

## Nursing News

In B.C., a new **Pharmacy Operations and Drug Scheduling Act**, and amendments to the Health Professions Act strengthen the ability of the College of Pharmacists to self-regulate in the public interest. The act will also ensure disclosure of information from the PharmaNet database continues in a way that addresses privacy issues and protects confidential patient information.

As well, the new act and amendments will:

- Repeal the Pharmacists, Pharmacy Operations and Drug Scheduling Act and replace it with a new Pharmacy Operations and Drug Scheduling Act. This new act will maintain and re-enact all existing licensing, operations and inspection matters administered by the College of Pharmacists. None of the provisions currently in place to protect the public will change. Other minor amendments enhance confidentiality provisions and streamline the administration of drug schedules.
- Transfer the regulation of pharmacy from the Pharmacists, Pharmacy Operations and Drug Scheduling Act to the Health Professions Act. This change aligns with findings in the 1991 Royal Commission on Healthcare and Costs (Seaton Report) that recommended a single, consistent regulatory system for health professions such as chiropractors, dentists, optometrists, podiatrists, physicians and registered nurses. The change will reduce regulatory duplication and improve multi-disciplinary patient care.
- Transfer responsibility for dealing with requests for PharmaNet data from the College of Pharmacists' PharmaNet committee to a new PharmaNet stewardship committee. This change was first introduced as Bill 54 in May 2003. Bill 54 will now be withdrawn as the changes are now part of this new act. The new PharmaNet stewardship committee, appointed by the minister of Health Services, will have representatives from the College of Pharmacists, the College of Physicians and Surgeons, government, the research community and the public.

### HEALTH COUNCIL MADE OFFICIAL

In mid-December, Anne McLellan, Federal Minister of Health announced the official formation of the national Health Council. Michael Decter, who was selected unanimously by participating provincial Health Ministers, will serve as Chair. The Health Council will have a mandate to monitor and make public reports on the implementation of the Accord. In addition to its independent Chair, it will have government representative from each participating jurisdiction and 13 expert/public representatives. The Council will collaborate with Quebec's Council on Health and Welfare. Alberta is not participating in the Health Council. For more information see: [www.hc-sc.gc.ca/english/media/releases/2003/2003\\_97.htm](http://www.hc-sc.gc.ca/english/media/releases/2003/2003_97.htm)

### FEDERAL/PROVINCIAL/TERRITORIAL MINISTERS OF HEALTH ESTABLISH NEW CANADIAN PATIENT SAFETY INSTITUTE

The Canadian Patient Safety Institute (CPSI) was officially announced in December as well as the Institute's Founding Board of Directors. The Institute will provide leadership and co-ordination in building a culture of patient safety and quality improvement throughout the Canadian healthcare system. As a not-for-profit corporation, at arm's length from government, it will promote best practices, raise awareness and provide advice on effective strategies to improve patient safety. The Institute will rely on national networks and expertise, supported by a secretariat located in Edmonton, Alberta.

The Ministers of Health acknowledged the work of the National Steering Committee on Patient Safety (NSCPS) which released the September 2002 report *"Building A Safer System: A National Integrated Strategy for Improving Patient Safety in Canadian Health Care."* The key recommendation of this report was the creation of an Institute designed to foster collaboration in improving patient safety across the healthcare system. Since that time, a strong partnership between governments and stakeholders has led to the development of the Institute.

The Government of Canada announced funding of \$10 million annually in the 2003 federal budget to support national patient safety initiatives, such as the CPSI. In September 2003, Ministers of Health unanimously supported the establishment of the Institute by the end of 2003. [http://www.hc-sc.gc.ca/english/media/releases/2003/2003\\_99.htm](http://www.hc-sc.gc.ca/english/media/releases/2003/2003_99.htm)

Quebec Premier Jean Charest has appointed former prime minister, **Brian Mulroney** and former Quebec premier, **Daniel Johnson**, to lead a government committee examining the province's super-hospitals and the potential for these massive institutions. The committee's mandate lasts until Feb. 27, at which time they will make recommendations to the Health Department.

## **SUBSTANTIAL CHANGES REQUIRED IN NURSES' WORK ENVIRONMENT TO PROTECT PATIENTS FROM HEALTHCARE ERRORS**

WASHINGTON -- The work environment of nurses, the largest segment of the nation's healthcare work force, needs to be substantially transformed to better protect patients from healthcare errors, says a new report from the Institute of Medicine of the National Academies. The report calls for changes in how nurse staffing levels are established and mandatory limits on nurses' work hours as part of a comprehensive plan to reduce problems that threaten patient safety by strengthening the work environment in four areas: management, work-force deployment, work design, and organizational culture.

"No one or two actions by themselves can keep patients safe," said Donald M. Steinwachs, chair of the committee that wrote the report, and chair, department of health policy and management, Bloomberg School of Public Health, Johns Hopkins University, Baltimore. "Rather, creating work environments that reduce errors and increase patient safety will require fundamental changes in how nurses work, how they are deployed, and how the very culture of the organization understands and acts on safety. We present a comprehensive plan to address all these areas."

The nation's 2.2 million registered nurses (RNs), 700,000 licensed practical and vocational nurses, and 2.3 million nursing assistants constitute 54% of all healthcare providers. Nurses are the health professionals who interact most frequently with patients in all settings, and their actions -- such as ongoing monitoring of patients' health status -- are directly related to better patient outcomes. Studies show that increased infections, bleeding, and cardiac and respiratory failure are associated with inadequate numbers of nurses. Nurses also defend against medical errors. For example, a study in two hospitals found that nurses intercepted 86% of medication errors before they reached patients.

Despite the growing body of evidence that better nursing staff levels result in safer patient care, nurses in some healthcare facilities may be overburdened. For instance, some hospital nurses may be assigned up to 12 patients per shift. Available methods for achieving safer staffing levels -- such as authorizing nursing staff to halt admissions to their units when staffing is inadequate for safe patient care -- are not employed uniformly by either hospitals or nursing homes.

The decade-old regulations that specify minimum standards for staffing in nursing homes need to be updated, the report says. The U.S. Department of Health and Human Services should require nursing homes to have at least one RN within the facility at all times. HHS also should specify staffing levels that increase as the number of patients increases and that are based on the department's 2001 report to Congress on minimum staff-to-patient ratios for nursing homes. The committee recommended that nursing homes increase internal oversight of their staffing practices and effects on patient safety whenever staffing falls below one RN for every 32 residents, one licensed nurse per 18 residents, and one nurse assistant per 8.5 residents per day. Similarly, hospital intensive care units should increase internal oversight when staffing falls below one nurse for every two ICU patients. Federal and state report cards on nursing homes should include information on nursing staff levels, and measures of staffing levels should be developed for hospital report cards. Whenever possible, healthcare facilities should avoid using nurses from temporary agencies to fill staffing shortages.

Long work hours pose one of the most serious threats to patient safety, because fatigue slows reaction time, decreases energy, diminishes attention to detail, and otherwise contributes to errors. While most nurses typically work eight- to 12-hour shifts, some work even longer hours. At the same time, patients admitted to hospitals typically are more acutely ill and require technologically more complicated care than in the past. State regulatory bodies should prohibit nursing staff from working longer than 12 hours a day and more than 60 hours per week, the committee said.

Along with changes in staff levels and hours, hospital restructuring initiatives begun in the mid-1980s led to substantial changes in how nurses work. As hospitals tried to respond to the financial pressures resulting from modifications to public and private insurance payment systems, their efforts altered the ways in which nurses are organized to provide care and, in many cases, undermined trust between nurses and management. As a key step toward improving nurses' work environments and restoring trust, the report urges healthcare organizations to involve nurse leaders in all levels of management and to solicit input from nursing staff on decisions about work design and implementation. Nurses are in prime positions to help pinpoint inefficient work processes that could contribute to errors, identify causes of nursing staff turnover, and determine appropriate staff levels for each unit.

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Orientation programs for newly hired nurses and continuing education programs are being scaled back due to cost pressures, although surveys indicate that many newly licensed nurses do not possess the overall preparation to provide care to today's patient population. Also, many RNs are not receiving ongoing education and training to keep up with the ongoing growth of new medical knowledge and technology. Healthcare organizations should dedicate financial resources to support nursing staff in the ongoing acquisition and maintenance of knowledge and skills, the report says.

The committee's recommendations are made in a climate of high rates of turnover among nursing staffs, as well as a nursing shortage that is predicted to worsen in the future. Implementation of the recommended changes in nurses' work environments would likely help healthcare organizations recruit and retain nurses, the report says. "It may be tempting to think that these recommendations can wait for increases in the supply of nurses, but evidence on nursing retention indicates just the reverse is true," Steinwachs said. "Because the supply of nurses is unfortunately stretched thin right now, they must be supported by work processes, work spaces, hours, staffing practices, and a culture that better defends against errors and readily detects and mitigates errors when they occur. Nurses will be more likely to stay in healthcare organizations that implement the management and work-design practices recommended in this report."

The study was sponsored by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality. The Institute of Medicine is a private, nonprofit institution that provides health policy advice under a congressional charter granted to the National Academy of Sciences. Copies of Keeping Patients Safe: Transforming the Work Environment of Nurses are available on the Internet at [www.nap.edu](http://www.nap.edu). Copies of the report will be available early next year from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242.

Alberta has launched a new era of patient care with the implementation of the **Alberta Electronic Health Record**, province-wide clinical health information system that links physicians, pharmacists, hospitals, home care and other providers across the province. The record stores pertinent patient information on-line so that healthcare providers may access a patient's prescription history, allergies and laboratory test results immediately on-line, via computer. The result is more accurate diagnosis and treatment for better, safer patient care.

**Ontario is improving patient access** to diagnostic equipment and treatment with a \$63-million increase to upgrade and modernize medical equipment. This funding is part of the federal diagnostic/medical equipment fund which provided \$193 million to the Ontario government. Allocation of the remaining \$130 million will be announced shortly.

The funding announced includes:

- \$20 million to Cancer Care Ontario and \$9.5 million to the University Health Network's Princess Margaret Hospital to replace and upgrade radiation therapy equipment that will improve access to treatment for cancer patients; and
- \$33.5 million in capital funding for diagnostic, therapeutic and surgical equipment in hospitals which improves patient care and the working conditions of healthcare workers.

The Ontario Health Technology Advisory Committee, an independent body of healthcare technology experts, will be consulted in the development of an overall equipment funding strategy including providing advice on criteria to assist hospitals in addressing equipment needs.

British Columbians will have an opportunity to help guide the renewal of the public health system by participating in the **first provincial patient satisfaction survey**. Residents from across the province will be contacted to comment on their experiences in accessing a range of healthcare services. Information collected will include British Columbians' observations on specific healthcare services such as child immunization, a visit to their doctor or a hospital stay, as well as overall satisfaction with the care provided. Using a scale of one to five, participants will rate their level of satisfaction with the convenience of access; reasonableness of wait and overall quality of the service provided. The ministry has worked in consultation with the Office of the Information and Privacy Commissioner to ensure patient information is protected. The provincial survey builds on the ongoing work being done by B.C.'s health authorities to evaluate patient satisfaction and the provision of specific health services in their regions. Visit the province's Web site at [www.gov.bc.ca](http://www.gov.bc.ca) for on-line information and services.

The security and privacy of the health information in the Alberta Electronic Health Record follows the highest on-line security standards in the world. Healthcare providers using the electronic record undergo rigorous security clearance. The system monitors around the clock for attempted unauthorized activity. The record is a collaboration among the Alberta government and healthcare stakeholders including physicians, pharmacists, regional health authorities, Alberta SuperNet, IBM Canada, and Canada Health Infoway.

Canada Health Infoway is investing more than \$2.5 million in a Saskatchewan project to assist regional health providers in exchanging information in a secure manner – a cornerstone for Electronic Health Record (EHR) developments. The **Provider Registry** project will link a new provincial listing of health providers with current and future health information systems in health regions. A provider registry lists health providers who operate in the province along with information on their practicing status, qualifications, education and contact information. The electronic Provider Registry will initially contain registration data on physicians, pharmacists, dentists and nurses. The list will be updated daily by health profession licensing bodies in the province.

The Registry will assist health providers in communicating with each other by acting as a type of electronic “yellow pages,” making it easier for them to coordinate care for patients. It is also an important component in implementing future technologies to ensure that only authorized health providers are able to access their patients’ electronic health records when information needs to be shared between care providers.

Partners in the project include: Canada Health Infoway, Saskatchewan Health, the Regina Qu’Appelle and Saskatoon Health regions, and healthcare provider licensing bodies in the province.

A decline in nursing vacancies this year indicates Manitoba has turned the corner on the nursing shortage issue. According to the report, there are 1,028 permanent nursing vacancies in Manitoba, a 24% improvement over 2002 when there were 1,352 nursing vacancies across the province.

The **Manitoba Nursing Strategy**, implemented in 2000, has played a significant role in educating more nurses and making this province a more attractive place to work. The five-point strategy included:

- increasing the supply of nurses;
- improving access to staff development of nurses;
- improving the utilization of nurses;
- improving nurses’ working conditions; and
- increasing nurses’ opportunities to provide input into decision-making.

In March, Manitoba Health announced its three-year progress report on the nursing strategy, indicating that more than 600 nurses are graduating this year, up from 210 in 1999. Most of those nurses appear to be staying in Manitoba. In a University of Manitoba survey of 614 nursing graduates between 1999 and 2002, 90% of new nurses entering the labour force were working in Manitoba.

Canada Health Infoway will invest approximately \$16 million for the province-wide deployment of Alberta’s **Pharmaceutical Information System (PIN)**, a major component of Alberta’s Electronic Health Record (EHR). Use of PIN will result in better quality healthcare by ensuring that prescriptions are dispensed accurately and quickly, with fewer negative drug interactions.

PIN lets physicians view a patient’s complete drug profile online, order a prescription electronically and receive notification of drug interactions automatically. This system also allows pharmacists to view the order on-line, and send a message electronically back to the prescribing physician with the patient’s dispensing information once the prescription is filled.

Key benefits of Drug Information Systems include:

- A decrease in prescription errors and a reduction in adverse drug complication
- Improved diagnosis support through availability of complete drug profile
- Fewer call-backs by pharmacists to physicians for clarification
- Lower costs through reduced hospitalization, long-term care admission and physician visits

Once PIN has been deployed throughout Alberta, Infoway will then consider the re-use of this technology for other jurisdictions in Canada. Partial implementation of the provincial EHR in Alberta, which includes PIN, began in July 2003. The provincial EHR was officially launched on October 21, 2003 and deployment will continue through March 2005. Through this investment, Infoway expects to help reduce cost, risk and implementation time frames for other jurisdictions across Canada which will implement Drug Information Systems such as PIN.

**Saskatchewan Health** has approved \$15.3 million in capital equipment purchases as identified by Saskatchewan’s Regional Health Authorities, the Saskatchewan Cancer Agency and the Provincial Laboratory. The province is allocating \$6.8 million to purchase diagnostic and therapeutic equipment, such as radiology, ultrasound and mammography units. Over \$5.5 million will purchase medical and surgical equipment. A further \$1.5 million will be spent on new laboratory equipment and \$1.5 million is dedicated to addressing priorities affecting patient safety and comfort.

Previously, Saskatchewan Health announced \$2 million to purchase new equipment and technology to ensure better access to surgical procedures and reduce the time for invasive surgery, as well as \$2 million for new CT Scanners.

**Nova Scotians will get medical tests, treatment and care more quickly** thanks to new medical equipment in communities across the province. Annapolis Valley Health will receive \$900,000 worth of new urology and ultrasound equipment. The Cape Breton District Health Authority will receive a \$1-million investment in a blood analyzer system, anesthesia equipment and radiography equipment. Other equipment being purchased across Nova Scotia includes ultrasound units in St. Martha's Regional Hospital and Digby General Hospital, a patient monitoring system in the Aberdeen Hospital, anesthesia machines for Colchester Regional Hospital and Cumberland Regional Healthcare Centre, a Vitek lab for Yarmouth Regional Hospital, and radiography unit for South Shore Health. The IWK Health Centre will receive new X-ray and ultrasound equipment, while Capital Health will benefit from state-of-the-art surgical equipment and a high speed linear accelerator to treat cancer patients receiving radiation therapy. The new equipment will be paid for with the \$15 million available to the province this year from the federal medical equipment fund.

**Nova Scotia's nurses and nursing students** now have a wealth of information at their fingertips through a new Web Site designed to support the training, retraining, retaining, and recruitment of nurses. The site was developed by nurses themselves as part of the provincial nursing strategy. The Web site consolidates information on topics including nursing grants, bursary programs, co-operative learning opportunities, relocation allowances, educational institutions and professional organizations.

Nursing students, registered nurses, and licensed practical nurses will be able to use it to see what activities can benefit them, and what nursing opportunities are available across the province. Members of the provincial nursing network include nursing employers and practising nurses from district health authorities, the IWK, home care and long-term care facilities. It also includes educators, regulatory authorities, unions and representatives from the Nova Scotia Department of Health. For information see the website at [www.gov.ns.ca/health/nursing](http://www.gov.ns.ca/health/nursing).

Nova Scotia's Department of Health is placing an enhanced focus on patient safety with the establishment of a formal provincial **Healthcare Safety Working Group**. The new working group has representatives from all health sectors in the province, including the Department of Health, and will produce a comprehensive plan to support districts with their safety initiatives. The provincial Healthcare Safety Working Group held its first meeting in the spring.

**Dr. Tak Mak**, a Senior Scientist at Princess Margaret Hospital's Ontario Cancer Institute for the past 25 years and founding director of the Advanced Medical Discovery Institute, has been selected to receive Germany's most distinguished award for biomedical research. Dr. Mak, also a professor of Medical Biophysics and Immunology at the University of Toronto, becomes the first Canadian to be chosen for the Paul Ehrlich and Ludwig Darmstaedter Prize, which comes with an endowment of 100,000 EUROS (approx. \$153,000 CAN). The award will be shared with Dr. Mark M. Davis of Stanford University, and recognizes both scientists for their pioneering work on T cell receptors.

In 1984, Dr. Mak became the first to clone the genes for the human T cell receptor, a key part of the immune system. The T cell receptor plays a major role in allowing the body to identify virus-infected cells and target them for destruction. His landmark scientific paper has been cited more than 1,200 times since it was published in 1984, and has allowed great advancements in understanding and treating diseases such as AIDS, cancer and rheumatoid arthritis.

PEI recently announced a series of provincial initiatives to address challenges within the health system, including the high rates of chronic disease, health human-resource shortages, increasing demand for healthcare services, the development of new technologies and pharmaceuticals and accessibility. **Prince Edward Island Primary Healthcare Transition Reform** includes:

- The PEI Strategy for Healthy Living – A partnership between various government departments and partners to encourage and support Islanders to take measures to address the common risk factors that contribute to chronic disease (tobacco use, unhealthy diet and physical inactivity).
- Integrated Palliative Care – A program designed to enhance client/family options for palliative care through appropriate access to trained, qualified healthcare teams in every setting.
- Family Health Centres – Community-based centres which bring together three or more physicians, registered nurses and other health providers working collaboratively with shared responsibility for patient/client outcomes based on assessed healthcare needs.

Tools to move these initiatives forward will include video-conferencing for clinical care and an improved drug utilization strategy.

Albertans can now view waiting lists for surgical and medical procedures on the Internet. Called the 'Alberta Waitlist Registry,' patients and their physicians can access the site for accurate and current wait times across the province for publicly funded surgeries, MRIs, CT scans, radiation and chemotherapy. The Website address is [www.health.gov.ab.ca](http://www.health.gov.ab.ca).

Information in the registry is submitted monthly by facilities performing 200 or more procedures a year. The registry currently shows data from 407 physicians in the 15 hospitals that submitted their wait time data as of August 31 this year. All 38 facilities are expected to be online by spring 2004.

## Appointments

In the fall, **Tony Dagnone**, President and Chief Executive Officer (CEO) of London Health Sciences Centre, was elected **Chair of the Board of Directors of the Ontario Hospital Association (OHA) for 2003-2004**. Mr. Dagnone became President and CEO of University Hospital, London in 1992. He was named CEO of the amalgamated Victoria/University Hospital, now called London Health Sciences Centre, in October 1995. Prior to joining University Hospital, Mr. Dagnone spent 25 years at Royal University Hospital in Saskatoon, Saskatchewan, including 15 years as President and CEO.



**Patricia Petryshen**, Executive Vice President and Chief Nursing Officer at St. Michael's Hospital in Toronto, has accepted the position of **Assistant Deputy Minister of Performance Management and Improvement with the Ministry of Health Services for the Government of British Columbia**. In her new role, she will be responsible for establishing the responsibilities of the Ministry of Health Services and Health Authorities, performance management, developing and negotiating performance expectations, and advancing system improvement. In addition, the strategic management of emerging and day-to-day operational issues arising from the activities of the health authorities will be her responsibility.

The Board of Directors of the **Ontario Hospital Association (OHA)** also announced the appointment of **Hilary Short** to the position of **President and Chief Executive Officer (CEO)** of the Association. From February 2003, Ms. Short served as Interim President and CEO. Prior to that, she held several leadership positions at the OHA, including Chief Operating Officer and Vice President of Member Relations, Policy and Public Affairs. From 1999 to 2001, Ms. Short was seconded to the Ministry of Health and Long-Term Care, where she served as Chief of Staff to the Honourable Elizabeth Witmer, Minister of Health and Long-Term Care.



The Provincial/Territorial Ministers of Health recently confirmed **Dr. Verna M. Skanes** of St. John's, Newfoundland as **Chair of the Canadian Blood Services Board of Directors**. Dr. Skanes assumed her new role in September of this year. She replaces Gary Chatfield of Mississauga, Ontario who recently stepped down for personal reasons. As one of the founding members of the Canadian Blood Services Board of Directors, Dr. Skanes has brought her extensive experience serving on various corporate and public boards to the organization. She is a former member of the Medical Research Council Standing Committee on Ethics, a member of the Advisory Board of the Cardiovascular and Respiratory Health Institute of the Canadian Institutes for Health Research, a member of the Advisory Board of the Atlantic Innovation Fund, and a former Assistant Dean and Professor of Immunology, Research and Graduate Studies, Faculty of Medicine, Memorial University.

The Ministers of Health also announced that **Dr. Chandrakant P. Shah** of Toronto, Ontario has been appointed to the **Canadian Blood Services Board of Directors**. Dr. Shah will serve as a Medical, Scientific, Technical, Business and Public Health Representative. Dr. Shah is currently the professor emeritus with the Department of Public Health Sciences at the University of Toronto. His research and academic interests focus on the areas of community and aboriginal health, homelessness and health and the health of marginalized groups. Dr. Shah is the author of widely used textbook *Public Health and Preventive Medicine in Canada* (5th edition) by many health sciences disciplines.



**MEDEC**, Canada's Medical Device Technology Companies, has appointed **Stephen Dibert** as President and CEO. Mr. Dibert has an accomplished background in both government and health-care. Prior to joining MEDEC, Dibert was with Hill and Knowlton, leading the Toronto Public Affairs Health and Pharmaceutical Practice. From 1995 to

2002, he worked for GlaxoSmithKline (GSK) where he held many senior roles with responsibility for external relations, health economic and reimbursement strategy and health policy. At GSK, Dibert created several health policy advocacy campaigns with stakeholder and professional associations and lobbied government on behalf of the company and the industry. Prior to joining GSK, he was responsible for business development at the Institute for Work & Health.

Hamilton-area **Linda Haslam-Stroud**, RN has been elected president of the **Ontario Nurses' Association (ONA)** effective January 1, 2004. Haslam-Stroud will be taking over the reins from seven-year President Barb Wahl, RN, who completes her term of office at the end of this year. A renal transplant nurse at St. Joseph's Healthcare in Hamilton, ONA Local 75, Haslam-Stroud is a long-time ONA activist of almost 25 years, participating in numerous capacities both provincially and at the local level. She is currently the Local Coordinator and Bargaining Unit President for Local 75. ONA represents 48,000 registered nurses and allied health professionals across Ontario in hospitals, long-term care facilities and the community.

Health Minister Anne McLellan recently announced the appointment of **Beverly Clarke**, Chief Executive Officer of Health and Community Services – St. John's Region, Newfoundland and Labrador, to the **Board of Directors of the Canadian Centre on Substance Abuse (CCSA)**.

Ms. Clarke has held various senior positions within the Department of Health and Community Services, Newfoundland and Labrador, including Assistant Deputy Minister (ADM), Policy and Planning (2000-2002) and ADM of Community Health (1998-2000). Ms. Clarke obtained her Masters of Social Work at Carleton University in Ottawa and was a part-time lecturer at the School of Social Work at Memorial University. She was formerly Director of Addictions Services with the government of Newfoundland and Labrador. Ms. Clarke is currently the provincial representative for Newfoundland and Labrador on the federal-provincial-territorial Performance Indicators Reporting Committee



The **Children's Hospital of Eastern Ontario (CHEO)** is pleased to welcome **Pat Elliott-Miller**, as its new Vice-President of Patient Services and Chief Nursing Executive. Pat comes to CHEO from SCO Health Services in Ottawa, where she held the position of Chief Nursing Officer. Her passion for nursing is rooted in 20 years of direct involve-

ment in all aspects of the profession and her leadership extends to several professional organizations, including the Joint Provincial Nursing Sub-Committee, the OHA, the Provincial Nursing Leadership Network and the Ottawa Council of Nurses Executives, which she chairs. Pat has also been called upon to address nursing and patient care issues at provincial and national symposiums.

**Anne McFarlane** has been appointed the **Canadian Institute of Health Information's (CIHI) first Executive Director, Western Canada**. Ms.

McFarlane will work to enhance CIHI's presence in the West, ensuring that the Institute's products and services reflect the needs of the four western provinces and the territories, and identifying new business opportunities.

Along with an MSc in Community Health and Epidemiology, Ms. McFarlane brings more than 20 years' experience in the health and social service sectors to CIHI, including senior management positions with the B.C. Ministry of Health and the Saskatchewan Health Services Utilization and Research Commission. She has also served on the boards of the Canadian Institute for Health Services and Policy Research and the Michael Smith Foundation for Health Research.



**Ene Underwood** has been named to the newly created position of **Executive Vice President and Chief Operating Officer at Toronto's Bridgepoint Health**.

Ms. Underwood has held a number of senior positions in the healthcare sector, including site administrator for the former Doctor's Hospital; special advisor to Dr. Alan Hudson, the former President and CEO, University Health Network; consultant to the Toronto District Health Council; and consultant with the McKinsey Group. Most recently, she was President and CEO of TML Laboratories. Reporting directly to the President and CEO, Ms. Underwood will be responsible for overseeing the day-to-day operations of Bridgepoint Hospital, Bridgepoint Community Rehab and Bridgepoint Health Research Institute.

In Ontario, **George Smitherman** was named **Minister of Health and Long-Term Care** in the Liberal government of Dalton McGuinty. He was first elected Ontario's Member of Provincial Parliament for the riding of Toronto Centre-Rosedale in 1999. In the legislature, he serves as Deputy Whip. Additional responsibilities include serving as chair of the Greater Toronto Area caucus and as critic for Financial Institutions. Smitherman also served as Chief of Staff to Toronto mayor Barbara Hall and was an advisor to Federal Cabinet Ministers David Collenette and Herb Gray. At the provincial level, George served as an assistant to Premier David Peterson and a member of his cabinet.

The **Sir Mortimer B. Davis – Jewish General Hospital Foundation** announced the election of **Samuel Minzberg** as **Chair** of its Board of Directors, effective September 15, 2003. Mr. Minzberg succeeds James Alexander, who served an unprecedented four years as Chair. During his tenure, Mr. Alexander presided over expansion of the Foundation's program and staff, numerous special events and the launch of the largest fundraising campaign ever undertaken by the hospital. Mr. Minzberg, who served as Treasurer of the Foundation for many years, is a tax lawyer and senior partner in the Montreal office of Davies Ward Phillips & Vineberg, where he previously served as Chairman of the firm.

## Vendor News

According to recent CDC Guidelines, as many as 85% of nurses report a history of skin problems. Frequent and repeated use of hand-hygiene products, particularly soaps and other detergents, is a primary cause of chronic irritant contact dermatitis among healthcare workers. Irritation associated with antimicrobial soaps may be caused by the antimicrobial agent or by other ingredients of the formulation. Affected persons often complain of a feeling of dryness or burning; skin that feels "rough"; and redness, scaling or fissures.

**3M Canada** recently introduced Avagard CHG Hand Antiseptic to alleviate this problem. It's a waterless, brushless, surgical scrub that can be applied in a fraction of the time required to perform a traditional hand scrub. The unique combination of chlorhexidine gluconate (CHG) and ethyl alcohol enables Avagard CHG Hand Antiseptic to kill bacteria efficaciously and to provide persistent bacterial kill while the emollient-rich lotion helps maintain the integrity of the skin. Avagard CHG Hand Antiseptic utilizes a closed-system foot pump delivery system thus preventing contamination of the dispenser and recontamination of the hands.

For more information about 3M Infection Prevention Products, visit [www.3m.ca/ca/healthcare](http://www.3m.ca/ca/healthcare) or call 1-800-3M-HELPS.

**Elizabeth Marshall** was named **Newfoundland and Labrador Minister of Health and Community Services** in the Cabinet of Tory Premier Danny Williams. She is Canada's only female health minister at the provincial-territorial level. A former chartered accountant, Ms. Marshall spent 23 years in the public service and at one time was Deputy Minister of Social Services. She was Attorney General when the Tories were last in power.



**Rogers AT&T Wireless and WebMed Technology Inc.**, a leading provider of e-health products for the healthcare industry, today recently announced the deployment of their wireless patient-care solution throughout Fraser Health. Already generating favourable feedback from both nurses and patients, Pixelere is a remote medical diagnostics solution that enables home care nurses to transmit patient reports and compressed digital photos using wirelessly enabled PDAs and tablet computers over the industry-leading Rogers AT&T Wireless GSM/GPRS network.

Developed by WebMed Technology specifically to improve wound care management, Pixelere ('pix' for pixel and 'alere' meaning 'to tend to'), is a secure, Internet-based application that assists home-health-care nurses in treating patients on-site or in remote care facilities rather than having patients make costly trips to medical centres. Attending nurses can wirelessly transfer information and photos of patient wounds across the Rogers AT&T Wireless GSM/GPRS network to consulting specialists at a central health-care facility, who are then able to make diagnoses and recommend treatment at a significant cost savings for the medical facility.

3M also recently introduced Wound Coach, a resource developed and delivered by the wound care professionals at 3M Canada. Essentially, it is an approach that will provide integration of best practice guidelines for skin and wound care. With it, 3M will be there as a resource for the organization to develop a customized program for their client facilities. 3M Canada worked closely with healthcare leaders in developing this tool and is the first company to incorporate this approach in advanced wound care. Recognizing the essential need for this service, 3M is doing it at no cost for their customers.

**Medical Intelligence**, a Quebec firm specializing in human tele-security, recently unveiled a wireless portable automatic cardiac alert system. The VPS (Vital Positioning System(TM)) automatically detects when a heart attack is occurring outside the hospital environment and alerts emergency services to the condition and location of the afflicted.

Developed in collaboration with a cardiologist and heart surgeon, the portable cardiac alert system, hooked up by GPS, instantly alerts the 911 service – the patient is not required to do anything – after it automatically detects a major cardiac incident in the making or that has already occurred. The GPS is used to track the exact location of the victim in record time.

For individuals living with a chronic health condition, access to information, education and professional care can be a challenge: healthcare workers are in short supply, funding is limited and the specialized expertise they require may be miles away. However, an innovative new approach to healthcare management may provide a solution. Web of Wisdom (WOW) Wound Care and WOW Cardiac Care are research projects that have been awarded \$180 000 of funding from **CANARIE** and have also received matching funds and an additional in-kind contribution from **Saint Elizabeth Health Care**.

Healthcare providers – particularly those in rural and remote locations – are discovering how established linkages with experts, mentors and peers beyond their community can enable them to stay current with best practices, build local capacity and feel more confident about the care they provide.

The WOW concept, which represents the convergence of three e-learning and e-care initiatives, has been fully implemented at all of the participating test sites, including West Prince Regional Health Authority in Prince Edward Island, Anishinaabe Mino-Ayaawin Health Authority in Manitoba, and two of Saint Elizabeth Health Care's Ontario service delivery centres, London and North York.

The Web-based applications, known as "YourSide," "YourSide Colleague" and "YourSide Companion," respectively provide education and health management for individuals; e-learning and development for healthcare providers; and care delivery tools to enable remote monitoring, expert assessment and consultation. The dynamic combination of these applications is referred to as a Web of Wisdom. For more information see: [www.saintelizabeth.com](http://www.saintelizabeth.com)

**eOptimize Advanced Systems Inc.** announced recently the appointment of Mr. Scott Anderson as Senior Vice President, Sales and Business Development. Based in Vancouver, BC, Mr. Anderson will be responsible for driving overall sales growth as well as the channel distribution and direct sales strategies for all of eOptimize's products and services on a global basis. Mr. Anderson brings 20+ years of experience in sales, business development and management with companies producing enterprise hardware and software applications, software development tools, and Internet services. For more information, please visit our Web Site at [www.eoptimize.com](http://www.eoptimize.com).

**Calgary Health Region**, the major public health provider for more than one million people in southern Alberta, has signed a contract with Orion Systems International to implement a Chronic Disease Management Infostructure. Sierra Systems, leading IT integration and business advisors, will work with Orion Systems International in the implementation.

The system uses Concerto™ and Soprano™ software from Orion Systems International and is designed to support care through better coordination of information for patients with chronic diseases. Chronic Disease Management is a key focus area in the Calgary Region's integrated Electronic Health Record and the system will contribute to care by allowing physicians to access vital patient data, including the ability to exchange real time decision support data and clinical guidelines with reminders and alerts.

In addition to its benefits as a decision support tool, Calgary's electronic chronic disease management system will be one of the first in the world to facilitate the cross-continuum sharing of common minimum data sets for chronic conditions, including diabetes, hypertension, cholesterol problems and chronic obstructive pulmonary disease and anticoagulation management services. It is estimated that almost half of the Region's population has one or more chronic disease. The data collection will help smooth the transition from hospital to community care, helping healthcare providers offer improved preventative and educational services to patients in the community. As a result, the need for hospital care may be decreased, resulting in decreased costs.

**NDCHealth Corporation** and **Continovation Services Inc. (CSI)** have announced a strategic alliance through which the companies will provide ITRANS(TM), a secure, Internet-based claims transmission service for dentists and other healthcare providers throughout Canada. ITRANS offers providers several new-to-the-market technology features designed to enhance their practice capabilities, including digital transmission of X-rays, automated response generation and data storage/warehousing.

The journal *Nursing Leadership* is published in partnership with our readers, our editors, our advisory board, our authors and our corporate collaborators. We value this participation in and dedication to leadership in nursing management, practice, education and research. It is a measure of their support for learning. Nothing can be more fundamental to the progress of healthcare.

