

CALL FOR INNOVATIONS THAT SUPPORT A VIRTUAL APPROACH TO CHRONIC PAIN PREVENTION AND MANAGEMENT FOR CHILDREN



Canadian Foundation for **Healthcare Improvement**
Fondation canadienne pour **l'amélioration des services de santé**



About Solutions for Kids in Pain (SKIP)

Solutions for Kids in Pain (SKIP) is a knowledge mobilization network, based at Dalhousie University and co-led by Children's Healthcare Canada, that seeks to bridge the gap between current treatment practices and available evidence-based solutions for children's pain in Canadian health institutions. SKIP's vision is healthier Canadians through better pain management for children, with a mission to improve children's pain management by mobilizing evidence-based solutions through coordination and collaboration. SKIP brings together Canada's world-renowned pediatric pain research community, front-line knowledge user organizations and end beneficiaries.

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About the Canadian Foundation for Healthcare Improvement

The Canadian Foundation for Healthcare Improvement (CFHI) works shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven healthcare innovations. Together, we're delivering lasting improvement in patient experience, work life of healthcare providers, value for money and the health of everyone in Canada.

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WHY THIS CALL? THE BURNING PLATFORM

Improving access to care has been identified as one of the top 10 priorities for improving chronic pain care for children and adolescents in Canada (Birnie et al., 2019). In the Canadian Pain Task Force report, *Chronic Pain in Canada: Laying a Foundation for Action*, it is stated that chronic pain is common among children and adolescents with prevalence estimates ranging from 11% to 38% (King et al., 2011). This type of pain presents itself as recurrent headaches, abdominal pain, musculoskeletal pain, neuropathic pain, or pain secondary to disease, illness, surgery, or injury (Friedrichsdorf et al., 2016; King et al., 2011). Chronic pain in children negatively impacts all areas of a child's life and can lead to additional chronic pain, substance use, and mental health concerns later in life (Dooley et al., 2014; Groenewald et al., 2019; Walker et al., 2010). Thus, it is essential that children have access to the care they need to prevent and effectively manage chronic pain.

The COVID-19 pandemic has exacerbated concerns regarding poor access to care and has increased challenges for children living with chronic pain and their families. Moreover, the extreme and prolonged stress of the COVID-19 pandemic is likely to result in more children developing chronic pain as has been reported following other natural disasters (such as Hurricane Katrina) (Hensley & Varela, 2008). Rapidly evolving public health policies in response to COVID-19 has led to a significant decrease of in-person appointments. This situation has left children with chronic pain at increased risk for further severe and debilitating sequelae, particularly in instances where virtual care options are not available or accessible.

As defined by the [Virtual Care Task Force](#) report (Feb 2020), virtual care is “any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care” (Jamieson et al., p. 2, 2018). Innovation in virtual care for chronic pain in children had already begun prior to the COVID-19 pandemic (Fisher et al., 2019; Hunter et al., 2018); however, the need for effective, widespread, and scalable virtual care innovations has been further catalyzed since the COVID-19 pandemic. A national poll conducted by the Canadian Medical Association in May 2020 showed that Canadians who embrace virtual care are highly satisfied by virtual care and would like to see it continue beyond COVID-19. As stated by Dr. Gigi Osler, Co-Chair of Virtual Care Task Force: “*All Canadians – from urban to rural, remote and Indigenous communities – can benefit from more choice and convenience when it comes to how health care is accessed and delivered*” (Canadian Medical Association, para 5, 2020).

Innovations that support a virtual approach to chronic pain prevention and management in children are happening across Canada. There is a need to identify and support the spread of these virtual innovations to improve chronic pain prevention and management for children and their families in the current COVID-19 context and beyond the pandemic.

This is a call to identify innovations happening in Canada that support an evidence-informed virtual approach to chronic pain prevention and management in children and have the potential to be implemented across Canada. Together, we can broaden awareness of virtual care innovations and support the spread of innovations to advance evidence-based solutions for children in pain, their families, and care partners.

Eligible Innovations

Healthcare organizations (both public and private), community, government, and social service sectors in Canada that have implemented and evaluated a relevant innovation to support a virtual approach to chronic pain prevention and management for children/youth (18 years and younger) are eligible to apply.

Example virtual innovations can include online self-management or self-directed preventative or treatment innovations such as online tools, apps and educational websites; real-time supports such as online psycho-educational workshops, e-supports, individual or group programming, or specialist/provider consultation or support; patient, family and caregiver peer support innovations; models of care; or system transformation.

Eligible innovations can be *emerging* OR *demonstrated*.

- **Emerging Innovations** are promising practices and emerging ways of improving virtual chronic pain prevention and management in children, that are too new to have results.
- **Demonstrated Innovations** have been implemented and show evaluation results and/or research evidence. The innovation may have been spread beyond the initial demonstration site.

The innovation must:

- Focus on improving chronic pain prevention and/or management in children (18 years of age and younger) and their families through a virtual modality, whereby virtual care is defined as “any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care” (Jamieson et al., p. 2, 2018).
- Advance virtual chronic pain prevention and management in children and their families to deliver sustainable improvement for more people, closer to home and community, which can include (but are not limited to) virtual care innovations that:
 - Use technology to provide information, support and/or care (apps, websites, peer-to-peer virtual support, telemedicine/telehealth, videoconference, virtual therapy, virtual clinics)
 - Result in better transitions from hospital to home
 - Incorporate new models of care that enable providers to provide services outside of hospital and specialty care
 - Result in better identification of high-risk patients
 - Result in better integration of services with primary care
 - Involve community outreach models of chronic pain prevention and management
- Support, or have the potential to support, equitable access to care across population groups and communities, including chronic pain populations who struggle to access care generally (e.g., live in rural or remote areas), potentially at-risk or vulnerable populations (e.g., children with complex medical needs); First Nations, Inuit and Métis communities; immigrants; refugees; LGBTQ2+; Black Canadians; or other minority groups.
- Involve partnership and / or engagement of different disciplines and care partners, including patients, their families, and other care partners.
- Demonstrate relevance within the Canadian context and to policymakers, clinical and professional leaders, senior health leaders, and patients and families.

Merit Review and Selection Criteria

A merit review panel including patients, families and care partners with lived experience; clinical and policy experts in the prevention and/or management of chronic pain in children/youth; and Quality Improvement experts will review applications based on the criteria below:

- 1. The Innovation and Partnership with Children/Youth, Families, Care Partners, and Others.** The innovation meets the criteria described in the *Eligible Innovations* section. The innovation has or will involve partnership and / or engagement of different disciplines and care partners, including children/youth, their families, and other care partners with lived experience.
- 2. Evaluation and Impact.** The innovation has or will benefit patients, families and/or care partners, and there is an evaluation plan to assess impact of the innovation.
- 3. Potential for successful spread.** The innovation has potential to spread to other settings. For example, as outlined in [CFHI's Readiness to Spread Assessment](#), there are tools/resources that can support the implementation of the innovation in other settings, including written information on possible barriers and solutions to support spread to other settings.
- 4. Potential for Long Term Success / Sustainability of the innovation.** The innovation has potential to have lasting impact in the initial pilot setting(s) and new setting(s). This includes written information on strategies that can be used to standardize and embed the innovation into existing or new practices.

Merit Review Process

The core elements of the merit review process for the call for innovations include the following:

1. The SKIP and CFHI team will review each application and confirm eligibility.
2. A minimum of two external reviewers will independently review each eligible application using the merit review and selection criteria in this call for innovations (Note: CFHI and SKIP require that all reviewers declare conflicts of interest when participating in the merit review process).
3. Merit Review Panel members will send written reviews to CFHI-SKIP.
4. CFHI and SKIP will host a virtual merit review meeting to conduct a final review of eligible applications and identify a consensus rating for each application (October 19-20, 2020).'
5. The Merit Review Panel will make recommendations to CFHI and SKIP as to which virtual innovations show the most potential for further dissemination and/or spread.
6. Final decisions will be made by CFHI and SKIP based on the outcomes of merit review and other considerations such as geographical spread and potential populations impacted.

Dissemination and Potential Spread of Selected Innovations and Applicant Notifications

The innovations recommended for further dissemination and spread by the panel will be:

- Integrated into an Evidence and Gap Map of virtual stepped care solutions for pediatric chronic pain being developed through a grant from the Canadian Institutes of Health Research (CIHR) led by Dr. Katie Birnie, PhD RPsych (University of Calgary). The resulting Evidence and Gap Map that will be made publicly available to stakeholders in fall 2020.
- Invited to participate in a webinar series or other knowledge sharing activity/opportunities which will also allow for networking with other innovators.
- Receive additional support for knowledge mobilization and dissemination via SKIP and CFHI.

Decisions of CFHI and SKIP are final and cannot be appealed, and *all applicants will receive written feedback on their applications.*

CFHI Policies

By completing the application, applicants confirm they understand and abide by [CFHI's Conflict of Interest Policy](#) and SKIP's Conflict of Interest Policy (see Appendix B), including rules regarding eligibility of CFHI and SKIP employees, directors and agents.

Applicants must fully disclose any relationship with the current members of the [CFHI Board of Directors](#) and SKIP's Board of Directors (see Appendix B).

Important Information

- Complete an application form by clicking this [link](#). For reference, the application form is included in Appendix A but applications are to be submitted electronically only. Submit your application by **September 30, 2020, 9:00 p.m. ET.**
- Notification of results will be communicated to all applicants by October 30, 2020.
- If you have questions, please email Erin Aubrey at erin.aubrey@dal.ca

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APPENDIX A: APPLICATION

Application to Submit an Innovation to the SKIP-CFHI Call for innovations that support a virtual approach to chronic pain prevention and management for children.

Note: *Appendix A is for reference only; applications are to be submitted electronically only (further instructions below).*

Solutions for Kids in Pain (SKIP) and the Canadian Foundation for Healthcare Improvement (CFHI) have launched a call for innovations to identify demonstrated or emerging innovations to support virtual health care delivery models aimed at prevention and management of chronic pain in children and youth (age 18 years and under).

Complete this application form to submit an application to the call for innovations. The application is due by September 30, 2020, 9:00 Eastern Time. Applications may be submitted in English or French.

To submit the application:

1. Access the application form [here](#).
2. Complete the application form by answering the required questions.
3. Once the application form is completed to your satisfaction click submit to send us the application.

Note: *The application can be saved so your progress won't be lost if you complete the application in more than one sitting.*

Before completing the application, please review the following:

1. Review the Call for Innovations

The Call for Innovations includes information about eligible innovation(s); merit review and selection criteria; merit review process; dissemination and potential spread of selected innovations; and CFHI policies.

CFHI and SKIP will use the information provided in this application to determine eligibility and select innovations that will be further disseminated and considered for spread. In addition, if information about the innovations is disseminated and/or spread, CFHI will use some of the information in this application to fulfill CFHI's accountability reporting requirements to Health Canada, our funder. This information is reported in an aggregate and de-identified fashion.

2. Review [CFHI's Conflict of Interest Policy](#) and [SKIP's Conflict of Interest Considerations \(Appendix B\)](#)

Organizations from which any members of CFHI's or SKIP's Board of Directors, agents or employees receive remuneration **are** eligible to submit an application as part of this call for innovations, but applicants must fully disclose any relationship with these groups and/or current members of the SKIP Board of Directors (Appendix B) and [CFHI Board of Directors](#).

By completing the application form, the organization(s) and team members confirm that they have reviewed and understand SKIP's Conflict of Interest Policy (Appendix B), [CFHI's Conflict of Interest Policy](#), including rules regarding eligibility of foundation employees, directors and agents.

3. Eligibility to Submit an Application

Healthcare organizations (both public and private), community, government, and social service sectors in Canada that have implemented and evaluated a relevant innovation to support a virtual approach to chronic pain prevention and management for children/youth (18 years and younger) are eligible to apply.

All applicants who meet the eligibility requirements will receive summary feedback from the merit review panel, regardless of whether the innovation is selected for further dissemination and identified as a potential innovation for spread. We may contact you to gather additional or missing information. Participants will be notified of decision by **October 30, 2020**.

CONTACT

For more information or if you have additional questions, please contact erin.aubrey@dal.ca.

SECTION A: APPLICANT, PRIMARY POINT OF CONTACT & CONFLICT OF INTEREST ASSERTION

The Lead Innovator/Applicant

1. Complete the information about the lead innovator/applicant in the following table.

Salutation:	Language of Correspondance:
Name:	Gender:
Title/Department:	Primary Role in Healthcare:
Organization:	Assistant's name (if applicable):
Mailing Address:	Assistant's email:
Telephone:	Assistant's telephone number:
Email:	

Lead innovator/applicant conflict of interest assertion:

Please consult the [CFHI Conflict of Interest Policy](#) and the *SKIP Conflict of Interest Considerations (Appendix B)* for further information.

2. Are you aware of any conflict of interest with CFHI or its Board of Directors, and/or with SKIP or its Board of Directors?

3. If a conflict of interest has been identified, please describe the conflict.

Please identify one person to be the primary point of contact with SKIP and CFHI to inform and review the evidence and gap map and/or participate in and/or present in a webinar series or other dissemination activity.

The Primary Point of Contact

4. Is the primary point of contact the same as the lead innovator/applicant?

5. If not, complete the information in the following table.

Salutation:	Language of Correspondance:
Name:	Gender:
Title/Department:	Primary Role in Healthcare:
Organization:	Assistant's name (if applicable):
Mailing Address:	Assistant's email:
Telephone:	Assistant's telephone number:
Email:	

Primary point of contact/conflict of interest assertion (if different from lead innovator/applicant):

Please consult the [CFHI Conflict of Interest Policy](#) and the *SKIP Conflict of Interest Policy (Appendix B)* for further information.

6. Are you aware of any conflict of interest with CFHI or its Board of Directors and/or with SKIP or its Board of Directors?

7. If a conflict of interest has been identified, please describe the conflict:

SECTION B: THE INNOVATION AND PARTNERSHIP WITH CHILDREN/YOUTH, FAMILIES, CARE PARTNERS, AND OTHERS

Emerging Innovations are promising practices and emerging ways of improving virtual chronic pain prevention and management in children, that are too new to have results. **Demonstrated Innovations** have been implemented and show evaluation results and/or research evidence. The innovation may have been spread beyond the initial demonstration site.

8. Is the innovation emerging or demonstrated? (yes, no, not sure)
9. What is the title or overall theme of the innovation? (*maximum 20 words*)
10. What is the primary objective of the innovation (e.g., what does it aim to improve/what gap in care or support does it address)? (*maximum 50 words*)
11. How does the innovation work? – include brief description followed by point form information on the following:
 - a. The fundamental, core principles of the innovation, that should not be modified
 - b. Adaptable principles of the innovation that could be modified based on context
 - c. Tools that exist to support implementation (include links if applicable)
 - d. What skills/expertise are needed to implement, manage and evaluate the innovation?
 - e. Infrastructure requirements include (e.g., technology infrastructure)
12. Using [Table 1](#) below, describe where the innovation is implemented currently and / or describe where it will be implemented; start date; brief description of the target population for the innovation and the potential areas of benefit; and the length of time the innovation has been sustained, reliable performance (if applicable); and the associated target population

Table 1: Innovation Site

Innovation Site (current or planned): Name and description of patient population	Start Date	Brief description of target population for the innovation (who have/may benefit from the innovation)	Brief description of areas of benefit for target population (e.g., improved pain, mental health, social, school, physical functioning)	Length of time of sustained, reliable performance

13. Briefly describe how the innovation supports or has the potential to support equitable access to care across children and youth populations and communities, including chronic pain populations who struggle to access care generally (*e.g., live in rural or remote areas*), *potentially at-risk or vulnerable populations (e.g., complex medical needs); First Nations, Inuit and Metis communities; immigrants; refugees; LGBTQ2+; Black Canadians; or other minority groups (maximum 200 words)*
14. Briefly describe how the innovation has or will involve partnership and / or engage different disciplines and care partners, including children/youth, their families, and other care partners. (*maximum 200 words*)
15. Briefly describe how the innovation has relevance to the Canadian context and policy-makers, clinical and professional leaders, senior health leaders, and patients and families (for example: addresses a gap in service). (*maximum 200 words*)

16. Please identify what level(s) of the stepped care continuum for which the innovation is relevant (check all that apply or specify “not sure”).

Level 1: whole population (online self-help [e.g., apps, educational websites])

Level 2: low needs (real-time peer support)

Level 3: moderate needs (real time psycho-educational workshop, expert-assisted e-supports [via app or website])

Level 4: high needs (ongoing/intensive real-time individual or group programming)

Level 5: complex needs (specialist consultation and care, tertiary clinic)

17. What works well with this innovation? (*maximum 200 words*)

18. What requires improvement? (*maximum 200 words*)

19. Briefly describe the estimated costs (actual or in-kind) that would be required to implement and manage the innovation in a current and / or proposed site. Your description could include estimates for personnel to manage the initiative; equipment; or supplies and service costs. In-kind costs are a non-monetary contribution and can include (for example) time people spend contributing to the management of the initiative, but where their work is compensated within their current salary. (*maximum 250 words*)

SECTION C: EVALUATION AND IMPACT

20. Is the evaluation of the innovation planned, in progress, or has it already taken place?

21. Complete [Table 2](#) below to identify measures that have been/will be used to assess the impact of the innovation. All measures should reflect what is important to children/youth, care partners, and other stakeholders and partners.

Table 2: Measures & Data Collection Methods to measure impact of innovation

Measure Name and Operational Definition	Data Collection Method: Frequency of Collection and Data Sources	Expected Change Over Time (e.g., increase, decrease, stay the same)
Outcome Measures: These are the main improvement outcomes you are trying to achieve.		
Process Measures: These are to ensure the improvement is having the intended effect. For example, number of staff who received education or training.		
Balancing Measures: These are to assess for unintended consequences. They should not change or should stay the same.		

22. With reference to Table 2 and the measures that can be used to assess impact of the innovation, answer the following questions:

a. Describe the current evidence or projected potential benefit for the innovation to support a virtual approach to chronic pain prevention and management for children and their families. (*maximum 250 words*)

b. How has or will the innovation improve the care experience of children/youth and/or care partners? (*maximum 250 words*)

23. Child/Youth Reach is defined as the total number of children or youth that will be enrolled / access or otherwise benefit from the innovation. The term “child / youth” applies to all people 18 years old and under receiving care or supports.

Please complete the table below to identify your target child/youth reach for your planned and/or current site(s).

Implementation site	Current or Targeted Reach - How many children/youth have you reached and/or do you anticipate reaching through spread of the innovation [in month/day/year]?

24. Have possible unintended consequences on safety, cost, effectiveness, equity or care experience been assessed? *(maximum 250 words)*
25. Describe the infrastructure and processes that need to be in place to collect, analyze and use data to evaluate the impact of the innovation. *(maximum 250 words)*

SECTION D: POTENTIAL FOR SUCCESSFUL SPREAD

26. Do you believe the innovation is ready for spread or will be suitable for spread? If yes, please describe why. *(maximum 200 words)*
27. Are you interested in supporting the spread of your innovation? If yes please describe the supports you could offer to help spread the innovation to another site (e.g., 1:1 calls with new potential sites; hosting virtual workshops or webinars; developing educational materials or standardized resources). *(maximum 200 words)*
28. What are the enablers/opportunities to further spread this innovation, including potential willingness of innovators, jurisdictions/communities, and/or need identified by children/youth and care partners? *(maximum 200 words)*
29. What are the potential barriers to further spread this innovation, and what are the potential solutions for the potential barriers? *(maximum 200 words)*
30. Do you have any partnerships or sponsorship agreements in place or that you could put in place/access that will support spread of the innovation? If yes, please describe your partnerships or sponsorship agreements. *(maximum 200 words)*

SECTION E: POTENTIAL FOR LONG TERM SUCCESS AND SUSTAINABILITY

Sustainability has been achieved when new ways of working and improved outcomes have become the norm; work culture has shifted so the change is part of daily practice, rather than the initiative continuing to be a new, “add-on”; gains from the innovation are maintained without reverting to previous ways of doing things; continued involvement of the innovation; many people continue to benefit from the improvement.

31. What partners, strategic committees and working groups are in place/can be put in place to support long-term success? *(maximum 200 words)*
32. What senior leadership/organizational commitment is required for long-term success of this innovation? *(maximum 200 words)*

33. What ideas do you have to standardize and embed the new practice as well as set new expectations for care/support? This can include creating easy to use and accessible checklists, policies, and clinical guidelines. New ways of doing things should be built into new employee orientation, job descriptions, policies and processes, and old ones discontinued. *(maximum 200 words)*

SECTION F: OTHER

34. Please share any additional information that you feel is important for reviewers to know. *(maximum 300 words)*

APPENDIX B: SKIP CONFLICT OF INTEREST (COI) CONSIDERATIONS AND LIST OF SKIP BOARD OF DIRECTORS

Applicants are asked to consider the following in assessing potential conflict of interest:

Conflict of interest means generally any situation in which an employee, director, officer or agent of SKIP, or an applicant or a registrant to SKIP has or promotes an interest which results in or may be reasonably perceived to result in:

- an interference with the objectivity with which the employee, director, officer, applicant, registrant or agent is expected to exercise responsibilities and duties to and on behalf of SKIP; and/or
- an advantage or material gain to the employee, director, officer, applicant, registrant or agent, and/or to other persons with whom the employee, director, officer, applicant, registrant or agent does not deal at arm's length, by virtue of the relationship of the employee, director, or agent to SKIP.

SKIP Board of Directors:

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