

Quarterly Change

Promising Results from Patient Safety Campaign in Canadian Hospitals

Dr. Ross Baker, of the University of Toronto and one of Canada's leading authorities on patient safety, announced in March that leading teams within the national **Safer Healthcare Now!** campaign and its partner campaign in Quebec – **Together, Let's Improve Healthcare Safety** – are reducing preventable injuries and deaths in Canadian hospitals. Dr. Baker reported that the incidence of adverse events such as healthcare-acquired infections and harm related to medication errors can be dramatically reduced through consistent implementation of evidence-based leading practices.

Preliminary results of the campaign's first phase indicate that real improvements in patient safety in Canadian hospitals are possible. Baker cautioned, however, that "for patients in Canada to benefit fully from the Safer Healthcare Now! campaign, greater participation of healthcare providers across the country is needed, along with continued commitment to use these leading practices."

Launched in June 2005, the Safer Healthcare Now! campaign is the largest healthcare quality improvement initiative in this country's history.

safer healthcare
now!

Solution to Canadian Health Crisis Is within Our Grasp

The **Quality Worklife–Quality Healthcare Collaborative (QWQHC)** recently released its report *Within Our Grasp: A Healthy Workplace Action Strategy for Success and Sustainability in Canada's Healthcare System*. The 48-page report offers a route to sustainable healthcare by facing the healthcare-worker crisis head on. The report calls for innovation and collaboration from all levels of our system. It provides a workable strategy that nurtures our health human resources and supports them to thrive, not merely survive. The complete report is available at www.cchsa-ccass.ca.

QWQHC is composed of 10 national health organizations and more than 45 experts on quality of work life. QWQHC was formed to develop and promote a national framework and strategy on quality of work life to improve health system delivery and patient outcomes.

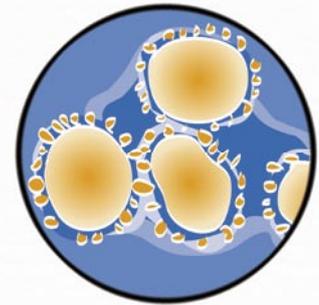


Canadian Government Announces More Than \$5 Million in Funding for Pandemic Preparedness Initiatives

The Canadian government has announced more than \$5 million in funding to support initiatives to help Canada's pandemic preparedness. **The Canadian Institutes of Health Research (CIHR)** will provide \$4 million to fund 26 grants for health research into projects such as vaccine development, epidemic control and the mental health of healthcare practitioners in a pandemic situation. On the international front, funding of \$1 million will be provided to support the **Global Action Plan for Pandemic Influenza Vaccines**.

The 26 health research projects funded across Canada underwent rigorous peer review before being approved and exemplify CIHR's comprehensive, problem-based approach to funding excellence in health research. The funded health research projects will be carried out over two-year periods and include the following:

- Dr. Robert G. Maunder (Mount Sinai Hospital, Toronto) and his team will study how to "inoculate" healthcare workers against stress to improve the chance they will remain on the job in the event of a pandemic.
- Dr. Mavanur R. Suresh (University of Alberta, Edmonton) and his team will study new ways of making effective vaccines with less antigen using dendritic cells.
- Dr. David L. Buckeridge (McGill University, Montreal) and his team will study data from previous influenza epidemics to learn how to control the spread of epidemics.
- Dr. Danuta Skowronski (BC Centre for Disease Control, Vancouver) and her team will refine a novel technique to rapidly identify new influenza viruses and assess the effectiveness of vaccines against these new strains.
- Dr. Kevin Coombs (University of Manitoba, Winnipeg) and his team will study how influenza viruses hijack the normal functions of cells and replicate.
- Dr. André Dascal (Jewish General Hospital and the Direction de la Santé Publique de Montréal, Montreal) and his team will survey Montreal-area healthcare workers to learn more about how they would react to a pandemic, including whether they would show up for work.



Government Announces Health Human Resources Initiative with the Métis Nation

The Honourable Tony Clement, Minister of Health, recently announced \$10 million in funding to support efforts to increase the number of Métis working in Canada's healthcare system. The funding will be used to support bursaries and scholarships for Métis students pursuing studies in health sciences and to build the capacity of Métis organizations to engage in health human resources planning.

Health Legislation Must Support Team-Based Care

Canada's largely self-regulated health systems are marked by inconsistency and a lack of clarity around the rules that govern what a health professional can and cannot do. This makes interdisciplinary collaboration even more difficult, according to a **Conference Board of Canada** analysis published in March.

Five recommendations to enhance interdisciplinary collaboration are put forward in the report.

1. End the legislative silence on collaborative care practices. The law does not prohibit collaborative practices, but it should explicitly promote them.
2. Amend ancillary legislation. Many pieces of legislation do not reflect the current roles of both individuals and teams.
3. Provide financial incentives to regulators to develop standards for delegation, consent and codes of ethics and other tools that promote collaborative care.
4. Encourage regulators to work together in the areas of quality assurance, complaints and discipline. Quebec and the United Kingdom serve as examples of better practices to emulate.
5. Create an independent forum dedicated to collecting and sharing information among regulators. Funded by the federal government, this arm's-length body would have three functions: (i) to develop templates for various regulatory instruments that could be adapted or adopted by regulators; (ii) to create and maintain a data warehouse to track regulatory indicators such as the level and nature of quality assurance activities, complaints and disciplinary actions and the cost of regulation; and (iii) to facilitate a continuing review with the mandate to develop and support a pan-Canadian, principle-based framework for self-regulation.

The report is publicly available at www.e-library.ca.

Canadian Agency for Drugs and Technologies in Health Expands Common Drug Review Program

The Canadian Agency for Drugs and Technologies in Health (CADTH) has received approval and funding from federal, provincial and territorial governments to expand its Common Drug Review (CDR) program to new indications for old drugs. The CDR conducts **objective, rigorous reviews of the clinical and cost effectiveness of drugs** compared with alternative therapies and provides formulary listing recommendations to the publicly funded drug plans in Canada (except Quebec). The CDR's original focus was new drugs. In the June 2006 National Pharmaceuticals Strategy progress report, the health ministers noted the benefits of the CDR's collaborative, national approach and recommended a staged expansion of the program, beginning with new indications for old drugs.

Benchmarking Project to Examine Relationships between Health and Agriculture



A coalition of government, industry and not-for-profit organizations, led by the **Canadian Agri-Food Policy Institute**, is launching a major project to examine the relationships between population health and the agri-food sector. The project consists of a series of studies identifying food-related initiatives that have had a demonstrated impact on the agri-food sector and the health of the population. Under terms of reference for the project, investigators will examine initiatives that highlight various relationships between agriculture (production, processing, distribution and consumption) and health (protection, promotion and access to healthy eating).

Rural Residents to Benefit from Expanded Mental Health Services

Health and Social Services Minister Brad Cathers recently announced improved mental health services to rural Yukon residents, with the placement of a **mental health nurse in Dawson City**. The new rural mental health consultant will carry a small caseload but will spend most of the time consulting with other health professionals throughout rural Yukon on individuals who may require assessment, treatment or other case-management services. The new consultant will also be available to provide joint assessments in conjunction with community health nurses or physicians and will be able to make recommendations about treatment plans. In addition, the mental health nurse will be able to assist with referrals to a psychiatrist or to resources in Whitehorse, where required.

Improving Albertans' Quality of Life

Health and Wellness Minister Dave Hancock has requested a **review of all infection-control programs** throughout Alberta. Regional health authorities, the Alberta Cancer Board and all health professions that provide medical services will be included, including physicians and dentists. Health region officials will be asked to begin an immediate and thorough review of infection prevention and control policies, systems and programs throughout their operations. This includes facilities that provide contracted services and all settings outside of healthcare facilities where services are provided by the region or on the region's behalf.

Physician Supply Improving in Rural British Columbia

British Columbia's efforts to attract more physicians to smaller communities are showing success as more doctors are now practising in rural areas than ever before. Between 2003 and 2006, the number of doctors practising in rural areas has increased from 1,765 to 1,883, a growth of 6.7%. The success in attracting and retaining physicians in rural areas gives **British Columbia one of the best ratios of general**

practitioners (GPs) to rural residents in Canada. According to the Society of Rural Physicians in Canada, British Columbia had 842 rural residents per GP in 2005, while nationwide the ratio was 1,214 rural residents per GP. Provincewide, the Canadian Medical Association reports that between 2001 and 2007, the number of physicians in British Columbia has grown by 14%, while the province's total population grew by 6.8%.



\$9.5 Million for First Nations Health

British Columbia has appointed Dr. Evan Adams as its first-ever Aboriginal health physician advisor and is also providing \$9.5 million to the First Nations Leadership Council to improve First Nations health. The First Nations Health Plan released in November 2006 set into action the government's commitments in the Transformative Change Accord to close the health gap between First Nations and other British Columbians.

Local Health Integration Networks Assume New Responsibilities

The Ontario government is making it easier for patients to access local healthcare through Local Health Integration Networks (LHINs), which officially took on their role for planning and coordinating services on April 1, 2007. LHINs were created by the Ontario government to oversee two-thirds of the province's healthcare budget and will work closely with residents and healthcare partners to determine the healthcare priorities and services required in their local communities. The 14 LHINs will plan, fund and coordinate services offered by hospitals, long-term care homes, community care access centres, community support service agencies, mental health and addiction agencies, divested psychiatric hospitals and community health centres. The ministry will retain responsibility for overall planning of the health system and a number of provincial programs including health human resources and public health.

New Provincewide Screening Program

Albertans now have more protection against Alberta's second most deadly cancer, with the launch of a new screening program. The **Alberta Colorectal Cancer Screening Program** is a provincewide initiative that will focus on research, public education and more direct treatment for persons at risk of this type of cancer.

Health Funding for More Surgeries and Equipment

Saskatchewan's Health Minister Len Taylor has announced plans to build a day surgery centre in Regina, one of several major health system initiatives aimed at improving public healthcare and reducing wait times for services. In March, Taylor and Federal Health Minister Tony Clement announced that in exchange for implementing a wait-time guarantee for cardiac bypass surgery, Saskatchewan would receive nearly **\$25 million in one-time federal health funding.** The province is investing the funding in projects that will build surgical system capacity and help the province meet surgical wait-time benchmarks.

Province Investing \$7.5 Million to Bring Leading-Edge, Non-invasive Surgery Technology to Manitoba

Manitoba is investing more than \$7.5 million to bring leading-edge, non-invasive surgery technology to Manitoba to increase access to care and to continue to provide quality healthcare. The **Siemens Artiste** combines a linear accelerator with imaging technology to deliver a high-precision, image-guided dose of radiotherapy to any part of the body. Unlike conventional linear accelerators, the combination of these technologies allows for high-precision doses that are constantly adjusted to ensure the right dose is precisely focused on the tumour, reducing damage to healthy surrounding tissues.

Dr. Brian Postl, president and CEO of the Winnipeg Regional Health Authority, said the acquisition of the technology – which uses adaptive radiation therapy – will make Winnipeg one of only a few cities worldwide that has the combination of this type of technology along with a gamma knife, positron emission tomography/computed tomography scanner and cyclotron.



Managing Chronic Disease a Huge Challenge for Ontario

Ontario is facing a huge challenge to reduce and better manage chronic diseases, the **Ontario Health Quality Council (OHQC)** said in releasing its second annual report. Highlights of the OHQC's findings on chronic diseases in Ontario included the following:

- One in three Ontarians has one or more chronic diseases. Of those, about 70% suffer from two or more.
- At least 60% of Ontario's healthcare costs are due to chronic diseases.
- Obesity increases the likelihood of developing many chronic diseases. One in three Ontarians over the age of 18 is overweight, and 15% are obese.
- South Asians and Latin Americans are at a higher risk of developing type 2 diabetes. Aboriginal Ontarians also are three to five times more likely to develop this disease.
- Over 80% of cases of coronary heart disease (such as heart attacks) and type 2 diabetes and over 85% of cases of lung cancer and chronic obstructive lung disease (such as emphysema) could be prevented through healthier lifestyles – including nutritious food, physical fitness, clean environment and meaningful, safe work.

Despite the chronic disease challenge, the OHQC reported that, overall, there are positive signs that Ontario is making slow but steady progress in improving its health system:

- The Ontario Wait Times Strategy has reduced wait times in the targeted areas of cancer and cardiac care, hip and knee replacements, diagnostic imaging and cataract surgery. Success was achieved through a targeted strategy and supplementary funding. The model could be applied more broadly in the health system.
- Ontario has opened 359 telemedicine centres in 190 communities, many of them in rural and remote locations. These centres enable patients to use computer links and video equipment for long-distance "virtual appointments" with specialists who may not exist in their communities.
- Since 2003, an additional half-million people reported that they have a regular doctor, which means Ontario is keeping pace with population growth. The overall supply of healthcare providers is growing and will continue to grow in the future because of the increases in seats in education programs.
- Between 2000 and 2005, the number of 12- to 19-year-olds who smoke daily dropped by half, from 11 to 6%.
- The percentage of heart attack patients admitted to hospital who survive the critical 30-day post-attack period has grown from 85.5 to 88.9% over six years.

MUHC Steps Up Action Plan to Reduce Its Environmental Footprint

The McGill University Health Centre (MUHC) recently unveiled the environmental policy it has developed in order to implement sustainable best practices into all aspects of its operations as well as into the design and construction of its facilities on the Glen and Mountain campuses. The policy will allow the MUHC not only to reduce its environmental footprint but also to derive significant operational savings that can be used for patient care, research and teaching.

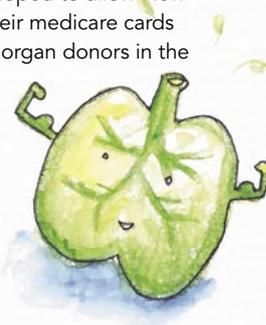
Thanks to energy projects already completed at the Montreal Children's Hospital, the Montreal Neurological Hospital, the Royal Victoria Hospital, the Montreal Chest Institute and a new one under way at the Montreal General Hospital, the MUHC will save nearly \$6.5 million annually. It will also **reduce its greenhouse gas emissions by 36.4%** or 28,000 tons of CO₂, which is equivalent to the pollution created each year by over 11,000 vehicles. These energy projects are financed through the Agence de la santé et des services sociaux de Montréal, Hydro-Québec, Gaz Métro and the Government of Canada's Office of Energy Efficiency.

First Specialty Medical Training Program Coming to New Brunswick

An internal medicine residency training program, the first specialty medical training program in New Brunswick, will be established in Saint John this year. The training program is a joint initiative between the **Atlantic Health Sciences Corporation (AHSC)** and **Dalhousie University of Halifax**. Dalhousie University's Dr. Iqbal Bata, program director of internal medicine, and Dr. Eric Grant, site director of internal medicine, worked closely with AHSC to make this happen. Under the program, trainees will come to New Brunswick for the first three years of their specialty training in internal medicine. The fourth and fifth years of their training would be completed at Dalhousie.

Organ Donor Preference Now Indicated on Medicare Cards

A new process has been developed to allow New Brunswickers to indicate on their medicare cards whether they wish to become organ donors in the event of their death. Health Minister Mike Murphy said that the process will be used for anyone who is currently renewing a medicare card.





Straight As for Newfoundland and Labrador in Wait Times Report Card

Newfoundland and Labrador received an A grade according to the report card released by the Wait Time Alliance for Timely Access to Health Care. The progress report assesses the progress of provincial and territorial governments in achieving wait times benchmarks within the five priority areas, as agreed upon by provincial and territorial ministers of Health in December 2005 under the 2004 Ten-Year Plan to Strengthen Health Care.

According to the grading methodology, a grade of A means that **between 80 and 100% of the population is treated within the national benchmark** for the areas of hip and knee replacement, cancer treatment, sight restoration and cardiac care. The report card also recognizes Newfoundland and Labrador as one of only three provinces to report trends in wait times by procedures and one of the few provinces to consistently report performance on a quarterly basis in terms of the percent of patients treated within the benchmark.

Nova Scotia Enhances Cancer Care

Nova Scotians will receive enhanced cancer care closer to home as a result of \$1 million the government is investing in a new medical oncology satellite in Kentville and expanded services for Inverness, Antigonish, New Glasgow and Yarmouth. The money includes payment for new positions such as nurses, pharmacists and clerical support as well as physicians' costs to provide more services in the districts.



Government Supports Wellness through Active Schools Program

The government has awarded \$50,000 to the School of Human Kinetics at Memorial University to implement an Active Schools program in four rural schools in eastern Newfoundland and Labrador. The funding was provided through the Provincial Wellness Grants Program. The program provides support, resources and training to teachers as they allocate 20 minutes for daily physical activity in their classes. The aim of the program is to increase the overall health of students in the four schools and to create a model for developing coordinated school health programs that are appropriate for rural Newfoundland and Labrador.

Appointments

Knowledge Translation Program Director Transitioning to New Role

Dr. Dave Davis has been named the vice-president for Continuing Health Care Education and Improvement at the Association of American Medical Colleges in Washington, DC. In his new role, Davis hopes to encourage and support the transition of US medical school continuing medical education (CME) divisions to effective, robust, outcomes-focused programs and units. Davis is director of the Knowledge Translation Program of the University of Toronto, the Guidelines Advisory Committee for Ontario, and is former dean of CME at the University of Toronto.

New CEO for the New Women's College Hospital

The New Women's College Hospital has chosen a new president and CEO. Marilyn Emery will join the New Women's College Hospital starting July 16th. She is an outstanding senior health-care executive. In eight years leading Markham Stouffville Hospital, she oversaw the design and construction of a brand-new hospital – which, under her leadership, was completed on time and under budget. At St. Joseph's Health Centre, she led a transformation of the patient experience: the Ontario Hospital Report Card found that over a five-year period (1999–2004) St. Joseph's achieved the largest measurable and sustained improvement in patient satisfaction of any hospital in Ontario. Emery is currently CEO of the Central East Local Health Integration Network.



Grand River Names New President and CEO

Malcolm Maxwell will begin a two-year contract at Grand River Hospital in Kitchener, Ontario, at the end of May. Maxwell comes to Grand River from Northern Health in British Columbia, where he held the position of CEO.

ICES Appoints Dr. David Henry as President and CEO

On behalf of the Board of Directors of the Institute for Clinical Evaluative

Sciences (ICES) in Ontario, Board Chair Dr. Brian Golden is pleased to announce the appointment of Dr. David Henry as president and CEO. Henry joins ICES from the University of Newcastle in Australia, where he holds several appointments, including professor of clinical pharmacology in the School of Medicine and Public Health, course controller for the Pharmacoepidemiology and Pharmacoeconomics Training Program at the University's Centre for Clinical Epidemiology and Biostatistics, and director of the Newcastle Institute of Public Health. He is also the director of the World Health Organization Collaborating Centre for Training in Pharmacoeconomics and Rational Drug Use, based at the University of Newcastle. Henry is a practising internal medicine specialist and clinical toxicologist in the Newcastle region and is chair of the Medical Staff Council at the Mater Hospital. Dr. Henry assumes his new appointment with ICES on Sept. 1, 2007.



Dr. G. Ross Baker Awarded the Filerman Prize for Innovation in Health Services Management Education

In recognition of his significant and outstanding contributions to the field of health services management, and the example he has set in the field of health administration education, the

Filerman Prize Selection Committee of the Association of University Programs in Health Administration (AUPHA) has selected G. Ross Baker, of the University of Toronto, as the 2007 recipient of the Filerman Prize for Innovation in Health Services Management Education. The Prize recognizes individuals from AUPHA member programs who have made outstanding contributions to the field of healthcare management education, who have exhibited leadership in the field, and who have enriched their institutions, their students, and healthcare management education through their work.

BC Physician Leader and Saskatoon Nurse Leader Appointed Vice-Presidents with Saskatoon Health Region

Maura Davies, president and CEO, Saskatoon Health Region, announced the appointment of Dr. David Poulin as vice-president, Medical Affairs, and Jackie Mann, RN, as vice-president, Acute Care.

Poulin assumed his new duties on May 21st. In collaboration with other physician leaders and Saskatoon Health Region colleagues and working closely with the University of Saskatchewan College of Medicine and the Saskatchewan Academic Health Sciences Network, Poulin will ensure effective medical leadership, physician resource planning and credentialing of 750 medical staff and support for medical education. Prior to joining Saskatoon Health Region, Poulin was director of Medical Services with the Interior Health Authority in British Columbia and held other medical leadership positions in British Columbia since 1997. He received his medical degree from McGill University, graduating in 1979.

Mann assumed her new responsibilities effective April 10th. She is jointly responsible for the overall leadership and direction of acute care programs and services offered throughout the health region. Mann began her nursing career at St. Paul's Hospital in 1986. She has held numerous nurse manager positions at both St. Paul's and Royal University Hospitals. In 1996, she was named general manager, Surgery Services, with Saskatoon District Health, was senior general manager, Hospital Services in 2003, and most recently was executive director, Acute Care, Saskatoon Health Region.

Mann and Poulin, along with Dr. Beth Horsburgh – who in March was jointly named vice-president, Research and Innovation with Saskatoon Health Region, and associate vice-president, Research (Health), University of Saskatchewan – are part of the 12-member senior leadership team with Saskatoon Health Region. Recruitment continues for two vice-president positions, vice-president, Acute Care, physician co-leader, and vice-president, Human Resources, following organizational changes announced last summer.

Appointment to CIHR Governing Council

The Honourable Tony Clement, Minister of Health, recently announced the appointment of Keith Anderson to the Canadian Institutes of Health Research (CIHR) Governing Council for a three-year term. Anderson is currently the interim president and chief executive officer (CEO) of the Fraser Health Authority in British Columbia. Previous to this appointment, he held various senior positions within the Fraser Health Authority and Victoria General Hospital, and was president of the Pacific Health Care Society in New Westminster for nearly a decade. Throughout his career, Anderson has worked to improve continuing care and to explore alternatives to acute care. His breadth of expertise in regional health authorities will be a valuable addition to the governing council.