

Nursing Week profiles the positives and negatives

This is National Nursing Week to celebrate the contributions of nurses to Canada's health care system. The theme this year is "Nursing: You Can't Live Without It!"

The Registered Nurses Association of Ontario (RNAO), in collaboration with the Registered Practical Nurses Association of Ontario and the provincial health ministry, is launching a public awareness campaign to attract people to the nursing profession.

Meanwhile, the Ontario Nurses Association, the union representing 55,000 front-line registered nurses, has launched a public awareness campaign of its own to draw attention to nursing layoffs. It is called "Cutting Nurses, Cutting Care."

The ONA says nurses are an easy target for cost-cutting and 2,000 RNs have lost their jobs in the past year in the province.

The Canadian Nurses Association and the RNAO have also co-produced a research report, *Nurse Fatigue and Patient Safety*, that highlights the problem of fatigue in the nursing workplace.

Fully 55 per cent of respondents to a survey of more than 7,000 nurses reported feeling almost always fatigued at work.

Nurses pointed to relentless and excessive workloads, ongoing staffing issues and sicker patients as the key reasons for their fatigue. They said this interferes with their ability to make good judgements and sound decisions.

The report can be found at www.cna-aiic.ca/cna/practice/safety/default_e.aspx. **HE**

Quebec softens stand on health-care deductible

Quebecers will start paying health premiums this year, but there are signs the government is backing down on its once-firm decision to get them to pay a deductible for each medical visit.

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Concerns raised about Quebec EHR project

Just the other week, Quebec Health Minister Yves Bolduc was saying the province's electronic health record pilot in Quebec City was back on track and a provincewide Dossier de santé du Québec (DSQ) would be in place by the end of 2011.

Quebec's auditor general says this is unlikely. In volume one of his annual report this week, Renaud Lachance continued his watching brief of the DSQ file.

In past reports, he has said it would take longer and cost more than expected to implement the DSQ and he has not changed his mind. He says the government's estimate of \$560 million is "not credible" and he expects full deployment of the DSQ will not be complete until June 2015.

The report reiterated his concern of last year that there is no strategy to link the DSQ with electronic medical records of patients in individual physicians' offices.

He said some health regions in Quebec have made local patient

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The premium was part of a budget bill tabled in the legislature Wednesday by Finance Minister Raymond Bachand, but the deductible was not.

The government is looking for additional revenue resources to limit the amount of money that goes into health care from the public purse. By 2013-14, it expects to raise \$945 million from the premium and \$500 million from "other contributions to be identified."

At the time of the March 30th budget, the government had said it had settled on the idea of a deductible that would be calculated at Income Tax time on the number of medical visits made in the year. This is a decidedly different approach than charging a "user fee" at point-of-care for each visit since this would clearly run afoul of the *Canada Health Act*.

The deductible has since been roundly criticized by a number of stakeholders including physician, nursing and union groups. On Tuesday, it was termed "odious" and "discriminatory" by the head of the Quebec Council on the Status of Women, Christiane Pelchat.

Parti Quebecois Leader Pauline Marois mentioned Ms. Pelchat's comments in the legislature Wednesday, and Premier Jean Charest was less categorical than he was a month ago in describing where the government stands on the idea. At the time, he said the decision on implementing a deductible had been taken.

"When we speak of a health de-

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ductible, we want an open discussion on the way in which we will finance health care," he said Wednesday.

Mr. Bachand also adopted a softer stance on the deductible in his comments to reporters following the tabling of his budget bill. He said the need for \$500 million in new revenue can be met a number of ways: through increased productivity, more money from the federal government through health transfers, or by a deductible.

The government has not furnished any additional details about the "open debate" it wants to have with Quebecers, although Mr. Bachand says he is setting up a working group to examine options for implementing the deductible.

In his remarks to the legislature, Mr. Charest noted that former Bank of Canada Governor David Dodge recently called for "an adult debate" about the funding of health care.

But it would appear that Quebecers have already made up their minds about the deductible. A new Léger Marketing survey for *Le Devoir* has found 72 per cent of them are against the idea, including 61 per cent of Liberal supporters.

Furthermore, 62 per cent of Quebecers would like the federal government to invoke the *Canada Health Act* to stop Mr. Charest from going ahead with it. This was a surprising finding for the polling firm which observed that Quebecers tend to be very protective about provincial autonomy in such matters as health care.

The Parti Québécois has already signalled that it will make the prohibition of a health-care deductible a key part of its platform for the next provincial election which is likely still two years away. Since the budget, the Liberals have sunk in the polls and trail the PQ by nine percentage points in terms of public support. **HE**

Hansard Highlights

Debates in provincial legislatures and House of Commons

In the House of Commons last Thursday, MP **Megan Leslie** asked her first question as NDP health critic — a role she took over from Judy Wasylycia-Leis who has resigned her seat to run as candidate for mayor of Winnipeg in the upcoming civic election. "When will the government listen to Canadians and groups that work in health care, and introduce a pharmacare program" for all Canadians? Ms. Leslie asked. Health Minister Leona Aglukkaq reminded the NDP member that the government has increased health transfer payments to the provinces and territories by six per cent each year, and they "decide which products will be publicly covered through their health care systems."

In the **Manitoba** legislature last Thursday, the Progressive Conservative opposition focused on a CBC report about the lack of adequate sprinkler systems in older personal care homes in the province. Fully 60 per cent have either incomplete systems or none at all. This is despite the recommendations of a coroner's inquest into the death of an elderly woman nine years ago in a personal care home fire. The coroner said all homes should be retrofitted with sprinkler systems. The CBC report said there have been 135 fires in Manitoba personal care homes in the last 13 years, with fires in 17 homes just in the last year. Premier Greg Selinger pointed out that the government has established 21 new personal care homes since 1998 and all have such systems, plus a further nine have had upgrades. He further noted that the government put standards in place in 2007 requiring all personal care homes to have a fire safety plan and annual fire safety inspections (Manitoba is one of only three jurisdic-

tions where these inspections are required). Safety and security funding for these homes has also been increased in recent provincial budgets. Jennifer Howard, minister of Labour and Immigration, said the government has asked fire safety authorities to provide their advice about what to do about sprinkler systems in older personal care homes.

In the **Saskatchewan** legislature this week, the health minister has been pressed for details about a funding arrangement between the Catholic Health Ministry of Saskatchewan and Saskatoon Health Region to build a new 100-bed long-term care facility in the city. It will be built by Amicus Health Care, a subsidiary of the Catholic Health. The funding arrangement will see Amicus pick up 100 per cent of the reported \$27 million construction cost. Currently, the government covers 65 per cent of the cost of new long-term care facilities with local communities contributing the remaining 35 per cent. In the legislature this week, Saskatoon NDP MP Pat Atkinson said taxpayers would end up paying a "substantial premium" to Amicus to offset its costs. Health Minister Don McMorris acknowledged that Amicus will be provided with a daily resident fee plus a facility fee which a subsequent news release from his ministry said would not exceed \$185 per resident per day. This compares with about \$156 for other facilities in the city. Mr. McMorris said the new Amicus facility represents a "new look" for delivering long-term care. It includes a model for "aging in place" where the evolving needs of the resident over time can be met within the facility, plus 20 suites are set aside for couples — only one of whom has to demonstrate a need for long-term care.

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Health care is again the top issue for Canadians, a Nanos Research survey has found. In the April 30-May 3 telephone poll of 1,003 adult Canadians, health care was cited by 22.8 per cent of respondents as their most important national issue of concern. This was ahead of jobs/economy which had pushed health care out of top spot since the recession started to bite in late 2008. The results of the poll can be found at www.nanosresearch.com/library/polls/POLNAT-W10-T422E.pdf.

Alberta Health Services will pay at least \$2.8 million to keep a Calgary private clinic open. AHS is depending on the Health Resources Centre to fulfill a contract to perform some 1,000 orthopedic surgeries for the public sector, but the clinic has been threatened with bankruptcy. AHS is assuming \$1.3 million in bank loans and up to \$690,000 in interim receivership costs plus the clinic's rent until next January when AHS expects to have additional surgical capacity in place in Calgary. AHS is hoping to defray some of these costs, and perhaps break even, by increasing the surgical volume at the clinic over the period. (*Calgary Herald*, May 12, 13)

Ontario is calling for applications for 14 new Nurse Practitioner-led Clinics. The new clinics will be awarded in the summer of 2010, and are part of the government's commitment to have 25 NP-led clinics in operation by 2012. There are currently 11 in various stages of implementation with the first due to open some time this month. News release at www.health.gov.on.ca/en/news/release/2010/may/nr_20100510.aspx.

The federal government is providing funding to expand the Northern and Remote Family Medicine Residency Program at the University of Manitoba. It will provide \$6.9 million

to train an additional 15 family medicine residents over the next four years to practice in rural and isolated regions of Manitoba, Nunavut and the Northwest Territories. News release at www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2010/2010_72-eng.php.

New Brunswick is charging people for accessing information in their personal health files under the *Personal Health Information Privacy and Access Act*. While the first two hours spent on searching and processing a request will be free, people will be charged \$15 per half hour after that as well as a photocopying fee. (*Fredericton Daily Gleaner*, May 11) ...

A \$50 gender determination fee is being charged at two Vancouver hospitals for expectant parents anxious to know whether their new baby will be a boy or a girl. It is expected that other hospitals will follow suit. The gender information will be made available, at the patient's request, by the referring physician after 20 weeks gestation when abortion is no longer an available option. The fee is designed as a cost-recovery tool and the revenue will be reinvested in diagnostic imaging departments. However, it is much lower than the \$200-300 some private clinics charge for a 3-D ultrasound package including a DVD. (*Vancouver Sun*, May 11) ... **The Shared Services Organization in B.C. is being restructured to avoid getting hit by the new Harmonized Sales Tax** taking effect July 1. The SSO is responsible for supply chain activities for all six authorities including payroll and information technology and has a goal of saving \$150 million over the next five years by combining the buying power of the health authorities. However, as it is currently incorporated, authorities would have been charged 12 per cent HST on salary and other costs for SSO activities. To

avoid paying the HST, it will become a new division of the Provincial Health Services Authority called Health Shared Services BC. (News release)

Ontario pharmacists have proposed a way of settling their dispute with the government over the abolition of professional allowances (rebates from generic drug companies for stocking their products) and cuts to generic drug prices. They will support both these initiatives in exchange for \$260 million in annual funding to compensate pharmacists for the services they provide patients. This money could also be used to bump up the dispensing fee for drugs on public drug plan from \$7 currently to \$11.25. The pharmacists describe this as a similar approach to what Alberta did when it introduced a new pharmaceutical policy with lower generic drug prices. Health Minister Deb Matthews welcomed the move by pharmacists to do away with professional allowances but said they just want to replace the money they are losing "with higher dispensing fees while maintaining their existing profit margins." Consultations on the government's drug reforms end Saturday. (Canadian Press, May 7)

Emergency physicians at 19 B.C. hospitals say they need more help to deal with a 25 per cent increase in ER traffic in some areas. The physicians are on salary through an agreement between the medical association and the government. The two sides have tried without success the last two years to agree on a formula to determine how many emergency physicians are needed in a given ER. Talks were abandoned last December and even negotiations between the medical association and individual health regions have failed. (*Victoria Times Colonist*, May 7; *Globe and Mail*, May 13)

NS emergency department closures documented

The emergency departments of 13 of Nova Scotia's 38 hospitals were closed a total of 19,116 hours in 2009-10. The remaining hospitals had no closures at all.

The first *Accountability Report on Emergency Departments* was tabled by Health Minister Maureen MacDonald in the legislature Tuesday.

The report said about 54 per cent of the closures were unscheduled, meaning that doctors or nurses were unexpectedly unavailable to cover shifts. Ms. MacDonald said this "confirms a long-standing problem in a number of communities."

The NDP made improvements in emergency care an election promise, and appointed a provincial advisor on emergency care, Dr. John Ross, last September. An annual accountability report on emergency room closures was another commitment. A link to the report can be found at www.gov.ns.ca/health. **HE**

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computerized records a priority.

"The main advantage of this approach was that the people in the field embrace the project first and foremost for themselves, thereby promoting their support, a prerequisite for the success of the DSQ."

He said Canada Health Infoway (which is co-funding the DSQ) had urged Quebec to spend a portion of the budget on these local-level records, but the government refused to do so.

Asked about the auditor-general's report in the legislature Wednesday, Dr. Bolduc did not comment on the timeline of the DSQ project but he said the cost projections are still on track.

An English summary of the auditor-general's report can be found at www.vgq.gouv.qc.ca/default-EN.aspx. **HE**



Editorials & Commentary

Following Europe's example

Canada needs to take a close look at European health systems if it wants to do something about excessive wait times for medical services. This is the advice of Ben Eisen, a policy analyst with the Frontier Centre for Public Policy and a co-author of the *Euro-Canada Health Consumer Index 2010* published Monday.

In an opinion-editorial in the *Regina Leader-Post* (May 13), Mr. Eisen says the top European countries have short wait times without compromising quality of care or spending more per capita than the Canadian system. "In the Netherlands, with perhaps the best health-care system in the world, there is a robust private market for health-care insurance and lively competition between health-care providers, both for-profit firms and non-profits, to earn people's business," he says.

He compares this with Canada's "monopolistic" system which he says leads to inefficient resource allocations and low levels of productivity.

"Small reforms around the edges will likely prove insufficient" in Canada, he says. "The monopolistic structure of our system must be fundamentally changed over time if we are to achieve the efficiency and consumer responsiveness of Western Europe's universal systems." The Frontier Centre report can be found at www.fcpc.org.

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OHA bylaw changes seek physician accountability

The Ontario Hospital Association has been accused of trying to "muzzle" physicians in new prototype bylaws it has drafted for use or adaptation by individual hospitals.

The bylaws say hospital professionals cannot engage in any conduct that would adversely affect the hospital's "reputation or standing in the community" and any concerns they have must be conveyed through proper channels.

The president of the Ontario Medical Association told the *Globe and Mail* this week that the new rules will minimize physician influence at a time when hospitals are under severe budgetary pressure and need physician input.

However, the OHA says this specific rule does not specifically target

physicians, and applies to all board-appointed professional staff.

In a statement released Wednesday after the *Globe and Mail* article, the OHA said "it is reasonable for hospital boards to request that in return for the ability to access hospital resources, physicians should be asked to agree to a reasonable and balanced set of accountabilities."

It said paying proper consideration to the reputation of the hospital is part of this, as is ensuring appropriate and efficient use of hospital resources and participating in committee work. These are already in place in many hospitals.

An OHA backgrounder said the medical association had been involved in initial work on the bylaws but withdrew from the process. **HE**