Breakthroughs where healthcare policy and delivery meet
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Funded through an agreement with the Government of Canada, the Canadian Health Services Research Foundation (CHSRF) is an independent organization dedicated to accelerating healthcare improvement and transformation for Canadians. We collaborate with governments, policy-makers, and health system leaders to convert evidence and innovative practices into actionable policies, programs, tools and leadership development.

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Last year saw a process of revitalization as well as a realignment of activities designed to deliver more efficient, more focused service for healthcare decision-makers—our partners and collaborators. Midway through 2011, the Board of Trustees instructed the Canadian Health Services Research Foundation (CHSRF) to extend the endowment to 2016. CHSRF reduced staff by 16 percent and reduced the annual budget by approximately $2 million. It also sharpened program focus at the nexus of health policy and delivery of health services.

As examples of our new direction, the Healthcare Financing, Innovation and Transformation project commissioned 20 research synthesis papers targeted specifically at healthcare financing; and our carefully tailored Northwest Territories transformation project provided training to help health system executives, managers, policy-makers and frontline healthcare providers plan for chronic disease management in the North.

There was a 25 percent increase in attendance at our annual CEO Forum for healthcare leaders. We used partnerships to expand our popular Patient Engagement Program (PEP). PEP aims to engage patients in the process of delivering health services. Patient engagement is critical to effective healthcare system transformation. Meanwhile, our CHSRF on Call and Mythbusters offerings continued to spur pan-Canadian dialogue among researchers, governments and health system leaders.

Partnerships and collaborations figured prominently amid our transformative work. The 32 partnership agreements we forged included a regional collaboration with the Fraser Health Authority and a provincial partnership with the Saskatchewan Ministry of Health; the latter involved embedding researchers with the Saskatchewan Surgical and Primary Healthcare Initiatives.

Our program of work and accomplishments at the corporate level in 2011 set the foundation for the next phase in CHSRF’s evolution. As a result, we have great expectations for ourselves and anticipate that much will be expected from us across the healthcare community. We intend, as always, to deliver.

Maureen O’Neil, O.C.  
President, CHSRF

Brian D. Postl, M.D.  
Chair, CHSRF Board of Trustees
PATIENT ENGAGEMENT PROJECT

Patients Matter: Engaging patients as collaborators to improve osteoarthritis care in Alberta

In this project, Alberta Health Services will recruit and train three groups of patients to conduct patient engagement projects. The findings will be published in Grey Matters magazine, disseminated via patient involvement workshops, and written up as recommendations in a brief to the Alberta Health Services Bone and Joint Clinical Network, and the Zone Bone Joint Planning Committee. Having patients involved in the projects and committees dramatically increases knowledge transfer and uptake, and leads to better health outcomes and services. AHS expects that this approach will contribute to the image of patients as independent experts in their own right and valuable contributors to healthcare reform.

Citizens contribute to Canada’s healthcare system as patients, volunteers, board members and taxpayers. Research shows that patient-centred care, with its focus on patient preference and experience, is a key component of quality healthcare. By supporting organizations in their efforts to engage patients, CHSRF promotes the improvement of organizational performance and the quality of healthcare in Canada. CHSRF also supports patients and citizens who participate on healthcare boards, enabling a higher level of governance expertise.

Patient Engagement Projects

CHSRF’s Patient Engagement Projects (PEP) fund healthcare organizations so that they can engage patients in the design, delivery and evaluation of health services; the goal is to improve the overall effectiveness and efficiency of services.

Each PEP team, led by a decision-maker from the funded organization, is expected to fully evaluate the project’s outputs and outcomes, including precisely how the engagement activities have improved the quality of patient care. CHSRF provides learning support to the project teams in the form of workshops to ensure that each team can articulate these critical linkages. CHSRF also provides support between sessions to facilitate networking, resource sharing and the exchange of ideas. To date, 17 organizations have received PEP funding.

Expanded program

In 2011, PEP funded seven additional organizations across Canada working to improve care, significantly expanding the PEP learning collaborative from 10 teams the previous year. The seven new teams began their two-year projects following a September CHSRF-hosted workshop, which enabled them to
network with the 2010 teams, as well as get guidance on the development of their project and evaluation plans.

The expansion of PEP has spurred the development of a critical mass of healthcare organizations involved in the practice of patient engagement, including:

- Five province-wide initiatives (including two cancer-related projects)
- Four mental health initiatives
- Two acute care settings
- Two regional health authorities
- Two rehabilitation centres
- Two community care centres

**Training and mentoring**

CHSRF hosted a number of training and networking events for PEP teams in 2011. These included four workshops, some of which were conducted in partnership with the Health Council of Canada, one that supported the development of evaluation plans, and all of which featured CHSRF mentorship to PEP teams. CHSRF also held a "Patient Engagement Café" to inform the 2011 call for PEPs.

**Sharing information**

CHSRF convened a panel at the 2011 National Healthcare Leadership Conference that included three PEP teams. The panel discussed their projects and how to meaningfully engage patients.

CHSRF further disseminated the PEP experience by profiling the PEP program and specific PEP projects at one provincial and five national events.

**Partnership building**

In addition to building partnerships with the 17 organizations funded through PEP, CHSRF leveraged a 2010 partnership with the Health Council of Canada, which sponsored the spring workshop for PEP teams in 2011. In addition,
CHSRF forged a new partnership with Canadian Partnership Against Cancer, which committed to invest $250,000 towards two workshops in 2011 and a third workshop in 2012. The investment was also used to extend the qualitative study of PEP teams to the 2011 cohort, strengthening lessons learned.

**Patient-centred care**

The Patient Engagement Project Outcomes synthesis report suggested that engaging patients is a strategy that is working to improve the quality of care, as well as the cost-effectiveness of healthcare delivery. Decision-makers can use this important evidence to emphasize the value of engaging patients in the design, delivery and evaluation of health services. Patients can provide unique insights into how to improve processes. They can make significant contributions to ensuring care is truly ‘patient-centred’ - an outcome that is directly linked to improvements in quality and ultimately a reductions in costs.
Supporting effective governance

Citizens appointed to healthcare boards are charged with a vital task: to oversee the quality and patient safety performance of their organizations. In 2010, CHSRF, in partnership with the Canadian Patient Safety Institute (CPSI), created the Effective Governance for Quality and Patient Safety program.

From late 2010 to May 2011, CHSRF and CPSI jointly delivered the governance education program over 12 sessions. The sessions took place in Ontario, Manitoba and Saskatchewan, involving roughly 550 board members and the leadership teams they work with from 150 organizations.

Key partnership

In February 2011, the Ontario Ministry of Health and Long-Term Care committed $500,000 through an agreement with CHSRF, CPSI and the Ontario Hospital Association to customize the governance education program. The agreement included the delivery of six sessions across Ontario between March and June 2011. More specifically, the partnership sought to support hospitals in meeting the legislative requirements of the Excellent Care for All Act, and aims to equip hospital board members and leaders with the skills and tools they require to drive the principles of quality and patient safety throughout Ontario’s hospitals.

Program assessment

CHSRF led an evaluative assessment of the program to gain a firm understanding of its effects and outcomes. Results revealed that participation can significantly increase board members’ and executive leadership teams’ knowledge and skills on the issues of quality and patient safety. The assessment also found strong board and executive interest in future educational sessions that include more members of their organization, and that provide access to governance and quality-related documents via the web.
Program closure

Following a strategic planning exercise in 2011, CHSRF integrated elements of its programming, which resulted in the closure of the governance education program. CHSRF is proud to have initiated this program and to have partnered with CPSI to implement it. CPSI will continue to co-brand the governance education materials and acknowledge CHSRF’s significant contribution to the development and design of the program.
Accelerating evidence-informed change

Under the strategic priority of accelerating evidence-informed change, CHSRF supports programs, training events and other initiatives that assist researchers, policy-makers and healthcare managers in their work. Our aim is to boost evidence-informed leadership among these individuals, helping them improve the ways in which they manage their organizations and, ultimately, improve the quality of health services. Our work under this strategic priority has three overarching objectives:

• Provide a clear understanding of how change and learning occur within innovative Canadian healthcare organizations.
• Provide a national resource that supports change initiatives and that encourages the sharing of innovative practices.
• Develop learning opportunities that bring organizations together to address problems related to managing evidence-informed change with Canadian health systems.

Integrated chronic disease management strategy in the Northwest Territories

The Northwest Territories has one of highest rates of chronic disease in Canada, a reality that contributes to increasing healthcare costs. The territory also has a policy and delivery context for improving health and providing high-quality healthcare that is profoundly different from the rest of Canada; therefore, solutions that work well in more southerly regions can be less effective in the North.

In 2011, CHSRF implemented a training initiative in partnership with the Department of Health and Social Services (DHSS) of the Government of the Northwest Territories to improve the way chronic disease is managed in the territory.

ACCORDING TO WORKSHOP PARTICIPANTS:

“Using evidence to define your problem – one of the most valuable things I learned and one of the most valuable processes.”

“I appreciated having the support from CHSRF because they helped us realize and see that we did not have or use research within our territory effectively.”

“A key indicator of success for all of us is that we think much more in terms of the system and how we’re interconnected… We have really evolved to think of the system as a whole rather than as individuals.”
PARTNERSHIP BUILDING

CHSRF’s collaborative partnership with the DHSS was a major factor in the success of this project. Senior NWT leadership has been actively engaged in all aspects of the planning and change management process throughout the workshop phase. The development of a steering committee, which included senior staff from the Department of Health and Social Services (including the deputy minister of health), has ensured that multiple perspectives were included in the design of the project framework and that the project itself was tailored to the needs of the territory.

Four workshops

The NWT training initiative was intensely collaborative from the outset. A steering committee comprising healthcare workers from the NWT and CHSRF personnel designed a series of four workshops, which were then delivered by CHSRF over six months. Through the workshops, more than 40 health system executives, managers, policy-makers and frontline healthcare providers created a roadmap for improving the management of three areas of chronic diseases: diabetes, mental health and renal care. Workshop participants included representatives from all eight regional health authorities within the territory.

Through the workshops, participants shared perspectives, solutions and evidence for use in improving the way health services are delivered. The workshops helped participants build relationships within and across departments; the CEO of Stanton Territorial Hospital acknowledged that this mixture of individuals had never before been brought together. In addition, the workshops created a deep understanding of the individual roles each participant plays and how they can be linked to support health system transformation.

Greater capacity

CHSRF’s workshops were successful in teaching participants how to use evidence in their problem solving and decision-making. Evaluations following the workshops show that the process has increased participant’s uptake of evidence-informed approaches within the transformation project itself and also in their daily work. In the end, the workshops succeeded in increasing the capacity of more than 40 DHSS and the Regional Health Authority RHA staff to use evidence as they design and plan for health system improvement and sustainability. These individuals have also become effective champions for CHSRF’s approach and process for system transformation.

As a result of the NWT project, senior DHSS staff now recognizes the critical importance of building capacity at all levels to inform and bring about meaningful and sustained improvement.
**Improved strategic planning**

Within six months, project teams were able to develop improvement plans in the priority areas of mental health, diabetes and renal disease as well as ways in which they could spread these improvements across the system. By the end of 2011, the plans were ready for implementation across the territory to inform the development of a territory-wide chronic disease management strategy.
Executive Training for Research Application

Since 2004, CHSRF’s Executive Training for Research Application (EXTRA) program has provided health system leaders across Canada with skills to better use research to improve care for patients. EXTRA targets health service professionals in senior management positions—nurse executives, physician executives and other administration executives from direct care delivery organizations and government ministries or departments.

The program, which selects 24 to 28 fellows each year, launched a shorter, more team-focused, 14-month version in 2011 with a call for applications (formerly, EXTRA was a two-year training program). Over the course of the fellowship, CHSRF will teach participants skills for using research-based evidence that will bring about organizational change; skills for improving the use of research evidence across their organizations; and skills for collaborating with other professionals as an evidence-based decision-maker.

Residency sessions, desktop learning and networking

In 2011, the EXTRA program graduated 26 fellows from the two-year training stream. Over the two years, fellows undertook six weeks of residency sessions taught by internationally renowned senior researchers and practitioners from the clinical, managerial and policy sectors. Among other networking and mentoring activities, fellows participated in self-directed learning between residency sessions using the EXTRA desktop and online learning environment. Each fellow also undertook an intervention project, which is a change-management project conducted at the fellow’s home organization.

Dan Skwarchuk, a graduated EXTRA fellow, reported in 2011 on an impressive outcome by the Winnipeg Regional Health Authority as a result of EXTRA.

From Skwarchuk’s home-based intervention project, the Manitoba Renal Program has increased its home dialysis utilization rate by 23.2 percent. Notwithstanding other clinical and social benefits of home modalities, this has saved the health system approximately $1.6 million in avoidance of costly hospital-based dialysis.

Dan Skwarchuk

Accelerating evidence-informed change

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Survey results show impact

A series of surveys conducted regularly on behalf of the EXTRA program have provided data about where the program has had its most profound effects.

Surveys show that the EXTRA Program has had a measurable impact across the healthcare landscape in Canada. Healthcare decision-makers have established structures and processes for evidence-informed decision-making as a direct result of EXTRA, through the fellows and their individual intervention projects. Of 96 intervention project reports reviewed to date, 41 percent led to a direct impact within the timeframe of the fellowship. The EXTRA program has also effected change at the health-system level. Forty-three percent of fellows stated that their intervention project directly contributed to improving the health outcomes of patients and clients.

Information sharing

The EXTRA Program has encouraged the sharing of information within organizations and externally between organizations. More than 90 percent of fellows transfer knowledge on evidence to the senior management team, and more than 80 percent transfer this knowledge to other parts of their organization.

Expanding influence

The EXTRA Program has improved relationships between healthcare decision-makers, enabling them to widen and deepen their sphere of influence. More than 80 percent of fellows either strongly agreed or agreed that they built stronger collaborative networks between professional streams during the program, while 79 percent and 95 percent of fellows in each cohort either strongly agreed or agreed that their intervention project created opportunities for interdisciplinary work and inter-professional collaboration. When asked if their intervention project directly contributed to improving collaboration among healthcare providers, 74 percent of fellows said it had.
Based on his experience with EXTRA, **Brock Wright**, a former EXTRA fellow and physician executive in Winnipeg, says:

“It is expected that over a five-year period (performance and culture) changes will assist the organization in gaining stature as a leading academic tertiary hospital and as a caring member of the local community.”

**Stronger skill set**

The EXTRA program’s intervention projects have built research skills among decision-makers in Canada, enabling them to adapt and apply research evidence:

- Ninety-six percent of fellows said the intervention project built skills in applying research findings.
- Eighty-seven percent said their project built skills in finding research.
- Eighty-four percent stated their project built skills in assessing research.
- Ninety-four percent said their project built skills in adapting research findings.
CEO Forum

CHSRF’s annual CEO Forum, first held in 2007, provides a venue for healthcare leaders from organizations of all sizes to share insights and best practices on the most effective ways to transform healthcare for the well-being of Canadians. Forum participants use the information they gather to lead discussions with their networks, executive teams and work colleagues, or to support the wider work and efforts of their organizations. Some participants report that they take the information into account when setting their organization’s priorities, strategy, practice and agenda, and when they undertake future performance reporting.

Increased attendance

The 2011 CEO Forum was attended by 150 delegates from across Canada, a 25 percent increase over 2010. It brought healthcare CEOs, policy-makers and experts together to share experiences, challenges and emerging practices on how to improve healthcare quality and performance. The Forum featured the Honourable Deb Matthews, Ontario’s minister of Health and Long-Term Care as a speaker.

Delegates shared structures and processes to support change, the most frequent theme related to transformation strategies and the need to change healthcare. Strategies included initiatives for healthcare improvement that have been implemented in other countries; specific transformation strategies such as disinvestment; and the challenges healthcare organizations must overcome to realize a tangibly higher level of quality in healthcare.

Audio recordings and background papers

Following the Forum, CHSRF published five interviews with Forum delegates on their perspectives on accountability for quality and published three background papers on strategies for getting better value for money in healthcare: variation research, care integration and disinvestments.

ACCORDING TO FORUM PARTICIPANTS:

“The Forum assists our organization by informing future reports on the performance of provincial/territorial health system challenges and opportunities.”

“We identified subject matter experts that could contribute to our ongoing research.”

“The Forum helped us identify areas for inter-agency collaboration as well as the global connections that we will pursue.”
EXCELLENCE THROUGH EVIDENCE AWARD

Dan Florizone, Deputy Minister of Health for Saskatchewan, was awarded the 2011 Excellence through Evidence Award at the CEO Forum.

“I am thrilled, honoured and humbled by this recognition. The real credit for transforming care in Saskatchewan and applying evidence in practice should go to those leaders at every level of the ministry and the health system in Saskatchewan who are making it happen. Patient First has become a mantra, driving effectiveness, efficiency and evidence-informed health service delivery. This recognition is shared with each of them,” said Mr. Florizone, on receiving the award.

The award celebrates leaders who have accelerated change and strengthened healthcare in Canada.

Partnership building

The unprecedented participation at the 2011 Forum (25 percent higher than in 2010) suggests it has grown into an influential event with interest from across the country. Many CEO Forum participants felt inspired by the event and the relationships made there, and indicated plans to continue those relationships by actively involving contacts in future initiatives and projects related to their work. For some participants, this type of involvement may mean the establishment of new collaborative relationships or partnerships.

Importantly, CHSRF has maintained partnerships and ongoing collaboration with the 2011 CEO Forum partners: the Association of Canadian Academic Healthcare Organizations, the Canadian Institute for Health Information and the Canadian Medical Association.
Policy-makers need timely, evidence-informed policy options and recommendations to strengthen their work and, as a result, strengthen Canada’s healthcare systems. CHSRF supports policy-makers in this realm primarily through activities related to healthcare financing, innovation and transformation. CHSRF also facilitates meaningful dialogue among all stakeholders—policy- and decision-makers and researchers—through dissemination activities such as publications and presentations, articles and webinars.

Healthcare financing, innovation and transformation

Healthcare accounts for roughly half of most provincial budgets and decision-makers are challenged to determine how to strengthen the quality of healthcare without further escalating costs.

With funding from Health Canada, CHSRF has undertaken a substantial body of work to underpin changes in health policy thinking. Under the umbrella of Healthcare Financing, Innovation and Transformation (HFIT), we continue to contribute to a solid base of research and evidence-informed policy options. We conduct our work in relation to three strategic priority areas: healthcare cost drivers; healthcare financing models; and health system transformation.

Twenty research papers

Central to CHSRF’s work under HFIT in 2011 were a series of 20 commissioned research synthesis papers that address pressing issues in the areas of healthcare financial sustainability and transformation. The papers addressed the themes of financing, cost drivers and health system efficiencies, and healthcare innovation and transformation. All were delivered to Health Canada on June 30 in accordance with the agreement and have been posted to CHSRF’s website.

From access to use

Last year, our work spanned the continuum from ‘access’ to ‘use’. We enabled access to the applied research funded by Health Canada through traditional dissemination activities such as our website, conference presentations and webinars. We actively encouraged the use of the research through policy dialogues with senior healthcare executives, including interactive stakeholder events, regional policy dialogues, briefing notes, briefings and videos.

CHSRF used conferences and other events to disseminate information from the research papers. This included a CHSRF-sponsored international symposium on Healthcare Financial Sustainability, presented at the International
POLICY DIALOGUES

We held dialogues with policy-makers, researchers, healthcare providers and the public to stimulate ideas and action:

- Healthcare innovation and pharmaceutical expenditures (February)
- Hospital and physician payment mechanisms: Options for Canada (March)
- Policy options for the financial sustainability of healthcare systems in Canada and abroad (iHEA pre-conference symposium in July)

We met with deputy ministers and key health leaders to identify preferred approaches to healthcare financing and transformation:

- Atlantic Regional Policy Dialogue on Health System Transformation (May)
- Western and Northern Regional Dialogue on Patient Engagement in Health System Transformation (September)

Health Economics Association Conference (iHEA). The pre-conference symposium featured a series of brief “What If?” policy-recommendations presented by Canadian researchers to a panel of international experts and an audience of policy-makers and researchers from Canada and around the world.

Encouraging the use of research

CHSRF held 13 meetings with deputy ministers and other senior policy-makers who work in health, finance and intergovernmental affairs. The purpose was to introduce senior policy-makers to HFIT and to hear their priorities on re-examining health policy and improving health systems in Canada.

The HFIT program hosted a series of policy dialogues that brought together stakeholders to explore the research papers in depth, helping stakeholders determine which of the recommendations from the syntheses were worth further exploration and consideration. As a result, decision-makers in Quebec and Manitoba asked CHSRF to host educational forums for health system leaders and organizations within each province to inform their decision-making.

CHSRF hosted a series of regionally tailored policy dialogues, focusing on bringing together policy- and decision-makers in government and regional health authorities from across the country to discuss specific topics in healthcare transformation. These events featured the findings of the commissioned research in the area of health system transformation and the sharing by health system leaders and policy-makers of their experience and successes in health system transformation in different provinces and territories.
CHSRF on Call

In 2011, CHSRF changed the name of the highly subscribed "Researcher on Call" monthly webinar series to "CHSRF on Call" following a summer rebranding and renaming exercise. It was the series' fifth season and in September re-launched under the new name.

CHSRF on Call taps the expertise of policy- and decision-makers, providers, researchers and others as they examine evidence on key health topics, exploring how the delivery of health services—and, as a result, the health of Canadians—can be improved. Following their presentations, speakers take live questions from participants during a facilitated session.

Increased participation

Last year, CHSRF hosted 1,000 attendees during six targeted webinars (a more than 25 percent increase in participation over 2010) on the following topics:

- Well-coordinated care: Addressing cracks in the system (March 2011)
- Innovation and pharmaceutical spending (March 2011)
- Exploring options for physician payment in Canada (June 2011)
- Patients as partners (September 2011)
- Key elements toward health system transformation (October 2011)
- Exploring activity based funding: Hospitals and post-acute care facilities (November 2011)

Enhanced connectivity

The September launch included the announcement of new advanced connectivity options for participants and simultaneous translation of all calls. The first translated session, in October, featured speakers Ross Baker and Kay Lewis discussing the integrated vision, approach and coherent set of strategies needed to support healthcare system transformation. Ross Baker is a professor in the Department of Health Policy, Management and Evaluation at the University of Toronto. Kay Lewis is the CEO of Stanton Territorial Health Authority.
**MYTHBUSTERS AWARD**

**Myth: C-sections are on the rise because more mothers are asking for them**

More Canadian women are having C-sections than ever before. In 2008–2009, more than 25 percent of hospital deliveries were by C-section. Are today's new mothers turning away from "old-fashioned" childbirth? Or is it their healthcare providers?

This myth was busted by one of the two 2011 Mythbusters Student Award winners. **Esther Shoemaker** is a PhD candidate at the Institute of Population Health at the University of Ottawa, Ontario. One of her research interests is interventions during childbirth.

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**Mythbusters and the Mythbusters Award**

CHSRF’s popular Mythbusters is a series of two-page articles that uses evidence to challenge widely accepted beliefs about Canadian healthcare issues. The series, which has run since 2000, uses reader-friendly, accessible language in combination with solid research evidence to support researchers in effectively communicating actionable messages to policy- and decision-makers and the public. Mythbusters are particularly effective in communicating targeted health services management and policy messages where research results are unambiguous.

**New articles**

In 2011, CHSRF released three new Mythbusters articles:

- Myth: Medicare covers all necessary health services
- Myth: C-sections are on the rise because more mothers are asking for them
- Myth: The aging population is to blame for uncontrollable healthcare cost

**Mythbusters Award**

In September, CHSRF launched its new Mythbusters Award competition in partnership with the Mental Health Commission of Canada. The competition, which comprises one prize for students and one prize for journalists, focuses on mental health issues as they relate to healthcare financing, delivery and management. Each prize includes a cash award and funds to participate in a conference of the winner’s choice. The commission contributed $20,000. The awards will be decided in early 2012 and conferred later in the year.
CHSRF’s Strategic Evaluation team oversees the ways in which the organization evaluates its processes and programs. Last year, the organization underwent a shift in its programming delivery model and, as part of the exercise, recognized that evaluation can play a pivotal role in supporting the organization’s strategic development and in generating sustainable funding. CHSRF is committed to fostering a results-oriented culture that demonstrates the value of its work for healthcare improvement and transformation. In addition, CHSRF began to look outward in the application of its evaluative expertise, offering its services to a number of clients.

**Strengthened processes**

CHSRF worked to strengthen how staff engages in performance management, in particular the way they gather and report on evidence that describes organizational outcomes. The organization led a number of evaluative exercises for programs such as the CEO Forum, the Patient Engagement Program (PEP) and the Integrated Chronic Disease Management Strategy in the Northwest Territories.

Throughout 2011, the Strategic Evaluation team continued to manage several larger-scale evaluations for some of our past flagship programs, including the Executive Training for Research Application (EXTRA) and Capacity for Applied Developmental Research and Evaluation (CADRE) program. The evaluations completed include the following:

- Listening For Direction (LFD) Evaluation
- Two EXTRA evaluations – one on the impact of EXTRA intervention projects on the health system and the other on the EXTRA ‘team’ model
- Effective Governance
- Patient Engagement Project Outcome Synthesis
- CEO Forum Evaluation

**LISTENING FOR DIRECTION EVALUATION**

The Listening for Direction (LFD) Evaluation report findings showed that LFD I, II, and III benefited the health services community by engaging it in a common dialogue. This in turn contributed to transforming the culture of health services research funding toward one more focused on responding to health system needs. While national health services research funders, CHSRF and CIHR in particular, drew on LFD priority themes to align their strategic funding programs, other organizations, mainly provincial funders, reported that LFD did not help guide decision-making given the broad nature of the LFD priority themes.
- Aging Roundtable (activity occurred in 2010)
- Three surveys for the Policy ‘mini-series’ events
- Survey of CHSRF-iHEA pre-conference symposium for the International Health Economics Association

**Expanded service**

In 2011, CHSRF actively pursued new opportunities to position itself as an external evaluative services provider. The Nova Scotia Department of Health and Wellness and the National Collaborating Centre for Environmental Health in British Columbia each approached CHSRF to contract our services for delivering two-day workshops in performance management. Through the PEP project, CHSRF delivered outcome-focused evaluation workshops and provided advice and guidance to healthcare leaders from various organizations across the country.
During a busy 2011 that saw major strategic changes throughout CHSRF, Corporate Services continued to provide flexible and adaptable support to programs, including an overhauled strategic communications process driven by our new corporate mission. In August, staff began work on a communications strategy to support CHSRF’s new strategic direction, completing a number of initiatives. One major outcome was a branding exercise that delivered a new logo, tagline and look for CHSRF.

The Corporate Services team enabled programs to better deliver on their mandates by developing central information management systems and attendance management systems, and by optimizing a shared work platform. By streamlining a number of financial procedures, staff enabled programs to complete their work expeditiously, in some cases realizing significant cost savings, for instance: $40,000 in editorial services; $62,000 in information technology; $45,000 in office expenses; $25,000 in investment expenses; and approximately $20,000 in information services. The total remuneration, including any fees, allowances or other benefits, paid to designated officers as determined by CHSRF’s Board of Trustees, for the continuous accomplishment of the strategic directions, represented approximately $1.07 million for 2011.

The Corporate Services team informed the development of CHSRF’s business model by providing information on future funding models, costing methodologies and corporate sponsorships. To align the organization’s internal structures, staff revised CHSRF’s financial systems and led an organizational restructuring exercise to support the new program of work. The Corporate Services team also plays a vital role in training staff on CHSRF’s policies and procedures. Monthly finance meetings enabled program leads to conduct more accurate forecasting, resulting in better management and stewardship of CHSRF’s finances.
In 2011, CHSRF built its capacity for government relations, raising the organization’s profile among key federal, provincial and territorial (FPT) governments and elected officials, and enabling staff to communicate research evidence and policy options to FPT government policy-makers. Constructive relationships with government will help position CHSRF to receive sustainable funding over the long term.

The government relations program launched with analyses of the federal government’s approach to funding health and research initiatives, and of the current health policy context. Another focus of this work was outreach, which led to opportunities such as a November presentation by CHSRF President Maureen O’Neil before the House of Commons Standing Committee on Health. O’Neil appeared as a witness in the committee’s study of chronic diseases related to aging. Also in November, CHSRF hosted a briefing for parliamentarians and their staff on “The Sources of Canadians’ Attitudes Towards the Healthcare System” as part of the Library of Parliament’s seminar series.
In 2011, the Board of Trustees reaffirmed and furthered its conviction that CHSRF will continue to make an important contribution to the quality of healthcare in Canada. The board showed vision in its direction to staff to closely examine programming and revisit assumptions regarding the spending of the endowment. Integral to this process were extensive and fruitful discussions at each board meeting regarding the renewal and future of CHSRF.

Ultimately, the board endorsed a revised mission and more focused programming for the organization as well as the adoption of a program of work for 2012 and beyond that focuses on the role of CHSRF in accelerating healthcare improvement and transformation for Canadians.

The board explored funding models and subsequently approved a stronger focus on increasing CHSRF’s leverage and obtaining funds through fees for the organization’s services and products—all to complement an eventual submission to the federal government for base funding. The board also approved a reduction in the organization’s annual operating budget beginning in 2012 so as to slow down the endowment’s depletion thereby providing CHSRF with the necessary time to implement and evaluate the impact of its revised programming.
CHSRF and its partners commit significant amounts of direct funding to enable the design, development and delivery of a wide range of partnership initiatives. These initiatives enable CHSRF and its partners to collaborate on common interests and achieve shared objectives.

During CHSRF’s initial years of operation, emphasis was placed on leveraging CHSRF’s funding by seeking partners that contributed additional funding or in-kind support. More recently, the priority has shifted to what is probably best described as “service delivery partners” that enable or facilitate access to targeted decision-makers and policy-makers in the healthcare system. This shift occurred in parallel with CHSRF’s shift from funding health services research to supporting decision-makers and policy-makers in the healthcare system to assess and apply research and bring about positive change for patients.

In 2011, CHSRF entered into 31 new agreements with 22 partner organizations involving $0.78 million in cash commitments by CHSRF and $1.93 million by its partners for disbursement in 2011 or later (depending on the term of the agreements). Chart 1, below, shows the distribution of these commitments by strategic priority.

Chart 1: Distribution of new partnership funding commitments in 2011

| Engagement and Supporting Citizens (11 partners; 11 agreements) | | | Engaging and supporting citizens (11 partners; 11 agreements) | | | $36,300 | | $505,700 | | | Accelerating Evidence-Informed Change (10 partners; 15 agreements) | | | Accelerating evidence-informed change (10 partners; 15 agreements) | | | $36,500 | | $190,500 | | | Promoting Policy Dialogue (5 partners; 5 agreements) | | | Promoting policy dialogue (5 partners; 5 agreements) | | | $659,500 | | | | CHSRF

Partner organizations

CHSRF
CHSRF’s six largest partners, listed below, accounted for 71 percent of CHSRF’s total direct funding commitments to joint CHSRF-partner activities:

- Health Canada—Health system transformation papers ($500,000)
- Canadian Partnership Against Cancer (two agreements)—Knowledge exchange meetings for Patient Engagement Project teams and 2012 CEO Forum sponsor ($275,000)
- The Saskatchewan Ministry of Health—Initiative to advance transformation through prospective analysis and facilitated exchange ($218,500)
- The Ontario Ministry of Health and Long-Term Care—Delivery of governance education sessions in Ontario ($160,700)
- Fraser Health Authority and Institute for Health System Sustainability—Health system transformation in the Fraser Health Authority Project ($214,000)

CHSRF also has multi-year partnership funding commitments that carry over from prior years. Fifteen such agreements involving 18 different partner organizations were still in progress during 2011. Total commitments under these agreements—of which only part was disbursed in 2011—were $2.79 million by CHSRF and $3.88 million by partners. The most significant partner organizations in these carryover agreements were:

- Canadian Institutes for Health Research—funding for a CIHR Primary Healthcare Chair and funding for an additional 2008 post-doctoral award ($562,500)
- Alberta Innovates—Health Solutions (formerly Alberta Heritage Foundation for Medical Research)—REISS (Research, Exchange, and Impact for System Support) program ($499,531)
- Health Council of Canada—Patient Engagement Projects ($166,667)
- Max Bell Foundation—Patient Engagement Projects ($198,299)

In addition to the ongoing agreements above, 2011 marked the end of the majority of the CADRE (Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing) program awards. This 12-year program was developed and implemented by CHSRF in partnership with the Canadian Institutes of Health Research’s Institute of Health Services and Policy Research (CIHR-IHSPR). In addition to CHSRF and CIHR-IHSPR, significant funds were also provided by five regional co-sponsors as well the Chair award holders’ 10 host organizations. The overall CHSRF contribution was $21.88 million and $47.67 million was provided by all of the partners.

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1 In the 2010 report, only ongoing partnerships initiated in 2008 and 2009 were included in this section. In 2011, all ongoing partnerships have been included.
CHSRF also supports information dissemination activities of other organizations with similar interests by sponsoring conferences, seminars and other activities.

In 2011, the CHSRF sponsored or co-sponsored 15 events/activities involving total funding of $128,239. The most significant contributions were for:

- 2011 Conference of the Canadian Association for Health Services and Policy Research
- Dissemination of the proceedings from the 2011 Fraser Health Medical Makeover Summit
- Sponsorship of the re-launch of CHAIN Canada (Contacts, Help, Advice and Information Network)
- International Health Economics Association World Congress
- Primary Care Initiative Program’s Accelerating Primary Care Conference.

In addition to forging new partnerships in 2011, CHSRF also completed 73 new award agreements. The Grants and Awards team handled five annual and 15 ad hoc competitions (three more than in the previous year), and reviewed 16 final reports and draft papers as a new service offering.

Funding is provided by CHSRF to researchers in the field of health services and health system improvements. As at December 31, 2011, CHSRF committed $2.2 million to future research and related projects. Below is a list of the ongoing research and related projects:

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Engagement Projects</td>
<td>$671,383</td>
</tr>
<tr>
<td>Primary Health Care/Home Care*</td>
<td>$288,900</td>
</tr>
<tr>
<td>Research, Exchange, and Impact for System Support (REISS) awards*</td>
<td>$518,528</td>
</tr>
<tr>
<td>Applied Research and Policy Analysis</td>
<td>$171,385</td>
</tr>
<tr>
<td>Collaborations for Innovation and Improvement</td>
<td>$150,000</td>
</tr>
<tr>
<td>Chairs*</td>
<td>$164,400</td>
</tr>
<tr>
<td>Commissioned research projects*</td>
<td>$111,100</td>
</tr>
<tr>
<td>Regional training centres*</td>
<td>$68,375</td>
</tr>
<tr>
<td>EXTRA regional mentoring centres</td>
<td>$35,000</td>
</tr>
<tr>
<td>Linking Evidence to Action on Decisions (LEAD) awards*</td>
<td>$30,000</td>
</tr>
<tr>
<td>Postdoctoral awards*</td>
<td>$21,250</td>
</tr>
</tbody>
</table>

*Funding for these legacy projects relate to CHSRF’s previous strategic directions (1999-2009).
Report of the independent auditors on the summary financial statements

To the members of

Canadian Health Services Research Foundation

The accompanying summary financial statements of the Canadian Health Services Research Foundation, which comprise the summary statement of financial position as at December 31, 2011, the summary statement of operations for the year then ended, and related notes, are derived from the audited financial statements, prepared in accordance with Canadian generally accepted accounting principles, of the Canadian Health Services Research Foundation as at and for the year ended December 31, 2011.

We expressed an unmodified audit opinion on those financial statements in our report dated March 22, 2012.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles applied in the preparation of the audited financial statements of the Canadian Health Services Research Foundation. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Canadian Health Services Research Foundation.

Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the basis described in Note 1.

Auditors’ Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, “Engagements to Report on Summary Financial Statements.”

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the Canadian Health Services Research Foundation as at and for the year ended are a fair summary of those financial statements, in accordance with the basis described in Note 1.

Chartered Accountants, Licensed Public Accountants

March 22, 2012

Ottawa, Canada
**Summary Statement of Financial Position**  
December 31, 2011, with comparative figures for 2010

(In thousands of dollars)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$1,598</td>
<td>$807</td>
</tr>
<tr>
<td>Investments (at fair value)</td>
<td>47,500</td>
<td>60,783</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,578</td>
<td>1,568</td>
</tr>
<tr>
<td>Capital assets</td>
<td>378</td>
<td>513</td>
</tr>
<tr>
<td>Other</td>
<td>713</td>
<td>577</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$51,767</td>
<td>$64,248</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND DEFERRED CONTRIBUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
</tr>
<tr>
<td>Obligations under capital lease</td>
</tr>
<tr>
<td>Deferred revenue</td>
</tr>
<tr>
<td>Deferred lease inducement</td>
</tr>
<tr>
<td>Deferred contributions</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to summary financial statements.
Summary Statement of Operations
Year ended December 31, 2011, with comparative figures for 2010

(In thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from co-sponsors</td>
<td>$ 1,249</td>
<td>$ 2,103</td>
</tr>
<tr>
<td>Other revenue</td>
<td>1,270</td>
<td>750</td>
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<tr>
<td>Amortization of deferred</td>
<td>13,783</td>
<td>14,344</td>
</tr>
<tr>
<td>contributions relating to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of deferred</td>
<td>174</td>
<td>200</td>
</tr>
<tr>
<td>capital contributions relating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to capital assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 16,476</td>
<td>$ 17,397</td>
</tr>
</tbody>
</table>

EXPENSES:

<table>
<thead>
<tr>
<th>Strategic Priority #1: Engaging and Supporting Citizens</th>
<th>$ 1,845</th>
<th>$ 1,352</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Priority #2: Accelerating Evidence-Informed Change:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Training for Research Application (EXTRA)</td>
<td>2,886</td>
<td>2,787</td>
</tr>
<tr>
<td>Capacity Development</td>
<td>2,129</td>
<td>3,465</td>
</tr>
<tr>
<td>Change Initiatives</td>
<td>1,649</td>
<td>2,281</td>
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<tr>
<td>Strategic Priority #3: Promoting Policy Dialogue</td>
<td>4,765</td>
<td>3,422</td>
</tr>
<tr>
<td>Strategic evaluation</td>
<td>515</td>
<td>426</td>
</tr>
<tr>
<td>Communications</td>
<td>359</td>
<td>464</td>
</tr>
<tr>
<td>Administration</td>
<td>796</td>
<td>681</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>174</td>
<td>200</td>
</tr>
<tr>
<td>Investment management fees</td>
<td>109</td>
<td>147</td>
</tr>
<tr>
<td>Co-sponsor's program expenses</td>
<td>1,249</td>
<td>2,172</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>$ 16,476</th>
<th>$ 17,397</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of revenue over expenses</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

See accompanying notes to summary financial statements.
Notes to Summary Financial Statements  
Year ended December 31, 2011

The Canadian Health Services Research Foundation ("CHSRF") is an independent, not-for-profit organization that is dedicated to accelerating healthcare improvement and transformation for Canadians. CHSRF is a registered charity under the Income Tax Act, and accordingly, is exempt from income taxes. CHSRF became operational in fiscal 1997 and is incorporated under the Canada Corporations Act.

Under the Federal Budget, 1996, the Government authorized Health Canada to pay $55,000,000 to CHSRF over a five-year period. As part of the same agreement, the Medical Research Council ("MRC") agreed to pay CHSRF $10,000,000 and the Social Sciences and Humanities Research Council of Canada ("SSHRC") agreed to pay CHSRF $1,500,000 over the same five-year period. In 1999, the Federal Government granted $35,000,000 to CHSRF for participation in the Canadian Institutes of Health Research (this partnership led to the development and implementation of the Capacity for Applied and Developmental Research and Evaluation (CADRE) program), and another $25,000,000 to support a ten-year nursing research fund. In 2003, the Government provided a grant of $25,000,000 to CHSRF to implement the Executive Training for Research Application ("EXTRA") program over a thirteen-year period.

In 2009, CHSRF entered into a Comprehensive Funding Agreement with Health Canada. This agreement supersedes the previous agreements. Under this agreement CHSRF is directed to hold all investments in fixed income securities within a single investment portfolio. The agreement has enabled CHSRF to report their operations under a single program. CHSRF is in the process of transitioning its investments to meet this agreement and anticipates completing this transition by 2014.

1. Summary financial statements:

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian generally accepted accounting principles, as at and for the year ended December 31, 2011.

The preparation of these summary financial statements requires management to determine the information that needs to be reflected in the summary financial statements so that they are consistent, in all material respects, with or represent a fair summary of the audited financial statements.
These summary financial statements have been prepared by management using the following criteria:

(a) whether information in the summary financial statements is in agreement with the related information in the complete audited financial statements; and

(b) whether, in all material respects, the summary financial statements contain the information necessary to avoid distorting or obscuring matters disclosed in the related complete audited financial statements, including the notes thereto.

Management determined that the statements of deferred contributions and cash flows do not provide additional useful information and as such has not included them as part of the summary financial statements.

The complete audited financial statements of the Canadian Health Services Research Foundation are available upon request by contacting the Canadian Health Services Research Foundation.