

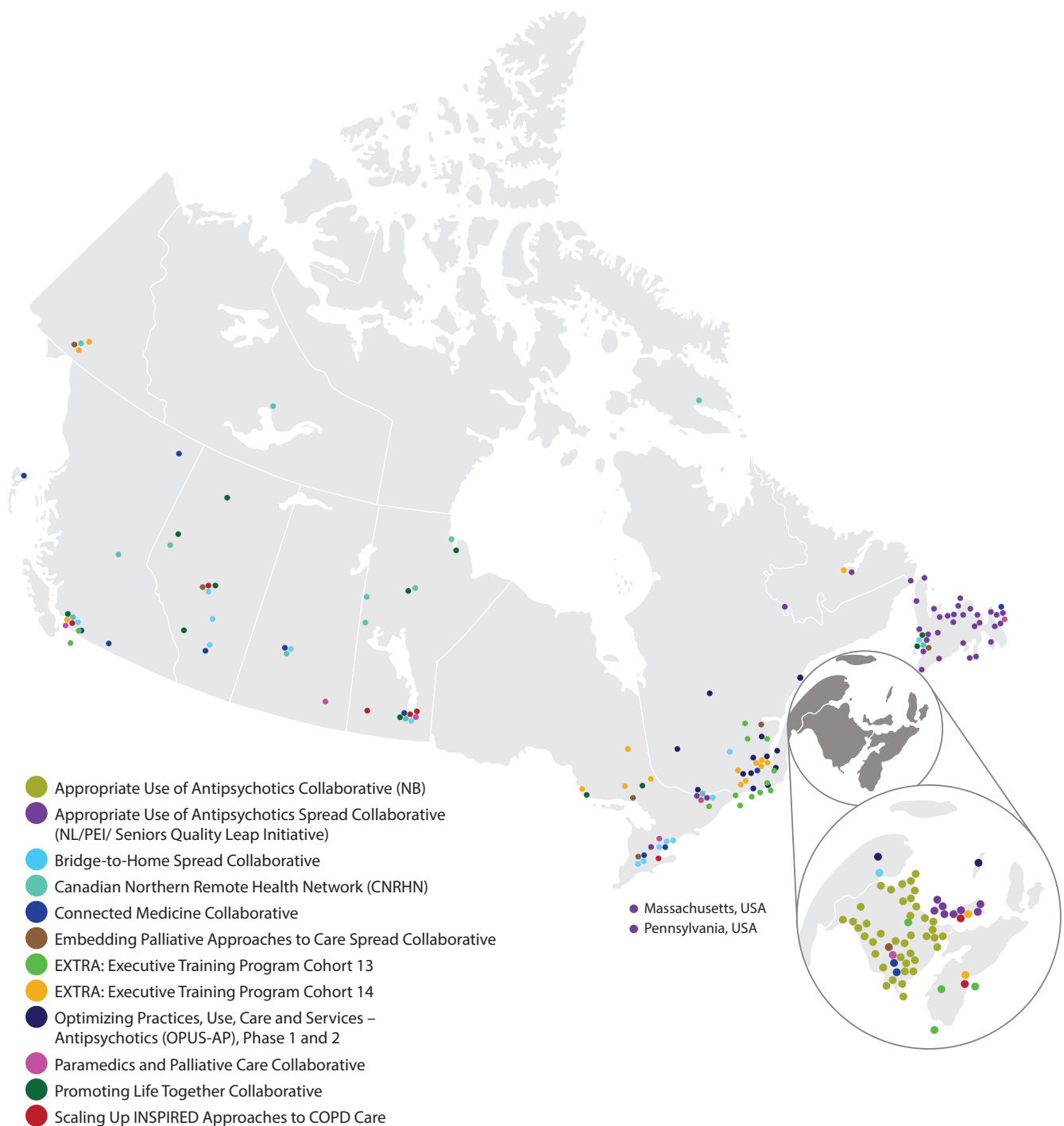
Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour **l'amélioration des services de santé**



Annual Report 2018-2019

Spreading and scaling innovation across Canada



* Dots indicate the location of improvement teams and CNRHN members

Cover Photo: Jenny Hickson, Director of Care at Orchard View Long Term Care Facility and a participating home in the New Brunswick Appropriate Use of Antipsychotics collaborative, and Elsie Cassidy, a resident at the home, interact with ROVER, a multisensory therapy cart. ROVER provides a soothing and stimulating immersive environment to residents with dementia. The cart is portable and gives residents a sense of calm and control by delivering stimuli to various senses using lighting effects, colour, sounds, vibration, music, scents, and things to touch.

Together, We're Making Change Happen

Better patient experience of care, improved health outcomes and greater value for money are important to Canadians. Fortunately, there is no shortage of innovation and creativity in Canadian healthcare focused on achieving these goals. The challenge facing everyone committed to improvement is to spread proven innovations across the country and scale them to all who could benefit.

Working with our partners, CFHI continues to play a unique, pan-Canadian role in identifying proven innovations, and accelerating their spread and scale across the country. Our partners include patients, families and caregivers; health and social service providers; governments; and many other people and organizations – from both the public and private sectors – committed to healthcare improvement.

Together, we're focused on care closer to home and community. Teams are scaling proven approaches to equip patients to better manage their COPD on a day-to-day basis. Others are training paramedics to provide palliative care so that people can receive the care they need, when and where they want it. And many more are pursuing similar goals.

This year was filled with change and new beginnings for CFHI as we delivered on this commitment to better health and care. We said farewell and thank you to Maureen O'Neil for more than 10 years of dedicated, successful leadership and welcomed Jennifer Zelmer, our new President and CEO. Jennifer brings a long-standing commitment to healthcare improvement and a wealth of experience.

Through the year, both CEOs and our broader team connected with hundreds of stakeholders to learn how we could help meet their emerging priorities. Their input has been an important foundation of our refreshed corporate strategy 2019-21, which rests on four goals:

- ▶ Where there are problems that don't yet have solutions, we identify innovators tackling the challenge and incubate innovations.
- ▶ Where there are proven solutions that aren't yet being widely used, we lead partnerships that help to spread and scale these innovations.

- ▶ To build improvement-oriented systems, we enhance capacity to implement sustainable improvements.
- ▶ To shape the future of healthcare, we support the sharing of policy insights and action on levers that accelerate system transformation.

Whether through our collaboratives, ongoing efforts to drive the rapid adoption of proven innovations, or programs like our EXTRA: Executive Training Program that build capacity to implement sustainable improvement, more than ever CFHI programs are connecting leaders across health systems to share, learn and improve together. Collectively, we're pleased to report that the more than 300 teams participating in CFHI programs are delivering more improvement, for more people, that lasts.

This year we also developed two innovation challenges. The [Priority Health Challenge](#) to identify and grow promising innovations in two shared health priorities – improving access to mental health and addictions services, and home and community care. A second challenge – the [Momentum Challenge](#) – will help teams that have recently completed CFHI programs achieve long-term success by working with a community of innovators to expand their proven innovations to reach more people who could benefit.

This annual report tells CFHI's story for April 1, 2018 to March 31, 2019 (2018-19). It includes many examples of the outputs produced and the outcomes achieved as we worked shoulder-to-shoulder with partners from across the country, including our fellow pan-Canadian healthcare organizations to help advance shared health priorities. Each section is organized by the goals in our refreshed corporate strategy and the corresponding programs and activities.

Together, we are shaping better healthcare for everyone in Canada.

Results by the numbers

12

collaboratives
+ 2 EXTRA
Cohorts

328

improvement
teams

3344

healthcare
leaders
participated

Programs and collaboratives reached



1** Country
outside Canada

93%*

teams contributed
to improvements in
patient experience

89%*

teams contributed
to improvements in
patient health

80%*

teams contributed to
improvements in work
life of providers

67%*

teams contributed
to improvements in
efficiency of care

* Based on end-of-project data submitted by participating teams.

** St. Andrew's Village, Presbyterian Senior Living Community, Pennsylvania, and Hebrew Senior Living, Roslindale, Massachusetts, USA
Appropriate Use of Antipsychotics Initiative

More Improvement, For More People, That Lasts Our Strategy, 2019-21

Improvement is a team sport and our refreshed strategy reaffirms our commitment to partnerships. Our partners include patients, families and caregivers; health and social service providers, governments; and many other people and organizations – from both the public and private sectors – committed to healthcare improvement.

Vision: To be an indispensable partner in shaping better healthcare for everyone in Canada.

Mission: We work shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven innovations.

Impact: Lasting improvement in patient experience, health, work life of healthcare providers and value for money.

CFHI engaged with hundreds of stakeholders to shape our corporate strategy for 2019-21. We heard:

- ▶ CFHI is recognized for its unique expertise in spreading and scaling innovations and building capacity for health system transformation.
- ▶ Shifting care from hospital to home and community, primary healthcare reform and care integration are key priorities for governments and people across Canada.
- ▶ Improvement programming should focus on the needs of those living with multiple and complex chronic conditions, older people and those experiencing frailty, those living with mental health issues and Indigenous communities.
- ▶ Patient, family and community engagement should be embedded across all improvement programming.

These priorities are reflected in our 2019-21 refreshed strategy, which focuses on making change happen by delivering more improvement for more people – and making it last – with an emphasis on delivering better care closer to home and community.

OUR GOALS AND OBJECTIVES



Find and promote innovators and innovations

- ▶ Identify promising innovations that deliver better care closer to home and community
- ▶ Broaden awareness of these innovations to catalyze further improvements



Drive rapid adoption of proven innovations

- ▶ Lead partnerships to spread and scale proven innovations that deliver better care closer to home and community
- ▶ Co-design, test and share tools for implementing healthcare improvements



Enable improvement-oriented systems

- ▶ Work with teams across Canada to enhance capacity and readiness to implement ongoing sustainable improvements
- ▶ Connect leaders across health systems to share, learn, and improve together



Shape the future of healthcare

- ▶ Catalyze improvements in health systems by supporting leaders to share policy insights, identify levers for change and drive implementation
- ▶ Guided by the perspectives of First Nations, Inuit and Métis peoples, foster shared learning and enhanced relationships that enable cultural safety and humility in health systems
- ▶ With other pan-Canadian organizations, advance shared federal, provincial and territorial health priorities

OUR EMPHASIS

Our Work



Improvement teams discuss their projects with other workshop participants at the Bridge-to-Home workshop in Toronto, ON.

Through our programs and collaboratives, healthcare leaders and improvement teams from across Canada come together for tailored learning opportunities and coaching. Teams co-design, test and share tools for implementing healthcare improvements. They start by identifying a clear aim for improvement, and then test these ideas. As they learn, they can broaden the testing, scale up the changes and continue to monitor and measure results.

See how our work aligns with shared federal, provincial, territorial (FPT) health priorities throughout this report.



4

Progress on the Quality Improvement Journey: Collaborative Assessment Scale

See where our programs are on their improvement journeys at the end of 2018-19.

Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results





◀ Jane Webley, Vancouver Coastal Health Regional Program Leader for End of Life Care and Embedding Palliative Approaches to Care (EPAC) program innovator, speaks to improvement teams at the workshop in Fredericton, NB.



Find and Promote Innovators and Innovations

At CFHI, we seek out innovations and help our partners adapt, spread and scale better ways of providing care to improve health and use resources wisely. In 2018-19, we worked to identify innovators and incubate innovations in a variety of ways, including:

- ▶ Scoping innovations in mental health for future programming.
- ▶ Partnering with the Canadian Frailty Network to develop a collaborative to spread key elements of innovations identified from the 2018 [Frailty Matters Innovation Showcase](#), the first ever-national innovation showcase in Canada dedicated to frailty in older adults. The top innovations were:
 - COACH Program, Prince Edward Island
 - The Senior's Community Hub (SCH), Alberta
 - CARES: Early Frailty Identification and Prevention Strategy, Fraser Health Authority, British Columbia
 - C5-75: Case-findings for Complex Chronic Conditions in Persons 75+, Centre for Family Medicine Health Team, Ontario

Priority Health Innovation Challenge



Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results
---------------	---------------------	--------	----------------	------------------	-------------	-------------------------	-------------------------	---------------------------------



We developed the Priority Health Innovation Challenge and forged a coalition of leading healthcare organizations, including all eight Pan-Canadian Health Organizations (PCHOs), to support change. The Challenge focuses on identifying and growing promising innovations in two shared health priorities: improving access to mental health and addictions services, and home and community care. We're aiming to build a community of innovators, connect them with experts and other resources to accelerate change, and reward creative solutions that deliver lasting results.



Drive Rapid Adoption of Proven Innovations

Where there are solutions that are not yet being widely used, CFHI leads partnerships that help spread and scale proven innovations.

Connected Medicine: Enhancing Primary Care Access to Specialist Consult



Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results
---------------	---------------------	--------	----------------	------------------	-------------	-------------------------	-------------------------	---------------------------------



Canadians often wait for specialist care after referral from a primary care provider. In the 2016 Commonwealth Fund Survey, Canada placed last on a measure of specialist access among the 11 countries surveyed, with 56% of Canadians reporting waiting four weeks or longer to see a specialist. This 18-month spread collaborative demonstrates that primary care access to specialist advice can be enhanced through secure digital technology and telephone services – such as RACE™ (which originated at Providence Health Care and Vancouver Coastal Health) and BASE™ (which originated with the Champlain Local Health Integration Network in Ontario) – that improve provider-to-provider communication. Team-to-team learning was a strong theme this year. Teams also learned how to enhance the involvement of patient advisors in their planning.

As a result of this collaborative, patients can benefit from care in their community and closer to home, while also maintaining the confidence and comfort of their relationship with a primary healthcare provider they know and trust.

- ▶ More than 2200 primary care practitioners registered during the Collaborative and can now rapidly access specialist advice typically in seven days or less.
- ▶ More than 800 specialists enrolled
- ▶ More than 12,300 consults with specialists.
- ▶ Partnership with the College of Family Physicians of Canada, Canada Health Infoway, and the Royal College of Physicians and Surgeons of Canada.

85%



of eConsults received a response from a specialist within 7 days

53%



of eConsults led to an appropriately avoided face-to-face referral to a specialist

42%



of remote consults led to an appropriately avoided ED visit

* Based on a sample of more than 3200 eConsults

* Based on a sample of over 2600 eConsults

* Based on a sample of 600 phone or mobile app consults

Palliative and End-of-Life Care

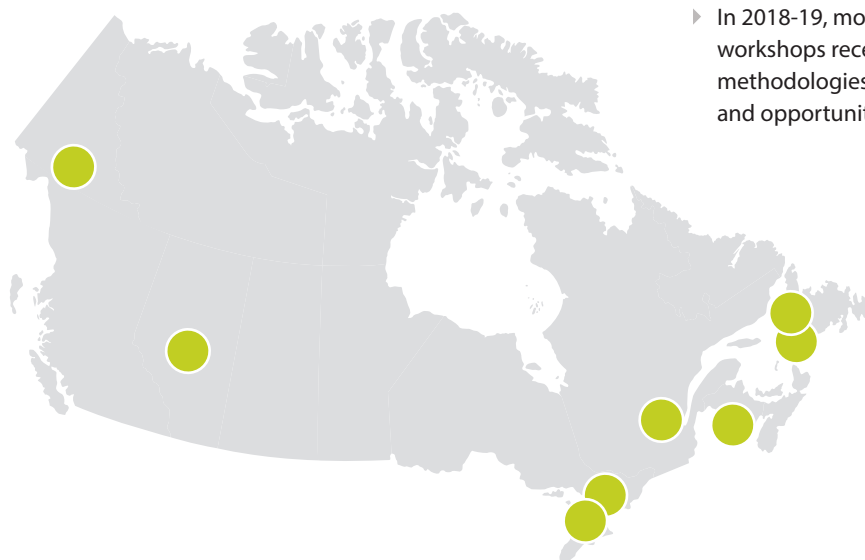
Palliative care improves the quality of life of patients facing life-threatening illness and their families. In 2018-19, CFHI began spreading two palliative care innovations, both aiming to improve the system's capacity and provide care in the location of a person's choice.

Embedding a Palliative Approach to Care Spread Collaborative



Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results
---------------	---------------------	--------	----------------	------------------	-------------	-------------------------	-------------------------	---------------------------------

EPAC is a proven innovation developed by a team at Vancouver Coastal Health in British Columbia. It helps staff in long term care identify residents who could benefit from a palliative approach to care, have conversations with them and their families about what they want, and implement comprehensive, resident-centred care plans that honour the resident's expressed wishes, values and choices. Using a train-the-trainer approach, this model will be spread throughout regions where participating organizations have regional responsibilities.



► In 2018-19, more than 200 participants at 8 regional workshops received education on quality improvement methodologies that drive change, access to expertise, and opportunities to collaborate.

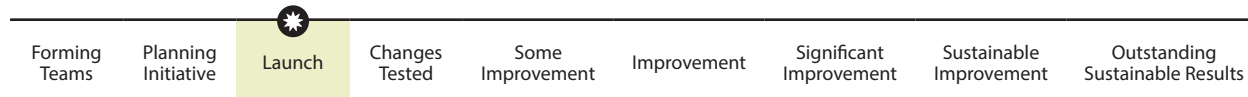
Regional workshops were held in:
 Whitehorse, YT
 Edmonton, AB
 Haliburton, ON
 Waterloo, ON
 La Tuque, QC
 Fredericton, NB
 Port aux Basques, NL
 Cornerbrook, NL

I'm very grateful for the day we spent with our team in La Tuque for the launch of the EPAC project. Many of the things Jane Webley said will directly impact the way we envision the organization of care and the approach we take to caring for palliative and long-term care patients. Her message sparked a few "Aha!" moments – about the gift of time, the importance of weighing your words, the need to honour decisions, wishes and wants, the best way to handle difficult conversations – that I'm sure will pave the way for change in our organizational culture and patient approach.

Chantal Bournival,

Assistant Director, Support program for the autonomy of seniors (SAPA) – Quality assurance, access management and support
 CIUSSS de la Mauricie-et-du-Centre-du-Québec

Paramedics and Palliative Care: Bringing Vital Services to Canadians



Building on the experience of Nova Scotia and Prince Edward Island, CFHI and the Canadian Partnership Against Cancer are collaborating to improve access to palliative care for people living with life-limiting conditions, through paramedics providing palliative care in collaboration with other health professionals. This Collaborative will help paramedics respond in a different way to meet the person's wishes and provide a person-centred approach to care. To date, there has been tremendous support for participating teams from the original innovation sites to adapt and adopt the innovation, including facilitating new partnerships.

- ▶ More than 5000 paramedics, across 6 provinces, will be trained to provide patients with in-home support when they need palliative care at home, reducing avoidable use of acute care services such as hospital admissions and emergency department visits.



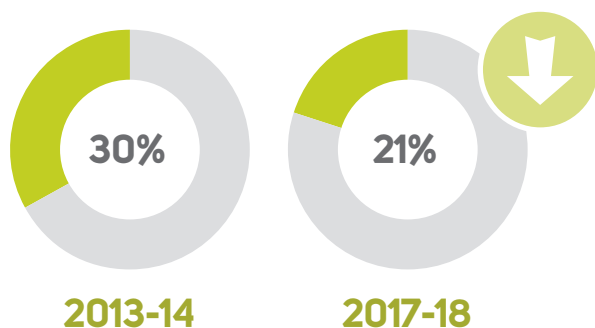
Person-centred Dementia Care



Over half a million Canadians live with dementia, with 25,000 new cases diagnosed every year. Antipsychotic medications are often prescribed to help manage symptoms related to dementia, such as agitation and aggression. However, there is a lack of evidence to support their effectiveness for this purpose and a risk that they can cause significant side effects such as confusion, dizziness and stroke.

The number of residents in long term care who have been prescribed an antipsychotic to manage symptoms of dementia continues to fall across Canada thanks to the efforts of providers, provincial health quality councils, associations, governments and many others. Over the last five years, CFHI has supported the spread and scale of the appropriate use of antipsychotics (AUA) approach, a program that has its roots at the Winnipeg Regional Health Authority and was developed as part of the [EXTRA program](#). By reducing the inappropriate use antipsychotics, residents in long term care tend to be better able to eat independently, and are more wakeful, which benefits residents, families, and staff.

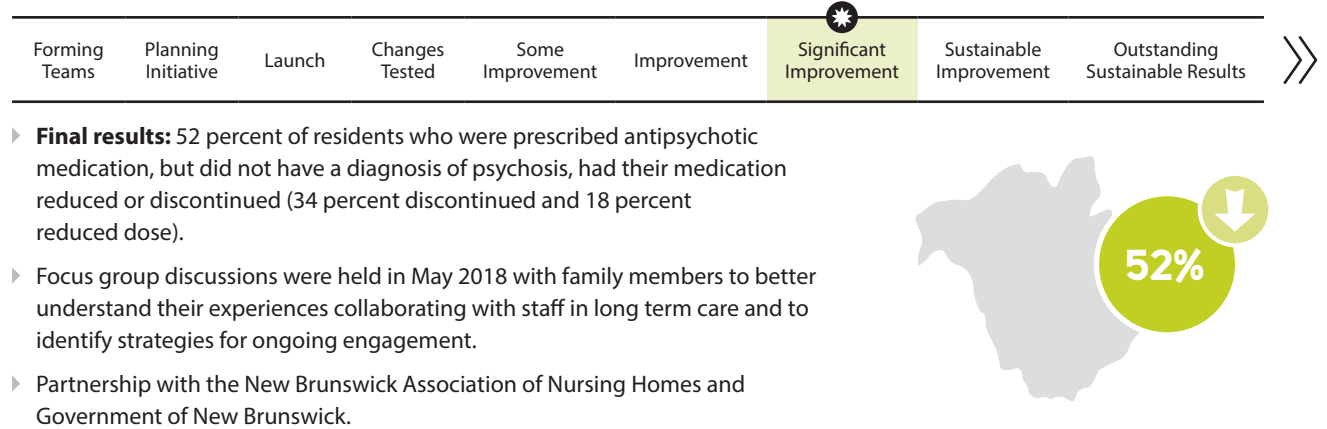
Long term care residents taking antipsychotic drugs without a diagnosis of psychosis.



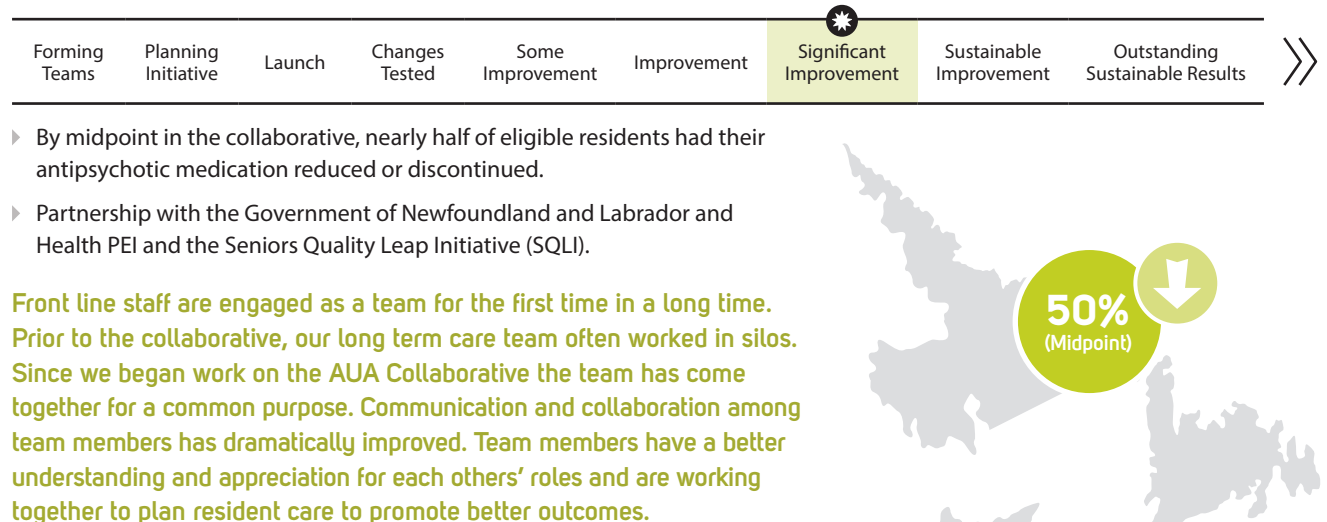
Prior to the AUA collaborative one of our residents was non-verbal and slept most of the time. Once she was weaned off of her nozinan [antipsychotic] she became more alert, talking, and singing. Staff have received feedback from her family stating "they now enjoy coming for visits and can't believe the difference in their mom."

Staff participant,
Prince Edward Island

New Brunswick



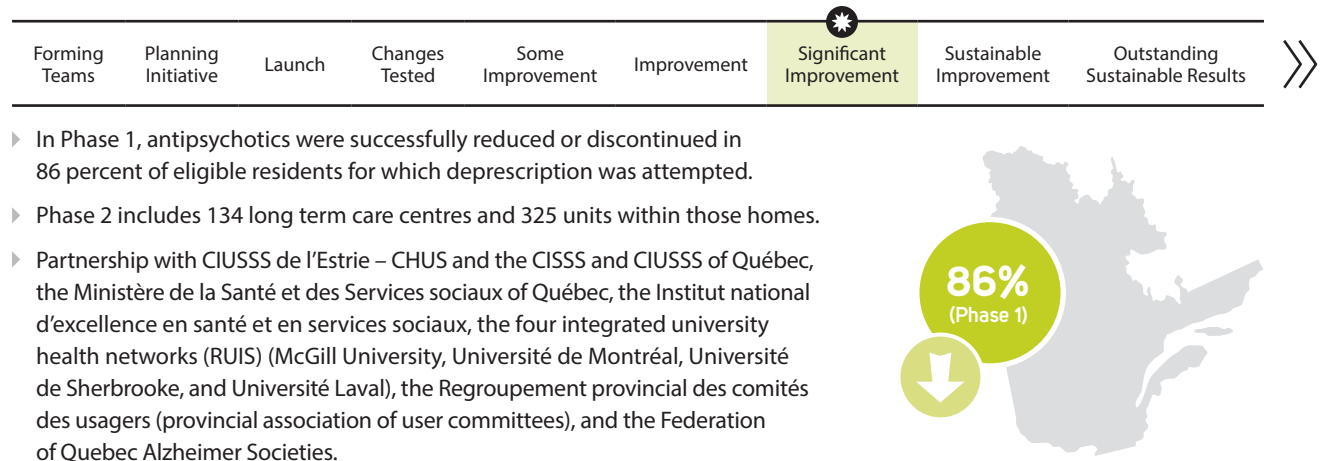
Newfoundland and Labrador, Prince Edward Island and Seniors Quality Leap Initiative



Staff participant

Notre Dame Bay Memorial in Newfoundland and Labrador

Québec Optimizing Practices, Uses, Care and Services – Antipsychotics (OPUS-AP)



Scaling up INSPIRED Approaches to COPD Care



Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results
---------------	---------------------	--------	----------------	------------------	-------------	-------------------------	-------------------------	---------------------------------



Too often, people living with chronic diseases like chronic obstructive pulmonary disease (COPD) end up in hospital because they do not receive the services and supports they need in the community. The INSPIRED scale collaborative, which is based on an innovation that originated in Nova Scotia, shows that providing the right care for patients in their homes and community, and equipping them with self management skills and action plans, can improve their quality of life, while also reducing hospital readmissions and emergency department visits.

- Teams in this collaborative collectively scaled an INSPIRED-like approach to COPD care from 12 to 35 hospitals, and an additional 20 primary care organizations that provide home and community care.
- What helped them to succeed: Improved integration of primary care, increased focus on advance care planning and goals of care, exploration of technology to increase INSPIRED's reach, and a commitment to including patient advisors.



hospitals



primary care organizations

Bridge-to-Home Spread Collaborative



Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results
---------------	---------------------	--------	----------------	------------------	-------------	-------------------------	-------------------------	---------------------------------



Transitions from hospital back into the community can be challenging and pose potential risk for patients at a time of significant stress. In a recent Canadian Institute for Health Information survey, 40 percent of patients said they didn't receive enough information about what to do if they became worried about their condition and treatment after leaving the hospital. Poor transitions in care can lead to adverse events and poor patient outcomes, emergency room visits, and even hospital readmissions.

Teams participating in the Bridge-to-Home Spread Collaborative will spread a patient-oriented care transitions bundle, which includes the Patient-Oriented Discharge Summary (PODS) originally developed by OpenLab at University Health Network in Toronto. This will help give patients and caregivers the information and confidence they need for a safe transition from hospital to home. Patients and caregivers will be active partners throughout this quality improvement initiative.

When you are leaving the hospital, you are thrust into a situation where you are nervous and vulnerable. Having the correct understanding of my condition and a care action plan is essential for me to confidently manage my care and maintain my quality of life.

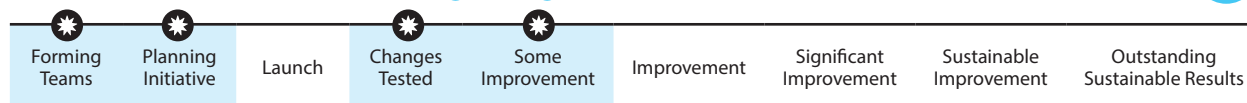
Sue Johnson,
Patient Partner, Ottawa, ON



Enable Improvement-oriented Systems

CFHI works with teams across Canada to enhance capacity and readiness to implement ongoing sustainable improvements. We connect leaders across health systems to share, learn and improve together.

EXTRA Executive Training Program



EXTRA is a team-based fellowship in leadership for quality improvement and the only one of its kind in Canada. In 2018-19, 19 teams from two cohorts of the program partnered with experts, faculty and coaches to tackle an existing organizational priority, while building their team and organization's capacity and readiness to implement ongoing sustainable improvements capable of transforming the health system. Toward the end of the year, a call for applications was also launched for Cohort 15.

Canadian Northern and Remote Health Network



The Canadian Northern and Remote Health Network provides an opportunity for decision-makers, leaders, policy makers and practitioners to come together to enhance leadership and improvement capacity by sharing success stories, innovative ideas, tools and resources with a goal of improving the health status of people living in northern and remote regions of Canada.

The 2018 Roundtable was held May 30, 2018 in Ottawa, Ontario with 40 participants, including members of the Network, participants in CFHI's Promoting Life Together Collaborative, speakers and guests. Participants discussed primary care models in northern and remote regions and how to enhance health leadership for reconciliation.

Patient and Family Engagement



Actively partnering with patients, family members and other caregivers is one of the ways CFHI is working to transform healthcare. CFHI is deeply committed to ensuring that healthcare improvement always includes the patient and family experience to shape improvement. We work within our organization and with healthcare organizations, patient, family and caregiver engagement (PFE) leaders and partners, to build capacity to meaningfully engage, share knowledge and learn from one another.

In 2018-19, we focused on building our culture of engagement by co-developing guiding principles for engagement to embed across our improvement programming and organization. To support this work, we enhanced staff capacity for meaningful engagement, provided mentorship and coaching opportunities, and reviewed and co-developed internal CFHI processes – such as our contracting process – to ensure they are clear and relevant to our patient partners.

We shared what we have learned, actively supporting patient engagement efforts across Canada and partnered with other organizations to continue to learn and grow this field.

- ▶ We participated in a Special Edition of Healthcare Quarterly: [Supporting Engagement-Capable Environments](#) with guest editors Dr. Antoine Boivin and Vincent Dumez. This issue provided an overview of patient and family engagement in Canadian healthcare system improvement and explored aspects of 'engagement capable environments' and the evaluation of engagement efforts.
- ▶ We co-hosted the [Diversity in Patient Engagement Learning Exchange](#) from March 4-5, 2019 with a group of national, provincial and territorial organizations from across Canada. The event showcased a range of patient engagement approaches with diverse, underserved populations and the resulting improvements in healthcare and service delivery. The event included 25 individuals with lived experience as steering committee members, presenters and participants.



◀ Improvement teams collaborate and share perspectives at the Bridge-to-Home workshop in Toronto, ON.



Shape the Future of Healthcare

CFHI catalyzes improvements in health systems by supporting leaders to share policy insights, identify levers for change and drive implementation.

Value-Based Healthcare



Value-Based Healthcare (VBHC) links the dollars spent throughout a patient's journey to outcomes that matter to them, rather than to the volumes of services, processes or products that may or may not achieve those outcomes. VBHC aims to deliver services that are high value, scale back or drop those that do not, and/or re-balance the mix of services to improve the ratio of outcomes to overall costs.

CFHI is working closely with expert faculty and advisors to pinpoint lessons learned, opportunities and barriers to VBHC innovation in Canada. On August 16, 2018 we hosted Transforming Health Services: Identifying the Most Promising Opportunities for Value-Based Healthcare Design Day to build on the work that began at a Value-Based Healthcare Summit earlier in 2018.

- ▶ [Executive Brief: Aligning Outcomes and Spending: Canadian Experiences with Value-Based Healthcare](#)
- ▶ Series of webinars: [Value-based Healthcare by Design: Identifying Promising Innovations in a Canadian Context](#)

Primary Care Reform and Integration



Ensuring people have access to high quality team-based primary care when they need it, and integrating this care with other health and social services, is essential to transform healthcare. CFHI is focused on learning from efforts across Canada and internationally to improve primary care and on identifying common themes where our organization can lend support.

On April 27, 2018, we hosted: *Primary Care Roundtable: Sharing what works to accelerate primary care improvement* in Winnipeg with decision-makers, researchers, clinicians and patients from across the country, with a focus on exploring efforts to improve primary care and to identify common themes. In September 2018 we co-hosted a pan-Canadian invitational symposium in collaboration with the College of Family Physicians of Canada, Health Quality Ontario, and Réseau-1 with a goal of better supporting quality improvement methods at the front lines of primary care.

Collaboration with other Pan-Canadian Health Organizations

CFHI sees tremendous potential to enhance the collective impact of the suite of pan-Canadian health organizations (PCHOs) and we're excited to help move the dial on shared federal, provincial, and territorial health priorities. We're collaborating with our PCHO and other partners, including proactively exploring new ways of working with the Canadian Patient Safety Institute (CPSI) to strengthen our collaboration through concrete actions. For example:

- ▶ With CPSI we enhanced the patient safety leadership curriculum in EXTRA.
- ▶ With all the PCHOs, we launched the Priority Health Innovation Challenge.
- ▶ With Canada Health Infoway, we're spreading Connected Medicine.
- ▶ With the Canadian Partnership Against Cancer, we're collaborating on Paramedics and Palliative Care.

Working Toward Reconciliation



As part of our reconciliation journey, CFHI supported learning in our organization on cultural safety and humility in our health systems. We have embedded Indigenous Cultural Safety training within our new staff orientation program and ensured that all current staff have had the training.

Over the last year, the organization has widened our circle and continued to grow relationships and partnerships with First Nations, Inuit, and Métis (FNIM) leaders and organizations to inform our improvement work and enhance the capacity of the health system to meet the needs of FNIM peoples across Canada.

Promoting Life Together Collaborative



The Promoting Life Together Collaborative models a co-designed learning program supporting the Canadian Northern and Remote Health Network. It brings together teams from across northern, rural and remote parts of Canada, working alongside First Nations and Métis communities and partners to identify and implement life promoting activities.

A major theme of 2018-19 was building and sustaining relationships and meaningful partnerships among teams. A [Guidance Group](#) was also established for ongoing design and evaluation of the collaborative. This group of leaders in First Nations and Métis health and wellness, community engagement, and life promotion guide CFHI staff in identifying and responding to the common needs of the teams, including curriculum development, content, tools, resources and timelines. This knowledge is shared across CFHI and continues to influence the work of the organization.

GUIDING PRINCIPLES

The Promoting Life Together Collaborative is guided by the following seven principles:

1. Cultural humility/safety and reconciliation is an ongoing journey, and opportunities to further knowledge and capacity will be emphasized throughout the collaborative.
2. The voice of Indigenous peoples, families, communities, patients, youth, caregivers, and individuals with lived experience will guide the collaborative, and teams will be expected to model this approach.
3. Indigenous knowledge is recognized as evidence and will guide all stages of the collaborative (development, implementation and evaluation).
4. An Indigenous social determinants of health lens has been, and will continue to be, applied to the work of the collaborative and teams. Mental health is influenced by many factors including culture, life experiences, colonization, workplace or other environments, and the social and economic conditions that shape our lives.
5. Respect, listening to and valuing other perspectives and other ways of knowing, learning together and collaboration will be modelled and championed.
6. A strength-based approach that fosters hope to address life promotion/suicide prevention will be applied.
7. Collaborative action in health transformation promotes equity through mutual recognition, respect, sharing and responsibility.

These principles recognize the unique context of this work and the capacity required to make meaningful systemic change in the way mental health services are delivered, while acknowledging that teams within the collaborative work with Indigenous peoples, communities and organizations.

The Promoting Life Together Collaborative has been one of the most unexpected experiences of my professional career. Through the commitment and dedication of CFHI, and the guidance and wisdom of the leadership team, this experience has created invaluable opportunities to challenge my thinking on issues of race, cultural humility and meaningful engagement, just to name a few. This work is hard but it is necessary. This work is not linear and does not follow a prescribed timeline, which has been an uncomfortable departure from our usual system practices/pressures. At times it has been extremely difficult to work through the idea that the relationships that I have developed over the past 20 years in healthcare in the north, that I have considered meaningful, may have been limited by my own limited understanding of the concepts learned through this collaborative. CFHI and the leadership team have shown a genuine commitment to creating safe spaces for us to be in relationship and support the honest and vulnerable conversations that are necessary for us to truly honor this work.

Juliana Jacobs RN, BScN MN(APN)

Director, Primary Care & Clinics, Northern Health Region
PLT Collaborative Team Member Hope North



BOARD OF DIRECTORS

April 1, 2018 – March 31, 2019

Back row: Mr. Vincent Dumez,
Mr. Fred Horne, Dr. Martin Beaumont,
Ms. Abby Hoffman

Front row: Ms. Deborah Delancey,
Dr. R. Lynn Stevenson, Chair,
Dr. Murray N. Ross, Ms. Constance
Sugiyama, Mr. Erik Sande

Missing from photo: Dr. Petrina McGrath



OUR TEAM

CFHI thanks our team of dedicated staff. Without their hard work and commitment, CFHI would not have been able to achieve the outcomes of the last 12 months. We also acknowledge and recognize our program faculty and mentors whose wisdom and guidance we genuinely value.

Canadian Foundation for Healthcare Improvement

Fondation canadienne pour l'amélioration des services de santé

Visit www.cfhi-fcass.ca/AboutUs/Corporate-Reports
for additional reporting:

- ▶ Performance Measurement Framework
- ▶ 2018-19 Challenges and Risks
- ▶ Independent Auditor's Report
- ▶ Other Reporting

150 Kent Street, Suite 200
Ottawa, Ontario, K1P 0E4
Canada

613-728-2238
info@cfhi-fcass.ca

The Canadian Foundation for Healthcare Improvement acknowledges its office in Ottawa is situated on the unceded traditional territory of the Algonquin Anishinaabeg people.

CFHI is a not-for-profit organization funded by Health Canada.

The views expressed herein do not necessarily represent the view of Health Canada