

Atlantic Canada radiation therapy care guarantee

The four Atlantic provinces have agreed to establish a guarantee for cancer patients to receive radiation therapy within eight weeks of being ready to treat.

They will support each other with services if any of them are unable to honour the timeline, meaning that patients would be transferred to facilities in another of the Atlantic provinces if the eight-week target cannot be met.

It is unlikely this will happen given that they are now able to offer treatment within four weeks for patients most of the time.

This is important given that four weeks is the maximum acceptable wait time according to health experts, and this is the benchmark agreed to by all provincial-territorial health ministers.

Even though the eight-week guarantee appears to be a pretty safe bet, New Brunswick Health Minister Mary Schryer sees the deal as providing a safety net if issues arise and be an important "regional partnership" that could possibly extend to other services.

"We're small in numbers compared to some of the larger provinces like Quebec and Ontario, so for us to be able to share our equipment according to our wait times, it's a good thing for the province," she told the *Fredericton Daily Gleaner*.

The four provinces have used their share of the federal government's \$612 Patient Wait Times Guarantee Trust Fund, established in the 2007 budget, to make the eight-week commitment.

To get the federal funding,

(See "Guarantee" on page 4)

Alberta reverses service cuts

New Alberta Health Minister Gene Zwozdesky has moved quickly to rebuild public confidence in the government's handling of the health file. Appointed just over a week ago, he has had a hand in reversing two contentious decisions made by Alberta Health Services.

On Monday, AHS said it was scaling back a plan to close 246 beds at Alberta Hospital Edmonton, the province's largest mental health facility. On Wednesday, Mr. Zwozdesky himself announced that another AHS plan to close 290 beds in Edmonton and Calgary over the next three years has been put on hold.

AHS is battling a projected budget deficit of some \$1.2 billion.

The intention to cut beds at Alberta Hospital Edmonton, revealed last August, followed an earlier decision to scrap redevelopment plans for the 400-bed facility and accelerate the shift to community-based mental health treatment. While AHS said no beds would be closed until resources in the community were in place for affected patients, the decision was vigorously opposed by patient advocates and staff.

In October, the government named a team to review AHS plans for the hospital with representation from patient and union groups and mental health experts. It came up with a compromise solution that formed the basis of Monday's announcement — 100 geriatric patients will be moved to a new long-term care facility in Edmonton that will be converted to handle their needs, while patients in the other 146 beds will stay where they are pending development of a comprehensive long-term mental health plan for the province.

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Absenteeism in November driven up by H1N1

The H1N1 pandemic and seasonal flu jacked up absenteeism rates last November. Almost 30 million hours of work were lost, Statistics Canada reported last Friday.

H1N1 swept across the country that month and health authorities were encouraging people with symptoms to stay home. In fact, 1.5 million workers were absent due to their own flu-related illness or that of an immediate family member. Flu-related absenteeism rates in November were highest in Newfoundland and Labrador with 14.2 per cent of workers off the job.

Statistics Canada said the impact of the flu on absenteeism was comparable to when the Ontario-U.S. power outage in 2003 shut down factories and workplaces.

The report can be found at www.statcan.gc.ca/dai-quo/index-eng.htm. **HE**

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AHS is fully behind the change in course. CEO Stephen Duckett told Canadian Press that Albertans may have misinterpreted his organization’s original plan. He said it has always been his intention not to move any patients until better facilities are available.

But the choice to convert the new long-term care facility, Villa Caritas, for geriatric mental health purposes has shocked its supporters who have been engaged in planning and fundraising activities for years. NDP Leader Brian Mason told the *Edmonton Journal* the government is playing a shell game by changing the designation of the beds.

The other announcement this week was equally dramatic. The plan to close 140 beds in Edmonton and 150 in Calgary, revealed last September, raised the hackles of nursing and other groups who said the health system needed more beds not less.

The number of beds being closed corresponds with the number of “alternate level of care” hospital patients who are ready for discharge but taking up a bed while waiting for a place in community care. AHS intends to provide more community living options, including assisted living, to handle these patients.

Minister Zwozdesky has told AHS to find the money within its budget to keep the beds open in the two cities, and the board chair of AHS, Ken Hughes, told reporters this week his organization would be using some of the \$420 million in administrative savings it has achieved so far.

But this does not help the deficit-reduction quest, and Mr. Hughes told the *Journal* that the contents of the February 9 provincial budget will determine if the decision to reverse the planned bed closures is permanent or not. In an interview with the *Journal*, Mr. Zwozdesky said he is hopeful there will be “a little bit of room” in

the budget to accommodate this week’s policy reversals.

The fact that AHS has had two major initiatives overturned has media commentators suggesting that its ability to mount an aggressive health reform strategy has been compromised.

Mr. Zwozdesky has said AHS, and CEO Stephen Duckett, continue to have his support but he has pledged to be more “hands on” and ensure Albertans and health-care stakeholders have more input into AHS decisions. He is also prepared to slow down the pace of reform.

“We have to settle this down a little bit and let people know we do care what their opinions are and we do have a plan and we do have a vision,” he told reporters this week. **HE**

Nova Scotia health strike short-lived

Hospital support workers in Nova Scotia were on the picket lines less than two hours Monday before negotiators reached tentative agreement on a new contract to cut short the strike.

The central issue was wage parity between the 4,100 workers in rural areas represented by the Canadian Union of Public Employees (CUPE) and those in the Halifax area who have another union.

CUPE says it got its way on wage parity and is recommending its members accept the deal. No other details of the new contract have been released pending a ratification vote.

The dispute was the first labour relations challenge for the NDP government, and the opposition is criticizing it for taking matters to the brink before getting a deal.

More than 33 hospitals were affected by the strike, some cancelling surgeries and other procedures when the strike notice was given 12 days beforehand. **HE**

New Alberta Health Act recommended

An Alberta committee is recommending the creation of a new Alberta Health Act that would update the 30 pieces of legislation and 100 regulations that guide health care delivery.

The current situation was described as “cumbersome, confusing and complex” by MLA Fred Horne, co-chair of the Minister’s Advisory Committee on Health, in a news release Wednesday.

In its report, the committee, created by former Health Minister Ron Liepert last September, said the new Act would “establish the fundamental principles on which the system operates and provide the flexibility and scope necessary to deal with the demands in health today and the future.”

It articulated six core principles the legislation would follow: put people and families at the centre of their health care; be committed to quality and safety; ensure equitable access to timely and appropriate care; enable decision-making using the best available evidence; be focused on wellness and public health; and, foster a culture of trust and respect.

It also recommended the development of a patient charter outlining what Albertans can expect from their health system and their own responsibilities. Furthermore, it called for a new arms-length agency to analyze available research and provide evidence-based input on the coverage of drugs and other new technologies, workforce decisions, performance incentives and funding models.

Quebec is developing a similar entity patterned after the National Institute for Health and Clinical Excellence in the U.K.

The committee’s report can be found at www.ministersadvisorycommitteeonhealth.ca. **HE**

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

The public will not be well served if Ontario pursues a plan to allow physician assistants to work in hospitals and other settings, the Registered Nurses Association of Ontario says in a recent position statement. It raises questions about the level of education and regulatory oversight physician assistants (PAs) have and how these could harm patients. The RNAO says only two years of undergraduate education is required to get into the PA program and students get one year of classroom training and one year in a clinical setting. They then work under the direct supervision of a physician and, according to the RNAO, can conduct physical examinations, interpret test results, diagnose and treat illnesses, write prescriptions and assist during surgery. A number of pilot projects utilizing PAs are currently underway in the province, and the nursing association says the government would be better off educating and hiring more registered nurses and nurse practitioners "instead of creating a new type of health-care worker that is unregulated." The position statement can be found at www.rnao.org/Page.asp?PageID=122&ContentID=3153&SiteNodeID=390&BL_ExpandID=

Employees at Ottawa's four hospitals are suffering from unsustainable levels of stress, according to a study funded by the Workplace Safety and Insurance Board. The research was based on a survey of 1,500 health care workers, from orderlies to nurses, as well as in-depth interviews with a sub-sample of 250. In all, 84 per cent of participants were women and three quarters had children. Fully 57 per cent said they felt overloaded at work, a level which was significantly higher for managers (75 per cent). Dr. Linda Duxbury, co-author of the study, told

the *Ottawa Citizen* the issue is not hours of work but the demands of the workplace where "everything is urgent" as well as the complexity of the work and the fact that there is not enough staff. "The way hospitals are funded and performance is measured doesn't really reflect what's happening in health care," she said. Nicholas Ruzzkowski, VP of Communications and Outreach at Ottawa Hospital, told the *Citizen* the study shows the need for hospitals to take care of staff as they do patients. He said his hospital has taken a number of steps to improve workplace culture. (*Ottawa Citizen, Globe and Mail*, Jan. 19)

Quebec is taking steps to better integrate foreign-trained physicians. Health Minister Yves Bolduc announced last Friday that the government has accepted all of the recommendations in a report by a working group that had been set up by his predecessor. It called for the creation of 65 residency positions, mostly in family medicine, exclusively for international medical graduates (IMGs). Last year, 145 IMGs applied for residency in Quebec but only 51 were accepted. Another recommendation being acted on by the government is to establish a six-month retraining program for IMGs who are unable to get a residency position. For those IMGs who still cannot get their license to practice medicine in Quebec, the government will set up a program to help them transition into another field. (News release; *Gazette*, Jan. 16)

... The feminization of medicine in Quebec was the subject of a conference in Montreal last weekend involving some 200 medical students. It included a debate on the possibility of limiting the number of female students who are accepted into one of Quebec's four medical schools. Almost

70 per cent of medical students in the province are women. (*Le Devoir*, Jan. 18)

The Quebec nurses' union is going after hospitals which use private agencies to fill staff vacancies. The union has filed complaints with the Labour Relations Commission saying this widespread practice, without due regard to the credentials of those being hired on a temporary basis, violates the *Fair Labour Standards Act*. The union is promising to release figures on how much the use of private agencies is costing taxpayers, but *La Presse* reports that 4.1 per cent of all hours worked in the health system are put in by temporary staff from private agencies. (*La Presse*, Jan. 20)

The Alberta government is investing \$8 million to train more family physicians at the University of Calgary medical school. The funding will also create five new faculty positions. This comes as welcome news in Calgary where an estimated one-in-four people do not have a family doctor. With the new investment, the university hopes to double the number of graduating family physicians from 60 to 120. The funding will also be used for research, education training and hiring other staff. (News release; *Calgary Herald*, Jan. 15)

Ontario is providing more francophone input into French-language health services. At least five new French language planning entities in regions across the province will be created. They will work with the province's 14 Local Health Integration Networks (LHINs) to ensure that the needs of francophone communities are reflected in local health planning. Selection of these new entities will be completed by July 1. (News release)

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every province and territory has had to promise to create a care guarantee for at least one procedure this year.

In 2007, Nova Scotia, Prince Edward Island and New Brunswick chose an eight-week guarantee for cancer radiation treatment. Newfoundland and Labrador picked coronary bypass surgery for its guarantee promise.

Federal Health Minister Leona Aglukkaq was pleased with the announcement of her Atlantic counterparts.

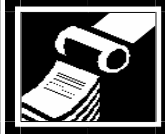
"Today's agreement goes a long way toward strengthening health care for Atlantic Canadians," Ms. Aglukkaq said in a news release. "It represents another solid step in our collaborative effort to ensure that Canadians have timely access to quality health care when they need it."

In an unrelated announcement this week, Nova Scotia and Newfoundland and Labrador said they are creating a partnership with the Canadian Breast Cancer Foundation to develop a shared database to track women in both provinces through breast cancer screening and diagnosis. It will also generate reminders for women to book their mammograms.

At their meeting, Atlantic health ministers also talked about their collective experience with the H1N1 pandemic, and lessons to be learned for future emergency preparedness and planning.

As well, they discussed collective interests and best practices with a focus on pharmaceuticals, quality of care and patient safety, wellness and chronic disease management.

The four health ministers are also planning to hold a joint summit on mental health and addictions which will be hosted by Nova Scotia Health Minister Maureen MacDonald. No date has yet been set. **HE**



Miscellany

Right to strike

The *Halifax Chronicle-Herald* (Jan. 19) says Monday's strike of hospital workers lasted 90 minutes ("about as long as a large Tim Horton's coffee) but its after-effects will be much longer "as hospitals, clinics and nursing homes now try to catch up with the cancellations of appointments, diagnostic procedures and surgeries that were added to the system's already terrible wait times." The *Chronicle-Herald* said the public will likely never get an accounting of the human and financial costs of the strike, "And they're the reason why many Nova Scotians understandably believe that strikes or threats of strikes have no place in a monopoly public health care system." It adds that collective bargaining may be a right of workers, "But so is security of the person, which for the sick means reliable, consistent care in the only health system the law allows them."

Longer hours of operation

The *New Brunswick Telegraph-Journal* (Jan. 20) examines last Friday's accord between the four Atlantic health ministers to help each other ensure all patients in the region are guaranteed cancer radiation therapy within eight weeks. The *Telegraph-Journal* says governments should be looking at additional measures "to make a patient's progress from doctor's office to treatment more rapid." It puts forward the idea of running diagnostic services around the clock and getting more value out of expensive MRI, CT or PET scanning machines. "Many New Brunswickers would accept the inconvenience of a night-time appointment if it meant getting diagnosed and cured more rapidly,

and most probably would prefer it to an out-of-province hospital visit" which the accord would involve.

Need for consultation

The *Edmonton Journal* (Jan. 20) comments on the reversal of the decision to close nearly 150 beds at Alberta Hospital Edmonton, a major mental health facility. The *Journal* says this experience should teach the government about acting too hastily. "Had Alberta Health Services officials, led by [CEO] Stephen Duckett, properly consulted in the first case, this traumatic interval involving patient, family and staff anxiety along with real political damage could have been avoided." The *Journal* acknowledges that the mandate of AHS to improve the efficiency of health care operations is a difficult one, "But in this most sensitive of areas, change must spring from a thoughtfulness born of consulting widely — and, often lost — sincerely."

Physicians returning home

Sun columnist Mindelle Jacobs (Toronto *Sun*, Jan. 19) notes attempts to encourage some of the 8,000 Canadian physicians practising in the U.S. to return home. She says Dr. Cathy MacLean, president of the College of Family Physicians of Canada, is optimistic and quotes her saying "I think that we've strengthened the system here so ... doctors are getting the message that they're wanted."

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