## Nurses Worldwide Are Encouraged to Enter an Exciting Recognition Program Showcasing Nursing Innovations and Care Solutions

Sanofi and its partnering organizations – the International Council of Nurses, the Nurse Practitioner Healthcare Foundation, the Secrétariat international des infirmières et infirmiers de l'espace francophone and the Association française pour le développement de l'education thérapeutique - are pleased to announce the Care Challenge recognition program, inviting nurses to submit their innovative patient care ideas and projects. Nurses from anywhere around the world can share, exchange and nominate projects and ideas for the Care Challenge initiative and be eligible to receive an award. To accommodate the international scope of this program, the deadline for submissions online at www.care-challenge.com has been extended to March 31, 2012. Care Challenge provides 20 awards to outstanding nurse innovators in two categories: Nurse in the Limelight awards and Helping Hands awards. A total of 20 awards will be offering the recipients an opportunity to develop the project and to communicate it globally. Helping Hands awards include a €3,000 prize (~USD\$4,140).

# CNA and YMCA Canada Team Up to Learn What Canadians Need from Health

The Canadian Nurses Association (CNA) and YMCA Canada launched a series of public round-tables with kick-off events in Calgary and Toronto to give Canadians an opportunity to share their thoughts about the country's healthcare system and how it can meet their needs. The insights shared through these sessions will help inform CNA's National Expert Commission, a nationwide consultation and research project currently exploring healthcare transformation.

The Commission, which has a mandate to consult the public, was created to examine healthcare transformation before the Federal–Provincial Health Accord expires in 2014. It is the first undertaking of its kind in the country led by nurses. The Commission will consult with a wide range of Canadians, including government representatives, health administrators and unions, economists, professionals and the general public.

Led by the public consultation specialists at MASS LBP, groups of 20 to 25 Canadians will convene to explore a number of pressing questions:

• What are the most pressing health challenges facing Canadians today?

- What do we need from nurses, other health professionals, governments and the public to address the challenges we're facing?
- What can nurses do to have the greatest impact on the health outcomes of all Canadians?
- If you could make one change to improve the health of Canadians, what would it be?

Insights collected from the public consultations will be included in the Commission's final report. In addition to national input, the report will draw from the analysis and synthesis of existing published research as well as innovations and success stories from across the health and social systems. In June 2012, the Commission will present its final report with practical, evidence-driven recommendations that will contribute to better health, better care and better value for Canadians.

# Health at a Glance 2011: OECD Indicators Canada

The OECD's latest edition of Health at a Glance shows that medical care is improving in OECD countries, although quality and access issues remain, and better management of chronic diseases is required to reduce costs.

### **Quality and Access to Care**

Canada's survival rates for breast and colorectal cancer are among the highest in the OECD. Canada also does well in primary care, preventing costly hospital admissions from chronic conditions such as asthma and uncontrolled diabetes. High in-hospital adverse events and long waiting times are a concern.

- The five-year relative survival rate for breast cancer during 2004–2009 was 87%, third highest among OECD countries after the United States and Japan (OECD average 84%). For colorectal cancer, it was 64% for females and 63% for males, slightly higher than the OECD average (62% for females and 60% for males).
- Certain in-hospital adverse events are higher in Canada. Obstetric trauma (vaginal delivery with instruments) occurred in 13.7% of deliveries (OECD average 5.5%). Rates of foreign body left in during procedure and accidental puncture or laceration were also high, although Canada's standing may be adversely affected by its more complete data recording.
- Avoidable hospital admissions for asthma complications and uncontrolled diabetes are much lower in Canada than the OECD average.
   For asthma admissions, the rate in Canada

- was 16 per 100,000 adults in 2009, one-third the OECD average of 52. For uncontrolled diabetes, Canada's rate of 15 was also well below the OECD average of 50.
- Waiting times to receive care were highest in Canada, in an 11-country survey. In 2010, 59% of respondents reported waiting four weeks or more to see a specialist and 25% for 4 months or more for elective surgery.

### **Health Expenditure**

Canada spent 11.4% of GDP on health in 2009, more than the OECD average of 9.6%. Spending per person is also higher than the OECD average.

- Total health spending accounted for 11.4% of GDP in Canada in 2009, compared with an average of 9.6% across OECD countries. The United States (17.4%), the Netherlands (12.0%), France (11.8%) and Germany (11.6%) had a higher share.
- Canada's spending on health per person is also higher than the OECD average, with spending of USD\$4,363 in 2009, adjusted for purchasing power parity. The average was USD\$3,233. Per capita health spending over 2000–2009 grew in real terms by 3.7% in Canada, slightly less than the OECD average of 4.0%.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In Canada, 71% of health spending was funded by public sources in 2009, similar to the average of 72% for OECD countries.

## Analysis Reveals Both High and Low Results for Citizens' Health Status, Determinants of Health, Quality of Care, Access to Care

Canada's health system has mixed results in comparison with its peers in the Organisation for Economic Co-operation and Development (OECD), according to a new report by the Canadian Institute for Health Information (CIHI).

Learning From the Best: Benchmarking Canada's Health System examines Canadians' health status, non-medical determinants of health, quality of care and access to care. It is based on international results that appear in the OECD's Health at a Glance 2011, which provides the latest statistics and indicators for comparing health systems across 34 member countries. Interpreting results requires caution, however, because of such factors as data quality and comparability of definitions across countries.

#### **Key Non-Medical Determinants of Health**

While Canada has lower smoking rates than most OECD countries, rates of obesity and overweight are among the highest.

Having made remarkable progress in the prevalence of smoking, Canada is one of only five OECD countries that decreased its smoking rate by more than 30% since 1999. It is virtually tied with the United States for the lowest rate of adult smokers among G7 countries (16.2% for Canada and 16.1% for the United States).

In contrast, adult Canadians' self-reported rate of obesity (16.5%) places it as the second-highest of the G7 countries (G8 countries excluding the Russian Federation, which is not a member of the OECD). Self-reported obesity is the most commonly available information internationally, but studies have shown that people often significantly underestimate their weight. Actual measurements suggest that Canada's rate is 24.2%, which is less than the United States' 33.8% and more in line with the United Kingdom's 23%.

More than 25% of Canadian boys and girls are overweight. Canada is one of only three G7 countries (along with Italy and the United States) where the prevalence of overweight is above 25% for both groups.

### Cancer Incidence, Screening and Survival

CIHI's analysis shows that Canada performs relatively well in screening and survival rates for cancer. While five-year survival results were close to the OECD average for cervical cancer, they were above average for colorectal cancer and behind only the United States and Japan for breast cancer.

However, despite these successes, cancer deaths remain relatively high in Canada, due primarily to a higher incidence of cancer, in particular of cancers that are difficult to screen for and treat early, such as lung cancer. This was especially true in women – cancer mortality rates for females in Canada are among the highest in the OECD and the highest among G7 countries.

### **Quality of Care, Patient Safety**

Canada is in or close to the top 25% of OECD countries on many measures of quality of care. For example, Canada has lower rates of hospital admissions for certain chronic conditions that can be managed by good primary care in the community. This includes the second-lowest rate among OECD countries – and the lowest rate among G7 countries – for asthma admissions and a betterthan-OECD-average rate for admissions related to chronic obstructive pulmonary disease.

Canada also had the best rate among G7 countries for admissions for uncontrolled diabetes (which can also be managed by good primary care) despite having a prevalence of diabetes that is among the highest in the OECD.

However, national results for some patient safety measures did not compare as favourably: Canada had some of the highest rates among 17 reporting countries of accidental puncture or laceration, as well as of foreign bodies left in during surgical procedures. It also had among the highest rates of obstetrical trauma of 20 countries reporting.

CIHI's report and the pertinent figures are available on its website at www.cihi.ca.

### New BC Legislation Allows Nurse Practitioners to Work to Scope of Practice

British Columbia recently introduced the Nurse Practitioners Statutes Amendment Act, 2011, allowing nurse practitioners (NPs) to work within their existing scope of practice.

Amendments will allow NPs to act as an effective first point of contact as well as primary care providers for patients. A number of current statutes restrict NPs from providing services that are within their scope of practice. The changes will also give British Columbians more options when seeking medical opinions and improve access to a variety of government programs. Some examples include:

- Employment Standards Act: Gives NPs authority to provide certification for pregnancy leave (including confirmation that an employee is able to return to work), for parental leave and for compassionate care leave. The amendments increase options for high-quality primary and community healthcare and support for families during a critical time.
- Crime Victims Assistance Act: Even though
   NPs are primary caregivers, they are currently
   prevented from providing diagnoses if
   patients have sustained psychological harm
   that allows them to be eligible for benefits
   under this Act. The amendment eliminates
   the need for a second opinion from a psychologist or doctor when the patient is already
   the patient of a NP. It also provides social
   services and crime victim assistance agencies
   with another option of primary care provider
   to support timely decisions on whether a
   person qualifies for benefits.
- Corrections Act: When accepting a person into custody, correction centres prefer, where possible, to have health examinations conducted by the person's existing primary

care practitioner. Allowing NPs to certify the health and fitness of their patients will improve efficiency in the judicial system by expediting the processing of people into custody.

## Partners Sign Historic First Nations Health Agreement

The Honourable Leona Aglukkaq, federal minister of health, British Columbia Minister of Health Michael De Jong, the BC First Nations Health Council and the BC First Nations Health Society have signed a landmark legal agreement that will ensure that BC First Nations have a major role in the planning and management of health services for First Nations through a new health governance structure.

The British Columbia Tripartite Framework Agreement on First Nation Health Governance paves the way for the federal government to transfer the planning, design, management and delivery of First Nations health programs to a new First Nations Health Authority over the next two years.

The new health authority will incorporate First Nations' cultural knowledge, beliefs, values and models of healing into the design and delivery of health programs that better meet the needs of First Nations communities. British Columbia's First Nations chiefs overwhelmingly endorsed the agreement in May, moving another step towards assuming greater control over their health and wellness.

A copy of the full agreement is available at **www.hc-sc.gc.ca**.

## New Direction for Addiction and Mental Health in Alberta

A comprehensive new Alberta government strategy will help reduce addiction and mental illness in the province. Creating Connections: Alberta's Addiction and Mental Health Strategy will create a more seamless system to ensure that the best-quality assessment, treatment and support services are available to Albertans wherever and whenever they need them.

The strategy has five key directions:

- Build healthy and resilient communities by focusing on health promotion and illness prevention and improving access to primary healthcare.
- Foster the development of healthy children, youth and families by improving access to a full continuum of services.
- 3. Enhance community-based services, capacity

- and supports, including addressing housing and rural capacity, to provide Albertans with high-quality care wherever and whenever they need it.
- Address complex needs so that Albertans requiring specialized or coordinated care have access to a full range of appropriate addiction and mental health services and supports.
- Enhance assurance in the system by developing appropriate oversight policies, structures and initiatives so that Albertans can have confidence in service quality and client safety.

"This strategy sets the direction for addiction and mental health for the next five years. It builds on work already underway to strengthen our service delivery system and to increase emphasis on mental health promotion and illness prevention," said Dr. Chris Eagle, AHS CEO and president. "A key strength of the strategy is a collective commitment to work together across government ministries, AHS and community groups to improve access to services and build strong community supports around people."

Some programs and services supporting the strategy are already underway throughout the province. They include adult depression program pilots in primary care networks, Aboriginal youth suicide prevention programs, discharge planning for the homeless, inner-city and rural police crisis teams, telehealth psychiatric services, access standards for children's mental health services, and many alcohol and drug reduction programs in schools, communities and workplaces.

The strategy is accompanied by the Alberta Addiction and Mental Health 2011–2016 Action Plan, which lays out the roles, actions, expected results and performance measures for all ministries, sectors and community-based organizations involved. Supporting Albertans with addiction and mental health issues is an important part of Alberta's Five-Year Health Action Plan.

To view the Strategy and Action Plan, visit http://www.health.alberta.ca.

## Canadian Breast Cancer Foundation Awards a Record \$10M to Support Breast Cancer Research and Community Projects

The Canadian Breast Cancer Foundation – Prairies/NWT Region has announced the funding of 36 research and community projects. Totalling \$10 million, these funds will support initiatives in Alberta, Saskatchewan, Manitoba and the Northwest Territories.

Of the funding total, over \$8.3 million was allocated to support 24 research grants (AB=16; SK=7: MB=1). An additional \$1.7 million was awarded through the region's Community and Opportunity grants streams to support the delivery of education and awareness projects across the region.

The Canadian Breast Cancer Foundation – Prairies/NWT Region has a structured allocations program, inviting applications for its two distinct grant programs: research and community. Each grant program has specific guidelines and criteria guided by the principles of rigour, accountability, fairness and transparency. Impartial, expert peer reviews thoroughly evaluate, rate and rank the proposals against standardized criteria in both grant programs. Based on a series of internal and external reviews, funding recommendations are presented to the region's board of directors for approval.

Researchers with the University of Saskatchewan and the Saskatchewan Cancer Agency have been particularly successful, securing seven of the 24 grants funded this year, totalling close to \$2.5 million.

### Manitoba Invests in Electronic Tools to Improve Patient Care

Manitoba is launching innovative electronic tools that make its healthcare system work better for patients and healthcare providers.

The province has received \$1 million from Canada Health Infoway to create eReferral, a tool to help primary care providers refer their patients to an appropriate specialist and share necessary information through the patient's electronic medical records. This project is the next step in Manitoba's successful Bridging General and Specialist Care referral program, which continues to be available to primary care providers who are not yet using electronic medical records, said Manitoba Health Minister Theresa Oswald.

The new eReferral program will help ensure that patients are referred to the right specialist the first time, that all necessary patient information and diagnostic work will be completed when needed and that every step in the patient's referral is captured in the electronic medical record, the minister said, adding that the program will be rolled out over the next two years, reaching over 1,000 family doctors, specialists and nurse practitioners who use electronic medical records.

In partnership with the Winnipeg Regional Health Authority (WHRA), the province is also introducing eBooking for elective surgeries. A new electronic booking form will replace scheduling appointments on paper to provide a more transparent, streamlined way for specialists and

staff to track patients' progress from requesting an appointment to surgery. To date, eBooking has been implemented in seven acute care facilities, the offices of 179 surgeons practising in 12 different specialties and in nearly all Women's Health Program offices.

Other regional health authorities continue to access another electronic system called the Patient Access Registry Tool, which captures information on patients waiting for specialist consultations and elective surgery. This existing system provides some of the wait time information currently available to the public at www. manitoba.ca/health/waittime and more detailed information to the specialists and regional health authorities responsible for managing patient care. EBooking is integrated with this tool in the WRHA to ensure that consistent, accurate information is available to specialists, Oswald said.

In March 2011, the province launched eChart Manitoba, a \$40-million electronic health record program. This tool allows authorized health-care providers to view key information about a patient such as dispensed medications, immunization and laboratory test results to make better care decisions and support patient safety.

# Rose Appointed Director of Ryerson's Daphne Cockwell School of Nursing



Don Rose, BScN, MN, PhD, has assumed the position of director of the Daphne Cockwell School of Nursing (DCSN), Faculty of Community Services, Ryerson University, effective September 1, 2011.

Dr. Rose joined Ryerson in 2005 and has made

significant leadership contributions to the DCSN and as interim director of the School of Occupational and Public Health for 2010 to 2011. Prior to joining Ryerson, he held academic leadership positions at the University of Illinois at Chicago College of Nursing and was a manager at the Centre for Addiction and Mental Health in Toronto for five years. Rose received a baccalaureate degree in nursing at Ryerson University in 1993, a nursing management certificate in 1995 and a master's degree in administrative nursing at the University of Toronto in 1999. Upon completion of his doctorate degree in nursing and bioethics in 2007, Dr. Rose has been a member of the Joint Centre for Bioethics, University of Toronto. He is currently serving on the research ethics boards at Ryerson University

and Humber Institute of Technology and Advanced Learning.

Rose's current research is focused on forensic and correctional nursing, and the use of simulation in nursing curricula and in patient safety in psychiatric facilities. He has published in refereed journals and presented papers at national and international conferences. Dr. Rose is also the president-elect of the Sigma Theta Tau International (STTI) – Lambda Pi-at-Large Chapter. This professional organization supports the learning, knowledge and professional development of nurses committed to making a difference in health worldwide.

### KPMG Appoints Janet Davidson to Global Healthcare Center of Excellence PIC FROM BWC



KPMG Canada has announced the appointment of Janet Davidson, OC, MHSA, LLD as the Canadian head of the Global Healthcare Center of Excellence. Ms. Davidson was most recently president and CEO of the Trillium Health Centre, Mississauga.

Davidson is an internationally recognized leader in hospital administration, having served as COO, University of Alberta Hospital; COO, Alberta Mental Health; president and COO, Toronto East General Hospital; COO, Vancouver Costal Health Authority; and interim president and CEO, Kingston General Hospital. She began her healthcare career as a general duty nurse at Toronto East General Hospital.

At KPMG, Davidson will provide senior executive leadership in the areas of health system design, patient experience, system integration and healthcare policy, as well as mergers and acquisitions.

In 2006, Davidson was named an officer of the Order of Canada in recognition of her work with the Red Cross. She was voted one of Canada's Top 100 Most Powerful Women in both 2009 and 2010 and is a recipient of both the 125th Anniversary and Queen's Jubilee Medals from the Government of Canada. She is currently honorary vice-president of the Canadian Red Cross and has served for 10 years in senior governance roles within the International Red Cross/Red Crescent Movement. She recently completed a four-year term as vice-chair of the Standing Commission, its highest deliberative body.

### Trent University and Queen's University Launch Queen's PHC Nurse Practitioner Satellite Site Hub

A new pilot project launched by Trent University and Queen's University will offer area students enrolled in Queen's primary healthcare (PHC) nurse practitioner education program more seminars and hands-on placement opportunities in the region bounded by Bancroft, Belleville, Haliburton and Oshawa.

The pilot also will establish a satellite hub at Trent for the delivery of Queen's PHC nurse practitioner program, thereby reducing commuting times for students in this region who previously commuted to Kingston.

A strategic goal for Queen's University is to increase enrolment in its PHC nurse practitioner program by 28 to 30 seats per year. While the applications exist to support this plan, expansion and aggressive management of placement opportunities is required.

Students are typically placed with both PHC nurse practitioners and family physicians for experiential learning opportunities during their education. Eight Peterborough-based students starting or completing their graduate-level education this fall will take part in seminars at Trent and complete local clinical placements that will count towards their Queen's degree.

Closson Steps Down as Leader of OHA



Tom Closson stepped down from his position as president and CEO of the Ontario Hospital Association at the end of his current contract in January 2012. Mr. Closson was originally hired on a three-year contract that was extended for an additional year.

During his tenure at OHA, Closson has made an enormous contribution to the association, its board and the health sector. Under his leadership the board and OHA's excellent staff have realized significant achievements:

 Approved and begun implementation of a new three-year strategic plan to enhance the patient experience. The OHA's 2010–2013 Strategic Plan is founded on the vision of

- achieving a high-performing health system.
- Achieved consultative and collaborative working relationships with health system partners such as the Ministry of Health and Long-Term Care, Ontario Association of Community Care Access Centres (OACCAC), local health integration networks (LHINs) and the Ontario Medical Association.
- Released "Four Pillars: Recommendations for Achieving a High Performing Health System," a joint initiative with the OACCAC that identifies the strategic challenges facing Ontario's healthcare system and outlines the actions that must be taken to ensure it can meet the access and quality-of-care needs of patients.
- Assisted member hospitals with the implementation of accountability agreement processes.
- Launched myhospitalcare.ca, a website that provides comprehensive data on over 40 hospital performance indicators to patients and their families in an easy-to-understand format.
- Promoted understanding of the need for significant changes in health services delivery by issuing "Ideas and Opportunities for Bending the Health Care Cost Curve" in partnership with the OACCAC and the Ontario Federation of Community Mental Health and Addiction Programs.
- Achieved precedent-setting contracts with the Ontario Nurses' Association and the Ontario Public Service Employees Union.
- Supported member hospitals through the implementation of various legislation, including the Excellent Care for All Act, Freedom of Information and Protection of Privacy Act and the Broader Public Sector Accountability Act.
- Recognized in 2011 by the Great Place to Work Institute, Canada as one of the best workplaces in Canada. The Institute identifies only 100 organizations, and the OHA placed 20th.
- Achieved outstanding OHA Employee Engagement rate of 98% in 2011.
- Strengthened and grew a broad range of educational offerings, including HealthAchieve, which continues to be the top healthcare conference in Canada and one of North America's premier conferences as measured by industry awards.

The OHA's board of directors has launched a search. In its planning, the search panel is consulting with members, staff and industry stakeholders to ensure that the successful candidate will have the necessary knowledge, skills and experience to help the OHA advance Ontario's health system.

### New Program Brings Mental Health Resources to Youth and Youth-Serving Practitioners

AstraZeneca Canada Inc., along with its partners, has announced an important community investment initiative called the Young Health Program, which focuses on improving the mental health and emotional well-being of vulnerable adolescents.

In partnership with the Boys and Girls Clubs of Canada, mindyourmind (a program of Family Service Thames Valley), Physical and Health Education (PHE) Canada and with the active involvement of youth, the Young Health Program will augment programs and resources for young people and build knowledge and understanding among the practitioners who serve them.

The mental and emotional health and wellbeing of youth is a serious and underserved Canadian health issue. At any given time, 15% of our young people are affected by mental health issues, with 80% of all psychiatric disorders emerging in adolescence.

AstraZeneca Canada's Young Health Program will foster emotional and mental health in vulnerable adolescents, ages 10 to 19. With a focus on prevention and early intervention and delivered in collaboration with partners, the Young Health Program aims to help 50,000 youth move from risk to resilience by connecting them with positive conditions and experiences that enhance emotional and mental health.

AstraZeneca has already begun working with program partners to reach youth where they are – online and on the ground – and advocate through networks to build awareness, knowledge and understanding about adolescent mental health. Its announcement showcased an online toolkit for youth and youth-serving practitioners developed by mindyourmind and a paper called "Healthy Minds Start Here," produced by the Boys and Girls Clubs of Canada, that outlines the issues and opportunities they see at their clubs across the country. To coincide with the event, a meeting of educators from across Canada has been organized by PHE Canada to discuss the issue of mental and emotional health.

The AstraZeneca Young Health Program is not just a Canadian effort. Globally, the organization has partnered with the Johns Hopkins Bloomberg School of Public Health and Plan International to address the health of adolescents around the world. Canada and other countries in which AstraZeneca has a local presence are developing their own Young Health Program initiatives to reflect the immediate needs of their youth.

For more information, please visit the company's website at **www.astrazeneca.ca.** 

## Accelerating Discovery and Recovery: Campbell Family Donates Landmark \$30M to Centre for Addiction and Mental Health

The one in five Canadians living with mental illness has received a monumental signal of support and hope for the future with a \$30-million gift from the Campbell family to the Centre for Addiction and Mental Health (CAMH). As the largest private donation ever to a hospital for mental health and addiction research in Canada, this transformative gift will fund pioneering research under the auspices of the new Campbell Family Mental Health Research Institute.

The institute will attract and retain leading researchers from around the world and accelerate discoveries in the areas of mood disorders, addictions, schizophrenia and cognitive impairment. Its vision is a future in which suicide is no longer the second leading cause of death for youth, disabling depression is a thing of the past and an understanding of neurodevelopment and neurodegeneration will produce remedies for autism and Alzheimer's.

The gift was made by the daughters of the late Audrey Campbell and their families, who are making history through generous philanthropy in medical research. Building on CAMH's record of innovation and discovery in mental health and addictions, the Campbell Family Mental Health Research Institute will allow CAMH to

- attract global talent to a powerful team focused on understanding the critical pathways and circuits in the brain that are disrupted in mental illness and addiction;
- equip those scientists with state-of-the-art technology fully dedicated to brain science;
- invest in emerging fields and lines of inquiry in diagnostics, treatments and prevention strategies, e.g., pioneering and applying specialized techniques in imaging, optogenetics and bioinformatics.

### **Awards**

## Outstanding Leadership of Health Organizations Recognized in Nova Scotia

Four health organizations were recognized for their outstanding health services leadership at Health Association Nova Scotia's annual general meeting in October 2011. The awards recognize the great strides being made by health organiza-

tions to create healthier healthcare workplaces as part of a holistic approach to improving the health of communities and contributing to a sustainable future for the Nova Scotians they serve.

The ARAMARK Award for Achievement in Environmental Leadership, sponsored by ARAMARK Healthcare, was awarded to the Pictou County Health Authority. The ARAMARK Award recognizes and rewards innovation and creativity in an organization that has made a significant effort to improve the environment through team- and community-based initiatives. The Pictou County Health Authority's efforts "are truly representative of socially and environmentally responsible leadership and clearly serve to again affirm how Health Association Nova Scotia members are committed to these programs and the pursuit of excellence," commented ARAMARK Director of Business Development Andre Vigneault, who presented the award.

The Innovation in Quality Worklife (QWL) Award, sponsored by Johnson Insurance, recognized three health organizations that embody the Quality Worklife, Quality Healthcare (QWQHC) belief that "a fundamental way to better healthcare is through healthier healthcare workplaces. The health and well being of employees and the quality of the healthcare work environment both have a profound impact on the effectiveness and efficiency of health service delivery." Christi Cahill, a consultant from Johnson Inc., said, "We are very happy to support the QWQHC awards, which recognize organizations that have made a difference in ensuring healthy healthcare workplaces."

Northwood was recognized for expanding its concept of a healthy workplace beyond traditional legislative health and safety requirements to include such factors as health and lifestyle practices, work-life balance and the physical work environment. Northwood sees fostering a healthier work environment as a priority and a partnership with its staff. One initiative that Northwood is particularly proud of is its Integrated Disability Prevention and Management System (IDPMS).

The second QWL Award was presented to the IWK Health Centre, which supports wellness initiatives that promote work—life balance, lifelong learning, safe and diverse environments and a team culture that rewards staff for results and performance. One of IWK's initiatives is its employee-driven health and wellness challenge, "it's All About M.E." (Move More & Eat Healthier).

**Seaview Manor r**eceived honourable mention for its healthy workplace program.

