes, backgrounders and other material can be downloaded at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca)

## Recent Reports from CIHI

### Volumes of Surgeries Outside of Priority Areas Held Steady

Nearly 42,000 additional procedures in wait time priority areas were performed in Canada outside Quebec in 2005–2006 compared to the previous year. This represents an annual increase of 7%, after adjusting for population growth and aging, in the combined total number of procedures in all four surgical wait time priority areas (hip and knee replacements, cataracts, cardiac revascularization and cancer). The increase is largely due to a surge in the number of hip and knee replacements and cataract surgeries. Surgical rates for cardiac revascularization and cancer also saw modest growth between 2004–2005 and 2005–2006. By comparison, the rate of surgeries outside priority areas increased by 2% over the same period, after taking population growth and aging into account. The CIHI study, "Surgical Volume Trends Within and Beyond Wait Time Priority Areas," tracks the rates of inpatient and day surgery procedures performed in Canada outside of Quebec between 2001–2002 and 2005–2006. The priority areas for wait time reductions were identified by Canada's first ministers in the fall of 2004. [www.cihi.ca](http://www.cihi.ca)

### Understanding Emergency Department Wait Times: How Long Do People Spend in Emergency Departments in Ontario?

This report presents the latest data on how long patients spend in Ontario emergency departments (EDs) from the time they arrive until they are discharged. The analysis focuses on variations in total time spent waiting for an initial physician assessment and total time spent in the ED.

Variations related to ED and patient characteristics – including by type of hospital/size of ED, whether patients were admitted or not, patients' scores on the Canadian Triage and Acuity Scale (CTAS) and geographic location – are presented. [www.secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=home\\_e](http://www.secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=home_e)



### Number of New Diabetes-Related Kidney Failure Patients More Than Doubles in 10 Years

The number of newly diagnosed end-stage renal disease (kidney failure) patients with diabetes increased by 114% over 10 years, from 1,066 in 1995 to 2,139 in 2004, according to a new report by the Canadian Institute for Health Information (CIHI). This increase in the presence of diabetes among new end-stage renal disease (ESRD) patients correlates with an increase in the incidence of diabetes in the Canadian population overall. ESRD refers to a condition in which the kidneys are permanently impaired and can no longer function to maintain life. For the first time, CIHI's annual report on end-stage organ disease, "Treatment of End-Stage Organ Failure in Canada, 1995 to 2004," includes a special focus chapter on diabetes, a major risk factor in renal failure. Over the course of the decade, more than 17,000 kidney failure patients were diagnosed with diabetes.

[www.cihi.ca](http://www.cihi.ca)

### Analysis Shows a Shift from Inpatient Surgeries to Day Surgeries

The overall number of surgeries being performed in Canadian hospitals has increased by 17% between 1995–1996 and 2005–2006, and by 5% over the last year, according to new analysis released in January. This first look at a 10-year trend reveals that in hospitals across the country, more surgeries are being performed in an outpatient day surgery setting (an increase of 31% over 10 years), while inpatient surgeries have decreased by 17% over the past decade.

The increasing volume of surgeries has been accompanied by a decreasing volume of hospital admissions. Overall, Canada's acute care hospitals handled approximately 2.8 million inpatient stays in 2005–2006, a decline of 13% since 1995–1996. Inpatient hospitalizations continued to decrease after adjustment was made for Canada's population growth and aging. About 8 out of every 100 Canadians were admitted to hospitals in 2005–2006, compared to 11 out of 100 in 1995–1996, representing a decrease of 25% over 10 years.

[www.cihi.ca](http://www.cihi.ca)

### Research Program Renewed

The Canadian Institutes of Health Research (CIHR) and Canada's Research-Based Pharmaceutical Companies (Rx&D) have renewed the CIHR/Rx&D Collaborative Research Program. Over the past five years, the program has invested over \$320 million in valuable research projects at universities and teaching hospitals across Canada, making this the largest and most successful public-private health research program in the country. Project examples include finding new ways to prevent type 2 diabetes, to improve pain management and to create more effective treatments for hepatitis C, human immunodeficiency virus and acquired immunodeficiency syndrome and many other diseases. The program focuses on building clinical research support through personnel awards such as CIHR-Rx&D Research Chairs and operating support programs, including research grants and clinical trials.

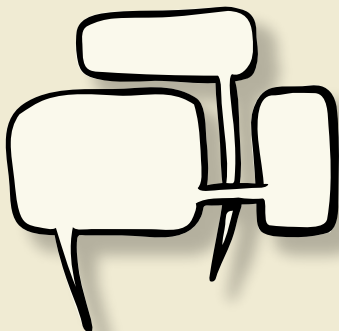


## British Columbia Launches Conversation on Health

The government of British Columbia has initiated a public consultation process intended to provide guidance for future planning. Input gathered through public meetings, e-mails, letters, phone calls and web dialogue, as well as written submissions from individuals, health professional unions, associations and other interested groups, will become part of the record for the Conversation on Health. All input will be summarized in a report to be presented to the province in fall 2007. This report will help government determine what legislation, programs and services are needed to protect and improve healthcare for the future.

There are **six ways to participate**:

1. Register for one of the upcoming regional public forums or health professional meetings that have not reached their registration deadlines (meeting dates and deadlines can be found on the website).
2. Call toll-free at 1-866-884-2055, Monday to Friday, 8 a.m.–8 p.m. (translation services available in 130 languages).
3. Send regular mail to Conversation on Health, 5-3, 1515 Blanshard Street, Victoria, BC V8W 3C8.
4. E-mail [ConversationonHealth@Victoria1.gov.bc.ca](mailto:ConversationonHealth@Victoria1.gov.bc.ca).
5. Visit the website at [www.BCConversationonHealth.ca](http://www.BCConversationonHealth.ca).
6. Contact a local member of the legislative assembly.



## CCHSA Opens Western Branch

The Canadian Council on Health Services Accreditation (CCHSA) has officially opened its satellite office in Edmonton. The new office will serve to strengthen the connection with the organization's northern and western Canadian clients and keep a pulse on key regional and provincial healthcare developments.

The office will be led by Donna Hutton, who will work with regional health authorities, boards and partners and assist in the recruitment of surveyors. CCHSA's new Edmonton office is located at 10235 101 Street, Suite 1414, Edmonton, AB.

## Yukon Cardiac Patients Getting Service Closer to Home

Beginning in early February, most Yukon residents who previously had to travel to Vancouver for pacemaker checkups with a cardiologist will be able to have the procedure done closer to home, with the introduction of a **pacemaker clinic at Whitehorse General Hospital**. There are approximately 60 Yukon residents with pacemakers who will now be seen by a cardiologist travelling to the Yukon under the specialist program.

## British Columbia Opens New Mental Health Building for Children

Children living with mental health challenges in British Columbia will have access to a wide range of services under one roof with the opening of a **new \$19-million mental health building at BC Children's and BC Women's Hospitals**. The new facility is located in the former Shaughnessy Hospital site, which was decommissioned in 1992. The four-storey building sat vacant prior to its transformation. The building has been completely renovated internally, while its external heritage facade has been preserved.

The range of mental health assessment and treatment services for patients and families that Provincial Health Services Authority (PHSA) presently offers has been consolidated within the new space. The new facility will also include a women's reproductive mental health program. A total of \$13 million for the new building has been provided by the provincial government through the PHSA. An additional \$6 million came from BC Children's Hospital Foundation donors.

## National Organizations Merge

The **Canadian Association for Community Care (CACC)** and the **Canadian Healthcare Association (CHA)** joined together under the banner of the Canadian Healthcare Association as of January 1, 2007. The merged organization and its members will champion a publicly funded health system that provides access to a continuum of comparable services throughout Canada.

Two participant-observers appointed by the CACC prior to its dissolution have joined the CHA Board of Directors for a three-year period, helping to facilitate the management of key issues and concerns during the transition phase. CHA will continue to support the CACC's project activities.

## Framework for Aboriginal Mental Health

The Alberta Mental Health Board (AMHB), in co-operation with the AMHB Wisdom Committee, has launched a framework that will change the way healthcare providers approach Aboriginal mental health. The framework, called **Aboriginal Mental Health: A Framework for Alberta**, gives strategic direction on how to address Aboriginal mental health issues with culturally appropriate promotion, prevention and treatment services. The framework is accompanied by Aboriginal Research Protocols, a guideline on how to work with Aboriginal people in a way that is respectful of protocol when conducting research.

The framework was developed as part of the Provincial Mental Health Plan (PMHP). The PMHP was one of the initiatives developed based on the recommendations found in *A Framework for Reform: Report of the Premier's Advisory Council on Health* (2001), which recommended that mental health services be fully integrated with other health services available in regions, and be close to where people live.

## Six-Million Dollar Initiative to Keep Health Workers in Saskatchewan

Saskatchewan residents can expect to see more health professionals choosing to stay and work in the province. The **\$6 million Health Workforce Employee Retention Program** supports creative, grassroots initiatives that will help keep health employees working in Saskatchewan's healthcare system. Projects may be initiated by health employees and other providers, employers and provincial health sector organizations.

Funding for these retention initiatives flows from the \$25 million retention and recruitment plan announced in September. These initiatives have been designed and recommended by committees that were established to provide advice on how the retention and recruitment plan money should be directed, working within the framework of the nationally recognized strategy, the Health Workforce Action Plan. They build on recently announced programs aimed at recruiting valuable health providers, including the creation of a provincial recruitment agency – HealthCareersInSask.ca – the Saskatchewan Relocation Program and the Saskatchewan Rural, Northern and Hard-to-Recruit Program. Since these grant programs were introduced in October, 71 grants have been approved, with 27% of applicants from Alberta.



## New Funding for Cardiac Life Support Services Project

The Ontario government is investing \$8.3 million to support planning and redevelopment at the University of Ottawa Heart Institute (UOHI). The funding consists of a \$4 million grant to go toward advance planning of the redevelopment of the Cardiac Life Support Services project. The project calls for the relocation and expansion of UOHI's Cardiac Life Support Services from its current location in the basement of the Heart Institute Building to a larger new facility on the Civic Campus of the Ottawa Hospital.

## New Pharmacare Program Helps Manitobans with High Drug Costs

A new option to allow **eligible Manitobans to pay their pharmacare deductible in monthly instalments** is now in effect. To be eligible for the Manitoba deductible instalment payment program, individuals must (1) be enrolled with the Manitoba Pharmacare Program; (2) have eligible Manitoba pharmacare drug costs over a 30-day period that are equal to or above 25% of their monthly income; (3) have reached or gone above their benefit limit for drug coverage they receive through another drug plan; and (4) pre-authorize withdrawals from their bank account by Manitoba Hydro for the cost of the deductible instalment and their hydro bill. It is estimated that as many as 19,000 Manitoba Pharmacare Program beneficiaries will be eligible to participate in the monthly deductible instalment program.

The Manitoba Pharmacare Program covers 100% of drug costs once the income-based deductible is reached. Manitoba and the Yukon are the only two provinces or territories with a deductible structure as the sole cost-sharing requirement.

## CAMH Opens Forensic Unit for Woman

In Toronto, the **Centre for Addiction and Mental Health** (CAMH) will be opening the only gender-specific unit of its kind in Ontario. The six-bed Women's Medium Secure Forensic Unit (WMSFU) is designed to provide specialized, gender-specific treatment for women with serious mental illness who have been charged with a crime. The unit addresses the need for specialized care among women in Ontario who have been found "not criminally responsible" or "unfit to stand trial" on account of their mental illness.

## Better Care for Children with Mental Health Issues

Recently, the Canadian Institutes of Health Research (CIHR) announced that the **CIHR Team in Access to Children's Mental Health Services has been awarded a \$4 million, five-year grant** with the goal of increasing timely access to cost-effective, evidence-based mental health services for children. The team is led by Dr. Patrick McGrath, vice-president, Research, IWK Health Centre, IWK psychologist and professor of psychology, pediatrics and psychiatry and Canada research chair at Dalhousie University; and Dr. Charles Cunningham, professor of psychiatry and behavioural neurosciences and the Jack Laidlaw chair in patient-centred healthcare in the Faculty of Health Sciences at McMaster University. The team also includes co-investigators from the University of Western Ontario, University of Calgary and Simon Fraser University.

The team's grant will help fund five research projects that will be community focused, determining the characteristics that families and healthcare professionals want in a program to reduce waiting times for children's mental health services. The completed system will bring together complementary assessment and treatment components, representing a realistic and promising solution to children's mental health waiting lists. For more information about the team and its work, please visit, [www.bringinghealthhome.com/team](http://www.bringinghealthhome.com/team).



## Steady Surgical Progress Continues in Saskatchewan

The Saskatchewan Surgical Care Network (SSCN) website ([www.sask.surgery.ca](http://www.sask.surgery.ca)) shows that **Saskatchewan's surgical wait list continues to decline.**

In the six months ending September 2006, the total number of people in Saskatchewan waiting for surgery to be performed in the seven largest health regions dropped by about 500 people. In Regina and Saskatoon, where the longest waits occur and most surgical access funding is targeted, almost 950 fewer patients are waiting for surgery.



## Awards

### Investment by the CFI and Government Confirm Confidence in Imaging Research in London

A \$26,975,700 project will boost healthcare in London and allow for the continuation of leading-edge research in hybrid imaging. The **Canada Foundation for Innovation (CFI)** recently announced that \$12,998,300 has been awarded to St. Joseph's Health Care, London, and Lawson Health Research Institute and its collaborators. This major investment will fund new infrastructure to enable the continuation of research that has already led to major discoveries in the areas of cardiovascular diseases, mental health disorders, cancer and conditions such as chronic pain and neonatal brain injury. The balance of the funding will come from private sector partners; in addition, a match to CFI is presently under review by the provincial government.

### Saint Elizabeth Health Care Named One of Canada's Best Employers

Saint Elizabeth Health Care (SEHC) has been rated by its employees as **one of the 50 Best Employers in Canada** for 2007. More than 100,000 employees, business leaders and human resources professionals from nearly 130 organizations took part in the annual Best Employers study, which is administered by Hewitt Associates. Employees themselves determine the best places to work in the country, based on their responses to a confidential opinion survey that measures employee engagement.



## Appointments

The **Academy of Canadian Executive Nurses (ACEN)** is pleased to announce the appointment of Michael Villeneuve as executive director effective January 2, 2007. Michael will be dedicated to the continued development of ACEN as a key and growing national association. He will also continue to work part time at the Canadian Nurses Association in his role as scholar in residence. Michael replaces Mary Ellen Jeans, who will become president and chief executive officer of Associated Medical Services Inc.

## Nova Scotians Closer to More Long-Term Care Beds

In an update on the province's Continuing Care Strategy, Premier Rodney MacDonald and Health Minister Chris d'Entremont recently outlined the locations for **832 new long-term care beds**. The premier and health minister also announced nine aging, long-term care facilities will be replaced, and 46 beds will be fast-tracked to help relieve current pressures.

The new long-term care beds will be divided among the province's health districts as follows:

- South Shore, 115 beds
- South West, 52 beds
- Annapolis Valley, 124 beds
- Colchester East Hants, 213 beds
- Cumberland, 82 beds
- Guysborough/Antigonish, 40 beds
- Cape Breton, 88 beds
- Capital Health, 118 beds

### Major Donation to Children's Cardiac Medicine and Research

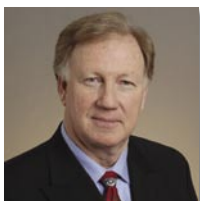
Toronto's SickKids Foundation recently announced the largest gift in the history of the Hospital for Sick Children and the largest philanthropic investment in children's cardiac medicine and research in North America. **Arthur and Sonia Labatt pledged a historic \$30 million to SickKids**, with \$25 million establishing the Labatt Family Heart Centre and a \$5 million endowment that furthers their support of the Arthur and Sonia Labatt Brain Tumour Research Centre.



# Appointments

Toronto lawyer Richard Ling has been appointed chair of **Cancer Care Ontario (CCO)**. Ling will assume the position of chair of CCO on March 14, 2007, taking the reins from Mr. Peter Crossgrove, who has served CCO and the people of Ontario with distinction.

Dr. Raymond Rajotte has been appointed to the **Canadian Institutes of Health Research (CIHR)** Governing Council for a three-year term. Dr. Rajotte is highly accomplished in the medical field, holding numerous positions at the University of Alberta, including scientific director of the Alberta Diabetes Institute, professor of surgery and medicine, director and founder of the Islet Transplantation Group and director of the Surgical-Medical Research Institute. He is a respected mentor and a guiding force behind the university's reputation as having one of the top surgical graduate programs in North America.



The Board of Directors of **Smart Systems for Health Agency (SSHA)** in Ontario recently announced William Albino as its new CEO. Albino has more than twenty years of experience in the information technology and telecom industries. He has served as a board member, senior executive and general manager for companies

in Canada and the United States. Specifically, he has worked for EDS Canada as Executive Vice-President and Senior Vice-President, Sales. He has also worked for Xerox Corporation in senior management roles in Canada and the United States. Albino has run his own consulting company for technology start-up companies.

**Atlantic Health Sciences Corporation** is pleased to announce that Dr. Robert Hayes <[http://www.ahsc.health.nb.ca/test/Programs/mohs/Bio\\_Dr.Hayes.pdf](http://www.ahsc.health.nb.ca/test/Programs/mohs/Bio_Dr.Hayes.pdf)> has opened the new Mohs Micrographic Surgery Clinic at the Saint John Regional Hospital. Dr. Hayes is a native of Saint John and is one of only 14 practising dermatologists in Canada to have completed a specialized Fellowship in Mohs Micrographic Surgery. Dr. Hayes grew up in Blacks Harbour and Saint John, and completed some of his medical training in the city. He finished medical school at Dalhousie University in 2000 and a Dermatology residency at the University of Toronto in 2005. He completed his Mohs Micrographic Surgery fellowship at the University of British Columbia in Vancouver. The Mohs clinic at the Saint John Regional Hospital has been open since early September and operates on an outpatient basis, with patients spending approximately 4 to 6 hours at the clinic for treatment. Procedures are performed under local anesthetic utilizing conventional surgical instruments.

## Order of Canada Appointments

In February, Governor General Michaëlle Jean announced the new appointments to the Order of Canada. The Order of Canada was established in 1967 to recognize outstanding achievement and service in various fields of human endeavour. Appointments are made on the recommendation of an advisory council, chaired by the Chief Justice of Canada. The motto of the Order is *Desiderantes meliorem patriam* (They desire a better country).



Photo credit: Pascal Paquette

Longwoods Publishing is particularly pleased to announce that **Dr. Dorothy Pringle**, Editor in Chief of the *Canadian Journal of Nursing Leadership*, was appointed an Officer of the Order. Dr. Pringle's career as a nurse, researcher, educator, administrator and editor has had a profound and lasting influence on healthcare in Canada. Congratulations to Dr. Pringle and her colleagues in healthcare.

**OFFICERS** **Antoine M. Hakim**, Ottawa; **M. Daria Haust**, London, ON; **Francis A. Plummer**, Winnipeg, MB; **Dorothy M. Pringle**, Toronto, ON; **Rémi Quirion**, Verdun, QC; **E. Douglas Wigle**, Toronto, ON

**MEMBERS** **Timothy M. Murray**, Toronto, ON; **J. Norgrove Penny**, Victoria, BC; **David S. Precious**, Halifax, NS; **Evelyn Shapiro**, Winnipeg, MB; **A. Jonathan Stoessl**, Richmond, BC

The provincial government in British Columbia has appointed Gordon Barefoot as the new chair of the **Fraser Health Authority**. Mr. Barefoot has held positions such as senior vice-president of Terasen Gas and partner with Ernst and Young. He is currently the president of Cabgor Management and has served as a member of the board at Fraser Health since fall 2006. The appointment follows the resignation of Keith Purchase.

Eleven members have been appointed to the board of the **Saskatchewan Cancer Agency**. The appointments became effective January 2, 2007, when the Cancer Agency Act also came into effect. The members are Jon Schubert, Regina, chairperson; Carolyn Rebeyka, Saskatoon, vice-chairperson; Denis Caron, Saskatoon; Douglas Finnie, Saskatoon; Mark Frison, Swift Current; Gordon Joyce, Regina; Laura Kennedy, Saskatoon; Dr. J. Stewart McMillan, Regina; Wayne Pearson, Prince Albert; Moyez Somani, Regina; and Dr. Walter Streelasky, Melville.