

ANNUAL REPORT

2005

evolve innovate





Canadian Health Services Research **Foundation**  
**Fondation** canadienne de la recherche sur les services de santé

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## VISION

A strong Canadian healthcare system driven by solid, research-informed management and policy decisions

## MISSION

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

## STRATEGY

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

## STRATEGIC OBJECTIVES

1. To create high-quality new research that is useful for health service managers and policy makers (especially in the foundation's priority theme areas)
2. To increase the number and nature of applied health services and nursing researchers
3. 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
4. To help health system managers, policy makers, and their organizations to routinely acquire, appraise, adapt, and apply relevant research in their work

## OPERATING PRINCIPLES

- ▶ Innovation
- ▶ Collaboration
- ▶ Transparency
- ▶ Flexibility

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## ABOUT THE CANADIAN HEALTH SERVICES RESEARCH FOUNDATION

The foundation was established in 1997 to strengthen the scientific basis for decisions made by people running Canada's health services. From the beginning, the foundation knew that to do this effectively, it needed the participation both of those who generate new knowledge through research and those who apply new knowledge in making decisions. Our overall operating philosophy is to build bridges between applied health services researchers and decision makers in the health system by routinely bringing these two communities together.

This approach underpins all our activities—from governance, through program design and delivery, and on to knowledge transfer and exchange and evaluation. In fact, we regularly consult with managers and policy makers, as well as researchers, from across Canada to establish our priorities and programs, to ensure they meet the needs of the health system.

The foundation makes it easier for health system managers and policy makers to use research evidence by:

- ▶ summarizing research results and presenting them in ways that managers and policy makers in the health system can better understand and use;
- ▶ providing tools and access to experts that help decision makers find and use the best available research; and
- ▶ training senior-level executives, physicians, and nurses in the health system to use research and become leaders for evidence-informed decision-making in their organizations.

The foundation creates capacity in the research community to respond to the health system's needs by:

- ▶ supporting a national network of training programs and faculty that graduate specially trained applied researchers;
- ▶ providing tools and funding that facilitate the research community's capacity to produce and communicate relevant research results and to transform them into health policy and practice; and
- ▶ working with universities to improve the climate for applied research and the rewards for applied researchers.

The foundation continues to play a leadership role as a bridge builder in Canada's healthcare system. In our pursuit of excellence we adapt our programs based on results from routine program evaluations and international reviews. Finally, the foundation increases the scope of our work far beyond our own resources, through extensive partnerships with others in the health system in Canada and abroad.



## GOVERNANCE AND ACCOUNTABILITY

The foundation is committed to reporting on our performance and our responsible use of resources. To that end, we put governance and accountability structures and processes in place to ensure our decisions are transparent and our programs are driven by the best available evidence to meet the needs of health services in Canada—an ever-changing landscape.

The foundation is responsible to the groups we serve: health services decision makers, researchers, and their organizations. We are accountable to our funders and partners and to the Canadian public who, through their taxes, created the foundation's endowment starting in 1997.

Up to 15 trustees govern the foundation. We have two ex-officio representatives—the deputy minister of Health Canada and the president of the Canadian Institutes of Health Research (effective April 1, 2006, CIHR has stepped down from this ex-officio position)—and other trustees represent researchers, decision makers, and their organizations in the health sector. Trustees oversee more than \$100 million in the endowment and an annual operating budget of \$15 to \$16 million, and they set policies and program directions for the foundation. Trustees are elected for renewable terms by the members of the foundation at the March annual general meeting.

As a publicly funded foundation, we are committed to demonstrating that we meet our established objectives and perform activities in line with our mission. This accountability requires us to monitor and assess results at two levels: the extent to which the foundation is having a system-wide impact by carrying out its overall mission; and the extent to which the specific objectives are achieved for each of the foundation's programs.

To achieve this, the foundation undertakes both program-level evaluation and overall foundation-level evaluation. In 2005, the foundation also implemented a governance review, which included restructuring the committees of the board of trustees to enhance direct board and staff accountability.



## 2005-2006 BOARD OF TRUSTEES

**SISTER ELIZABETH M. DAVIS, CHAIR**

**Sisters of Mercy of Newfoundland and Labrador**  
St. John's, Newfoundland

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Northern Health Authority  
Prince George, British Columbia

**DR. BRIAN D. POSTL\***

**President and Chief Executive Officer**

Winnipeg Regional Health Authority  
Winnipeg, Manitoba

*\* Dr. Brian D. Postl took a sabbatical from the board of trustees from July 2005 to April 2006 to undertake a time-limited assignment as the federal advisor on waiting times.*

**MR. MORRIS ROSENBERG (EX-OFFICIO)**

**Deputy Minister**

Health Canada  
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Dalhousie University  
Halifax, Nova Scotia

**MS. GLENDA YEATES**

**President and Chief Executive Officer**

Canadian Institute for Health Information  
Ottawa, Ontario

## 2005-2006 COMMITTEE MEMBERSHIP

### FINANCE, INVESTMENT, PENSION, AND AUDIT COMMITTEE

Wendy Brodtkin, Chair  
Robert Smith, Vice-Chair  
Dennis Kendel  
Jean-Yves Savoie  
Jonathan Lomas (*ex-officio, non-voting*)

### BOARD DEVELOPMENT COMMITTEE

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### NURSING ADVISORY COMMITTEE

Gail Tomblin Murphy, Chair  
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### External Members

Sheila Marie Gallagher (Alberta)  
Sue Matthews (Ontario)  
Marlene Smadu (Saskatchewan)



## LETTER FROM THE CHAIR, BOARD OF TRUSTEES



The foundation is often personified as a dreamer, an incubator for new, pioneering ideas to bring researchers and decision makers together to strengthen the Canadian health system through evidence-informed decision-making.

As I enter my second year as the chair of the foundation's board of trustees, I am realizing how being a dreamer can be a mixed blessing. While pursuing new ways of promoting evidence-informed decision-making, we must let go of some of our cherished initiatives. For example, before we could launch the Research, Exchange, and Impact for System Support (REISS) competition in 2005, we transferred the project portion of our former Open Grants Competition to the Canadian Institutes of Health Research. As a granting opportunity that funds longer-term programs of research, REISS pursues our overarching strategy of linking decision makers with researchers, making them true partners in the research process. The transfer was a positive step to enhance collaboration between the two organizations, but there was a part of us that felt a sadness at letting go a part of our flagship funding initiative.

Being an incubator for innovation takes courage and a risk-taking spirit, but it also makes it hard to sustain momentum every year. In this spirit of striving to out-do ourselves, 2005 was a year of exceptional achievement. From key research initiatives like REISS to new knowledge transfer and exchange activities like Research Use Weeks, we are constantly changing with the Canadian health system to contribute to creating a healthier Canada.

On a personal note, I was pleased to represent the board of trustees when the foundation's CEO, Jonathan Lomas, received his doctorat honoris causa from the University of Montreal for his groundbreaking work in health services research and in promoting the use of evidence in decision-making.

As we report on 2005, we are proud of the foundation's accomplishments as we work to steadily, persistently change the face of health services research and, in doing so, strengthen our Canadian health system. We are also humbled as we acknowledge all the work still left to do. There is joy in knowing the foundation's staff, our network of committed and dedicated volunteers, the Canadian health services community, the health research community, and our many partner organizations are continuously working collaboratively to achieve this mission.

May each of us know the good we have done in 2005, and may all of us in 2006 renew our commitment to journey towards our vision: a strong Canadian healthcare system driven by solid, research-informed management and policy decisions.

A handwritten signature in cursive script that reads "Elizabeth M. Davis". The ink is dark and the signature is fluid and legible.

**ELIZABETH M. DAVIS, RSM**

Chair, Board of Trustees

Canadian Health Services Research Foundation

## LETTER FROM THE CHIEF EXECUTIVE OFFICER



As the foundation moves towards its 10-year anniversary, we're often torn between reflecting on our past milestones and looking forward to the challenges of the road ahead. The health services research landscape has certainly changed since the foundation's inception in 1997. In our quest to promote and facilitate evidence-informed decision-making in Canada's health sector, we have accomplished so much and yet we continue to evolve our programs to better suit the needs of our stakeholders. We strive to make our programs as innovative as possible in order to blaze a trail in the health services community. As a result, we have been recognized at home and abroad as a leader in our field, an innovation incubator, and a lot more than just a granting agency.

These themes of evolution, innovation, and leadership have acted as an unspoken, yet celebrated, motto within the foundation. Though we have striven to uphold these ideas, we've done so covertly and sometimes bashfully. In this annual report, we're making explicit what was previously implicit by focusing on the three themes: evolve, innovate, and lead. These themes are a springboard to our key messages in 2006 and beyond. We are proud of our accomplishments and we look forward to leading new initiatives in the coming years. Though there will likely be bumps in the road, we're always up for a challenge.

In the spirit of this direction, the board of trustees recently created several subtle yet significant changes to the foundation's mission statement and strategic objectives. Whereas our mission was previously founded on supporting evidence-based decision-making in health services, we have changed this to supporting evidence-informed decision-making to better reflect that research is realistically and justifiably only one of the many inputs to decision-making.

The impetus for this change occurred at our "Weighing Up the Evidence" event in fall 2005. National and international leaders mandated to provide health system guidance gathered to discuss the nature of evidence and the role of its scientific and colloquial forms in decision-making, as well as best practices relating to using a deliberative process to combine the forms of evidence. It became apparent that evidence is only one piece of a complex puzzle facing today's decision makers, though an essential one.

As a result, we took the initiative to create a definition of the word "evidence" as understood by both researchers and decision makers:

*Evidence is information that comes closest to the facts of a matter. The form it takes depends on context. The findings of high-quality, methodologically appropriate research are the most accurate evidence. Because research is often incomplete and sometimes contradictory or unavailable, other kinds of information are necessary supplements to or stand-ins for research. The evidence base for a decision is the multiple forms of evidence combined to balance rigour with expedience—while privileging the former over the latter.*

**Continue ...**

The board of trustees also changed the foundation's strategic objectives. Until now, the specific objective of furthering linkage and exchange activities between researchers and decision makers was one of the core strategic objectives the foundation strived to accomplish. In the past year, however, the foundation has amplified its linkage and exchange efforts. We no longer see the need to highlight this approach with one objective—it is better represented as part of *everything* we do. Linking researchers and decision makers is the cornerstone in furthering better evidence-informed decision-making, so it is now reflected as our overarching strategy.

On the topic of the board of trustees, we are exceptionally proud of our esteemed chair of the board, Sister Elizabeth M. Davis, who was appointed member of the Order of Canada in 2005. She is cited as “an inspiring leader and conciliator whose contributions speak to her dedication and determination.” The foundation couldn't be more proud to be a part of her long list of accomplishments.

Through its explorative nature, the foundation continues to evolve its programs. Some have said we have a restless spirit, not often satisfied with the status quo, but I believe it is through this evolution that we will continue to break ground in bettering health system decision-making. And we certainly aren't alone. With help from our partners, researchers, and decision makers, we are able to foster a collaborative spirit and consider new ideas. In reflecting on the 2005 milestones, I look forward to the year ahead. There will certainly be challenges, but with the support of our stakeholders, the foundation is poised to carve its own road to strengthen the Canadian health system.



**JONATHAN LOMAS**

Chief Executive Officer

Canadian Health Services Research Foundation

## CREATING HIGH-QUALITY NEW RESEARCH TO SUPPORT EVIDENCE-INFORMED DECISION-MAKING

The foundation prides itself on creating innovative ways to provide health system managers and policy makers with high-quality, timely, and relevant research to inform their decisions.

In 2005, the foundation led several key initiatives to support this objective.

- ▶ The inaugural 2005 Research, Exchange, and Impact for System Support (REISS) grant competition attracted 41 letters of intent. The merit review panel invited 12 full-scale applications, of which five were recommended for funding—one in each of three themes: management of the healthcare workplace; nursing leadership, organization, and policy; and primary healthcare; and two in one theme: managing for quality and safety (a second program in this theme was made possible with support from the Canadian Patient Safety Institute).
- ▶ The foundation's REISS program requires investigative teams to secure partnership funding from co-sponsoring organizations. Major co-sponsors in 2005 included the Alberta Heritage Foundation for Medical Research, the Ontario Ministry of Health and Long-Term Care, Fonds de recherche en santé du Québec, the Canadian Patient Safety Institute, and the Michael Smith Foundation for Health Research. In addition, funded programs involved numerous other healthcare and funding organizations across Canada. The foundation thanks all of our partners for their ongoing support.
- ▶ Two syntheses were commissioned: one on inter-professional teamwork, the other on nurse staffing and patient safety. For each synthesis, highly successful roundtables were held with researchers and decision makers at project conception and completion (the nursing roundtable was held in early 2006)—the latter to develop recommendations for policy and practice relevant to the healthcare system. Final reports will be available in 2006.
- ▶ To develop research syntheses specifically for managers and policy makers, the foundation collaborated with the U.K.'s Service Delivery and Organization R&D program. The results from the methods of synthesis papers commissioned by the partnership were published in the *Journal of Health Services Research and Policy* in 2005. A recommended operational approach for commissioning syntheses based on this approach was discussed at an international workshop late in the year, where the foundation's international leadership in the area was recognized. The new synthesis method will be finalized in 2006 to guide future commissioning by the foundation.
- ▶ The foundation prepared the groundbreaking report *Conceptualizing and Combining Evidence for Health System Guidance* as a rapid response to a concern of the Provincial/Territorial Conference of Deputy Ministers of Health's Task Force on Wait Times. Rather than restrict the response to evidence for waiting times, the foundation broadened the issue to the conceptualization of evidence for health system guidance in general. The question became "what counts as evidence for health system guidance, and how can different types of evidence be combined to produce that guidance?"

- ▶ Based on the *Conceptualizing and Combining Evidence for Health System Guidance* report, the foundation hosted a one-day international workshop of leaders of organizations mandated to provide guidance to health systems. The objectives for this event were to discuss the roles of different kinds of research in evidence-informed decision-making; discuss the role of colloquial forms of evidence as complements to research-based evidence; and share experiences and explore potential best practices related to using deliberative processes to combine multiple forms of evidence. The foundation produced a report titled *Weighing Up the Evidence*, which provides the essence of the discussions.
- ▶ Work on the foundation's theme area networks continued in 2005:
  - The primary healthcare network initiated the dissemination of a primary healthcare discussion paper, the production and dissemination of an inventory of research/evaluation projects, the organization of a national workshop, and the promotion of key resources.
  - The nursing network was launched with a knowledge network on nursing human resources, and a nursing network advisory committee is currently underway.
  - The management of the healthcare workplace theme developed a formal partnership with the Quality Worklife Collaborative—a national network involving stakeholders and organizations.

## EVOLVING

### REISS: DEVELOPING NEW WAYS TO PROVIDE FUNDING

At the Canadian Health Services Research Foundation, we are at the forefront of evidence-informed decision-making. One notable example is our Research, Exchange, and Impact for System Support (REISS) Competition. REISS evolved from the program portion of our previous Open Grants Competition. However, it goes far beyond being simply a research grant. Funded programs must include four components: capacity development, knowledge transfer and exchange, and the creation of deliverables useful to the healthcare system, in addition to the highest-quality health services research. REISS is a unique competition that will help provide collaborative, evidence-informed support for the organization, management, and policies of the Canadian healthcare system.

The foundation is committed to funding one program in each of our themes each year—managing for quality and safety; management of the healthcare workplace; nursing leadership, organization, and policy; and primary healthcare—to a maximum foundation contribution of \$500,000 over four years, with 1:1 matching funds required from co-sponsors.



## PROMOTING THE GROWTH AND EXPERTISE OF APPLIED HEALTH SERVICES AND NURSING RESEARCHERS

The Canadian health system is strengthened when there is a diverse, specialized, and collaborative community of researchers to provide evidence as the backbone for evidence-informed decision-making. The foundation contributes to this by supporting and enabling increases in the number and nature of applied health services and nursing researchers, particularly through our Capacity for Applied and Developmental Research and Evaluation (CADRE) program for health services and nursing training.

- ▶ The foundation awarded 10 Postdoctoral Awards in 2005. Additional Postdoctoral Awards were funded through successful 2005 REISS programs, bringing the total number of awards to 47 since the program's inception in 2001.
- ▶ Eleven of the 12 CHSRF/CIHR chairs have completed their fourth year review, resulting in 10 renewals and one conditional renewal for these 10-year leadership awards. All chairs have achieved success within their program through ongoing research initiatives and strong mentoring activities with a focus on linkage and exchange.
- ▶ Four of the five CHSRF/CIHR training centres have completed their review, resulting in three renewals and one non-renewal for the 10-year term. The centres increase the number of well-qualified applied health services and nursing researchers at the master's and PhD levels and are also used to complement the infrastructure established through the programs of the CHSRF/CIHR chairs.



- ▶ Excellent synergies have been established between the CADRE program, focusing on linking researchers with decision makers, and the Executive Training for Research Application (EXTRA) program, focusing on linking decision makers with researchers. Among other things, the CADRE faculty members act as mentors for EXTRA fellows.
- ▶ Within the organizational capacity development program, longer-term support for the national network of directors of applied health services and nursing research centres has been secured in partnership with CIHR. The network has agreed to a set of objectives and priorities related to mutual support, information sharing, and advocacy work. Two successful meetings were held in 2005.
- ▶ As part of the above program to create a more supportive environment for applied health services research and training, work has begun with international partners to develop criteria to assess knowledge transfer plans within grant applications—the beginning of a set of tools to support the measurement of non-traditional scholarly activity within academic settings.

## LEADING

### CREATING THE NEXT GENERATION OF RESEARCH LEADERS: CADRE

Where will the next generation of applied health services and nursing researchers come from? And how will they gain the skills they need to be leaders in collaborative work with decision makers? Together with CIHR, the foundation addresses these issues through the Capacity for Applied and Developmental Research and Evaluation (CADRE) program for health services and nursing.

CADRE incorporates several elements to help students at all levels become the leaders of tomorrow. The regional training centres teach master's and PhD students to conduct their research in an interdisciplinary manner. By working with their researcher professors—including the CHSRF/CIHR chairs—and through their placements in decision-making organizations, these students learn first-hand how to conduct high-quality research and move it into practice.

This collaborative training continues at a higher level for our Postdoctoral Award holders. These junior researchers follow a training program with at least two supervisors—one a researcher in an academic setting, the other a decision maker, incorporating research evidence into policy. By the end of their two-year awards, these researchers are ready to lead their own research programs that include elements of knowledge transfer and exchange and decision-maker collaboration.

In 2006 and beyond, the CADRE program will focus increasingly on where the graduates of these programs are going and how they are positioned to influence the system, contributing to the longer-term achievement of our mission and objectives.



## GETTING RESEARCH INTO THE HANDS OF DECISION MAKERS AT THE RIGHT TIME, THROUGH THE RIGHT CHANNELS, AND IN THE RIGHT FORMAT

Good research can only be useful if it is disseminated to the right people in a timely way through the right channels. Even the best evidence can only be valuable if it gets into the hands of the appropriate stakeholders, and in a format which makes it easily applied. That's why the foundation invests in creating innovative and effective knowledge transfer and exchange activities. This often entails linking decision makers and researchers to further mutual learning, and it is central to our initiatives that help in the process of planning, disseminating, and applying existing or new research in decision-making. It can also involve creating better ways to disseminate and exchange research evidence.

- ▶ 2005 was a banner year for our innovative research summaries program. As a companion to the ever-popular *Mythbusters* series, the foundation launched *Evidence Boost*, a research summary series that looks at healthcare issues where research indicates a preferred (and often neglected) course of action in health services management or policy. Four issues of *Evidence Boost* were produced in 2005, and the issue exploring chronic care teams was referenced in a special primary healthcare supplement in the *Globe and Mail*.
- ▶ The *Mythbuster* exploring the effect of a parallel system on waiting times was referenced by the Supreme Court of Canada in its judgment on the Chaoulli case.
- ▶ The foundation's annual Invited Exchange brought together a number of Canada's deputy ministers and international health system leaders in a neutral space to discuss how private-sector healthcare may affect medicare in the future.
- ▶ The 7th annual invitational workshop saw exceptional attendance in 2005. The event—which affords researchers and decision makers in our community an annual opportunity for semi-structured linkage and exchange—attracted 170 delegates with equal representation of decision makers and researchers. For the first time, participants came from every Canadian province and territory.
- ▶ The foundation worked with the U.S. Commonwealth Fund to support two Canadian associates in the Harkness Fellowships in Health Care Policy program. The associates participate in all the colloquia planned for the fellows and do applied health services research relevant to Canadian and American health policy and management.
- ▶ The foundation hosted its first international networks leadership summit in Halifax, situating itself as a leader in the growing community of those that see networks as a central tool for effective knowledge transfer and exchange. In addition, the foundation developed and disseminated a *Network Notes* series—which helps to define knowledge networks, communities of practice, and soft networks—and *Networks Digest*, which summarizes useful networks-related resources.

## INNOVATING

### THE 1:3:25 READER-FRIENDLY STANDARD

Decision makers need research evidence to help inform their decisions. However, they also need to get this evidence in an easy-to-read format, something they can scan quickly as they head to their next meeting. Lengthy journal articles written in an academic tone won't reach them. That's why the Canadian Health Services Research Foundation developed its innovative reader-friendly writing guide—the 1:3:25 report format.

All research reports produced for the foundation follow this standard: one page of main messages or key implications; a three-page executive summary; and a 25-page (maximum) final report. This format allows decision makers to quickly see what effect the research could have on their work. Then, if they think the findings are of particular relevance to them, they can delve into the full report for more details. The foundation's *Communication Notes* series provides details on how to do this style of write-up.

Since developing the 1:3:25 in 1999 for our own and our award holders' activities, the model has been adopted by at least 18 other organizations in Canada, Australia, the United States, and the United Kingdom.



## HELPING DECISION MAKERS USE RESEARCH

Though there can be an abundance of research on a given issue, decision makers need the right tools and capacity to use research results in making evidence-informed decisions. The foundation has developed several innovative ways to make it easier for decision makers to use research.

- ▶ The foundation released *Promising Practices in Research Use*, a series of stories designed to highlight organizations finding innovative ways to increase their capacity to use research for evidence-informed decision-making. Each *Promising Practice* story profiles how organizations invest in their people, processes, or structures to build capacity.
- ▶ Regional Research Use Weeks is a new foundation initiative to provide health system decision makers with the tools to best acquire, appraise, adapt, and apply relevant research. Launched in late 2005, the program bundles a variety of research use tools and approaches and brings them directly to health system decision makers in their own communities. The successful inaugural regional Research Use Week in Quebec City brought together more than 100 health system decision makers from across Quebec. The foundation plans to hold two regional Research Use Weeks each year from now on. In 2006, they will be in Moncton and a city in Western Canada.
- ▶ The foundation hosted the fourth annual national knowledge brokering workshop and professional development day in Halifax, attracting more than 100 participants. In partnership with the Ontario Ministry of Health and Long-Term Care's Nursing Secretariat, the foundation also facilitated two regional knowledge brokering workshops for the Ontario nursing community.

- ▶ A new series, *Brokering Digest*, summarizing useful knowledge brokering-related resources, was released in 2005. The bi-weekly series features a summary of a useful knowledge brokering-related article, book, or web site.
- ▶ The second cohort of 24 Executive Training for Research Application (EXTRA) fellows was selected in the 2005 competition. As a result of funding from the Ontario Ministry of Health and Long-Term Care's Nursing Secretariat, the foundation also selected two additional fellows with nursing backgrounds.
- ▶ According to the evaluation results of the 2005 residency sessions, 80 percent of EXTRA fellows feel they have enhanced their understanding of how research is conceived and conducted, their knowledge of health services research, and their skills to appraise research relevance and apply research in their home organizations.
- ▶ Continuing to build on innovative tools for decision makers, the foundation re-launched its self-assessment tool, *Is Research Working for You?* after further scientific validation work was completed. The tool helps decision-making organizations generate an internal discussion about how well they use research and where there is potential for improvement. Since its re-launch in the fall, the foundation received more than 160 requests for the tool in 2005.



## LEADING

### EXTRA: SMARTER DECISIONS, STRONGER HEALTH SYSTEM

The Canadian Health Services Research Foundation is proud of its leadership role in the Canadian healthcare system. This role is especially evident in our Executive Training for Research Application (EXTRA) program. Following on the development of the Alberta (and now western provinces) SEARCH (Swift, Efficient Application of Research for Community Health) program, it is one of the few programs of its kind in Canada, or indeed the world. EXTRA gathers leaders from the health system—doctors, nurses, and other healthcare executives—to give them the tools to use research evidence when making decisions.

Along with our partners—the Canadian College of Health Service Executives, the Canadian Nurses Association, the Canadian Medical Association, and a consortium of Quebec partners represented by the Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS)—the foundation is leading the way with a new type of executive training. EXTRA fellows remain in their leadership positions full-time and conduct an intervention project of direct relevance to their organizations. By the time they graduate from the two-year program, fellows are ready to take on a new type of leadership role—as leaders in the use of research in decision-making.

The program's success has also garnered international attention. Decision-making experts from the U.S. and Mexico are using the EXTRA program as a model to transform the health system in their own countries. In addition, speakers from France, the United Kingdom, and the U.S. have agreed to visit the EXTRA fellows and participate in a comparative case study.

## ORGANIZATIONAL EXCELLENCE

The foundation takes pride in evolving and innovating in our working environment to support the foundation's mission. Organizational excellence includes the foundation's support functions, such as program support and financial management, as well as strategic support groups such as impact analysis and evaluation, corporate communications, and employee support. These support units play a critical role in leading by example through their internal best practices.

- ▶ The foundation changed the term “evidence-based” in its mission statement to “evidence-informed” after seeking input from stakeholders and hearing from other international guidance-producing organizations in the health sector. The change in term better reflects that research is realistically only one of the inputs to decision-making.
- ▶ The chief executive officer received a doctorat honoris causa from Université de Montréal for his lifetime contributions to the field of applied health services and policy research as well as knowledge transfer and exchange.
- ▶ In 2005, the chair of the board of trustees and two former trustees received the Order of Canada for their extraordinary contributions in healthcare, health policy, and administration.
- ▶ A foundation investigator, Dr. Réjean Hébert, dean of medicine at Université de Sherbrooke, was the co-winner of the Canadian Institutes of Health Research's 2005 Knowledge Translation Award for his foundation-funded PRISMA program of research. This program of research, which the foundation has funded since 2000, integrates service delivery for frail elderly people.



- ▶ Traffic to the foundation's web site almost doubled from the previous year, with a 93-percent increase.
- ▶ A logic model and evaluation framework and indicators were created, along with an evaluation toolkit for internal program evaluation. Evaluation mechanisms are integrated into the foundation's initiatives.
- ▶ The foundation's Health Services Research Advancement Award went to two outstanding winners in 2005: Dr. Robyn Tamblyn, a professor at McGill University; and the Therapeutics Initiative, led by Dr. James Wright at the University of British Columbia.
- ▶ Employee support introduced alternative work arrangements, such as reduced work weeks and work at home policies, to address generational changes in how employees conduct work. A comprehensive skills training and development course was also launched in partnership with similar health organizations to ensure staff skills continue to align with the foundation's mission.



## INTERNATIONAL ACTIVITIES AND RECOGNITION

More and more, the foundation's innovation and leadership in furthering evidence-informed decision-making is being sought, recognized, and acknowledged, both in Canada and around the world.

- ▶ In response to an invitation from the federal wait times advisor, the foundation developed Shorter Waits and Improved Flows Training (SWIFT), a proposal seeking funding from the federal government to train those managing waiting times in the Canadian health system.
- ▶ A new initiative titled Promoting Evidence-Informed Action from Research for Leadership (PEARL) was developed by the foundation through a partnership with the International Development Research Centre (IDRC). Funding is being sought for this potential international initiative to improve research use capacity in low- and middle-income countries. Also, at the invitation of the World Health Organization (WHO), the foundation and IDRC supported a limited competition for regional knowledge observatories in the western Pacific region.
- ▶ The *Mythbusters* series of research summaries continued to be very popular. Four new or updated issues were released in 2005. The series continues to be reprinted in the *Journal of Health Services Research and Policy*, and several requests were made to reprint the documents in Canadian universities and other organizations. Internationally, the series was reprinted in the journal *Eurohealth* as well as by the Regional Agency for Health and Healthcare of Emilia-Romagna in Italy. Extensive discussions took place with a Denmark research agency to replicate the *Mythbusters* process.
- ▶ Foundation staff and award holders presented a series of sessions at the U.S. AcademyHealth meetings in Boston. Topics included the synthesis program, quality of care initiatives and priorities, and the overall foundation linkage and exchange approach.
- ▶ The foundation had a major presence at the 6th International Conference on the Scientific Basis of Health Services, sending presenters and delegates. This participation was instrumental in bringing the conference back to Canada in 2005.
- ▶ Australia's National Primary Healthcare Institute identified the foundation as a basic role model for its design and conduct. The foundation is also cited in *The Final Report of the Investment Review of Health and Medical Research Committee* in Australia for its work in knowledge translation and exchange.
- ▶ The *Conceptualizing and Combining Evidence for Health System Guidance* paper and the results from the international workshop of guidance-producing organizations were presented at a WHO meeting on knowledge translation in global health in Geneva.
- ▶ The only North American member, the foundation was invited to a meeting in Madrid to discuss the ERA-CARE Network, a European Union initiative on nursing research. This gave the foundation the opportunity to showcase its contribution to capacity development for nursing research in Canada.
- ▶ For the fifth year, the Harkness fellows and associates rated the Canadian policy briefing tour hosted by the foundation for the U.S. Commonwealth Fund as the top event of the year.
- ▶ Dignitaries and academic scholars from England, Australia, the Netherlands, Switzerland, and Denmark visited the foundation to learn about its programs and work in knowledge transfer and exchange.

## PARTNERSHIPS

Collaboration with partners is key to the success of the foundation. By linking with like-minded organizations, the foundation fosters mutually beneficial relationships to augment one another's strengths, reduce duplication, and complement one another's programs. Partnerships with local, regional, provincial, national, and international organizations provide the opportunity for mutual learning, gaining access to new audiences, and delegating administration. Partnerships also helped the foundation define its niche in the growing landscape of health-related knowledge organizations and at the national level.

- ▶ In 2005, the foundation leveraged approximately \$10 million, or 200 percent, of its program funding with partnership funds (including both cash and in-kind funding).
- ▶ The foundation attracted 17 new funding partners to achieve its objectives and further its mission.
- ▶ In 2005, the Nursing Care Partnership with the Canadian Nurses Foundation contributed almost \$500,000 to projects, with an additional \$1,050,593 leveraged through additional partnerships.
- ▶ In 2005, our partner organizations supplemented foundation REISS funding by \$1.70 in cash and in-kind support for every \$1 committed by the foundation. The partnerships established between academic and health system organizations through this program form the basis for ongoing linkage and exchange activities around research and knowledge transfer initiatives relevant to the system. For a full list of the foundation's co-sponsors, please see the partnership report on the foundation's web site at [www.chsrf.ca](http://www.chsrf.ca).



## ENDOWMENT AND FINANCIAL MANAGEMENT

The foundation's endowment earned 9.8 percent on its investments in 2005 based on market value. This was a composite of the segregated fund that supports the EXTRA program, which had a return of 6.5 percent, and the foundation's core fund, which had a return of 10.5 percent.

Many of the foundation's programs and projects are carried out in collaboration with or through contributions from partners. When one adds the 2005 partner contributions of \$10 million to the foundation's total expenses of \$12.5 million, \$22.5 million of activities focused on achieving the foundation's objectives in 2005. The investment return of 9.8 percent meant that this activity expenditure was achieved with only a \$6.1-million draw on the endowment, an overall leverage ratio 1:3.7, that is, \$3.70 was spent on the foundation's objectives for every \$1 spent from the foundation's capital in its endowment.

In addition, the foundation's direct contributions to research and training grants and awards were just more than \$3 million. When one includes the additional \$1.5 million that the foundation provided to CIHR to fund the Open Grants Competition projects transferred to them in 2004, the foundation's direct contribution to research and training, without accounting for partner contributions, was approximately \$4.5 million.

## AUDITORS' REPORT TO THE MEMBERS

The accompanying summarized balance sheet and summarized statement of operations are derived from the complete financial statements of Canadian Health Services Research Foundation as at December 31, 2005 and for the year then ended on which we expressed an opinion without reservation in our report dated February 17, 2006. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements. In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above. These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference



should be made to the related complete financial statements.

### CHARTERED ACCOUNTANTS

Ottawa, Canada

February 17, 2006

## BALANCE SHEET

For the year ended December 31, 2005 (In Thousands of Dollars)

	2005	2004
<b>Assets</b>		
Cash	\$ 2,622	\$ 2,554
Investments	109,480	117,048
Accounts receivable	1,406	598
Capital assets	805	921
Other assets	131	272
	\$ 114,444	\$ 121,393
<b>Liabilities and Net Assets</b>		
Accounts payable and accrued liabilities	\$ 3,527	\$ 4,357
Deferred revenue	850	785
Obligations under capital lease	100	132
Deferred lease inducement	188	211
Net assets General Fund	77,917	80,953
Net assets Nursing Research Fund	9,586	11,174
Net assets EXTRA Fund	21,571	22,992
Invested in capital assets	705	789
	\$ 114,444	\$ 121,393

Note: Complete audited financial statements are available upon request.

## STATEMENT OF OPERATIONS

For the year ended December 31, 2005 (In Thousands of Dollars)

	Core Fund	Nursing Research Fund	EXTRA Fund	Total 2005	Total 2004
<b>Revenue:</b>					
Revenue from co-sponsors	\$ 1,905	\$ 1,513	\$ 175	\$ 3,593	\$ 3,980
Other revenue	168	12	103	283	–
Amortization of deferred contributions relating to operations of current year	7,350	2,130	2,511	11,991	13,559
Amortization of deferred contributions relating to capital assets	191	–	–	191	178
	9,614	3,655	2,789	16,058	17,717
<b>Expenses:</b>					
Strategic Objective 1.1 – Creating New Knowledge	1,227	1,062	–	2,289	3,673
Strategic Objective 1.2 – Capacity Development	1,471	757	–	2,228	2,839
Strategic Objective 2.0 – Dissemination	568	–	–	568	588
Strategic Objective 3.0 – Research Use	684	–	2,079	2,763	2,494
Strategic Objective 4.0 – Linkage and Exchange	652	–	–	652	387
Program support	1,512	–	–	1,512	1,434
Administration	1,992	1	–	1,993	1,871
	8,106	1,820	2,079	12,005	13,286
Amortization of capital assets	191	–	–	191	178
Investment management fees	217	27	56	300	302
Share of indirect costs	(774)	295	479	–	–
Total expenses of the foundation	7,740	2,142	2,614	12,496	13,766
Co-sponsors' programs expenses	1,874	1,513	175	3,562	3,951
	9,614	3,655	2,789	16,058	17,717
Excess of revenue over expenses	\$ –	\$ –	\$ –	\$ –	\$ –

Note: Co-sponsors' Activities figures do not include all co-sponsor contributions but represent only those co-sponsor funds administered by CHSRF.





