

Canadian Healthcare Association RESOURCE DIGEST

Resources and information of interest across the health system

Regionalization – Lessons Learned or Lessons Lost? National Healthcare Leadership Conference – June 2-3, 2008, Saskatoon, SK

The conference is fast approaching. To register, and for accommodation and transportation information, please visit www.healthcareleadershipconference.ca.

Prairie Magic

Experience Saskatoon's legendary prairie hospitality featuring a western-themed reception and dinner with exceptional company and excellent entertainment! Brad Johner, Canadian Country Music Association Male Artist of the Year, will keep your toes tapping. Casual western dress would be in order! A colourful contrast will be provided by Aboriginal performers. Don't miss this event!

Tickets for this optional evening are available for \$85 (plus GST). Please purchase your tickets with your registration.

CHA IN THE NEWS

CHA Award for Distinguished Service, Call for Nominations – Extended Deadline May 12, 2008

Since 1949, the Canadian Healthcare Association has recognized excellence in health leadership through its Award for Distinguished Service. The Award is the only such honour conferred by CHA.

The Award for Distinguished Service recognizes:

- Outstanding contributions or achievements in furthering progress and governance in the healthcare sector.
- Consistent and noteworthy service and leadership over the years, particularly at the national level.
- Personal efforts to assist and advance the efficiency and performance of Canadian health organizations.
- Personal efforts to foster public policy and legislation related to health care.
- Furtherance of public policy and legislation related to health care.

Only candidates nominated by an active member of CHA are considered eligible. However, members may nominate someone from outside their province or territory. Presentation will take place at CHA's Board Dinner, on Saturday, May 31, 2008, in Saskatoon, Saskatchewan.

Contact Andrea Field, Executive Assistant to the President – afield@cha.ca – for more information and nomination forms.

PROVINCIAL/TERRITORIAL HIGHLIGHTS

British Columbia

New Public Health Act

The Government of British Columbia has introduced the Public Health Act which replaces legislation of the Health Act, Venereal Diseases Act and Public Toilet Act. This new legislation will provide

In this issue

- 2 Provincial/Territorial Highlights
- 3 New Release – CHA's Guide 2007-2008
- 4 Research Highlights
- 5 News from Federal and Other Organizations

April 25, 2008

CHA NEWS

- *Resource Digest* will publish again on May 9, 2008.
- The 2008-2009 *CHA Learning Calendar* is now available. Copies are available from education@cha.ca.
- For more information on CHA Learning and its programs, please visit www.cha.ca.
- The Institute of Population and Public Health (IPPH) is calling for applications for its Summer Institute 2008 that will take place in Ottawa June 22-25, 2008. The program will contribute to capacity development in knowledge translation research and knowledge translation in the health services and policy and population and public health research communities. For more information, visit www.cihr-irsc.gc.ca.



public health officials with greater powers to protect the public against communicable diseases such as SARS or pandemic influenza. It will also require communities to include provisions for mental health and addiction facilities in their local plans. In addition, there will be a total ban on trans fats used in all food-service establishments by 2010. (Source: British Columbia Government news release, April 9, 2008.)

More Access to Health Professionals Promised

B.C.'s new Health Professions Regulatory Reform Act will enable qualified physicians working in other provinces and countries to practice in British Columbia with a restricted license. In addition, the new Health Professions Review Board will review college decisions in individual cases of registration refusal for those experiencing credentialing and licensure restrictions. Pharmacists will now be able to renew routine prescriptions, and nurses will have an enhanced scope of practice. In addition, all colleges will be required to publicly post the outcomes of disciplinary hearings resulting in actions against health professionals. They will also be responsible for funding costs associated with counselling programs for victims of professional misconduct. (Source: Government of British Columbia press release, April 10, 2008.)

Alberta

Mumps Immunization a Go

As part of Alberta's Enhanced Mumps Immunization Program, some young adults are now eligible for immunization in the routine immunization program. An investigation into the vaccine led by Health Canada is now complete and the vaccine has been approved for further distribution. The Chinook Health Region is holding mumps immunization clinics to control a recent outbreak of the highly contagious viral infection that has affected 439 individuals since September of 2007.

Serious complications of the infection can include encephalitis or meningitis. (Source: Alberta Government news release, April 1, 2008.)

Saskatchewan

Bursaries for Students in Health Professions

The Saskatchewan government is providing more than \$6 million to support a bursary program for students in the health field. New bursaries will be targeted to students in the province studying to be licensed practical nurses, registered nurses, registered psychiatric nurses, nurse educators, primary care nurse practitioners, advanced nurses and those wishing to re-enter nursing. Other bursaries will be provided to students studying other health science disciplines. In partnership with the Saskatchewan Medical Association, the provincial government is offering bursaries to students and residents studying medicine. These bursaries are provided with a service commitment to work in Saskatchewan's publicly funded health system. (Source: Saskatchewan Government news release, April 4, 2008.)

Funding for Autism

Saskatchewan Health Minister Don Morris announced on April 2, World Autism Day, that an advisory group will be making recommendations on the most effective use of the \$3 million in annual provincial funding for autism services. The advisory committee will discuss what combination of therapies, training, and other support will make the biggest difference for those affected by the disorder. Little is known about the cause of autism, although early diagnosis and intervention are essential to improving communication and socialization. About one in every 166 children in Saskatchewan develops autism spectrum disorder. (Source: Saskatchewan Government news release, April 2, 2008.)

Conferences

- The 13th Annual Health Research Methods 2008 Course will take place in Calgary, Alberta May 1 and 2, 2008. This year's theme is Meaningful Collaborations—Leading to Meaningful Research and Evaluation. For more information contact Janis Pearson at 403-220-7032.
- **Made in Ontario:** a showcase of leading practices in child and youth mental health will take place May 9, 2008. This is a conference in celebration of children's mental health week, geared for front-line staff and clinicians. For more information contact Sally Cleford at 613-882-6697.

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Resource Digest, CHA's bilingual newsletter, synthesizes resources and news of interest from across the health system. *Resource Digest* is published bimonthly from September to June and once per month in July and August. Submissions required on Monday prior to publication.



Manitoba

\$4.1 Billion Increase in Health Spending

The Manitoba Government has increased health spending by 6.5 percent in its 2008-2009 budget. \$7.2 million will help expand medical school enrolment, provide support for the International Medical Graduate program, and increase specialty training, especially in emergency departments. There will also be a further \$1 million to relieve pressure in emergency rooms. The province hopes to hire 700 more nurses and start a graduate program to train 12 new Physician Assistants in the near future. (Source: *Health Edition*, Volume 12, No. 14.)

Ontario

New Hospital for Aboriginal Peoples

Expected to open in 2010, Sioux Lookout Meno Ya Win Health Centre (SLMHC) will increase access to health care for all residents in Sioux Lookout and its surrounding communities, including 28 First Nations communities. A result of a Four Party Agreement between the First Nations, federal provincial and municipal governments, the new health centre will house hospital, mental health and addiction, as well as other health services. SLMHC has been designated by the province as a First Nations' Centre of Health Excellence and will play a leadership role in developing and delivering culturally sensitive health care in Northwestern Ontario, including translation services and traditional healing programs. (Source: Ontario Government news release, March 28, 2008.)

Increased Funding for Ontario Hospitals

\$667.2 million from Ontario's 2008-2009 budget is hoped to help create new beds, increase surgeries and lower wait times in provincial hospitals. An additional \$170 million funding will be given to hospitals later in the fiscal year, targeting Emergency Room wait times, making the

overall increase in funding 6.1 percent.

(Source: Ontario Government news release, April 13, 2008.)

Quebec

Increased Caesarean Births in Quebec

The rate of caesarean births in Quebec has risen from 20 percent in 2002 to 23 percent in 2006 and is continuing to increase. Some hospitals have rates as high as 30 percent. The World Health Organization suggests a benchmark of 15 percent for caesarean birth rates. Several factors have been attributed to the increase, including the use of fertility drugs resulting in multi-births, and a larger proportion of obese mothers. (Source: *La Presse*, April 7, 2008.)

Newfoundland and Labrador

Funding for research on aging and seniors

The Newfoundland Government is investing \$200,000 to support research projects on issues related to aging and seniors. Funds distributed in partnership with the Newfoundland and Labrador Centre for Applied Health Research will be granted to priority research areas such as senior disabilities, housing requirements, palliative and dementia care models, proper medication use and mental health and addictions. (Source: Newfoundland and Labrador Government news release, March 31, 2008.)

New Brunswick

More Nursing Homes Being Built

The province of New Brunswick is entering into a public-private partnership with Shannex New Brunswick in an initiative to open 216 new nursing-home beds. Shannex, Atlantic Canada's largest private long-term-care service provider, will build three new nursing homes in Fredericton, Quispamsis and Riverview. This will bring the number of provincial beds to be opened to 318 within the next three years.

New Release

CHA's Guide to Canadian Healthcare Facilities 2007-2008, Vol. 15

For over 55 years, **CHA's Guide to Canadian Healthcare Facilities** has connected you with the decision makers inside Canada's healthcare facilities.

- **CHA's Guide to Canadian Healthcare Facilities 2007-2008, Volume 15** - Contact key personnel using this essential resource which contains information on more than 900 hospitals, 2,800 nursing homes and long-term care facilities – including addresses, annual admissions, operating budgets and bed types.
- **CHA's Abridged Guide on CD-ROM, Read-Only Version 2007-2008, Volume 15** - Search facility information quickly and efficiently using this version of the **Guide**. Filter information by province, facility type and teaching status with the click of a button.
- **CHA's Abridged Guide on CD-ROM, Complete Version 2007-2008, Volume 15** - Use this convenient electronic database to print customized reports, create mailing labels, generate marketing leads and export data into Excel and other formats.

To learn more about CHA's **Guide to Canadian Healthcare Facilities** and its products, please visit www.cha.ca or contact guide@cha.ca.



At this time, there are 62 nursing homes in New Brunswick, which are privately owned and operated by boards of directors. (Source: New Brunswick Government new release, April 15, 2008.)

Nova Scotia

Three more long-term care facilities will be connected through the province's Telehealth network adding to the network that connects more than 60 healthcare sites across Nova Scotia. The pilot project is expected to cost \$132,000 plus a one-time cost of \$60,000 to purchase and install Telehealth equipment. Facilities can connect with each other for clinical assessments, staff training, administrative meetings and visits between residents and families. Clinical assessments can also be done for dermatology, pain management, psychiatry and rehabilitation. (Source: Nova Scotia Government news release, April 9, 2008.)

Prince Edward Island

New Site Administrator

Lynn Sutherland has been named site administrator for the Prince Edward Island Family Medicine Residency Program, which was launched last December to improve recruitment and retention of physicians in the province. Ms. Sutherland will be the primary contact for the program and will coordinate clinical experiences for medical students and residents. As part of the program, second-year residents can work as qualified physicians under the supervision of a licensed doctor. (Source: Prince Edward Island Government news release, March 26, 2008.)

Yukon

The Yukon government has appointed a committee to review funding and sustainability of the territory's health care system which will lead to recommendations consistent with the principles of the Canadian Health Act. Recommendations for the next ten years

will be in areas of pressure on the system, maintaining and sustaining access to care, and the territory's ability to respond to changing acute, primary and long-term care demands. The committee will be chaired by former Health and Social Services and Finance Deputy Minister Bruce McLennan. (Source: Yukon Government news release, April 10, 2008.)



WOMEN NOT ADEQUATELY PREPARED TO TAKE CARE OF AGING PARENTS

A survey of social workers who provide advice on care coordination to women who are “sandwiched” by the needs of their children and their aging parents found that many delay getting support because they are reluctant to ask for help or don’t know where to find it. Pat Volland, director of the New York Academy of Medicine (NYAM) says there are barriers to seeking help for the financial, emotional and physical toll because women think they should be self-reliant and able to handle it all. Social workers can help by making referrals to health and social services, arranging transportation and food delivery, advising on financial management and benefits, and acting as liaison for long-distance care. For more information, visit www.helpstartshere.org. (Source: *Medical News Today*, April 2, 2008.)

MORE REPEAT MAMMOGRAMS

In the switch from X-rays to digital, doctors are encountering a learning curve that is prompting them to call women back for multiple mammograms just to make sure of the results. Digital mammograms are better for young women and those with dense breast tissue in picking out tiny calcification deposits that sometimes are a sign of cancer. The National Cancer Institute recommends mammograms every year or two for women over 40. Those at high risk may be advised to start earlier. (Source: *New York Times*, April 10, 2008.)

SENIORS WANT TECHNOLOGY TO HELP THEM REMAIN AT HOME

Conclusions from two reports, one from the AARP Foundation and the other from the Centre for Aging Services Technologies (CAST), were that seniors want to use technology so that they can age safely in their homes. Technology such as

sensors to detect falls, machines to monitor blood pressure and respiration, and medication dispensers are among some examples given in the study. Large majorities of both caregivers and potential care recipients believe technology would make them feel safer, give them more personal peace of mind and provide peace of mind for their families and friends. Cost remains a factor with eighty percent of seniors who are willing to pay \$50.00 or less per month for services. (Source: *Medical News Today*, April 2, 2008.)

AUTOMATED EXTERNAL DEFIBRILLATORS DON'T IMPROVE CHANCE OF SURVIVAL

Automated External Defibrillators (AEDs) have not been found to improve the chances of survival for heart attack victims that experience cardiac arrests away from the hospital. AEDs are increasingly being used in public places like airports and sports arenas, but when compared with conventional resuscitation methods like CPR, findings suggest that future efforts should turn toward education, modification of risk factors and other methods of primary prevention of heart disease. (Source: *Medical News Today*, April 2, 2008.)



CMA UNVEILS WEBSITE FOR PATIENT-DOCTOR COMMUNICATION

A secure website for patients to interact with their family doctors was launched April 1, 2008, by the Canadian Medical Association.

CMA president Dr. Brian Day said the "Mydoctor.ca" portal will empower patients to take a more active role in their health care.

The new online tool focuses on tracking tools for three key areas: asthma, high blood pressure and obesity. More conditions, such as diabetes, will be added in the future.

Patients using the online system access their personal profile and enter information about their conditions. That information is forwarded to their doctors' offices and then the physician monitors and assesses it.

About 200 physicians and several hundred patients are already using the site created by the CMA company Practice Solutions.

Company president Larry Mohr said the system is secure. Both physician and patient log in using a user I.D. and password.

Mohr said that doctors would pay about \$240 for the system. Mohr also noted that most online services would not be covered by the provincial health plans, but that this might vary from province to province.

The online system will initially address chronic care issues. CMA President, Dr. Brian Day, suggested the system might result in lower health-care costs, as more than 70 per cent of the health costs are in chronic care. (Source: CBC.ca, <http://www.cbc.ca/canada/newfoundland-labrador/story/2008/04/02/cma-website.html> April 2, 2008.)

REVIEW OF 2004 HEALTH ACCORD SET TO START

The House of Commons Standing Committee on Health started a statutory review of the September 2004 health accord on April 17.

Formerly known as the *10-Year Plan to Strengthen Health Care*, the accord was reached by First Ministers at a three-day meeting in Ottawa in September 2004. Over the 10-year period, the federal government is providing provinces and territories with \$41.3 billion for health care, including \$5.5 billion for wait-time reduction and associated activities.

The Committee has scheduled four meetings for the review and expects to table a report before the summer recess. Legislation in 2005 authorizing the federal health expenditures stipulated a review of the accord be undertaken every three years.

The first meeting of the Committee will hear testimony from Health Canada and the Department of Finance. CHA is scheduled to appear before the Committee on May 13. (Source: *Health Edition*, April 4, 2008.)

