

Nursing Numbers Still Rising

More than 360,000 regulated nurses were employed in Canada in 2011, representing an increase of more than 8% since 2007. This growth rate was nearly twice the rate of population growth, according to the Canadian Institute for Health Information (CIHI) annual report on the nursing workforce. However, the number of registered nurses per 100,000 remains below the peak reached in the early 1990s.

There is a positive trend in the renewal of the nursing profession. Over the last five years, the proportion of regulated nurses younger than age 35 increased from 20.9% to 23.7% of the workforce. More than 56% of employed nurses were working full time in 2011. Similarly, more than 50% of all younger nurses are finding full-time employment within the first five years of working.

The number of nurse practitioners (NPs) doubled from 1,344 to 2,777 between 2007 and 2011, due in part to increased provincial/territorial investment in NPs and in part to additional jurisdictions' submitting NP data to CIHI. NPs are advanced practice registered nurses who have additional education in health assessment and diagnosis and management of illness and injury, and who can order tests and prescribe drugs. More than half of NPs work outside hospitals, in areas such as community practice.

Canadian Foundation for Healthcare Improvement Honours Ontario's Dr. Gina Browne with the 2013 Excellence through Evidence Award



Gina Browne (left) with Canadian Foundation for Healthcare Improvement president, Maureen O'Neill

Dr. Gina Browne, a lifelong champion of healthcare improvement and a trailblazer of innovative approaches to primary care delivery, is the 2013 recipient of the Canadian Foundation for Healthcare Improvement Excellence through Evidence award.

The annual award recognizes a health services leader who has successfully implemented evidence-informed innovations in care and service delivery.

During her 41-year career as a leader in clinical practice, education and research, Dr. Browne has worked with others to improve health and social outcomes for individuals, families and communities. Her ability to get community groups, partner health and social service agencies to work together to study effective and efficient ways of providing proactive, integrated care to improve health has benefited thousands of individuals and helped integrate services for Ontario's most vulnerable populations. Her integrated approach has been applied across Canada and beyond in improving the lives of the disenfranchised.

See more at www.cfhi-fcass.ca/NewsAndEvents/NewsReleases/NewsItem/13-02-04/16c908a6-2dcc-480d-b522-d26fb56ac6e5.aspx#sthash.CiGQryQG.dpuf.

New Standard for Hospitals on Reporting Adverse Drug Reactions Released

The Honourable Leona Aglukkaq, minister of health, recently congratulated Accreditation Canada on including, for the first time, guidance on the reporting of adverse drug reactions in its latest Medication Management Standards for healthcare facilities, including hospitals.

As part of a certification process, Accreditation Canada evaluates the performance of its clients against national standards of excellence. These standards examine all aspects of healthcare, from patient safety and ethics to staff training and partnering with the community. The new adverse reaction reporting component of the new standards was commissioned by Health Canada. Accreditation Canada's Medication Management Standards are now available to more than 700 client organizations, including 143 hospitals and other acute care facilities, and other facilities including long-term care, home care and Aboriginal health services.

The adverse reaction reporting component provides guidance on issues such as how to report patients' adverse reactions to drugs, and who is responsible for reporting them. The standards will encourage consistency in reporting practices and will strengthen and complement any reporting systems already in place.

This new standard will also complement Health Canada's ongoing efforts to promote adverse reaction reporting, including marketing activities aimed at health professionals in Canada. These activities provide information on how to report adverse reactions to drugs and other health products, why it's important to do so and how to stay up to date on new safety information.

Better Care Sooner Plan Helping Thousands

Thousands of Nova Scotians are seeing health-care providers faster because of the province's Better Care Sooner plan.

Better Care Sooner is based on the recommendations of Dr. John Ross, the province's emergency care adviser. Two years ago, Dr. Ross noted that many Nova Scotians would wait far too long to see their family doctor, and small rural emergency departments were frequently closed.

The creation of six new collaborative emergency centres in Parrsboro, Annapolis Royal, Springhill, Tatamagouche, Pugwash and Musquodoboit Harbour are the cornerstones of the success of Better Care Sooner. Two are in the planning stage for New Waterford and Lunenburg, and more are expected to be announced in 2013. Both Saskatchewan and Prince Edward Island are planning to implement similar models.

By matching the level of services with the needs of residents in rural communities, CECs keep emergency rooms open, reduce patient wait times and provide a team-based approach that offers continuity of care. The third annual accountability report on emergency departments this fall showed an overall decrease of 1,203 hours of emergency department closures in 2011–12, or a decrease of 6.4%, compared with the previous year.

For more information on Better Care Sooner, visit bettercaresooner.novascotia.ca.

New CEOs Appointed to Regional Health Authorities

The co-presidents of the Office of Health Renewal have been appointed as chief executive officers of New Brunswick's two regional health authorities.

Health Minister Hugh Flemming has announced that John McGarry is the new CEO of the Horizon Health Network, and Rino Volpé is the new CEO of the Vitalité Health Network, effective February 1.

Since its creation in April 2012, the Office of Health Renewal has been working to ensure that the strategic direction of each of New Brunswick's five health partners is coordinated and focused on bringing the per capita cost of healthcare closer to the national average by 2016–17. New Brunswick's healthcare services have been compared with similar services across the country, and benchmarks have been established to ensure they are sustainable, safe, of high quality and with enough patient volume to make healthcare financially viable and maintain clinical expertise.

McGarry has 30 years' experience in health-care throughout Canada, including serving as chief executive officer of the province's former River Valley Health Authority and as a private healthcare consultant who undertook major operational review assignments in Ontario and Nova Scotia.

Volpé previously served as board chair of the Vitalité Health Network and the New Brunswick Health Council, and had a 27-year career as leader in some of New Brunswick's foremost private sector companies. Before becoming a businessman, he spent four years as a chemistry professor at the Edmundston campus of the Université de Moncton.

Ontario Government's Action Plan for Health Care Delivering Better Care and Value

One year after its launch, Ontarians are seeing results from the Action Plan for Health Care. Ontario has delivered on many commitments laid out in the Action Plan, many of which are already benefiting Ontario patients and their families, including:

- Specialized clinics: Funding two new midwife-led birth centres and expanding non-profit community clinics for select procedures, starting with vision care.
- New Physicians' Services Agreement: Negotiated new two-year Physicians' Services Agreement, which includes support for e-consultations between patients, doctors and specialists. The agreement represents a cumulative net savings over two years of approximately \$295 million in physician services savings and \$100 million in broader health system savings.
- Community-based coordinated care: 19 early-adopter Health Links are bringing together healthcare providers to coordinate care for seniors and high-need patients.
- Seniors strategy: Implementing recommendations from Dr. Samir Sinha's report to improve care for older Ontarians, such as new supports for long-term care homes and matching a primary care provider with every senior who wants one.
- Home care for 90,000 more seniors: Funding three million more personal support worker hours over the next three years to assist with daily activities and help seniors stay healthy at home.
- More house calls: 30,000 more house calls by primary care providers.
- Hospital funding reform: Modernizing fund-

ing in more than 100 hospitals to reflect population growth and clinical needs, and to ensure high-quality procedures.

- Expanded services from pharmacists: Pharmacists are now able to administer the flu shot, renew and adapt existing prescriptions and provide drugs to help patients quit smoking.
- Integrated cancer screening: Programs for cervical, breast and colorectal cancer are reminding Ontarians to get screened regularly.

The Action Plan sets out the next steps for transforming the province's healthcare system while ensuring Ontarians get better value for their health dollars. To achieve these goals, Ontario's strategy is making healthcare options available closer to home, enhancing in-home supports for seniors and promoting healthy lifestyles.

McMaster University-Led Research Team Proves Collaboration between Primary Care and Public Health Improves Health

The quality of healthcare a patient receives hinges largely on how well primary care and public health are knitted together at the local level, says Ruta Valaitis, an associate professor of nursing at McMaster University and holder of its Dorothy C. Hall Primary Health Care Nursing Chair. Valaitis and her investigator teams in Ontario, Nova Scotia and British Columbia explored how public health and primary care can boost collaboration to improve health and the quality and effectiveness of primary healthcare systems in Canada. Strengthening Primary Health Care through Primary Care and Public Health Collaboration, released recently, is the culmination of her team's four-and-a-half years of research funded by the Canadian Foundation for Healthcare Improvement (CFHI).

The report's findings indicate that the health issues most often addressed through collaborations in all provinces include communicable disease control, chronic disease prevention and management, parent-child programming, youth and health promotion programs, and women's health programs. Valaitis and her team have designed an ecological framework to facilitate and sustain the partnership based on key systemic, organizational, interpersonal and intrapersonal factors.

Barriers to successful collaboration include lack of funding, lack of policy and lack of an integrated information and communication infrastructure. Another dilemma, Valaitis said,

is that primary care is not mandated to collaborate, whereas public health is provincially mandated to work in partnerships with other organizations.

This research was funded in large part by CFHI and the Michael Smith Foundation for Health Research HSPRN Partnership Program.

Province Providing More Prescription Drug Coverage for Manitoba Families

Manitoba families will have more access to the medication they need as the result of the addition of 153 new drugs to the provincial pharmacare formulary, effective January 21, which will lower prescription drug costs and provide more treatment options for patients and healthcare providers.

Drugs being added include:

- Brilinta for reducing the risk of heart attack;
- Mezavant for the treatment of ulcerative colitis and Crohn's disease;
- Protopic for the treatment of moderate to severe eczema;
- Uloric for the treatment of gout;
- Vimpat for the treatment of partial-onset epileptic seizures; and
- Complera for HIV therapy.

For more information on the Manitoba Pharmacare Program, visit www.gov.mb.ca/health/pharmacare.

Surgery Wait Times Stats Show Gradual Gains in Saskatchewan

After an earlier stall in progress, November showed the second consecutive month of modest gains towards the goal of providing all surgeries within six months by April 2013. Statistics for November 30, 2012 show that there were 299 fewer people waiting more than six months for surgery than the month before.

In November 2007, there were 10,635 people waiting more than six months for surgery. Efforts across the province have reduced that number by 60% to 4,271 people.

The Saskatchewan Surgical Initiative was launched in April 2010 to streamline surgical processes, improve the quality of patient care and ensure no one waits more than three months for surgery by April 2014. The goal for the current fiscal year is to provide all surgeries within six months by April 2013. In the six-month period leading up to November 30, 2012, 90% of patients received their surgery within six months. A total of 20,890 Saskatchewan

people were waiting for surgery on November 30, 2012, down from 26,740 in November 2007.

Some Saskatchewan projects contributing to surgery improvements include:

- an online specialist directory to empower patients, in consultation with their primary healthcare provider, to make informed choices about referrals to specialists;
- adoption of the surgical safety checklist before surgeries;
- the use of pooled referrals to route patients to the next available specialist appropriate for their condition;
- 18-bed inpatient surgical ward added at St. Paul's Hospital (Saskatoon);
- new patient-flow software introduced in Regina and Saskatoon to help move patients through the health system better and faster;
- breast Health Centre expansion at Saskatoon City Hospital to allow faster, less invasive procedures for breast biopsies; and
- assessment centres for early diagnosis of serious hip and knee problems and back problems.

More information about the Saskatchewan Surgical Initiative can be found at www.health.gov.sk.ca/surgical-initiative. Wait time data and other information for patients is available at www.sasksurgery.ca.

Research Grant Will Help Seniors' Centres Address Changing Needs

Alberta's seniors will benefit from improved and more responsive programs and services offered by seniors' centres thanks to new research about to get underway.

The Alberta government is providing a \$70,800 grant to the University of Alberta, the Alberta Association of Seniors Centres (AASC) and the Seniors Association of Greater Edmonton (SAGE) to carry out the year-long study. The research will look at ways to ensure that seniors' centres are financially sustainable and offer the programs and services the province's growing seniors' population needs.

From fitness classes to educational opportunities to social engagement, seniors' centres provide valuable programs and services for seniors across the province. Alberta has more than 400 seniors' centres that offer a wide variety of programs, services and supports that cater to diverse groups of seniors. As the population ages, some centres are facing challenges in recruiting and retaining volunteers, low or declin-

ing memberships and rising operational costs.

The study will look at the ability of seniors' centres to offer programs and services to their members; examine the future needs of Alberta's seniors, and how seniors' centres can meet these needs; and explore funding models that can best support the sustainability of seniors' centres.

Alberta Innovates – Health Solutions Announces New CEO and COO



Dr. Cy Frank, CEO, Alberta Innovates - Health Solutions

Robert A. Seidel (QC), chair of Alberta Innovates – Health Solutions' (AIHS) Board of Directors, recently announced on behalf of the entire board and staff that Dr. Cy Frank will become the corporation's chief executive officer on April 1, 2013.

AIHS has an ambitious mandate to support Alberta's health research and innovation priorities. The corporation is rolling out several new funding opportunities, programs and partnerships over the next few months in the support of high-quality activity that will result in improved health and well-being. To sustain and develop AIHS's operations, Mr. Seidel also announced the promotion of Dr. Pamela Valentine to chief operating officer on April 1, 2013. Dr. Valentine will serve as the acting CEO during this leadership transition.

Dr. Frank currently holds a number of leadership positions in the academic, clinical, health services, administrative and medical device sectors, including senior roles at Alberta Health Services, the Alberta Bone and Joint Health Institute (ABJHI), the University of Calgary (U of C) and with the recently sold TENET Medical Engineering, a Calgary-based company. He was scientific director of the Institute of Musculoskeletal Health and Arthritis (IMHA) at the Canadian Institutes of Health Research for six years. Dr. Frank has had a long association with AIHS (formerly AHFMR) as a recipient of research and innovation funding over three decades. He served as chair of a national panel formed to develop a framework and metrics for capturing the

impact of investing in health research. The resulting report continues to be disseminated internationally and is the basis for AIHS's performance and evaluation activity. Dr. Frank's achievements have resulted in many provincial, national and international honours.

**Milan & Maureen Ilich Foundation
Donates \$5 Million to Cardiac Care at
BC Children's Hospital**

The Milan & Maureen Ilich Foundation has donated \$5 million to support the creation of a Cardiac Intensive Care Unit in the new BC Children's Hospital. The gift will also support the hiring of a nurse practitioner and fund the immediate purchase of medical equipment to be used in the current hospital. The donation brings the total raised in BC Children's Hospital Foundation's \$200-million capital campaign, the Campaign for

BC Children, to \$159 million.

Each year, approximately 265 babies are born with heart disease in British Columbia. In 2011, doctors at BC Children's performed 228 open-heart surgeries on children, more than half of whom were under a year old. Caregivers in the new Cardiac Intensive Care Unit will provide specialized, round-the-clock care to children with complex heart conditions.

The construction of this unit will place BC Children's Hospital among the few hospitals in North America with an area in its paediatric intensive care unit dedicated to serving children with heart problems. The nurse practitioner, whose hiring will be supported by the Milan & Maureen Ilich Foundation's gift, will help care for children recovering from heart surgery, and the life-saving equipment to be purchased will be used in the care of these children in the current Children's Hospital.

Better
healthcare

... everywhere

Longwoods.com