

### **CADTH in Health Appoints Expert Members to Its New Canadian Drug Expert Committee**

The Canadian Agency for Drugs and Technologies in Health (CADTH) announced the appointment of the expert members to its newly established Canadian Drug Expert Committee (CDEC). CDEC consolidates the mandates of two previous CADTH committees: the Canadian Expert Drug Advisory Committee (CEDAC) and the COMPUS Expert Review Committee (CERC). Dr. Brian O'Rourke, president and chief executive officer (CEO) of CADTH, commended the members of CEDAC and CERC for their outstanding contributions to CADTH, and noted that creating CDEC is a natural evolution for the agency.

Dr. Robert Peterson will be the chair of CDEC. He is the executive director of the Drug Safety and Effectiveness Network, a joint venture of Health Canada and the Canadian Institutes of Health Research (CIHR). Dr. Peterson is well known internationally for his work in the areas of drug development, health technology assessment and regulatory review, having previously served as director of the Section of Pediatric Clinical Pharmacology at the University of Colorado; professor of pediatrics and pharmacology and chair of the Department of Pediatrics at the University of Ottawa's Faculty of Medicine; director of the Children's Hospital of Eastern Ontario Research Institute; and director general of the Therapeutic Products Directorate at Health Canada.

The following are the other expert members of CDEC:

- Dr. Ahmed Bayoumi, physician, St. Michael's Hospital, University of Toronto, Toronto, Ontario
- Dr. Bruce Carleton, professor of pediatrics and pharmaceutical sciences, University of British Columbia, Vancouver, British Columbia
- Dr. John Hawboldt, associate professor, School of Pharmacy, Memorial University, St. John's, Newfoundland and Labrador
- Dr. Peter Jamieson, family physician, hospital medicine and long-term care, Alberta Health Services; medical director, Foothills Medical Centre; and clinical associate professor, Department of Family Medicine, University of Calgary, Calgary, Alberta
- Dr. Julia Lowe, associate professor of medicine, University of Toronto, Toronto, Ontario
- Dr. Kerry Mansell, assistant professor, University of Saskatchewan, Saskatoon, Saskatchewan
- Dr. Irvin Mayers, division director, pulmonary medicine, University of Alberta, Edmonton, Alberta
- Dr. Lindsay Nicolle, professor of internal medicine and medical microbiology, University of Manitoba; and consultant, adult infectious diseases, Health Sciences Centre and Winnipeg Regional Health Authority, Winnipeg, Manitoba

- Dr. Yvonne Shevchuk, professor and associate dean academic, College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, Saskatchewan
- Dr. Jim Silvius, clinical associate professor, Department of Medicine, Division of Geriatric Medicine, University of Calgary, Calgary, Alberta
- Dr. Adil Virani, director, Lower Mainland Pharmacy Services, and associate professor, Faculty of Pharmaceutical Sciences, University of British Columbia, Vancouver, British Columbia

The selection process for two public members to serve on CDEC is currently under way.

CADTH is an independent, not-for-profit organization funded by the federal, provincial and territorial governments of Canada. It is one of Canada's leading sources of information and advice on the effectiveness and efficiency of drugs, medical devices and other health technologies.

### **Donors Hike Support for Canadian Hospitals to More Than \$1.2 Billion, but Giving Is Still Short of Pre-recession Levels**

Donors to Canada's healthcare institutions increased contributions by \$80 million last year, but the much-needed financial booster shot remained far below amounts raised before the recession hit. While charitable cash and pledges in fiscal year 2010 totalled \$1.204 billion, 7.1% more than in fiscal year 2009, they were \$133 million less than the total of funds raised in fiscal year 2007.

According to the *FY2010 AHP Report on Giving – Canada* issued by the Association for Healthcare Philanthropy (AHP), fiscal year 2010's improved economy enabled Canadian hospitals, medical centres and other healthcare facilities to climb out of a philanthropic valley carved out by the recession's negative economic forces in 2008, when giving dropped to just \$1.068 billion. A copy of the *AHP Report on Giving Fact Sheet* is available at [www.ahp.org/reportongivingcanada](http://www.ahp.org/reportongivingcanada).

### **Canada Ranks Middle of the Pack on Patient Engagement**

The Health Council of Canada has released *How Engaged Are Canadians in Their Primary Care?* an in-depth look at patient engagement through the lens of the *2010 Commonwealth Fund International Health Policy Survey*. Among 10 other countries that take part in the Commonwealth Fund Survey, Canada falls exactly in the middle percentage range when it pertains to patient engagement. New Zealand, Australia and Switzerland have the most engaged patients at 68%, 63% and 59%, respectively. These same countries in a past Commonwealth survey (2010) earned high ratings from citizens on access, affordability, timeliness and coordination of care.

The report takes a deeper look into patient engagement in Canada and reveals that, overall, more engaged patients perceive themselves to be healthier and better use the health services and resources in the system. However, the report finds that only 48% of Canadians feel involved and are actively participating in their own healthcare. That means less than half of Canadians are taking a more active role in maintaining their health, which oftentimes leads to increased satisfaction with their care. Engaged patients are more likely to make active efforts to participate in disease prevention, screening and health promotion activities. The report identifies time as the biggest barrier to patient engagement.

To view the social media release, visit <http://smr.newswire.ca/en/health-council-of-canada/canada-ranks-middle-of-the-pack-on-patient-engagement>.

### **New Chair for Canadian Healthcare Association**

Alice Downing of British Columbia has been elected chair of the Canadian Healthcare Association Board of Directors for a two-year term. An accomplished leader, Downing brings to the role extensive management and governance experience in the resource and service sectors as well as in the public and not-for-profit sectors. Downing has served as board chair of the Health Employers Association of British Columbia since 2008 and is a member of the Public Sector Employers Council of British Columbia. She served on the board of the Northern Health Authority from 2003 to 2010 as vice-chair of the board and chair of the Governance and Management Relations Committee. She was appointed to the Canadian Healthcare Association Board in 2008.

The association has also announced its slate of directors for the next year: board chair, Alice Downing; past chair, Larry B. Hogue; president, Pamela C. Fralick; Alberta, Ken Hughes; Saskatchewan, Greg Kobylka; Manitoba, Margaret MacDonald; New Brunswick, Rino Volpé; Nova Scotia, Ron Williams; Prince Edward Island, Ken Ezard; Newfoundland and Labrador, Tony Genge; Yukon, Joe MacGillivray; and Nunavut, Raj Downe. Elma Heidemann, an expert in governance and leadership, joins the board of directors as the association's first elected at-large director. Saskatchewan's Susan Antosh will chair the association's CEO Forum. Quebec is represented by the Association québécoise d'établissements de santé et de services sociaux through a strategic alliance.

### **Former Health Council of Canada Councillors Appointed to Order of Canada**

Dr. Jeanne Besner and Dr. Robert McMurtry were recently appointed members of the Order of Canada for their outstanding contributions in promoting and improving the health and well-being of Canadians. A registered nurse, researcher and former

chair of the Health Council of Canada, Dr. Besner joined the Health Council in 2003 and led the organization from 2006 until 2010. She acted as a national ambassador for the organization and for healthcare renewal in Canada, and was also the driving force behind the council's progress report in 2008 and its transition to a renewed mandate in 2010. Dr. McMurtry was a founding councillor at the Health Council of Canada. He was the chair of the council's Wait Times and Accessibility Work Group, leading the development of various reports on wait times and access from 2003 to 2007.

### **Two New Appointments to the CIHR Governing Council**

The Honourable Leona Aglukkaq, minister of health, has announced the appointment of Maura Davies and Martin LeBlanc to the CIHR Governing Council for a three-year term. Davies is the president and CEO of the Saskatoon Health Region. She has more than 30 years' experience in healthcare as a clinical dietitian, educator and senior executive. Davies holds baccalaureate degrees in science and education and a master's degree in health services administration. She has a part-time faculty appointment in the Department of Community Health and Epidemiology at the University of Saskatchewan. LeBlanc is the president and CEO of Caprion Proteomics in Montreal and also sits on the boards of Victrom Human Bionics, Montreal InVivo and the Atlantic Cancer Research Institute. He holds a bachelor's degree in economics from the University of Moncton and completed a master's degree in economics and politics at Oxford University as a Rhodes Scholar.

### **Jane Aubin Named New Chief Scientific Officer/Vice-President of Research at CIHR**



CIHR has announced the appointment of Dr. Jane Aubin to the position of chief scientific officer/vice-president of research. As chief scientific officer, Dr. Aubin will assume responsibility for the oversight of all scientific affairs at CIHR and provide CIHR with expert advice on matters relevant to science and technology, potential opportunities and emerging orientations and trends in the national and international health research communities. As vice-president of research, she will also be responsible for all aspects of adjudication of grants and awards at CIHR. Finally, as a member of the Scientific Council, she will participate in the development, implementation and reporting of CIHR's research and knowledge translation strategy.

Dr. Aubin's career path has included several senior academic administrative positions, including chair of the Graduate Department of Dentistry, director of Postgraduate Dental Education and chair of the Department of Anatomy and Cell

Biology at the University of Toronto. She is currently a member of the Faculty of Medicine at the University of Toronto, where she is a professor of molecular genetics and the director of the Bone Program at the Centre for Modeling Human Disease.

Dr. Aubin has been scientific director and CEO of the Canadian Arthritis Network of Centres of Excellence and, for the past four years, scientific director of CIHR's Institute of Musculoskeletal Health and Arthritis (IMHA). During her time as scientific director of IMHA, she has shown outstanding leadership qualities and an unwavering commitment to working with others to improve the health and quality of life of patients with arthritic, musculoskeletal, oral and skin conditions.

### **Yves Joannette Appointed Scientific Director of CIHR's Institute of Aging**



CIHR has announced the appointment of Dr. Yves Joannette as incoming scientific director of CIHR's Institute of Aging. Dr. Joannette is currently a professor at Université de Montréal's Faculty of Medicine and was the director of the Centre de recherche de l'institut universitaire de gériatrie de Montréal (CRIUGM) between 1997

and 2009. He served as president and CEO at Fonds de la recherche en santé du Québec as well as chair of the agency's board of directors from 2009 to 2011. For five years, he was also the director of Université de Montréal's School of Speech Therapy and Audiology and CRIUGM's associate director of clinical research. Following his doctorate degree in neurological sciences from Université de Montréal (1980), Dr. Joannette went on to post-doctoral training in neuropsychology and behavioural neurology in Marseille, France, where he was a founding member of the Human Neuropsychology Laboratory at École des hautes études en sciences sociales (1982).

### **Andreas Laupacis Receives the 2011 HSRA Award**



The Canadian Health Services Research Foundation recently conferred the 2011 Health Services Research Advancement (HSRA) Award on Dr. Andreas Laupacis, executive director of Li Ka Shing Knowledge Institute of Toronto's St. Michael's Hospital. Dr. Laupacis, who is also a professor in the Faculty of Medicine at the University of

Toronto, is past president and CEO of the Institute for Clinical Evaluative Sciences and was the first chair of the Canadian Expert Drug Advisory Committee. For over 30 years, he has been a leader in bridging research to policies that improve the health of Canadians. Together with Dr. David Sackett and Prof. Robin Roberts, he introduced and developed the concept of

"number needed to treat," a measure of treatment effectiveness that has come to be a vital component of the clinical and research lexicon. Dr. Laupacis is currently working with a core team of physicians, policy advisers and researchers to maintain an interactive website ([www.healthydebate.ca](http://www.healthydebate.ca)) that provides factual, easy-to-understand information designed to engage citizens in dialogue about important healthcare issues.

### **Government of Canada Is Committed to Improving Health Equity in Canada and Around the World**

The Honourable Leona Aglukkaq, minister of health, has announced that 11 new research programs will benefit from more than \$21 million of investment from the government of Canada. Speaking at the University of Manitoba, Aglukkaq announced projects that will help improve what is known as *health equity*, a term that refers to individuals being able to attain their optimum level of health, regardless of gender, age, ethnicity, social class or other circumstances. Situations of health inequities are observed between and within countries, and solving them requires the collaboration of researchers and knowledge users from multiple disciplines. Research done in Canada will be useful for a number of researchers in the international community. Federal funding for the projects will come from CIHR and the Public Health Agency of Canada (PHAC).

The announcement in Winnipeg highlighted support for a research program led by Dr. Patricia Martens at the University of Manitoba. Her team will study the impact of programs and policies on health and social inequities of Manitoba's children. This research project will be supported by co-investments from CIHR and the Heart and Stroke Foundation.

### **Report Shows That One Dollar of Every Twenty Invested in Cancer Research was Focused on Survivorship and Palliative and End-of-Life Care**

The first-ever detailed examination of Canada's investment in cancer survivorship research and palliative and end-of-life care cancer research was released in late September by the Canadian Cancer Research Alliance and the Canadian Partnership Against Cancer, which is funded by Health Canada. This study found that the investment in these two emerging and related areas of research represented nearly 5% of the overall cancer research investment in Canada, or about \$18.5 million annually, for the 2005–2008 period. By comparison, this was roughly half of what was invested in cancer risk and prevention research; the investment in treatment research was nearly five times greater.

Survivorship research refers to research conducted after primary cancer treatment, and it focuses on the long-term or late complications of cancer and its treatments, other physical, practical and psychological effects experienced by cancer survivors

and their family/caregivers, interventions to address quality of life, and issues relevant to delivery and access to appropriate supportive care. Palliative and end-of-life care research refers to research on physical symptoms associated with advanced/metastatic cancer, spiritual, emotional and social support, care needs of patients with advanced disease and their families, issues of bereavement and grieving as well as quality of death, ethical issues associated with death and dying, and care needs and care delivery.

The study showed that investment in survivorship research rose from \$10.2 million in 2005 to \$14.3 million in 2008 – a net increase of 40% from 2005 to 2008. Research supported by the charitable sector represented 28% of this investment. The largest proportion of the investment (45%, \$6.9 million per year) was focused on the identification and management of specific late/long-term physical effects of cancer and its treatment. Among the physical effects being studied were sexual functioning/reproductive issues, cognitive/neurological issues, fatigue/insomnia, cardio-toxicity/vascular issues and arm morbidity/lymphedema.

### **Dr. Andrea Covelli Named First-Ever Roche Canada–CBCF Physician Fellow**

The Canadian Breast Cancer Foundation – Ontario Region (CBCF-Ontario) is proud to announce Dr. Andrea Covelli as the first-ever named fellow through a sponsorship initiative between Roche Canada and CBCF-Ontario. Dr. Covelli is a general surgery resident at the University of Toronto and a PhD candidate in the university's Department of Health Policy, Management and Evaluation, conducting research through Sunnybrook Health Sciences Centre. She was awarded the two-year fellowship to support her research into why some women with early breast cancer undergo more extensive surgery instead of breast-sparing surgery. This is CBCF-Ontario's first named fellowship, made possible through a sponsorship generously provided by Roche Canada. Named fellowships are a new addition to CBCF-Ontario's overarching fellowship program, which is designed to help develop the next generation of breast cancer researchers and clinicians.

### **New MSFHR Research Awards an Investment in the Health of British Columbians**

The Michael Smith Foundation for Health Research (MSFHR) recently announced the recipients of its 2010–2011 research scholar and trainee funding awards. Of the more than 300 applicants, MSFHR funded 95 individuals working in diverse fields of health research. Thirty-two scholar awards will support researchers establishing or building research programs to address critical health issues. Awards to 63 post-doctoral fellows will provide an additional three years of advanced research training to prepare the next generation of scholars for our BC universities and hospital-based research centres.

MSFHR's award competitions have funded more than 1,400 awards to outstanding researchers — from trainees through well-established investigators — who are working to resolve health and health system challenges. The foundation also funds research teams, supports research projects and brings together British Columbia's universities, health authorities, non-profit organizations and government for health research planning and action. This year, nine provincial and national organizations co-funded MSFHR's post-doctoral awards, expanding the number of recipients by 15. A full list of MSFHR-funded scholars and post-doctoral fellows is available at [www.msfhr.org/who\\_we\\_fund/past\\_recipients](http://www.msfhr.org/who_we_fund/past_recipients).

### **Ontario Institute for Cancer Research Receives \$420 Million over Five Years**

The Ontario Institute for Cancer Research (OICR) will receive \$420 million over five years from the government of Ontario to continue its research into the prevention, early detection, diagnosis and treatment of cancer. The institute will also occupy two floors of Phase 2 of the MaRS Centre in downtown Toronto, in addition to its current laboratories and offices at its headquarters in the MaRS Centre.

The announcement means continued support for the institute in fulfilling the ambitious goals set out in its second strategic plan for 2010–2015, which focuses on the adoption of more personalized approaches to cancer diagnosis and treatment. OICR's current research activities in genomics and bioinformatics will be expanded in the new space in Phase 2, allowing the institute to increase its capacity to make new discoveries and move them out of the laboratory into the clinic for the benefit of patients. The funding will also enable the Ontario Health Study to complete its recruitment plans for the study, which will lead to better prevention of cancer and other chronic diseases.

### **University of Alberta First in Canada to Receive Award for Mental Health First Aid**

The University of Alberta was recently honoured by the Mental Health Commission of Canada (MHCC) for promoting mental health literacy among staff members. The University of Alberta has trained over 250 staff in Mental Health First Aid, a program that teaches participants the skills and knowledge to help them better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague. This is the first time that MHCC has presented a Canadian university with an award related to Mental Health First Aid.

### **Alberta Launches Multiple Sclerosis Observational Study**

A new web-based study that will document and track the experiences of Albertans who suffer from multiple sclerosis (MS), in particular those who have had the Zamboni treatment or other

similar procedures, is now up and running. Researchers at the University of Calgary and University of Alberta, along with experts from the MS community, have worked since December 2010 to put the study together. The Zamboni treatment, which is not approved for use in Canada, is being offered in other countries to treat chronic cerebrospinal venous insufficiency, a syndrome associated with reduced blood drainage between the brain and heart that some researchers believe is linked to MS.

The study is being funded with an investment of up to \$1 million by Alberta Health and Wellness. The Alberta Multiple Sclerosis Initiative study will include a self-administered online survey (available at [www.tamsi.ca](http://www.tamsi.ca)) that patients with MS or related conditions, once registered, will fill out at six-, 12-, 18- and 24-month intervals. The study will match anecdotal information with files from patients' electronic health records from physician visits or medical tests.

### **Saskatchewan Patients' Experiences with Hospital Care: More Information Now Available Online**

More information on how Saskatchewan patients feel about the care they're receiving in hospital is now publicly available on a website tracking the performance of the province's health system. Twenty new indicators from an ongoing patient survey have been added to the Quality Insight website ([www.qualityinsight.ca](http://www.qualityinsight.ca)), a provincial resource launched by the Health Quality Council in mid-February, to give the people who manage and deliver healthcare in Saskatchewan – and the people who use those services – easier access to information about the province's healthcare system. The new information includes patients' responses to questions about whether they would recommend a particular hospital to family and friends, communication by healthcare providers during their hospital stay and pain control. It joins other information from the patient surveys, and other measures of healthcare quality, already available on the Quality Insight website.

### **Manitoba Funds Development of New Course to Support Diabetes Education, Care in First Nations Communities**

A new web-based professional development course on diabetes care and treatment will support healthcare providers working in First Nations communities in Manitoba. The development of the @YourSide Colleague First Nations Diabetes Circle of Care course was supported by \$50,000 in provincial government funding. The course was developed in response to recommendations from the Manitoba First Nations Patient Wait Time Guarantee Project for the prevention, care and treatment of diabetic foot ulcers. The project was a joint initiative between Manitoba Health, Saint Elizabeth First Nations Inuit and Métis Program and the Assembly of Manitoba Chiefs. The course is

one of 10 web-based professional development courses that the Saint Elizabeth First Nations Inuit and Métis Program provides at no charge to First Nations communities.

### **SickKids Wins Gold for Innovative Business Model**

In Toronto, the commitment of The Hospital for Sick Children (SickKids) to innovation has been recognized by the Institute of Public Administration of Canada (IPAC) with a Gold Award in Innovative Management. The prestigious award, which celebrates and encourages innovative managerial initiatives in Canada's public administration, acknowledges the innovative business model driving SickKids International (SKI) – SickKids' innovative response to the rising costs and limited funding facing the healthcare sector today.

Using SickKids' strong reputation as a world leader in pediatric healthcare, SKI draws upon the experience of the organization's team to provide advisory services to build capacity in children's healthcare around the world. Generated revenues are then reinvested in SickKids to support children's health in Ontario and Canada.

SKI has achieved measurable success from the perspectives of both business development and humanitarian aid. To fulfill its five-year contract with Hamad Medical Corporation, SickKids is providing advisory services for the development and operation of the new children's hospital located in Doha, Qatar. The project will raise the bar of pediatric healthcare for the children and families of Qatar and also contribute funds to benefit healthcare for children in Ontario and Canada.

SKI has also secured funding from the Canadian International Development Agency (CIDA) for a multi-million dollar program to support the training of pediatric nurses in Ghana. The project focuses on transferring knowledge from SickKids' nurse educators to their colleagues in Ghana to create sustainable, world-class nursing education programs.

The IPAC Award for Innovative Management, which is sponsored by IBM, was launched in 1990. It distinguishes government organizations that have shown exceptional innovations that address the wide variety of issues facing society today. Previous winners of the award include Industry Canada, Natural Resources Canada and Cancer Care Ontario. This is the second time that SickKids has been recognized by IPAC. In 2009, SickKids was awarded the IPAC Leadership Award for its role in the Canadian Paediatric Surgical Wait Times Project.

### **Quebec's François Borgeat Joins Mental Health Commission's Board of Directors**

Dr. François Borgeat, who has been co-chair of the Medical Program for Anxiety and Mood Disorders at Hôpital Louis-H. Lafontaine in Montréal, Quebec, since 2007, is the newest appointment to the Mental Health Commission of Canada's

Board of Directors. Dr. Borgeat is also currently a clinical professor at the Université de Montréal, where he directed the Department of Psychiatry from 1988 to 1996.

Dr. Borgeat ran the department of psychiatry at Cité de la Santé de Laval from 1984 to 1988. His career has also taken him overseas, acting as a consultant during the reorganization of mental health services in Switzerland and France. He led the Department of Adult Psychiatry at the University of Lausanne in Switzerland from 1997 to 2005 and remains today an honorary professor at the University of Lausanne.

Dr. Borgeat has been a consultant in rural areas of Quebec, including in Abitibi and the Laurentians, for many years, occasionally working at the hospital in Mont-Laurier, a rural community 300 kilometres north of Montréal. Dr. Borgeat's research papers – predominantly focusing on anxiety disorders, the application of preconscious perception in the field of psychotherapy and the organization of mental health services – have been widely published throughout the past three decades.

### **Baxter Corporation Appointed Michael Oliver as General Manager for Baxter Canada**



Prior to joining Baxter, Mr. Oliver served as president of Becton Dickinson and Company (BD) Canada. During his more than 21 years with BD, Oliver held a variety of key sales and management positions including business director for Medical Surgical Systems in Canada; Business director for Medical Surgical Systems in the

United Kingdom and Ireland; business director for Medical Surgical, Diabetes Care and Ophthalmics in Asia-Pacific; and vice president and general manager of Diabetes Care for Europe, Asia-Pacific and Emerging Markets.

Mr. Oliver serves on the Board of Directors and Executive Committee for Canada's Medical Technology Companies (MEDEC) and is active on the association's Procurement, Membership and Governance Committees.

He succeeds Barbara M. Leavitt, following her retirement after more than 27 years of distinguished leadership and service at Baxter Canada.

### **Medbuy Welcomes Strategically Focused and Experienced Leader as new President and CEO**

Medbuy's board chair, Sue Denomy, has announced the selection of Kent Nicholson as the new president and CEO of Medbuy Corporation. Mr. Nicholson, a senior executive with more than two decades of experience leading organizations to increased market share, productivity and customer satisfaction, will assume the role currently held by interim CEO, Tony Dagnone, effective October 11.



As executive vice president and chief operating officer of CML Healthcare, a leading community-based health services provider of laboratory testing and medical imaging, Mr. Nicholson provided leadership for three primary business units that had consolidated revenue of nearly \$500 million. His portfolio included a broad range of responsibilities,

including marketing and sales, information technology, lab services, medical imaging services and supply chain.

With a career based in engineering, Mr. Nicholson has also held progressive senior management positions with Imperial Oil Ltd. and Canadian Tire Corporation, where he oversaw the growth of the national retailer's gasoline retail division. His industry service includes a term as chair of the Ontario Association of Medical Laboratories.

## Letter to the Editor

Re: Nurses think reporting patient safety events is just futile  
*Healthcare Quarterly*, Vol. 14 No. 3 2011

You missed an opportunity to address an important issue with the cavalier way in which you headlined the story about patient safety reporting on the cover of your latest issue.

Nurses consider patient safety a top priority in their care, however, the headline suggests to the indiscriminate reader, that all nurses are ambivalent about reporting patient safety events.

We have no argument with the study or its findings and congratulate the writers for bringing transparency to the issue.

But we are concerned that headlining the article to your readership in this way both misrepresents nurses and characterizes them as indifferent to the problem.

Regards,

**David McNeil**

President, Registered Nurses' Association of Ontario

# When do you really feel like a nurse?



## When you're putting your patient at ease.

Coordinating the care team. Tracking the care plan. Documenting treatment and ensuring compliance. All necessary activities. Our nursing solutions help you manage complexity. So you have more time for patient care.

appropriate staffing. With surgical and perinatal care tools along with advanced care planning to assess and track treatment. And with analytical tools to drive performance and quality outcomes.

**The power to improve collaboration.**  
**The power to manage complexity.**  
**The power to drive quality.**

McKesson empowers you with point-of-care documentation and bar code medication administration solutions that eliminate paperwork and help prevent errors. With workforce management solutions to ensure

For more information on how McKesson's nursing solutions create more time for care, visit us at [www.mckesson.com/nursing](http://www.mckesson.com/nursing) or call **800.981.8601**.

**The power to perform.**

**MCKESSON**  
Canada  
*Empowering Health Care*