Nursing News

Academic Leaders Form New Global Alliance on Nursing Education to Focus on Improving Patient Care Worldwide

Four of the world's leading nursing education organizations have established a new alliance to improve patient care through nursing education and ensure a robust global supply of highly educated nurses. Formed in December 2005, the Global Alliance on Nursing Education (GANE) includes representatives from Australia & New Zealand, Canada, the United Kingdom and the United States who are committed to enhancing the educational preparation of registered nurses (RNs), expanding opportunities for nursing education and addressing student enrollment concerns, including the growing shortage of nurse faculty. GANE members include the American Association of Colleges of Nursing (AACN), the Canadian Association of Schools of Nursing (CASN), the Council of Deans and Heads of United Kingdom University Faculties and Health Professions (CoD), and the Council of Deans of Nursing and Midwifery (Australia & New Zealand) (CDNM(ANZ).

Dame Jill Macleod Clark, chair of the UK Council of Deans of Nursing, invited members of the four founding organizations to an inaugural meeting in London in December 2005 to plan the creation of an alliance to address universal nursing education concerns. GANE representatives identified many common issues and areas of mutual interest and collaboration. They also discussed opportunities to share nursing knowledge and best practices, and ways in which this new alliance could complement the work of other international organizations focused primarily on nursing practice rather than nursing education.

As a result of the initial planning meeting, participants developed a common set of assumptions for the new alliance, which included (1) that the increasing complexity of the healthcare system requires an improved skill base for RNs; and (2) that RNs should be prepared at the baccalaureate-level. Agreement was reached that GANE membership should be limited to organizations that represent chief academic officers of nursing programs. Group members are particularly concerned about having an adequate future supply of nursing faculty and see the need to focus efforts on increasing the number of nurses prepared with master's and doctoral degrees. Participants also identified opportunities to collectively strengthen academic nursing requirements, enhance the education level of the current nursing workforce and reduce healthcare disparities.

GANE is currently planning next steps and identifying opportunities for future meetings. As the organizational charter and framework are refined, GANE will seek representation from other nations seeking to join this alliance.

CNSA Announces Award Recipients

The Canadian Nursing Students' Association (CNSA) honoured deserving nursing students and Registered Nurses with various scholarships and certificates at the 2006 CNSA National Conference held in St. John's, Newfoundland. The following is a list of the award recipients:

Sigma Theta Tau International, Honor Society of Nursing Scholarship for Post-RN Baccalaureate Students was established to recognize one post-RN student with a clear vision of what their further education means to them. The recipient of this year's award is Corinne Corning from St. Francis Xavier University in Antigonish, Nova Scotia.

Sigma Theta Tau International, Honor Society of Nursing Scholarship for Student Clinical Excellence was established to recognize one student who exemplifies clinical excellence. This scholarship is awarded to a student who is working on his or her first professional degree in nursing and is seeking a baccalaureate, and who is not a registered nurse yet. The recipient of this year's award is Jennifer Yoon from Centennial College in Toronto, Ontario.

The Elsevier (Mosby-Saunders) Canada Book Award for Entering the Profession of Nursing is awarded annually to the first year student nurse who submits the best essay. This year's essay topic was: "Why I Chose the Profession of Nursing." The recipient of this year's award is Mallory Legere from Dalhousie University in Halifax, Nova Scotia.

The Johnson and Johnson Medical Products Leadership Award was established to recognize an outstanding gradu-

ating student who is deemed to have made the greatest contribution to the advancement of the profession of nursing during his or her academic endeavours. The recipient of this year's award is Saima Ahmad from McMaster University in Hamilton, Ontario.

The MedHunters Essay Competition was established by MedHunters.com to be awarded to a nursing student in their final year of nursing studies. The award recognizes a student who has demonstrated excellence in articulating a vision of nursing for the future. The recipient of this year's award is Karen Albert from McMaster University in Hamilton, Ontario.

Outpost/International Placement Award recognizes students who seek a nursing experience in a different cultural setting. The CNSA/AEIC recognizes the importance of such experiences and wishes to encourage and support students to achieve such goals. The recipients of this year's awards are: Vanessa-Louise Côté from Université de Sherbrooke in Sherbrooke, Québec; Karoline Mona Demers and Mélanie Aubé from Université Laval in Québec City, Québec.

The Education and Research Award was established by CNSA/AEIC because of our commitment to the development of undergraduate education and research, as well as the development of partnerships among nurse researchers, nursing students, educators, practising nurses and clinical agencies. The award recognizes a nursing student's contribution towards education and research within their profession, during this academic year. The recipient of this year's award is Saima Ahmad from McMaster University in Hamilton, Ontario.

Awards for Preceptors and Mentors were established by the CNSA/AEIC to recognize those who have assumed the role of Preceptor/Mentor and have made an outstanding contribution to the overall growth, development and education of nursing students. CNSA members have the opportunity to nominate those nurses they feel have had a positive effect on their nursing education. The recipients of this year's awards are Ana Carias from McMaster University, Rivie Seaberg and Lorraine Betts from George Brown College.

In February, the **Health Council of Canada** released its second annual report "Healthcare Renewal in Canada: Clearing the Road to Quality," which tracks how well the federal government, the provinces and the territories have done in meeting the commitments they made to renew healthcare under the federally funded 2003 and 2004 healthcare agreements. The report also recommends how to strengthen the accountability, co-ordination and sustainability of the healthcare system.

Some of the Council's key recommendations include:

- To improve patient safety, make accreditation for healthcare facilities mandatory, a condition of public funding. Require the public release of accreditation reports. And re-examine no-fault compensation for victims of adverse healthcare events, including the issue of job protection for whistleblowers in this effort.
- Speed up the development of electronic health records. There should be electronic health records for all Canadians by 2010. Link electronic drug information systems to electronic health records. Governments should make comprehensive, mandatory electronic drug information systems and e-prescribing a priority and integrate them into electronic health record implementation.
- Strengthen legislation to ban all forms of direct-to-consumer advertising of prescription drugs in Canada. Legislation should clearly prohibit "help-seeking" and "reminder" ads.
- Create information systems that identify patients whose waits are becoming unusually long, triggering an audit. Establish an appeal process for patients who feel they've waited too long. Set up a common service queue for major services so patients can be served based on their urgency, with the option of seeking physicians with shorter wait lists.
- Increase the number of inter-professional teams providing primary healthcare beyond the goal set out in the 2003 and 2004 agreements, which currently call for 50% of residents to have 24/7 access to healthcare teams by 2011. Make greater use of tele-triage and telehealth technologies.
- Address the needs of people without any drug coverage or without coverage that protects them from catastrophic drug costs. The National Strategy on Pharmaceuticals must provide a plan to deal with these concerns.

The full report is available on-line at: www.healthcouncilcanada.ca

British Columbia has introduced a major initiative to reduce wait times for hip and knee surgeries while building long-term capacity in the healthcare system that will maximize the number of surgeries. The $60.5-million wait-time management strategy includes:

- A new Centre for Surgical Innovation at UBC Hospital – $25 million in 2006/07 to support dedicated operating rooms to help clear patient backlogs for hip and knee surgery.
- Additional funding to immediately address existing backlogs – $25 million in 2005/06 for health authorities across the province to immediately increase the number of surgeries with a focus on joint replacement surgery.
- A Provincial Surgical Patient Registry – $5 million to create and implement a province-wide patient registry developed by the Provincial Health Services Authority and all health authorities to help better manage the surgical backlog.
- A Research Centre for Hip Health at Vancouver General Hospital – $5.5 million from the Ministry of Advanced Education.

The $60.5-million strategy builds on the success of a pilot project pioneered at Richmond Hospital beginning in 2004 that achieved a 40% increase in the number of hip and knee surgeries. The Richmond project, the first of its kind in Canada, created a specialized unit dedicated to hip and knee surgery that makes the best use of operating room resources and ensures patients are adequately prepared for surgery and post-op.

The lessons learned from the Richmond pilot project form the basis for the creation of a new specialized Centre for Surgical Innovation at UBC Hospital that will:

- Perform 1,600 additional hip and knee surgeries over the next year for patients from around the province. The first two dedicated joint replacement operating rooms at UBC are expected to open in April 2006.
- Support transformation and surgical innovation by working with providers across the province.
- Promote best practices in surgical processes, audit processes, conduct evaluations and establish triage guidelines for wait-listed patients who may benefit from alternate options for medical treatment.
- Develop a best practices clinical tool kit based on the Richmond pilot project experience and distribute it to all B.C. hospitals to promote efficiency and best use of resources throughout the province.

In B.C., about half of all surgeries are done immediately and are never wait-listed because they are determined to be emergency or urgent cases. About 75% of elective surgeries on the wait-list are done in just over three months. Surgical wait times are published on the Ministry of Health Web site at www.healthservices.gov.bc.ca/waitlist/.

In Alberta, an interim report finds that during the first eight months of the **Alberta Hip and Knee Replacement Project**, the new care pathway has met its goal to ensure patients receive surgery within four months of initial consultation. After eight months, the highlights of the interim report on this research include:

- Decreased wait time to receive first orthopaedic consult: from 35 weeks to 6 weeks.
- Decreased wait time from first orthopaedic consult to surgery: from 47 weeks to 4.7 weeks.
- Decreased length-of-stay in hospital: from 6.2 days to 4.3 days.
- Satisfaction among patients and physicians surveyed with care provided.

The new process includes the introduction of central assessment clinics, where patients who may require orthopedic surgery are examined by a team of health professionals in one visit. During the pilot, the goal is to see patients at the clinic within 17 days of a family physician referral. The new care path also includes more involvement by primary care physicians to help prepare patients for surgery and care for them following their procedure.

Further information about the Alberta Hip and Knee Replacement Project can be found at www.albertaboneandjoint.com.

Erratum

The email address for author Connie Canam on page 87 of the last issue (18:4) was incorrect. Her correct email is: canam@nursing.ubc.ca.

The innovative work being done by **Saskatchewan's Health Quality Council** (HQC) was recognized at the 2006 Saskatchewan Healthcare Excellence Award (SHEA) gala in Regina. HQC was one of 10 organizations and individuals from the province recognized at the fifth annual awards ceremony.

The Council is the first agency of its kind in Canada. Since being established in 2002, it has led a number of activities that are improving the quality of care for Saskatchewan residents:

- Producing the first reports on the quality of care in Saskatchewan, HQC has looked at quality for post-heart attack care, drug management for seniors, asthma and diabetes management.
- Leading the first province-wide survey of hospital patients.
- Being the first province in Canada to bring the Cochrane Library free of charge to all citizens. The Cochrane Library is the world's best single-source of evidence about the effects of healthcare interventions.
- Organizing the largest quality improvement initiative in the province, the Saskatchewan Chronic Disease Management Collaborative. This project involves one-sixth of all family physicians and every health region in Saskatchewan.

HQC is an independent agency with a mandate to measure and report on health system performance and work with providers and managers to improve quality of care.

Saskatchewan's Health Workforce Action Plan was released recently. It is an action plan designed to improve healthcare in Saskatchewan by keeping and attracting healthcare professionals. Saskatchewan Health has consulted extensively with its partners in the health system, including health regions, health practitioners, health professional associations, unions, the education and training sector and Aboriginal community to help define the issues, goals, objectives and potential solutions to strengthen health human resource planning. As a result of these consultations, the solutions reflect government's commitment to:

- recognizing and retaining the health professionals that Saskatchewan has and supporting them in the work they are doing;
- improving our self-sufficiency in educating and training our own health professionals, within available resources;
- recruiting from outside Saskatchewan to supplement our own supply; and
- finding innovative ways to keep Saskatchewan youth in our province by providing them with training and employment opportunities in the healthcare field.

The plan includes dozens of proposed actions to address health human resources challenges, including:

- increasing support to the College of Medicine to train future doctors;
- establishing a provincial recruitment agency to help the province attract hard-to-recruit professionals and locate professionals in hard-to-recruit-to areas;
- developing pilot projects that encourage the hiring of new graduates across the province;
- recruiting more senior and experienced nurses to act as mentors with new graduates;
- increasing our ability to provide students with clinical placements within the province;
- creating a health labour market council to better align the planning needed to match the supply and demand of health professionals;
- hosting a western symposium on best practices in Aboriginal health professional education, training and recruitment; and
- establishing a Health Workforce Steering Committee, made up of representatives from the health and learning sectors, to guide future actions and help measure the plan's progress.

The timeframe to fully implement the proposed actions will vary. Some can be undertaken immediately, while others will be considered through future budget processes. A full copy of the plan is available at http://www.health.gov.sk.ca/

An innovative pilot project at **Manitoba's Children's Hospital** could lead to shorter wait times for diagnostic tests such as MRI and CT scans. The $1-million project involves the use of electronic order entry software that will assist physicians making referrals to choose the most appropriate diagnostic imaging test for each patient. It does this at the time the test is ordered by providing the physician with electronic guidelines for diagnostic imaging that have been adopted by the Canadian Association of Radiologists (CAR). The criteria, which are embedded in the software, should reduce the number of unnecessary or inappropriate tests. The project is a partnership between Manitoba Health, CAR and Health Canada and is implemented through the Winnipeg Regional Health Authority.

Also in **Manitoba**, a new policy, called Aging in Place, will increase community living supports for seniors and provide alternatives to institutional care, allowing seniors to preserve their dignity, independence and health. The policy supports the values of safety and security, flexibility, choice, equity and dignity. To be phased in during the next four years, Aging in Place provides for:

- expanded capacity for long-term care models such as supportive housing;
- specialized supports and supports for seniors in group living;
- improved quality of life in personal-care homes by replacement of three- and four-bed rooms with one- and two-bed rooms; and
- more spaces to ensure more seniors can receive the care they need.

The Manitoba Housing and Renewal Corporation will also be renovating some of its apartment buildings at a cost of more than $3.25 million to create housing units specially designed for seniors.

During the next few months, the province will work with rural and northern regional health authorities to develop their strategies to implement Aging in Place in their communities. For more information go to www.gov.mb.ca/health

In Ontario, the **Credit Valley Hospital** and **Trillium Health Centre** will collaborate with the University of Toronto, Mississauga campus to help shape the future of healthcare delivery by physicians in Ontario. Enrolment in the MD program at U of T will increase by 26 students per year by 2007. A new Academy in Mississauga will be developed to provide medical students with a unique learning opportunity to broaden and enrich the student experience beyond the current academic/research based hospital program. It will include primary, secondary and tertiary care based in community hospitals. The "distributed education" approach will encourage more students to think about selecting a career in family and community medicine and the generalist specialties such as general surgery, general paediatrics, general internal medicine and general psychiatry.

The Ontario government is ensuring stable, quality patient care by helping hospitals retain the services of experienced nurses with the announcement of **$40 million for nursing**, which will be held in a trust fund and will be administered by a management committee representing the Registered Nurses' Association of Ontario, the Ontario Nurses' Association and the Registered Practical Nurses Association of Ontario. The management committee will establish an application process for hospitals interested in receiving funding from this initiative.

The funding will be used in the following ways:

- Nurses will be provided with opportunities to expand their knowledge and training so they can work in other clinical areas or nursing roles within the hospital where there are vacancies.
- Funding will be made available for both registered nurses and registered practical nurses.
- Hospitals will be reimbursed for costs incurred for up to six months of orientation, training and education that increases the clinical skills and expertise of nurses.

The funding adds onto the $186 million the government has already invested in its nursing strategy. The strategy aims to stabilize the nursing profession by improving access to full-time employment opportunities and enhance working conditions for nurses in Ontario's hospitals.

In Nova Scotia, Health Minister Angus MacIsaac released **Nova Scotia's Health Human Resource Action Plan**, which highlights Nova Scotia's achievements to strengthen health human resources such as the provincial nursing strategy, physician recruitment initiatives, bursary programs for medical laboratory technologists and other partnerships and projects. The plan also outlines the province's goals and next steps. The report can be found on the Department of Health Web site at www.gov.ns.ca/health/reports.htm.

Significant progress in renewing **Ontario's public health system** has been made in the past two years but more needs to be done, Chief Medical Officer of Health (CMOH) Dr. Sheela Basrur reported as she released her first report to the Ontario legislature on the status of Ontario's public health system. The province's CMOH was granted additional powers and more independence through legislative amendments passed in 2004. As part of this new independence the CMOH must now report directly to the legislature on the state of public health every year.

The report, Building the Foundation of a Strong Public Health System for Ontarians, points to the progress made over the past two years and the areas of continuing concern.

Progress made to date includes:

- An ongoing review of the capacity of the province's 36 public health units.
- Planning for the creation of Ontario's first Public Health Agency.
- Strengthened capacity to control infectious diseases with the creation of a Provincial Infectious Diseases Advisory Committee (PIDAC), Regional Infection-Control Networks, infection-control training for front-line healthcare workers and increased funding to raise the number of infection control professionals.
- Establishment of the Emergency Management Unit to co-ordinate responses to health emergencies and outbreaks.
- The release of an updated and detailed plan for an influenza pandemic.
- Creation of the Ministry of Health Promotion to focus on health prevention.

Areas of continuing concern include:

- Shortage of staff and inadequate facilities and technology within the Public Health Laboratory System.
- Vacancies in Medical Officer of Health and other positions at public health units.
- Emergency planning and response involving First Nations communities needs to be developed and coordinated with all levels of government.
- Communications with front-line medical staff needs to be strengthened to help recognize, control and prevent infectious diseases.

The Ontario government has also committed to training as many as 100 new nurse practitioners and placing them where they are needed most. The **"Grow Your Own Nurse Practitioner"** initiative enables healthcare agencies – such as Community Health Centres, Family Health Teams, long-term care homes and Aboriginal health access centres – to use government funding to fill nurse practitioner vacancies. This initiative will:

- Pay the salary of a registered nurse while he or she is pursuing a Nurse Practitioner (NP) education;
- Reimburse the nurse for some education-related expenses; and
- Ensure that the newly educated NP returns to work for the sponsoring healthcare agency.

The government funds about 400 NP positions in several different practice settings and communities province-wide. A minority of these positions, approximately 25%, are vacant. Local healthcare agencies will be eligible for this new program if they have funded NP positions that have been vacant for at least one year. Registered nurses who want to take advantage of the program must agree to work for the sponsoring agency in the community where the NP vacancy exists for at least two years.

The **New Brunswick Surgical Care Network** Web site was launched February 1 by Health and Wellness Minister Elvy Robichaud. Information on the site, which can be found at http://www.gnb.ca/0217/NBSCN-RSCNB/index-e.asp, includes:

- Types of surgery performed in New Brunswick, by hospital;
- Specialists who offer surgery in New Brunswick;
- Questions to ask your surgeon;
- Frequently asked questions and answers on wait-time management; and
- Wait times for various types of surgeries, by hospital.

The province's surgical access management strategy will involve implementation of a series of initiatives to improve access and reduce waiting times. These include development of a computerized registry of all patients awaiting surgery in New Brunswick, from the time they have met with their surgeon and agreed to have surgery, until they are booked into the system. This will be completed by 2007.

New Brunswick also recently released a progress report on health human resources strategies and initiatives undertaken in recent years. The report, Health Human Resource Planning: Gaining Momentum, The New Brunswick Journey, fulfils a commitment made by first ministers to increase the supply of health professionals based on assessed needs, and to report on their training, recruitment and retention efforts by Dec. 31, 2005.

New Brunswick was the first jurisdiction in Canada to conduct a comprehensive analysis of its current supply of health professionals and its future requirements. The studies, commissioned in 2002 and known as the Fujitsu reports, have served as the basis for policy direction and decisions on integrated health human resources planning – including the addition of training seats for New Brunswickers in medicine, nursing and various allied health professions, as well as a variety of new recruitment and retention strategies.

The result is more doctors (204), permanent nurses (700+), permanent licensed practical nurses (300), nurse practitioners (22), permanent medical laboratory technologists (135), occupational therapists, physiotherapists and speech-language pathologists working in the province today than in June 1999.

Health Human Resource Planning: Gaining Momentum, The New Brunswick Journey can be found on-line at http://www.gnb.ca/0051/pub/pdf/3582e-final-web.pdf.

Dr. Linda O'Brien-Pallas, Canadian Health Service Research Foundation (CHSRF)/Canadian Institute of Health Research (CIHR) Chair in Nursing Health Human Resources is pleased to announce the 2005 recipients of the **CHSRF/CIHR Achievement award in Nursing/Health Human Resources.**

This award, launched in 2004, is intended to recognize and celebrate individuals, employers, groups or associations who have played a key role in identifying, advocating for and/or implementing innovative strategies to promote healthy workplaces for nurses and other healthcare professionals.

Award recipients in 2005 were from Manitoba and New Brunswick.

Manitoba, 2005 – Garlen Maxwell and Barb Mildon

Manitoba

The first Manitoba award was presented to Ms. Garlen Maxwell at the 2005 Annual General meeting of the Manitoba College of Registered Nurses. Garlen is the Chief Human Resources Officer (Acting) and Regional Manager for Acute Care and Personal Care Home Services for the Assiniboine Regional Health Authority. Letters of support that accompanied her nomination highlighted Garlen's abilities as a leader to empathize with, empower and inspire the working nurse. She creates a workplace environment where staff are encouraged to learn and grow because they feel valued and respected. She is recognized as positive and collaborative – a true mentor and role model. Congratulations are extended to Garlen for her significant accomplishments!

New Brunswick

The first New Brunswick award was presented to the New Brunswick Nurses Union (NBNU) at the 2005 Annual General Meeting of the Nurses Association of New Brunswick. The NBNU was recognized in the nomination for the establishment of a phased-in-retirement agreement in its current hospital collective agreement, which supports registered nurses to continue in the workforce in a reduced schedule while continuing to accrue service at a full time rate in the NBNU pension plan. This achievement, the first of its type in Canada, contributes significantly to keeping experienced nurses in the workforce, thus reducing the impact of the current nursing shortage. In addition to this, the NBNU was cited for their awards program, continuing education offerings, and publications that support nurses in the workplace. Congratulations to the NBNU for its work in advocating for and facilitating healthy workplaces for nurses!

Details of the nomination criteria and process for this award can be found on the Web site of the CHSRF/CIHR Chair in Nursing/Health Human Resources (www.hhrchair.ca).

Appointments

The College and Association of Registered Nurses of Alberta (CARNA) is very pleased to announce that **Mary-Anne Robinson** has been appointed to the position of executive director, effective March 1, 2006. Prior to her appointment, Robinson held the position of director of primary care and program integration with the Winnipeg Regional Health Authority. In this capacity, she was accountable for planning, funding allocation, service delivery and evaluation of primary care services and 12 funded community health agencies. She also took a lead role in the implementation of six primary health transition fund projects in Winnipeg, implementation of midwifery services, establishment of the first Community Access Centre and implementation of the Provincial Health Contact Centre.

In previous roles, Robinson was Vice-President, Primary Healthcare, for the Winnipeg Community & Long Term Care Authority and, before that, was director of primary healthcare reform for the government of Manitoba.

The Honourable **Tony Clement** is the new federal Minister of Health and the Minister for the Federal Economic Development Initiative for Northern Ontario. Mr. Clement is a first-time Member of Parliament and was elected to the House of Commons in 2006. Prior to running for federal office, Mr. Clement was a member of Ontario's provincial legislature from 1995 to 2003, representing Brampton South (later, Brampton West–Mississauga). From 1995 to 1997, Mr. Clement was Parliamentary Assistant to the Minister of Citizenship, Culture and Immigration and Parliamentary Assistant to the Premier. In 1997, Mr. Clement was appointed Minister of Transportation. In 1999, he became Minister of Environment and later, Minister of Municipal Affairs and Housing, and in 2001, Minister of Health and Long-Term Care.

Dr. Howard Alper, Chair of the Board of Governors of the Canadian Academies of Science (CAS), recently announced the appointment of **Dr. Peter Nicholson** as the first President of the CAS. Dr. Nicholson, who until recently held the position Deputy Chief of Staff for Policy in the Prime Minister's Office, said that he is "anxious to get on with the job of building the Canadian Academies of Science and positioning the organization as an essential voice for Canadian science, both nationally and internationally". He was one of the charter members of the Prime Minister's National Advisory Board on Science and Technology, established in 1987 by Brian Mulroney, and the founding Chair of the Fields Institute for Research in Mathematics. The purpose of the CAS is to provide expert and independent assessments of science in the public interest.

The newly created Alliance for Better Bone Health Chair in Rheumatology will be held by **Dr. Jonathan (Rick) Adachi**, a professor of medicine in the Michael G. DeGroote School of Medicine at McMaster University, director of the Hamilton Arthritis Centre, and head of rheumatology at St. Joseph's Healthcare, Hamilton. The chair is being supported by the Alliance for Better Bone Health, a partnership between P&G Pharmaceuticals, Inc., and the Sanofi Aventis Group.

From left to right: Tony Wong, MPP for Markham and Parliamentary Assistant to the Minister of Research and Innovation, Jeff Davis, General Manager, P&G Pharmaceuticals Canada Inc., Dr. Rick Adachi, Chair Holder, The Alliance for Better Bone Health Chair in Rheumatology, Dr. John Kelton, Dean and Vice-President, McMaster University, Peter George, President and Vice-Chancellor, McMaster University, John Huss, Vice-President Internal Medicine Business Group , sanofi aventis Canada Inc.

Paula Bond has been appointed to the BC Ministry of Health as the Assistant Deputy Minister, Clinical Innovation Division and Chief Nurse Executive, in early February, 2006. Paula most recently held the position of Vice President, Acute Care & Chief Nurse Executive with the Windsor Regional Hospital – a multi-site community hospital and healthcare complex serving over 350,000 people in the City of Windsor and Essex County.

CIHI Reports

A new report published by the Canadian Institute for Health Information (CIHI) shows that, in 2004, 9% of all physicians were located in rural and small-town Canada, where just over one-fifth of the population lives. The report also shows that family physicians are in greater supply in rural areas than are specialists. When broken down by category, nearly 16% of family physicians and slightly more than 2% of specialists worked in rural areas. However, the study also shows that rural family doctors offer a broad range of clinical procedures to meet the needs of rural populations.

Geographic Distribution of Physicians in Canada: Beyond How Many and Where, written by Dr. Raymond Pong and Dr. Roger Pitblado, offers an overview of where Canada's physicians work, and how family physicians work differently depending on where they provide services.

Key findings from the report include:

- Just more than 9% of Canada's doctors worked in rural and small-town Canada, where just over 20% of the country's population lives.
- In 2004, fewer than 16% of family doctors and slightly more than 2% of specialists worked in rural and small-town Canada, compared to just over 20% of the country's population.
- One-third of rural GPs delivered babies in 2004, compared to 8.5% of family doctors in large urban areas.
- Family doctors in Canada's most rural communities are almost five times more likely to provide emergency room care than family doctors working in the biggest cities.
- Among all family physicians, 15% (the same percentage as rural physicians) plan to narrow their scope of practice, according to the 2004 National Physician Survey. Only 5% of all family physicians plan to expand their practice, compared to 6% of rural physicians.
- The average distance to an obstetrician is about 158 km for the most rural communities and almost 900 km for the territories. This is compared to an average of three kilometers for Canada's largest cities.

Data released from the Canadian Institute for Health Information (CIHI) show that hospitals treat the most snowmobile-related injuries in February. Snowmobile incidents remained the number one cause of winter sports and recreation-related injuries treated in specialized trauma units in 2003–2004, accounting for 41% of these types of injuries as compared to snowboarding (20%), skiing (20%), hockey (9%), tobogganing (7%) and ice-skating (3%). Most snowmobile-related severe-injury admissions in 2003–2004 occurred in February (34%), followed by January (23%). A look at general hospital admissions across the country reveals much the same trend (32% in February and 18% in January), while visits to Ontario emergency departments for snowmobile-related injuries also peaked in February at 35%, followed by January at 28%.

The data show that young people are the most likely to sustain serious injuries in a snowmobile incident. An internationally recognized measure – the Injury Severity Score (ISS) – indicates that those under the age of 20 were treated for the most severe snowmobile-related injuries. Most of these patients sustain multiple injuries, with orthopedic injuries and head injuries the most frequently occurring traumas. In 2003–2004, those treated most often in general hospitals were between the ages of 20 and 39, while the most highly represented age group treated in Ontario emergency departments was 15- to 19-year-olds (16%), followed by 35- to 39-year-olds (13%).

A recent report by the Canadian Institute for Health Information (CIHI) shows steady investment in MRI and CT scanners in Canada. The number of MRI scanners in 2005 was up more than 35% from five years earlier, while the number of CT scanners increased 19% in the same period. However, Canada continued to rank below the median among Organisation for Economic Co-operation and Development (OECD) countries in MRI and CT scanners per million population.

At the same time, new analysis in the CIHI report shows that while Canada has fewer machines per million people, it uses its MRI scanners more intensively than the U.S. and England—the only other countries collecting comparable data. In 2004–2005, numbers of MRI exams per scanner were almost 40% higher in Canada than in the U.S. or England. At the same time, the U.S. performed more than three times the number of exams, reporting 83.2 MRI exams per 1,000 population in 2004–2005, compared to 25.5 in Canada and 19.0 in England.

Canada also had about 50% more exams per CT scanner than the U.S. However, when comparing exams per population, the U.S. performed nearly double the exams, with 172.5 CT exams per 1,000 population, compared to 87.3 in Canada.

The report also contains new data that show a substantial growth in the number of exams per 1,000 population. MRI exams per 1,000 population increased 13.3% in 2004–2005 from the year before, while CT exams per 1,000 population grew by 8.0% over the previous year.