



## Quarterly Change

### SARS

The medical, social and economic impacts have been felt around the globe. As this issue of *Hospital Quarterly* is prepared, the World Health Organization has declared that SARS (Sever Acute Respiratory Syndrome) cases have peaked, but warns countries not to let down their guard. At the same time, *The Economist* warns that this may be China's Chernobyl.

At health facilities across Canada, special and taxing procedures are evident. The media has inundated the public with daily and hourly information. Policy-makers are struggling to provide leadership. Individuals can refer to their favourite media outlet for instruction on good hygiene, hospitals can read about their peer institutions on a daily basis and governments across the country read and hear encouragement from Mayor Giuliani but they abhor judgments from the World Health Organization. The social and economic costs of SARS are real: masks, shields, gowns and gloves are in short supply; doctors are unable to pay their mortgages; nurses are exhausted from their new, complex work environment; grocers have fewer customers; hotels are running at 15% capacity; taxis have fewer fares.

On the technology front, *Forbes* reports that the pall on the global airline industry – the collapse in business travel that began with 9/11 and continued with the war in Iraq – may get a depressing extension from the spread of SARS. At the same time, the Web becomes not only a sought after source for information, but a viable tool for communication. 3M and other makers of the common N95 masks – the gold standard of protection – have more than tripled production to 12 million masks per week since the outbreak.

SARS affects everyone.

Within this context, our editors are now carefully assessing the best way to contribute new models, evidence-based best practices and measured opinions from recognized experts.

To set the context, we provide some insight into the management of disasters. Dr. Jim Porto, professor at the University of North Carolina, and expert in community preparedness and disaster management, provides his editorial comments on page 25.

On the one hand, there are front-line issues to address.

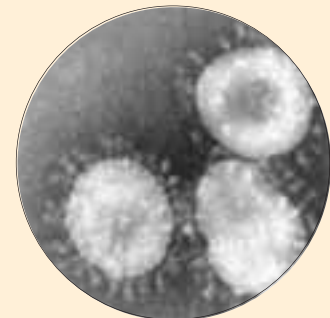
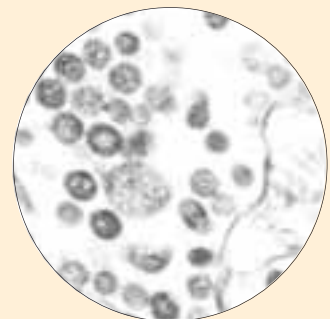
- the management of difficult working conditions for nurses and all other healthcare workers
- fee for service compensation programs that are now leaving physicians unable to pay their mortgages
- workers left without any income as they are laid off
- tightened visitation rules, screening and masking protocols that will become permanent fixtures throughout our system
- the call for more positive/negative pressure rooms and anterooms
- streamlined diagnostic procedures to avoid short-term hospital stays

On the other hand, there are larger issues to address.

- understanding global diseases and their impact
- institutional logistics – lessons learned
- the role of public health – lessons learned
- the response of our leaders – the politics of policy
- the epidemiology – the science of care during an epidemic
- the psychological impact on the almost one million workers in Canada's health sector
- the economic and social impact on our system

In each case, we will provide the context, document the “take aways” and provide the beginnings of lessons learned. We will make material available on the Web ([www.longwoods.com](http://www.longwoods.com)) as it becomes available. You are invited to respond, inquire and debate the issues in the context of enabling excellence across the continuum of healthcare.

– The Editors



Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. Specimens are being tested to learn more about this coronavirus and its link with SARS. Source: CDC

Health Canada is contributing up to \$436,177 to the WestNet Tele-Ophthalmology Project managed by the Government of the Northwest Territories. The **WestNet Tele-Ophthalmology** project was created to help screen Northwest Territories people with diabetes for early signs of the retinal deterioration that can lead to blindness. Trained eye technicians from the Eye Centre of the Stanton Territorial Health Authority in Yellowknife are using portable stereoscopic digital imaging equipment to create retinal images that will be forwarded to specialists at the **Royal Alexandra Hospital in Edmonton** for analysis and treatment recommendations. [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Patients in rural communities in British Columbia will get better access to medical care through a \$58.5-million package of benefits and financial incentives designed to attract doctors to these areas. The rural subsidiary agreement is part of last year's \$392-million working agreement between the government and the B.C. Medical Association. It is managed through the joint standing committee on rural issues, which is co-chaired by the BCMA and the Ministry of Health Services. Bonus incentives provided by the rural program are in addition to increases from the working agreement and include:

- Recruitment bonuses of up to \$10,000
- Retention premiums
- Rural continuing education benefits
- A general practitioner locum program.

The province is also announcing the establishment of a rural specialist locum program that will be provincially coordinated to help health authorities ensure continuous coverage while specialists are recruited. [www.gov.bc.ca](http://www.gov.bc.ca)

**The Honourable Anne McLellan, Federal Minister of Health, has announced a new \$1.5-billion Diagnostic and Medical Equipment Fund.** The announcement is part of the Health Care Action Plan agreed to by Canada's First Ministers in February 2003. The fund's principal objective is to enable provincial and territorial governments to acquire and install diagnostic and medical equipment and to train specialized staff, in order to improve access to timely, publicly funded diagnostic services.

Canada is among the highest-spending countries in terms of total healthcare spending, but ranks among the bottom third of OECD countries in the availability of healthcare technology. [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Administrators, teachers and students worldwide are taking advantage of **low-cost and even no-cost journal access from Longwoods**. We continue to set new parameters for providing academic programs with our journals electronically. They get access without usernames or passwords. Uptake is around the globe from New Zealand, to Chile and across North America. The *Canadian Journal of Nursing Leadership* and the journal *ElectronicHealthcare* are both provided online today. More will follow. For more information contact **Susan Hale** at [shale@longwoods.com](mailto:shale@longwoods.com)

With the appointment of regional board members, **Albertans** now know who will make decisions on health services in their regions. The appointments are effective April 1, 2003. All new board members were drawn from existing board membership after consultation with MLAs and the chairs of the nine expanded regions. **The appointment of board members is the most recent step in the transition to nine regions from the current 17.** It follows the appointment earlier this year of board chairs and the announcement of CEOs for the expanded regions, which were effective April 1, 2003. [www.health.gov.ab.ca](http://www.health.gov.ab.ca)

The Government of Canada is investing close to \$6.5 million in initiatives designed to ensure that Prince Edward Island residents have access to high-quality, affordable and sustainable primary healthcare services. The province will use a portion of this funding to:

- establish family health centres which include a collaborative practice of multidisciplinary health provider teams;
- develop and implement a strategy for healthy living and an improved drug utilization strategy;
- expand an integrated palliative care strategy; and
- implement videoconferencing for clinical care, and patient and provider education

[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Low-income **B.C.** families will pay less for eligible prescription drugs under the province's new **Fair PharmaCare program**, which affects about 280,000 families and seniors who face high prescription drug costs. Fair PharmaCare, which takes effect May 1, combines the existing major PharmaCare plans – the universal plan and the seniors' plan – into one new program, with access based on families' ability to pay. The lower a family's income, the more financial assistance government will provide. With these changes, British Columbia will provide the second-most-generous prescription drug coverage in the country. [www.gov.bc.ca](http://www.gov.bc.ca)

**The Saskatchewan Health Information Network (SHIN) announced it is using Triple G® Systems Group's TriWin Laboratory Information System (LIS) in five health regions in Saskatchewan.** Applications include Core Lab, Microbiology, Anatomic Pathology and Cytology. The system will be centrally hosted utilizing the province's wide-area network, Community Net. Security inherent in the database and operating systems is enhanced by nine additional layers of security to protect against unauthorized access to information.

**Saskatchewan is boosting healthcare spending by 8% to a record \$2.5 billion.** "A health budget increase of over \$184 million will help create a high-quality, patient-focused healthcare system," said Health Minister John Nilson. A total of \$61 million has been allocated for building and renovating healthcare facilities over the next two years. In the coming year, \$19 million will be spent on health equipment, including diagnostic equipment such as new CT scanners in Yorkton and Moose Jaw and the permanent location of a CT scanner in Swift Current. Other capital equipment spending will include targeted funding for improved surgical access.

Saskatchewan's health investment highlights include:

- a 6% increase for Regional Health Authority operations and an 8.7% increase for the Saskatchewan Cancer Agency;
- \$74 million to support collective agreements that will help maintain existing health professionals and encourage others to train in these professions;
- establishing satellite renal dialysis clinics in North Battleford and in a location in southern Saskatchewan, to be determined in the weeks ahead;
- implementing the 24-hour telephone health advice line province-wide;
- training 80 emergency medical personnel to EMT levels, with a three-year target of 240;
- providing funding for 300 first-year students at the College of Nursing, including 40 in the new northern nurse training program, and 60 first-year students at the College of Medicine;
- \$4 million for return-service training bursaries to support health provider retention and recruitment; and
- providing \$1.2 million to municipalities on a 50-50 cost-shared basis for West Nile mosquito control programs [www.health.gov.sk.ca](http://www.health.gov.sk.ca)

The new **Indigenous Peoples' Health Research Centre (IPHRC)** received a funding boost of \$2.725 million over six years. The funding will support research projects in key areas of aboriginal health, including chronic diseases, indigenous healing, health delivery, disease prevention and environmental health. It will also increase opportunities for people of aboriginal ancestry to pursue health-related research and training. The centre is led by the **Saskatchewan Indian Federated College (SIFC)**, in partnership with the **University of Regina** and the University of Saskatchewan. The province is providing \$225,000 in the current fiscal year, followed by annual payments of \$500,000 from 2003–04 to 2007–08. [www.health.gov.sk.ca](http://www.health.gov.sk.ca)

Residents of **Prince Edward Island** now have improved access to radiology services in their home communities, following the province-wide implementation of the new Picture Archiving and Communications System (PACS). The cornerstone project of the Health Infrastructure Atlantic Project, signed in January 2000 by the four Atlantic provinces, is known as **Tele-i4 or Interprovincial Integration of Images and Information**. The Tele-i4 project is the largest interprovincial implementation of PACS equipment in Canada and is accessible from every hospital in the province. Using state-of-the-art computer imaging technologies in all seven Prince Edward Island hospital diagnostic imaging departments from Agfa, networks have been created to ensure that patient information and images can be electronically transferred from one location to another for referral, diagnosis and consultation.

A three-year progress report on the **Manitoba Nursing Strategy** and new initiatives to improve working conditions and respect for nurses were recently released. The three-year progress report summarizes actions taken in support of the Manitoba Nursing Strategy and provides a snapshot of the impact these actions are having on healthcare in Manitoba.

The progress report is available at the new Manitoba Nursing Strategy website ([www.gov.mb.ca/health/nurses/strategy.html](http://www.gov.mb.ca/health/nurses/strategy.html)), which also offers easy access to nursing information and resources for Manitoba nurses and patients. [www.gov.mb.ca](http://www.gov.mb.ca)

**Ontario** patients in need of the latest diagnostics will soon have reduced wait times and faster access to **five new magnetic resonance imaging (MRI)** machines and five new computerized tomography (CT) scanners. The government will invest up to \$4.6 million annually to provide expanded diagnostic services in independent health facilities. Private sector companies will provide medically necessary insured MRI and CT scans, operating through the existing Independent Health Facilities Act, within Ontario's universally accessible, publicly funded healthcare system. A physician referral will be required for MRI and CT scans.

The facilities were selected through a request for proposal process that was issued last November. The new MRIs and CT scanners will be providing expanded services this spring at 36% less than the cost of providing the same services in hospital. [www.gov.on.ca/health](http://www.gov.on.ca/health)

In **Nova Scotia**, a plan focused on health promotion, more doctors and nurses, shorter wait lists, seniors' care and health services within communities was recently released by the provincial government. The government is taking immediate steps so patients get critical tests and treatments more quickly. In 2003–04, \$5 million will be invested to shorten wait lists for cardiac tests and surgeries. As well, \$45 million will be invested over the next three years to purchase diagnostic, surgical and other medical equipment. [www.gov.ns.ca/health](http://www.gov.ns.ca/health)

**As many as 240 more nurses will be educated in Nova Scotia over the next four years, under a new \$7-million training plan.** Some of the training will be delivered through shorter, concentrated programs so nurses are able to care for patients in hospitals and nursing homes even sooner. Sixty additional nurses will be trained in each of the four years of the plan:

- 25 will be educated in a joint nursing program between the University College of Cape Breton and St. Francis Xavier School of Nursing;
- 25 science undergraduates will be able to take a shorter, concentrated program that prepares them for nursing in 20 months, compared to four years; and
- 10 licensed practical nurses will be able to enter a new program to become registered nurses in three years instead of four. [www.gov.ns.ca/health](http://www.gov.ns.ca/health)

**Professor Therese Stukel of the University of Toronto's Department of Health Policy, Management and Evaluation** participated in a major U.S. cohort study involving nearly one million Medicare recipients to determine whether regions with higher Medicare spending actually provide better care. The study, published in the February 2003 issue of the *Annals of Internal Medicine*, found that residents of higher-spending regions received 60% more care but did not have better quality or outcomes of care. Quality of care (e.g., use of aspirin after AMI or influenza immunization) in higher-spending regions was no better on most measures and was worse for several preventive care measures. Access to care (e.g., having a usual source of care) in higher-spending regions was no better compared with lower-spending regions. Contact: [stukel@ices.on.ca](mailto:stukel@ices.on.ca)

#### The HIMSS Summer Conference

Strategic Issues – Strategic IT Solutions will be held June 9 and 10 in Chicago. Coverage includes: Patient Safety/CPOE, IT Strategy, Electronic Health Records and Emerging Technologies. More information at: [www.himss.org/summerconference/ASP/index.asp](http://www.himss.org/summerconference/ASP/index.asp)

**In the U.K., all new homes will be fitted with the infrastructure for broadband access**, under a government proposal aimed at boosting the public's use of the Internet. The proposal would cost the housing construction industry around £70m (C\$160.7m) a year. The change would help the government meet its target of ensuring that everyone who wants it has access to the Internet by 2005.

**Newfoundland** is in the process of public consultations for the development of a **provincial health charter**. To facilitate the public review process, the government previously released a discussion paper, "Building a Healthier Future." This document contains a proposed health charter which outlines both governments' responsibility for the health and community services system and the general public's role in its own health and wise use of the health system.

**To obtain a copy of "Building a Healthier Future,"** please contact the Department of Health and Community Services at toll free 1-866-248-9662, fax: (709) 729-6737, e-mail: [strategichealthplan@gov.nf.ca](mailto:strategichealthplan@gov.nf.ca) or through the department's web site at [www.gov.nf.ca/health](http://www.gov.nf.ca/health).

**U.S. Senators introduced their version of patient safety legislation** (S. 720) in late March. Highlights of the bill for the healthcare IT industry include:

- establishing and maintaining databases for non-identifiable, but relevant, patient safety information;
- developing or adopting voluntary national standards that promote the integration of healthcare IT systems; and
- assessing IT's impact on patient safety, healthcare quality and healthcare costs through independent research

The government of New Brunswick will invest about \$120 million more in healthcare than last year. This comprises of an additional \$58.4 million set out in the 2003–2004 budget estimates which were tabled recently, plus an additional \$60 million in new federal funding flowing from the First Ministers' arrangement on healthcare renewal agreed to in February. [www.gnb.ca](http://www.gnb.ca)

**Travelling by jet?** Recommended by **Dr. Peter Norton of Calgary Health Region**: "The Prevention and Treatment of Jetlag: It's Been Ignored, But Much Can Be Done." [www.bmj.com/cgi/content/full/326/7384/296](http://www.bmj.com/cgi/content/full/326/7384/296)

**The University of Toronto's Department of Health Policy, Management and Evaluation Physician Leadership Program 2003** focuses on knowledge and skills development. Drawing from leading research and educational practices, the program explores emerging leadership strategies and applies them to the health context. The program includes post-program mentoring opportunities and optional elective sessions covering specific managerial topics. The fall program includes:

- Module 1 – Thursday, October 16, 2003 to Saturday, October 18, 2003
- Module 2 – Thursday, November 13, 2003 to Saturday, November 15, 2003

Contact: Tina Smith at [tina.smith@utoronto.ca](mailto:tina.smith@utoronto.ca)



**Adalsteinn Brown**, Principal Investigator of the Hospital Report Project and Assistant Professor, Department of Health Policy, Management, and Evaluation, Faculty of Medicine, University of Toronto was recently honoured as one of **Canada's Top 40 under 40**. The award recognizes Canadians who have achieved significant success before the age of 40. Prof. Brown grew up in London, Ontario and attended Harvard and then Oxford as a Rhodes Scholar. He moved to New York in 1996 as a founding member of a healthcare consulting firm with offices on Park Avenue and then to similar roles with corporations in Philadelphia and Paris. He returned to Ontario in 1998 to join the Hospital Report Project where he works with a team of 35 researchers from the Universities of Toronto, Western Ontario, and North Carolina at Chapel Hill, Wilfrid Laurier

University, ICES, the Centre for Addiction and Mental Health, the University Health Network, and the Toronto Rehabilitation Institute. This team also works closely with the sponsors of the project – the Ontario Hospital Association and the Ontario Ministry of Health and Long-term Care – and with CIHI and JPPC. The project is based on the voluntary participation and commitment of most hospitals in Ontario and has resulted in one of the most comprehensive sets of performance measurement reports for hospitals designed to support their quality improvement and accountability efforts.

### Aramark

For the second year in a row, Aramark has been named the No. 1 company in "Diversified Outsourcing Services" in *FORTUNE* magazine's new ranking of America's Most Admired Companies. Even more impressive, Aramark has moved from No. 48 to No. 10 in the overall score among the 580 companies included in the survey. (*FORTUNE*'s "Top Ten" in the magazine is based on number of votes, not overall score.) These results come on the heels of Aramark being named in the January issue of *Business Week* magazine as one of the Top 25 managed companies of 2002.

More ... **Aramark** has been awarded the contract to provide food service for the **2004 Summer Olympic Games in Athens**, Greece, by the Organizing Committee for the Olympic Games Athens 2004 (OCOG). The decision marks the 13th time Aramark has been selected to serve at the Olympic Games.

### Vendor News

The rapid outbreak of a deadly flu-like virus has underlined how ill-equipped Asia-Pacific companies are in supporting a **remote workplace**, according to market researcher **Gartner Group**. Gartner's assessment comes in response to the outbreak of **Severe Acute Respiratory Syndrome (SARS)**, which has quickly spread to nearly 20 countries. According to the World Health Organization, there are more than 2,220 cases reported worldwide and 78 deaths as of Wednesday, April 2, 2003. Governments across the Asia-Pacific region are struggling to contain the epidemic, and companies are trying to mitigate the effects of the disease. [www.msnbc-cnet.com.com/2100-1022-995305.html](http://www.msnbc-cnet.com.com/2100-1022-995305.html)



**Soon we'll all reach out and touch 3M.** Those wonderful screens that allow users to touch an item within the display are now part of 3M technology and have just been introduced to Canada. Look for it. The company is a strong supporter of the CQI network, proving once again that quality and success can operate inseparably over the long haul.

**From the Healthcare Information and Management Systems Society (HIMSS): CPRI Toolkit offers new guidance on sound security practices.** A number of well-respected efforts within the discipline of information assurance have published measures designed to help ensure data confidentiality, integrity and the availability of systems. A listing of these efforts is now available in the CPRI Security Toolkit. This resource outlines general principles and provides best practices and examples of how healthcare providers should manage the security of their paper and electronic records. Sections of the CPRI Toolkit identify key activities to integrate into the process of managing information security. The CPRI Toolkit can be accessed at: [www.himss.org/ASP/cpritoolkit\\_homepage.asp](http://www.himss.org/ASP/cpritoolkit_homepage.asp)

**Per-Se looking strong**  
**Per-Se Technologies** (business management outsourcing services, financial and clinical software solutions, and Internet-enabled connectivity) announced that it used cash on hand to reduce debt levels by US\$15 million – the sign of a well-managed company. Per-Se supports some 47,000 physicians and 2,000 healthcare organizations. See [www.per-se.com](http://www.per-se.com)

**HIMSS Solutions Toolkit®**  
**HIMSS Solutions Toolkit® consolidates select data from the leading providers in the healthcare IT industry:** AHA Health Forum, Dorenfest, Gartner, HIMSS, KLAS and Solucient. Data is organized into an easy-to-use, web-based data mine. Subscribers can then pinpoint what they need – ultimately reaching information that enables them to make informed decisions on staffing, purchasing and other management-level issues. For a live demo, email [sales@himss.org](mailto:sales@himss.org) or visit [www.solutions-toolkit.com](http://www.solutions-toolkit.com)

## The Industry according to Microsoft

Canadian IT companies that provide sales and services in support of Microsoft software products and services make a substantial contribution to the Canadian economy, according to an **IDC Canada Consulting** study. Commissioned by Microsoft Canada Co., the research reveals that more than 73,000 Canadians are employed by those companies, and contribute more than \$5.5 billion annually in product and services expenditures and salaries.

Microsoft notes that large multinationals might first come to mind when people think IT, but this study shows that the real impact comes from the tens of thousands of Canadian companies who work with them.

The IDC study found that despite recent economic difficulties in the technology sector, this IT sales and service “ecosystem”:

- employs nearly 73,000 Canadians;
- typically pays salaries 38% higher than the national average; and
- accounts for \$1.9 billion in yearly product and services expenditures and \$3.6 billion in salary expenditures

The importance of this contribution is underscored by recent studies which show **Canada leading the U.S. in the recovery of high tech.**

Research studies by the American Electronics Association and Industry Canada reveal that while 10% of all tech jobs in the U.S. have disappeared since 2001, Canada’s tech industry is growing faster than its GDP and is approaching the levels of the “tech boom” in 2000.

Microsoft’s business is based on an indirect business model. It works with thousands of companies, such as independent software vendors who develop and market new products on the Microsoft platform, system integrators, and value-added resellers who help companies implement and service Microsoft solutions and distributors as well as market Microsoft products for resale. The IDC study measured only the contributions of IT sales and service companies working with Microsoft and does not include the impact of other strategic alliances such as vendors and telecommunications companies.

Other IDC findings include:

- The Canadian software and IT channel as a whole accounts for \$16.65 billion in product and services expenditures.
- The channel as a whole employs 209,000 people.
- The Canadian software channel – a portion of the overall channel – accounts for \$8.7 billion in yearly product and services expenditures.

When business IT departments are included private and public sector departments who procure, maintain, support or train others to use Microsoft products – Microsoft-related employment increases to more than 240,000. The staff of Canadian business IT departments also accounts for an additional \$11 billion in annual salary expenditures.

Source: [www.microsoft.ca](http://www.microsoft.ca)

## About Technology and Better Service

Sometimes journals ignore what appears to be mundane. For example, **Betty Bouchie** answers telephones at **QE2 in Halifax** and keeps her world connected. She and her colleagues are the primary answering point for calls from outside the hospital, dial ‘0’ calls inside the hospital, physician answering and locator, paging coordination, and everything else to keep everyone in touch. She wanted a system that could provide telephony, messaging, web interface, real time directory updates (“so we always have a current patient census”), and other advanced features in a proven, reliable package. In steps **Greg Jeans, Manager of Voice Services at Capital Health**. He has implemented a system that: cuts training time and effort in half; controls call direction and priority based on skill set, volumes and priority; provides an audit trail; and (here’s the kicker) **no longer relies on paper to maintain over 200 schedules**. He’s only just begun using 1 CALL from Amtelco. We’ll follow this and get an update to see how this contributes to the hospitals drive for better service. Contact Greg at: [Greg.Jeans@cdha.nshealth.ca](mailto:Greg.Jeans@cdha.nshealth.ca)

## McKesson

Healthcare for at-risk youth is the primary focus of McKesson’s charitable giving. With some \$4 million in annual grants, the **McKesson Foundation** would like to see that no child goes without needed medicine or treatment.

## Did you know?

The First Hand Foundation focuses on pediatric health-care. The First Hand mission is “**to directly impact the health status of a young life.**” The foundation is a non-profit organization supported by the **Cerner Corporation**, its associates, its business partners, and its friends. The associates make up the largest portion of the foundation’s funding. In return for each associate’s contribution, Cerner matches each donation, dollar for dollar. The remaining funds are raised through individual gifts, annual fundraising events, memorial and honorarium programs and gifts of stock. First Hand assists individual children who have clinically relevant, health-related needs and no financial net to cover these expenses. For more information visit the website at [www.firsthandfoundation.org.j16](http://www.firsthandfoundation.org.j16)

**The publisher acknowledges that information in this column is often taken from material provided by the companies noted or by third parties, including Cisco, which sends us its weekly technology briefing. Send your news to [publisher@longwoods.com](mailto:publisher@longwoods.com).**

## Transitions

David MacKinnon recently resigned from his position of President, Chief Executive Officer and Director of the **Ontario Hospital Association (OHA)**. **Hilary Short**, formerly Chief Operating Officer and Vice President Member Relations, Policy and Public Affairs at the OHA, has been appointed interim President and CEO. As well, **Douglas Miller** has been appointed interim Chief Financial Officer, replacing Fausto Saponara. Mr. Miller has been with the OHA since January 2001 as Financial Controller, responsible for the financial and investment management functions of OHA and related entities.

**Malcolm Moffat** has been selected as the new President and Chief Executive Officer of Toronto's **St. John's Rehabilitation Hospital**, effective March 24, 2003. Mr. Moffat was Vice President and Chief Planning Officer of St. Michael's Hospital. [www.stjohnsrehab.com/appointment.html](http://www.stjohnsrehab.com/appointment.html)

**Dr. Robert S. Sheldon** has been appointed to the **Canadian Institutes of Health Research (CIHR)** Governing Council. Dr. Sheldon is a distinguished researcher and physician. Over his career he has specialized in Cardiology and arrhythmia disturbances. Dr. Sheldon has an active practice at the Foothills Hospital in Alberta, and he operates a basic and clinical research laboratory dedicated to understanding the causes and treatment of fainting. His lab also studies second-to-second regulation of heartbeats and blood pressure.

**Computer Sciences Corporation** has appointed John Biggs President of CSC's Canadian operations. Previously, Biggs served as Vice President of business development for CSC's Technology Management Group (TMG), based out of Falls Church, VA. In this role, he was responsible for pursuing new business opportunities for the company's commercial outsourcing organization. He will now focus on both public and private-sector business development opportunities in Canada.

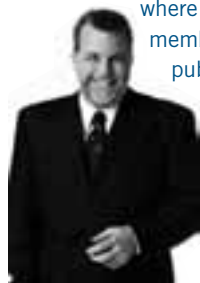
New instructors at the **University of Victoria School of Health Information Science** include: alumna **Sylvia Robinson** ('87), adjunct professor **Richard Stanwick**, and **Victoria Barr**, all from the **Vancouver Island Health Authority**.



**The Health Care Programs Division of the Ontario Ministry of Health and Long-Term Care** will be split into two divisions, **Community Health and Acute Services**, as of February 2003. **Mary Kardos Burton** will oversee the Community Health division as Assistant Deputy Minister. **Hugh Macleod** will be the new Assistant Deputy Minister, Acute Services.

**Philippe Couillard** is Quebec's new Minister for Health and the Social Services. A neurosurgeon, Dr. Couillard was most recently surgeon-chief and director of the department of surgery at the university hospital complex of Sherbrooke

where he is also a professor with the Faculty of Medicine. He is member of the board of directors and sits on public affairs and health policies committees of the Royal College of Physicians and surgeons of Canada. **Julie Ball**, a pharmacist from Lavolette Quebec, has been appointed Minister responsible for the health and condition of the elderly.



The new **Chair of HIMSS** is Dave Garets from Healthlink in Texas. Mr. Garets now joins the editorial board of the journal *ElectronicHealthcare*.

**South Huron Hospital's** new CEO is **John Sutherland**.

**Kimberley Elliott of Agfa Canada** is the new Branding and Communications Manager for Agfa North America. Her focus: enterprise solutions.

**Bernie Blais**, Chatham-Kent Health Alliance President and CEO has been appointed by the Government of Nunavut to the position of Deputy Minister of Health & Social Services, effective July 2003. In his new position, he will be responsible for Ministry initiatives including Healthy Children, Families & Communities; Health Insurance Programs; Health Protection and Treatment Programs (i.e., hospital services, 26 health centres and medical travel). Prior to joining the Alliance in 1996, Mr. Blais was CEO of the Surrey Memorial Hospital in British Columbia and Senior Assistant Deputy Minister for Health Reform, Manitoba Health.

Canadian Blood Services announced the appointment of Dr. Verna M. Skanes of St. John's, Newfoundland, as interim Chair of the Board of Directors. She replaces Gary Chatfield of Mississauga, Ontario, who recently stepped down for personal reasons. [www.bloodservices.ca](http://www.bloodservices.ca)

**Lina Milone**, who headed up HIMSS in Ontario and was General Manager of the IT group at **Sunnybrook and Woman's College Health Sciences Centre**, is retiring to a life of Riley. Way to go, Lina! Replacing her as HIMSS Chair is Sharon Baker at [wellspring@rogers.com](mailto:wellspring@rogers.com).

New instructors at the **University of Victoria School of Health Information Science** include: alumna **Sylvia Robinson** ('87), adjunct professor **Richard Stanwick**, and **Victoria Barr**, all from the **Vancouver Island Health Authority**.