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# HEALTH

# beat

Jan/Feb 2009  
Volume 12, Issue 1



## *Named in Top 15 Saskatchewan Employers*

### *Region Renews Commitment To Values In 2008*

- > Respect
- > Compassion
- > Excellence
- > Stewardship
- > Collaboration

### *New Urban And Rural Facilities Open In 2010*

- > Irene and Leslie Dubé Centre for Mental Health
- > Humboldt District Health Complex
- > Saskatoon Health Region also plans Maternal and Child Health Centre and long term care expansion

### *Region Named In Top 15 Employers In The Province*

- > Local media selects Saskatoon Health Region as a leader in employee recruitment and retention

### *More About Saskatoon*

- > Population of the region: 291,000
- > 12,000 employees and 800 physicians
- > Ten hospitals
- > More than 100 cities, towns, villages, rural municipalities and First Nation communities

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## Canada Careers, Classifieds and Education

Jan/Feb 2009 - Vol. 12, Iss. 1

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I opened our local paper on the second day of the New Year to find an article in the commentary section on the funding of hospitals and health care in general. The article was written by Rebecca Walberg, Director of Health Policy for the Frontier Centre for Public Policy. In it she decries the failure of Canadian health care policy makers and administration to match the reduction in spending (or at least slow its growth) without any appreciable impact on the provision and quality of public services delivered by other government ministries or departments. She contends that the current model of funding of hospitals contributes to the trend of continually expanding budgets in health care. The global funding model, while having advantages, does little to provide incentives for efficiencies and does not link funding to the work that is done by hospitals. She makes note of what is called “patient focused funding” (one in which funding is linked to patients treated and services provided) as a preferred model. (Walberg, 2009)

In a discussion paper published in 2007 by the CMA Ad Hoc Working Group on patient focused funding it was noted that in 2004 the Organization for Economic Cooperation and Development (OECD) studied patient focused funding from three different perspectives. The first was a comprehensive study on waiting lists. From this 20 country study of high performing health systems, 12 countries identified waiting lists as a serious issue while the remaining eight indicated that they were not. Comparing these two groups it was observed that in the countries not reporting that waiting times were a serious issue the hospital budgets were based on or related to the

activities or services performed. With some cautions, the conclusions in the final study noted that activity-based payment systems can result in increased supply of services that in turn controls waiting lists. (p.2) Further in a more recent study of 15 of its member countries, plus three others, it was concluded that the introduction of “market-oriented mechanisms...” (p.3) contribute to the reduction in the cost of hospital services. The implication was that patient focused funding was related to two of the pre-conditions for such mechanisms. These preconditions were:

- “financial support is related to the number of patients treated and their treatment so that hospitals have an incentive to seek to treat more patients; and
- “sufficient information is collected to judge exactly what services are provided by hospitals, ideally, including indicators of quality of care” (p.3)

Most recently, in an assessment comparing hospital efficiency in 10 countries based on costs of Diagnostic Related Groups, it was found that there was a potential for costs to be reduced five to 48 percent, if unit costs could be reduced to those of the best performing countries.

Kirby and Keon made a similar case about funding in 2004. In a paper prepared for the Institute for Research on Public Policy (IRPP) called, “Why Competition is Essential in the Delivery of Publicly Funded Health Care Services”, they take the position that “Repeated injections of large amounts of additional money in the health care system allows governments to avoid confronting the most important structural weakness in Canada’s health care system – its lack of incentive to increase productivity” (p.3) Citing a previous report by the Senate Standing Committee on Social Affairs, Science and Technology they assert that the system as it is operated would not be financially sustainable unless funding model reforms are undertaken. For example, RHAs where they exist receive a budget in the form of block funding and develop the hospital budgets based on service delivery patterns over the years rather than services that a hospital actually provided. (p. 15, 17)

Introducing competition and enhancing productivity in hospitals could be partly achieved by introducing a “service-based funding” model (another name for patient focused funding). In other words, hospitals would be paid an agreed upon fee for each service delivered after the service has been performed. Once fully established the incentives

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

# Funding reform in Canada’s health systems: Why is it Thought to be Needed and Some Ideas Proposed

built into service based funding could produce a number of benefits including:

- Hospitals may keep money saved from improving operating efficiencies;
- Improving managers performance;
- Creating competition among and between hospitals and smaller specialized clinics;
- Making optimal use of expensive equipment and enhancing patient outcomes through the use of highly specialized health care teams;
- Stimulating the development of centres of excellence;
- Improving quality; and
- Improving patient service and decrease inefficiency.

Kirby and Keon acknowledge that service based funding will not work in every instance. Teaching hospitals, rural or remote hospitals, mental health and aboriginal health are examples because it is not feasible or possible to create a market for the services provided. As well, the Canadian Health Care Association noted that in addition to the points made by Kirby and Keon, changing to a system of patient focused funding would: tend to lead away from comprehensive, integrated care to that which is procedure driven; not support a population needs based approach; and, be complex in developing costing data. (CMA, p.5)

According to Walberg (2009), a transition from global budgeting to patient focused funding will not happen without commitment and effort. It would necessitate a fundamental shift in thinking for health policy makers, public servants and health administrators. As well, it has been found that the transition would incur short term expenses. Those who make decisions about health care funding need to address the sustainability of Canadian health systems, if the evidence collected in other countries warrants the transition and would be applicable to our country.

References.

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Wednesday, March 25<sup>th</sup>,  
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### EDMONTON

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# Did you know?

There has been plenty of information that has come my way since the last issue of HEALTHbeat. This column highlights a sample of the information that has arrived during the last couple of months. All of this comes from press releases, lists and other such things that are available on the Internet. Apart from editing, I am passing it along to you as it comes to me. Be advised, HEALTHbeat does not endorse or otherwise support any of the products, new ideas etc.

## Did you know that...?

**OTTAWA, ON – Nova Scotia's electronic medical record program, called Primary Healthcare Information Management (PHIM), won a gold medal at the recent GTEC 2008 awards.** The awards honour innovation and leadership in the application of electronic solutions in the public sector.

**KIMBERLEY, BC – More congestive heart failure patients living in British Columbia's Interior Health region** can now use a monitoring system at home to check their condition and send data on their vital signs directing to their care providers.

**VANCOUVER, BC – With the official launch of 25 integrated health networks (IHNs) across the province,** close to 50,000 British Columbians with chronic health conditions will have improved access to health services through a team-based and coordinated approach to patient care, announced Health Services Minister George Abbott.

**WOODSTOCK, ON – George Smitherman, Ontario's Deputy Premier and Minister of Energy and Infrastructure, joined hospital officials, staff, community members and healthcare partners to celebrate the official start of construction for the new Woodstock General Hospital.**

**TORONTO, ON – Canada Health Infoway has unveiled plans for a new certification service to help emerging consumer health solutions** complement and leverage Canada's investments in e-health systems. "As Canada's health informatics industry evolves, it is essential that emerging solutions leverage the progress made in every province and territory," said Richard Alvarez, president and CEO of Infoway.

**CALGARY, AB – Canadian patients are enduring greater risks because the country's healthcare system** regularly employs aging and outdated medical technology, concludes a new report from independent research organization the Fraser Institute.

**EDMONTON, AB - Alberta has tabled a long-term sustainability plan for health care,** and is undertaking a year-long review of the province's 104 hospitals to evaluate how they could operate more efficiently. While urban hospitals will be included, the focus is on those in rural areas which tend to be operating at far less than full capacity. The plan, called Vision 2020, stems from a study recently undertaken by consulting firm McKinsey and Company and notes that more than half of hospitals with fewer than 20 beds have occupancy rates below 75 per cent and one-in five are below 50 per cent. Furthermore, half of hospitals that size are within 50 kilometres of another hospital. Editors note: Alberta's Health and Wellness Minister has noted that this does not mean that rural hospitals will close.

**OTTAWA, ON - In a series of reports released this week, the Canadian Institute for Health Information presented the latest demographic information on seven health professional groups**

See *Did you know?* page 7

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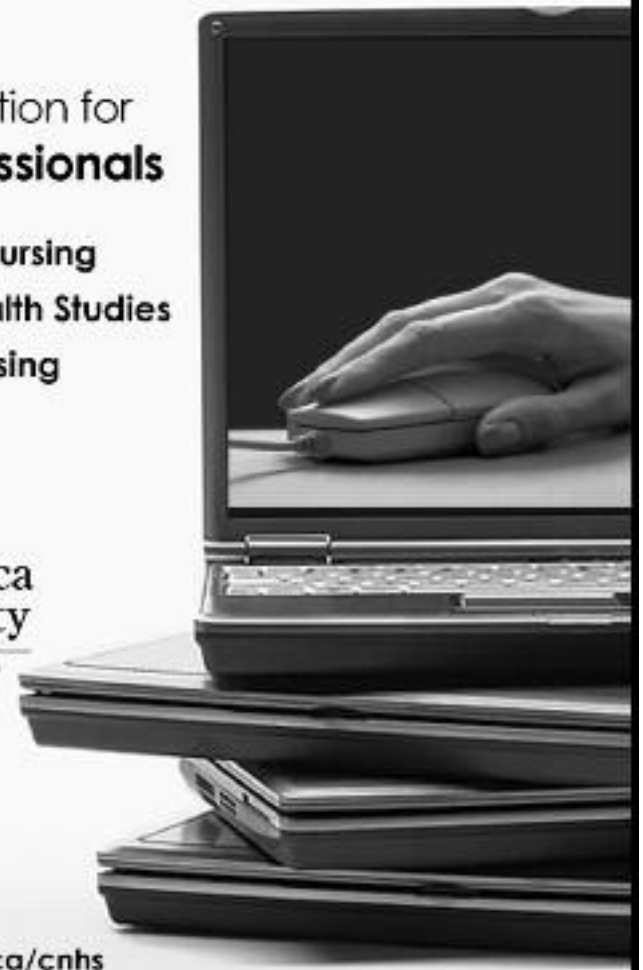
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# A new face for Catholic health care in Alberta

This fall, 16 Catholic health care organizations from 11 communities across Alberta came together as one organization, Covenant Health. Building on a long legacy of service, Covenant Health is committed to serving all those in need of healing — body, mind and soul.

“As Covenant Health, we are building on a 146-year history of service,” says President and CEO, Patrick Dumelie. “Our provincial organization draws on the strengths of teams across the province who are committed to compassionate, quality care. Together, we will work with Alberta Health Services and other providers to positively influence the health of Albertans and be of greater service.”

With the consolidation, Covenant Health has close to 2,400 beds, a budget of over \$500 million, and a team of more than 12,500 staff, physicians and volunteers in both urban and rural communities across Alberta.

Covenant Health is Canada’s largest Catholic provider of health care, with facilities in Banff, Bonnyville, Camrose, Castor, Edmonton, Killam, Lethbridge, Mundare, St. Albert, Trochu and Vegreville. The 16 facilities provide a range of services, including a full range of acute care, continuing care, assisted living, hospice, rehabilitation and respite care, and seniors’ housing. “Covenant Health provides the opportunity for people across the province to find meaningful work and live the lifestyle of their choice. Not only do we have positions across the continuum of care, but health care professionals and support staff alike will

benefit from our education and leadership programs as well as the ability to advance their career within the organization,” says Karen Galenzoski, Vice President of Human Resources.

Galenzoski adds that Covenant Health welcomes people of all faiths, traditions and cultures and encourages all who believe in the value of compassionate, holistic care to consider applying for positions at Covenant Health.

“Some people ask us, ‘do I have to be Catholic to work here?’ The answer is no. In fact, respect of all cultures and beliefs is a fundamental part of our values and that really guides the way we operate,” she explains. “We strive to create a work environment that is truly fulfilling for all our employees.”

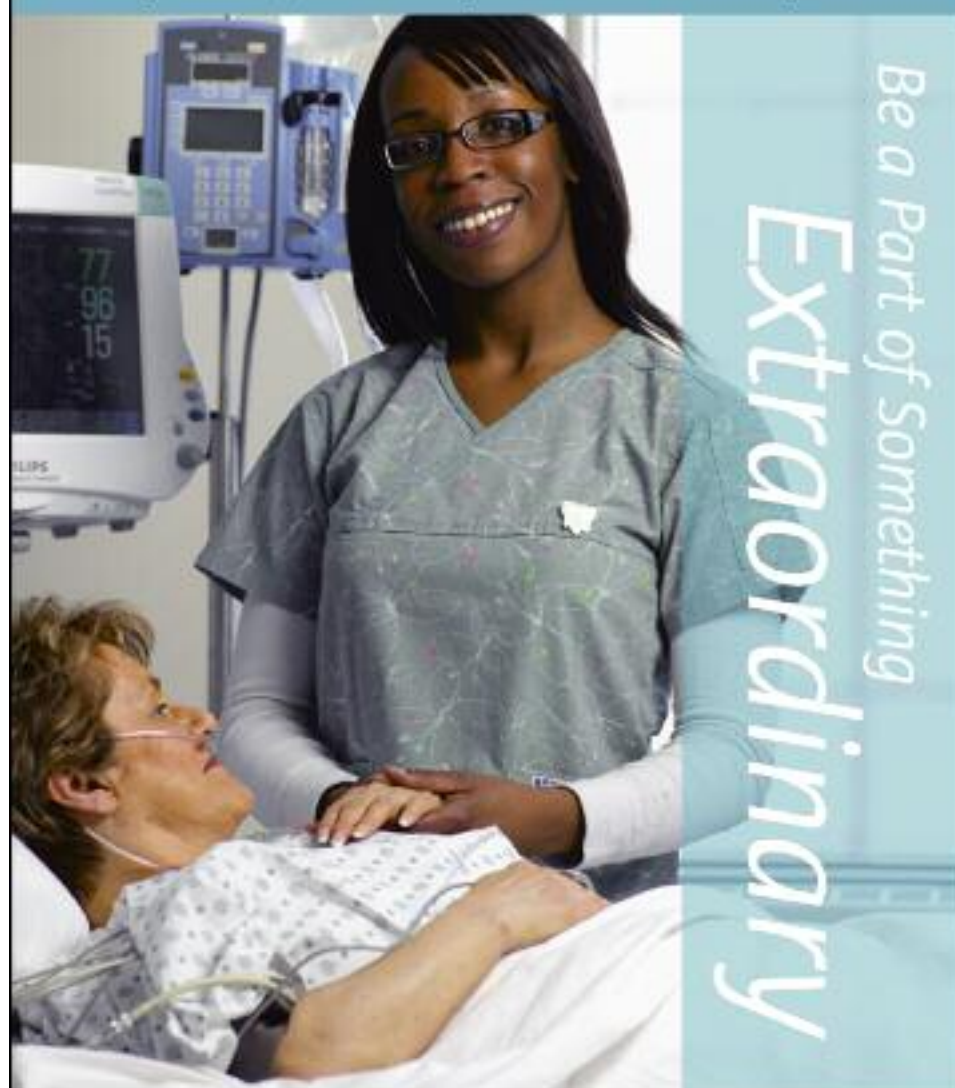
A new governance and management structure brings many benefits, says Board Chair John Brennan. The Covenant Health Board works with local community and foundation boards to identify and address local needs and depends on strong local leadership to achieve its vision of greater service.

“As we co-ordinate programs and services, share our strengths and resources, and improve communications with a single point of leadership and accountability, we will be able to grow and respond to the needs of the most vulnerable across the province,” he said.

For more information about Covenant Health, please visit [www.CovenantHealth.ca](http://www.CovenantHealth.ca)



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## Introducing... Covenant Health

Established in 2008, Covenant Health is Canada’s largest Catholic health care organization, bringing together 16 Catholic facilities in 11 communities across Alberta. Building on our long legacy of service, we are committed to serving all those in need of healing—body, mind and soul.

Our extraordinary team of healthcare professionals provides excellent, compassionate care across the continuum of care in both urban and rural communities. We provide our nursing staff with opportunities to learn, explore, and create progressive approaches to patient care.



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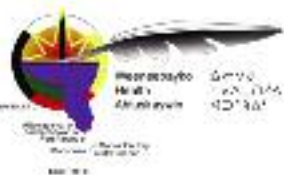
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including physicians. The good news about the physician workforce is that their numbers are increasing faster than the overall population. The bad news is that the average age is a hair short of 50 and within striking distance of retirement. One clear conclusion from all seven reports is that the feminization of the health care workforce is becoming more pronounced. Eight-of-10 people in health professions are women compared to 47 percent in the general workforce.

Copies of the seven reports covering all health professions studied are available at [www.cihi.ca](http://www.cihi.ca).

**EDMONTON, AB – Alberta is poised to become the first province to introduce coverage for catastrophic drug costs.** It is part of a sweeping change to pharmaceutical policy introduced by Health and Wellness Minister Ron Liepert in Dec 2008.



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# DEPRESSION, HEART DISEASE, & STROKE

A SEMINAR FOR NURSES: 6 HOURS CREDIT

Seminar registration is from 7:45 AM to 8:15 AM. The seminar will begin at 8:30 AM. A lunch break (on your own) will take place from approximately 11:30 AM to 12:20 PM. The course will adjourn at 3:30 PM, at which time course completion certificates are distributed.

## PROGRAM

- **Depression and the Brain.** Brain Shrinkage and Regrowth.
- **Antidepressant Drugs.** New Research Findings.
- **Depression and Aging.** Are Older People More Depressed than Younger People?
- **The Female Brain:** Is it More Vulnerable to Depression Because of Differences in Structure and Chemistry?
- **Estrogen, Stress, and the Brain.** Why Puberty Doubles the Rate of Depression in Girls Compared to Boys. Does Depression Decline in Women after Menopause?
- **Major Depressive Disorder vs. Bipolar Disorder.** Key Differences in Symptoms, Treatments, Recovery, and Overall Outcomes.
- **Non-Drug Treatments for Severe Depression.** Psychotherapy, Electroconvulsive Therapy, Transcranial Magnetic Stimulation, and Vagal Stimulation.
- **Suicide and Depression.** The Nine Warning Signs That Every Healthcare Professional Should Know.
- **Obesity, Depression, and Cardiovascular Disease.** How Can They Be Avoided?
- **How a Job Can Kill:** Burnout, Exhaustion, and Sudden Cardiac Death.
- **Predicting Future Heart Attack Risk.** Do Women Have Different Predictors for Heart Attack from Men? Risk Scores for Women. Effects of Chronic Anger.
- **Nine Cardiovascular Risk Factors.** What Clinicians and Patients Should Know.
- **Anxiety and Loneliness.** New Research on Their Devastating Consequences.
- **Oral Health and Cardiovascular Disease.** How Gums Can Jeopardize the Heart.
- **Dental Care, Antibiotics, and Endocarditis:** The Mouth-Heart Bacterial Connection. Antibiotics and Dental Procedures.
- **Total Cholesterol, LDL, HDL, and Triglycerides.** What Are the Currently Recommended Target Levels for These Blood Lipids?
- **At What Age Should a Person Worry about LDL Cholesterol Levels?** Younger Than You Think! The Cumulative Damage from LDL Over a Lifetime. Genetic Risks.
- **Lethal Connections:** Type 2 Diabetes, Heart Disease, and Stroke. Is There a Current Epidemic of Type 2 Diabetes in North America? Children and Diabetes.
- **Women, Men, and Heart Disease.** Different Symptoms? Different Therapies? Different Outcomes? Different Emergency-Room Treatments for Men and Women.
- **Dying from a Heart Attack:** The Number One Killer of Men and Women. Missing the "Golden Hour" for Effective Treatment. The Myth of the "Hollywood" Heart Attack.
- **Interventions for Heart Disease.** Statins. Niacin. Aspirin. Antihypertensive Drugs. Stents. Angioplasty. Bypass Surgery.
- **Cutting Heart Disease Risk by 83%.** The Five Steps to an "Ideal Lifestyle" That Slash Cardiovascular Risk. How Many Americans Currently Have This Lifestyle? A Surprising Answer.
- **The Best Medicine for Preventing Cardiovascular Disease:** Exercise. The Powerful Effects of Exercise on Stroke and Heart Attack.
- **Omega-3 Fatty Acids.** Eating Fish and Cardiovascular Risk.
- **The 12 Steps for Lowering Stroke Risk.** How Much Can Be Controlled?

## MEETING TIMES & LOCATIONS

### EDMONTON, AB

Wed., April 22, 2009

8:30 AM to 3:30 PM

Holiday Inn Edmonton

4520 76th Avenue

Edmonton, AB

### CALGARY, AB

Thu., April 23, 2009

8:30 AM to 3:30 PM

Calgary Exhibition & Stampede

10 Corral Trail SE

Calgary, AB

### EDMONTON, AB

Thu., May 7, 2009

8:30 AM to 3:30 PM

Holiday Inn Edmonton

4520 76th Avenue

Edmonton, AB

### CALGARY, AB

Fri., May 8, 2009

8:30 AM to 3:30 PM

Calgary Exhibition & Stampede

10 Corral Trail SE

Calgary, AB

## INSTRUCTORS

**Dr. S. Thomas Deahl II (D.M.D., Ph.D.)** directs a practice-based research network at the University of Texas Health Science Center in San Antonio. He has also practiced general dentistry. Dr. Deahl has conducted research and clinical imaging of the head and neck and has done research in free-radical biology and antioxidants. He has served in disease clinics for pain and mucosal disorders and in a head-and-neck imaging center.

**Dr. Michael E. Howard (Ph.D.)** is an internationally recognized expert in the fields of clinical neuropsychology and brain-injury rehabilitation. He has directed six brain injury rehabilitation hospitals and programs, chaired three departments of psychology and neuropsychology, and served on the faculties of psychiatry, neurology, and rehabilitation medicine at three medical schools.

Biomed reserves the right to change instructors without prior notice. Every instructor is either a compensated employee or independent contractor of Biomed.

## ACCREDITATION INFORMATION

This program is designed to provide nurses with the latest scientific and clinical information and to upgrade their professional skills. Numerous registered nurses in Canada and the United States have completed this course.

Biomed's parent organization, the INR (Institute for Natural Resources) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

INR has been accredited as a continuing education provider by the California Board of Registered Nursing (CEP #06136), the Florida Board of Nursing (#50-3026-1), the Iowa Board of Nursing (#288), and the Kansas Board of Nursing (#LT0140-0927).

For all inquiries, please contact customer service at  
1-877-246-6336 or (925) 602-6140.

## TUITION \$109

\$109.00 (CANADIAN)/\$105.00 (USA) per person with pre-registration or \$134.00 (CANADIAN)/\$134.00 (USA) at the door if space remains. The tuition includes all applicable Canadian taxes. At the seminar, participants will receive a complete course syllabus. Tuition payment receipt will also be available at the seminar.

## TO REGISTER

Please complete and return the registration form below. Or register toll-free with Visa, MasterCard, American Express, or Discover by calling **1-888-724-6633**.

## REGISTRATION INFORMATION

Please register early and arrive before the scheduled start time. Space is limited. Attendees requiring special accommodation must advise Biomed in writing at least 45 days in advance. Registrations are subject to cancellation after the scheduled start time. A transfer at no cost can be made from one seminar location to another if space is available. Registrants cancelling up to 72 hours before a seminar will receive a tuition refund less a \$35.00 (CANADIAN)/\$35.00 (USA) administrative fee or, if requested, a full-value voucher, good for one year, for a future seminar. Other cancellation requests will only be honored with a voucher. Cancellation or voucher requests must be made in writing. If a seminar cannot be held for reasons beyond the control of the sponsor (e.g., acts of God), the registrant will receive free admission to a rescheduled seminar or a full-value voucher, good for one year, for a future seminar. A \$35.00 (CANADIAN)/\$35.00 (USA) service charge applies to each returned check. Fees are subject change without notice.

Please check course date:

Wed., April 22, 2009 (Edmonton, AB)

Thu., April 23, 2009 (Calgary, AB)

Thu., May 7, 2009 (Edmonton, AB)

Fri., May 8, 2009 (Calgary, AB)

### PLEASE RETURN FORM TO

Biomed  
Suite 877

101-1001 West Broadway  
Vancouver, B.C. V6H 4E4

TOLL-FREE: 1-877-246-6336

TEL: (925) 602-6140

FAX: (925) 363-7798

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please enclose full payment with registration form. Check method of payment.

Check for \$109.00 (CANADIAN) (Make payable to **Biomed**)

Charge the amount of \$105.00 (USA) to my  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_

(enter all raised numbers)

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send me directions showing how to reach the meeting site.

## REGISTRATION FORM

(This registration form may be copied.)

Profession: \_\_\_\_\_

Professional License #: \_\_\_\_\_

Lic. Exp. Date: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_