Canadian Foundation for **Healthcare Improvement**

Building Capacity. Enhancing Leadership. Spreading Improvement.

ANNUAL REPORT **2015-16**

THE **CFHI TEAM**

The Canadian Foundation for Healthcare Improvement identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value-for-money.

CFHI is a not-for-profit organization funded by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

This annual report covers a 15-month period from January 1, 2015 to March 31, 2016, referred to as '2015-16' in this document.

Highlights of CFHI's performance, including outputs and outcomes, are found throughout this report. A detailed Performance Measurement Report is available at cfhi-fcass.ca.

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Message from the President and Chair

The Canadian Foundation for Healthcare Improvement showed clearly in 2015-16 that it is possible to spread and scale-up innovative healthcare practices in Canada. The practices that CFHI supported this year begin to address the major challenges facing healthcare systems, rising rates of chronic disease and an aging and increasingly frail population. They do this by moving care from hospitals to homes, promoting appropriateness, and engaging patients and families in improvement, to name just a few. And there is much more to reform in Canadian healthcare; our country is a weak performer compared with other developed countries.

We worked closely throughout the year with healthcare providers, governments, policy-makers and other leaders toward an ambitious set of objectives:

- delivering demonstrable results for Canadians by improving patient and family experience and care, population health and value-for-money,
- being recognized as the leader in supporting the implementation, spread and scale of healthcare improvement across Canada, and
- remaining adaptable in a changing environment.

In fact, this was a year in which the Advisory Panel on Healthcare Innovation observed that: "…pockets of extraordinary creativity and innovation dot the Canadian healthcare landscape. Local, regional and even provincial programs worthy of emulation have simply not been scaled up across the nation." The panel concluded that these front-line efforts are hindered by a lack of capacity—both financial and the support of "a cadre of dedicated and expert personnel." Encouragingly, the panel recognized CFHI's contributions, stating that the organization "punches above its weight in scaling up innovation."

This annual report explains some of the ways in which CFHI met its objectives in 2015-16. Most importantly, it highlights our work leading pan-Canadian initiatives to spread evidence-informed innovations that directly address longstanding structural problems. Two of these collaborations started in 2014 and wrapped up in late 2015. One such collaboration has spread an innovative approach to ensure the appropriate use of antipsychotic medication in long term care facilities. Interprofessional healthcare teams dramatically lowered the inappropriate use of these mediations in residents with dementia. Another has spread an innovative hospital-to-home outreach program for patients with chronic obstructive pulmonary disease (COPD). That collaboration has reached every Canadian province and has dramatically reduced emergency department visits, hospitalizations and readmissions.

Another two collaborations began in 2015, both focusing on improving care and health for older adults: one by spreading the award-winning Acute Care for Elders (ACE) Strategy championed by Dr. Samir Sinha and his team from Mount Sinai Health System (Toronto); and another aiming to prevent falls in home care, working with our partners, the Canadian Patient Safety Institute and Canadian Home Care Association.

Throughout 2015 and 2016, our Northern and Remote Collaboration continued to bring healthcare leaders together to address the barriers populations encounter in accessing healthcare in remote communities. And it was just one element of our heightened activity in Indigenous health, as we prepare to do our part to contribute to reconciliation and closing the gap in Indigenous health outcomes.

In 2015 and 2016, CFHI continued to champion the engagement of patients and families in healthcare improvement—one of the most promising areas of innovation identified by the Advisory Panel. We spearheaded a nationwide campaign to improve patient- and family-centred care through the Better Together: Partnering with Families campaign, an initiative aimed at recognizing family members as partners in care.

Meanwhile, our flagship EXTRA program graduated its 11th cohort of Fellows in 2015 as we updated and relaunched the program later that year. It continues to be a test bed for innovation.

The enthusiastic and engaged professionals in EXTRA and the collaboratives believe innovation and improvement are possible. CFHI provides these leaders with extensive programming support focused on rigorous implementation and evaluation, ensuring that the change processes they lead make a real difference for patients.

Now we are moving from the pan-Canadian spread of best practices to their scale. A recent analysis by RiskAnalytica has confirmed that if CFHI's work on COPD and the appropriate use of antipsychotics were scaled-up across Canada, it would save $882 million in healthcare costs over the next five years, improving care for just over 40,000 patients each year. And in early 2016, we took a major step in moving to scale, announcing a cost-shared partnership with New Brunswick to improve dementia care by scaling the appropriate use of antipsychotics to every nursing home in the province.

There is also a tremendous opportunity for CFHI to scale the outcomes of these collaboratives by applying our methodology to the structures and incentives that act as barriers to improvement. In 2016-17, we look forward to expanding our work for the benefit of all Canadians.

MAUREEN O'NEIL, O.C.,
President

R. LYNN STEVENSON,
Chair, Board of Directors

In 2015-16, **CFHI supported:**

857
HEALTHCARE LEADERS

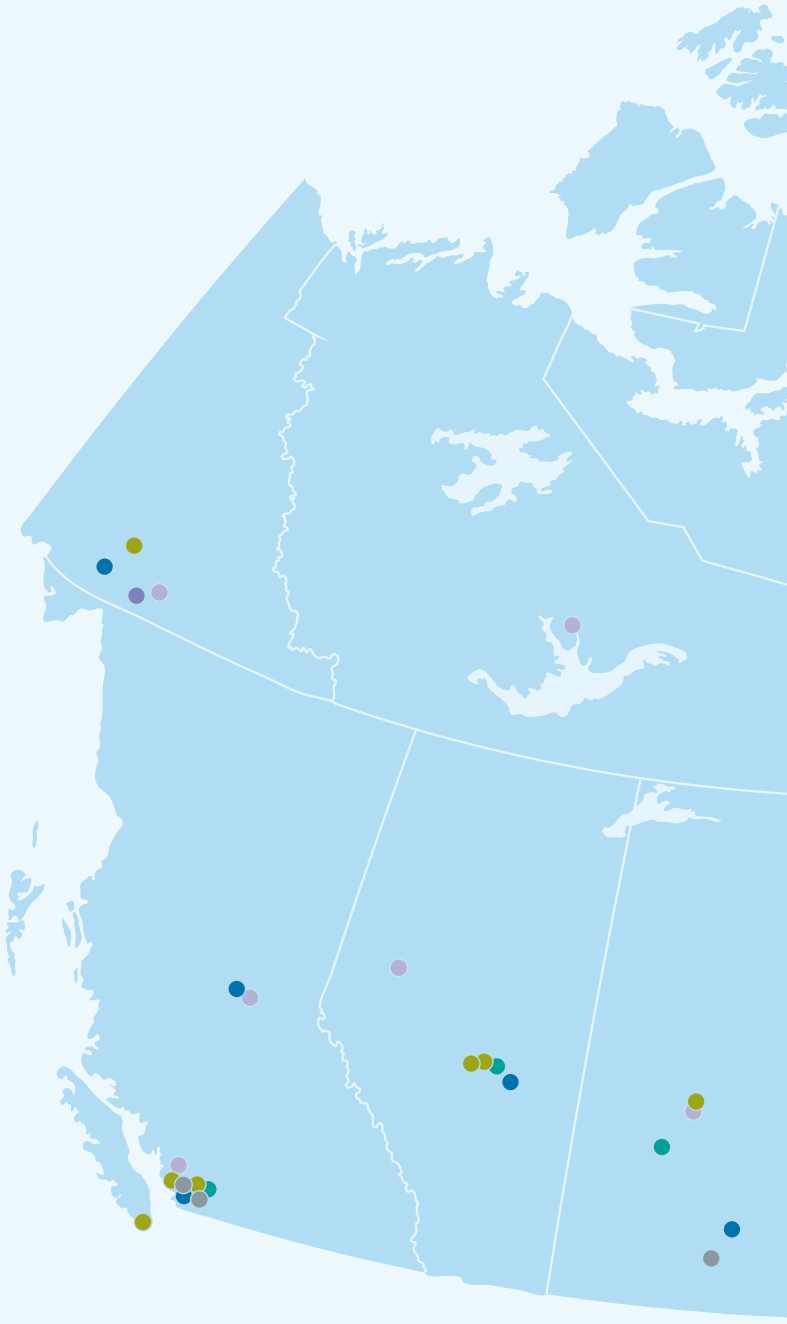
135
IMPROVEMENT TEAMS

8
COLLABORATIONS

2
EXTRA COHORTS

Our Work
Spreading Innovation Across Canada

When it comes to improving healthcare, we're all over the map. **And that's a good thing.**



Programs

- Antipsychotic Medication in Long Term Care
- INSPIRED Approaches to COPD
- Northern and Remote Collaboration
- Partnering with Patients and Families for Quality Improvement
- EXTRA Cohort 11
- EXTRA Cohort 12
- Acute Care for Elders
- Home Care Safety Falls Prevention
- New Brunswick Appropriate Use of Antipsychotics


Ontario

Lessons on Supporting Healthcare Innovation

Canada's consistently poor rankings in international health system comparisons make it clear that significant improvement is needed. Despite 50 years of health reform debates, delivering high quality care that improves health outcomes at a sustainable cost remains elusive. Wholesale reform is required. However, we know that this transformational change can be achieved through incremental processes.

CFHI's support for innovation begins with identifying the innovators—individuals who have the courage to create change by trying new approaches. We work with these leaders, accelerating the spread of their proven innovations across Canada.

Teams that work with CFHI demonstrate a readiness to implement innovation and benefit from hands-on coaching by the original innovators. Our collaborative approach to improvement and a commitment to rigorous measurement enable organizations to see the 'quick wins' inherent in their work, creating momentum for sustainability, spread and scale of innovation from early in the improvement journey.

Through years of work across programs such as our EXTRA: Executive Training Program and the collaborations that we describe in this report, CFHI has learned important lessons about the spread of healthcare innovation across the country, including:

- Innovative care models can be adapted and adopted across the country.
- There is a strong appetite among healthcare delivery organizations to work together.
- Improvement initiatives such as spread collaboratives change organizational practices and culture, creating environments and capacity conducive to continued improvement.
- Improvement initiatives such as spread collaboratives can have transformational impact.
- Rigorous evaluation and performance measurement that demonstrates impact is key to gaining support from stakeholders.
- Plans for sustainability, spread and scale-up must be built into programs from the beginning.
- Sustainability and spread are more likely to occur when a spread initiative is connected to broader organizational initiatives and priorities.
- Unanticipated benefits for patients (e.g. return to work, attending an important life event), when achieved and celebrated, can facilitate sustainability.


Sinai
Health

Pan-Canadian Collaborations

CFHI brings together healthcare professionals from across jurisdictions and disciplines to solve persistent healthcare problems and provide demonstrable results for Canadians. We apply our proven approach, supporting health teams to assess their challenges, articulate clear improvement objectives, design solutions, implement proven innovations and evaluate outcomes. The teams are made up of senior executives, managers, physicians, nurses, allied health professionals and patient experience advisors.

Spreading the Appropriate Use of **Antipsychotic Medication in Long Term Care**

THE NEED

In Canada, one-in-four residents of long term care is taking antipsychotic medication without a diagnosis of psychosis. Non-medication interventions, such as patient-centred approaches, have proven effective in managing the behavioural and psychological symptoms of dementia and addressing challenging behaviours. In fact, they are often more effective than drug treatments, which have limited benefit and can cause harm.

In 2010, a team from the Winnipeg Regional Health Authority (WRHA) participated in CFHI's EXTRA program to discover whether the use of antipsychotics could be reduced without adversely affecting residents' behaviour by using a team-based, person-centred approach to care and data to inform care planning. Within six months, 27 percent of residents in the pilot were off these medications with no increase in behavioural symptoms or use of physical restraints. Later WRHA EXTRA teams made similarly impressive reductions.

THE CFHI COLLABORATIVE

In this 16-month collaborative, 15 interprofessional healthcare teams adapted and implemented the proven approach developed by WRHA, spreading the program to 56 long term care facilities (LTC) across seven provinces and one territory. CFHI provided tailored learning to train teams in identifying patients who could benefit. Armed with better information about each resident, front-line staff and families are trained to personalize services to support not only quality of care, but also quality of life for residents. Fifty-six LTC homes participated in the first wave and over 180 healthcare professionals were trained.

Participating teams learned how to use data to inform care planning, conduct regular medication reviews, work in multi-disciplinary teams, engage families, staff, clinicians and leadership, and implement person-centred approaches to dementia care. CFHI supported the teams in many other ways: seed funding; workshops and webinars; tools and resources to guide person-centred approaches to care, gradual reduction of medication use, and medication and behaviour management; access to online learning platforms and community; and much more.

By the third quarter of the initiative, 54 percent of the target residents had their antipsychotic medication discontinued or significantly reduced without any increase in falls or aggressive behaviours.

SCALING-UP ACROSS NEW BRUNSWICK

In early 2016, CFHI and the New Brunswick Association of Nursing Homes announced a major partnership to spread the success achieved by York Care Centre in Fredericton in the original collaborative. The program, which is cost shared by the Government of New Brunswick, will scale-up in 15 nursing homes in the first year and involve all nursing homes in New Brunswick by 2017. Already, CFHI has conducted an orientation webinar with participants, engaged core faculty and coaches, and begun to develop the curriculum.

SIGNIFICANT POTENTIAL FOR SAVINGS

In 2015-16, CFHI worked with RiskAnalytica to evaluate the potential benefits of this program. If this collaborative were scaled-up across Canada, over the next five years it could reach an average of 35,000 residents per year. This would avoid 25 million antipsychotic prescriptions and save $32 million in prescription costs. It would also prevent 91,000 falls, 19,000 emergency department visits and 7,000 hospitalizations. Total savings over five years would amount to $194 million.

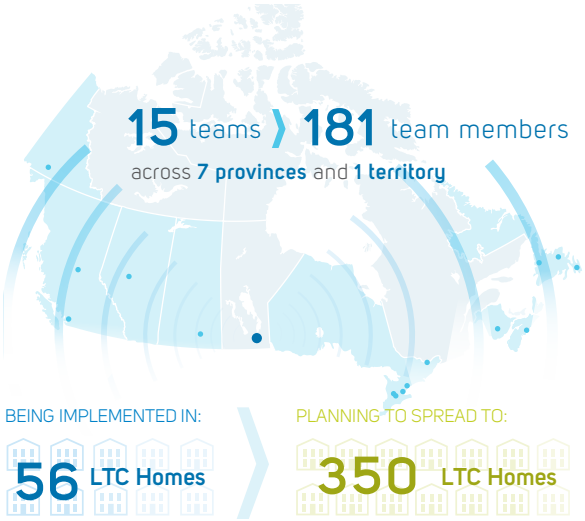
MEET A RESIDENT

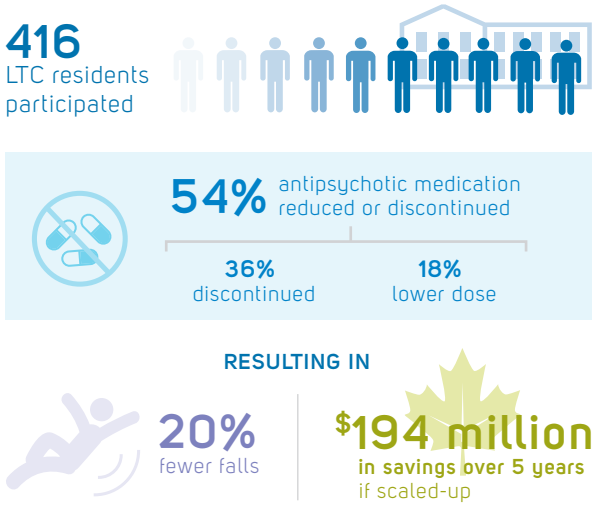
When Anna began to live at York Care Centre in Fredericton, her brother, Eugene, started noticing changes in her personality. While at first she was highly cognizant of her surroundings, Anna gradually began to seem less so. She was "not the same Anna" as Eugene puts it. Then, as part of York Centre's participation in this collaborative, Anna was taken off antipsychotic medication. Gradually, says Eugene, the sister he knew returned. Once again, they can have long conversations in which Anna is a full participant.

> "She does seem to be a bit more of the Anna I knew."
>
> EUGENE

Reducing Antipsychotic Medication Use in Long Term Care Collaborative

Key Results





Spreading an **INSPIRED Approach to COPD Care**

THE NEED

Although fewer than five percent of Canadians live with chronic obstructive pulmonary disease (COPD), it is the number one reason why people are hospitalized for a chronic disease and accounts for the highest rate of 30-day readmissions to acute care in Canada. Many patients with advanced COPD visit emergency departments to manage the disease, costing hospitals $736 million per year. When patients and family members are educated and provided with other options, emergency departments and inpatient care carry less of a burden. The INSPIRED COPD Outreach Program™ at the Nova Scotia Health Authority in Halifax focuses on making these improvements.

THE CFHI COLLABORATIVE

To spread the INSPIRED COPD Outreach Program™, CFHI established a pan-Canadian collaborative that included 19 teams and 214 healthcare professionals. Working in partnership with Boehringer Ingelheim (Canada) Ltd., the collaborative supported organizations in using COPD best practices—including practices for improving patient- and family-centred care, coordinating care from hospital to home and ensuring appropriateness of care. This support included a "change package" that outlined the components of the program and provided participants with resources, tips and a suggested measurement approach so they could apply INSPIRED in their own organizations.

> "The program has been providing outreach and support to Halifax patients living with COPD. Results from 2012 showed dramatic reductions in emergency department visits and hospitalizations. Harder to measure is the peace of mind that both patients and their families report from a better understanding of the disease, its management, and its usual course."
>
> ADVISORY PANEL ON HEALTHCARE INNOVATION

LARGE RETURN ON INVESTMENT

In 2015-16, CFHI worked with RiskAnalytica to evaluate the benefits of the INSPIRED program for COPD. If this collaborative were scaled-up across Canada, over the next five years the average annual number of participating patients could reach 5,800, which would prevent 68,500 emergency department visits, 44,100 hospital visits and 400,000 hospital bed days. Total savings over five years would be $688 million, or an average of $34,000 per patient. For every $1 invested in INSPIRED, $21 in healthcare costs could be prevented.

MEET A PATIENT

Tom, who has smoked for 55 years, used to visit an emergency department for his acute COPD exacerbations. When he enrolled in the INSPIRED-like program at Joseph Brant Hospital (JBH), he saw a COPD educator, got support for smoking cessation and was given a number to call if he was concerned about his condition. Now Tom regularly attends the in-house Breathe Easy Program at JBH. He has stayed out of hospital, quit smoking, started co-leading the Breathe Easy Program and achieved better self-management of his disease.

> "Before INSPIRED, I lost hope about ever managing my COPD symptoms, but the INSPIRED team has helped me get back into the 'driver's seat' again... my family can't get over the change in me!"
>
> TOM

Tom (patient) gets tips on using his inhaler during a visit from Kathy Theroux, COPD Educator, Joseph Brant Hospital (left) and Jenn Kemp, Respiratory Therapist, VitalAire (right).

INSPIRED Collaborative
Key Results

885 patients enrolled in an INSPIRED program (as of March 2016)

THE OTTAWA HOSPITAL

87 patients enrolled

62% fewer ED visits

45% fewer hospital admissions

70% drop in 30-day readmissions

PROVIDENCE HEALTH CARE

43 patients enrolled

100% of patients diagnosed through spirometry

82% of patients have an Action Plan

Patients report:

- More confidence leaving home
- Better ability to manage breathlessness
- Less symptoms of anxiety and depression

CISSS MONTÉRÉGIE-EST (FORMERLY CSSS PIERRE-DE-SAUREL)

152 patients screened for COPD

138 received self-management education

60 received an Action Plan

29 enrolled in care pathway

27% drop in unplanned ED visits within 7 days

Spreading **Elder-Friendly Care**

THE NEED

Canada faces a major demographic shift in the coming decades as the number of people aged 65 years and older is expected to double in the next 20 years. The health challenge facing older seniors is more acute, with over one million Canadians now medically frail—a common, yet under-recognized health state where older patients experience chronic illness, multiple health problems and poorer health outcomes.

Canada's aging and increasingly frail population is not well served by hospital-based models of care. Although older adults account for 16 percent of Canada's population, they represent 42 percent of hospitalizations, 58 percent of hospital days and 60 percent of hospital-related expenditures.

Mount Sinai Hospital in Toronto has built a successful strategy around the Acute Care for Elders (ACE) care model for older adults that CFHI and the Canadian Frailty Network are working to spread to 18 Canadian and international healthcare organizations. The ACE model has demonstrated remarkable patient, provider and system outcomes using a seamless model of care that spans the continuum of the emergency department, inpatient, outpatient and community care. Over a four-year period ending in 2013-14, Mount Sinai's strategy has generated solid results for medical inpatients over the age of 65, including:

- a 28 percent drop in total lengths of stay
- 14 percent fewer readmissions within 30 days
- 74 percent less use of urinary catheters
- a 93 percent decline in pressure ulcer occurrence
- 11 percent fewer patients remaining in institutional care, returning instead to their preferred residential setting

In making these improvements, Mount Sinai reports cost savings in acute care of close to $6.7 million in 2014.

CFHI, Mount Sinai Health System and Canadian Frailty Network announce ACE collaborative teams with Health Minister Jane Philpott.

> "The ACE Collaborative is a new paradigm of health care that places the patient at the centre, with a collaborative team across the disciplines able to work in the patient's home. Better, cheaper outcomes for patients and the health system. It's exciting!"
>
> JERRY (PATIENT)

Dr. Sinha with an ACE patient

THE CFHI COLLABORATIVE

In 2015, CFHI partnered with the Canadian Frailty Network and Mount Sinai to launch the ACE Collaborative. The 12-month improvement initiative supports healthcare delivery organizations as they adapt and implement elder-friendly models of care and practices based on Mount Sinai's successful model. The collaborative will provide Canadian improvement teams with up to $40,000 in funding and all teams with coaching, educational materials and other tools.

> "Mount Sinai Hospital's leadership in recognizing that a rapidly aging population requires a modern and elder-friendly approach to care is what brought me back to Canada. The opportunity to partner now with CFHI will not only help thousands more older Canadians, but may also help to ensure the overall sustainability of our healthcare system."
>
> DR. SAMIR K. SINHA, MD, DPHIL, FRCPC
> PETER AND SHELAGH GODSOE CHAIR IN GERIATRICS AND DIRECTOR OF GERIATRICS
> SINAI HEALTH SYSTEM AND THE UNIVERSITY HEALTH NETWORK HOSPITALS

Mount Sinai Hospital Acute Care for Elders (ACE)

Strategy Components

EMERGENCY DEPARTMENT COMPONENTS

- High-Risk Screening for Elders
- Geriatric Emergency Management (GEM) Nurses Model
- Geri-EM ED Staff Educational Program

INPATIENT CARE COMPONENTS

- Elder-Friendly Order Sets
- Use of Provincial/ National Nursing Best Practice Guideline
- Nurse Rounding Model
- Acute Care for Elders (ACE) Medical Unit
- Integrated Orthogeriatrics Hip Fracture Service
- Hospital Elder Life Program (HELP)
- Use of Provincial/ National Nursing Best Practice Guideline
- ACE Tracker
- Inpatient Behavioural Management Strategies to Promote Patient and Staff Safety
- Urinary Catheter Use Reduction Initiatives

TRANSITIONAL COMMUNITY-BASED CARE COMPONENTS

- Care Transitions Interventions
- Home-Based Primary/Specialty Care Model
- Nurse-Led Outreach Team to Long-Term Care Homes
- Community Paramedicine Program for Frequent Emergency Services Users
- Intensive Care Management Program for High-Risk Older Patients

Collaborating to Improve
Home Care Safety through Falls Prevention

THE NEED

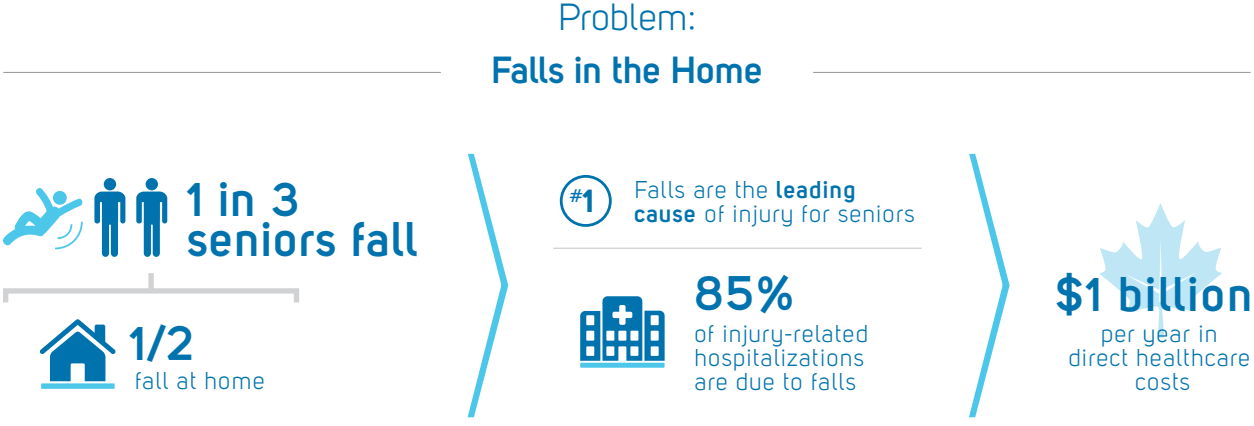
More than one-third of Canadians aged 65 or older experience a fall, with half of these falls resulting in hospitalization. Falls are the leading cause of injury for seniors across Canada and account for more than 85 percent of all injury-related hospitalizations. Direct healthcare costs from falls among seniors are estimated to be $1 billion every year.

THE COLLABORATIVE

CFHI has partnered with the Canadian Patient Safety Institute (CPSI) and the Canadian Home Care Association (CHCA) to form the Home Care Safety Falls Prevention Virtual Improvement Collaborative. The goals of the collaborative are to build capacity in home care for quality improvement work and to reduce the number of home care clients at risk for falls. CFHI is leading the development and delivery of tailored patient- and family-engagement curriculum and coaching for this collaborative.

The collaborative's first wave has accepted five teams from leading home care organizations across Canada, including the Canadian Red Cross; Eastern Health in Newfoundland and Labrador; Saint Elizabeth Health Care and VHA Home HealthCare, both in Ontario; and Winnipeg Regional Health Authority in Manitoba.

To date, CFHI and its partners have delivered 10 webinars to introduce the healthcare teams to the collaborative and deliver core curriculum. Webinars have included detailed information about adapting baseline measurement for the home care context, testing improvement ideas, and exploring the roles that patient and family advisors can play on improvement teams.



Collaborating to Improve **Northern and Indigenous Health**

THE NEED

First Nations, Métis and Inuit peoples face more health challenges than other Canadians, partly from lack of access to healthcare and partly due to the impact of residential schools across generations. Yet some Indigenous communities have successful health services and outcomes, and there are powerful lessons to be learned from them. CFHI is committed to supporting partners working to close the gap in Indigenous health by spreading knowledge, facilitating partnerships and encouraging a vision of reconciliation.

NORTHERN AND REMOTE COLLABORATION

In 2015-16, CFHI's Northern and Remote Collaboration continued its work to improve the health status of people living in northern and remote regions of Canada. This year, the collaboration expanded to 11 partners, including the First Nations Health Authority, health departments from the three territories and health authorities from the northern regions of six provinces. A May 2015 roundtable in Winnipeg brought together nearly 80 healthcare representatives from 25 organizations in seven provinces and all three territories. The roundtable enabled participants to share common challenges in developing, implementing and evaluating evidence-informed, sustainable solutions unique to northern and remote regions. This included sharing innovations to improve mental health and addictions services, identifying organizational approaches appropriate for the unique needs of communities, and creating a deeper understanding of the value and purpose of community engagement in these regions. A community of practice supported improvement teams through tailored webinars on conducting quality improvement projects.

COLLABORATING WITH HEALTH CANADA AND FIRST NATIONS IN BC

In 2015, Health Canada's First Nations and Inuit Health Branch (FNIHB) contracted CFHI to contribute to the First Nations Chronic Disease Prevention and Management Framework, generating $20,000 in revenues. CFHI provided extensive feedback on the framework and conducted research to create four Community Spotlight stories. These stories provide context and understanding for all stakeholders about how they can implement the framework and, as a result, improve health outcomes in First Nations communities. FNIHB joined the collaboration in 2015 and delivered a webinar to all partners about FNIHB programming.

DOCUMENTING THE HISTORY OF CREATING THE FNHA

Under a memorandum of understanding between CFHI and First Nations Health Authority (FNHA) in British Columbia, the partners established a co-funded storyteller position that will document the health transformation journey in BC for First Nations as a result of the new FNHA. The storyteller's FNHA Legacy Book will document such issues as Canada's jurisdictional context, partnerships and the political landscape, First Nations aspirations, successes, challenges and much more.

Doodle capturing discussion at May 2015 roundtable

HEAR FROM NORTHERN AND REMOTE ROUNDTABLE PARTICIPANTS

'What was your take-home message from this Roundtable?'

"Health improvement is a great way to tackle inefficient problems."

"Many resources available for our project... I will definitely access them and what was learned from the roundtable, especially related to organizational changes."

'What went well during this Roundtable?'

"Great information, great networking, knowledge of what's out there already."

"Great sessions and great speakers!"

INDIGENOUS CULTURAL COMPETENCY

CFHI launched the Indigenous Cultural Competency learning opportunity in late 2015, an in-person course available on-demand. Covering the definition of cultural competence including knowledge of Canada's history and colonization, the course supports participants to consider their opportunities to contribute to reconciliation. Since its launch, seven sessions have reached 200 participants in six organizations across Canada.

Online learning to support Indigenous Cultural Competency was also launched. A December 2015 On Call webinar informed participants about what cultural competency, safety and humility in health services mean, the process that developed the cultural safety and humility declaration and framework for action, and considerations for how lessons learned from this work can help redesign care for all Canadians. A March 2016 On Call webinar introduced the First Nations Health Managers Association, including its learning offerings on health management.

Collaborating with the **Institute for Healthcare Improvement**

BETTER HEALTH AT LOWER COSTS

In 2014 and 2015, CFHI sponsored 10 Canadian healthcare teams to take part in the Institute for Healthcare Improvement (IHI) Better Health and Lower Costs for Patients with Complex Needs: An IHI Triple Aim Collaborative. The collaborative helps healthcare delivery organizations create and implement new care designs for high-risk populations. Teams from seven provinces took part in the collaborative, which concluded in June 2015.

WORKSHOPS ADVANCE THE TRIPLE AIM

CFHI hosted a number of workshops in 2015 supporting organizations to pursue IHI's Triple Aim framework. A Toronto, Ontario workshop in March co-hosted by Health Quality Ontario attracted participants from eight provinces to study strategies for population management in the context of the Triple Aim. A workshop in Hamilton, Ontario introduced more than 90 participants from 35 organizations within the area's Local Health Integration Network working in the mental health and addictions sector to the basic principles of the Triple Aim Framework, such as developing a strategic purpose and building a business case for improvement. The Hamilton Niagara Haldimand Brant LHIN is in the process of building Triple Aim into its strategic planning. Both workshops provided real-time coaching support from both IHI and Canadian experts, and registration fees generated $91,496 in revenues.

LEADERSHIP ALLIANCE

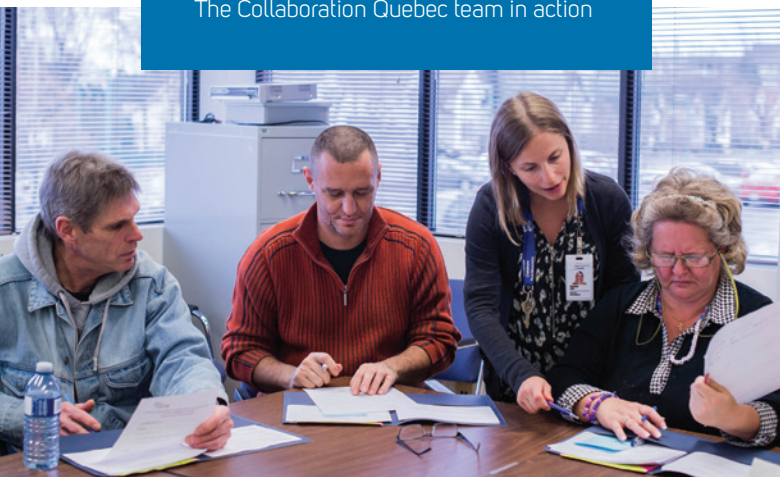
An On Call seminar co-hosted by CFHI and IHI in June 2015 informed organizations about the IHI Leadership Alliance. The Alliance is a collaboration of health system executives and teams that share a mission to champion the radical redesign of healthcare based on a set of guiding principles. The redesign principles for the IHI Leadership Alliance are:

Change the **balance of power**	Standardize **what makes sense**	Customize **to the individual**

Promote **wellbeing**	Create **joy in work**	Make **it easy**	**Move knowledge,** not people

Collaborate **and cooperate**	Assume **abundance**	**Return** the money

The Collaboration Quebec team in action



MEET A TEAM

A regional coalition in Quebec focused its Triple Aim project on adults with one or more chronic diseases who may or may not have a high risk of complications and who require the services of primary through tertiary care. The coalition consisted of the Quebec Joint Action Group for Population-Based Responsibility and five Centres Intégrés de Services de santé et Services Sociaux—from Abitibi-Témiscamingue, Saguenay-Lac-St-Jean, Montérégie Centre and Ouest, and Lanaudière. The coalition is led by the Public Health Agency of Quebec.

How has my practice developed through the Centre d'Accompagnement et d'Interventions en Maladies Chroniques (CAIMC) groups?

"I learned to work on the basics, like healthy lifestyle habits. I also learned to take a motivational approach during an interview. When you do that, the client decides what he or she is ready to change and then our role is to provide support. I also learned to take an interdisciplinary approach, which allows us to pass on concepts we learn from our colleagues to our clients."

DIANE LADOUCEUR,
PROMOTION-PREVENTION NURSE

"Using the CAIMC reminds me how important it is for clients to be a partner in the process. My tasks are to guide them, help them to see things more clearly based on their life experiences, help them to understand their resistance to change and gently lead them towards a process wherein they are actively making healthier lifestyle choices. In my opinion, it is crucial to give the power back to the client."

MÉLANIE BRAULT, SOCIAL WORKER,
CLSC DE SALABERRY-DE-VALLEYFIELD

TESTIMONIALS FROM TWO CAIMC CLIENTS

"I met with various CAIMC staff members who gave me guidance and support for my health. During these informal, friendly meetings, I received information and resources that taught me how to improve my lifestyle habits and find a better balance. I felt listened to."

DANIÈLE TANGUAY

"It's important to be active as a family! Going walking really improved my day-to-day life. It does me so much good, even during the week. It gets you outside, and warm-up exercises are so inspiring."

NANCY DE REPENTIGNY AND
KELLY DE REPENTIGNY

Patient and Family Engagement: Partnering for Improvement

Since 2010, CFHI has led five pan-Canadian initiatives and supported 44 teams in harnessing the tremendous potential of patients and families to help drive quality improvement. The projects, which have targeted diverse healthcare issues and settings, have engaged patients and families in the design, delivery and evaluation of health services. Today, CFHI is leading the way in this transformative realm of quality improvement.

Family orientation at Stollery Children's Hospital

Partnering with Patients and Families **for Quality Improvement**

THE CFHI COLLABORATIVE

Working together with families enables organizations to gain deeper insights and deliver better results. This collaborative has built capacity and enhanced organizational culture to partner with patients and families in order to improve patient- and family-centred care, coordination of care, and safety and efficiency across the continuum of care. Eighty-six percent of the participating organizations generated significant process changes, while two thirds either changed their structure or spread their initiatives to partner with patients, and more than one third created new roles to enhance patient and family engagement.

MEET A PATIENT AND FAMILY

In 2012, John had a massive stroke and the road to recovery was long and arduous, although he remembers little of his 13 months in care at Bruyère-St. Vincent Hospital in Ottawa, Ontario. Once John had been discharged, the family was approached to help co-design Bruyère's admission and discharge processes as part of the Partnering with Patients and Families for Quality Improvement Collaborative. The family's role was to tell the story of their struggle to receive patient-centred care to various groups within the hospital and participate in a "quality improvement think tank" that discussed ideas and strategies for providing better quality of care. The family has since joined Bruyère's Patient and Family Advisory Council and continues to provide valuable, regular input.

> "It's still fairly early in the game, but we've made many different stakeholders aware of what the patient experience can actually look like. And we've inspired several change initiatives."
>
> JACQUELINE

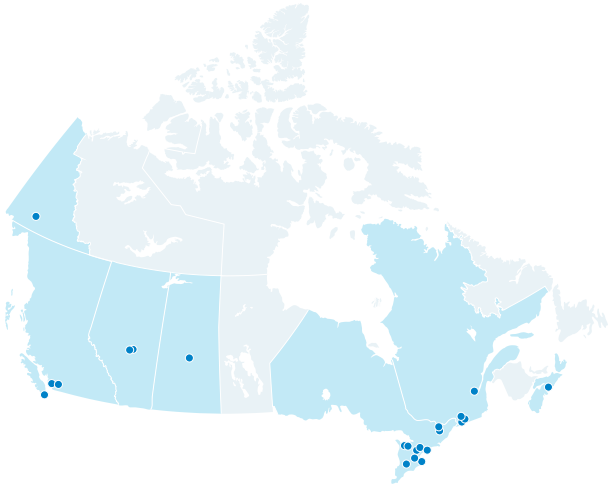
Bruyère Continuing Care staff listen to patients and families share their priorities when transitioning out of hospital. These ideas were combined with best practices to co-create the Path to Home Passport Discharge Program.

Collaborative Teams

22 teams ⟩ **99** team members

28 faculty and coaches

across **6 provinces** and **1 territory**



Key Results

VANCOUVER COASTAL HEALTH AND FRASER HEALTH (BC)

Supported the transition **from hospital to home** for older adults following a hip fracture

- 33% improvement in patient experience of transition home
- Plan Do Study Act (PDSA) cycles on bedside self-management, individualized home support, and teaching and support by a pharmacist
- Integrated with the BC Hip Fracture Redesign initiative to promote spread and sustainability across BC

Clinical recommendations put forward **for spread throughout BC.**

CHILD DEVELOPMENT CENTRE (YT)

Established a Family Partnership Council **for families and staff to participate in collaborative decision-making**

- Phase II reviewed and revised entry to services to ensure more consistent information sharing
- Intake Coordinator position implemented as a "spin-off" pilot project
- 15% improvement in families being told how long they would have to wait for entry to services

Clinicians and management team **now fully realize the value** of working in partnership with families on organizational decision-making.

STOLLERY CHILDREN'S HOSPITAL (AB)

Patients' family members volunteer **as mentors to orient new families** to the hospital

- 163 orientations to date with more than 140 families
- Orientations exceeded 80% target for whiteboard use
- Hand hygiene was more frequently practised

80% ★★★★ **of families** indicated that family mentors were extremely or very important in their family's overall care experience.

CENTRE HOSPITALIER D'UNIVERSITÉ DE MONTRÉAL (QC)

Working with patient partners, the interdisciplinary team facilitated **meetings between former patients and new patients with traumatic amputations**

- Co-design of a patient peer support program
- Patients reported that patient peer mentors restored hope that they could have a functional hand after rehabilitation
- Patients' perceptions of disability decreased based on the Disabilities of the Arm, Shoulder and Hand (DASH) scale

A key project outcome included staff's reflection on collaborative practice, and the roles of the patient and patient peer mentor within the clinical team.

Better Together Campaign

Families are more than visitors. They're partners in care.

THE NEED

When families are welcomed in healthcare facilities, patients have better experiences and outcomes. Better Together: Partnering with Families is a North American campaign that aims to change the concept of families as "visitors" and instead recognize them as partners in patient care. The campaign encourages hospitals to pledge to review their visiting-hour policies and create formal policies for family presence. Such policies can make it possible for designated family members to remain beside a patient around the clock.

THE CAMPAIGN

Since August 2014, CFHI has led the Better Together campaign in Canada, working with the U.S.-based Institute for Patient- and Family-Centered Care. In 2015, CFHI undertook a baseline study of 114 acute care hospitals that for the first time determined just how accommodating visiting policies in Canada are. The study reviewed the hospitals' posted visiting policies as well as how well they were communicated through the hospitals' websites. Calls were then placed to the hospital's switchboard operator to confirm the posted policies—just as a patient's family might do. The study found that nearly half of Canadian hospitals have policies that are at least somewhat accommodating.

To promote the Canadian launch of the campaign in 2015, CFHI developed a marketing strategy and produced a suite of marketing materials that included a video, a dedicated web page, campaign ads and social media supports. The effort resulted in 66 news items, including stories and segments in major newspapers, television programs and radio shows across Canada.

Family presence at Kingston General Hospital

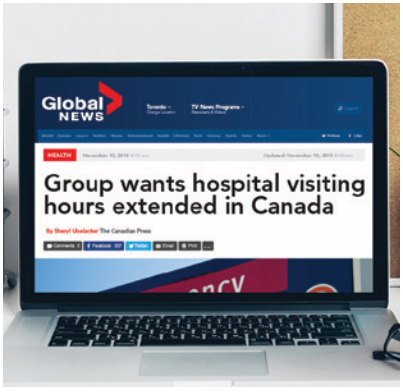
> "Why should there be visiting hours to see my own mother? She needed me and I needed to be there for her. Family Presence will change healthcare by helping everyone recognize that the 'team' includes families and loved ones."
>
> SERESE SELANDERS, FAMILY MEMBER WHOSE MOTHER WAS HOSPITALIZED. REGINA, SASKATCHEWAN

As a result of CFHI's outreach, 12 organizations, including health quality organizations, patient groups, health sector associations and others (see 'Partnerships' section for a full list), have signed on as supporting organizations to the Better Together campaign.

Under the campaign, CFHI has developed a suite of programming and resources. The flagship campaign offering is the Better Together e-Collaborative. This free 17-month virtual collaborative will support Canadian organizations to adopt and implement family presence policies.

THE RESULTS

Twenty-one organizations—including hospitals, health regions and others—have taken the Better Together pledge: 17 in Ontario and one in each of British Columbia, New Brunswick, Newfoundland and Labrador, and Yukon.



5 Reasons to Take the Better Together Pledge

BETTER COORDINATION OF CARE

FEWER MEDICATION ERRORS

FEWER FALLS

FEWER 30 DAY READMISSIONS

BETTER PATIENT AND FAMILY EXPERIENCE

Patient Engagement Resource Hub

CFHI has built a substantial collection of more than 120 international, open-access tools and resources that help healthcare organizations assess, design, implement and evaluate their patient and family engagement initiatives. Our Patient Engagement Resource Hub, funded in part by the Canadian Partnership Against Cancer, provides access to tools such as guides on evaluation techniques and patient surveys, checklists, engagement frameworks, toolkits and literature reviews. In 2015-16, we developed and promoted the Resource Hub more actively than ever before. Traffic on the Hub main page saw more than 4,900 page views, and search results increased significantly to more than 6,500. We had visitors from more than 40 countries.

In September 2015, CFHI launched its first app—the Patient Engagement Resource Hub App—for use with smart phones and tablets. The app is now available in three major app stores (Android, Windows and Apple).

The Hub is increasingly being recognized in Canada and internationally: The Champlain Local Health Integrated Network (LHIN) launched a smaller patient engagement resource hub, containing many resources drawn from CFHI's and the Hub has now been included as a resource in the European Lung Foundation's European Patient Ambassador Programme web page, which aims to bring together patients and the public with respiratory professionals to positively influence lung health.

Partnering with Patients 8th Annual Conference

CFHI sponsored the eighth annual McGill University Health Centre-Institute for Strategic Analysis and Innovation (MUHC-ISAI) conference which focused on partnering with patients to improve care: essential skills and strategies. The October 2015 conference equipped 200 participants with skills and motivation to systemically partner with patients and families to improve care. CFHI enabled 266 additional participants to attend from five countries and nine Canadian provinces by providing free live streaming. Organizations represented include federal, provincial and regional governments, direct care facilities, universities, research institutes and non-profits.

Advisory Panel on Healthcare Innovation

CFHI was commissioned by the Federal Advisory Panel on Healthcare Innovation to provide an analysis of successful Canadian and international approaches to patient and family engagement. The analysis was part of a larger report released by the Advisory Panel in 2015 identifying the five most promising areas of innovation in healthcare.

CFHI staff worked with Dr. Ross Baker to draw on existing research and conduct key informant interviews to identify successful patient engagement initiatives and analyze the components necessary to create engagement-capable environments. Among the report's many observations about patient and family engagement were that evidence indicates that where patients and families are actively engaged at the individual, organizational and policy levels, patient outcomes, experience of care and economic outcomes can be substantially improved. The panel also indicated that it saw great opportunity in supporting the implementation and scaling-up of programs that have improved patient-centred care.

CFHI staff were invited to share this analysis at numerous national, provincial and professional organization events.

Building Capacity

Building leadership and skill capacity for quality improvement is at the core of CFHI's work. We deliver in-person learning experiences for healthcare leaders via our EXTRA fellowship and face-to-face workshops, while our On Call webinars and e-collaboratives enable leaders to access knowledge and learning remotely. Across all our education and training activities, we help professionals to learn by doing.

The **EXTRA Program**

CFHI's EXTRA: Executive Training Program supports teams of healthcare leaders in designing and implementing innovative healthcare projects and then evaluating their effectiveness. EXTRA is the only fully bilingual pan-Canadian improvement fellowship. Using a 14-month curriculum-based approach, EXTRA teams learn the critical skills they need to build their leadership competencies, put their evidence-informed solutions into practice and improve the health of the populations they serve.

In 2015, EXTRA graduated its 11th cohort consisting of 39 Fellows and, in October, launched its 12th call for applications. New for cohort 12, CFHI invited teams to consider focusing on palliative care. Half of the new cohort of 10 healthcare teams—which commenced work in the spring of 2016—is working in palliative care.

Since the program's inception, 338 healthcare professionals from 134 organizations have participated in EXTRA, completing a total of 211 improvement projects. The program often acts as a "petri dish," incubating innovations that are later spread through CFHI collaboratives. Teams pay to participate in EXTRA, and this year the program generated $105,850 in registration fees.

SAGUENAY SYMPOSIUM

In September 2015, CFHI hosted its first EXTRA Symposium in Saguenay, Quebec, where past participants reunited to celebrate more than a decade of the program. More than 75 EXTRA Fellows—including healthcare staff, past and current faculty members, and health ministers—gathered to reconnect, share and learn. The symposium focused on value for healthcare dollars, accelerating improvement in care and the health of Canadians. It also explored how Fellows could stay involved in shaping future leadership for healthcare improvement across Canada.

EXTRA
By The Numbers

13
YEARS RUNNING

134
CANADIAN ORGANIZATIONS HAVE PARTICIPATED

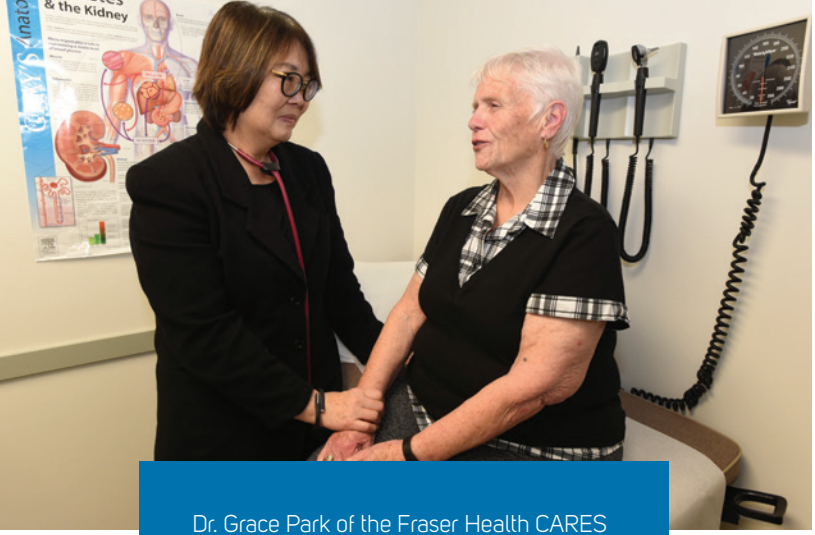
211
IMPROVEMENT PROJECTS

338
HEALTHCARE PROFESSIONALS

> "A good idea that is started out in EXTRA spreads out across the system and achieves greater scale than was ever imagined."

DR. BOB BELL
DEPUTY MINISTER
ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

EXTRA faculty Dr. Chris Hayes speaks at Saguenay Symposium.



Dr. Grace Park of the Fraser Health CARES team conducts a patient assessment.

Nova Scotia Health Authority CARES participant Joey completes the Functional Reach Test with the assistance of family practice nurse Shelley Vanasse, RN.

MEET A TEAM

A collaboration among the Nova Scotia Health Authority, Shannex Incorporated and Fraser Health in British Columbia inspired the Community Actions & Resources Empowering Seniors (CARES) project, which aims to slow the progression of frailty in the elderly. Fragmented health services put the elderly at risk of entering the acute care system prematurely, which increases their chance of acquiring infections, falling and suffering from muscle atrophy (to name just a few). These conditions create costs, reduce seniors' quality of life, delay their recovery and contribute to frailty.

CARES is a proactive intervention that partners seniors who are not yet frail with primary care providers and community-trained volunteer or staff wellness coaches. The seniors receive complete, comprehensive geriatric assessments, wellness plans and coaching. The project is the first of its kind in Canada. Results from CARES show a statistically significant decrease in the frailty index score in seniors participating in the program—equivalent to two fewer health problems at follow up.

> "EXTRA was critical in establishing this important, innovative and timely quality improvement intervention for delaying frailty in seniors. They connected our team with leading experts and research in frailty prevention and gave us the tools and support we needed to develop an effective intervention that has changed how we care for seniors in our province."
>
> ANNETTE GARM, RN, BSN, MA, MN, GNC(C), EXTRA FELLOW, BC FRASER HEALTH

> "[CARES] is something for myself, I'm doing it for me. My family is good at encouraging me but I need my coach. I do more exercise now. I can walk much better, my balance is better. I sleep very well now and I don't need to take anything to help me sleep. My blood pressure is better. My friends can see a difference in me."
>
> JEAN WORDEN, CARES PARTICIPANT

Education **and Training**

Healthcare leaders and their teams achieve better results faster when they are equipped with appropriate knowledge, strategies, tools and evidence for their improvement projects. CFHI provides this via focused, expert-led webinars, online and in-person workshops, and fellowships.

On Call Webinars

CFHI's On Call webinars include single-event educational experiences, as well as webinar series on key healthcare topics. Now in its ninth season, On Call continues to engage participants from across Canada and internationally in live webinars that feature clinicians, managers and healthcare leaders who are accelerating healthcare improvement. Each session provides participants with concrete strategies, lessons and results that can be applied to their own care settings.

CFHI staff in the On Call studio

THE RESULTS

In 2015-16, we hosted 26 On Call webinars on diverse topics such as acute care for elders, best practices for data management, and CFHI's Better Together campaign for spreading family presence policies to hospitals. We connected to more than 2,400 individuals and teams in all provinces and territories with an average of 103 lines open per session. In 2015-16, based on 16 surveys, 92 percent of respondents said they agreed or strongly agreed that they were satisfied with their webinar experience. Eighty-two percent of respondents said they will apply in their workplace what they learned from our webinars. These webinars generated $13,789 in revenues before we opted to broaden their reach by no longer charging registration fees.

> "Really great, can't wait to get the resources. I'll probably listen to the presentation several times. There were lots of good tips."

> "I have sent the links to the session recording to more than a dozen of my colleagues."

> "Great overview of cultural humility, sensitivity and building culturally safe organizations. Thank you!"

On Call
Key Results

26
CFHI-HOSTED WEBINARS

2,461
TOTAL LIVE LINES

1,192
TOTAL ON DEMAND VIEWS

521
ORGANIZATIONS

ACROSS

12
COUNTRIES INCLUDING

EVERY
PROVINCE & TERRITORY IN CANADA

Canadian Harkness Fellowship and Briefing Tour

The Commonwealth Fund's Harkness Fellowships in Health Care Policy and Practice enable mid-career health services researchers and practitioners to spend a year in the U.S. researching and working with leading health policy experts. The Fellowship aims to produce the next generation of health policy leaders in the nine participating countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden and the United Kingdom. Harkness Fellows also take part in organized, high-level policy briefings and site visits in the U.S. and Canada.

In collaboration with The Commonwealth Fund, CFHI hosted the Canadian Harkness Health Policy Briefing Tour on Canadian healthcare systems and issues in 2015. The tour, which took place in Toronto in May, provided the 2014-15 cohort of 13 Harkness Fellows with a chance to meet pan-Canadian, provincial and regional healthcare policy and delivery leaders, and gain a fuller understanding of how healthcare in Canada is organized, financed, managed and delivered. The cohort included Canadian Harkness Fellows Fiona Clement (University of Calgary) and Scott Robertson (Government of the Northwest Territories).

For the tour, CFHI prepared a document called *Healthcare Priorities in Canada: A Backgrounder*. The document gives an overview of healthcare in Canada and highlights seven priority areas central to healthcare policy, practice and dialogue. CFHI produced the backgrounder with a financial contribution from The Commonwealth Fund.

The 2015-16 Canadian Harkness Fellowships, co-funded by CFHI and The Commonwealth Fund, were awarded to:

- Dr. Eyal Cohen, Staff Physician in the Division of Pediatric Medicine at The Hospital for Sick Children in Toronto, who is exploring best health-service delivery models for American children who suffer from complex chronic conditions and are publicly insured, and
- Dr. Onil Bhattacharyya, the Frigon-Blau Chair in Family Medicine Research and a family physician at Toronto's Women's College Hospital, who is studying how leading healthcare organizations address challenges and seize emerging opportunities to improve care – in particular how they use consumer-facing IT.

Dr. Eyal Cohen

Dr. Onil Bhattacharyya

Demonstrating Results

At CFHI, we embed evaluation and performance measurement within our work. We use an integrative and mixed methods approach to evaluation, which combines program evaluation components with improvement science methods. This includes logic modelling, outcome mapping, formative and summative techniques, performance measurement for improvement, real-time data collection and continuous quality improvement methods. Our evaluation methods are responsive and flexible, responding to unique evaluation needs, stages and contexts.

Evaluation and **Performance Measurement**

TRAINING IN MEASUREMENT FOR IMPROVEMENT

CFHI builds the evaluation and performance measurement capacity of CFHI staff and the improvement teams we support in order to demonstrate impacts our work has on patients' and families' experiences of care, health outcomes and programming return on investments. We ensure that our evaluation practices are flexible and responsive to improvement teams' unique evaluative capacity, needs and infrastructure.

ONLINE LEARNING

In 2015-16, CFHI offered a three-part On Call evaluation series "Data Bootcamp: Getting Your Data into Shape", which featured topics such as an introduction to healthcare data for improvement, enhancing data quality for improvement and effective data quality management. More than 1,560 registrants (totalling 470 lines) enrolled for at least one of the three sessions. Registrants came from across Canada, spanning 10 provinces and two territories. International registrants from Cameroon, Denmark, the United States, France, Ireland and the United Kingdom also participated.

Over 80 percent

of Data Boot Camp webinar participants agreed or strongly agreed that they learned something new about achieving higher data quality and establishing appropriate data management strategies.

CFHI also offers tailored online learning sessions on evaluation and performance measurement topics to participants in CFHI's collaborative programming. In 2015, we gave all collaboratives access to the On Call webinar "Analyzing Data over Time for Quality Improvement." Other topics hosted by specific collaboratives included: data display and analysis; communicating results; plan-do-study-act (PDSA) cycles; understanding, measuring and improving patient experience; and others.

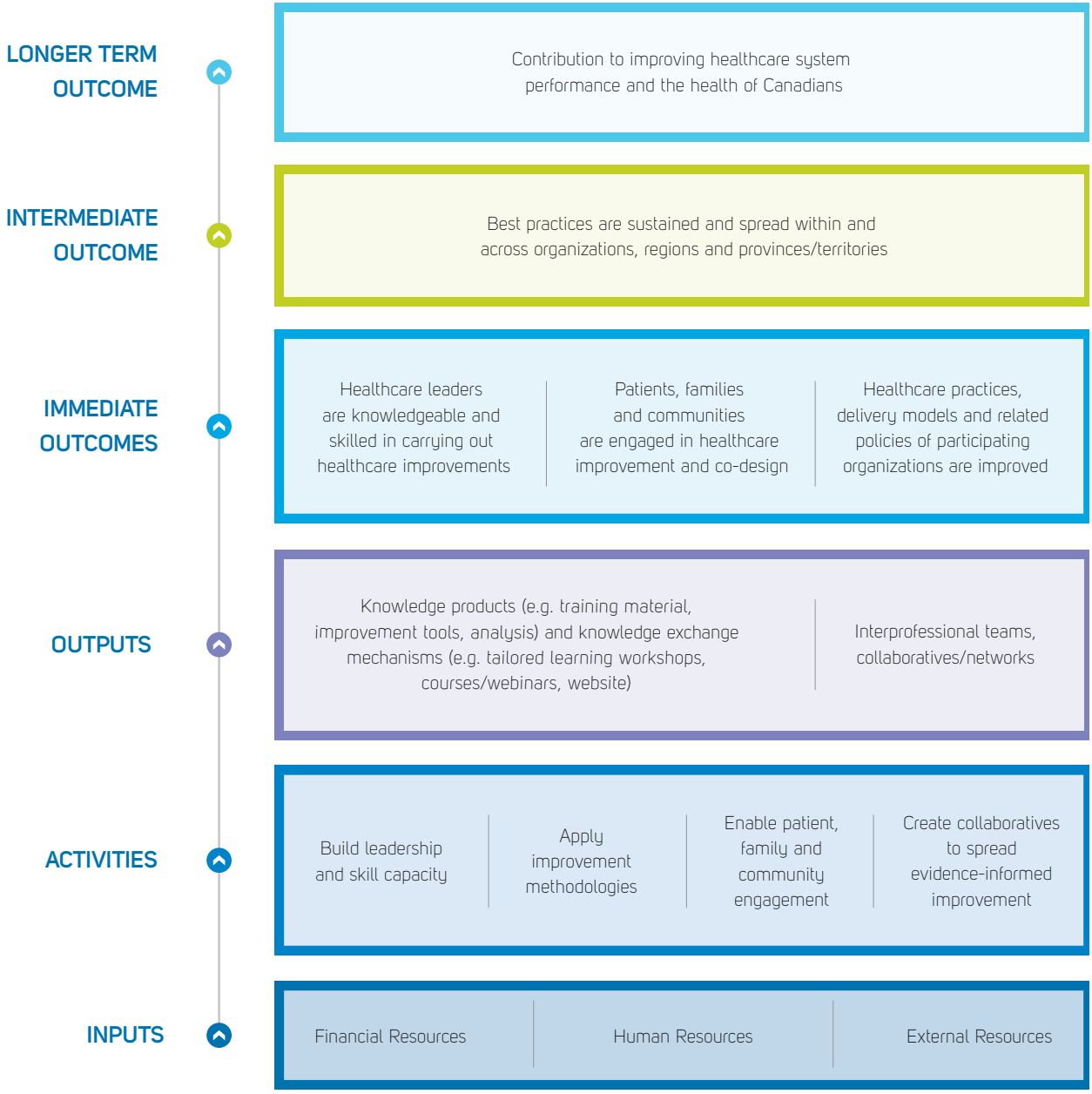
BUILDING AN EVALUATIVE CULTURE

In 2015, CFHI worked with Health Canada to develop a Logic Model and Performance Measurement Framework (appended to this annual report) that anchors the organization's work.

CFHI programs are guided by six core evaluative questions:

- What is the value of CFHI's pan-Canadian quality improvement collaborative methodology?
- What changes to quality result from partnering with patient and families?
- What changes to provider and organizational: a) capacity; and b) practices and culture, have resulted from CFHI's programs?
- What changes to quality (better coordination of care, patient and family experience, and value-for-money) and clinical outcomes have resulted from CFHI's programs?
- What is the effectiveness and estimated cost benefit (or return on investment) of each of CFHI's programs?
- What can we learn about the context and conditions for implementing, sustaining and spreading improvement?

CFHI Logic Model



CFHI on the Road

In 2015 and early 2016, CFHI was invited to conferences and events across Canada and around the world where we shared our work and described the benefits of our improvement approach. Here are a few of the key events from the year:

2015

- Patient Engagement Stakeholder Forum, New Brunswick, March
- Activity Based Funding Conference, Ontario, April
- Canadian Respiratory Conference, Ontario, April
- Canadian Association for Health Services and Policy Research Conference, Quebec, May
- National Health Leadership Conference (NHLC), Prince Edward Island, June
- New Brunswick Healthcare Quality Interest Group Conference, New Brunswick, October
- The Ottawa Hospital 10th Annual Clinical Research Training Course, Ontario, October
- McGill University Health Centre-Institute for Strategic Analysis and Innovation (MUHC-ISAI) Conference, Quebec, October
- Canadian Network for Respiratory Care, Ontario, November
- HealthAchieve, Ontario, November
- Canadian Home Care Association's 2015 National Home Care Summit, Ontario, November
- Board of Champlain Local Health Integrated Network (LHIN) Education Session, Ontario, November
- Institute for Healthcare Improvement (IHI) National Forum, Florida, USA, December

January 1-March 31, 2016

- BC Patient Safety and Quality Council's Annual Quality Forum 2016, British Columbia, February
- N2 Network of Networks Annual General Meeting, Ontario, February
- St. Michael's Hospital, Ontario, February
- Ontario Hospital Association (OHA), Ontario, February
- Pinecrest-Queensway Community Health Centre and Champlain Local Health Integrated Network (LHIN), Ontario, March
- Canadian Lung Association, Ontario, March
- Patients for Patients Safety Canada-Canadian Patient Safety Institute (CPSI), Ontario, March

Better Together breakfast at NHLC

Atlantic Healthcare Collaboration panel at NHLC

Closing panel at MUHC-ISAI

CFHI-supported Teams Win Awards

COPD PROGRAM WINS 2015 ONTARIO MINISTER'S MEDAL – HONOUR ROLL

The Ottawa Hospital's COPD Outreach Program works to reduce the 30-day readmission rate for patients with chronic obstructive pulmonary disease. This patient-centred program, which empowers patients and their families in making healthcare decisions, exceeded its goal by reducing this group's readmission rate by 75 percent in six months. In 2014, CFHI pledged nearly $1 million to teams from healthcare organizations in all 10 provinces to transform care for people living with COPD.

NOVA SCOTIA HEALTH AUTHORITY WINS 3M HEALTH CARE QUALITY TEAM AWARDS (NON-ACUTE)

The Nova Scotia Health Authority's My Care My Voice Integrated Chronic Care Initiative, part of CFHI's Atlantic Healthcare Collaboration, aims to improve care for patients with complex chronic conditions and multi-morbidities by including the patient voice. While the primary goal of the initiative was to improve the patient experience and early engagement, it also reduced wait times from 13 months to no wait times in 2015 as a secondary outcome.

Nova Scotia Health Authority – Central Zone (formerly Capital Health): 3M Executives and CCHL Executives at the National Health Leadership Conference: My Care My Voice Initiative receives 3M Health Care Quality Team Award.

BRUYÈRE CONTINUING CARE RECOGNIZED FOR TWO LEADING PRACTICES

Accreditation Canada has added two of Bruyère Continuing Care's unique practices to the Accreditation Canada Leading Practices Database: Nursing Always Practices and the Volunteer Ambassador Program. These two practices were developed by Bruyère staff, patients, families, researchers and volunteers to enhance care at the facility. Their addition to the database is an honour, as the database includes only those practices that are especially innovative, creative and effective. All practices in the database are client or family-centred, evaluated, sustainable and adaptable by other organizations.

In this photo from left to right are: Michelle Mroz, Dr. Sharon Macdonald, Cynthia Sinclair and the Honourable Sharon Blady.

ANTIPSYCHOTIC MEDICATION COLLABORATIVE WINS 2015 HEALTH INNOVATION CONFERENCE/LEAN CONGRESS HEALTH INNOVATION AWARD

Cynthia Sinclair of Manitoba's Interlake-Eastern Regional Health Authority, an EXTRA Fellow whose innovative work reducing the use of antipsychotic medications in long term care sparked CFHI's antipsychotic medication reduction collaborative, received the 2015 Health Innovation Conference/Lean Congress Health Innovation Award in the Leadership category. CFHI has supported 15 interprofessional healthcare teams in this important collaborative and achieved impressive results, including discontinuing potentially harmful medications for more than half of the collaborative's target patients.

FRASER HEALTH WINS 2015 BC HEALTH CARE AWARDS – TOP INNOVATION – HEALTH AUTHORITY

The Fraser Health Cardiac Service program has faced growing demands for its cardiac electrical devices implant service. With support from CFHI's EXTRA program, Fraser Health implemented the Implantable Cardiac Electrical Device Project: From Complexity to Optimization, aimed at improving patient access to services, consolidating implant sites, and enhancing the efficiency of scheduling device implants and replacements. In six months, the program consolidated and standardized cardiac services from four sites to two, increased cardiac implants from 22 to 30 per week, reduced the waitlist from 120 to 40 patients and eliminated cancelled procedures due to lack of staffing. The program met its new wait time targets 80 percent of the time, resulting in a majority of inpatients receiving implants within 48 hours.

MARILYN EL BESTAWI'S PREVIEW-ED© WINS INNOVATORS' DEN SPREAD AND SCALE AWARD

During a 2011 EXTRA fellowship, Marilyn El Bestawi, a senior healthcare executive, developed a novel tool called PREVIEW-ED© to prevent avoidable emergency department visits by long term care residents. In pilot testing, PREVIEW-ED© resulted in a 57 percent decrease in transfers to hospital for four conditions that account for 49 percent of potentially avoidable hospitalizations. In November 2015, El Bestawi was invited to present her innovation at the Ontario Long Term Care Association Conference's Spread and Scale Innovators' Den, where her innovation was awarded first place in the Spread and Scale category.

Marilyn El Bestawi

Partnerships

CFHI works with governments and other healthcare partners to promote better care, value and health. These partners and clients include healthcare delivery organizations spanning the continuum of care, regional health authorities, provincial-territorial departments of health and agencies, and other national and international organizations. By supporting delivery-level organizations, CFHI is able to generate results on the ground. Collaboration is at the heart of our programming; each initiative is unique, marrying local priorities, needs and capacity with CFHI's coaches, faculty, resources and tools. Strategic partnerships with provincial-territorial, national and international organizations amplify the impact of CFHI programming, bringing additional expertise and resources to the table.

In 2015-16, CFHI amplified its impact through many new and existing strategic partnerships. In some cases, these partners also contributed financial resources, leveraging CFHI's federal funding. (Financial contributions are indicated in square brackets below.)

THE FOLLOWING ARE SUPPORTING ORGANIZATIONS TO THE BETTER TOGETHER CAMPAIGN:

- Accreditation Canada
- British Columbia Patient Safety and Quality Council
- Canadian College of Health Leaders
- Canada Health Infoway
- Canadian Patient Safety Institute
- Health Quality Council of Alberta
- IMAGINE Citizens Collaborating for Health
- Manitoba Institute for Patient Safety
- Patients Canada
- Patients for Patient Safety Canada
- Registered Nurses Association of Ontario
- Saskatchewan Health Quality Council

THE ACUTE CARE FOR ELDERS (ACE) COLLABORATIVE IS OFFERED IN PARTNERSHIP WITH:

- Canadian Frailty Network (formerly Technology Evaluation in the Elderly Network) [$200,000]
- Mount Sinai Hospital (Toronto)

THE CANADIAN HARKNESS FELLOWSHIP AWARD IS OFFERED IN COLLABORATION WITH:

- The Commonwealth Fund [$82,281]

THE HOME CARE SAFETY FALLS PREVENTION VIRTUAL IMPROVEMENT COLLABORATIVE IS OFFERED IN PARTNERSHIP WITH:

- Canadian Patient Safety Institute
- Canadian Home Care Association

THE INSPIRED APPROACHES TO COPD: IMPROVING CARE AND CREATING VALUE COLLABORATIVE IS OFFERED IN PARTNERSHIP WITH:

- Boehringer Ingelheim (Canada) Ltd. [$154,980]

THE NORTHERN AND REMOTE COLLABORATION IS OFFERED IN PARTNERSHIP WITH:

- Alberta Health Services, North Zone
- First Nations Health Authority (British Columbia)
- Northern Health Authority (British Columbia)
- Northern Regional Health Authority (Manitoba)
- Northwest Territories Department of Health and Social Services
- Nunavut Department of Health
- Prince Albert Parkland Health Region (Saskatchewan)
- Western Health (Newfoundland and Labrador)
- Winnipeg Regional Health Authority, Churchill Health Centre Division (Manitoba)
- Yukon Department of Health and Social Services

THE EXTRA: EXECUTIVE TRAINING PROGRAM IS OFFERED IN PARTNERSHIP WITH:

- Canadian Nurses Association
- Canadian Patient Safety Institute
- Canadian College of Health Leaders
- BC Patient Safety and Quality Council
- Health Quality Council of Alberta

CFHI was commissioned by the Federal Advisory Panel on Healthcare Innovation to provide an analysis of successful Canadian and international approaches to patient and family engagement [$25,000].

CFHI was contracted by Heath Canada's First Nations and Inuit Health Branch to contribute to the First Nations Chronic Disease Prevention and Management Framework [$20,000].

The Canadian Patient Safety Institute sponsored CFHI's Patient Engagement Resource Hub to support the further development of patient safety resources [$20,000].

Highlights of our programming are found in the preceding sections and a full list of programming clients for each collaborative and the EXTRA program can be found at **cfhi-fcass.ca**.

Challenges and Risks

WORKING TO MANAGE PERSISTENT HEALTH SYSTEM CHALLENGES

Canada continues to face persistent challenges in achieving efficient, coordinated, patient- and family-centred healthcare in all provinces and territories. Our health systems place in the middle of the pack, or worse, in international comparisons and have done so for many years. Indigenous health outcomes are of particular concern; Canada does not compare well to other countries with respect to learning and making improvements based on Indigenous innovations. And examples of aligning structures and incentives to provide appropriate care to the patients who need it most—including people with multiple chronic conditions and the frail elderly—closer to home remain isolated pockets of excellence. Too often, these innovative ways of meeting healthcare challenges are not shared and implemented across the country.

Given the scope of these realities, there remains a great deal of room for improvement. Despite increases in CFHI's annual budget for 2016 to 2019, the greatest challenge facing CFHI is our modest capacity relative to Canada's performance gaps and our uncertain future beyond 2019. All three pan-Canadian improvement collaboratives that concluded in 2015 supported improved performance by participating organizations and generated valuable lessons about the winning conditions for spread and scale. But there are countless other challenges and many other jurisdictions in which our work could benefit Canadians.

There is also a tremendous opportunity for CFHI to scale the outcomes of these collaboratives by applying our methodology to the structures and incentives that act as barriers to improvement. Both our COPD and antipsychotics initiatives tackled known deficiencies in healthcare, but they addressed the service delivery aspect of moving care from the hospital to the community and ensuring appropriate medication use. As we reflect on their success and what can be achieved in three years with slightly greater funding, the organization faces important decisions about what topics to address in future programming, how to align the organization with this evolving role, how to engage with stakeholders in priority setting and more. We see many opportunities to build on our collaboratives and make proven practices common practices that truly achieve better care, health and value for all Canadians.

MITIGATING RISKS

Each year, CFHI provides its Board of Directors with a thorough assessment of the risks facing the organization as well as mitigation strategies for each risk. Here is a brief summary of our major risks.

TYPE OF RISK		MITIGATION STRATEGY
OPERATIONAL	Given the complexity of implementing sustainable improvements in healthcare and competing priorities in partner organizations, CFHI and its partners could experience delays in implementing programs, which reduces the programs' relevance.	CFHI has made management and operational changes aimed at greater sharing of resources and knowledge. We have also introduced a new governance structure to improve oversight of our budget and work.
FINANCIAL	Due to its funding uncertainty as well as the uncertainty associated with when the new funding will be received from the Government of Canada, CFHI could find itself without sufficient assets to meet all current and future obligations.	Management provides regular reports on its assets, liabilities and commitments, and CFHI updates its financial projections regularly, including its plan for possible wind-up if it does not receive funding beyond the current March 2019. New staff are hired on term contracts to minimize liability, and CFHI keeps a contingency fund for possible wind-up and to mitigate cash flow issues associated with Government of Canada payments. The Board and management will continue to plan for financial contingencies.
STRATEGIC	CFHI may not succeed in securing or sustaining sufficient funding for ongoing programs.	On March 22, Budget 2016 announced three years of funding for CFHI that brings our annual budget for each year to $17 million—a significant increase. This funding will modestly mitigate our future financial risk going forward.
	CFHI's reputation is closely tied to the many partners with whom it works, causing a persistent risk that its reputation will suffer should any partners be unable to deliver on their work.	CFHI holds regular meetings with all parters and makes decisions either to move the work internally or stop the work as a result. In addition, we have a well evolved MOU template that uses carefully selected language to assigned roles and responsibilities as well as intellectual property ownership.
HUMAN RESOURCES	Corporate memory could be lost due to employee turnover, reducing CFHI's capacity to run projects and programs effectively.	CFHI uses exit interviews for all departing staff, which inform detailed checklists for handover; our central information management system captures all interactions with stakeholders; and our customer relationship management system tracks contacts, organizations and interactions. Our IT team has implemented strategies to ensure our corporate knowledge, work and memory are retained should we lose our funding.
	As healthcare improvement is a very specialized sector and CFHI's funding only extends until March 31, 2019, CFHI faces a potential inability to recruit highly qualified staff.	CFHI continues to explore innovative recruitment strategies such as interchanges, secondments and leaves in addition to promoting two-year employment contracts for staff. For several years, CFHI has successfully recruited staff and has lost only one candidate as a result of uncertain funding. Today, CFHI considers this risk to be minimal. The human resources team will continue to document its recruitment efforts with care.
	Since CFHI's funding only extends until 2019, CFHI faces a potential inability to retain highly qualified staff who may be looking for a more stable work environment.	CFHI follows many practices to ensure a healthy and equitable workplace. To augment this positive workplace culture, employment contracts have been extended to align with CFHI's new funding horizon of 2019, providing a sense of stability for staff, and management updates staff regularly about its funding future. The human resources team will continue to document exit interviews to assess whether an uncertain funding future is having an impact.

Report of the Independent Auditors on the Summary Financial Statements

To the Directors of the Canadian Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé

The accompanying summary financial statements of the Canadian Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé, which comprise the summary statement of financial position as at December 31, 2015, 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 accounting standards for not-for-profit organizations, of the Canadian Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé as at and for the year ended December 31, 2015.

We expressed an unmodified audit opinion on those financial statements in our report dated March 22, 2016.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of the Canadian Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Canadian Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé.

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 Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé as at December 31, 2015 and for the year then ended are a fair summary of those financial statements, in accordance with the basis described in note 1.

KPMG LLP

Chartered Professional Accountants,
Licensed Public Accountants
March 22, 2016
Ottawa, Canada

Summary Statement **of Financial Position**

DECEMBER 31, 2015, WITH COMPARATIVE INFORMATION FOR 2014
(IN THOUSANDS OF DOLLARS)

	2015	2014
ASSETS		
Cash	$ 1,939	$ 1,537
Accounts receivable	381	544
Prepaid expenses	120	102
Investments	8,355	19,833
Employee future benefits	618	670
Tangible capital and intangible assets	92	144
	$ 11,505	**$ 22,830**
LIABILITIES AND DEFERRED CONTRIBUTIONS		
Accounts payable and accrued liabilities	$ 1,033	$ 1,723
Deferred revenue	–	476
Capital lease obligations	10	21
Deferred contributions	10,462	20,610
	$ 11,505	**$ 22,830**

See accompanying notes to summary financial statements.

Summary Statement **of Operations**

YEAR ENDED DECEMBER 31, 2015, WITH COMPARATIVE INFORMATION FOR 2014
(IN THOUSANDS OF DOLLARS)

		2015		2014
REVENUE				
Program support revenue	$	391	$	721
Co-sponsor revenue		–		27
Other revenue		445		558
Recognition of deferred contributions relating to operations of the current year		10,507		10,382
Recognition of deferred contributions relating to tangible capital and intangible assets		79		108
	$	**11,422**	**$**	**11,796**
EXPENSES				
Collaboration for innovation and improvement	$	3,397	$	3,669
Patient engagement for healthcare improvement		1,821		1,776
Education and training		2,086		3,490
Evaluation and performance measurement		549		483
Northern and Indigenous Health		948		–
Business development		–		366
Communications		1,486		1,158
Administration		1,045		821
Amortization of tangible capital and intangible assets		79		108
Investment management fees		37		69
Employee future benefits		(26)		(144)
	$	**11,422**	**$**	**11,796**
EXCESS OF REVENUE OVER EXPENSES	**$**	**–**	**$**	**–**

See accompanying notes to summary financial statements.

Notes to **Summary Financial Statements**

YEAR ENDED DECEMBER 31, 2015

The Canadian Foundation for Healthcare Improvement ("CFHI") is dedicated to accelerating healthcare improvement and transformation for Canadians. As such, it collaborates with governments, policy-makers, and health system leaders to convert evidence and innovative practices into actionable policies, programs, tools and leadership development. CFHI changed its name from the Canadian Health Services Research Foundation effective April 5, 2012.

CFHI is a registered charity under the Income Tax Act, and accordingly, is exempt from income taxes under paragraph 149(1)(l) of the Income Tax Act (Canada). The organization became operational in fiscal 1997 and is incorporated under the Canada Corporations Act. Effective June 17, 2014, CFHI was continued under the Canada Not-for-profit Corporations Act.

Under the Federal Budget 1996, the Government authorized Health Canada to pay $55,000,000 to CFHI (then CHSRF) over a five-year period. As part of the same agreement, the Medical Research Council agreed to contribute $10,000,000 and the Social Sciences and Humanities Research Council of Canada agreed to contribute $1,500,000 over the same five-year period.

In 1999, the Federal Government granted $35,000,000 to CFHI 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 Federal Government provided $25,000,000 for the implementation of the Executive Training for Research Application (EXTRA) program over a thirteen-year period.

In 2009, CFHI entered into a Comprehensive Funding Agreement with Health Canada. This agreement supersedes the previous agreements. Under this agreement CFHI was directed to hold all investments in fixed income securities within a single investment portfolio. The agreement enabled CFHI to report their operations under a single program. CFHI is transitioning its investments to meet this agreement.

On March 16, 2016, CFHI signed a contribution agreement with Health Canada, providing $14 million of operational funding to CFHI to continue its operations until March 2017.

Notes to **Summary Financial Statements** (continued)

YEAR ENDED DECEMBER 31, 2015

1. SUMMARY FINANCIAL STATEMENTS:

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at and for the year ended December 31, 2015.

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.

2. REMUNERATION

The total remuneration, including any fees, allowances or other benefits, paid to its 48 full time employees by CFHI is $5,165,724 in 2015.

The ten highest compensation full time positions are as follows:

RANGE	NUMBER OF POSITIONS
$250,000 to $299,999	1
$200,000 to $249,999	0
$160,000 to $199,999	2
$120,000 to $159,999	4
$80,000 to $119,999	3

The complete audited financial statements of the Canadian Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé are available upon request by contacting the Canadian Foundation for Healthcare Improvement/Fondation canadienne pour l'amélioration des services de santé.

Unaudited Interim
Statement of Financial Position

AS OF MARCH 31, 2016
(IN THOUSANDS OF DOLLARS)

		2016
ASSETS		
Cash	$	2,277
Accounts receivable		928
Prepaid expenses		82
Investments		7,284
Employee future benefits		618
Tangible capital and intangible assets		75
	$	**11,265**
LIABILITIES AND DEFERRED CONTRIBUTIONS		
Accounts payable and accrued liabilities	$	313
Deferred revenue		347
Capital lease obligations		8
Deferred contributions		10,596
	$	**11,265**

Unaudited Interim
Statement of Operations

FOR THE THREE MONTHS ENDED MARCH 31, 2016
(IN THOUSANDS OF DOLLARS)

		2016
REVENUE		
Recognition of deferred contributions relating to operations in the current period	$	1,847
Recognition of deferred contributions relating to tangible capital and intangible assets		18
	$	**1,865**
EXPENSES		
Collaboration for innovation and improvement	$	357
Patient and citizen engagement for improvement		220
Education and training		374
Evaluation, analysis and knowledge products		206
Northern and Indigenous Health		176
Communications		377
Administration		131
Amortization of tangible capital and intangible assets		18
Investment management fees		6
Employee future benefits		–
	$	**1,865**
EXCESS OF REVENUE OVER EXPENSES	**$**	–

REMUNERATION

The total remuneration, including any fees, allowances or other benefits, paid to its 47 full time employees by CFHI was $1,203,955 between January 1 and March 31, 2016.

2015-16 CFHI Board of Directors

R. LYNN STEVENSON, CHAIR
(EFFECTIVE DECEMBER 2015)

Associate Deputy Minister, Health Services
British Columbia Ministry of Health
Victoria, British Columbia

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President and CEO
Accreditation Canada
Ottawa, Ontario

TOM R. CLOSSON, VICE-CHAIR

Former President and CEO
Ontario Hospital Association
Toronto, Ontario

DR. LUC BOILEAU

President and CEO
Institut national d'excellence
en santé et services sociaux
Québec, Québec

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Alberta Health
Edmonton, Alberta

DEBORAH DELANCEY

Deputy Minister
Health and Social Services
Government of the Northwest Territories
Yellowknife, Northwest Territories

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Co-director
Collaboration and Patient Partnership Unit
Faculty of Medicine, University of Montreal
Montreal, Quebec

ABBY HOFFMAN

Assistant Deputy Minister
Strategic Policy Branch
Health Canada
Ottawa, Ontario

MURRAY N. ROSS

Vice President
Kaiser Foundation Health Plan, Inc.
Oakland, California, USA

CONSTANCE L. SUGIYAMA, C.M.

Corporate Director
Distinguished Visiting Scholar
Ryerson University Law Research Centre
Former Chair, Board of Trustees
Hospital for Sick Children
Toronto, Ontario

* Left the Board in December 2015

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Healthcare Improvement

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