

ER wait times worsen in Alberta

Alberta Health Services has had another bad week. After having two service changes reversed by the new health minister, on Monday the Health Quality Council released a report showing wait times in emergency departments are getting worse.

Between 2007 and 2009, the Council said the median length of stay for discharged patients increased from 3.4 to 3.6 hours, and the overall length of stay for admitted patients from ERs climbed 30 per cent from 11.1 to 14.4 hours.

For most patients, at different priority levels, the situation has deteriorated over the past two years. And for almost half this time AHS was in charge after taking over from nine regional health authorities.

Despite the downturn in performance, patient satisfaction remained high – two-thirds of patients rated their experience in the ER as very good or excellent.

"It is a credit to emergency department staff that patients' overall rating of care and specific aspects of clinical communication have been maintained despite increased wait times," Dr. John Cowell, the CEO of the Council, said in a news release.

The Council will be releasing a report in May that looks at patient satisfaction with other parts of the health system, and it is planning another report on ERs in the fall.

Dr. Cowell is hoping the government and AHS realize things have to improve.

"They have to get the message. Whatever they're doing is not making things better. There is

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Ontario hospital cuts shaping up as big issue

The Ontario Health Coalition is calling for a coroner's inquest into the death of a young woman in a Boxing Day traffic accident. It wants to know if the closure last fall of an ER close to the scene was a contributing factor.

The ER at Douglas Memorial Hospital in Fort Erie was converted to an urgent care centre in September 2009 as part of \$28 million in cost savings made by Niagara Health Services, the health authority that runs seven area hospitals.

The centre was closed when the accident involving 18-year-old Reilly Anzovino occurred in the early hours of the morning. This forced the ambulance to travel twice as long (almost 20 minutes) to the hospital in Welland. She died shortly after arrival.

The Health Coalition says this is the second fatality since the closure of the ER in Fort Erie and another one in Port Colborne. It is supporting the family in asking for a coroner's inquest to determine whether Ms. Anzovino's death could have been prevented if the ER was still in operation.

There has been considerable opposition to the downsizing of the ERs at the two hospitals with some citing risks to public safety. However, even when it was in operation, the Fort Erie ER was not equipped to handle serious cases. They often had to be transferred to Welland or, in some cases, across the border to Buffalo in New York State.

The death of the young woman has reignited debate about cost-saving measures which hospitals across the province have had to make in order to balance their budgets. In 2008-09, hospitals received a 2.4 per

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New vision for medical education released

The Association of Faculties of Medicine of Canada (AFMC) has released a report recommending the overhaul of medical education.

The report, *The Future of Medical Education in Canada: A Collective Vision for MD Education*, is the culmination of a 30-month project and is described as the first comprehensive study of the Canadian system of medical education in 100 years.

The report contains 10 recommendations:

1. Address Individual and Community Needs
2. Enhance Admissions Processes
3. Build on the Scientific Basis of Medicine
4. Promote Prevention and Public Health
5. Address the Hidden Curriculum (influences affecting the nature of learning, professional interactions and clinical

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cent funding increase and over a third of them finished the fiscal year in the hole. In 2009-10, they got a 2.1 per cent increase, and NDP Health Critic France Gelinas told the *Toronto Sun* this week that nearly half of them are in a deficit position.

While Premier Dalton McGuinty has said hospitals will be getting more money in the 2010-11 fiscal year beginning April 1, the most they can hope for is a two per cent increase.

This will be a challenge for hospitals with inflation running at about three per cent, Tom Closson, the head of the Ontario Hospital Association, told *Canadian Press* this week. He said anything less than two per cent will definitely impact services.

The government says hospital budgets have gone up 42 per cent in the last six years, and it cannot afford to continue this pace. Mr. McGuinty reiterated that point when he was asked by reporters this week to comment on the call for a coroner’s inquest into the Anzovino case.

He said he is open to the possibility of an inquest, but distanced his government from the decision to close the Fort Erie ER. He said the government relies on the advice of Local Health Integration Networks (LHINs) in making changes to services.

The Niagara Health Services cost-cutting plan was approved by the Hamilton Niagara Haldimand Brant Local Health Integration Network, one of 14 LHINs in the province that have a mandate to plan, integrate and fund services on a regional level.

A community group called the Yellow Shirt Brigade told a legislative committee holding pre-budget consultations in Niagara Falls this week that all the problems with health care in the region began last fall with the Niagara Health Services’ cost-cutting plan that was “rubber stamped”

by the LHIN.

Mr. McGuinty said the decision on the Fort Erie and Port Colborne hospitals was made with best interests of health care in mind, but he added that there are limits to what services can be provided in every community.

“What we’ve got to balance is not only the desire of our families to get the best possible care, but also you’ve got to balance that that off against their ability to pay for that” as taxpayers.

Ontario ombudsman Andre Marin has been investigating the LHIN’s role in approving the Niagara Health Services’ plan after receiving 37 complaints from the public. His report is due in the next few weeks. **HE**

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- practice)
6. Diversify Learning Contexts
 7. Value Generalism
 8. Advance Inter- and Intra-Professional Practice
 9. Adopt a Competency-Based and Flexible Approach
 10. Foster Medical Leadership

There are also five “enabling” recommendations: realign accreditation standards; build capacity for change; increase national collaboration; improve the use of technology; and, enhance faculty development.

Dr. Nick Busing, president and CEO of AFMC, said the release of the report represents “a watershed moment for medical education in Canada” and predicted that its implementation will have “a definite impact on how physicians are trained and how care is delivered in this country.”

The report has been unanimously endorsed by Canada’s 17 faculties of medicine, and each is expected to implement the recommendations “in its own unique way.”

It can be downloaded at www.afmc.ca/afmec/pdf/collective_vision.pdf. **HE**

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something wrong with the management of the system,” he told the *Calgary Sun*.

In a news release Friday anticipating the Council’s report, AHS described a number of measures it is taking to reduce ER wait times.

It also announced it will be collecting a “dashboard” of 26 performance measures to drive improvement. They include patient satisfaction with care and occurrence of serious, largely preventable patient safety incidents.

AHS is not alone in taking this step. The emergence of quality and safety problems in health care organizations across the country is forcing their boards to broaden their traditional focus on financial and stakeholder relation issues, according to the current issue of *Healthcare Quarterly*.

It’s a “wake-up” call, Maura Davis, president and CEO of the Saskatoon Health Region, says in an introductory piece.

“Today there is increasing awareness that health care boards cannot abdicate their responsibilities for ensuring quality and safety and need to take specific actions to address these duties,” she says.

However, one of the articles makes the point that boards are unclear about their role as it concerns patient safety and quality, and unsure how to go about it. But help is on the way. The Canadian Patient Safety Institute is behind the development of a “tool kit” for boards that will be available this spring.

For more information, see the Health Quality Council’s report at www.hqca.ca; a list of the AHS Quality and Patient Safety Dashboard Indicators at www.albertahealthservices.ca/files/rls-2010-01-21-dashboar-background.pdf; and the current issue of *Healthcare Quarterly* at <http://www.longwoods.com/home.php?cat=249>. **HE**

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Two major physician organizations say they are disappointed by the Registered Nurses Association of Ontario's opposition to physician assistants. A recent position statement endorsed by the RNAO board raised serious questions about the level of education and regulatory oversight of PAs and how this could put patients in jeopardy. But Canadian Medical Association President Anne Doig said "It is extremely disappointing that, in this time of severe shortages of health care professionals, the RNAO would seek to undermine the important role physician assistants can play in caring for patients." The CMA points out that PAs have had a proven track record in the U.S. over the past 40 years. PAs have also been used in the Canadian military since 1983 and two universities, McMaster and the University of Manitoba, have developed PA physician training programs. The RNAO believes Ontario should be educating and hiring more registered nurses and nurse practitioners instead of PAs, but Ontario Medical Association President Suzanne Strasberg commented that "At a time when Ontario's doctors are advocating for increased collaboration between health care professionals, especially with nurses and nurse practitioners, it's unfortunate that the RNAO is not following our lead." This is not the first time the RNAO and OMA have been at odds. Last fall, the RNAO took exception to an advertising campaign by the OMA Section on General and Family Practice questioning the wisdom of having nurse practitioner-led clinics. (News releases)

Fully 92 per cent of patients rate the overall quality of care they received at British Columbia hospitals as good to excel-

lent, according to 17,389 questionnaires completed between October and December 2008. However, less than two thirds were happy with the "continuity and transition" aspect of their care. These results are in line with those found in other provinces. (News release)

Quebec is starting to see results from increases in medical school enrolment begun in 2000. The latest statistics produced by the College of Physicians show 420 more physicians practicing in the province. The College now figures that the shortage of general practitioners has fallen from 1,000 to 500. (*La Presse*, Jan. 27)

Quebec health unions are preparing for contract negotiations with the government and are targeting three issues: contracting out of services to the private sector, lack of access to services, and retention of personnel. However, an expert committee advising the government on its next budget has recommended more use of the private sector as well as activity-based funding for hospitals to reward productivity. (*Le Devoir*, Jan. 28) ... **Contract talks between Saskatchewan health sector employers and three unions representing 25,000 support workers have broken off.** The Saskatchewan Association of Health Organizations (SAHO) tabled its final offer this week of a wage increase of four, two, 1.5 and two per cent over four years. The workers' contract expired in March 2008, and they have already given their unions a strike mandate. (*Regina Leader-Post*, Jan. 28)

The Northwest Territories has begun the rollout of an interoperable electronic health record. By March, most of the territory's health professionals will

have instant access to the medical information of their patients through the HealthNet Viewer such as lab results, discharge summaries and diagnostic imaging reports. In developing its electronic health record, NWT was able to replicate some of the work of neighbouring Alberta. It also received \$5.7 million in funding support from Canada Health Infoway. (News release)

Many Canadians with chronic health conditions don't regularly receive some of the expected types of support that could help them better manage their own health, according to a bulletin produced by the Health Council of Canada. A 2008 survey found, at best, about half to two thirds of Canadians with a chronic condition were asked to talk about their goals in caring for their chronic disease with their health care provider. Furthermore, only about one quarter were referred to a specific support group to help them cope or encouraged to attend a community program such as an exercise class. (Bulletin at www.healthcouncilcanada.ca)

The Heart and Stroke Foundation's 2010 Annual Report on Canadians' Health warns of a "perfect storm" of heart disease. It says the rising incidence of risk factors like high-blood pressure affecting a broader range of age groups is creating an unprecedented burden on Canada's fragmented system of cardiovascular care. The Foundation says the magnitude of the problem may erase progress made in treating heart disease over the past 50 years, and a comprehensive, Canadian heart-health strategy is needed to target at-risk and disadvantaged populations. The report can be found on the www.heartandstroke.com national site under news.

New Brunswick adding more physicians

On Tuesday, New Brunswick health minister Mary Schryer provided details of her department's spending plans in 2010-11.

Twenty-five new billing numbers for physicians will be created bringing the total to 75 since the government was elected four years ago. The government assigns billing numbers based on local and regional needs, but the province's medical society has long called for a more flexible approach. The new billing numbers will allow for 14 more family physicians and 11 specialists.

Five new nurse practitioner positions will also be created, bringing the total to 54.

The provincial budget, delivered four months before the start of the new fiscal year on December 1, provided a 3.5 per cent increase in the ordinary account of the Health budget based on revised estimates for 2009-10.

The feature item in the capital budget is \$12 million to purchase four MRI machines, two of which will replace aging equipment in Saint John and Moncton. **HE**

PM hints at transfer cuts

Prime Minister Stephen Harper seemed to suggest last week that the federal government may be cutting transfer payments to provinces and territories in the March 4 budget after all.

"We are not looking at the kind of deep cuts in program transfers we saw by the previous government," he told reporters at an event in Truro, Nova Scotia last Thursday. He was referring to the \$7 billion reduction in transfer payments made by the Liberals in the 1995 budget.

Previously, Mr. Harper has said transfer payments will not be touched in his government's efforts to deal with the federal deficit. **HE**



Miscellany

Dealing with stress

The *Ottawa Citizen* (Jan. 25) says it would be a mistake to shrug off the findings of a recent study that there are unsustainable levels of stress in the health care workplace (See *last week's Health Edition*).

"When stress is built into a job to the point that employees become less efficient, take more sick leave and are more likely to quit, the integrity of the organization is threatened. When that organization is a hospital, everyone should be concerned, right down to the patients," the *Citizen* maintains. It also warns that there is likely to be even more stress in the health system in the next few years "as demographics and economic reality collide to force governments to re-examine the way we deliver health care."

Change cannot be avoided, the editorial says, but it can be dealt with. One of the findings in the survey is that role overload is a real problem. "Work is increasingly complex and staff face competing priorities, the result of which is an inability to cope," the *Citizen* comments. It says managers can help workers deal with these stresses, but they too need support and "that must come from above and below on the hierarchy."

Health reform tactics

The *Edmonton Journal* (Jan. 22) provides a lengthy editorial with four pieces of advice for the Alberta government on how it should retune its approach to health reform.

It first says it should not be blaming Stephen Duckett, the CEO of Alberta Health Services. It points out "the government abolished the regional health boards,

wrote the rules governing the provincewide replacement, set the budget within which it was forced to live, backed the goals that Alberta Health Services set for itself, and ... invited Duckett from Australia to do precisely what he has done."

Second, it says the government should not claim Albertans know radical reforms are needed, which they certainly do not "if it involves a deterioration in the service they personally receive."

Third, the *Journal* says when consulting about health-care changes, as the government is promising to do, "that doesn't necessarily mean you will like what you hear." It says "what is needed is a better strategy for articulating why the status quo is unsustainable, for admitting that can't be accomplished without sacrifice, and for explaining why the particular reforms proposed are the least unacceptable solution."

Lastly, the *Journal* says it may be time for the government to dust off some of the reports that have been done on health care over the past 15 years. It says one of the common themes of these reports is the need to put more emphasis on why people need to access the health system. It says while the government has addressed smoking issues, things like traffic accidents and eating habits also impose costs.

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