FOR THE RECORD

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Auditor General blasts eHealth Ontario

The Ontario government has basically squandered $1 billion in its failed attempt to create an electronic health records system, states Ontario Auditor General Jim McCarter in a report released Oct. 7 (www.ehealthontario.on.ca/pdfs/News/AG_Report_en.pdf).

The agency in charge of creating the system, eHealth Ontario, wasted millions of dollars on inadequate computer systems, unnecessary consultants and untendered contracts, the report states. The findings led to the resignation of Ontario Health Minister David Caplan.

It has been estimated that electronic health records, if implemented in every province, could save the Canadian health care system as much as $6 billion. According to the report, Ontario is not close to having an effective system and is, in fact, "near the back of the pack."

"The most important standard for judging the ultimate success of an IT [information technology] project is not whether it was delivered on time or on budget, or what technology was used, but rather whether the system meets the needs of its users," the report states. "Although some applications, such as Telemedicine, have been developed, there is no doubt that Ontario does not yet have an eHealth system that is meeting the needs of medical practitioners or the public."

McCarter accused Ontario of "lacking in strategic direction." He also said that eHealth Ontario relied too heavily on external consultants, noting that, at one point, it was paying 300 consultants but only 30 full-time employees.

To safeguard against similar scandals, the report recommends that the province develop a strategic plan for the implementation of electronic health records, improve oversight, rely less on external consultants and ensure procurement policies are followed.

McCarter concludes the report by stating that "eHealth Ontario, with appropriate oversight and guidance … must now work at overcoming the challenges of completing and integrating the many application and database projects for which it is responsible so it can achieve the goal of delivering an Electronic Health Record system to Ontarians by 2015." — Roger Collier, *CMAJ*

Precaution the key to pandemic protection in emergency departments

It is vital that Quebec hospitals take the necessary steps to reduce the chances of front-line staff falling ill during a pandemic or the province's health care system may lack the capacity to cope with the increased workload expected because of the pandemic (H1N1) 2009 virus, according to a position paper released by the Association Des Médecins D'Urgence du Québec (www.amuq.qc.ca/AxisDocument.aspx?id=2950&langue=fr&download=true&document=Position_Paper_Pandemic_Influenza_v6.2.pdf).

The paper — which was ratified by the Quebec Association of Emergency Physicians, the Quebec Association of Specialists in Emergency Medicine and the Quebec Association of Emergency Nurses — contains position statements regarding individual staff protection, administrative controls and engineering controls.

"These positions aim to outline the ideal response with maximal protection in the instance of a severe pandemic and should serve as a baseline that can then be adapted to the situation as it unfolds in terms of pandemic severity and resource limitations," the reports states.

The authors of the paper say drafting their positions on various safety precautions was necessary because the many existing guidelines from various countries differ in significant ways, mainly because of the lack of strong evidence-based scientific knowledge about influenza pandemics. Also, the authors claim, a gap exists between guideline recommendations and their applicability in practice.

Some of the positions stated in the paper include: a mask should be worn during aerosol-generating procedures if a patient has a strong cough and is not wearing a mask; gloves, gown and eye protection should be worn during aerosol-generating procedures if there is a risk of exposure to bodily fluids; postexposure prophylaxis should be used following unprotected exposure; and front-line health care workers should be among high-priority groups to receive a vaccine.

"The positions are founded upon a wide base of recommendations from provincial, national, and international bodies, and reflect the synthesis of a large amount of information," the paper states. "We considered the precautionary principle as a deciding factor in the face of incomplete knowledge and conflicting recommendations, as well as approaches form the field of Knowledge Translation to consider the feasibility and applicability of each position." — Roger Collier, *CMAJ*

Swine flu vaccine shipped

The federal government began rolling the pandemic (H1N1) 2009 flu vaccine to the provinces and territories on Oct. 19 but had not yet authorized its use.

Two million adjuvanted doses of the vaccine have been shipped to the provinces and territories as a "prepositioning" measure so that they can commence vaccinating people, once authorization is provided, federal Health Minister Leona Aglukkag told reporters yesterday.

Although the United States and many other nations have commenced

vaccinating residents, Canada's schedule has been set for early November and Public Health Agency of Canada (PHAC) officials have steadfastly argued that earlier availability would be inappropriate as the Canadian approval process has not been completed.

Meanwhile, PHAC reported that there were two new deaths and 37 new admissions to hospital associated with pandemic (H1N1) 2009 from Oct. 4–10, raising the total number of deaths in Canada attributable to swine flu to 80 and the number of hospitalizations to 1541. There were four new admissions to intensive care units.

The PHAC influenza outbreak report indicated that flu activity increased for the fourth consecutive week, with 97% of new cases attributable to pandemic (H1N1) 2009.

The report indicates "widespread" activity in British Columbia and Northwest Territories, as well as "localized" or "sporadic" activity in every other province or territory. "The 28 influenza outbreaks reported this week were all in schools except one in a Long-term care facility in Ontario. The schools outbreaks were in BC (17), NT (8), AB (1) and NS (1)." A school outbreak is defined as 10% absenteeism on a given day. — Wayne Kondro, *CMAJ*

No place for self interest

More private delivery of health care services, centralized purchasing of supplies, equipment and services, a Charter of Patients Rights and Responsbilities and vastly improved health services for Aboriginals, seniors and rural residents of the province are among reform measures recommended by a government-commissioned "patient-first review" of Saskatchewan's $4-billion health care system.

Arguing that the province's health care system is currently structured to serve the interests of health care providers, rather than the needs of patients, Commissioner of Patient First Review Tony Dagnone urged a new "way of doing business for all those associated with health care, regardless of their role, title or tenure."

Among private delivery options that the government should explore is "expanding surgical and diagnostic capacity with the assistance of independent partners who meet quality and safety standards," Dagnone said in his report, For Patients' Sake (www.health.gov.sk.ca/patient-first-commissioners-report).

Dagnone also recommended that the province create "urban urgent care centres" to curb inappropriate usage of emergency departments. "The appropriate health regions should explore alternate financing partnerships in developing these projects, which incorporate state of the art design and leading technologies."

Saskatchewan Premier Brad Wall indicated in response to the report that the government will establish new wait-time targets and pursue options for reducing backlogs, such as private surgical facilities, increased use of regional operating theatres and shipping patients out-of-province for treatment.

Dagnone urged the creation of provincewide "shared-services" organization to purchase goods and services for the health care system, and reduce general administration costs within the province's 12 regional health authorities.

He also proposed a patient rights charter that "could include a range of provisions such as: principles (fairness, accountability and transparency), patient rights (dignity, respect, safety, informed decision making, disclosure and consent), mechanisms for recourse or appeal, as well as a statement of patient responsibilities such as asking questions, sharing information, or maintaining a healthy lifestyle."

In calling for more "equitable" care for Aboriginal, seniors and rural residents, Dagnone urged such measures as more specialist clinics in remote regions of the province and subsidization of transportation costs now borne by patients.

Dagnone was appointed by the governing Saskatchewan Party in October, 2008 to examine "the patient experience" with the health care system. A former hospital administrator in Saskatoon, Dagnone was appointed president and chief executive officer of University Hospital in London, Ontario, in 1992, serving until 2005. Among his credits are stints as president of the Ontario Hospital Association and the Canadian College of Health Service Executives. — Wayne Kondro, *CMAJ*

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