

## Number of nurses, LPNs in particular, on the rise

The number of licensed practical nurses in Canada has soared in the last five years, up 17.2 per cent between 2004 and 2008 according to a report released by the Canadian Institute for Health Information before Christmas. In 2008, the LPN workforce totalled 74,380.

The number of registered nurses in the workforce has grown by less than half this amount (8.3 per cent), but this was more than overall population growth and RNs still represent the most plentiful human resource in the Canadian health care system at 261,889.

Ontario (36.9 per cent) and Quebec (26.3 per cent) employ most of the LPNs in Canada. Although Alberta is a distant third at 8.4 per cent, the College and Association of Registered Nurses has claimed that Alberta Health Services has a plan to cut down on the number of RNs and have more LPNs and nurses' aides handle nursing duties in an effort to trim labour costs. Alberta Health Services is struggling with a projected \$1.3 billion deficit this year.

The rising importance of the LPN workforce is exemplified by the current struggle between the British Columbia Nurses' Union

(See "Nurses" on page 4)

## Happy New Year

We're back. This is our 14th year in production and our 10th online. We are planning some exciting changes to our website and email service soon, so stay tuned. Our first issue of 2010 covers all the news in health care from December 18 to January 7.

# The Year Ahead

The top story of 2009, the H1N1 pandemic, rolls into the new year with public health officials on the lookout for a threatened "third wave." If it does materialize, there will be another push to get the remaining 55 percent of the population vaccinated. But if it continues to fade away the federal government will have to decide what to do with millions of doses of unused vaccine.

The federal government is committed to covering 60 per cent of the over \$400 million cost of vaccines it has ordered, and selling the surplus to other countries is a possibility.

The H1N1 vaccination effort has created other costs too. Health regions and municipalities have accumulated bills they are looking to their provincial/territorial governments to cover. They, in turn, will be turning to Ottawa for some help.

This is not the only thing provincial/territorial premiers will be lobbying for in the March 4 federal budget. The isotope shortage in 2009, brought on by the unscheduled shutdown of the aging Chalk River nuclear reactor last May, has inflated the costs of alternative supplies. The premiers say the federal government should be taking responsibility for a problem it indirectly created.

But the federal budget will not contain any new big spending programs given the government's \$55 billion deficit. For health care, the only offering may be the repeated commitment to hold steady with Canada Health Transfer payments and the six per cent annual escalator.

A surprise inclusion in the last budget was an extra \$500 million for Canada Health Infoway. The chances of it getting more in the new budget are dimmed by the fact that the payout of the \$500 million has been delayed until the new fiscal year beginning April 1.

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## H1N1 vaccination coverage varies across country

Newfoundland and Labrador has vaccinated 68 per cent of its population against H1N1, tops in the country according to figures compiled by Canadian Press. New Brunswick (67 per cent) and Nova Scotia (64 per cent) are close behind although the latter's percentage is just an estimate of the amount of vaccine distributed.

Coverage is lower in Ontario (38 per cent), Manitoba (36 per cent) and Alberta (35-40 per cent) while the three territories have been able to post numbers in the 53 to 62 per cent range.

A Harris-Decima survey for Canadian Press before Christmas found 73 per cent of the population considered the federal government had done a good or fair job in responding to the pandemic. This was up from 61 per cent in November. **HE**

(*"Year Ahead" from page 1*)

As it is, Infoway faces a tough task of meeting the goal of ensuring authorized health care professionals have access to an electronic health record for 50 per cent of Canadians by the end of this year. It expects to be at the 38 per cent mark by March.

Reducing wait times for services has been a preoccupation of our political leaders for the last five years, and provinces and territories have received over \$600 million from Ottawa to put in place a wait-time guarantee for at least one procedure this year. But this is not the only money they have received for the wait-time reduction effort. There was \$4.5 billion specifically earmarked for this purpose in the 2004 health accord. These funds run out at the end of March.

This will be a problem for provinces and territories which have their own financial issues. Ontario, for example, is in a \$25 billion deficit hole. The government has given hospitals three scenarios for the spring budget: an increase of zero, one or two per cent. "There will be very difficult decisions," Health Minister Deb Matthews told *Canwest News* before Christmas.

It's a similar situation elsewhere. In British Columbia, health regions have put in a series of cost-cutting measures to balance their budgets this year. Despite the promise of more funding in the next three years, the budgetary pressures are likely to continue with a continued effort to cut back on "non-essential services." British Columbians have already done their part by swallowing a six per cent increase in health premiums as of January 1.

Alberta Health Services has a \$1.3 billion deficit to contend with and has also instituted spending cuts. An early retirement program is due to roll out this year. This month, Health Minister Ron Liepert will be taking delivery of a re-

port from an advisory committee on legislative reforms that it believes are necessary. This includes a new way of defining publicly-funded services that some fear may lead to more service delisting.

Quebec will be engaged in broad-based negotiations with public sector unions in 2010, including physicians and nurses, but is aiming to cap public sector spending at 3.2 per cent. This is along the lines of the 3.5 per cent increase in the advance 2010-11 New Brunswick budget tabled in December.

New Brunswick is the only jurisdiction scheduled to have an election this year, in September. The government is promising to produce a chronic disease prevention strategy, a provincial mental health strategy and a "major plan" for nursing homes among other things this year.

A priority for the Nova Scotia government will be to keep its election promise not to close any hospital ERs. But it is also vastly concerned about health spending and will be looking for ways to restructure. The previous government had commissioned a Provincial Health Services Operational Review that two years' ago made sweeping recommendations for change. It remains a central feature of the Department of Health's Business Plan.

The same kind of report was done for the Prince Edward Island government and work is underway on a collaborative care team model and a primary care framework among other things. A new arms-length to oversee health care operations on the Island also takes charge on April 1.

Presumably, one of the main things on the agenda of Saskatchewan Health Minister Don McMorris this year will be to prepare a plan responding to last fall's Patient First review of the health system. It contained a list of things to improve access and

quality of care, and some ideas on how to save money – which will be important given the souring of the province's finances.

He is also ratcheting up physician recruitment efforts and this is a major focus for the Selinger government in Manitoba as well, particularly in rural areas. Plus, it is promising "important investments in primary health care."

In Newfoundland and Labrador, the government is continuing with the implementation of recommendations from last year's report by Justice Cameron on the breast cancer test fiasco. The government has committed to raising the standard of laboratory work, and Eastern Health, where the problem occurred, has a major challenge to rebuild public confidence.

Quebec has recently wrestled with a similar issue over breast cancer testing, and Health Minister Yves Bolduc is committed to having a quality control plan for all 58 pathology labs in the province by March. That month, as well, he is scheduled to unveil a revised set of licensing standards for private clinics to perform some 50 designated services. The list has been under review after complaints the government was being overly strict in terms of its safety standards.

On the perennial issue of the role of the private sector, sometime this year the Canadian Medical Association will be releasing its "blueprint" for transforming Canadian health care that is sure to deal with the subject.

As well, B.C. Supreme Court may start to hear arguments in a suit launched a year ago by five Vancouver-based clinics against the province's health insurance laws. It could reprise the now-famous 1995 *Chaouilli* case before the Supreme Court of Canada that forced Quebec to change its health insurance laws and open up a role for private clinics. **HE**

## .. Briefly .. News Shorts .. Briefly .. News Shorts .. Briefly

**Territorial premiers failed to get an extension to federal health funding support** at the semi-annual meeting of finance ministers before Christmas. The Territorial Health Access Fund, due to expire at the end of March, provided \$150 million over five years and was shared among the three territories. The territorial premiers had hoped to get it renewed. Finance Minister Jim Flaherty does not want the deal to become permanent, but acknowledges the territories have unique medical transportation costs. He promises to consider the issue when putting together the March 4 budget. (*Whitehorse Star*, Dec. 18) ... **New Brunswick Health Minister Mary Schryer wants to put more emphasis on prevention.** "The focus of health has always been on hospitalization and equipment, and I'd like to see a little bit of a shift start to happen towards strangling the demand for health care," she told the *Fredericton Daily Gleaner*. She indicated that the province will be putting a priority on funding programs promoting wellness. (*Fredericton Daily Gleaner*, Dec. 26)

**It could cost \$5 million to re-view 69,000 tests of a Yorkton, Saskatchewan radiologist.** The review was ordered last May after a quality control audit raised concerns. Of 39,711 tests re-read as of November 18, 2.38 per cent were judged to have variations affecting patient care. The review is expected to be finished in three months, but it will take up to another six months to wrap things up and notify affected patients. The radiologist, Dr. Darius Tsatsi, has voluntarily suspended his practice pending the results of the review. (*Regina Leader-Post*, Dec. 22) ... **Quebec pathologists want to see the raw data from a review of breast cancer tests** that was

made public before Christmas. The government has refused to make the data available for patient confidentiality reasons. The health minister has said the results of the review show the province's breast cancer pathology testing is among the best in the world, but critics suggest the low error rate found in the review is the result of addressing only false negatives in hormone marker testing. (*Gazette*, Dec. 18)

**Quebec is proceeding with a public-private partnership arrangement to build two new superhospitals in Montreal** even if there has been considerable opposition to the concept and the auditor general has questioned whether it will yield any cost savings. Next week, Cabinet is expected to give the go-ahead for the McGill University Health Centre to work with the SNC-Lavalin group on its project. However, the government is seeking \$300 million in modifications to bring the project back on budget at \$1.2 billion. The project involving the Centre hospitalier de l'Université de Montréal is mired in difficulties. Tenders were to be submitted in December, but this has been delayed until at least the summer. (*La Presse*, Jan. 7) ... **The four teaching hospitals in Quebec are preparing plans to offer in vitro fertilization (IVF) treatments.** Last year, the government announced that it was covering up to three courses of IVF, a service that is now only available at private clinics and the McGill University Health Centre. The government expects the annual number of procedures to grow from 2,500 currently to about 10,000 by 2013, and has apparently spurned a proposal by private clinics to ramp up their capacity to meet the extra demand. A physician with one private clinic told *Le Devoir* that cou-

ples will be put on standby while hospitals acquire the expertise. (*Le Devoir*, Jan. 7)

**The Alberta government has killed a \$70,000 cost-saving move at Alberta Hospital Edmonton**, the province's major mental health institution. The *Edmonton Journal* reported on December 19 that free toiletries and snacks would be cancelled for patients, but the plan was dropped the next day. Last October, the government appointed a committee to oversee the expansion of community care options after there was criticism from mental health advocates and physicians of Alberta Health Services' plans to close 246 beds at the facility. (*Edmonton Journal*, Dec. 19,20)

**The first health sector strike of 2010 could hit Nova Scotia hospitals outside of Halifax January 18.** The 4,100 staff, including lab technicians and pharmacists, are represented by the Canadian Union of Public Employees. Planning is underway to scale back and suspend some services such as elective surgeries should the strike occur. (*Halifax Chronicle-Herald*, Jan. 6)

**B.C. Ombudsperson Kim Carter has released the first of two planned reports on her investigation of seniors' care** launched last August. One of her key recommendations is the creation of a Bill of Rights for residents which the government has already addressed in legislation (Bill 17) passed last November. So far, the government has only signalled its "intent" to accept many of the other recommendations in her report. This includes creation of a single website with information on the performance of residential care facilities. However, Health Services Minister says it will be operational by the fall. Report at [www.ombudsman.ca](http://www.ombudsman.ca).

## Dementia cases expected to double in 30 years

The costs associated with the “rising tide” of dementia will increase tenfold by 2036 when this disease is expected to strike someone new every two minutes, the Alzheimer Society of Canada warns in a report this week to mark Alzheimer Awareness Month.

The report calculates that the prevalence of dementia will double over the 30-year period unless steps are taken to reduce the impact of the disease.

To delay or reduce the onset of dementia, the report suggests a focus on physical activity, as well as a national program promoting risk-reduction strategies (such as following a healthy diet and lifestyle) targeting the seniors’ population.

The Alzheimer Society is also calling for measures to support family caregivers whose burden is expected to triple over the period. They already put in some 231 million hours of unpaid care for loved ones.

The burden on the economy of dementia currently stands at some \$15 billion a year. But this is expected to explode to \$153 billion by 2036.

The report makes five recommendations including an accelerated investment in all areas of dementia research and a strengthening of Canada’s dementia workforce.

Reacting to the report this week, Ontario Health and Long-Term Care Minister Deb Matthews said the province is counting on its \$700 million, three-year Aging at Home strategy to provide more support at home and in the community for dementia sufferers.

The report, *Rising Tide: The Impact of Dementia on Canadian Society*, can be found at [www.alzheimer.ca/english/rising\\_tide/rising\\_tide\\_report.htm](http://www.alzheimer.ca/english/rising_tide/rising_tide_report.htm). **HE**



# Miscellany

## Dementia

There were a number of editorials this week concerning the Alzheimer Society report on the rising tide of dementia (See story this page). The *Halifax Chronicle-Herald* (Jan. 6) said it is “a well-timed, convincing call to arms for government, as well as all Canadians, that the best time to grapple with the impact of the onrushing grey tsunami is now.” The *Victoria Times-Colonist* (Jan. 5) supports the Alzheimer Society’s appeal for a national dementia strategy and concludes that “Our failure to respond [to the dementia threat] with appropriate planning and action would be irresponsible, cruel and costly.” The *Toronto Star* (Jan. 5) says the warnings and a call for a national program have been heard before, such is in the report last year from the Senate Committee on Aging. “Our aging population is a challenge that must be addressed on multiple fronts, from restructuring health care with an emphasis on prevention and early intervention to building additional long-term care homes. Unfortunately, this is a

challenge that governments, at all levels, have yet to address with sufficient vigour.” The *National Post* (Jan. 5) is also sceptical of an appropriate political response, and encourages those who can afford it to “start salting away money to pay for their own in-home care should they develop dementia, and buy private insurance to cover the possibility that they will need long-term, institutionalized care at some point in their declining years.” The *Post* says “public health insurance plans cannot continue expanding to meet the needs of an aging population without eventually bankrupting taxpayers.”

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and the Hospital Employees’ Union, now before the province’s Labour Relations Board, to represent LPNs as their bargaining agent.

The CIHI study also found a steady rise in the number of RNs working full time (58.1 per cent in 2008) which is good news for the Canadian Nurses Association which has been lobbying for a 70 per cent target.

In its response to the report, the CNA was also pleased that there has been an increase over the past year in the number of RNs working in community health in which it sees as part of the fu-

ture of the nursing profession.

It was less pleased about the influx of internationally-educated nurses over the past year: up 8.2 per cent compared to the 1.6 per cent increase in the number of Canadian-educated nurses.

“Although it is important to fill the gap caused by our country’s RN shortage, CNA is concerned about the ethical aspects of this trend and hopes that Canada is not recruiting from countries that have nursing shortages of their own,” Rachel Bird, the CNA’s chief executive officer said in a news release.

The CIHI report can be found at [www.cihi.ca](http://www.cihi.ca). **HE**