



Quarterly Change

Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa, is the recipient of the International Council of Nurses' (ICN) **Health and Human Rights Award**. The award is given every four years and bestows the esteem and recognition of the world's 12 million nurses for Mr. Lewis' outstanding humanitarian contributions and achievements in the domain of health and human rights. The 2001 inaugural recipient of this Award was Sadako Ogata, former United Nations High Commissioner for Refugees. It is ICN's only award given to someone who is not a nurse. (See: www.inc.ch.)

In **British Columbia**, 85% of patients have rated the quality of care they received in emergency rooms as good to excellent, in the most comprehensive survey ever undertaken on patient satisfaction in the province. A total of 14,767 patients responded to the survey, based on their experiences in 79 emergency rooms and urgent care facilities in all regions of the province. Almost 80% of respondents reported waiting an hour or less to see a physician. The survey is part of government's commitment to greater accountability for healthcare delivery and to continue building a system that is even more focused on patient-centred care. www.gov.bc.ca

At the end of November, the Honourable Ujjal Dosanjh, Minister of Health, released **Healthy Canadians – A Federal Report on Comparable Health Indicators 2004**, which provides a snapshot of the health status of Canadians and the performance of the healthcare system. This report includes findings on healthcare within federal responsibility, as well as provincial results averaged across the country. It can be found on-line at www.hcsc.gc.ca/iacbdgiac/araddraa/english/datadevelop/health_indicators_e.html.

Each province and territory also released its own report using common indicators to measure results. The reports are intended to help the public understand how their health services are funded and delivered, and whether governments are achieving the goal of creating an environment in which citizens can be healthier.

This is the second time that health ministries from all jurisdictions reported at the same time on a set of comparable health indicators. The first reports were released in September 2002.

All data for the indicators are available, on common Federal/Provincial/Territorial websites hosted by both the Canadian Institute for Health Information and Statistics Canada at www.cihi.ca/comparable-indicators.

The 132nd edition of B.C.'s **Selected Vital Statistics and Health Status Indicators** report was released this fall. The series has been compiled annually since 1872. The report presents accurate, timely and relevant vital event-related data for 2003 based on information collected from birth, marriage and death registrations. The data is compiled from more than 1,700 public and private sector contributors, including marriage commissioners and licensors, religious representatives, funeral homes, coroners, hospitals, physicians and government agents.

Each year, analysis of the report offers insight into underlying or emerging social trends that help decision-makers to prioritize policies and programs, and to evaluate their results over the long term.

Areas of interest from the 2003 report include:

- Death rates from cancer, cardiovascular disease and cerebro-vascular disease continue to decrease. However, the death rate for lung cancer among females is increasing. The province continues to work on the tobacco control strategy to address smoking issues.
- The rate of death caused by diabetes and nervous system diseases is increasing. Government and physicians working together have developed a chronic disease management strategy and identified diabetes prevention, early detection and management as priorities.
- The rate of caesarean section births was 28.2% of live births in 2003, up slightly over 2002. Across Canada, the rate has slowly been increasing since 1994. The Province continues to work with experts at BC Women's Hospital to ensure that women continue to receive the best maternity care and that c-sections are done for the right medical reasons.
- The rate of low birth weight singleton live births for mothers under 35 is on a long-term downward trend.

Over the years, many of the tables and statistics in the report have become standard population health status indicators, widely used by regional and provincial healthcare planners and managers. Since 1998, its publication on the Internet has increased its accessibility and usefulness to a wider range of public, private and academic users. More recently, medical health officers are able to access more detailed vital event information directly online from a data warehouse. The annual report includes data by region and is available online at www.vs.gov.bc.ca.

A prominent American organization known for promoting positive parenting and healthy child development has awarded the **Healthy Families Yukon** program a Certificate of Credential. The award from Prevent Child Abuse America was announced in October. Healthy Families Yukon provides in-home assistance and education to help families of newborns adapt to life with an infant. Working closely with public health nurses, family support workers promote positive child-parent relationships and healthy childhood development in families that require early intervention and support. The credentialing process entailed an in-depth review of the program's operation, including personnel, fiscal, and program management, both on site and through interviews with other service providers. Prevent Child Abuse America was established in 1972 and is a not-for-profit, volunteer-based organization committed to healthy child and family relationships through education, research, public awareness and promotion. The Yukon's credential remains in place until March 2008.

Alberta's healthcare system continues to receive high marks, with 89% of Albertans satisfied with the way health services are provided, up from 87% in 2003, according to the **2004 Alberta Health Survey**. The Population Research Laboratory of the University of Alberta conducted the independent annual survey to gauge public perceptions of healthcare and the health system in Alberta. Survey information is used for planning, monitoring and reporting on performance measures in the three-year ministry business plan.

The 2004 Alberta Health Survey results show:

- 86% of Albertans reported they personally received excellent or good quality care, up one percent from 2003.
- 74% of Albertans are satisfied with the health system in Alberta, up one percent from 2003.
- 85% of Albertans reported it was easy or very easy to obtain physician services in 2004, down slightly from 86 percent in 2003.
- 73% of Albertans reported it was easy or very easy to obtain hospital services in 2004, up one percent from 2003.

Other results show the overall rating of the health system remains unchanged from 2003 with 65 percent of Albertans responding excellent or good. www.health.gov.ab.ca

Saskatchewan's new **web-based Surgical Patient Registry**, the first of its kind in Canada, now includes data from seven health regions, including the two largest, Regina Qu'Appelle and Saskatoon. While the Registry data will be a valuable tool for physicians and regions, the public can now get information on regional surgical wait times through the newly updated Saskatchewan Surgical Care Network (SSCN) website, www.sasksurgery.ca. The website includes information about the number of people having surgery in Saskatchewan, and details about how patients are assessed by physicians and given priority for surgery.

The SSCN website also provides details on the surgical system's performance goals for surgical wait times, known as Target Time Frames for Surgery. These time frames allow the system to monitor and track patients and ensure they receive care within an appropriate time. The website will be updated further in the coming months.

In Alberta, a new provincial breast cancer screening program will be developed to help reduce the Alberta breast cancer death rate by up to 30%. **The Alberta Breast Cancer Screening Program**, to be operated by the Alberta Cancer Board, will encourage women 50 to 69 years old, the age group most at risk for breast cancer, to receive a mammogram every two years. Women who have not received a mammogram will be sent letters encouraging them to go for screening. The program will also track women who have been screened, their results and any treatment they have received. Researchers will use program information to track breast cancer diagnoses and treatment effectiveness. www.health.gov.ab.ca

Saskatchewan is taking a national leadership role with new formal critical incident reporting that will strengthen patient safety provisions in the province. A "critical incident" is a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function. Saskatchewan is the first province in Canada to introduce formal reporting of critical incidents. This is a key element in providing quality improvements and increased accountability, as outlined in *The Action Plan for Saskatchewan Healthcare*.

The purpose of reporting critical incidents is to improve patient safety by gathering all relevant information, and identifying opportunities for system-wide changes that could prevent similar incidents from occurring in the future. The regulations establish a framework for critical incident reporting to Saskatchewan Health by regional health authorities and healthcare organizations. Many health regions have already been reporting critical incidents on a voluntary basis.

In early September, the **Ontario** government announced the next step in its plan to transform the provincial healthcare system and better meet the healthcare needs of Ontarians by reducing wait times and bringing health services closer to communities.

To assist the government in coordinating and implementing changes to the healthcare system, Minister of Health and Long-Term Care George Smitherman announced the creation of a new **“health results team.”** Hugh MacLeod, an associate deputy minister at the health ministry, will serve as the team’s executive lead. MacLeod will be supported by a team of industry leaders that includes:

- Dr. Alan Hudson, president and CEO of Cancer Care Ontario, as lead of access to services/wait times
- Dr. Jim MacLean, president and CEO of Markham Stouffville Hospital, as lead of primary care
- Gail Paech, former assistant deputy minister, long-term care redevelopment project, as lead of systems integration
- Adalsteinn Brown, professor in the University of Toronto’s department of health policy, as lead of information management
- Public affairs professional Gloria Bishop, lead of external communications
- Former Toronto Mayor Barbara Hall, lead of community relations.

Smitherman also highlighted other key actions the ministry is taking to improve the quality and accessibility of healthcare:

- Development of Local Health Integration Networks (LHINs) to better plan, co-ordinate and fund the delivery of healthcare services at the local level.
- Strategy to bring down wait times for cardiac care, cancer care, hip and knee replacements, cataracts and MRIs.
- Investing in community-based care in five signature areas: long-term care, home care, community mental health, public health and prevention, and primary care through the creation of 150 Family Health Teams.

The text of the Smitherman’s speech is available on the ministry’s website at <http://www.health.gov.on.ca>.

In October, the Ontario government announced key details about the province’s plan to build Local Health Integration Networks (LHINs) that will co-ordinate the delivery of local healthcare services. The networks are a key element of the government’s plan to create an integrated healthcare system that is patient-centred and responsive to local healthcare needs.

The 14 local networks will plan, co-ordinate and fund healthcare services locally along geographic boundaries that match the way patients currently seek healthcare. The Institute for Clinical Evaluative Sciences worked with the ministry to develop the methodology to determine LHIN boundaries. A website with more information is available at www.health.gov.on.ca/transformation.

Saskatchewan Health recently announced a \$66 million investment in several priority areas to improve patient access to quality healthcare. The province will allocate the first year of incremental federal funding, arising from the 2004 First Ministers’ Meeting, to:

- reducing surgical backlogs and expanding diagnostic capacity;
- retaining healthcare providers by providing safer, higher quality workplaces, continuing education and training;
- making capital equipment and infrastructure replacement and upgrades; and
- buying change with quality improvements, efficiency reviews, and investments in information technology that supports front line service delivery.

The First Ministers’ Meeting agreement provides an additional \$66 million to Saskatchewan in 2004-05 and a further \$97 million next year. On average, the province will receive an additional \$90 million per year over six years.

Ontario’s NORTH Network received a Showcase 2004 Diamond Award in September. The award recognized the NORTH Network’s innovative I & IT projects, which enable patients in remote and rural communities of Ontario to have speedier and more efficient electronic access to medical care. With these services, patients no longer have to travel hundreds of miles to see a medical specialist. The NORTH Network supports more than 100 healthcare sites in northern and central Ontario, and has provided more than 5,000 medical consultations so far this year.

The Showcase Awards are an annual highlight of Showcase Ontario, one of the largest public-sector education conferences, exhibits and trade shows. They celebrate the power of information technology to transform public service while encouraging innovation and excellence.

In Quebec, the Fleurimont Hospital, a site of the **University Hospital Complex of Sherbrooke** (CHUS), is the first in the province to acquire a Knife Gamma. The hospital complex acquired the device thanks to a financial contribution of \$3 million dollars from the Ministry for Health and Social services as well as significant contributions from the Foundation of the CHUS and the Foundation of Sherbrooke Hospital

The Quebec government will build two new superhospitals in Montreal through public-private partnerships (PPPs). The \$1 billion hospitals, as well as upgrading long-term care facilities, are among a limited number of PPP undertakings the government will manage through a new agency it wants to create early next year. Legislation creating this agency (Bill 61) was introduced in June.

The Nova Scotia government has introduced new legislation in its efforts towards mental health reform. The new **Mental Health Act** updates 30-year-old legislation, reflects current practices and is consistent with other mental health legislation across the country. The proposed act will provide the legal framework for mental health professionals to intervene on behalf of individuals who lack the capacity to determine their need for treatment. It will ensure that this is done without unduly interfering with civil rights and liberties.

The bill was created after careful review of the current provincial legislation, legislation in other provinces, and in-depth consultation with legal experts, and mental health professionals, advocates and consumers. The first step in mental health reform was the development of comprehensive mental health standards, announced in 2003.

In **Newfoundland and Labrador**, Health and Community Services Minister John Ottenheimer announced that the CEO selection process for the four new Regional Integrated Health Authorities (RIHA) has started, as government continues with its transformation of the governance structure of the health and community services system. On September 10, government announced the transformation of 14 provincial health boards to four Regional Integrated Health Authorities. It is anticipated that an announcement of the new Board Chairs will be made later this fall, and it is hoped that the four CEOs will be named in December.

The **Prince Edward Island Cancer Control Strategy** was announced early this fall. The Strategy was developed by an advisory committee comprised of representatives of the Canadian Cancer Society, P.E.I. Division; the Department of Health and Social Services; the Hospice Palliative Care Association of P.E.I., the P.E.I. Cancer Registry, the P.E.I. Cancer Treatment Centre; the P.E.I. Health Research Institute, the P.E.I. Medical Society; the Provincial Health Services Authority and cancer survivors, who shared their experiences and insights.

The final report, entitled "Partners Taking Action: A Cancer Control Strategy for Prince Edward Island 2004-2015," offers recommendations regarding various issues related to cancer, including prevention, screening and diagnosis, treatment and supportive care, palliative and end-of-life care, and survivorship. The strategy has three main goals: to reduce cancer incidence, mortality and morbidity in P.E.I.; to enhance the quality of life of cancer patients and families; and to improve the sustainability of the healthcare system. Copies can be obtained from the Canadian Cancer Society P.E.I. Division office or from Island Information Service, Jones Building, 11 Kent Street, 368-4000 or 1(800)236-5196.

Appointments

St. Michael's Hospital in Toronto recently announced the 2004-05 Board of Directors and the appointment of **Mr. John Cassaday**, President and CEO, Corus Entertainment as Chairman. New appointments to the Board include: **Mr. Anthony Gagliano, Ms. Yvonne Johnston, the Honorable David Peterson, Ms. Dale Ponder, and Mr. Rick Waugh.**

In September, the Ontario Council of Teaching Hospitals (OCOTH) held its Annual General Meeting. **Tom Closson**, President and CEO of University Health Network was elected to the position of President. Fellow officers include: Past President – **Murray Martin**, President and CEO of Hamilton Health Sciences Centre; Vice President – **Jack Kitts**, President and CEO, The Ottawa Hospital; and Secretary-Treasurer – **Cliff Nordal**, President and CEO, St. Joseph's Health Centre, London.

Canada Health Infoway announced that **Mr. H. Arnold Steinberg** has been appointed Chair of the corporation's Board of Directors. Mr. Steinberg, recognized for his vision and leadership, brings to Infoway a wealth of board-level experience and strong knowledge of the healthcare sector. Mr. Steinberg is currently principal of Cleman Ludmer Steinberg, Inc. He is a director of Provigo Inc., the McGill University Health Centre Foundation and the MUHC Research Institute, and Advisory Board Chairman of McGill's Faculty of Medicine. He has previously held positions as director and chairman at major Canadian corporations as well as with charitable and cultural organizations. A member of the Order of Canada, Mr. Steinberg is a graduate of McGill University with a Bachelor of Commerce, and a graduate of Harvard University with a MBA degree. He was also awarded an honorary doctorate from McGill.



The Office of Nursing Policy announced that **Dr. Fadi El-Jardali's** will be departing the organization to join the Health Council of Canada as Health Economist and Project Manager. Dr. Fadi El-Jardali joined the Office of Nursing Policy as Senior Policy Advisor in October 2003. His principal area of responsibility was as the lead on Health Canada's Healthy Workplace Initiative for Healthcare Workers, part of the Pan-Canadian Health Human Resources Strategy, providing content knowledge and strategic direction. He also provided general policy advice to the Office and Health Canada.

Frances Pilon has been appointed CEO of Homewood Employee Health, a division of Homewood Corporation. Ms. Pilon received her Honours BA in Psychology and Sociology from the University of Guelph and obtained her MBA at McMaster University. She has enjoyed a long and distinguished career in the field of behavioural health and health sciences. Her previous positions include Director of Program Management, National Clinical Director, and Vice-President of Corporate Services for a number of national healthcare companies in Canada.

The Institute of Health Economics (IHE) is pleased to announce the appointment of **Dr. Lorne Tyrrell** as Chair of the Board of Directors. With his experience in conducting medical research and the achievement of research objectives under the auspices of both academic and industry funding, Dr. Tyrrell is uniquely qualified to lead the IHE. He recently completed ten years as Dean of Medicine at the University of Alberta and has returned to his research on viral hepatitis as a professor and holder of the Glaxo Smith Kline Chair in Viral Pathogenesis. Dr. Tyrrell received the Alberta Order of Excellence from the Province of Alberta in 2000, was appointed an Officer of the Order of Canada in 2002, and was elected as a Fellow of the Royal Society of Canada in 2004.



The Board of Cancer Care Ontario recently announced the appointment of **Terrence Sullivan** as president and chief executive officer. Dr. Sullivan was previously the organization's chief operating officer and provincial vice-president of research and cancer control. He succeeds Dr. Alan Hudson, who leads the wait times initiative for the Ontario Ministry of Health and Long-Term Care.



Cheryl Doiron has been appointed Deputy Minister of Health in Nova Scotia. Ms. Doiron, a former Assistant Deputy Minister, had been acting Deputy since Tom Ward's resignation earlier this year.

In Newfoundland, former Education Minister **John Ottenheimer** has been appointed Minister of Health replacing Elizabeth Marshall. Mr. Ottenheimer, a teacher and lawyer before entering politics in 1996, has served in a senior voluntary capacity with two disease groups: the Newfoundland and Labrador Heart and Stroke Foundation, and a local chapter of the Crohn's and Colitis Foundation.



In Manitoba, **Tim Sale** has been appointed Minister of Health in Manitoba. The former energy minister switches jobs with his predecessor, Dave Chomiak, who was Canada's longest-serving health minister. Mr. Sale, prior to entering politics, was a teacher and business consultant whose field of practice included healthcare.

Also in Manitoba, **Theresa Oswald** has been appointed Minister of Healthy Living. A former teacher and vice-principal, Oswald is the current chair of the province's task force on Healthy Kids, Healthy Futures. She is the MLA for Seine River and has been serving as the premier's legislative assistant since her election to the legislature in June 2003.



Dr. David Butler-Jones was recently named Canada's first-ever Chief Public Health Officer (CPHO). The creation of a CPHO, heading up a new Public Health Agency of Canada, was a key recommendation of last year's Naylor report on the SARS outbreak.



Dr. Butler-Jones' appointment was announced by Prime Minister Paul Martin at a news conference in Winnipeg where the new CPHO and the public health agency will be located. The agency's mandate is to ensure Canada is prepared for any serious outbreak of infectious disease, and to improve the health of Canadians by targeting chronic diseases and injury prevention.

Dr. Butler-Jones is the former Medical Health Officer for the Sun Country Health Region in Saskatchewan and Consulting Medical Officer for the Saskatoon Health Region. He was previously Chief Medical Officer for the province.

The Ontario Hospital Association has announced the appointment of **Greg Shaw** as Vice President, Strategic Human Resources. In this role Greg will be responsible for labour relations, as well as Organizational Health Management Services serving the hospital sector in Ontario. He will also lead an important new initiative of the OHA in the area of strategic human resources planning. Greg has a distinguished record of service in the hospital field. Since 2001 he has been Vice President Human Resources and Leadership Development with Sunnybrook and Women's College Health Sciences Centre



The Board of Trustees of The Hospital for Sick Children (Sick Kids) has announced the appointment of **Mary Jo Haddad** as President and CEO. She has been Interim President and CEO at

Sick Kids since July 2004. Ms. Haddad completed graduate studies at the University of Toronto in Health Administration in 1998. In 2000, she became Vice President, Child Health Services at Sick Kids overseeing more than half of the clinical programs. In August 2002, she also assumed the role of Chief Nurse Executive. In June 2003, Ms. Haddad was appointed Executive Vice President and Chief Operating Officer at Sick Kids.

Alberta has a new health Minister – **Iris Evans**, the former Children's Services minister. Her predecessor, Gary Mar, has been named Minister of Community Development — the portfolio he first had when he became a cabinet minister.

Wendy Nicklin, former Vice President Nursing, Allied Health, Clinical Programs and Patient Safety at The Ottawa Hospital, has been appointed to the position of President and Chief Executive Officer of Canadian Council on Health Services Accreditation (CCHSA). Wendy brings to CCHSA more than 25 years of leadership and management experience in the hospital and healthcare sector. Her background includes extensive experience in all levels of patient care, from bedside through to senior management. In addition, Wendy has been a surveyor, Board member for six years, and past Board Chair for CCHSA.



Vendor News

Ceridian's Powerpay Professional Provides Personalized Touch

Ceridian has announced the launch of Powerpay Professional, a new addition to Ceridian's Powerpay Suite. Developed for the professional services industry, Powerpay Professional delivers personalized industry-based customer care, additional product customization and Ceridian's Online Employee Effectiveness Resource Centre to help attract and retain top talent.

Powerpay Professional will help companies leverage payroll data through a specialized customer care team who will assess each client's unique reporting requirements and then build customized reports to complement payroll features such as the Funds Summary, Payroll Register and Register Summary Reports.

Physicians at University Health Network Enter Medication Orders On-line to Enhance Patient Safety and CPOE Adoption

Misys Healthcare Systems has announced that general internal medicine physicians at University Health Network's Toronto General Hospital are now placing 95% of medication orders on-line – an essential last step forward in the full activation of computerized physician order entry (CPOE).

Long-time users of Misys CPR* computer-based patient record solution, the physicians are now incorporating its CPOE clinical decision-support tools to support UHN's Patient Safety Initiative of combining the latest technologies with medical practice to enhance quality of patient care delivery and patient safety.

Medworxx Expands Capabilities of MEDlearn to Provide Healthcare Organizations with a Comprehensive Learning Management Solution

Medworxx has released its latest version of MEDlearn, to provide the healthcare market with a comprehensive, end-to-end learning management solution that augments the Medworxx knowledge management platform for healthcare. The new learning management solution is the result of a collaborative effort between Medworxx, Hamilton Health Sciences, Royal Ottawa Healthcare Group, St. Joseph Healthcare and Windsor Regional Hospital.

MEDlearn is a learning management system for authoring and managing on-line and instructor-led courses; administering pre- and post tests, exams and surveys; assessing employee competencies; and managing individual and career learning goals. MEDlearn new features include:

- easy-to-use Web interface for learners and employees, complete with item-by-item status and history tracking;
- synchronized course player that integrates course content and testing;
- intuitive authoring for easy content creation of courses, exams, surveys and other learning objects;
- extensive management and reporting capabilities to ensure individual, group-based and corporate-wide compliance with regulatory requirements;
- fully integrated with MEDcms content management platform.

MRI Tender Awarded to GE Medical Systems

A tender for the provision of a new MRI machine and related renovations at Western Memorial Regional Hospital in Corner Brook, Nfld., has been awarded to GE Medical Systems. GE was one of three bidders, and its package met all of the tender specifications. It is expected the company will be on site within two weeks and the \$4.1 million project will be completed by the end of January.

Trillium Health Centre and Johnson Controls Working Together on Facility Improvements Energy Conservation Efforts to Save Hospital More Than One-Half Million Dollars Annually

Trillium Health Centre has entered into an eight-year, \$7.8 million contract with Johnson Controls L.P. for energy conservation measures and facility improvements that will result in a guaranteed \$728,219 annual savings in utility and operations costs.

The program will reduce existing energy consumption by approximately 25% and significantly reduce greenhouse gas emissions. These accomplishments support Trillium's status as the first multi-site hospital in the world to obtain ISO 14001 certification, and will help Trillium qualify for \$250,000 in incentives available through Natural Resources Canada.

Under this agreement, Johnson Controls will implement 24 energy improvement measures and install new central chiller plants at two sites in conjunction with a major hospital expansion at the Mississauga site. The solution provides capital cost avoidance on the expansion project by eliminating the need to install an additional independent chiller plant. In addition, the contract includes upgrades to the building automation systems and heating systems as well as lighting redesign and retrofits at several sites.

Storage Networking Industry Association Expands into Canada

The Storage Networking Industry Association (SNIA), a non-profit association comprising storage networking vendors, resellers and end users, has announced its expansion into Canada with the launch of SNIA Canada, a geography forum of the association. As a vendor-neutral organization, SNIA Canada will continue the association's mission of making storage networking technologies understandable, simpler to implement, easier to manage and recognized as valued assets to the business process. SNIA Canada will focus on educational and promotional activities for the Canadian storage networking market through end-user groups and interfacing with channel partners.

SNIA Canada's mandate includes educating and informing the IT community about storage networking related products, applications and technologies from an agnostic standpoint; providing a collaborative forum for the IT community and storage vendors to address real business issues; and identifying and developing standards. Through SNIA Canada, storage networking professionals are able to strengthen their skills and provide enhanced career path growth.

Technology and Healthcare Leaders Come Together to Resolve Incompatibility in Exchanging Information

Canadian healthcare and technology communities have founded **Integrating the Healthcare Enterprise (IHE) Canada**, an initiative to facilitate sharing of patient information across different facilities, which can result in better healthcare for Canadians.

IHE Canada becomes part of a growing worldwide movement that, for the last six years, has been working to remove incompatibility barriers that impede the effective flow of clinical and administrative data in healthcare.

EMC Delivers Imaging and Document Management Suite for the Mid-Market

EMC Corporation has announced the immediate availability of EMC Documentum ApplicationXtender 5.2, a content management suite for fixed content, optimized for Windows/.NET environments. Documentum ApplicationXtender 5.2 integrates EMC Documentum Records Manager (a Department of Defense 5015.2 certified records management and administration product), as well as a new, Web-based workflow client and new integration tools to its existing suite of document imaging, document management, computer output to laser disk (COLD) report management and workflow services. Primarily delivered through Value-Added Resellers (VARs), and ideal for the mid-market and government entities looking for an out-of-box, easy-to-use and easy-to-deploy solution, Documentum ApplicationXtender 5.2 enables complete management and enhanced controls for all types of documents, files and business information.

Medtronic Releases INSYNC SENTRY™ ICD

Medtronic of Canada Ltd. has received approval for the Canadian market release of the InSync Sentry™ cardiac resynchronization therapy defibrillator (CRT-D).

The InSync Sentry is the world's first CRT-D device that automatically monitors the build-up of fluid in the lungs, which is one of the most dangerous and difficult symptoms to manage in heart failure patients. When used with other standard clinical assessments, the InSync Sentry enables early warning of fluid accumulation and appropriate clinical response by the clinician. The device was approved for use in Canada by Health Canada.

Meditech Bags All of Christus Health

Dallas-based Christus Health will standardize its core clinical and financial information systems using technology from Medical Information Technology Inc., Westwood, Mass. Under a new contract, the delivery system will install the Meditech Health Care Information System in 25 hospitals in Texas and Louisiana, and two long-term care facilities in Utah and Louisiana. Contract terms were not disclosed. Christus Health has eight regions. It currently uses Meditech in two regions; the other six regions use a core information system from San Francisco-based McKesson Corp. Earlier this year, Christus Health decided to standardize and limit the selection to its two existing vendors.

Conestoga College Institute of Technology and Advanced Learning in Kitchener, ON will offer Ontario's first four-year, baccalaureate, college-based program in **Health Informatics Management** in Kitchener starting in the fall of 2005.

Graduates of the program will be equipped to:

- Develop an electronic patient-records system for a hospital
- Manage a computerized information system for tracking infectious diseases
- Design and maintain databases for medical labs, hospitals and pharmacies
- Evaluate clinical trial results for pharmaceutical companies
- Create software for use in drug research and discovery.

For more information contact: Paul Osborne: posborne@conestogac.on.ca

Send your announcements and news to news@longwoods.com



Shands Hospital at the University of Florida Select HIPAAT Inc. for Security and Network Privacy Compliance

A teaching hospital of the Shands HealthCare system, Shands at University of Florida has selected HIPAAT products to assist with HIPAA security and privacy efforts.

HIPAAT security solutions comply with HIMSS/RSNA Integrating the Healthcare Enterprise (IHE)'s Basic Security Integration Profile. Following the IHE-specified Extensible Markup Language (XML) audit content format, HIPAAT developed the patent-pending Universal Compliance Module (UCM), XML Auditlog Toolkit and stand-alone Privacy/Security Repository. The UCM and XML Auditlog Toolkit generate XML audit messages at source nodes and the Privacy/Security Repository records these XML audit events in a format that allows for a simple, quick and comprehensive search and report. All three products will be installed at Shands at UF.

Misys to Support Behavioural Health

Misys Healthcare Systems will extend the functionality of its Misys CPR electronic medical records software to support documentation of behavioural health services. New York City Health and Hospitals Corp. will pilot the behavioural health module-designed for inpatient, outpatient and emergency settings – during the next year, then deploy it enterprisewide within the following 18 months.

Credit Valley Hospital in Mississauga ON, recently unveiled a **North American first** – a 24-hour in-hospital television information system providing continuous streams of information to Credit Valley's staff, patients and the community at large through television and internet. *The Current* is a joint venture between the hospital, Capital Networks and Infomedica Inc. The launch comes at the end of a four-month trial period.

In conjunction with a continuous loop of video presentations, *The Current* delivers need-to-know information at a glance including preventive health information, hospital and international news, weather, sports and alerts. Content can be updated via internet connection, ensuring up to date information at a moment's notice. The project is financed entirely through advertising support from local business and industry. For more information, contact Wendy Johnson, Director of Community Relations and Communication, Credit Valley Hospital, wjohnson@cvh.on.ca.

xwave Implements PeopleSoft Applications

xwave, an Aliant Company, has won contracts with Capital District Health Authority (Capital Health), the City of Greater Sudbury and the Town of Oakville to implement PeopleSoft applications and upgrades.

For Halifax-based Capital Health, xwave is implementing the following Employee and Manager Self Service products: Position Management, eRecruit, eBenefits, and Benefits Admin. All applications are components within the PeopleSoft Human Resources Management System (HRMS). Employee and Manager Self Service products provide managers and employees across CDHA with real-time data access, enabling them to view, update and initiate changes to their own data directly. Position Management allows Capital Health to more effectively track positions and vacancies in the context of budgetary control and reporting. eRecruit streamlines and simplifies the recruiting process. eBenefits and Benefits Admin improves benefit-processing and allows employees to view and update benefit information themselves.