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Links

The Newsletter of the Canadian Health Services Research Foundation

Inside this Issue

Primary healthcare: How to deliver it
SEE INSERT

Of particular interest ...

For Policy Makers and Managers

For Researchers

New focus supports knowledge transfer, decision makers

When the foundation's compass pointed towards a focus on developing innovative research programs over our first five years, we took that path. But it is clear our community is calling for a stronger focus on two other specific areas: supporting decision makers — the people who run the healthcare system — and knowledge transfer.

In 1996 the National Forum on Health brought attention to "evidence-based decision-making" by highlighting its importance to a well-functioning, fair and efficient healthcare system. In the wake of this report, and at the urging of the then-Medical Research Council, the federal government gave an initial endowment to start up the Canadian Heath Services Research Foundation. The foundation was given the mission of creating better links between the evidence on and the practice of healthcare delivery.

At its creation in 1997/98, the foundation established a mission and five-year strategic objectives that gave greatest attention to working with the research community. We created granting programs that encouraged grant-holders to form better ongoing links between the practitioners and professionals who run the healthcare system and those who study it. We used the same "linkage and exchange" philosophy in our work with universities and researchers to create training initiatives, and in our partnerships to develop capacity for research on nursing issues. We also encouraged the managers and policy makers in the healthcare system to be more receptive to these advances from researchers, and supported them in collaborating on projects or attending joint exchanges with researchers.

These first five years of activity drew to a close in 2002. An international review panel recently commented positively on achievements during this period, but also highlighted the need for some "mid-course corrections." In particular, the panel said there is a need to better serve the healthcare system's increasingly sophisticated demand for more accessible health services research. Perhaps it is time, they commented, to focus as much attention on supporting the decision-making community in the healthcare system as on supporting the research community. The research community does, after all, now have the additional benefit of the programs of the Institute of Health Services and Policy Research in the recently created Canadian Institutes of Health Research (CIHR).

In this context, the trustees of the foundation modified the statement of institutional purpose. They set a strategic direction for the five years starting 2003 that gives somewhat more emphasis to the perspective of managers and policy makers on evidence-based decision-making (see box on p. 10).

Support for research

The research and training programs we have established will continue, adapted in response to formative evaluations. We will discuss with our partners, co-sponsors and award-holders how to maximize the benefits of these research

continued on page 10

Last call for 2003 nominations

Don't miss the deadline for the 2003 Health Services Research Advancement Award nominations. The Canadian Health Services Research Foundation is looking for nominations of a wide scope of people for the award. It could be a decision maker who funds health services research, works with health services researchers, or frequently uses the research to make evidence-based decisions. It could be researchers who are doing health services research, communicating research well, teaching about health services research, or advocating it. We want to recognize the people who are advancing health services research — and not necessarily in traditional ways.

Nominators should submit a nomination by 5 p.m., March 31, 2003 to the Canadian Health Services Research Foundation. The winner will be awarded $10,000 to use for the advancement of health services research. For more information, please go to our web site at **www.chsrf.ca**.

Health accord's effect on health services research

The federal government will devote $34.8 billion over the next five years to improving Canadian healthcare, providing health services research agencies many opportunities to work in new areas and increase the use of evidence in decision-making.

The keystone of the 2003 Accord on Health Care Renewal is the five-year, $16-billion Health Reform Fund that will provide targeted money for primary care reform, homecare, and catastrophic drug coverage. Each of these areas has been a focus of health services research recently, particularly primary care reform. The reforms in the accord are aimed at providing better continuity of care through the use of multi-disciplinary teams. This and the provisions for improved homecare relate particularly to the Canadian Health Services Research Foundation's Open Grants Competition themes of managing continuity and health human resources. There is a large appetite for research in these areas, and in the area of drug management, which will give health services research funders opportunities to bring research to bear on decisions.

Other initiatives in the accord include $90 million to improve health human resources planning. The accord notes the importance of developing and sharing best practices in the area of health human resources, and the premiers have agreed to strengthen the evidence base for national planning and improved recruitment and retention. This will give organizations such as the foundation the opportunity to further their work in developing health human resources networks.

Improved information technology, particularly as it pertains to telehealth applications for rural and remote areas of Canada, is also an important and growing research field. The accord also places emphasis on the development of electronic health records, which, it is hoped, will improve efficiencies in the healthcare system. Further research into these services will be necessary as governments look for the best ways to implement technology strategies.

One area where there has been a lack of research is in aboriginal health. The accord promises to increase funding for research that will look into how to better integrate health services to narrow the gap in health status between aboriginal and non-aboriginal Canadians.

To learn more about the accord, please go to **www.hc-sc.gc.ca/english/hca2003/accord.html**.

Executive training gets $25 million from feds

Some ideas are too good to ignore. And we are delighted that a program developed with three partners to train health service executives and clinical managers how to use research received $25 million in funding from the February 18 federal budget. This is a recognition of the fact that the 'information age' is not only about producing more research but also, as pointed out in recent federal or provincial reports and the Health Accord, about learning how to use it.

These funds will start a program called EXTRA (Executive Training for Research Application). The program is another of the building blocks in the development of a truly evidence-based decision-making culture for health services delivery in Canada. It also fits well with the foundation's increasing commitment to serve the research needs of the decision-making world.

The trustees of the Canadian Health Services Research Foundation will be accountable for this fund, and will oversee the program along with our partners — the Canadian Medical Association, the Canadian Nurses Association, and the Canadian College of Health Service Executives. The program will train nurse and physician managers, along with health service executives, in how to acquire, appraise, adapt and apply research findings, because they have told us time and again that this is what they need. EXTRA will help the men and women who work in the health system do two things: find the research they need to drive change and learn how to use it to manage change. If these skills aren't added to their management toolbox, the impact that research can have on our health system will never reach its full potential.

We have a lot of ideas about how this program will roll out, and there's a lot of work still to be done. EXTRA will be at least a 10-year program admitting nurse, physician and health-system executives to two-year fellowships, which will include seminars, home institution projects, and mentoring. The fellows will focus on what research could do for them and their home institutions to improve the delivery of healthcare. At least fifteen fellows each year will receive the awards, which are held concurrently with their jobs in their home institutions. These fellows will also commit to train others in their home institution in how to better use research.

Because we are breaking new ground with this program, our first steps will be crucial ones as the partners identify an advisory panel, staff the program, design the curriculum and organize the processes to select the first intake of fellows in 2004. In the meantime, we encourage decision makers to imagine how this opportunity could benefit them and their community. We invite questions, comments, and suggestions on the EXTRA program. Send them to **extra@chsrf.ca**.

New quality council launched

The birthplace of Canadian medicare is once again leading the way in healthcare innovation. On Jan. 1, 2003, the government of Saskatchewan launched the Health Quality Council. This independent agency — the first of its kind in Canada — will monitor and report on the province's healthcare system and recommend innovative ways to improve its quality. Led by a government-appointed 12-member board, which includes international stars in the field such as Don Berwick of the Institute for Healthcare Improvement and Canadian experts, including CHSRF regional officer Steven Lewis, the council will give advice to the government, regional health authorities, and healthcare professionals. Its mandate includes developing evidence-based standards for healthcare delivery, doing research into the effectiveness of new initiatives, and providing advice on human resource needs. For more information visit the council's web site at **www.hqc.sk.ca**.

Knowledge brokering challenges identified

Foundation staff are preparing a new report that explores the work of knowledge brokering — what it is, how it can be done, who can do it, and how it fits into the larger world of knowledge transfer.

Knowledge brokering creates relationships between researchers and decision makers. With this in mind, foundation staff crossed the country last fall, meeting with those doing brokering and the people who employ them. These discussions have led to a soon-to-be-issued report on knowledge brokering in Canada. It will review some of the literature on the topic and discuss how brokering fits into the larger arena of knowledge transfer. The qualities of successful brokering work will be outlined, as well as some of the tasks involved in the work.

The foundation is also considering several pilot projects to evaluate how to effectively use knowledge brokers to optimize knowledge transfer and increase the use of evidence in decision-making. The pilot projects would target organizations that want to incorporate knowledge brokering into their activities or to increase their use. The projects would involve either recruiting and training new brokers or consolidating and training existing brokers.

To read the report and get more information on knowledge broker activities, please visit the foundation's new brokering web page at **www.chsrf.ca/_initiatives/index_e.shtml**

Some good examples of doing, communicating or using research to inform decision makers

Digest summarizes current home and community care research

Health system policy makers and managers looking for quick clips of research on home and community care should read *Home and Community Care Highlights*.

Supervised by Peter C. Coyte, a CHSRF/CIHR chair-holder, this publication is created by a team of graduate researchers who review more than 70 academic publications (both peer-reviewed and grey literature). They then summarize findings they think are of interest to those in the homecare and community care fields.

This digest provides two kinds of summaries. "Headlines and Conclusions" sums up the research papers in two or three sentences. For more information, the "Thumbnail Summaries" section condenses information about the background, method, findings, conclusions and references into a single page per research item. The language is accessible to non-researchers, and the issues addressed are driven by managers' and policy makers' concerns.

The digest will come out four times a year. For more information, please go to **www.hcerc.org**.

New doctorate courses in public health

Decision makers and clinicians take note: Two new doctorate-level courses in public health are being offered this September at the University of Montreal. Led by the CHSRF/CIHR chair in Community Approaches in Health and Inequality and the CHSRF/CIHR chair in Governance and Transformation of Health Organizations, these two new programs were designed to earn candidates a diploma worth 30 course credits in in-depth professional studies in public health. These courses can also be a stepping stone towards earning a doctorate in public health, worth 90 course credits. The diploma program is only available in French, but students can write their papers in English. For more information, please go to "what's new" on the foundation's web site.

A review of a policy document, working paper, commission report or other literature that has not appeared in journals

New research important to decision makers

After five years, the Canadian Health Services Research Foundation, supporting partners and third-party co-sponsors have championed many innovative research projects. Here are our first finished projects, released over the last year on our web site. To view the full reports, please go to the foundation's web site at www.chsrf.ca/docs/finalrpts/index_e.shtml.

Drug costs

- **Randomized Controlled Trial of Pharmacare's Nebulizer to Inhaler Conversion Policy**
  Bruce Carleton / Malcolm Maclure — bcrltn@interchange.ubc.ca/ Malcolm.Maclure@gems4.gov.bc.ca

  This project had B.C.'s pharmacare program stop covering nebulizers as a treatment for breathing difficulties. Instead, it only covered equally effective inhalers. This policy saved $1,063,975 over a year without causing cost shifting or increasing use of medical services.

- **The Impact of Reference Pricing of Cardiovascular Drugs on Health Care Costs and Health Outcomes: Evidence from British Columbia**
  Paul Grootendorst — grootend@fns.csu.mcmaster.ca

  B.C. pharmacare spending on its seniors drug plan was reduced by about $7.7 million, or 3.6 percent when patients were given the option of buying a lower-cost cardiovascular drug and being fully reimbursed, or only being partially reimbursed for a similar but more expensive drug. There was no evidence of increased death rates or long-term care admissions, but ambulatory physician consultations increased and patient health fluctuated, depending on the drug.

Emergency room management

- **Development and Evaluation of a Measurement of Emergency Room Overcrowding**
  Marc Afilalo — marc.afilalo@mcgill.ca

  This project was a first step in creating an assessment tool for administrators to measure the load of clients coming to emergency departments. It focuses on the length of each visit to the emergency department.

- **Methods and Perceived Quality of Care of Elderly Persons in the Emergency Department: Effects on the Risk of Readmission**
  Sylvie Cardin — celeste@dsuper.net

  This project looked at seniors who returned to Montreal emergency rooms quickly and without planning. The factors affecting a quick return were identified, and patients referred to homecare services and given extra information were less at risk of an unplanned readmission. Individuals who didn't like the quality of care at the emergency department were more likely to return.

- **The Effects of System Restructuring on Emergency Room Overcrowding in Montreal-Centre**
  Danièle Roberge — daniele.roberge@sympatico.ca

  This study highlights the major efforts made by hospitals in recent years to implement the shift to ambulatory care, as well as its effect on hospital productivity. The implementation of measures outside emergency rooms — such as homecare services or integrated services for vulnerable clients — was found likely to reduce reliance on emergency services. However, the effects of the shift to ambulatory care on hospital productivity were inconclusive.

Evaluating Effectiveness

- **Assessing the Impact of Methods for Postnatal Monitoring of Mother and Newborn in the Context of Early Obstetric Discharge**
  Lise Goulet — lise.goulet@umontreal.ca

  This project looked for a link between the health of new mothers and newborns, and the type of

continued on page 6

and delay in postnatal services. Early intervention appears to have a beneficial effect on the mother's mental health and lowered the chance of readmission or emergency consultation for the newborn. Analysis of the data reveals serious duplication in service delivery in half of all cases.

- **Assessing the Effectiveness of the Network of Services Available to People with Serious Mental Health Problems Living in the Community**
  Léo-Roch Poirier — lpoirier@santepub-mtl.qc.ca

  This project compares three networks of services available to clients with serious mental health problems who are living in the community. The findings confirm that integration of services makes a difference in meeting needs, in the seriousness of symptoms and in the quality of life for users monitored over 12 months.

- **Prevention and Health Promotion Services in the Perinatal-Childhood-Youth Field in CLSCs: Profile and Study of Determinants**
  Lucie Richard — lucie.richard@umontreal.ca

  This project developed a detailed profile of prevention and promotion services in the perinatal-childhood-youth field in Quebec community group-practice clinics (CLSCs). It also aimed to establish links between organizational and environmental practices, and prevention and promotion services.

Funding Health Services

- **Priority Setting within Regional Funding Envelopes: The Use of Program Budgeting and Marginal Analysis**
  Cam Donaldson — cam.donaldson@ncl.ac.uk

  This study evaluates program budgeting and marginal analysis — an economic framework for priority-setting used in health authorities. As a whole, Alberta managers and clinicians involved in program budgeting and marginal analysis case studies were positive about their experience and suggested future use of the framework.

- **Making Resource Shifts Supportive of the Broad Determinants of Health — The P.E.I. Experience**
  John Eyles — eyles@mcmaster.ca

  This research set out to discover if cross-sectoral resource allocations had been made in line with the broad determinants of health, and if the mechanisms put in place to assist this process — particularly block funding and regional governance — had been successfully applied. Of the instruments put in place to assist moves towards the broad determinants of health, regional governance was seen primarily as a facilitator.

- **Does Changing the Way Doctors are Paid Change the Way They Practice? Evidence from an Ontario Academic Health Science Centre**
  Sam Shortt — seds@post.queensu.ca

  This research project showed no evidence of a significant change in practice patterns following the introduction of global funding for surgeons at an academic health centre. This finding is useful to Ontario decision makers committed to starting alternative funding plans at academic health science centres.

Health Human Resources

- **A Study of the Impact of Nursing Staff Mix Models and Organizational Change Strategies on Patient, System and Nurse Outcomes**
  Linda McGillis Hall / Diane Irvin Doran — l.mcgillishall@utoronto.ca / diane.doran@utoronto.ca

  This study found that higher numbers of regulated nursing staff in Ontario corresponded to faster care, higher perception of technical quality of care (and in turn higher job satisfaction), and fewer medication errors and wound infections. Staff mix was also a significant predictor for four patient health and quality outcomes. Correlations, however, were not evident at six-week follow-up checks.

Homecare

- **Impact of the Shift to Ambulatory Care: Responsibilities and Supervision for Delivering Homecare**
  Eric Gagnon — actiplan@sympatico.ca

  The shift to ambulatory care in Quebec reduced the length of hospital stays for many clients leading to an increase in homecare delivered by workers with CLSCs, community groups, private companies, or patients and their families.

This study shows the ambulatory shift is based on and reinforces a dumbing-down of care. There is a presumption that anyone can deliver a range of care. In fact, care is often more complex for patients and their families than for professional workers.

Innovation

- **Clinical and Organizational Innovation In Healthcare Organizations**
  Jean-Louis Denis — jean-louis.denis@umontreal.ca

  Resistance to change will always be a challenge that those intent on making innovation happen will have to face. This report looks at what healthcare organizations need to do in order to facilitate the acceptance of new ideas and new ways of doing things. Researchers looked at statistical data and did 63 in-depth interviews to produce this report.

Mental Health

- **Therapeutic Relationships: From Hospital to Community**
  Cheryl Forchuk — Cforchuk@julian.uwo.ca

  This research project proved the benefit of a new way of helping people with mental illness make the difficult transition from hospital to community. It saved more than $12 million over one year through shorter hospital stays in 13 wards, while improving how patients function. This model is most beneficial when targeted at individuals who say they are lonely.

- **Dementia Care Networks' Study**
  Louise Lemieux-Charles — l.lemieux.charles@utoronto.ca

  This study looked at four community-based dementia care networks in Ontario. It focused on the evolution, structure, and processes of the networks and how they serve the needs of care recipients and caregivers using acute-care agencies' services. The findings have implications for care recipients, caregivers, health and social service professionals, and government policy makers.

Policy-Making

- **Values In Canadian Health Policy Analysis: What Are We Talking About?**
  Mita Giacomini — giacomin@mcmaster.ca

  This project analyzed how authors addressed and discussed "values" in 36 Canadian health reform documents published from 1990-1999. The great variety of things that Canadian health reformers call "values" were identified. The researchers also did a scholarly review and synthesis of values theories across academic disciplines and developed two frameworks for policy analysis: one for finding values for empirical study, and one for finding values in policy reasoning.

- **Examining the Role of Health Services Research in Public Policy-making**
  John N. Lavis — lavisj@mcmaster.ca

  This study's overall goal was to explore whether, how, and under what conditions health services research played a role in provincial policy-making. Results highlighted not only the use of health services research, but also the importance of other sources of information and other types of influences in the policy process.

System Use

- **A Randomized Controlled Trial of Pharmacotherapy Specialist Team Consultation Integrated into Primary Care Practice Settings versus Specialty Service Provided in a Hospital Outpatient Clinic**
  Lisa Dolovich — ldolovic@fhs.csu.mcmaster.ca

  This study evaluated differences between being treated by a drug therapy specialist at a primary care practice and in a hospital. There was no statistically significant difference in the costs of specialists seeing patients at either site. The results did not change appreciably when patient costs were considered.

- **Low-Income Consumers' Perspectives on Determinants of Health Services Use**
  Miriam Stewart — miriam.stewart@ualberta.ca

  This study examined the patterns and determinants of health services use from the perspectives

continued on page 8

Recruiting and retaining doctors in rural areas

Bandolier has created a table summarizing the findings of 21 studies that look at the factors that increase recruitment and retention of general practitioners in rural and remote areas. It shows that generally, upbringing and training in rural and remote areas have a significant impact.

Education level	Number of studies	Factors increasing recruitment	Factors increasing retention
Pre-med	6	Growing up in a rural area and a desire to become a general practitioner increases rural recruitment.	None found.
Medical school	15	Specialized study programs that give experience in rural care, specialized curriculum, plus physician shortage programs increase likelihood of recruitment.	Specialized programs that give experience in rural primary care and specialized curriculum increases retention.
Postgraduate	6	Residence programs with more rural rotations and obstetric training increases the likelihood of recruitment.	Rural rotation and residency that emphasizes under-served healthcare and preparedness for small-town living increases retention.

Source: Rural Gps: getting them and keeping them. November 2002; 105-4.
On the web, please go to www.jr2.ox.ac.uk/bandolier/band105/b105-4.html.

New research important to decision makers *continued from page 7*

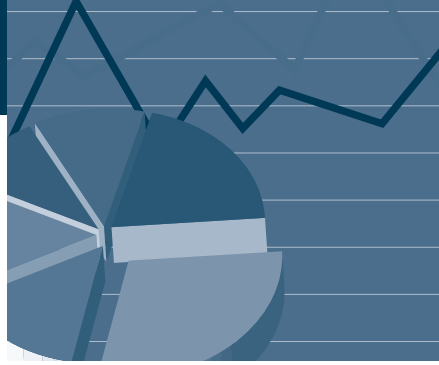
of Canadians living in poverty, with the view to informing programs and policies that address the factors influencing health services use by the poor. Participants' recommendations reinforced those of low-income people regarding increasing accessibility and quality of services.

- **The Ontario Mother & Infant Survey Postpartum Health and Social Service Utilization: A Five-site Ontario Study**
  Wendy Sword / Susan Watt — sword@mcmaster.ca / wattms@mcmaster.ca

  This study found that postpartum lengths of stay in five Ontario hospitals varied according to site, the characteristics of mothers and newborn infants, and institutional practices. Readmission should not necessarily be seen as a negative outcome of postpartum short stay practices.

- **Reducing the Length of Stay: How it Affects Patients and Their Families**
  Pierre Tousignant — ptousi@santepub-mtl.qc.ca

  The study was designed to measure the effect of the reduction in length of stay associated with the shift on the health and psychological well-being of patients and their families in Montreal. A survey of 14 projects on the topic found the studies did not provide valid, accurate data on the effect of substituting homecare services for hospital services.



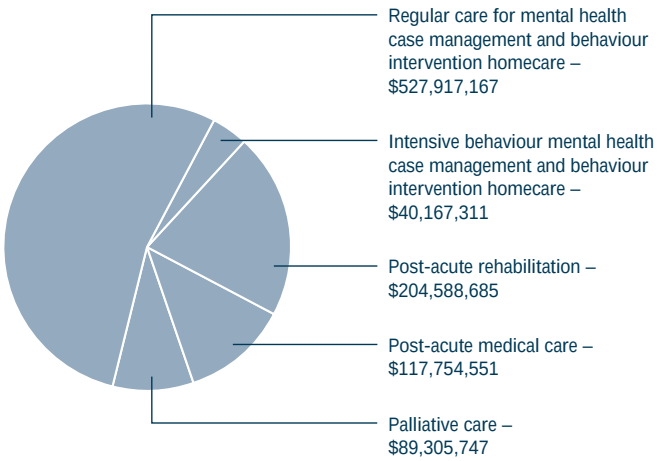
Where the money could go:

Romanow's $1 billion homecare transfer

It's well-known by now that Roy Romanow recommended that $1 billion be put into targeted homecare every year as part of the transfer payments from the federal government to the provinces. But how did he come up with that number?

Because existing data didn't do the trick, the commission consulted homecare experts for an estimate of the annual cost of care in four areas: case management and behaviour intervention in home mental healthcare, post-acute rehabilitation, post-acute medical care, and palliative care. Most of the data used came from Health Canada, Statistics Canada, the Canadian Institute for Health Information, scientific publications, individual healthcare agencies, the Resident Assessment Instrument - Health Informatics Project funded by the Health Transition Fund, and the Government of Manitoba's pilot of the Resident Assessment Instrument in homecare.

The five pieces of the $1 billion homecare transfer — Annual costs



Source: Commission on the Future of Health Care in Canada — www.healthcarecommission.ca

Nursing Care Partnership moves forward

The Canadian Health Services Research Foundation is pleased to announce it has released $500,000 to the Canadian Nurses Foundation for research on nursing care issues. This money will be used to fund research and help attract co-sponsors for various research projects on nursing care issues. The funds for 2003 were released after the CNF met the conditions of funding for their partnership with the CHSRF, and the two foundations have agreed on the milestones and indicators that will be used to decide on the continuation of the partnership after the first 24 months. For more information on the Nursing Care Partnership, please go to **www.canadiannursesfoundation.com/english/frameindex.html**.

New focus supports knowledge transfer, decision makers

continued from page 1

and training programs. For example, we will try to expand our learning network of regional training centres and education and mentoring chairs to incorporate CIHR's newly funded health services research training centres.

In addition, we will do more direct commissioning of research, starting with some provincial partnerships to evaluate the emerging primary healthcare models. We also want to improve how research syntheses are done for management and policy decisions — the science of synthesis. And we are surveying universities to see how promotion processes deal with applied research activities, such as the time and effort spent on communicating with decision makers.

Support for decision-making

We plan to expand the number of "exchange events" that we support. For instance, with the Canadian College of Health Service Executives and the Canadian Policy Research Networks, we held invited workshops across the country in February to bring senior managers and policy makers together with researchers around implementing changes following the Romanow report. Our sponsorship of this kind of dialogue between researchers and decision makers will become more common.

We will step up our work on tools that can help decision makers and their organizations improve evidence-based decision-making. Our self-assessment tool for organizational capacity in evidence-based decision-making should be complete in 2003, and we are compiling an inventory of best practices in receptor capacity for health services research.

We are creating educational materials and a support network for knowledge brokers in the health sector, and we are planning some pilot projects to evaluate different settings and roles for them. We are starting to create knowledge networks around theme areas such as regionalization.

In 2004, we will consult managers and policy makers again on their priority issues, with a repeat of the triennial "*Listening for Direction*" exercise that informs national health services research priorities.

Finally, a partnership has been formed with the Canadian Medical Association, the Canadian Nurses Association and the Canadian College of Health Service Executives to deliver a major new program called Executive Training for Research Application. EXTRA is designed to equip nurse, physician and health service executive leaders with the skills to better apply research to their management tasks. This will be a new flagship program for the foundation, emphasizing our increasing orientation toward support for decision makers and knowledge transfer in the health sector. (see p. 3).

Statement of Institutional Purpose

Vision

Our vision is a strong Canadian healthcare system that is guided by solid, research-based management and policy decisions.

Mission

To support evidence-based decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

Strategy

To establish and foster linkages between decision makers (managers and policymakers) and researchers in the governance of the foundation and in the design and implementation of programs to support research, develop researchers and transfer knowledge.

Objectives

- To enhance the quality and quantity of research that responds to the needs of health system decision makers.
- To get needed research into the hands of health-system managers and policy makers in the right format, at the right time, through the right channels.
- To help health system managers, policymakers and their organizations to routinely acquire, appraise, adapt and apply relevant research in their work.
- To bring researchers and decision makers together regularly to understand each other's goals and professional culture, influence each other's work, and forge new partnerships.

Operating Principles

- Innovation
- Collaboration
- Transparency
- Flexibility

Questions? Comments? Please see our website at www.chsrf.ca, or e-mail the newsletter editor, Tara Tosh, at tosht@chsrf.ca.
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