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

Canada's health system has mixed results in comparison with its peers in the Organization 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 factors such as data quality and comparability of definitions across countries.

Key Non-medical Determinants of Health

Whereas 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 our rate is 24.2%, which is less than the United States' rate of 33.8% and more in line with the United Kingdom's rate of 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 is especially true in women – cancer mortality rates for females in Canada are among the highest in the OECD and are the highest among G7 countries.

Quality of Care and 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 better-than-OECD-average rate for admissions related to chronic obstructive pulmonary disease. Canada also has 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 do not compare as favourably: Canada has 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 has among the highest rates of obstetrical trauma among 20 countries reporting.

CIHI's report is 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 effective first points of contact as well as primary care providers for patients. A number of statutes had restricted NPs from providing services that are within their scope of practice. The changes will also provide British Columbians with more options when seeking medical opinions and improve access to a variety of government programs, such as the following:

- Employment Standards Act: This act gives NPs the 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 quality primary care and community healthcare and support families during a critical time.
- Crime Victims Assistance Act: Even though NPs are primary caregivers, they were prevented from providing diagnoses if patients had sustained psychological harm that allowed them to be eligible for benefits under this act. The amendment eliminates the need for a second opinion from a psychologist or doctor when patients are already under the care of an NP. It also provides social service and crime victim assistance agencies with another option of primary care providers to support timely decisions on whether persons qualify 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; Michael De Jong, the BC minister of health; 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 people through a new First Nations 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 First Nations 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. BC First Nations chiefs overwhelmingly endorsed the agreement in May, moving another step toward 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 System 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 where and when they need them. The strategy has five key directions:

1. Build healthy and resilient communities by focusing on health promotion and illness prevention and improving access to primary healthcare
2. 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 quality care where and when they need it
4. 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
5. Enhance assurance in the system by developing appropriate oversight policies, structures and initiatives so that Albertans can be confident in the 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 under way to strengthen our service delivery system and to increase emphasis on mental health promotion and illness prevention," said Dr. Chris Eagle, the Alberta Health Services (AHS) chief executive officer (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 under way throughout the province. These 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/.

Saskatchewan Patients Want Better Communication from Health Providers in the Emergency Department

In the first survey of its kind in Saskatchewan, the majority (82%) of patients treated in hospital emergency departments (ED) rated the overall quality of care they received as good, very good, or excellent. However, an accompanying report released by the province's Health Quality Council (HQC) says that because the province's healthcare system has set its sights on delivering exceptional service, health regions should aim to increase the percentage of patients who rate their care experience in the ED as *excellent* – right now, that figure sits at just 22%. HQC identified several issues that, if addressed, would increase patients' ratings of the quality of care they receive. Many of the factors relate to interactions between providers and patients:

- All patients should be treated with courtesy.
- Only one in three patients (35%) said that all staff introduced themselves during their first interaction.
- About one in four patients (26%) rated the courtesy of the ED staff as excellent.
- Staff should ensure that patients are well informed and involved to the extent that they want to be in decision-making about their care.

- When patients had important questions to ask, 57% said that they always got answers they understood from a doctor.
- When patients had important questions to ask, 47% reported that they always got answers they understood from a nurse.
- Less than half of patients (45%) said that the possible causes of their problem were *completely* explained in a way that they could understand.
- About half of patients (52%) said that they were involved in decisions about their care as much as they wanted to be.
- Care should be provided sooner.
- While about 40% of patients said they waited less than 30 minutes before they were examined by a doctor, 20% reported waiting more than two hours.
- About seven in 10 patients (68%) said that they talked to a nurse about their illness or injury within 15 minutes of their arrival to the ED.
- Patients should be told how long they are likely to wait and why there are delays.
- More than half of patients (60%) were not kept informed about delays.
- Just over half of patients (54%) were told that the order in which patients are seen is based on the severity of patients' conditions, not the order in which they arrived in the ED.

Almost half (44%) of patients said they went to the ED because there were no other options available, and about 30% reported said that they went because they had an appointment there or were told to go to there for follow-up care.

HQC conducted the survey between January and March 2011, in collaboration with regional health authorities. Survey packages were mailed to a random sample of 27,361 patients discharged from the participating 14 EDs, excluding patients who died, who did not have a fixed address, who opted out by phoning HQC, who were from outside of Canada or who were between 12 and 16 years of age or newborns. Results presented in the survey are based on the experiences of 4,132 patients who did not have an appointment for their ED visit.

Manitoba Invests in Electronic Tools to Improve Patient Care

Manitoba is launching innovative electronic tools that make the 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 appropriate specialists and to share necessary information through the patients' 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 Health Minister Theresa Oswald.

The new eReferral program will help ensure that patients are referred to the right specialists the first time, that all of the necessary patient information and diagnostic work are completed when needed and that every step in patients' referrals is captured in their electronic medical records, 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 the scheduling of appointments on paper to provide a more transparent, streamlined way for specialists and staff to track patients' progress from the request of an appointment until surgery. To date, eBooking has been implemented in seven acute care facilities, the offices of 179 surgeons practising in 12 different specialties and 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 times information currently available to the public at www.manitoba.ca/health/waittime and more detailed information available 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, stated Oswald.

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

Toronto Rehab Ushers in a New Era in Rehabilitation Science

The Toronto Rehabilitation Institute (Toronto Rehab), part of the University Health Network, recently opened its $36 million dollar research centre, iDAPT (Intelligent Design for Adaptation, Participation and Technology). Located in the heart of Canada's "Discovery District" in downtown Toronto, iDAPT is approximately 65,000 square feet of new and renovated space.

There is nothing else like it. A six-degrees-of-freedom motion simulator located four storeys below ground that can recreate different environments, such as winter blizzards and bustling streets, and outperform most flight training simulators is just one feature of what is the most technologically advanced rehabilitation research centre in the world.

Scientists and research students from a broad range of engineering and clinical disciplines all work collaboratively to develop solutions that will help restore independence and

quality of life for people recovering from injury or illness. The number of Canadians over the age of 65 years will double in the next two decades. Globally we are facing a healthcare challenge: how to care for a rapidly aging population when long-term care is not an option. Falls are a major cause of injury and disability for older adults, so researchers at iDAPT are studying how people walk up and down stairs and on icy sidewalks in order to determine how to prevent falls.

iDAPT's integrated network of 13 different state-of-the-art laboratories, workshops and other research spaces are housed at the hospital's University Centre (550 University Avenue) and Lyndhurst Centre (520 Sutherland Drive) and in the Rehabilitation Sciences building at the University of Toronto (500 University Avenue).

Accelerating Discovery – and Recovery: Campbell Family Donates Landmark $30 Million to CAMH

Recently, the one in five Canadians living with mental illness 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 Campbell Family Mental Health Research 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. The vision is a future where suicide is no longer the second-leading cause of death for youth, where disabling depression is a thing of the past and where an understanding of neurodevelopment and neurodegeneration will produce remedies for autism and Alzheimer's disease.

The gift was made by the late Audrey Campbell's daughters 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 accomplish the following:

- 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, such as pioneering and applying specialized techniques in imaging, optogenetics and bioinformatics

Appointments

CIFAR Announces Dr. Alan Bernstein as New President and CEO

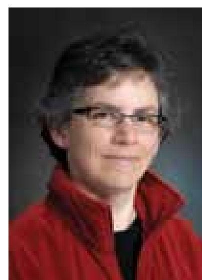
On behalf of the Board of the Canadian Institute for Advanced Research (CIFAR), David Dodge announced the appointment of Dr. Alan Bernstein as the Institute's new president and CEO, commencing May 1, 2012. Last year, CEO Chaviva Hošek informed the board that she would be retiring, and a rigorous international search for her successor began.

Most recently, Dr. Bernstein was executive director of the Global HIV Vaccine Enterprise in New York, an international alliance of researchers and funders charged with accelerating the search for a vaccine for the human immunodeficiency virus (HIV). From 2000 to 2007, Dr. Bernstein served as the inaugural president of the Canadian Institutes of Health Research (CIHR), Canada's federal agency for the support of health research, where he led the transformation of health research in Canada.

After receiving his PhD from the University of Toronto, and following postdoctoral work at the Imperial Cancer Research Fund in London, Dr. Bernstein joined the Ontario Cancer Institute. In 1985, he joined the Samuel Lunenfeld Research Institute, was named its associate director in 1988 and served as its director of research from 1994 to 2000, when the government of Canada appointed him CIHR's first president.

CIFAR is a Canadian non-profit research institute with nearly 400 researchers in 16 countries participating in long-term, multidisciplinary and collaborative advanced research teams. CIFAR is supported by exceptional individuals, foundations, corporations, the government of Canada and the provincial governments of Alberta, British Columbia and Ontario.

Dr. Diane Finegood Appointed President and CEO of the Michael Smith Foundation for Health Research



Dr. Diane Finegood, an internationally recognized expert in obesity and diabetes, has been appointed president and CEO of the Michael Smith Foundation for Health Research (MSFHR). Currently a professor in the Department of Biomedical Physiology and Kinesiology at Simon Fraser University and executive director of the CAPTURE (Canadian Platform to Increase Usage of Real World Evidence) project, an initiative of the Canadian Partnership against Cancer, Dr. Finegood will join MSFHR on March 1, 2012.

Dr. Finegood was offered the position of president and CEO following an extensive international search. She will further the organization's efforts to help build a world-class community of health researchers in British Columbia and support the translation of their work to improve health and the healthcare system. From 2000 to 2008, Dr. Finegood was inaugural scientific director of the Institute of Nutrition, Metabolism and Diabetes, part of CIHR. In that role, she guided the national health research agenda across CIHR's mandate and within its own strategic priority of obesity and healthy body weight. Dr. Finegood's efforts helped stimulate obesity research and knowledge translation through the support of innovative research platforms and partnerships.

Dr. Finegood has received numerous awards, including the 2006 Canada's Top 100 Women Award in recognition of her trailblazing and trendsetting work, and the 2008 Frederick G. Banting Award from the Canadian Diabetes Association for her leadership and significant contributions in the Canadian diabetes community.

Dr. David Eidelman Named Dean of Medicine and Vice-Principal of Health Affairs at McGill University

Principal Heather Munroe-Blum announced that the Board of Governors of McGill University has approved the appointment of one of McGill's own leading medical researchers and administrators, David H. Eidelman, as vice-principal (health affairs) and dean of medicine. Dr. Eidelman currently serves as chair of the university's Department of Medicine. A McGill graduate and a native Montrealer, Dr. Eidelman has been a leading clinician-scientist based at the Meakins-Christie Laboratories, where his work has focused on the development of important models of asthma in animals and the application of tissue culture techniques to the study of the mechanisms of respiratory disease.

Currently president of the Canadian Association of Professors of Medicine, Dr. Eidelman has been an active leader in clinical medicine and research in Canada and internationally. In addition to his research and leadership skills, Dr. Eidelman brings to this position extensive knowledge of the healthcare system, having served as physician-in-chief at the McGill University Health Centre since 2004 and previously as the director of McGill's renowned Division of Respiratory Diseases.

Dr. Shoo Lee Appointed Scientific Director of CIHR's Institute of Human Development, Child and Youth Health

Dr. Alain Beaudet, president of CIHR, along with CIHR's Governing Council, announced the appointment of Dr. Shoo Lee as incoming scientific director of CIHR's Institute of Human Development, Child and Youth Health. Dr. Lee, a world-renowned neonatologist and health economist, is professor of pediatrics, obstetrics and gynecology, and head of the Division of Neonatology at the University of Toronto. He is also pediatrician-in-chief and director of the Maternal-Infant Care Research Centre at Mount Sinai Hospital; chief of the Department of Newborn and Developmental Paediatrics at Sunnybrook Health Sciences Centre; and the Women's Auxiliary chair in neonatology and head of the Division of Neonatology at the Hospital for Sick Children.

Dr. Lee received his medical degree from the University of Singapore in 1980, completed pediatric training at the Janeway Children's Hospital in Newfoundland in 1990 and neonatal fellowship training at Boston's Children's Hospital in 1991, and obtained his PhD in health policy (economics) from Harvard University in 1996. Dr. Lee established the Canadian Neonatal Network and the International Neonatal Collaboration to foster collaborative research, and leads the CIHR Team in Maternal-Infant Care. He has received many awards for his exceptional work, including the Aventis Pasteur Research Award (2001), the CIHR Knowledge Translation Award (2004), the Distinguished Neonatologist Award (2007) from the Canadian Paediatric Society and the Premier Member of Honour Award from the Sociedad Iberoamericana de Neonatologia (2007).

KPMG Appoints Janet Davidson to Global Healthcare Center of Excellence

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

Davidson is an internationally recognized leader in hospital administration, having served as chief operating officer (COO) of University of Alberta Hospital, COO of Alberta Mental Health, president and COO of Toronto East General Hospital, COO of Vancouver Costal Health Authority and interim president and CEO of 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.

Closson Steps Down as Leader of the Ontario Hospital Association

In January 2012, Tom Closson stepped down from his position as the Ontario Hospital Association (OHA) president and CEO. Closson was originally hired on a three-year contract, which was extended for an additional year.

During his tenure as president and CEO of OHA, Closson made an enormous contribution to the OHA, its board and the health sector. Under Closson's leadership, the OHA Board and excellent staff realized significant achievements:

- Approved and began the implementation of a new three-year strategic plan in which the OHA is committed to enhancing the patient experience; the OHA 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, the Ontario Association of Community Care Access Centres (OACCAC), local health integration networks and the Ontario Medical Association
- *Released Four Pillars: Recommendations for Achieving a High Performing Health System*, a joint initiative with 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 more than 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 OACCAC and the Ontario Federation of Community Mental Health and Addiction Programs
- Achieved precedent-setting contracts with the Ontario Nurses' Association and Ontario Public Service Employees Union
- Supported member hospitals through the implementation of various pieces of legislation, including the Excellent Care for All Act, the Freedom of Information and Protection of Privacy Act and the Broader Public Sector Accountability Act
- Was 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 OHA placed 20th
- Achieved an 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

Mark Rochon, former CEO of Toronto Rehab, has agreed to take on the role of acting CEO.

David Gratzer Joins Montreal Economic Institute as Senior Fellow

The Montreal Economic Institute (MEI) is proud to announce that renowned Canadian physician and author David Gratzer has joined it as senior fellow. Dr. Gratzer is the author of celebrated works on health policy, including *Code Blue: Reviving Canada's Health Care System* (1999), a national bestseller in its fifth printing that was awarded the $25,000 Donner Prize for best Canadian public policy book, and *The Cure: How Capitalism Can Save American Health Care* (2006), with a foreword by Milton Friedman. He has served as a senior fellow at the Manhattan Institute of Public Policy in New York for nine years.

Dr. Gratzer is a physician, with MD and BSc degrees from the University of Manitoba and post-graduate medical training at the University of Toronto. He is a member of the Royal College of Physicians and Surgeons (Psychiatry) and is certified by the American Board of Psychiatry and Neurology, with active licenses in Ontario and Pennsylvania, and affiliations at two universities. His research and clinical interests include mood disorders.