

Nurse Politicians from around the World Connected through New ICN Network

A new network launched by the International Council of Nurses (ICN) provides a space for nurses from all regions who are active in politics to meet, share expertise and strengthen the nursing contribution to policy at the highest



levels. The ICN Nurse Politician Network (www.icn.ch/npnnet.htm) offers a vehicle to share knowledge and experience and exchange and test ideas – including a restricted page for nurse politicians to meet. As well, it provides new and experienced politicians with the opportunity to develop mentoring relationships.

Electronic Video Documentary on Nurse Staffing and Patient Safety

The Canadian Health Services Research Foundation (CHSRF) has released its first electronic video documentary (eVD), “A Short Film about How Nurses Save Lives.” This new and innovative documentary, by award-winning journalists and filmmakers Ray Moynihan and Miranda Burne, features a patient, an oncology nurse, a nurse manager and a leading researcher in the field of nurse staffing, who express the importance of nurses’ contribution to health and healthcare and explain how higher levels of nurse staffing lead to improved patient outcomes.

The eVD is one of several key resources created by CHSRF to highlight the link between nurse staffing and patient safety. It showcases the synthesis “Staffing for Safety: A Synthesis of the Evidence on Nurse Staffing and Patient Safety,” released in September 2006, which brings together the best available evidence on the issue. Other resources include “Stories for Safety,” a series of short narratives profiling individuals and organizations that are making changes for the better. Taken together, these resources will help those in the field make evidence-informed nurse staffing decisions and,

ultimately, improve patient safety and quality of care.

To access the eVD and the many staffing-for-safety resources, please visit www.chsrf.ca/research_themes/nlop_staffing_e.php.

Federal Funding to Train Métis Students

The Honourable Tony Clement, Minister of Health, and the Métis National Council Minister of Health, David Chartrand, recently announced a \$10 million Health and Human Resources Initiative to improve the health of Métis people. This funding, which will occur over four years, will increase the number of Métis students pursuing careers in health sciences through bursaries and scholarships and build the capacity of Métis organizations to engage in health human resources planning. The program’s objective is to reduce long-term wait times and address the shortage of personnel in the field, and also provide a cultural context for non-Métis health personnel working in Métis communities.

Health Council of Canada Releases Annual Report

While the federal, provincial and territorial governments are making gains on some commitments to renew healthcare, Canadians are not getting the detailed information they need to measure progress in improving healthcare, the Health Council of Canada concluded in its recently released annual report to Canadians. The report tracks the progress governments have made in meeting such commitments as reforming primary healthcare, reducing wait times and health inequalities, modernizing health information systems and improving drug coverage. While there is good news, the Health Council emphasized the lack of comparable data and the prevalence of inconsistent or incomplete reporting across the country.



Among the findings:

- There has been progress in primary healthcare reform, with further development, expansion and training of interprofessional teams across the country. But it is difficult to measure and compare this progress in a meaningful way because jurisdictions do not collect and report information using agreed-upon indicators. The implementation of the electronic health record is a crucial component of these reforms, yet the rate of adoption in primary healthcare settings remains slow.
- Wait times are being reduced in four of the five targeted areas (cancer treatment, heart procedures, joint replacement and sight restoration; benchmarks for diagnostic imaging are still needed, except in Ontario). In the absence of a pan-Canadian approach to monitoring wait times for all procedures, it is not clear whether these efforts are inadvertently increasing wait times for other services. The council advises standardization of wait times measurement and reporting, the creation of centralized registries and continued assessment of the focus on the five targeted areas and the resulting impacts.
- Medical and nursing school enrollments are up and most jurisdictions have developed health human resources plans, but only a few have set targets based on the needs of their respective populations.
- A progress report on the implementation of a national pharmaceuticals strategy was released with options for coverage of catastrophic drug costs. But to date, there has been no action on implementation and no indication whether the federal government will help cover the costs. Meanwhile, 3.5 million Canadians – including 600,000 in Atlantic Canada – have little or no drug coverage and are financially vulnerable should they require expensive drug therapies.
- There are more patient safety initiatives underway across Canada than last year. But because information about adverse events – unintended injuries or complications caused by the delivery of healthcare that result in prolonged hospital stay, disability or death – is not collected and evaluated in a coordinated fashion, it is difficult to determine whether patient safety is improving. At a minimum, each jurisdiction should create a central mechanism for the mandatory reporting of all defined adverse events.

- In a study of eight jurisdictions, the Health Council found no uniformity in accreditation practices for healthcare facilities. Some have 100% participation while others do not, and participation varies by province. Some accreditation reports are made public, but most are not. The council again recommends that all healthcare facilities be accredited as a condition of funding, and that the findings from accreditation surveys be made public.
- The development of national public health goals is complete, but to date only Nova Scotia has established targets. There has been a fair amount of activity at the provincial and territorial level in developing and implementing healthy living programs, but the federal government has not yet announced any projects from the Healthy Living Fund.
- Many governments – federal, provincial and territorial – offer programs to address health inequalities experienced by Aboriginal peoples, but the federal government's intent with respect to implementing the Blueprint on Aboriginal Health and the Kelowna Accord remains unclear.

Emergency Physicians Release Recommendations on Emergency Department Overcrowding

In response to public concern over delays in emergency departments and the impact of overcrowding and wait times on the health of Canadians, the Canadian Association of Emergency Physicians has issued a new position paper on emergency department overcrowding. The paper includes

recommendations to address the immediate situation in Canada's emergency departments, as well as some solutions for the longer term. For instance, the paper suggests implementing national length-of-stay benchmarks and over-capacity protocols, which would share the responsibility for already admitted hospital patients within all wards of the hospital instead of "warehousing" them in emergency departments.



Research Program Renewed

The Canadian Institutes of Health Research (CIHR) and Canada's Research-Based Pharmaceutical Companies (Rx&D) have renewed the CIHR/Rx&D Collaborative Research



Program. Over the past five years, the program has invested over \$320 million in valuable research projects at universities and teaching hospitals across Canada, making this the

largest and most successful public-private health research program in the country. Project examples include finding new ways to prevent type 2 diabetes, improve pain management and create more effective treatments for hepatitis C, HIV/AIDS and many other diseases. The program focuses on building clinical research support through personnel awards such as CIHR/Rx&D Research Chairs and operating support programs, including research grants and clinical trials.

National Organizations Merge

The Canadian Association for Community Care (CACC) and the Canadian Healthcare Association (CHA) have joined together under the banner of the Canadian Healthcare Association effective January 1, 2007. The merged organization and its members will champion a publicly funded health system that provides access to a continuum of comparable services throughout Canada.

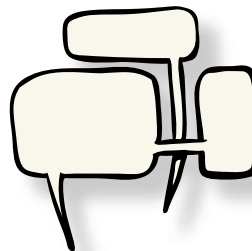
Two participant-observers appointed by the CACC prior to its dissolution have joined the CHA board of directors for a three-year period, helping to facilitate the management of key issues and concerns during the transition phase. CHA will continue to support the CACC's project activities.

Yukon Cardiac Patients Getting Service Closer to Home

Beginning in early February, most Yukon residents who previously had to travel to Vancouver for pacemaker checkups with the cardiologist will be able to have the procedure done closer to home with the introduction of a pacemaker clinic at Whitehorse General Hospital. There are approximately 60 Yukon residents with pacemakers who will now be seen by a cardiologist traveling to the Yukon under the specialist program.

BC Launches Conversation on Health

The BC government has initiated a public consultation process intended to provide guidance for future planning. Input gathered through public meetings, e-mails, letters, phone calls and Web dialogue, as well as written submissions from individuals, health professional unions, associations and other interested groups, will become part of the record for the Conversation on Health. All input will be summarized in a report to be presented to the province in fall 2007.



This report will help government determine what legislation, programs and services are needed to protect and improve healthcare for the future.

There are six ways to participate:

- Registering for one of the upcoming regional public forums or health professional meetings that have not reached their registration deadlines (meeting dates and deadlines can be found on the website)
- Toll-free phone line: 1-866-884-2055, Monday to Friday, 8 a.m. to 8 p.m. (translation services available in 130 languages)
- Regular mail: Conversation on Health, 5-3, 1515 Blanshard St., Victoria, BC V8W 3C8
- E-mail: ConversationonHealth@Victoria1.gov.bc.ca
- Website: www.BCConversationonHealth.ca
- Contacting a local MLA.

BC Opens New Mental Health Building for Children

Children living with mental health challenges in British Columbia will have access to a wide range of services under one roof with the opening of a new \$19 million mental health building at BC Children's and BC Women's Hospitals. The new facility is located in the former Shaughnessy Hospital site, which was decommissioned in 1992. The four-storey building sat vacant prior to its transformation. The building has been completely renovated internally, while its external heritage facade is preserved.

The range of mental health assessment and

treatment services for patients and families that the Provincial Health Services Authority (PHSA) of BC presently offers has been consolidated within the new space. The new facility will also include a women's reproductive mental health program. A total of \$13 million for the new building is provided by the provincial government through the PHSA. An additional \$6 million came from BC Children's Hospital Foundation donors.

Framework for Aboriginal Mental Health

The Alberta Mental Health Board (AMHB), in cooperation with the AMHB Wisdom Committee, has launched a framework that will change the way healthcare providers approach Aboriginal mental health. The framework, called *Aboriginal Mental Health: A Framework for Alberta*, gives strategic direction on how to address Aboriginal mental health issues with culturally appropriate promotion, prevention and treatment services. The framework is accompanied by *Aboriginal Research Protocols*, a guideline on how to work with Aboriginal people in a way that is respectful of protocol when conducting research.

The framework was developed as part of the Provincial Mental Health Plan (PMHP). The PMHP was one of the initiatives developed based on the recommendations found in *A Framework for Reform: Report of the Premier's Advisory Council on Health (2001)*, which recommended that mental health services be fully integrated with other health services available in regions, and be delivered close to where people live.

Steady Surgical Progress Continues in Saskatchewan



The Saskatchewan Surgical Care Network (SSCN) website (www.sasksurgery.ca) shows that Saskatchewan's surgical wait list continues to decline. In the six months ending September 2006, the total number of people in Saskatchewan waiting for surgery to be performed in the seven largest health regions dropped by about

500 people. In Regina and Saskatoon, where the longest waits occur and most surgical access funding is targeted, almost 950 fewer patients are waiting for surgery.

\$6 Million Initiative to Keep Health Workers in Saskatchewan

Saskatchewan residents can expect to see more health professionals choosing to stay and work in the province. The \$6 million Health Workforce Employee Retention Program supports creative grassroots initiatives that will help keep health employees working in Saskatchewan's healthcare system.

Projects may be initiated by health employees and other providers, employers and provincial health sector organizations.



Funding for these retention initiatives flows from the \$25 million retention and recruitment plan announced in September. These initiatives have been designed and recommended by committees that were established to provide advice on how the retention and recruitment plan money should be directed, working within the framework of the nationally recognized strategy, the Health Workforce Action Plan. They build on recently announced new programs aimed at recruiting valuable health providers, including the creation of a provincial recruitment agency (HealthCareersInSask.ca), the Saskatchewan Relocation Program and the Saskatchewan Rural, Northern and Hard-to-Recruit Program. Since these grant programs were introduced in October, 71 grants have been approved, with 27% of applicants from Alberta.

New Pharmacare Program Helps Manitobans with High Drug Costs

A new option to allow eligible Manitobans to pay their pharmacare deductible in monthly installments is now in effect. To be eligible for the Manitoba deductible installment payment program, an individual must:

- be enrolled with the Manitoba Pharmacare Program
- have eligible Manitoba pharmacare drug costs over a 30-day period that are equal to or above 25% of their monthly income
- have reached or gone above their benefit limit for drug coverage received through another drug plan
- pre-authorize withdrawals from their bank

account by Manitoba Hydro for the cost of the deductible installment and their hydro bill.

It is estimated that as many as 19,000 Manitoba Pharmacare Program beneficiaries will be eligible to participate in the monthly deductible installment program.

The Manitoba Pharmacare Program covers 100% of drug costs once the income-based deductible is reached. Manitoba and Yukon are the only two provinces or territories with a deductible structure as the sole cost-sharing requirement.

CAMH Opens Forensic Unit for Women

In Toronto, the Centre for Addiction and Mental Health (CAMH) will be opening the only gender-specific unit of its kind in Ontario. The six-bed Women's Medium Secure Forensic Unit (WMSFU) is designed to provide specialized, gender-specific treatment for women with serious mental illness who have been charged with a crime. The unit addresses the need for specialized care among women in Ontario who have been found "not criminally responsible" or "unfit to stand trial" on account of their mental illness.

New Funding for Cardiac Life Support Services Project

The Ontario government is investing \$8.3 million to support planning and redevelopment at the University of Ottawa Heart Institute (UOHI). The funding consists of a \$4 million grant to go towards advance planning of the redevelopment of the Cardiac Life Support Services project. The project calls for the relocation and expansion of UOHI's Cardiac Life Support Services from its current location in the basement of the Heart Institute Building to a larger, new facility on the Civic Campus of The Ottawa Hospital.

Better Care for Children with Mental Health Issues

Recently, the Canadian Institutes of Health Research (CIHR) announced that the CIHR Team in Access to Children's Mental Health Services has been awarded a \$4 million, five-year grant with the goal of increasing timely access to cost-effective, evidence-based mental health services for children. The team is led by Dr. Patrick McGrath, Vice-President, Research, IWK

Health Centre, IWK psychologist and Professor of Psychology, Paediatrics and Psychiatry and Canada Research Chair at Dalhousie University, and Dr. Charles Cunningham, Professor of Psychiatry and Behavioural Neurosciences and the Jack Laidlaw Chair in Patient-Centred Healthcare in the Faculty of Health Sciences at McMaster University. The team also includes co-investigators from the University of Western Ontario, University of Calgary and Simon Fraser University.

The team's grant will help fund five research projects that will be community focused, determining the components that families and healthcare professionals want in a program to reduce waiting times for children's mental health services. The completed system will bring together complementary assessment and treatment components, representing a realistic and promising solution to children's mental health waiting lists. For more information about the team and its work, please visit www.bringing-healthhome.com/team.

\$10 Million Donation to Nursing Faculty

A \$10 million gift to the University of Toronto's Faculty of Nursing aims to change the face of nursing education in Canada. The donation was made by Toronto financier Lawrence Bloomberg and is the largest ever private investment in a Canadian nursing faculty. It will enable the University of Toronto to address some of the most important issues driving Canada's nursing shortage. In recognition of Bloomberg's contribution the University has named its nursing faculty the Lawrence Bloomberg Faculty of Nursing, creating the country's first named nursing faculty.

Nova Scotians Closer to More Long-Term Care Beds

In an update on the province's Continuing Care Strategy, Premier Rodney MacDonald and Health Minister Chris d'Entremont recently outlined the location of 832 new long-term care beds. The premier and health minister also announced that nine aging, long-term care facilities will be replaced, and 46 beds will be fast-tracked to help relieve current pressures.

The new long-term care beds will be divided among the province's health districts as follows:

- South Shore, 115 beds
- South West, 52 beds
- Annapolis Valley, 124 beds
- Colchester East Hants, 213 beds
- Cumberland, 82 beds
- Guysborough/Antigonish, 40 beds
- Cape Breton, 88 beds
- Capital Health, 118 beds

Awards

Investment by the CFI, Government, Confirm Confidence in Imaging Research

A \$26,975,700 project will boost healthcare in London, ON and promote the continuation of leading-edge research in hybrid imaging. The Canada Foundation for Innovation (CFI) recently announced that \$12,998,300 has been awarded to St. Joseph's Health Care, London and Lawson Health Research Institute and its collaborators. This major investment will fund new infrastructure to enable the continuation of research that has already led to major discoveries in the areas of cardiovascular diseases, mental health disorders, cancer and such conditions as chronic pain and neonatal brain injury. The balance of the funding will come from private sector partners; as well, a match to CFI is presently under review from the provincial government.

Major Donation to Children's Cardiac Medicine and Research

Toronto's SickKids Foundation recently announced the largest gift in the history of The Hospital for Sick Children and the largest philanthropic investment in children's cardiac medicine and research in North America. Arthur and Sonia Labatt pledged a historic \$30 million to SickKids, with \$25 million establishing The Labatt Family Heart Centre and a \$5 million endowment that furthers their support of the Arthur and Sonia Labatt Brain Tumour Research Centre.



Saint Elizabeth Health Care Named One of Canada's Best Employers

Saint Elizabeth Health Care (SEHC) has been rated by its employees as one of the 50 Best Employers in Canada for 2007. More than 100,000 employees, business leaders and HR professionals from nearly 130 organizations took part in the annual Best Employers study, which is administered by Hewitt Associates. Employees themselves determine the best places to work in the country, based on their responses to a confidential opinion survey that measures employee engagement.

Appointments



The **Academy of Canadian Executive Nurses** is pleased to announce the appointment of Michael Villeneuve as Executive Director effective January 2, 2007. Villeneuve will be dedicated to

the continued development of ACEN as a key and growing national association. He will also continue to work part time at the Canadian Nurses Association in his role as Scholar in Residence. He replaces Mary Ellen Jeans, who will become President and CEO of Associated Medical Services Inc.

Toronto lawyer Richard Ling has been appointed chair of **Cancer Care Ontario** (CCO). Ling will assume the position of chair of CCO on March 14, 2007, taking over the reins from Mr. Peter Crossgrove, who has served CCO and the people of Ontario with distinction.

Dr. Raymond Rajotte has been appointed to the **Canadian Institutes of Health Research** (CIHR) Governing Council for a three-year term. Dr. Rajotte is highly accomplished in the medical field, holding numerous positions at the University of Alberta, including Scientific Director of the Alberta Diabetes Institute, Professor of Surgery and Medicine, Director and Founder of the Islet Transplantation Group and Director of the Surgical-Medical Research Institute. He is a respected mentor and a guiding force behind the university's reputation

as having one of the top surgical graduate programs in North America.

The provincial government of British Columbia has appointed Gordon Barefoot as the new chair of the **Fraser Health Authority**. Mr. Barefoot has held such positions as Senior Vice-President of Terasen Gas and Partner with Ernst and Young. He is currently President of Cabgor Management and has served as a member of the board at Fraser Health since fall 2006. The appointment follows the resignation of Keith Purchase.

Eleven members have been appointed to the board of the **Saskatchewan Cancer Agency**. The appointments became effective January 2, 2007, when the *Cancer Agency Act* also came into effect. The members are: Jon Schubert, Regina, chairperson; Carolyn Rebeyka, Saskatoon, vice-chairperson; Denis Caron, Saskatoon; Douglas Finnie, Saskatoon; Mark Frison, Swift Current; Gordon Joyce, Regina; Laura Kennedy, Saskatoon; Dr. J. Stewart McMillan, Regina; Wayne Pearson, Prince Albert; Moyez Somani, Regina; and Dr. Walter Strelasky, Melville.

Order of Canada Appointments

In February, Governor General Michaëlle Jean announced the new appointments to the Order of Canada. The Order of Canada was established in 1967 to recognize outstanding achievement and service in various fields of human endeavour. Appointments are made on the recommendation of an advisory council, chaired by the Chief Justice of Canada. The motto of the Order is *Desiderantes meliorem patriam* (They desire a better country).



Photo credit: Pascal Paquette

Longwoods Publishing is particularly pleased to announce that Dr. Dorothy Pringle, Editor in Chief of the *Canadian Journal of Nursing Leadership*, was appointed an Officer of the Order. Dr. Pringle's career as a nurse, researcher, educator, administrator and editor has had a profound and lasting influence on healthcare in Canada.

Congratulations to Dr. Pringle and her colleagues in healthcare.

Officers

Antoine M. Hakim, Ottawa
M. Daria Haust, London, ON
Francis A. Plummer, Winnipeg, MB
Dorothy M. Pringle, Toronto, ON
Rémi Quirion, Verdun, QC
E. Douglas Wigle, Toronto, ON

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