



Quarterly Change

Dr. Nancy Edwards has been appointed to the **Governing Council of the Canadian Institutes of Health Research (CIHR)**. Dr. Edwards is a Professor in the School of Nursing and Department of Epidemiology and Community Medicine at the University of Ottawa, Director of the Community Health Research Unit and Academic Consultant for the City of Ottawa Health Department. She has contributed to more than 90 publications and holds one of six national nursing research chairs funded by the Canadian Health Services Research Foundation and CIHR. Until her recent appointment, Dr. Edwards was a member of the Advisory Board for the CIHR Institute of Population and Public Health.

The CIHR Governing Council is comprised of 19 volunteer members that represent a wide spectrum of expertise and experience in health research and policy. Charged with the responsibility of ensuring CIHR works to fulfill its mandate, the Governing Council sets the overall strategic direction, goals and policies of CIHR and its Institutes. Appointed for three years, members of the Governing Council are selected as individuals rather than as representatives of any particular group or organization. Further biographical information and details about the entire CIHR Governing Council is available at <http://www.cihr-irsc.gc.ca/e/about/7079.shtml>.

Federal health minister Anne McLellan recently announced the appointment of four new members to the **Ministerial Council on HIV/AIDS**. Created in 1988, the council advises the minister on aspects of HIV/AIDS that have a national scope. The new members of the Ministerial Council are Marie Anésie Harérimana, Executive Director of the Centre de ressources et d'interventions en santé et sexualité (CRISS), Bob Mills, board member of the Canadian AIDS Society and of the Global Network of People Living with HIV/AIDS North America, Kenneth Monteith, Executive Director of the AIDS Community Care Montréal and Dr. Anita Rachlis, professor at the University of Toronto.

Reappointed to the Council are Louise Binder, Margaret Dykeman, Richard Elliott, Dionne A. Falconer, Jacqueline C. Gahagan, Michael Grant, Barney Hickey, René Lavoie, Lindy Samson, Sheena Sargeant, and Art Zoccole. Louise Binder and Dr. Samson have been renewed as co-chairs of the Council.

For more information on the Ministerial Council on HIV/AIDS: http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/ministerial/index.html

Biographical Notes of Council Members: http://www.hc-sc.gc.ca/hppb/hiv_aids/can_strat/ministerial/members.html

The B.C. government is adding a further **\$6.7 million to its nursing strategy**, launched in 2001, to continue to strengthen recruitment, retention and education of nurses. To date, the government has funded 1,813 nurse training spaces and made extensive investments in areas like return-to-work programs, continuing education and loan forgiveness programs. A recent report from the Canadian Institute for Health Information shows the strategies are working – B.C. ranks first of all provinces when it comes to recruiting nurses with 50% of B.C.'s nursing workforce having been trained in other provinces as compared with the national average of 12.2%.

Since August 2001, the government's total commitment to nursing strategies has grown to \$59 million. The \$6.7 million is in addition to \$3.32 million in annual funding for loan forgiveness and nursing bursaries as well as \$6.5 million for 547 new nursing seats for 2003/04.

The President of the Canadian Medical Association (CMA), Dr. Sunil Patel, recently presented the **CMA Award for Excellence in Health Promotion** to the City of Ottawa.

The first annual CMA Award for Excellence in Health Promotion is presented to municipalities across Canada that have passed bylaws banning smoking in all indoor public places as of July 1, 2003. This year's award was first presented to the Federation of Canadian Municipalities at the CMA's general meeting in Winnipeg in August on behalf of all recipients and presentations to individual municipalities are on-going.

For consideration for this award, nominees must have contributed to the improvement of health through health promotion actions, initiatives or increased public awareness. Additional information on the CMA Award for Excellence in Health Promotion including nomination forms can be found at: www.cma.ca.

A joint **Alberta and federal government pilot project** has made it possible for regional health authorities to retain 150 foreign-trained physicians, nurses and other health professionals in Alberta. The two-year pilot Provincial Nominee Program, operated by the Alberta government and Citizenship and Immigration Canada assists employers, including regional health authorities, in expediting permanent residency status for qualified, foreign-trained health professionals in occupations experiencing chronic shortages. Of the 150 individuals, 72 are physicians and nearly one half are anticipated to be registered nurses, with the remainder comprised of occupational and physical therapists, registered nurses and other health professionals.

Alberta Maintains High Quality Healthcare and Financial Sustainability – Highlights 2002/2003

The Alberta Health and Wellness 2002/2003 Annual Report highlights the achievements of government initiatives and programs to improve health services in Alberta. To support the need for reform initiatives, healthcare spending increased by \$516 million over the previous year.

Highlights of the 2002/2003 fiscal year in review included:

Accessible, quality care:

- Developed a new funding plan for academic medicine to ensure Albertans continue to be served by the best and brightest. The plan will help increase quality of time physicians spend teaching students, caring for patients, or on research, and are expected to help attract and retain medical specialists.
- A new Health Professions Advisory Board was established to advise the Minister about the regulation of all Alberta health professionals. This will help to make better use of health professionals in the delivery of care.
- Pilot testing of the Alberta Waitlist Registry began. The registry will allow Albertans to view wait lists on the Internet, for selected procedures, in specific facilities across the province.

Protection, promotion and prevention:

- Launched the Healthy U campaign to raise awareness about the importance of healthy eating and regular physical activity.
- As part of the Alberta Tobacco Reduction Strategy, AADAC launched an information campaign to reduce and prevent tobacco use in Alberta.
- Developed the Alberta Diabetes Strategy, which focuses on prevention and management of diabetes. The strategy provides financial assistance for low-income Albertans to buy the supplies they need to manage their disease.
- Two new vaccines were added to Alberta's routine immunization program. The vaccines for conjugate meningococcal and conjugate pneumococcal will be available to infants starting at age two months.

Health System and Ministry effectiveness:

- Government accepted 49 of 50 recommendations made by the Committee on Innovation and Collaboration.
- New boundaries to combine Alberta's 17 health regions into nine were announced. The new boundaries better reflect where patients go for health services.
- Two Pharmaceutical Information Network (PIN) pilots were successfully conducted in Westlock and Leduc.

Highlights of measures and results include:

- Self-reported health status in both the 16 to 64 and 65 and over age group increased slightly in 2003. A substantial majority of Albertans feel they are in good to excellent health.
- Alberta's Report on Comparable Health Indicators reported that Albertans have similar health status compared with the Canadian average and Alberta's performance exceeded the Canadian average in several health areas.

The Canadian Institute for Health Information confirmed in its report Health Care in Canada 2002, that Albertans receive high quality health-care. Alberta performed better than the Canadian average in several areas, including per-person health spending, joint replacement surgery and heart attack survival rates.

Copies of the Alberta Health and Wellness Annual Report, 2002/2003, can be obtained from the Communications Branch of Alberta Health and Wellness by dialing (780) 427-7164 in Edmonton or toll-free at 310-0000 (ask for 427-7164) outside of Edmonton. The report is available on the Ministry's website at www.health.gov.ab.ca

British Columbia has launched a new **Provincial Laboratory Coordinating Office** as part of a comprehensive initiative to renew lab service delivery and ensure better co-ordination of lab test results for patients. Currently, up to 27 different lab information systems are in operation across the province and many are incompatible. As a result of these inefficiencies, B.C. taxpayers pay more per capita for lab services than any other province – 50% higher than the Canadian average.

The province will invest more than \$35 million during the next two years into strategic, provincial lab initiatives including the development of a quality information system that will be available to all providers. Other leading areas that will benefit include quality improvement and lab utilization management tools and activities, teaching and lab research, and provincial

human resource planning and training that will assist B.C. in addressing the looming national shortage of lab professionals (both physicians and technologists) anticipated over the next decade.

B.C. currently has the highest use of lab service of any Canadian province, with total lab expenditures now reaching nearly \$500 million a year and growing by 35% during the past five years. As a result of the greater efficiency and integration these reforms will provide, the new approach will help contain rising laboratory costs, protecting approximately \$70 million in health resources during the next two years which will be reinvested in other patient priorities. www.gov.bc.ca

Saskatchewan Health has released a progress report on **The Action Plan for Saskatchewan Health Care**. The report outlines the progress made to date on the goals and initiatives identified in the original Action Plan issued in December 2001.

Some of the highlights of the progress report include:

- Invested \$2.527 billion in 2003-04 in a publicly funded, publicly administered healthcare system, the largest amount ever spent in Saskatchewan. Health expenditures now account for 42 cents of every dollar the government spends on programs and services
- Established the most comprehensive and far-reaching strategy in Canada to improve surgical access with the implementation of the Saskatchewan Surgical Care Network (SSCN) that has developed a Surgical Patient Registry, surgical care co-ordinators and a website – www.sasksurgery.ca
- Launched a 24-hour, province-wide, toll-free telephone HealthLine offering immediate access to health advice: 1-877-800-0002
- Supported healthcare provider retention and recruitment through a variety of initiatives such as:
- Added 100 seats in the Nursing Education Program over three years, bringing the total to 400 per year
- Added 40 nursing seats as part of a new

northern nursing degree program, bringing the total to 80 per year

- Added 16 practical nursing seats over two years, bringing the total to 135 per year
- Added five new physician-training seats at the College of Medicine, bringing the total to 60
- Created more than 500 new and continuing bursaries in exchange for a commitment to work in Saskatchewan
- Created Canada's first Health Quality Council to promote excellence, accountability, coordinated planning and evidence-based decision-making in the province's healthcare system
- Provided \$61 million over the next two years for renewal of Saskatchewan's healthcare facilities
- Provided \$19 million for the acquisition of medical and diagnostic equipment
- Announced a major commitment to build a new Academic Health Sciences Centre at the University of Saskatchewan. Based on work done to date the project is estimated to cost \$120 million to complete
- Formed 12 Regional Health Authorities to replace 32 health districts to reduce duplication and improve planning and co-ordination among regions.

To read The Saskatchewan Action Plan for Health Care or The Progress Report on the Saskatchewan Action Plan for Health Care visit the Saskatchewan Health website at www.health.gov.sk.ca

The University of Calgary and the Calgary Health Region have **recruited 17 paediatric specialists** with the help of \$4.5 million in funding from Alberta Health and Wellness. The funding is part of an alternate funding plan that ensures a more transparent and streamlined compensation arrangement for academic physicians, recognizing their multiple roles in teaching, research, administration, and clinical services. This plan will increase physician flexibility by helping them develop innovative service delivery models tailored to their own needs, and those of their patients. This also provides consistency and predictability in physician remuneration, aiding the government, health regions, universities and physicians in balancing budgets.

Newfoundland plans to develop a **new seniors' drug program** to replace the current seniors' portion of the Newfoundland and Labrador Prescription Drug Program and be consistent with the catastrophic drug program First Ministers agreed to develop. The new program will cover all seniors. Currently, only seniors in receipt of the guaranteed income supplement can avail of government's program.



Healthcare, policy and solution providers should submit transitions and newsworthy notices to our project editor – Rashi Sharma. Contact her at rsharma@longwoods.com.

In Manitoba, Dr. David Cram will consult and report on **rural physician recruitment and retention** in the Assiniboine Regional Health Authority (RHA). Dr. Cram's assignment is to meet with doctors, communities, the RHA, and all relevant organizations such as the College of Physicians and Surgeons of Manitoba and the Manitoba Medical Association to develop a sustainable strategy for improving doctor recruitment and retention in rural Manitoba. Dr. Cram will report back to the minister before the end of the year. In addition to meeting with stakeholders, Dr. Cram will also work with the Office of Rural and Northern Health (ORNH), which was established to improve doctor recruitment and retention in rural and northern Manitoba. Born and raised in Neepawa, Dr. Cram is a rural doctor who has practised in Souris since 1986. A founding member of the Manitoba Southwest Association of Rural Physicians, Dr. Cram has been a strong advocate for healthcare in rural Manitoba.

St. Peter's in Hamilton, Ontario will receive \$4 million in funding to plan for the construction of a **new specialty hospital** on Hamilton's west mountain and a redevelopment project at the hospital's Maplewood Avenue site in central Hamilton. Two-million dollars of the planning and design grant will allow St. Peter's to proceed with the initial design phase of a new 90-bed specialty academic hospital for young adults with disabilities. Sixty-nine of these beds will be transferred from Hamilton Health Sciences (HHS) as a result of a joint agreement between HHS and St. Peter's Hospital. The proposed new academic specialty hospital will be built adjacent to St. Peter's at Chedoke, a new long-term care facility currently under construction.

The other \$2-million grant will enable St. Peter's to proceed with planning for the construction of two replacement units for the hospital's Behavioural Health Program, which offers specialized services for older adults who have a diagnosis of dementia and exhibit challenging behaviours. The patients currently reside in the hospital's South Wing, which was built in 1934.

St. Joseph's Health Care in London, Ontario recently opened an **Arthritis Institute Internet Clinic (AIIC)**, an interactive web-based multidisciplinary clinic made possible through a grant of \$82,500 from the Change Foundation with matching funds/resources from St. Joseph's Health Care, London and the Lawson Health Research Institute.

The Need

A survey of St. Joseph's patients with arthritic conditions found that 88% expressed a need for long-term follow-up to facilitate long-term maintenance and 77% were interested in web-based follow-up treatment resources; 62% have computer access at home; 10% access the Internet at public libraries, and 28% had no access. For patients without home Internet access, the clinic will be providing patients a list of accessible public computers in their area.

Features

- 24-hour access to information and advice related to management of arthritic conditions and their symptoms, such as chronic pain
- interactive on-line problem-solving for preventing treatment relapse
- Scheduled "live" access to a psychologist, physiotherapist, occupational therapist, social worker, etc. specializing in the treatment of chronic pain and rheumatological disorders
- Design is easy to use, especially for arthritis patients with limited hand functioning, and features familiar places and faces to look like an extension of the clinic; patients say it "looks familiar and comforting"

Benefits

- To the patient: Improved continuum of care through increased access to patient education, follow-up treatment and community/support services close to home; Improved disease management – for improved quality of life and decreased health care costs
- To the healthcare system: Less dependency on one-on-one care by healthcare providers; cost-effective follow-up system; improved capacity to prevent relapse post-discharge via the web; services for patients with arthritis across the system

Future Plans

Phase 2 of the program, set to launch in the spring of 2004, will expand the AIIC to include web resources available to the general population, including education regarding rheumatological disorders, general disease management tips and links to community resources.

PEI's Health and Social Services Minister recently provided an update on the success of the **Physician Recruitment Strategy** and the **Nurses Recruitment and Retention Strategy**. In February 2000, the government implemented the four-year, \$4.2 million Physician Recruitment Strategy to address serious challenges in physician resources. The strategy included funding for family practice and specialist training, new medical school seats, medical trainee sponsorships, student loan assistance, location grants, relocation cost assistance, locum support, continuing medical education, hiring a recruitment officer, enhancing recruitment resources, and incentives to attract international medical graduates. According to the Ministry, since the strategy was launched, 36 physicians have been recruited for a total 176 practicing physicians – one physician for every 800 people.

The Nursing Recruitment and Retention Strategy, a four-year plan to address immediate and long-term requirements for registered nurses in the province, has also had successes. Sixty new nursing positions have been created and recruitment efforts are continuing. The Bachelor Degree in Nursing Sponsorship Program has provided funding for more than 100 students, which will result in 194 years of service. The Summer Bachelor of Nursing Student Employment Program made way for 230 summer employment placements for nursing students in healthcare, while 120 students interested in healthcare professions are hired annually through the Health Care Futures program; in 2001, the number of seats at the School of Nursing at UPEI increased by 31% (14 seats); and the Nursing Refresher Program reimbursed tuition fees to 13 candidates who successfully completed the Refresher Program through ANPEI and who commit to work anywhere on PEI for one year following registration.

In Newfoundland, a provincial framework for primary healthcare – **Moving Forward Together: Mobilizing Primary Health Care** – has been submitted to the minister of health. The framework outlines the structure for remodeling primary healthcare in Newfoundland and Labrador through an incremental approach.

Through the consultation process interested provider groups were asked to submit letters of intent for the development of primary healthcare projects. The initial seven projects will receive funding for proposal development and implementation; and include the Connaigre Peninsula, Bonne Bay, Grenfell Health Region, Twillingate/New World Island, Labrador East, Bonavista and St. John's.

Recent funding, in the amount of \$9.7 million, from the federal Primary Health Care Transition Fund will be used to assist with the rollout of the framework. It will cover transition costs associated with planning, implementing and evaluating primary healthcare projects in Newfoundland and Labrador.

A copy of Moving Forward Together: Mobilizing Primary Health Care is available at: www.gov.nl.ca/health/publications/

Here's a strategy hospitals might look at. The **Atkinson Charitable Foundation** awarded \$50,000 to the Gatehouse. Since it was established in 1998, it has supported more than 3,000 people affected by child abuse. The Toronto support center provides a safe and comfortable setting for criminal investigations to take place. The centerpiece of its program is a state of the art video taping facility tucked away inside a cozy living room of a century old house near the lakeshore. The facility, full of teddy bears and toys, offers a much more comfortable setting than a police station for gathering information immediately following sexual abuse.

Detective Constable Jason Leitch, who frequently uses The Gatehouse for his investigations, finds that a police station can be sterile and intimidating, but at the Gatehouse he and others can have more casual conversations and gather details with much less trauma to the child.

Gatehouse staff and volunteers ensure children and their families receive other kinds of support to help the family navigate through the police investigation and the social service system with as little stress as possible.

For more information visit: www.thegatehouse.org or call Tammy Hepditch at 416-255-5900.

Nova Scotia's district health authorities and the IWK Health Centre will receive an additional \$19.2 million for costs associated with nursing and Nova Scotia's aging population. In return, the district health authorities and IWK **have agreed to accountability measures**, in particular a joint review of salary-related costs. The districts must also end the year without a deficit and continue working with the Department of Health to protect patient care.

Funding and accountability decisions were based on information provided this summer as part of the business planning process. District business plans will be re-submitted to the Health Department based on final budget numbers. Government will conduct value-for-money assessments for those districts concerned that they cannot end the year without a deficit.

Transitions

ICES President & CEO appointed Chair of Canadian Expert Drug Advisory Committee

Dr. Andreas Laupacis, President and CEO of ICES, has been appointed Chair of the new Canadian Expert Drug Advisory Committee (CEDAC). Established by the Canadian Coordinating Office for Health Technology Assessment (CCOHTA), CEDAC is a new independent advisory body of drug therapy and evaluation experts created as part of the Common Drug Review (an intergovernmental initiative that will provide a consistent and evidence-based approach for conducting drug reviews).



Dr. Laupacis is widely published on the topic of drug policy and cost-effectiveness evaluations. He has served as a member of Ontario's Drug Quality and Therapeutics Committee since 1999. In addition to his position at ICES, Dr. Laupacis is a General Internist at Sunnybrook and Women's College Health Sciences Centre, and a Professor in the Department of Medicine at the University of Toronto.

Robert Devitt has been appointed **President and CEO of Toronto East General Hospital**, effective January 1, 2004. Mr. Devitt served as President and CEO of Ontario's Peterborough Regional Health Centre from 1998, and previously held the same position at Ottawa's Queensway-Carleton Hospital.



Ross Maund has taken the position of President, Health Care Services for **Compass Group Canada**. The position takes Morrison Health Care Food Services and Crothall Environmental Services and combines them under a health care services portfolio in Canada.

ICES Scientist to lead Saskatchewan Health Quality Council

ICES Senior Scientist Dr. Ben Chan has been appointed Chief Executive Officer of the Saskatchewan Health Quality Council, effective October 1, 2003. Since joining ICES in 1994, Dr. Chan has done extensive research in the areas of physician human resource planning, primary care delivery and assessing quality of care. He is widely recognized as one of Canada's leading experts on health human resources.

In addition to his research at ICES, Dr. Chan has cross-appointments with the Departments of Health Policy, Management and Evaluation, and Family and Community Medicine at the University of Toronto, and also practises as a part-time locum physician in northern Ontario. Throughout his career he has practised medicine in more than 60 communities across eight Canadian provinces and territories.



Hal Schmidt has been appointed president and chief executive officer of **Halifax's IWK Health Centre**. Mr. Schmidt is currently vice-president and chief operating officer of the country's largest Catholic healthcare body in Vancouver.



Brian R. Golden, a professor of strategic management at the U of T's Rotman School of Management, with a joint appointment in the Department of Health Policy, Management and Evaluation, at the U of T's Faculty of Medicine, has been named the **Sandra Rotman Chair in Health Sector Strategy** at the University of Toronto and the University Health Network. The \$5 million chair is the result of a generous gift from the Rotman Family Foundation, the University Health Network and the Toronto General & Western Hospital Foundation. Professor Golden will launch and direct the Rotman School's Centre for Health Sector Strategy in partnership with University Health Network.

Bruce Harber has been appointed **President and Chief Executive Officer of York Central Hospital**. Mr. Harber will officially assume his new duties on December 1, 2003. Acting President and CEO Asmita Gillani will continue in her present role until Mr. Harber's arrival, after which time she will resume her duties as Chief Operating Officer.

Mr. Harber brings a wealth of senior leadership experience in the healthcare industry. Most recently he held the position of Chief Operating Officer of the Vancouver Coastal Health Authority, which funds, coordinates and delivers most healthcare services in the Vancouver, Richmond and North Shore/Coast Garibaldi. With a budget in excess of \$1.8 billion, it is the largest health organization in Canada and serves over one million people.

Dr. Geoff Fernie, a leader in rehabilitation research who has pioneered innovative technologies for helping people with disabilities and their caregivers, has been appointed **Vice President of Research at the Toronto Rehabilitation Institute**. Dr. Fernie is a professor in the Department of Surgery at the University of Toronto, with cross-appointments that include the Institute of Biomaterials and Biomedical Engineering, the Graduate Department of Rehabilitation Science and the Departments of Mechanical and Industrial Engineering, Physical Therapy, Occupational Therapy and Exercise Science. He was most recently Director of the Centre for Studies in Aging at Sunnybrook and Women's College Health Sciences Centre.



The Hospital for Sick Children (HSC) recently announced a \$2-million gift from Mira Godard, establishing in perpetuity, the **Mira Godard Chair in Vision Research** – the first private donation to a vision research chair in Canada. The

chair, held jointly with the University of Toronto, will provide vital resources to ensure that advances continue to be made in the research and treatment of eye disorders leading to blindness. Ms. Godard is an internationally renowned Canadian art dealer.

Dr. Elise Héon is the inaugural holder of the Chair in Vision. Dr. Héon, the first female head of a surgical unit at the University of Toronto, is Ophthalmologist-in-Chief at HSC, associate scientist, Genetics and Genomic Biology at the HSC Research Institute, and associate professor of Ophthalmology at the University of Toronto.



Dr. Elise Héon (left) and Mira Godard (right)

Vendor News

Sodexo Canada has been awarded the contract to provide housekeeping services for the Fraser Health Authority. The five-year agreement, valued at \$77 million, will commence in December, and is expected to save Fraser Health Authority more than \$50 million over the full term. Contact Jon Kristjanson at jon.kristjanson@sodexhoca.com



Crestline Coach Ltd. of Saskatoon has developed a unique series of measures and calculations that rate emergency vehicle visibility in daytime and nighttime conditions. The Emergency Vehicle Conspicuity Scoring Systems (EVCON) is based on: fluorescent colours; retroreflective sheeting; contrasting colours; and large square patterns. For more information, see the company's website at: www.crestlinecoach.com.

Remember When?

Remember when pharmacies used to make pills for their patients? Not likely. Pharmaceutical firms have now been mass producing medications for more than 100 years. Technology took the preparation of tablets and capsules out of the pharmacist's hands and placed it in the hands of the manufacturer. Unfortunately it also reduced many medications to one or two standardized strengths targeted to meet the needs of mass markets. However, the march of technology continues and is now putting the power of medication preparation back in the hands of pharmacists. New Canadian technology already in use at Toronto's **Pharmacy.ca** takes us back to the future allowing pharmacists to prepare medications personalized for their individual patients. Variable amounts of pure powder can now be placed in tiny capsules – one prescription at a time in the dispensary – quickly and accurately and without any superfluous fillers. Why bother?

According to Pharmacy.ca pharmacists, there are a number of reasons: Sometimes the technology is used to prepare medications that have been discontinued by the manufacturer; at other times it is used to wean patients off antidepressant medication in very small steps so as to avoid something known as SSRI discontinuation syndrome; and in other cases patients demand purity and want to avoid fillers – almost always present in manufactured pills. It gives the physician and pharmacist the ability to individualize medication treatments for their patients. They insist it is easy to use, accurate and effective. The technology is a point-of-care medication production system that can inexpensively produce medication in everyday clinical settings. One by-product, according to Pharmacy.ca, is the ability to make drugs more readily available to third world countries, which cannot afford ready-made and expensive pharmaceuticals. Are we back to the future?

Remember **Dr. Isser Dubinsky**? Fed up with government inaction as Chief of Emergency Medicine at the University Health Network, he is now committed to changing the system from the outside in. A practitioner with solid clinical and academic credentials, he has joined with the law firm **Miller Thomson** as medical expert and advisor on issues of medical staff performance reviews, operational reviews, accrediting educational programs and strategic planning. Contact idubinsky@miltomconsulting.com.

Peter Goodhand is pursuing his passion for advancing the cause of medical technology development in Canada. He is now Managing Director of the **ORTC** with a mandate to create a knowledge exchange and relationship brokerage organization that will connect all participants in the Ontario Medical and Assistive Technology sectors. He was previously President of MEDEC Canada.

There is no lack of opportunity for clinicians to embrace electronic healthcare. For example: from **Picis, Inc.**, Anesthesia Manager automatically records physiological data; enables anesthesiologists to easily enter fluids, medications and events; helps create specialized anesthesia documentation; assists perioperative care management; and supports clinicians' workflow throughout the entire anesthesia care process – from the preoperative holding area and the operating room through case closure in the post anesthesia care unit. This software provides the precise and accurate information needed to maintain or improve quality standards, while increasing accuracy, efficiency and cost-effectiveness.



Frank Carr

Gary Zatko

Courtyard Group of Toronto has opened offices in Edmonton, Alberta. **Frank Carr** and **Gary Zatko** will form the backbone of the western operation. Both have impressive credentials including roles as CIO of large enterprises. Courtyard brings the disciplines of engineering, law, finance, business, operations management and clinical practice to its role as an independent professional services firm specializing in information technology consulting for healthcare organizations,

In a related item, **Ryerson University** President Claude Lajeunesse recently announced the appointment of **Dr. Michael Guerriere** as Chair of the Board of Governors. Dr. Guerriere is a managing partner of Courtyard Group. He is also Editor in Chief of the journal *Electronic Healthcare*.

Mark Hundert, National Director of the **Hay Health Care Consulting Group**, has just published the fourth in a series of reports for *Hospital Quarterly* dealing with issues in the governance of Canadian hospitals. For a compiled copy contact Susan Hale at shale@longwoods.com.

The National Advisory Committee on SARS and Public Health recently acknowledged Hay Group for its major consultancy on local/regional clinical and public health issues. The full report from The National Advisory Committee on SARS and Public Health – *Renewal of Public Health in Canada* – is available at www.Longwoods.com. Click on the SARS link.

Nominate now for '04 HIMSS awards/recognition program

Submit your nominations for the following HIMSS awards. The full program catalog - complete with eligibility requirements and the detailed nomination procedure - can be found online at www.himss.org/ASP/awards.asp.

John A. Page Outstanding Service Award Leadership Award
Contact: executiveoffice@himss.org

Chapter Innovations Awards Outstanding SIG Member Award
Contact: Nancy Wedell at 312/915-9266 or nwedell@himss.org

Distinguished Fellows Service Award
Contact: Betty Sanders at 312/915-9269 or bsanders@himss.org

HIMSS Foundation Scholarship Program
Contact: Alicia Budnick at 312/915-9276 or abudnick@himss.org

All HIMSS members are eligible to submit entries for any of the awards listed above. The deadline for all nominations is October 15, 2003. Winners will be honored at the 2004 Annual HIMSS Conference Awards Dinner.

The **Healthcare Information and Management Systems Society (HIMSS)** and the Microsoft Healthcare Users Group (MS-HUG) have united. The unification strengthens the commitment of both HIMSS and MS-HUG to better serve their members and the industry through a shared strategic vision to provide leadership and healthcare information technology solutions that improve the delivery of patient care. According to David E. Garets, chair of the HIMSS Board of Directors (and an editorial advisor to the journal *ElectronicHealthcare*) this will benefit everyone.

Here's how it works: MS-HUG will become a membership community within the new HIMSS Users Group Alliance Program, which will operate under the strategic direction and guidance of the HIMSS Board and dedicated MS-HUG volunteer leadership. HIMSS staff will coordinate and implement the activities recommended by MS-HUG leadership, including the MS-HUG Industry Solution Awards for Healthcare and the Windows on Healthcare Symposium, to be offered as part of the HIMSS annual meeting. Consolidation of the two groups is in process and will become effective on October 1, 2003. All current MS-HUG members will automatically become HIMSS members until the HIMSS membership renewal date of July 1, 2004. Canadian HIMSS members interested in supporting MS-HUG can contact MSHUG@longwoods.com to get more information.

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– **LibrarianTechnician**, Sidney Liswood Library, Mount Sinai Hospital.

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