



eHealth InfoSource cybersanté



2004

VOLUME 2, SUPPLEMENT 1

ISSN 1705-9712

Contents

- **About the Bulletin**
- **Announcements**
- **KDE Funded Projects**

Français

eHealth InfoSource cybersanté is a free electronic awareness service alerting readers to new electronic information resources available in eHealth. It is published by the Health and the Information Highway Division, Health Canada. [More information](#) about this publication.

To subscribe to *eHealth InfoSource cybersanté* send an email to ehealth_infosource_cybersante@hc-sc.gc.ca

Find more eHealth resources on our Web site at http://www.hc-sc.gc.ca/ohih-bsi/res/index_e.html

Announcements

Special Issue Highlighting KDEP Reports

This supplement differs from the usual format of this publication. We've devoted it entirely to highlighting the results of the Health and the Information Highway Division's Knowledge Development and Exchange (KDE) program.

The KDE program provided support to stakeholders engaged in applied research and the development of solutions to issues in areas such as protection of personal health information, telehealth and electronic health records, as well as in the development of awareness and training approaches for health professionals related to the use of information technologies in health.

Fourteen projects were funded in total and, in this issue, you will find summaries of the reports, as well as links to the full reports.

KDE Funded Projects

Following are brief summaries of the fourteen KDE project reports. To review an entire report click on the link at the bottom of the summary.

Assessing the Informatics Education Needs of Canadian Nurses -- Educational Institution

Component

Policy Priority Area : Education and Training - Nurses
Organization : Canadian Nursing Informatics Association
Location : Toronto, Ontario

Atlantic Telehealth Knowledge Exchange (ATKE)

Policy Priority Area : Telehealth, Knowledge and Development
Organization : Izaak Walton Killam (IWK) Health Centre
Location : Halifax, Nova Scotia

Bringing Evidence to the Point of Care

Policy Priority Area : Education and Training- Physicians
Organization : University of Toronto
Location : Toronto, Ontario

Building Working Knowledge: Exchanging Web-based Concepts and Tools

Policy Priority Area : Development of Research Support ICTs
Organization : University of Manitoba
Location : Winnipeg, Manitoba

Canadian Virtual Hospice: Needs Assessment for the Canadian Virtual Hospice

Policy Priority Area : Telehealth, Palliative Care
Organization : McMaster University
Location : Hamilton, Ontario

Framework for Remote and Rural Readiness in Telehealth

Policy Priority Area : Telehealth
Organization : University of Calgary
Location : Calgary, Alberta

The Health Care Information Directive

Policy Priority Area : Protection of Personal Health Information

Organization : Sunnybrook and Womens College Health Sciences Centre

Location : Toronto, Ontario

Improving Nurses' Triage Skills through Web-based Learning

Policy Priority Area : Education and Training - Nurses

Organization : Centennial College of Applied Arts & Technology

Location : Scarborough, Ontario

Information and Communications Technologies and Continuing Health Professional Education in Canada

Policy Priority Area : Education and Training

Organization : Memorial University of Newfoundland

Location : St. John's, Newfoundland and Labrador

Integrating Internet Technology into Physician Quality Improvement Initiatives

Policy Priority Area : Education and Training- Physicians

Organization : College of Physicians and Surgeons of Ontario (CPSO)

Location : Toronto, Ontario

Manual of ethical, legal and social issues surrounding the electronic networking of health information

Policy Priority Area : Electronic medical records

Organization : Centre for Bioethics, Clinical Research Institute of Montréal (IRCM)

Location : Montréal, Québec

Policy Implications for Geography and Scope of Services for Telehealth

Policy Priority Area : Telehealth

Organization : University of Toronto

Location : Toronto, Ontario

Strategic Framework for Evaluation that is Useful and Utilized

Policy Priority Area : Evaluation - Telehealth

Organization : CHUQ Research Centre

Location : Beauport, Québec

Toward an Evaluation Framework for Electronic Health Records Initiatives

Policy Priority Area : Evaluation of EHR Initiatives

Organization : Memorial University of Newfoundland

Location : St. John's, Newfoundland and Labrador

Assessing the Informatics Education Needs of Canadian Nurses -- Educational Institution Component

Study's Goal

The rapid growth of Health Information Systems (HIS) enhanced by Information and Communications Technologies (ICT) in the health care field, and other related domains, has brought about the need to optimize nurses' informatics competencies. The overall goal of this study was to define the level of knowledge required, the competencies and the possibilities in improving Nursing Informatics (NI) at a national level. This includes the use of ICTs in the direct provision of care, in establishing effective administrative systems, in managing and delivering educational experiences, in supporting lifelong learning, and in supporting nursing research.

Methodology

Implementation of the project was carried out by the distribution, in autumn 2002, of three survey questionnaires and analysis of data collected among 77 out of 81 schools including university baccalaureate programs and collaborative college / technical institution programs. This study used survey questionnaire methods and referent group discussions established at a national level.

Findings

The findings emphasize the importance of expanding accessibility and increasing use of ICTs in clinical and educational settings. This study also proved that the general opinion of practitioners, teachers and students were favourable to enhancing NI education in vocational and continuing training.

Conclusions

The report makes 9 major recommendations, identifying lead organizations for each. The report stresses the importance of establishing more links between NI and clinical expertise. The expanding use of ICTs and HIS reveals the necessity of redefining educational programs regarding NI competencies. A comprehensive national strategy on the use of NI based on the practical experience acquired by practitioners and research based on partnerships with the private sector is recommended. Lessons learned in implementing the project are also included.

Read the [full report](#).

[Back to Top](#)

Atlantic Telehealth Knowledge Exchange (ATKE)

Study's Goal

The goal of the Atlantic Telehealth Knowledge Exchange (ATKE) project was to promote excellence in telehealth in Atlantic Canada and to contribute to telehealth knowledge and knowledge exchange at provincial, regional, and national levels. The ATKE Steering Committee contracted a partnership of two consulting firms, Atlantic Evaluation Group Inc. and The Quaich Inc. to conduct a process evaluation of the ATKE project; a formal, value-based, post-project assessment to determine the value derived from the

projects research effort and the potential for the Atlantic Telehealth Knowledge Exchange.

Methodology

A program logic model and an evaluation framework were developed. Data was collected through interviews and a document review. A semi-structured focus group / interview guide was developed for the collection of input from Steering Committee members, HIA, stakeholders, and project consultants.

Findings

The ATKE project was successful in engaging stakeholders and increasing awareness of the project. Various activities undertaken have resulted in: the development of a working relationship with HIA; the development of a value proposition identifying the relevance and value of developing an ATKE; and to align regional, provincial and federal service delivery initiatives and strategies concerning emerging educational modalities for health care providers.

Conclusions

The report makes eleven recommendations, including: keeping the focus on what gives people passion about telehealth; working with grassroots groups to identify telehealth priorities; and implementing the dissemination plan in the immediate future, in order to maintain momentum for Atlantic telehealth collaboration.

Read the [full report](#).

[Back to Top](#)

Bringing Evidence to the Point of Care

Study's Goal

One significant source of medical errors is inconsistent access to and application of relevant evidence. The evidence from research findings needs to be translated into information that is appropriately formatted for clinicians and patients, and information systems can make this translated information available for realtime clinical decision making. This research program was designed to provide insight into how to deliver mobile information services in a professional environment, and to present solutions for providing decision support information on small, portable or wearable platforms.

Methodology

Clinicians, general internists and family physicians were surveyed in order to determine their familiarity with computers, what evidence resources they would like to have available to them, and how they would like this information presented. This information was used to develop sample materials for evaluation on mobile computers.

Findings

Work done through this research was successful in presenting an evaluation of relevant literature, the development of a "user interface" for mobile devices, the development and implementation of a testing protocol, as well as the development of a search engine and preliminary work on the development of an online prescribing tool.

Conclusions

Based on the analysis of testing sessions, it was determined that the users (clinicians, general internists and

family physicians) wanted access to a drug reference database at the point of care and to an online prescribing tool that integrated the relevant evidence with the order entry system.

Read the [full report](#).

[Back to Top](#)

Building Working Knowledge: Exchanging Web-based Concepts and Tools

Study's Goal

This project aimed to create and evaluate the tools required for Web-based research in order to ease accessibility and navigability in the wealth of information in administrative databases collected by provinces and territories on Canadian health. Accessible on the Manitoba Centre for Health Policy (MCHP) Web site, these tools were designed to improve productivity of research nationally and internationally. They include conceptual definitions and frameworks with broad applicability to population-based health services research and epidemiology.

Methodology

The development of a "Concept Dictionary", a "Meta-index and Glossary", a "Protocol for Conducting Administrative Research", and a "Project Documentation" allowed the team to create "information-rich" research environments. From January 1998 to 2003 MCHP used access logs from the University of Manitoba Apache WWW server to monitor the Web site. This approach permitted researchers to count the number of "hits" and unique "hosts" accessing and loading information from specified Web site locations in order to evaluate the access and demand of these tools.

Findings

With its consistent approach to research design, the MCHP has created a publicly-accessible, Web-based knowledge repository (the Concept Dictionary and accompanying glossary and protocols) comprising various concepts, methods, and tools appropriate for working with administrative data. This Web site has shown substantial and constant growth in usage over the years.

Conclusions

By using these tools the potential for error and for "re-inventing the wheel" is reduced, helping the Centre to carry out its mandate to provide accurate and timely information to health care decision-makers, analysts, and providers; i.e., to offer services which are effective and efficient in improving the health of Manitobans. The repository encourages the use of standard terminology and methodology, helps to preserve institutional knowledge, prevents duplication of effort, facilitates collaboration, and aids project management.

Read the [full report](#).

[Back to Top](#)

Canadian Virtual Hospice : Needs Assessment for the Canadian Virtual Hospice

Study's Goal

The Canadian Virtual Hospice (CVH) was created by a group of Canadian palliative health care professionals to serve Canadians with a vested interest in care for persons living with a terminal illness. Its committee commissioned a cross-Canada study to assess the functions that the site should serve and the content it should provide. This needs assessment was conducted in the spring and summer of 2002.

Methodology

Needs assessment information was gathered by various means: individual and group interviews, survey questionnaires, and phone conferences with a sample of patients and their families, and with a representative group of professional and non-professional caregivers.

Findings

Patients and families indicated that the CVH could be used as a tool to educate both themselves and their professional caregivers, and to facilitate access to appropriate community resources and support facilities. Professional and non-professional caregivers suggested that it could also be used to better explain palliative care to the public, for a broader understanding of the role of palliative care. They saw the site as potentially helpful in identifying resources that could help their patients, accessing research information, accessing information on continuing education, networking with other professionals in palliative care, and potentially easing some of their workload.

Conclusions

As a general outcome of this needs assessment, the report recommends that the "architecture" of the proposed CVH site should include the following topics (in order of stakeholder-perceived priorities): mutual support; education/information; professional continuing education; community resources; research; professional-to-professional consultation; administrative "corner"; product resources; and personal space.

Read the [full report](#).

[Back to Top](#)

Framework for Remote and Rural Readiness in Telehealth

Study's Goal

Adopting telehealth could signify an innovative solution to inequities in health status, quality care, and access problems faced by communities in rural and remote areas. The use of advanced telecommunications technologies to exchange health information requires the formulation of a strategic perspective. This study aims to identify the core factors of telehealth implementation and participation in telehealth readiness in rural and remote communities; i.e., the factors that either promote or impede the successful implementation of and participation in telehealth by rural community members.

Methodology

Using a qualitative approach through the input from all 'key stakeholders' (including patients, health care providers, and the public), this study aims to elaborate the concept of telehealth readiness in one community. Data on 'telehealth readiness' was collected via sixteen key-informant semi-structured telephone interviews, two community awareness sessions followed by five focus groups.

Findings

Data analysis suggests defining various types of 'readiness' (core readiness, engagement, structural readiness and non-readiness), extracting prominent themes affecting readiness (core and structural readiness, projection of benefits, assessment of risk, awareness and education and intra-/inter-group dynamics) and, finally, establishing links between target groups.

Conclusions

The report makes specific recommendations, including: underlining the importance of understanding readiness; that readiness assessment should be conducted prior to telehealth or e-health applications being implemented; that input and participation of all key stakeholders into policy development is required; and that telehealth programs should be implemented and evaluated in a culturally aware and sensitive manner.

Read the [full report](#).

[Back to Top](#)

The Health Care Information Directive

Study's Goal

This report discusses the results of a national study to assess the feasibility and utility of the Health Care Information Directive (HCID). The HCID is a model intended to allow individuals to make informed choices regarding the use of their health information. Based on the study results the report discusses the salient issues related to the balance between protecting personal privacy and the necessity of health information for the efficient operation of a complex health care system. Ethical issues involved in changes in legislation and the concept of informed consent, which demonstrates the socially beneficial uses of personal health information, are also discussed. Finally, it outlines links to how the HCID fits into the debate about health information privacy.

Methodology

The study used a mixed methods approach for data collection, consisting of an e-mail survey of key informants and focus group meetings. The e-mail survey elicited 26 responses. Four focus groups (with 28 participants in total) were conducted.

Findings

The HCID stimulated a wide range of responses, ranging from extremely enthusiastic to highly critical. Most key informants and survey respondents were acutely aware of the many barriers related to the successful implementation of such a directive, and stressed the need for a substantial educational effort. In contrast, the focus group participants showed a low level of understanding and knowledge of health information issues. There was general mistrust of any uses of their health information, and a lack of belief that a technique such as the HCID would adequately protect their privacy or enhance their autonomy.

Conclusions

The authors propose the following key recommendations. One recommendation is that a revised HCID be created with a simplified layout, plain language, clear definitions, and improved instructions and explanations. They also recommend the initiation of a broad public education campaign and the engagement of the public on issues of health information and privacy. The authors also stress the need for increased funding for privacy

issues to pilot and assess which methods are best suited to the goal of increasing health information privacy.

Read the [full report](#).

[Back to Top](#)

Improving Nurses' Triage Skills through Web-based Learning

Study's Goal

In an effort to improve access and standardize the Canadian Triage and Acuity Scale (CTAS) training for nurses, the Change Foundation funded the development of a six-week Web-based version of the course. This research project was conducted to test certain online teaching and learning practices in the CTAS course using an experimental design in order to enhance learner satisfaction and improve the accuracy of emergency nurses' triage skills.

Methodology

The study included 124 participants of the Emergency Department Registered Nurses from seven provinces and one territory who enrolled in the CTAS course over nine months. Nurses were first identified by work site. Then, all nurses from a particular site were randomly assigned to either the experimental or the control group.

Findings

One of the study's major findings was that the online CTAS course positively affects nurses' triage skills. Evidence from the chart audit showed a triage accuracy rate of 70% for all nurses. Virtually every nurse expressed interest in further online learning. There was, however, a highly significant difference in the types of triage errors made by the two groups. The majority (83%) of clinically significant errors (under-triaging) were made by nurses in the control group. But, not all experiences were positive. Highly experienced nurses reported being disappointed with the introductory nature of the course content, and desired more complex case analyses.

Conclusions

The report underlines that the online CTAS course provided a standardized, effective, and enjoyable educational experience that developed nurses' triage accuracy. Two activities, i.e., an online Internet tutorial and a workplace project, enhanced learners' preparation for online learning and the transfer of learning to the workplace. These findings, among others, will be useful to professionals from a variety of health care disciplines, as well as to educators and administrators who are interested in developing quality online programs that improve professional practice.

Read the [full report](#).

[Back to Top](#)

Information and Communications Technologies and Continuing Health Professional Education in Canada

Study's Goal

The use of information and communication technologies (ICTs) in the health care system and in the continuing education of health professionals have an important role to play in addressing recruitment and retention challenges, facilitating the maintenance of competencies among rural health care providers, and enhancing the quality of care provided to rural and remote communities. The objectives of the study are twofold: first, it addresses the identification of the extent and level of ICT usage among Canadian continuing health professional education (CHPE) providers; second, it addresses the assessment of ICT types related to training and educational programming that is being provided by CHPE providers.

Methodology

A questionnaire-survey of CHPE providers was conducted in order to meet the project goals. The survey was designed by the research team and validated by an advisory committee to collect information concerning: the technologies being used to deliver distance education programs; factors that influence decisions to offer technology-based distance education; source(s) of support and available resources for technology-based distance education programs; and the type(s) of CHPE programs being offered in the areas of ICT-related training and education.

Findings

Among the main study findings is the observation that Canadian schools of medicine and nursing report the highest level of experience in technology-based distance education programs offered to health professionals and that they are responsible for a significant number of the technology-based distance education programs. In this sense, hospital / health care management boards favour technology-based distance education as a more 'cost-effective' means of addressing mandatory CHPE needs of health professionals.

Conclusions

The report attaches great importance to organizational support as a critical factor in the development and expansion of resources for a successful and sustainable delivery of technology-based distance education to rural and remote health professionals. Since partnerships involve the combining of expertise and resources, the municipal, provincial, and federal levels of government have a role to play in encouraging, facilitating, and supporting such partnerships.

Read the [full report](#).

[Back to Top](#)

Integrating Internet Technology into Physician Quality Improvement Initiatives

Study's Goal

Enabling the medical profession to utilize Internet technology to its fullest potential requires the determining of baseline competencies and concerns associated with Internet usage. Internet-based learning tools and resources are easy enough to provide, but they are ineffective if not used. This study consisted of a survey to assess physicians' Internet use and skills, and their needs for encouraging and improving both. The study also examined the concerns that physicians have with security, patient confidentiality, and privacy when using

online tools.

Methodology

The sample for this survey was drawn from the College of Physicians and Surgeons of Ontario (CPSO) registry. A total of 1 483 physicians were eligible for inclusion with a response rate of 61.4% (911 / 1 483). The survey items were designed through an iterative process and were to be applicable to both Internet users and non-users, so that barriers and needs in both groups could be examined.

Findings

The results of the study clearly showed that the majority of Ontario physicians use the Internet for professional purposes (77.9%). Primarily the use of the Internet is to access medical literature, to communicate professionally with colleagues and to access various educational activities. The study also determined the importance of computer proficiency as a way to overcome Internet barriers, and acknowledged professional Internet resources wanted by physicians such as online access to patient information.

Conclusions

Knowledge and familiarity with regard to general computer / Internet proficiency are limited by organizational and system-level problems. Three major aspects should be considered in order to establish programs and policies designed to increase Internet use in daily practice: physician time availability to access the Internet for practice; Internet access at the point-of-service provision; and timely access to information online, with regard to searches and information review.

Read the [full report](#).

[Back to Top](#)

Manual of ethical, legal and social issues surrounding the electronic networking of health information

Study's Goal

The computerization process and placing of information on networks is a significant feature of the transformation of the healthcare systems in progress in Quebec, in Canada, and elsewhere in the world. Producing a handbook on management of ethical and social questions concerning networking of health information, by the IRCM, stems from the need to promote the identification, assessment and prevention of the ethical and social problems of health information networking.

Methodology

The decision to produce this handbook was made based on the outcome of interviews with 21 persons in charge of 15 health information networking projects in Quebec who said they were ill-equipped to: personally identify the ethical and social questions raised by their projects; convince the decision-makers and users of the importance of the questions which they themselves identified; prevent or, failing that, to manage the problems that these questions could cause.

Findings

Intended for the various stakeholders and partners involved in networking projects, the handbook has two parts. Part 1 consists of a general introduction to networking and the ethics of health information networking. The networking situation in Quebec is fully described in order to identify the potential changes hidden in the

networking process; it describes its dynamics in the present legal context, and it indicates the principles and values at stake in the ethical analysis of networking. Part 2 identifies ten "key dimensions" to take into consideration in the design and implementation of every health information networking project.

Conclusions

The handbook's approach underlines the importance of a public debate based on priorities that are clearly identified and shared by the stakeholders. Multiple types of potential applications derived from health information networking (electronic patient records, population registers) can affect most core activities in the healthcare system (clinical, administrative and research and training activities). This highlights the importance of including assessment mechanisms from the initial phase of the project because they allow exchange not only on the identification of needs, but also on the ultimate aims of the networking plan.

Read the [full report](#).

[Back to Top](#)

Policy implications for Geography and Scope of Services for Telehealth

Study's Goal

In Canada, telehealth has gained considerable attention, yet it is still a relatively minor part of Canadian health care delivery. The study's main goal is to explain the resistance of telehealth implementation and how telehealth fits into a larger policy context. It concentrates on two key system-level policy issues for telehealth services: the scope of services being offered by telehealth and how this matches existing arrangements for insured services; and how telehealth services barriers associated with geography are dealt with in a system organized and financed according to provincial/regional boundaries.

Methodology

This case study of 43 Canadian telehealth programs employed a variety of approaches to data collection, including document review, utilization data, and 53 semi-structured interviews. In addition to material bearing on the research questions, the project also reported data concerning sources of funding, who provides services, and the nature of services provided.

Findings

The results of this research indicate that scope of services is not yet a serious issue within telehealth. Most telehealth programs do not have secure funding. A major barrier to access on demand is inherent in the structuring of the programs; and in most cases it is not realistic to expect rapid access to telehealth services on an emergency or unscheduled basis. However, it is important to recognize that with telehealth most patients do not have to travel, which reduces the total cost of health services.

Conclusions

Three major conclusions, extracted from the seven recommendations presented in the report, are: the value of telehealth as an educational and administrative tool should receive formal recognition; the importance of ensuring stable funding for telehealth programs; and the importance of recognising that the expectations for telehealth as a way of improving access to consultation care for rural / remote areas 'on demand' or improving

provision of personalized health information and advice to patients' homes do not match well with current activities and seem unlikely to do so, given the current technology.

Read the [full report](#).

[Back to Top](#)

Strategic Framework for Evaluation that is Useful and Utilized

Study's Goal

The purpose of this study is to help develop a strategic framework for an evaluation that is actually used by decision-makers who play a part in introducing and disseminating new information and communications technologies (NICT) in the health sector.

Methodology

A multiple case study was selected as the methodological approach in order to analyse four evaluations of information and communications technology projects located in Quebec. These projects looked at the three different types of NICTs: the health card, computerized patient records, and telemedicine. The analysis looked at the nature and phases of the projects, stakeholders, perceived issues, methodological and theoretical approaches, strategies, data collection activities, and information sources used in the project evaluations in order to create a reference framework to ensure that evaluation results were integrated into the decisions made at various stages of the projects.

Findings

Data analysis found that the evolution of theoretical approaches, strategies, and methodological and data collection approaches depends on the stage at which projects are examined. As a result, stakeholders and issues at different levels of intervention (local, regional, and central) have to be studied at all the various stages, from emergence to project diffusion. The sharing and transfer of knowledge and lessons learned are the outcome of all these dynamics at work. This outcome is a determining factor for the future use of evaluation and its application to decision-making. Finally, the environment, which includes both the nature of the projects and the political context in which they are conducted, will affect all components of the strategic evaluation framework.

Conclusions

The work completed by the authors thus far has helped to develop a strategic framework for an evaluation that offers the advantage of not restricting the evaluation to only one method, but rather it describes a series of components that must be taken into consideration in order to promote use of the evaluation of NICTs and its application in decision-making.

Read the [full report](#).

[Back to Top](#)

Toward an Evaluation Framework for Electronic Health Records Initiatives

Study's Goal

In the framework of the development of the electronic health record (EHR), Canada Health Infoway (Infoway) with the Newfoundland and Labrador Centre for Health Information (NLCHI) supported and accelerated the development and adoption of interoperable electronic health records solutions across Canada. The main purpose of this project was to develop an evaluation framework for EHR initiatives in Canada which would meet the information needs of a variety of key stakeholders in policy and decision making roles, as well as users of the system, such as managers and clinical care providers.

Methodology

This project was carried out by a research team of university specialists along with specialists from the NLCHI. In order to establish this framework, the team conducted a systematic review of current initiatives underway across Canada, published literature and project reports, and consulted with key informants (which included 50 Canadians who held a variety of positions in government across the country).

Findings

The report emphasizes the fact that there is little uniformity in the design and planned implementation of the identified core components of an EHR (Unique Personal Identifier/Client Registry; Pharmacy Network, Laboratory Network and Diagnostic Services Network) and that each jurisdiction has a different configuration of legacy system upon which it is building its EHR. In addition, the assessment of the published literature and project reports revealed that there is a dearth of information regarding evaluation of geographically dispersed health information systems. Facing the absence of a generic approach the authors propose to use an evaluation framework utilized by the National Health Service in the UK to guide the evaluation of EHRs.

Conclusions

The report presents 5 recommendations for developing a standardised approach to the assessment of EHR initiatives inspired on the framework utilized by the National Health Service in the UK. This will allow the creation of a national inventory of evaluations protocols, instruments and evidence.

Read the [full report](#).

[Back to Top](#)

About the Bulletin

eHealth InfoSource cybersanté (ISSN 1705-9712) is published 10 times per year by the Health and the Information Highway Division, Health Canada. Combined issues appear in January/February and in July/August. Supplement issues on special topics may be published from time to time.

URL of publication: http://www.hc-sc.gc.ca/ohih-bis/pubs/bulletin/infosource_e.html

Address of the French version: http://www.hc-sc.gc.ca/ohih-bis/pubs/bulletin/infosource_f.html

All of the resources described in this publication were accessible on September 30, 2004.

Please send any comments to us via e-mail at hihd-dsi@hc-sc.gc.ca

To subscribe to eHealth InfoSource cybersanté send an e-mail to ehhealth_infosource_cybersante@hc-sc.gc.ca

Past issues are available at: http://www.hc-sc.gc.ca/ohih-bsi/about_apropos/hcpubssc_e.html#info

Access all of the eHealth resources on our Web site at http://www.hc-sc.gc.ca/ohih-bsi/res/index_e.html

[Back to Top](#)

Health and the Information Highway Division, Health Canada
Jeanne Mance Building, Tunney's Pasture, AL 1904
Ottawa, Ontario K1A 0K9