



Quarterly Change

MINISTER ALLAN ROCK recently announced implementation of the following recommendations from the **National Forum on Health Report**:

- an increase in the Canada Health and Social Transfer to \$12.5 billion;
- a \$150 million investment in longer term reform, allocated over three years to fund pilot projects in primary care and integrated healthcare delivery, and will also be used to finance national conferences on pharmacare, homecare and health info-structure;
- the reinvestment of \$100 million in Health Canada's community programs aimed at children at risk, the Community Action Program for Children, and Canada's Prenatal Nutrition Program; and
- \$50 million designated to support the development of a comprehensive national health information system and the creation of a Ministerial Advisory Committee on health info-structure.



In response, the **CANADIAN HEALTHCARE ASSOCIATION** is petitioning the Government to develop a strategy to grow the \$12.5 billion reflecting

- a growing economy;
- a growing population; and
- an ageing population.

CHA is also looking for a sustained and immediate investment in:

- homecare
- community care
- a national pharmacare program; and
- a national health information system.

Minister Rock has created a new position, **EXECUTIVE DIRECTOR OF RURAL HEALTH**, at Health Canada. The Minister said the new position will contribute to the government's plans to ensure that federal departments and agencies consider the impact on rural Canada when formulating policies. No name has been announced.

On March 9 the Province of **BRITISH COLUMBIA** announced cabinet's approval of these six health goals:

- Goal 1: Positive and supportive living and working conditions in all our communities.
- Goal 2: Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health.
- Goal 3: A diverse and sustainable physical environment with clean, healthy and safe air, water and land.
- Goal 4: An effective and efficient health service system that provides equitable access to appropriate services.
- Goal 5: Improved health for aboriginal peoples.
- Goal 6: Reduction of preventable illness, injuries, disabilities and premature deaths.

On March 17 the Government of **ALBERTA** announced a one-time allocation of \$130 million to health authorities and Alberta's health system to ensure that key medical equipment and health computer systems are Year 2000 compliant. The funding is in addition to the one-time \$40 million funding for equipment for health authorities announced in January, 1998.

PERFORMANCE INDICATORS AND MEASURES for April to September 1997 presented to the **Capital Health Authority Board of Alberta** in January, 1998 can be found at: www.cha.ab.ca/cha. This semi-annual report provides a wide range of information on a number of performance indicators grouped into five categories:

- appropriateness of the services provided,
- satisfaction of people with the services they received,
- quality of care,
- access to health services, and
- financial issues.

On March 19 the **SASKATCHEWAN** Government announced a total capital investment for 1998/99 of \$44.9 million to improve, renovate and replace health facilities in Saskatchewan. The total investment in health in 1998/99 will rise to \$1.72 billion - an increase of 5.4 per cent.

In a two-year observational study involving 780 **SASKATCHEWAN** patients, the Health Services Utilization and Research Commission (**HSURC**) found just **over a quarter of hospital days were used to provide non-acute care that could have been delivered elsewhere at much less cost**. Health outcomes among study participants were the same whether or not patients stayed in hospital for extra, non-acute days on which they could have been – but were not – provided with alternative services such as home care or outpatient care. The study results were released at the annual conference of the Saskatchewan Association of Health Organizations (SAHO.)The full text of the study report is available on HSURC's web site at: www.sdh.sk.ca/hsurc/ or by calling Greg Basky at 306 655 1506.

On March 6 the Finance Minister of **MANITOBA** said his budget dedicates over \$100 million more — for a total budget of \$1.93 billion for health care in 1998-99. The budget also allocates \$94 million to address the capital requirements of the province's health care facilities. According to the Minister funding commitment to health care is 45 per cent or almost \$600 million more than spent in 1987.

Manitoba has implemented a **Health Information Network (HIN)** pilot program. This involves linking the HIN system to five hospitals -- Seven Oaks General Hospital and St. Boniface General Hospital in Winnipeg, Beausejour and District Hospital in the North Eastman Regional Health Authority, Brandon General Hospital in Brandon, and Thompson General Hospital in Thompson. In this first phase, the system will provide doctors, nurses and pharmacists with secure access to a patient's prescription drug history from the province's prescription drug usage database. Confidentiality is protected under the new *Personal Health Information Act* which prohibits unauthorized disclosure of personal health information. As well, personal health information will be encrypted while it is being carried on the computer network. Roll out of the system to all Manitoba hospitals is expected to begin in May or June 1998. Introduction of the next phase of the network, connecting laboratories, diagnostic services facilities and doctors' offices is scheduled to be in the summer of this year.

In January the Health Minister of **ONTARIO** announced that 190 Ontario hospitals will receive the first installment of a five-year, \$2-billion commitment made by the government in the 1997 budget to support hospital restructuring.

NEW BRUNSWICK announced in January that budget growth for hospital services and equipment will be about 1.6% in 1998-99.

PRINCE EDWARD ISLAND'S five Regional Health Authorities will participate in a voluntary accreditation process in June 1998 to evaluate their performance against national standards — their first ever regional accreditation process.

COOPERS & LYBRAND CONSULTING AND GREVILLE CAMPBELL have signed an agreement that makes Coopers a reseller and sole implementation partner of Greville Campbell's HiPPO (Health Intelligence Portfolio) suite of healthcare software applications in Canada. HiPPO is currently installed in 50 healthcare facilities.



JEAN-FRANÇOIS LEPRINCE has been named President of **Hoechst Marion Roussel Canada**. He is a graduate of the Institute National Supérieur de Chimie Industrielle de Rouen in France and has held various positions with Dow and Marion Merrell Dow.



The Board of Directors of the **McGill University Health Centre** announced last December that **DR. HUGH MACKAY SCOTT** has been appointed the new Executive Director. Since 1995 the fluently bilingual Dr. Scott has been Executive Director and Chief Executive Officer of the Royal College of Physicians and Surgeons. The McGill University Health Centre is a partnership between the Montreal Children's, Montreal General, Neurological and Royal Victoria Hospitals and McGill University.

MDS is pleased to announce that it is sponsoring the **MDS PRIZE FOR THE STUDY OF PUBLIC/PRIVATE PARTNERSHIPS**. It is offered under the auspices of the Canadian College of Health Service Executives (CCHSE). The Prize, valued at \$7500, will be used to study public/private partnerships or strategic alliances of the health services system, within Canada or abroad. For further information about the Prize, contact CCHSE at 1-800 363-9056 or Patricia Everitt at MDS at 1 800 268-0902, Ext. 4258, or email to peveritt@mdsintl.com.

The Ontario Hospital Association's **CHANGE FOUNDATION** recently announced the recipients of its first grants for projects to promote innovation and excellence in health-

- care. The 1997 grants were awarded to:
- Centennial College, in Toronto, for an internet-based nursing education program;
 - London Health Sciences Centre, in London, for a regional evidence-based clinical guidelines panel;
 - St. Michael's Hospital, in Toronto, for a multisectoral, integrated disease management program for acute pulmonary tuberculosis;
 - St. Peter's Hospital, in Hamilton, for a primary prevention screening for older

- adults to prevent physical disability;
- The Rehabilitation Centre, in Ottawa, for a low-band width computer conferencing system for rehabilitation consultations; and
- Weeneebayko Foundation, in Moose Factory, for development of a Cree/English referral video for patients and caregivers referred to southern facilities.

"HISTORY WILL BE KIND TO ME FOR I INTEND TO WRITE IT."*

You are invited to submit to our **Library of Case Studies for Hospital Management**. Cases may be published in *Hospital Quarterly*, made available electronically by world wide web or published in *HQ Cases for Management*. Each case must be a record of innovative and proven management strategies applicable to Canadian hospitals. Visit our web page (longwoods.com/hq/guidelines.html) for author's guidelines or fax us for a written copy.

If you have any doubt about the acceptability of a topic send us a 100-word summary of the case and we will respond. Forward this to Anton Hart at ahart@longwoods.com.

*Winston Churchill (1874-1965)

The **Change Foundation** also announced that it has awarded Deloitte & Touche with a contract to develop **GUIDELINES, CHECKLISTS AND TEMPLATES ON MANAGING CHANGE** with the objective of providing assistance to hospitals and their healthcare partners in responding to changes occurring in the delivery system.

Submissions for Quarterly Change can be emailed to notes@longwoods.com or faxed to the managing editor at 416 368-6292. Material should be new, have national, Canadian appeal for hospital and department administrators, and ultimately impact superior patient service. All material is subject to review and editing.