

## ► The Publisher's Page

The **2001/2002 Annual Report: Hospital Pharmacy in Canada Survey** is now accessible at [www.lillyhospitalsurvey.ca](http://www.lillyhospitalsurvey.ca). This is the 14th report in a series that tracks progress in the provision of pharmacy services in Canadian hospitals dating back to 1986. The report provides data tables, figures, and commentary on all aspects of pharmacy services. To support comparison, information is provided for all respondents' facilities and for facilities by bed size, by teaching status, and by province.

The report chronicles the current state of medication incident reporting and incident-review systems in place in Canadian hospitals. This is followed by an extensive discussion of medication incident-reduction strategies in key areas of the medication system. The editors describe alignment of current practice with standards set by recognized bodies such as the Canadian Society of Hospital Pharmacists, the Institute for Health Care Improvement, the Institute for Safe Medication Practices, and the United States Joint Commission on Accreditation of Health Care Organizations. The report challenges pharmacists to be involved in and provide leadership in establishing programs that improve and enhance patient safety. It pro-

vides insight into collaborative strategies that can and should be adopted to further improve systems. A sampling of results is shown in **Figure 1**.

Trends identified in other sections of the report provide insight into a pharmacy perspective on the changing health system. Pharmacy staffing and salaries are documented. There continues to be a shortage of hospital pharmacists, while recruiting to technician and management positions does not seem to be unduly difficult. The extent of the shortage of hospital pharmacists (228 vacancies in respondents' hospitals on March 31, 2002) and the impact this is having on provision of clinical services is described. Recruitment and retention strategies adopted to reverse this trend are having limited impact.

Slow progress is described in the delivery of clinical pharmacy services and enhancements to drug distribution systems. Increases in automation, and expansion of the role of pharmacy technicians in checking the work of other technicians, have supported marginal but steady gains in pharmacist involvement in direct patient care. Data from a subset of larger hospitals defines staffing and drug costs at a program level for key specialty areas. The report concludes with a comparison of

**Figure 1. Medication Incident Review 2001/02**

Hospitals (n=)	All (123)	Bed Size			Teaching Status	
		100–200 (29)	201–500 (66)	>500 (28)	Yes (52)	No (71)
A medication incident-reporting system is in use	113 92%	27 93%	60 91%	26 93%	50 96%	63 89%
There is a designated committee responsible for medication incident review	85 69%	18 62%	46 70%	21 75%	44 85%	41 58%
Medication incidents are reported and openly discussed by staff without fear of reprisal	81 72%	19 70%	45 75%	17 65%	36 72%	45 71%
Concentrated potassium chloride is available on fewer than 10% of nursing units	38 31%	5 17%	26 39%	7 25%	17 33%	17 30%
Single standard infusion concentrations are used in at least 90% of cases for insulin	56 46%	11 38%	35 53%	10 36%	28 54%	28 39%
There is a designated list of dangerous abbreviations that are not accepted	28 23%	7 24%	15 23%	6 21%	13 25%	15 21%
There is written hospital policy providing nurses and pharmacists the right to refuse to act on a physician order on the basis of patient safety	65 53%	12 41%	37 56%	18 64%	26 50%	39 55%
Computerized physician order entry (CPOE):						
Approved plan to implement	17	1	8	8	8	0
Operational	9	3	3	3	9	-
Bar coding is used in the medication system (report details at which point bar coding is used)	13 11%	-	6 9%	7 25%	11 21%	2 3%

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key indicators for pediatric and all respondents.

The 2001/2002 Annual Report of Hospital Pharmacy in Canada provides comprehensive, comparative data. It offers the reader a valuable tool to support improvement of practice.

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The **Canadian Institutes of Health Research (CIHR)** has announced a new initiative valued at approximately \$1 million to support research that will examine and analyze public health and health-care system preparedness and Canada's response to the Severe Acute Respiratory Syndrome (SARS) outbreak.

**Entitled "Public Health and Health Care System Preparedness and Response to SARS: Evaluation and Lessons Learned,"** the initiative focuses on research questions regarding public health and healthcare systems. The information gained will allow public health and healthcare providers to respond optimally to future occurrences of SARS and other similar epidemics. The goals include the identification, analysis and study of the social, ethical, psychological, economic and other consequences of the SARS outbreak. Researchers will also evaluate the control and preventive measures taken to date.

Selected investigators will be funded by CIHR and its Institutes of Population and Public Health, Health Services and Policy Research, Infection and Immunity, and Circulatory and Respiratory Health, along with Health Canada and the Canadian Lung Association in partnership with the Association pulmonaire du Québec.

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As part of an overall three-part **health research strategy on SARS**, CIHR also announced that Canadian research teams will receive \$1.7 million to support research on the causes and consequences of SARS, as well as the creation of the Canadian SARS Research Consortium (CSRC) to coordinate, promote and support Canadian research on SARS and newly emerging infectious diseases. This strategy includes the \$1 million contribution to CIHR announced recently by Health Minister Anne McLellan. Further information on these other two announcements can be obtained at [www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca).

Ontario's Health and Long-Term Care Minister Tony Clement recently named the members of an

**expert panel** that will be providing advice on how to strengthen infectious disease control during future outbreaks. Panel members are Dr. Wilbert Keon, CEO of the University of Ottawa Heart Institute; Dr. Jack Kitts, Chief Executive Officer of The Ottawa Hospital; Dr. Andreas Laupacis, President and CEO of the Institute for Clinical and Evaluative Sciences; Dr. Donald Low, Chief of Microbiology at Mount Sinai Hospital; Dr. Kieran Moore, an emergency physician at Sudbury Regional Hospital; Leslie Vincent, Chief of Nursing at Mount Sinai Hospital; and Dr. Robin Williams, Niagara Region's Medical Officer of Health.

Dr. David Walker, Dean of Medicine at Queen's University, is chair. Ex-officio members of the panel are Dr. Sheela Basrur, Toronto's Medical Officer of Health; Dr. Colin D'Cunha, Chief Medical Officer of Health for Ontario; Dr. Hanif Kassam, Associate Medical Officer of Health in York Region; Dr. David Naylor, Dean of Medicine at the University of Toronto; Dr. Jim Young, Commissioner of Public Security; and Dr. Dick Zoutman, Chief of Infectious Diseases at Kingston General Hospital.

The work of the panel will include assessing the backup capacity needed in the healthcare system, as well as research into measures to strengthen infectious disease control, public-health and system-response capabilities. See [www.health.gov.on.ca](http://www.health.gov.on.ca).

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Ontario Premier Ernie Eves has announced substantial funding for the province's hospitals, including **\$484 million to increase base funding for hospital operations**, which was committed to in the 2003 budget. This includes a minimum 3% increase for each hospital; and \$136 million in new base funding for expanded services at restructured hospitals and for priority programs.

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The Ontario government has announced an investment of \$3.1 million to establish a **province-wide cancer information integration office in Timmins, Ont.** This initiative will provide an efficient, reliable and confidential information-sharing platform for cancer care providers at 37 northern community cancer treatment sites, making it easier for physicians to access timely and complete information to make appropriate care and treatment decisions for patients.

On July 31, **nine new operating rooms opened at London Health Sciences Centre's University Campus**, including one dedicated to research utilizing robotic technology with fully operative radiology support. Construction took 18 months to complete at a cost of \$5.8 million. An additional \$2 million was invested in new equipment.

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At **Sunnybrook and Women's College Health Sciences Centre**, Virginia McLaughlin becomes the Chair of the Board of Directors. Susan VanDeVelde-Coke leaves her current position as Vice-President, Operations, at the Victorian Order of Nurses Canada to join Sunnybrook and Women's as Executive Vice-President of Programs/Chief Health Professions Executive. She is also a Clinical Associate at the University of Ottawa, was previously an Assistant Professor at the University of Manitoba, and held the positions of Vice-President and Senior Vice-President of Nursing at the Health Sciences Centre, Winnipeg.

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**Northumberland Health Care Corporation** has announced that it will change its name to Northumberland Hills Hospital once the facility relocates in October 2003.

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Ontario's new **Provincial Chief Nursing Officer** is Sue Matthews, who is Chief of Nursing and Professional Practice at Southlake Regional Health Centre in Newmarket. As Chief Nursing Officer, Matthews will advise the Eves government on health and relevant public policy from a nursing perspective, foster collaboration between government and nursing stakeholders, and support the implementation and monitoring of the Nursing Task Force recommendations.

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The Ontario Hospital Association has asked the Change Foundation to take a lead role in research for an improved mask for infection control. Dr. Donald Low, microbiologist at Mount Sinai Hospital, has agreed to chair the steering committee.

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The Ontario government is investing \$41.5 million in the next four years to **enhance pharmacy services**. The \$41.5 million includes:

- A 1% increase effective April 1, 2003, in the dispensing fee charged to the province for Ontario Drug Benefit Program (ODB) recipients, to provide \$5 million in the first year to support technology upgrades
- \$3 million in the first year for medication management demonstration projects
- More than \$10 million in each of the next two years for both dispensing fees and demonstration projects

The demonstration projects will involve both pharmacists and physicians, with a preference given to family health networks and other primary care group practices. The projects may include activities such as reviewing drugs being taken by patients on complex medication regimens, physicians consulting with pharmacists about drug choices for their patients, and pharmacists working with patients and physicians to promote compliance when taking medications. See [www.health.gov.on.ca](http://www.health.gov.on.ca)

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Health Canada is contributing \$200,000 to **Media Pulse**, a project designed to raise awareness among health professionals about how media can influence the health and well-being of children and adolescents. The Media Awareness Network (MNet), a non-profit organization and Canada's leading media-education source, has teamed up with the Canadian Paediatric Society to develop Media Pulse, with funding from Health Canada's Population Health Fund.

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**Canada Health Infoway** has signed letters of intent to develop shared diagnostic imaging (DI) systems with the **Fraser Health Authority** (which includes 12 regional hospitals in British Columbia), as well as with eight hospitals in southwestern Ontario in the **Thames Valley region** (London, Middlesex, Elgin and Oxford County hospitals). *Infoway's* investments will contribute to the creation of a shared services model that can be deployed across Canada to accelerate access to DI services and reduce costs to hospitals. The technology will enable healthcare providers in participating hospitals to view patients' test images (such as x-rays and MRIs) and reports online, regardless of where the tests were conducted within the region. *Infoway's* investments in these shared DI projects will also address the challenge of providing quick and affordable access for smaller hospitals and clinics to the technology underlying electronic health records. Small hospitals and clinics make up 80% of Canadian facilities.

These projects are part of *Infoway's* third round of investments announced in May. This round includes investments of approximately \$135 million in nine projects across Canada, four

focused on diagnostic imaging and five on drug information systems.

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In **British Columbia**, a new \$700,000 program will give patients in rural and isolated areas better access to a wide variety of healthcare services by placing students from a variety of health disciplines in their communities. The program includes students from nursing, medicine, physical therapy, occupational therapy, pharmacy and speech-language pathology. In the course of their studies, qualified students will have the opportunity to be placed in small and remote communities for periods of 10 to 12 weeks.

The program's goals include:

- Helping to recruit and retain healthcare professionals to work in rural B.C. in the long term.
- Providing patients in rural and remote areas with more health services immediately.
- Expanding practical learning opportunities for a broader range of student health providers.
- Structuring and evaluating how professionals from different disciplines work together.

The B.C. Academic Health Council will administer the program in partnership with health authorities, post-secondary institutions and rural communities. The program, combined with a provincial clinical-placement database, is part of a government initiative to expand and enhance the quality and quantity of healthcare clinical placements.

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Funding for **British Columbia's six health authorities** will rise by \$132 million in 2003–04 to exceed \$6.1 billion. Since 2001–02, the government has increased the base funding commitment to health authorities by 10.4 %. Health authority allocations for 2003–04 are:

- Northern Health Authority: increase of \$6.3 million for a total of \$318.9 million
- Interior Health Authority: increase of \$18.5 million for a total of \$926.3 million
- Fraser Health Authority: increase of \$28.9 million for a total of \$1.385 billion
- Vancouver Coastal Health Authority: increase of \$29.6 million for a total of \$1.676 billion
- Vancouver Island Health Authority: increase of \$19.9 million for a total of \$1.003 billion

- Provincial Health Services Authority: increase of \$28.8 million for a total of \$847.2 million
- Nisga'a Health Council: total allocation of \$643,690

Funding allocations for health authorities were included in the 2003–04 budget of \$10.5 billion for the Ministry of Health Services. The increase includes \$319 million in additional federal funding from the Health Accord, which will be fully directed to patients. The federal funding will be allocated to health authorities to sustain existing plans to continue reforms in the areas of primary care, home care and catastrophic drug coverage.

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**Alberta** is providing an additional \$94 million to assist publicly supported facilities with cost pressures for operations and maintenance. The one-time payments will be provided to school boards, post-secondary institutions, regional health authorities, government-supported housing and other agencies across the province.

Operations and maintenance funding will be distributed through five departments as follows:

- \$30 million for schools from Alberta Infrastructure
- \$30 million for post-secondary institutions from Alberta Learning
- \$21.5 million from Alberta Health and Wellness for hospitals and other buildings administered by regional health authorities
- \$7.5 million from Alberta Seniors for government-supported housing
- \$5 million from Alberta Community Development for libraries, provincial parks and other publicly supported facilities

An emergency telephone service that links rural Alberta physicians with medical specialists in the Capital Health Region has been granted \$400,000 to continue its service for another year. The **Critical Care Line** allows physicians in rural and remote communities to receive advice from on-call medical and surgical specialists when treating critically ill or injured patients. These conference calls often include several specialists, healthcare professionals and emergency medical transport officials who consult on how to treat and transport patients to appropriate healthcare services.

The line helps to coordinate the transport of patients to hospitals in the Capital Health Region as well as to hospitals in Fort McMurray and Grande Prairie. Last year, the service handled 3,600 calls.

The line was established in 2000 with a \$1.5 million grant from the Alberta Health and Wellness Health Innovation Fund. The line primarily serves central and northern Alberta, but also receives calls from the Northwest Territories, Nunavut and northeast British Columbia.

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 The **Saskatchewan** government is investing \$900,000 this year to plan the expansion of the emergency and critical care services within the Saskatoon Regional Health Authority, focusing on access to care at Royal University Hospital (RUH). This investment will allow the Saskatoon Regional Health Authority to finalize the scope, costs and design of the project, in preparation for expanding the emergency department, upgrading the operating rooms and redeveloping the critical care areas at Royal University Hospital.

Saskatoon Regional Health Authority is the largest health region in Saskatchewan, serving approximately 300,000 residents in more than 100 cities, towns, rural municipalities, and First Nations. There are more than 106,000 emergency room visits per year at Saskatoon's three emergency rooms, equivalent to 290 patients per day. Almost 40% of surgeries are for people living outside the health authority. In addition, the health authority provides almost 35,000 inpatient and day surgery procedures annually, equivalent to 96 procedures per day.

Saskatchewan Health is also investing \$6 million in the **Saskatchewan Cancer Agency (SCA)** for two new linear accelerators, renovations for the new equipment, and health provider training.

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 Saskatchewan students who want to enter health professions will benefit from bursary funding in exchange for a commitment to work in the province. The provincial government is devoting \$4 million to support return-service bursary programs in the health field. More than 60 new bursaries will be offered to Saskatchewan students studying health sciences disciplines, including pharmacy, nuclear medicine, cytology, magnetic

resonance imaging, medical radiation and medical laboratory technology, physical, occupational and respiratory therapy, prosthetic and orthotic technology, speech-language pathology, audiology, public-health inspection and clinical psychology.

More than 200 new bursaries will be targeted to Saskatchewan students studying to be registered nurses, registered psychiatric nurses, licensed practical nurses, primary care nurse practitioners, and those wishing to re-enter nursing. As well, a new bursary will be offered to five nurses in graduate studies who agree to teach at one of Saskatchewan's post-secondary educational institutions upon graduation. This initiative will help to fill the vacant nursing teaching positions at post-secondary institutions in Saskatchewan.

In partnership with the Saskatchewan Medical Association, the government is offering 50 bursaries throughout the year to students and residents studying medicine. As well, the government is targeting 80 bursaries to students studying to be emergency medical technicians.

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**Dr. Pierre-Gerlier Forest** has been appointed to the G.D.W. Cameron Visiting Chair for Health Canada. Reporting to the Deputy Minister, Dr. Forest will provide advice to the Minister, the Deputy Minister and the department on a wide range of emerging health issues, participate in senior departmental committees and take part in developing policy. Dr. Forest is a Professor of Public Policy and Management with the Department of Political Science of Laval University. He is best known for his research and publications pertaining to health policy and health services governance. He is also known for his work as Research Director of the Commission on the Future of Health Care in Canada (Romanow Commission). The G.D.W. Cameron Visiting Chair was created in 1999 in honour of Dr. George Donald West Cameron, who served as Deputy Minister of National Health between 1946 and 1965. Dr. Forest succeeds Dr. Robert McMurtry, who was the first Fellow to occupy the Visiting Chair.

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**In Nova Scotia**, almost \$10 million is being invested this year in hospital repairs. The funding is being distributed to district health authorities for repairs that range from replacement of roofs,

windows, and boilers to addressing air-quality concerns. All districts will receive a share of the \$9.8 million available province-wide. This amount represents an increase from the \$3.8 million available for hospital repairs in 2002–03. The funding is part of the \$30 million capital grant announced in the 2003–04 budget. The remaining \$20 million will be used for larger projects, already announced or under development.

Also in Nova Scotia, an advisory group of more than 20 health partners has developed a primary healthcare renewal plan that will help all Nova Scotians become and stay healthier. **The Advisory Committee on Primary Health Care Renewal** recommends a focus on health promotion, a greater role for communities in defining needs, a team approach to healthcare delivery and effective use of technology as key steps to increasing access to healthcare services for Nova Scotians.

The report outlines reasons for change, including the high incidence of chronic disease among Nova Scotians; a healthcare system focused on hospitals and treatment rather than prevention; and a recognition that improvements are necessary to improve access issues for all Nova Scotians. The report is available on the Department of Health website at [www.gov.ns.ca/health](http://www.gov.ns.ca/health) or by calling 1-800-565-3611.

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**Elvy Robichaud** has been reappointed Minister of Health and Wellness in the new cabinet of Bernard Lord in New Brunswick.

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Quebec's Health and Social Services Minister Philippe Couillard recently announced that the government would contribute **\$800 million** each to the construction of a new **University of Montreal hospital complex** (CHUM) and a **McGill University Hospital Complex** (MUHC). He said each hospital would be obliged to collect a minimum of \$200 million from the federal government or private donations. Current cost estimates for the two facilities total about \$2.3 billion. Dr. Couillard estimated that the two new super-hospitals would be operational by 2010 at the latest, four years later than originally planned. When built, MUHC will have 832 beds, and CHUM more than 1,000 beds. Both of these totals include capacity at the secondary hospital sites.

**PEI's Department of Health and Social Services** will be purchasing three seats per year for each of the next three years to provide training for medical laboratory technologists at the New Brunswick Community College. Medical laboratory technologists provide laboratory testing related to the diagnosis, treatment and monitoring of disease. In October 2001, the Prince Edward Island Health and Social Services System completed a comprehensive "Health Human Resource Supply and Demand Analysis," which projected a shortage of medical laboratory technologists due to a large number of potential retirements.

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**The Scarborough Hospital** has announced the appointment of Glenna Raymond as interim President and Chief Executive Officer. She replaces Ron Bodrug, who will be on a leave of absence. Ms. Raymond has been with TSH since 1986. Most recently, she was Senior Vice-President with responsibilities for patient services, nursing and professional practice and corporate planning.

The hospital also announced that its board of directors has elected Terry Brazill as Chair, replacing David E. Baird who remains a director. Mr. Brazill is president of Brazill Family Foods Inc., which owns and operates four McDonald's restaurants in the Scarborough area of the City of Toronto.

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The council of the **College of Nurses of Ontario** (CNO), the regulatory body for Ontario's 140,000 nurses, elected its executive officers for 2003-04 at its June 5 meeting in Toronto: Sandra Ireland, RN, President; Sue Burnell-Jones, RN, Vice-President; and Dawn Norling, RPN, Vice-President.

Ms. Ireland is a Clinical Nurse Specialist in the trauma and neurosciences program of Hamilton Health Sciences in Hamilton. Ms. Burnell-Jones is a Nurse Educator at Carling View Manor and Algonquin College in the Faculty of Health Sciences in Ottawa. Ms. Norling is a staff nurse in the medical-surgical unit of the Sault Area Hospital in Sault Ste. Marie. The CNO's 39-member Council consists of elected registered nurses (RNs), registered practical nurses (RPNs) and government-appointed public members.

Charles L. Seguin, Chair of **St. John's Rehabilitation Hospital** Board of Directors, recently announced five appointments to the hospital's governing board – Joanne Flint, Toronto City Councillor for Don Mills West; Michael (Mike) Harris, former Premier of Ontario; James F. Kennedy, former Partner at Osler, Hoskin & Harcourt LLP; Dr. Helene Polatajko, Chair of the Department of Occupational Therapy at the University of Toronto; and Angelina Yau, Executive Director of the Yee Hong Centre for Geriatric Care.

St. Joseph's Care Group will assume governance and management of Lakehead Psychiatric Hospital. The divestment of the region's provincial psychiatric facility, which is the result of a directive issued by the Health Services Restructuring Commission in 1996, supports the efforts of mental-health reform in Ontario.

In keeping with the principles of mental-health reform in Ontario, enhanced community-based mental-health services will be provided to support clients and their families. These services will be provided by a local healthcare organization under the direction of a volunteer board of directors. Change in governance and management will allow the administration and the board of St. Joseph's Care Group to actively advocate and expand services for mental-health clients in northwestern Ontario, when needed. St. Joseph's Care Group is owned and operated by the Sisters of St. Joseph of Sault Ste. Marie and managed by a volunteer board of directors. The Care Group is committed to providing programs and services in complex care, rehabilitation, long-term care, supportive housing, addictions and mental health to meet the needs of the residents of the districts of Thunder Bay and Kenora-Rainy River.

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The new Chair of St. Joseph's Health Care in London, Ontario is **Anne Cunningham**.

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**Mary Jo Haddad** has been appointed Executive Vice-President and Chief Operating Officer at the Hospital for Sick Children, Toronto. Previously, she was Vice-President of Child Health Services and Chief Nurse Executive at the hospital.

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In 1991, **Norfolk General Hospital** launched an energy management program that in 10 years decreased the hospital's overall energy budget by more than 22%. For more information on Norfolk General's energy management success, contact J. J. Knott at jknott@ngh.on.ca.

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Pamela C. Spencer has joined **Cancer Care Ontario** as General Counsel and Corporate Secretary.

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Don Storch, Chair of the Board of Directors of the **Victorian Order of Nurses for Canada**, is pleased to announce the appointment of R.M. (Ron) Farrell as President and Chief Executive Officer of the VON. Mr. Farrell has been involved in community healthcare development and delivery for more than 20 years, holding a number of senior positions with the federal, provincial and territorial governments. Most recently (1996–2003), Mr. Farrell was General Manager, Atlantic Zone, and National Director, Planning and Evaluation, with the Canadian Red Cross.

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Dr. Martin Barkin, the first Chair of the Sunnybrook & Women's Board of Directors, had a University of Toronto Research Chair named in his honour recently as a tribute to his volunteer work with the hospital, leadership in healthcare and lifelong commitment to academic medicine. The **Martin Barkin Chair in Urological Research** was created to fund research in urology at the University of Toronto and its affiliate teaching hospitals, such as Sunnybrook & Women's. As Canada's largest academic urology division, the Division of Urology at the Faculty of Medicine, University of Toronto produces significant research in a wide range of fields.

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Dr. Peter Glynn, Chair of the **ICES Board of Directors**, is pleased to announce the appointment of three distinguished new board members.

**Mr. John Wright** is Senior Vice-President for the Canadian Public Affairs Division of Ipsos-Reid Corporation. Mr. Wright has acquired more than two decades of expertise in public affairs and government relations, including 14 years as Ipsos-Reid's lead media spokesperson on politics, policy and consumer trends.

**Dr. Bernie O'Brien**, an internationally renowned health economist, is a Professor in the Department of Clinical Epidemiology and Biostatistics at McMaster University and an Associate in McMaster's Centre for Health Economics and Policy Analysis. Dr. O'Brien is also the Associate Editor of Medical Decision Making, and serves on the editorial boards of *Health Economics, Pharmacoeconomics, and Clinical Therapeutics*.

**Mr. Denis Morrice** is President and CEO of the Arthritis Society. Throughout his career, he has held senior positions with the Canadian Hearing Society and the Ontario government. Mr. Morrice is active on an extensive array of voluntary boards and committees, such as the Canadian Joint Replacement Registry, the University of Ottawa's Institute for Population Health and the Health Charities Council of Canada.

The following members of the ICES Board of Directors were re-elected: Dr. Peter Glynn (Chair), Ms. Bonnie Adamson, Dr. Hui Lee, Ms. Wendy Nicklin and Dr. Duncan Sinclair.

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## Vendor News

**Agfa Inc.** recently announced that the **Fraser Health Authority** has selected Agfa HealthCare's computed radiology (CR) solutions to acquire, identify and digitize diagnostic images. The \$3.59-million agreement will see the Agfa Diagnostic Centre (ADC™) CR solutions deployed across 11 of the sites administered by Fraser Health. The award currently includes 11 ADC Compact Plus™ and 16 ADC Solo™ digitizers, 14 ADC Quality System servers with the newly released ADC QST™ 2.1 software, supported with fully functional systems for patient ID and related ADC software.

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**IMS Health Canada** has announced the appointment of Mr. Bruce Good to the new position of Senior Vice-President, Commercial. Mr. Good is

responsible for leading the sales, marketing and client service teams in serving the Canadian pharmaceutical and healthcare sector. Mr. Good will also lead the development of new business solutions for the Canadian market and the implementation of commercial plans and strategies.

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**Global Healthcare Exchange** (Canada), Inc. (GHX) and the **Association of Ontario Medical Manufacturers** (AOMM) have formed a strategic alliance. AOMM now recommends GHX as the preferred provider for e-commerce services to its members. AOMM represents more than 50 small and medium-sized medical device manufacturers, which offer products and services ranging from assistive devices to high-definition ultrasound machines. GHX provides an open and neutral electronic trading exchange through which healthcare providers and suppliers can buy and sell products more efficiently and cost-effectively. Currently, 93 hospitals and 18 suppliers in Canada are using GHX to transact business electronically with one another.

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**GE Medical Systems Information Technologies** (NYSE: GE), and **Triple G Systems Group**, Inc. (TSX: TGG) have announced that they have signed a definitive transaction agreement, pursuant to which GE will acquire Triple G, a leading independent developer of laboratory information systems. In this transaction, GE will acquire all of the issued and outstanding common stock of Triple G for a consideration of \$3.30 (Canadian) per share, payable in cash.

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 The **2003 3M Health Care Quality Team Awards** went to the Trillium Health Centre of Mississauga in the acute sector category, and to St. John's Rehabilitation Hospital and The Toronto Rehabilitation Institute for a joint submission in the non-acute category. Trillium's award was for the development of a performance excellence dashboard – an electronic monitoring and measurement tool used to support strategic decision-making, quality initiatives and measures. St. John's Rehabilitation Hospital and the Toronto Rehabilitation Institute worked in partnership to create a satisfaction survey tool for measuring patient satisfaction in outpatient rehabilitation.

The awards were held concurrently with the National Health Care Leadership Conference in Edmonton. See [www.3m.com/ca/healthcare](http://www.3m.com/ca/healthcare)

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 Pierre Boucher Hospital Center in Quebec has retained the services of **Purkinje**<sup>®</sup>, a Canadian-based electronic health record provider, to implement a cutting-edge solution for the transition from a paper patient file to an entirely computerized patient record over the next few years. The hospital is recognized for its efficiency and its significant use of advanced technologies. The hospital sought an integrated electronic solution to manage its patients' documents and data. The Purkinje solution integrates archived digital files with auxiliary systems such as laboratory and imagery centres via the HL7 protocol. See [www.purkinje.com](http://www.purkinje.com)

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**Siemens Canada Limited** has appointed Doug Morton as Senior Vice-President, Siemens One Canada and Andrew Hind as Vice-President, Medical Solutions Division. In his new capacity, Mr. Morton will be responsible for ensuring the effective cross-selling of all Siemens offerings, and efficiently managing the implementation of resulting projects across diverse industry sectors. Succeeding Mr. Morton as Vice-President of the Medical Solutions Division, Mr. Hind will be responsible for establishing and implementing the overall business and marketing strategies for the business unit, providing a full range of integrated services including multi-vendor solutions, asset planning and management. He will oversee and direct Siemens offerings for advanced medical technologies such as magnetic resonance imaging (MRI), computed tomography (CT), radiography, oncology care systems, and image management and networking systems such as PACS and telemedicine.

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**Soltrus Inc.** announced that Nightingale Informatix has integrated Soltrus' authentication services into its flagship offering – myNightingale – providing physicians and allied healthcare providers with a trusted environment and a host of features that make it easier for them to conduct healthcare transactions. Nightingale will integrate Soltrus' Managed Public Key Infrastructure (MPKI)

solution to secure its healthcare portal, used by physicians across Canada and the northeast USA. The portal provides physicians, patients, labs and other healthcare professionals with real-time access to clinical and practice management applications, through a secure central data location, anywhere, anytime.

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**Misys Healthcare Systems** has completed its purchase of the Patient1® product line from **Per-Se Technologies, Inc.** (Nasdaq: PSTI). The system included computerized patient record and computerized physician order entry (CPR/CPOE) information systems. Patient1 employees have become employees of Misys Healthcare.

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Dan Thornton, Chief Operating Officer of Co-operators Life Insurance Company, has been elected **Chairman of the Canadian Life and Health Insurance Association Inc.** (CLHIA). A member of the CLHIA Board of Directors for the past two years, Mr. Thornton has served as Chair of the association's Standing Committee on Government Relations and as a member of the Standing Committees on Resources and Member Services.

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**MediSolution Ltd.** (MSH:TSX) has appointed Paul Hill as Senior Vice-President, Marketing and Business Strategy. Mr. Hill's prior positions include Vice-President of Applications Marketing at Cognos Inc. in Ottawa, and Vice-President of Product Marketing and Business Development at Adaytum Software, based out of Minneapolis, Minnesota. Most recently, Mr. Hill was Vice-President, Business Development at Platform Computing, an Ontario-based provider of distributed and Grid computing software.

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**McGill University Health Centre** in Montreal will automate all aspects of the clinical and anatomic laboratories and will include outreach, imaging and support for robotics solutions. Laboratory information technology will come from Cerner.

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According to the results of an annual reputation poll conducted by Harris Interactive and published in *The Wall Street Journal*, **Johnson & Johnson** was acknowledged as having the best corporate reputation in America for the fourth straight year.

The **Canadian Pharmaceutical Distribution Network (CPDN)** will align with McKesson Canada as its single, national logistics provider. McKesson Canada has serviced CPDN's western customers since 1996. This new national arrangement will be effective May 2004.

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At **Sodexho**, Ross Maund is now in charge of healthcare. Ocean sailing replaced by customer satisfaction – chalk one up for healthcare. During the summer Sodexho's Foundation served lunches to children who receive financial assistance during the school year, and would otherwise be at risk of chronic hunger – Chalk one up for the kids.

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We found Chris Sherback registered with **SETI@home** – a scientific experiment that uses Internet-connected computers in the Search for Extraterrestrial Intelligence. Apparently, 1,300 installations for ORMED across North America wasn't enough for Chris, and he's exploring new frontiers. He's in good company with SETI supporters like the University of California Digital Media Innovation Program; Sun Microsystems, Hewlett Packard, Fuji Film, Quantum, Intel, IBM and others.

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**The Partnership for Health Information Standards** has appointed Mike Leavy as its new Chair. Mr. Leavy is Senior Manager, Standards and Architecture with HealthNet.

The partnership is an initiative of the Canadian Institute for Health Information (CIHI), designed to bring together public and private sector experts in the health information standards field. It is the bridge to a vibrant health information standards community.

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## More News from Canada Health *Infoway*

Canada Health *Infoway* and the Canadian Institute for Health Information have formalized a relationship to work together on standards for electronic health record systems.

Canada Health *Infoway* Inc. (*Infoway*) and the Canadian Institute for Health Information (CIHI) have formalized a relationship with respect to the development and maintenance of standards required in support of electronic health record (EHR) data definitions and standards.

As part of the agreement, *Infoway* will lead the development of EHR Solution standards and act as the overall program manager for EHR standards-related work. CIHI will act in the capacity of preferred partner to *Infoway* in the development of these standards. CIHI will continue to be responsible for data definitions, content standards and classification systems, which are core to CIHI's business.

The key benefits of developing standards include:

- driving down costs as they relate to initial design and development
- supporting reuse and replication of components
- enhancing application integration and interoperability
- fostering systems integration

All of this will reduce the total cost of ownership over the long term. In addition, common standards will provide the necessary flexibility to handle the business needs of a wide range of organizations.

CIHI will continue to provide coordination for the various standards stakeholder organizations both within Canada and internationally, through activities such as the Partnership, HL7 Canada, the North American Collaborating Center for the World Health Organization, and the Canadian Advisory Committee of ISO/TC 215. *Infoway* will assume a seat on the Canadian Advisory Committee (CAC) of ISO/TC 215 Canada as well as a seat on the executive committee for HL7 Canada.

CIHI is widely recognized as a leader in the development of health informatics standards. This, along with successful collaboration between

the organizations, makes CIHI a natural choice as a preferred partner for defining and undertaking work related to the development and maintenance of EHR standards.

*Infoway* and CIHI have partnered on a number of initiatives, including the National e-Claims Standards Project to develop national standards for exchanging electronic health claims information. This CIHI-led project is funded by *Infoway* and has received strong support and participation from provinces, territories and the private sector.

Currently, as part of its first round of project investments, *Infoway* is leading an effort in collaboration with CIHI to assess the current state of EHR Solution standards and data requirements. The project will define *Infoway's* development approach and priorities for the next 12 to 18 months.

### About EHR

An electronic health record provides each individual in Canada with a secure and private lifetime record of his or her key health history and care within the health system. The record is available electronically to authorized healthcare providers and the individual anywhere, anytime, in support of high-quality care.

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### **INFOWAY RELEASES ELECTRONIC HEALTH RECORD BLUEPRINT**

After months of consultation with over 300 stakeholders from the healthcare, academic and vendor communities, Canada Health *Infoway* has released its electronic health record solution blueprint – EHRs Blueprint – An Interoperable EHR Framework. The Blueprint provides a realistic, achievable approach to the complex challenge of developing and implementing EHR solutions in Canada – one which meets the requirements of individual healthcare jurisdictions, whether provincial, territorial or regional.

### **Why an EHRs Blueprint?**

The Blueprint was developed in response to the need for common system architecture and its

objectives were threefold:

- To gain a clear understanding of current Canadian and international approaches, plans and initiatives related to electronic health records. Through consultations with experts from the field, *Infoway* sought to learn from the best practices and lessons learned.
- To incorporate common standards and best practices in information systems architecture with a focus on interoperability across the continuum of care.
- To ensure appropriate validation from, and involvement of, key stakeholder groups such as healthcare administrators, IT specialists, providers, experts and technology vendors. This also includes the involvement of a reference group consisting of representatives nominated by Health Ministry chief information officers at the federal, provincial and territorial levels.

By outlining the business and technical considerations that will guide the development and implementation of EHR solutions, the Blueprint will serve to shape and inform *Infoway's* investment and rollout strategy – and maximize return on this very significant IT investment.

#### What Are the Benefits of the Blueprint?

- **Greater efficiencies, reduced costs**  
By employing interoperable systems, much greater healthcare efficiencies can be achieved. The Blueprint also facilitates efficiency and reduced costs in systems design and development. When a system in one jurisdiction is developed to be reused, it can be replicated in another jurisdiction at a much lower cost and, as importantly, with much less risk.

- **Protection of existing investments**

Healthcare jurisdictions have billions of dollars invested in their current IT infrastructures which support the way they do business. Under the Blueprint, which is based on open standards and interoperability, these jurisdictions do not face the prospect of replacing their “legacy” systems, but rather can potentially leverage these investments.

- **Simpler growth and migration strategies**

By establishing a common definition and specifications for the business and technical architecture for interoperable EHR solutions, the Blueprint will provide the appropriate guidelines for future investment proposals and risk mitigation strategies.

#### What are the next steps?

With this first version of the Blueprint published, *Infoway* will continue its process of consultations with stakeholders to refine the architecture. Simultaneously, *Infoway* and its stakeholders are undertaking a series of projects to further solidify the EHR solutions. Currently, work is underway to define the requirements and enabling solutions for privacy and IT security. Next steps also include definition of the data requirements and messaging and vocabulary standards.

The complete Blueprint is an interactive document and can be accessed by logging on to *Infoway's* e-Health KnowledgeWay portal at [www.knowledge.infoway-inforoute.ca](http://www.knowledge.infoway-inforoute.ca), where feedback and comments are welcomed in the Architecture Forum of the Communities of Practice section.

## ElectronicHealthcare is available on-line.

But ...

1. You must subscribe
2. You must be an organization with its own IP address

For more information:  
Susan Hale [shale@longwoods.com](mailto:shale@longwoods.com)



# HIMSS can be a truly Canadian adventure for Canadians

“It’s much easier to get into the mind first than to try to convince someone you have a better organization than the one that did get there first.”

HIMSS (Healthcare Information and Management Systems Society) is the healthcare industry’s dominant membership organization, exclusively focused on providing leadership for the optimal use of healthcare information technology and management systems for the betterment of human health. Worldwide, HIMSS represents more than 13,000 individual members and some 150 member corporations that employ more than one million people. HIMSS shapes and directs healthcare public policy and industry practices through its advocacy, educational and professional development initiatives designed to promote information and management systems’ contributions to quality patient care. In Canada we have different organizations with different mandates. HIMSS has history, reputation, programs, networks and more. We need to encourage them and work with them.

“Forget the name. Think categories.”

HIMSS owns the category. The largest organization, the most conferences, top-flight certification programs, top notch conference organizers, 650 corporate participants. You can join them and not have to pay a cent over and above regular membership fees

“Being first in the mind is everything in building organizations.”

Ask any CIO worth her salt and she’ll tell you that the best education comes from HIMSS. Everyone is singing from the same book and everyone is infected with the same religion – evidence-based best practices. Experts come from all over the world to contribute, to learn and to share.

“An organization can become incredibly successful if it can find a way to own a word in the mind of its real and perceived stakeholders ...”

HIMSS does this. Ask anyone what HIMSS stands for and chances are they will get it wrong. Ask anyone what HIMSS is and you will understand what a gem this acronym represents. Every IT person in healthcare knows and respects the name.

Peruse HIMSS publications: HIMSS News, eNews, Advocacy Dispatch and Standards Insight and the peer-reviewed *Journal of Healthcare Information Technology*<sup>®</sup>. Whether you’re casually reading or actively researching, HIMSS publications deliver the professional knowledge and insights that can’t be found elsewhere.

“There’s a hierarchy in the mind that individuals use in making decisions.”

With HIMSS now in Canada we are already part and parcel of the top organization on the ladder. The important thing now is to make it work for us.

“There’s an irresistible pressure to extend the equity of an organization’s reputation.”

HIMSS’ focus is the healthcare provider. Everything it stands for is targeted at better health. Nothing more, nothing less. No industry-building, no golf tournaments, no boat cruises, no boondoggles. Just education.

“If you want to be successful today, you should give something up.”

Give up a little time. Write a paper, provide a peer review, sit on a committee, prepare a presentation based on your work, attend a conference. Join HIMSS.

“History teaches that the only thing that works in business is the single, bold stroke.”

Well, here is the bold stroke. The most comprehensive education and certification program available – anywhere.

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Quotations are used with a sincere apology to the book: *The 22 Immutable Laws of Marketing – Violate Them at Your Own Risk* by Al Ries and Jack Trout ... a compendium of 22 innovative laws for understanding and succeeding in the international marketplace.

# FIVE MOST HIGHLY RECOMMENDED HEALTH PRIVACY WEBSITES FROM THE UNIVERSITY HEALTH NETWORK

MIYO YAMASHITA and DON MACPHERSON

## **www.privcom.gc.ca**

The Privacy Commissioner of Canada is the oversight body for the federal Personal Information Protection and Electronic Documents Act (PIPEDA) as well as the federal Privacy Act. The full application of PIPEDA occurs on January 1, 2004 for commercial uses of personal information; the Act will have broad implications for information management practices at Canadian organizations (e.g. news rules on consent, mandatory openness to the public about how an organization collects, uses and discloses personal information, and required procedures for handling privacy complaints, etc). The Privacy Commissioner's "health links" page provides an excellent set of resources for those interested in the field of health privacy.

## **www.ipc.on.ca**

The Ontario Information and Privacy Commissioner's (IPC) website is an invaluable resource for anyone with an interest in privacy. There are extensive resources on the website, including a Privacy Diagnostic Tool for assessing an organization's compliance with the 10 fair information practices in Schedule 1 of PIPEDA. The site also provides the results of privacy audits of major Ontario health organizations' information management practices for electronic patient record systems (see Chatham-Kent and University Health Network).

## **www.privacyinfo.ca**

The University of Ottawa's Michael Geist, a leading lawyer in the Canadian privacy field, has developed a "Canadian-focused" data protection website, which provides up to date reporting on the latest news and legal developments in information privacy. The site also contains a number of practical privacy resources in the form of books, journals, web links, and legislative analyses.

## **www.nhsia.nhs.uk/confidentiality/**

The British National Health Services Information Authorities (NHSIA) is currently conducting

national consultations on patient confidentiality, including obtaining feedback on its plans for a confidentiality management system from a variety of health stakeholders (e.g. patients, physicians, nurses, hospital administrators and system vendors). The consultation report will be made publicly available on its website by December 2003.

## **www.healthprivacy.org/**

Georgetown University's Health Privacy Project has created this informative website to educate the public on issues relating to health privacy in the USA. It offers extensive commentary on the federal Health Insurance Portability and Accountability Act (HIPAA) for both health care consumers and providers. The site also has a "Health Privacy 101" training page, which includes explanatory slides on information privacy for U.S. health organizations, examples of health privacy breaches (a valuable tool for privacy training), and information on patient privacy rights.

## **About the Authors**

**Miyo Yamashita**, PhD, is the Corporate Privacy Officer (CPO) at the University Health Network. Miyo is also the Chair of the Privacy and Security Working Group for the Ontario Hospital Association's E-Health Council. The working group has written a report, "Managing Privacy, Data Protection and Data Security for Ontario Hospitals."

**Don MacPherson** has been working as a Privacy Specialist at the University Health Network (UHN), since September of 2002, where he has assisted in the design and implementation of the corporate privacy program. He is also a contributing author of the Ontario Hospital Association's Privacy and Security Working Group's recently published report. For more information on the report, contact Don MacPherson at 416-340-4800, extension 7278.