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HEALTH *beat*

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Volume 7, Issue 3

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For a complete list of current opportunities, visit our website.

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Our Mission

To provide healthcare professionals with job opportunities, continuing education, new products, resources, and editorials to help them succeed in their careers.

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Editorial: by Jennifer (Jay) Sherwood BScN, MEd.

Canadian Patient Safety Institute: Its Purpose and its Role

Just recently, there was an article in our local newspaper about a 90 year old resident of an Alberta long term care facility who died as a result of burns received when she was scalded in her bath. This tragedy and the resulting inquiry gave me the idea of the topic of this month's editorial. My purpose is to give you a bit of information about the establishment and funding of the Canadian Patient Safety Institute (CPSI) announced by Health Canada several months ago.

While the reasons given for establishing CPSI have focused mainly on acute care, it has implications for all aspects of health care. Where did it come from and what is its purpose?

In September 2002, the National Steering Committee on Patient Safety issued a report called "Building a Safer System". The report included a number of recommendations that described a national strategy for improving patient safety in Canadian health care. One of its key recommendations was to establish a national body to focus on patient safety. The recommendation was further supported by provincial and federal first ministers who directed their health ministers to take leadership in implementing all the recommendations. Following the 2003 Accord on Health Care Renewal, 10 million dollars annually was allocated to support the steering committees recommendations including the establishment of the Canadian Patient Safety Institute (CPSI).

In the opening remarks of the National Steering Committees report, a dramatic example of the need for a national body to take a leadership role with respect to patient safety was described. It involved the case of a four year old girl who was receiving treatment for leukemia. She had

received chemotherapy and at the time her physicians considered her cured. Scheduled for surgery, (dental and one other anesthetic procedure) medications to be administered in the operating room were prescribed so that both surgical procedures could proceed at the same time. Vincristine was one of those medications. According to the report, several factors contributed to the Vincristine being injected into the spinal catheter rather than intravenously. She died a week later.

The Steering Committee's purpose in reporting this incident was not to lay blame but to point to the fact that errors, while well documented and dealt with by particular agencies, regions etc., are not systematically shared across the country so that indeed investigated errors can be repeated elsewhere. Thus, important lessons in patient safety are not learned. In 1997, Lynda Cranston, President and CEO of a BC hospital had this to say following an incident at her own hospital. "In the course of reviewing our own mistake, we also sought information across the country about other, similar, tragedies...there have been at least three other child deaths in this country since 1989 as a result of Vincristine being injected in error into the spinal fluid. These occurred in Nova Scotia, Quebec and Ontario. Each was fully investigated in the institution where it occurred, both internally and by provincial coroners. Yet we found that the details of these errors have not been comprehensively shared between provinces, between coroners' offices or between hospitals. We were not able to learn from our mistakes, nor did we have the opportunity to learn from those of our colleagues." [Lynda Cranston (1997)]

The CPSI is the key component of an integrated national strategy to improve patient safety by

reducing risk of error. The strategy itself is a coordinated, comprehensive framework that builds on current structures and processes, placing strong emphasis on providing health teams with education and resources to diffuse patient safety expertise across Canada. (National Steering Committee on Patient Safety, p. viii, 2002). The Institute is an independent not-for-profit corporation at arm's length from governments, system stakeholders and regulatory bodies. It has a mandate to provide the needed leadership role. It will work closely with governments and stakeholders. Its primary role is advisory in nature and it will accomplish its objectives by: collecting and analyzing information about patient safety; coordinate information and its dissemination across sectors; promote best practices; and raise awareness with stakeholders, patients and Canadians about patient safety.

The Institute's founding board of directors is comprised of nine members, each having expertise in the area of patient safety. The members have been drawn from key stakeholders and professions in the area of health care and from all regions of the country. The Board will work with relevant stakeholders to determine how it can establish effective partnerships (and with whom) and strategies to assure its effectiveness.

According to the report, "Building a Safer System", Canada has lagged behind other developed countries in addressing patient safety in any systematic way. CPSI, in fulfilling its mandate will provide Canadian health system clients with better care if known risks are avoided.

See Editorial page 6

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Photo by Terry Parker
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Living and working in northern BC is excellent!

Our staff can tell you why...

Sheila Provan loves being a registered nurse in Northern British Columbia. And she thinks you would too.

Having started a successful career as a medical/surgical nurse at hospitals in BC's lower mainland, Provan could have lived and worked anywhere she wanted. But northern BC was the choice that gave Provan excellent opportunities to grow as a nurse. The move also provided a better life for her family.

"I love the north," she says. "I love the trees, I love the lakes. And I love that you know your neighbors. There's just a different feeling I've found from being in Vancouver to living in the north, both in Prince George and Kitimat."

Provan's love for healthcare in northern BC has grown from her practice experience. She's worked in small facilities such as Kitimat Hospital on BC's northwest coast, and large regional referral centers such as Prince George Regional Hospital in the province's Northern Interior. Northern Health, a regional health authority serving 300,000 people across an area larger than France, provides health services in both communities.

In Kitimat (population 10,000), nurses take part in multiple duties covering many aspects of the discipline. Provan says this is a perfect environment for new nurses looking for on-the-job experience and support, or those who don't want to be pigeon-holed into a specialty.

"Young nurses who are really new get to experience things they wouldn't experience in a bigger hospital," Provan explains. "They get to help out and learn as they get comfortable. They are supported and they can take courses. From there, a lot of nurses have gone into specialties."

Provan began enhancing her specialized skills in emergency room nursing while working in Kitimat. That education has paid off in her family's recent move to Prince George (population 80,000), when her husband took a new opportunity with the city's fire department.

Provan now works in the emergency room of Prince George Regional Hospital, the city's recently expanded 200-bed regional referral hospital. Like Kitimat Hospital, Provan has found the PGRH a comfortable place to work, with friendly and supportive staff.

PGRH is also playing a key role in on-going

nursing education, by providing a clinical training venue for registered nursing students from the University of Northern British Columbia.

"It feels bigger to me, but you get to know the doctors on your floor, and you get to know your nurses and your colleagues. So after a while, it doesn't feel so big."

Northern BC offers many other advantages for health professionals with families. They include low housing costs compared to major urban centres; safe, family-friendly communities with welcoming people; and excellent opportunities for exploring the region's spectacular natural landscape.

"We wouldn't have been able to buy a house in Vancouver," she explains. "When we decided to have kids, we wanted to get into a place that was more family friendly. In your neighborhood, it's easy to get to know people, and there are so many outdoor things to do. I love hiking... we can go to rivers, or lakes, or on lots of trails."

Like many other communities across northern BC, both Prince George and Kitimat have good transportation links to other communities...



and feature regular scheduled airline service to larger centres.

Provan believes northern BC is an excellent place to live and work, and she's convinced many others would love the region too.

See Northern page 7

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- General Duty Nurses (*obstetrics, pediatrics, acute care and emergency*)



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ROSACEA AWARENESS MONTH

Patients fear doctors won't take them seriously

Patients Avoid Treatment Despite Knowing the Seriousness of Their Condition

Montreal, Quebec - February 26, 2004 – There are some surprising results from a recent, national survey of rosacea patients conducted by the Rosacea Awareness Program (RAP). The web-based research of 696 rosacea sufferers in August 2003 revealed that despite knowing that rosacea can produce serious physical consequences on one of the most visible parts of the body – the face – almost 40 per cent of sufferers fail to seek treatment. And of the many reasons given as to why, nearly 50 per cent of sufferers are afraid that their doctor won't take them seriously.



The release of the RAP research coincides with Rosacea Awareness Month, which takes place in March across North America. Another poll, conducted at the same time by Decima teleVox confirmed that rosacea is quite prevalent – approximately 1.5 million Canadians are affected.

research was to gain a better understanding of the needs and concerns of individuals suffering from this disease. "On average dermatologists see 11 to 20 rosacea patients each week, so the condition is quite common. Often individuals feel so self conscious by the redness that they avoid going out with friends and even miss work. Because they are also sensitive to the fact that rosacea isn't life-threatening compared to other diseases, sufferers are embarrassed to complain, chalking it up to pure vanity."

According to Carol Levine, Director of the Rosacea Awareness Program, the purpose of the

Rosacea is a chronic, progressive and potentially serious disorder characterized by redness to the
See Rosacea page 6

The Right Move!

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Please visit us today at: www.fraserhealth.ca for a complete listing of opportunities available throughout **Fraser Health**!

We wish to thank all applicants; however, only those selected for an interview will be contacted.

HEALTHbeat Stress Relief

Dr. David Rainham, M.D.
Author, Speaker, Stress Management Consultant

Mentally ill struggle with prejudice, denial & shame

Chronic mental illness such as depression, a mood disorder psychosis, or drug addiction is a huge stress for sufferers and their families. Psychiatric illness is very common – affecting 25 per cent of the population – but gets only five per cent of funding.

We gaily spend millions screening healthy people for potential illnesses and on treating disease caused by unhealthy lifestyles. Mental illness can be just as devastating as cancer or heart disease, yet hospital psychiatric units are usually dingy and lack facilities compared to the glamour of the more high-tech areas.

If you have a mental illness, you risk being poor, lonely and subjected to prejudice and discrimination. Landlords won't rent to you, employers won't hire you, police will over-react, and media will misrepresent you. People with mental illness are often labelled as unpredictable, unreliable and untreatable and violent – yet 95 per cent of violent crime is committed by so-called "sane" people.

The unfair shame of mental illness leads to denial, secretiveness and often severe self criticism.

What do mentally ill people need to reduce their stress?

To be loved by family and friends – a professional cannot replace this affection and caring.

To be treated with dignity and respect, their illness understood, their limitations respected and as much personal control as they are capable of. Mental illness is no less worthy of respect than a heart attack or cancer.

Support in learning to manage symptoms and gain essential skills to live a full, independent and satisfying life.

Choices. Instead of a set program or housing situation – more options for treatment and living arrangements.

A decent income above the welfare pittance. Some mentally ill people do have difficulty managing money, and they often re-enter hospital because of the strain of existing on a

totally inadequate allowance and being unable to supplement it by working.

Adequate housing shelters and rooming houses. No one can thrive without a decent base to call their own.

Better physical health. Access to healthy food, more exercise, adequate dental care and a family doctor to co-ordinate medical care. The health of mind and body are not separate issues.

Something to do besides sitting smoking and drinking coffee. We have intensive treatment to get people out of the acute hospitals but little to help them find meaningful ways to use their time after discharge.

The ability to think and make decisions. Effective teaching about how to take some control over thinking and how to live with disabling emotions rather than numbing emotions totally with drug therapy. This costs money.

Prevention. We could prevent much mental illness if we were good at identifying and protecting children and families from poverty and abuse, and could improve the health of high-risk pregnant women. **This is not one of our main priorities.**

Until it is, people with mental illness need no blame and less pity, they need better treatment and they need the hope of becoming self-sufficient and productive members of society.

A person with serious mental health issues is not always poor or unemployed, they may be your lawyer, banker, doctor or waitress. We need to challenge the myths and prejudices that surround people with mental health concerns and to work towards their full inclusion in the community.

Mental Health support and resources can be found through the Canadian Mental Health Association, from your doctor and through many community agencies.

Dr. David Rainham is a family physician, author and speaker. For more information, visit www.StressWinner.com



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The Etobicoke and York Community Care Access Centre receives funding through the Ministry of Health and Long-Term Care in order to arrange professional and personal community-based healthcare services in the home, school, and community for residents of the former cities of Etobicoke and York. We also support clients through the placement and admission process for long-term care facilities and our information and referral service assists the public in accessing available health and social services.

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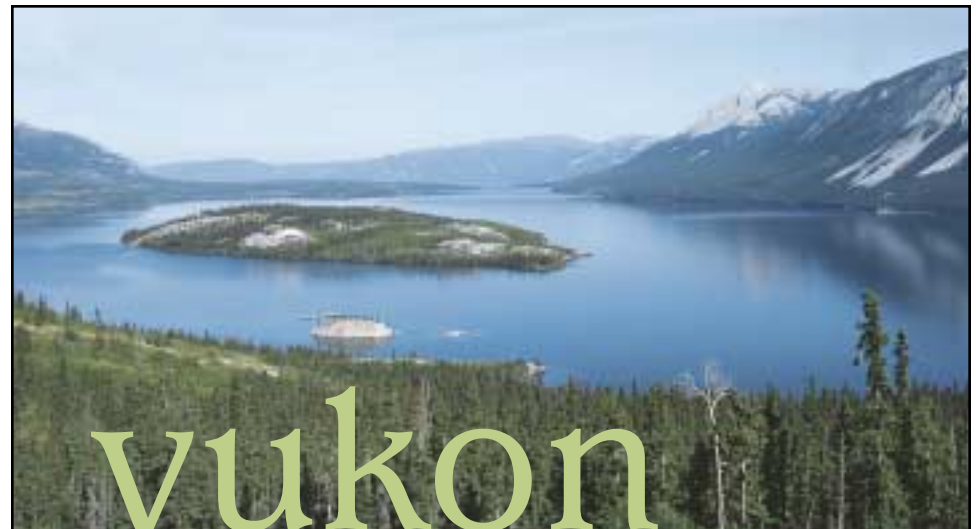
The Etobicoke and York Community Care Access Centre has exciting full- and part-time opportunities for people interested in developing their healthcare careers. As a Case Manager, you will assess referred clients for eligibility for in-home and placement services and assist ineligible clients in finding alternative sources of care in the community. You will develop care goals with the client and/or family, physician, and other service providers and coordinate the delivery of healthcare services. You will also monitor both the health status and the continuing eligibility of your clients. Along with a passion for community, this position requires a B.Sc.N., B.Sc.PT., B.Sc.OT., M.Sc.SP. or M.S.W. combined with a minimum 2 years of work experience in community health or related clinical environment and proven computer skills. A car and valid driver's licence are mandatory. The ability to speak a second language is an asset. Demonstrated decision-making abilities and the ability to work as part of an interdisciplinary team will round out your qualifications.

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Health and Social Services

Rosacea from page 4

cheeks, nose, chin and forehead. Patients report that their faces feel red, tight and burning, especially when exacerbated by environmental and lifestyle triggers like sudden temperature changes, stress, red wine, spicy food, hot

beverages or exercise – the normal pleasures of daily living.

“Rosacea isn’t a simple complexion problem that will go away on its own,” says Dr. Ari Demirjian, MD, FRCPC, Associate Professor of Dermatology

and Laser Surgery, McGill University Health Center. “Rosacea can cause permanent skin changes and in some cases may require laser surgery. One of the most well-known rosacea sufferers was the late comedian W.C. Fields. His red, bulbous nose was an advanced stage of rosacea in men called rhinophyma.”

Another significant research finding revealed gender differences. Men were substantially more affected than women when questioned on the impact of rosacea in their lives. More than half of the male respondents said rosacea affected their social life. More than 20 per cent felt it affected their career advancement, while 11 per cent missed an average of nine days of work per year.

**No cure,
but treatment is available**

The jury is out on what causes rosacea. Various theories have suggested that rosacea is caused by bacteria, mites, a fungus, a malfunction of

the connective tissue under the skin, or psychological factors, but none of these have been proven. The National Rosacea Society in the United States funds a National Grants Program that, among other things, supports continuing research in identifying the underlying cause of rosacea. Current treatment consists of oral and topical antibiotics, combined with an effective cleansing and moisturizing skin care regimen as well as lifestyle changes to minimize the flare-ups.

In most cases doctors prescribe a topical antibiotic gel or cream combined with an oral antibiotic, such as Tetracycline, as initial treatment. This is followed-up by long-term therapy with a topical antibiotic gel or cream alone to prevent a recurrence. “The most commonly prescribed topical rosacea therapy is metronidazole gel or cream. It has been proven to be effective in controlling the redness and pimples, as well as in reducing the dryness, stinging, burning and itching sometimes associated with this condition,” says Demirjian.

Early detection may halt progression of the disease and in some cases, may reverse its effects. Demirjian recommends that individuals who suspect they have rosacea to see their dermatologist or family physician for diagnosis and treatment. “I was surprised to read that patients are reluctant to approach their doctor. I would encourage them to try and identify the various triggers that might cause the condition to flare-up and to be candid in explaining how they feel both physically and emotionally.”

**About the Rosacea
Awareness Program**

The Rosacea Awareness Program (RAP), winner of the 2001 and the 2002 Canadian Dermatology Association’s Public Education Award, is a community-based public awareness program established in 1995 to provide easy access to accurate information on rosacea and to assist in the proper diagnosis, treatment and overall management of the condition. The educational resources and activities are geared to patients, families and health care professionals. Anyone wishing to learn more about rosacea is invited to visit www.rosaceainfo.com. Those without Internet access can write to the RAP at 368 Notre-Dame West, Suite 402, Montreal, Quebec, H2Y 1T9, or call the toll-free hotline 1 888 ROSACEA (767-2232).

Editorial from page 2

The Health Canada website www.hc-sc.gc.ca has a considerable amount of information about patient safety for those of you who would like to read more. The Report, “Building a Safer System”, can be downloaded from the site in PDF format and other information pertaining specifically to the CPSI is available on the site. Keywords “patient safety” will give you the start that you need to obtain all the information.

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Northern from page 3

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MBBS, MBChB, MRCP preferred or equivalent from an accredited University. Medical Officers require 2 years post-registration experience in Internal Medicine. Relevant recent Paediatric experience preferred. Surgical Officers require 2 years post-registration experience in Surgery. Candidates must be proficient in CPR and Basic Life Support with current certification in ACLS and Neonatal Resuscitation. Contracts are initially valid for 6 months with an option to extend. *Salary: Equivalent to US\$78,516.00 per annum.*

LOCUM ONCOLOGISTS

Board Certified or equivalent Clinical Oncologist with extensive relevant experience. Responsibilities include maintaining an Oncology Clinic, supervising the Tumour Registry and a small Chemotherapy Unit. Additionally provide consultative services for Oncology.

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Board certified or equivalent Nephrologist/Internist, with extensive relevant experience, to coordinate all aspects of clients' total dialysis care; including renal transplant referrals, maintaining medical charts, liaising with GPs and members of the interdisciplinary team. Additional responsibilities include regular dialysis rounds.

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Board certified Anaesthetist with a minimum of 10 years experience, 3 of which managing a hospital-based anaesthesia service, to provide superior administrative, leadership & clinical direction to the department including developing/implementing policies & procedures, staffing, budgeting and other related responsibilities. *An initial three (3) year contract is being offered.*

ACCIDENT & EMERGENCY PHYSICIANS - (CONTRACT & LOCUMS)

Board certified in Emergency Medicine (USA), Canadian Fellowship or British/Australian equivalent with a minimum of three (3) years experience, or equivalent extensive relevant Emergency Medicine experience. Additionally, ATLS/ACLS/APLS or PALS training preferred. The department is R.C.S. (EDIN) accredited.

Candidates are required to submit a current detailed chronological resume with three (3) professional letters of reference to: The Human Resources Department, P. O. Box HM1023, Hamilton HM DX, Bermuda, or fax to: (441) 239-6322 or email: human.resources@bermudahospitals.bm. Website address: www.bermudahospitals.bm. Pre-employment substance abuse screening is mandatory for all successful candidates.

REGISTERED GENERAL NURSES

The professionals we are seeking will have demonstrated that they are motivated, and enthusiastic with excellent interpersonal and communication skills. These candidates will be willing to become an integral part of our hard working team and will be dedicated to the care, comfort and safety of our clients. Successful candidates must work harmoniously in a diverse and demanding environment.

Medical and Surgical Wards: Suitable applicants will have extensive experience caring for varied Medical and/or Surgical clients (male and female).

Continuing Care: Suitable applicants will have genuine interest in and extensive experience in Gerontology including Alzheimers and related diseases.

Intensive Care: Suitable applicants will have developed careers dedicated to care of critically ill clients (ventilated and non-ventilated). The team does not include a Respiratory Therapist. Candidates with a recognised intensive care certification and 2 – 3 years post-graduate experience preferred.

Operating Theatre: Suitable applicants will have developed careers dedicated to Operating Theatres and possess comprehensive experience with a variety of surgical procedures. These specialists will have demonstrated incomparable skills to deliver peri-operative care and must have a multi-skilled approach, including familiarity with anaesthetic duties. Candidates with a recognised theatre qualification and 2 – 3 years post-graduate experience preferred.

PACU (Theatre Recovery): The successful candidates will have developed careers specialising in recovery and/or anaesthetics and care of the Post Operative Patient and possess comprehensive relevant experience. Candidates with a recognised PACU or related qualification and 2 – 3 years post-graduate experience preferred.

Maternal/Child (Midwifery) Our midwifery unit offers opportunities to care for clients with a variety of medical and surgical conditions. In addition we offer childbirth classes for expectant parents and encourage our staff to participate. We are seeking enthusiastic, dedicated and experienced midwives with a special interest in breastfeeding teaching, assisting new mothers, care of gynecological clients e.g. total hysterectomy, myomectomy etc. Specific accredited Midwifery qualification with 2 – 3 years post-graduate experience is required. Cross-training with relevant experience i.e. Midwifery & Newborn Intensive Care would be advantageous.

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Candidates are required to submit a current detailed resume, the completed relevant Nursing Skills Check List (located on our website) with three professional letters of reference to: The Human Resources Department, Bermuda Hospitals Board, P. O. Box HM 1023, Hamilton HM DX, Bermuda, or fax to: (441) 239-6322 or email: human.resources@bermudahospitals.bm. Our website address is: www.bermudahospitals.bm Pre-employment substance abuse screening is mandatory for all successful candidates.

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