Raising the bar:
A critical time for bold leadership

June 2 - 3, 2014    |    Banff, Alberta
www.nhlc-cnls.ca
QUALITY OF LIFE MEANS CARE FROM MINUTE ONE.

Sodexo is proud to sponsor the National Health Leadership Conference.

From building operations and maintenance to environmental services; from patient and retail food services to customer service centres; and from clinical technology management to laundry and linen services; Sodexo is dedicated to providing Quality of Life Services that contribute to a healthy patient experience, from the minute they entrust their health to a health care institution and all the interactions along the way.

To learn more about our Quality of Life Services please visit www.sodexo.ca
Our sponsors

The National Health Leadership Conference gratefully acknowledges the generous support of its sponsors.

Title sponsor 2014 - 2018

sodexo
QUALITY OF LIFE SERVICES

Gold

Silver

Bronze

Directed

Sponsors 1  |  Objectives, Expected outcomes and Conference overview 2  |  Welcome from the conference partners 3  |  Conference host 4  |  Plenary speakers 6  |  Program-at-a-glance 7  |  General information 10  |  Conference program 13  |  Poster sessions 41  |  Committees 45  |  Floorplans 47  |
Objectives

• Provide a forum to enrich health leadership practices and innovations;
• Showcase leading practices and their success;
• Share issues of common interest in the areas of accountability, effectiveness and transparency in the health system;
• Address the challenges facing both policy-makers and health leaders in changing health service;
• Discuss types of innovation and new technologies that can transform health systems; and
• Identify effective ways to execute and sustain complex changes.

Expected Outcomes
Conference participants will:
• Come away with practical ideas to bring to their work settings;
• Build strong networks and engage in challenging conversations;
• Gain insight on what it takes to be an effective leader;
• See and hear improvement innovations from across Canada and beyond; and
• Be better equipped to address system transformation challenges.

Conference overview
The conference will use interactive sessions to engage participants in discussion and knowledge sharing. The program will offer varied concurrent sessions allowing participants to pursue their particular areas of interest and expertise. To this end, the conference will offer the following types of sessions:
• Plenary presentations will focus on the various aspects of leadership, system transformation and improved patient experience and will engage participants in discussion;
• Concurrent sessions will feature panel presentations, workshops and oral abstract presentations, grouped by theme. Adequate time will be allotted for audience participation through questions and answers; and
• Posters will be displayed Monday and Tuesday with authors available to respond to questions during both networking breaks on Monday and during the morning networking break on Tuesday.
Welcome from the conference partners

We are pleased to co-host the 2014 National Health Leadership Conference (NHLC) and welcome you to this prestigious event.

This conference is the largest national gathering of health system leaders in Canada and provides a forum for questions, debate and sharing strategies and solutions to the most pressing health system challenges. This year’s theme is **Raising the bar: A critical time for bold leadership** and builds on the 2013 theme, **From rhetoric to action: Achieving person and family-centered health systems**.

International rankings of health system performance have rated Canada’s cherished healthcare system as a middle-of-the-pack performer, at best. Canadian health leaders and commentators are increasingly pointing out that Canada’s system is underperforming and expensive by international standards. How can Canada shed mediocrity and achieve excellence? Are we ready to raise the bar?

The 2014 National Health Leadership Conference issues a challenge to Canada’s health system leaders: **What will it take to make Canadian healthcare a top performer?** Evidence shows that leadership must play a critical role in improving health system performance. Although many factors determining the success of the health system lie outside the sphere of influence of health leaders, bold and courageous leadership is fundamental for driving excellence.

As such, bold leadership in action is the focus of the conference. Despite the barriers we all face in making significant change, there are many illustrations of health leaders, organizations and systems that are boldly and successfully addressing challenges and achieving breakthroughs in performance and service excellence. What strategies are they using? Who is driving the change? Why is it successful? What can we learn from their experiences? Their success stories and lessons learned will inspire you to reflect on your challenges and assess how you can make a difference in the environment that you are serving in. In coming to the conference, we challenge each of you to share your own stories of success.

Championing and orchestrating change requires active participation of all stakeholders, such as providers, patients, governments, trustees and staff. At a time of intense urgency for improvement, leaders must navigate these interests and actively contribute to change processes, recognizing that real improvement will only be possible by boldly working together.

We are pleased to offer the nursing leadership stream again this year as part of our overall program. This stream provides an opportunity to showcase nursing leadership initiatives as well as provide nurses the opportunity to dialogue with healthcare leaders in other disciplines.

We encourage you to foster new ideas and partnerships by sharing experiences, guiding new initiatives and discovering creative solutions to ensure a healthy future for all Canadians.

**Enjoy the conference!**

Ray J. Racette, MA, CHE
President and CEO
Canadian College of Health Leaders

Bill Tholl, MA, ICD.D
President and CEO
HealthCareCAN
Conference host
It is my pleasure to welcome you to the 2014 National Health Leadership Conference - Raising the bar: A critical time for bold leadership.

We have an outstanding plenary program planned for you. Dr. Bridget Duffy will speak about the attributes required to be a bold leader and the importance of building high action teams to create sustainable improvement. Dr. Paige Moorhouse and Dr. Laurie Mallery will speak about the success of the Palliative and Therapeutic Harmonization (PATH) program, an innovative and award winning model to improve appropriateness of care and resource utilization across the healthcare continuum. Maura Davies, Bonnie Brossart and Suann Laurent will share Saskatchewan’s strategy and their successes to date for transforming their health system using the Lean Management System. Dr. Joseph Michelli will close the conference with a final call to action sharing his expertise on leadership and how to motivate and empower your teams to make the changes required to improve Canada’s health system.

Our concurrent sessions include oral abstracts, panels and workshops; they are the perfect opportunity to learn from and engage in dialogue with leaders from across the country. Poster presentations highlight innovative collaborations, best practices, successful transformation processes, and much more.

This two day conference is a wonderful way to learn from and network with the best leaders in health.

Nestled amongst the peaks of the Canadian Rockies, Banff is known as a traveler’s mecca for good reason. As the first national park established in Canada and a coveted UNESCO World Heritage Site, what makes Banff National Park so special is its combination of vast unspoiled wilderness, mountain lakes like Lake Louise, and the gateway to it all: the Town of Banff. With 1,600 kilometres of trails, two gondolas, an exciting heritage and more dining options and activities than you have time for, Banff National Park is a premier destination for authentic hospitality and outdoor exploration.

I look forward to meeting you and to your active participation.
Janet Davidson was appointed Deputy Minister of Alberta Health on September 10, 2013. She comes to this role with over 30 years of experience in healthcare in the government, voluntary and hospital/community sectors in a number of Canadian jurisdictions.

She has also worked internationally in humanitarian relief and development. Until recently, she was the Official Administrator of Alberta Health Services. Prior to that, she was the Canadian Executive and Industry Specialist with KPMG’s Global Healthcare Practice. From 2007 to 2011, Janet was President and Chief Executive of Trillium Health Centre in Mississauga, where she led them through to the successful merger with the Credit Valley Hospital, creating the largest community academic hospital in the country.

Janet has a wealth of experience in all aspects of healthcare policy and planning, management and operations. She is a well recognized and respected healthcare executive with a reputation for working with key stakeholders to achieve outstanding results: individually, organizationally, and more broadly at the community level. She has gained a reputation as an outstanding leader and facilitator and has been called upon to lead and/or support major transformational initiatives including: hospital turnarounds, mergers, governance and operational reviews, clinical redesign, development and implementation of health manpower strategies, and design and implementation of healthcare funding mechanisms. She has also been extensively involved in global humanitarian work and served for 10 years in a senior governance capacity with the International Red Cross and Red Crescent Movement in Geneva, first as a Vice President (Americas) and then as Vice Chair of the Standing Commission, its highest deliberative body.

Janet trained as a nurse at Toronto East General Hospital. She received a Bachelor of Nursing Science from the University of Windsor and a Master’s in Health Services Administration from the University of Alberta. She is a graduate of the Institute of Corporate Directors’ Education program, the UC Berkeley School of Public Health’s Global Health Leadership program and has an Honorary Doctor of Law Degree from the University of Windsor. She has received alumnai recognition awards from Branksome Hall School and the universities of Windsor and Alberta. She is an Officer of the Order of Canada and has been named twice to the list of Canada’s Top 100 Most Powerful Women. In 2011 and 2012 Janet was also named as one of Canada’s Top 25 Most Influential Women. She sits on the board of the Canadian Institute for Health Information, and chairs their Governance Committee. Other board experience includes service on the board of the Ontario Institute for Cancer Research and as the immediate past chair of the Ontario Hospital Association.
Plenary speakers

Monday, June 2, 2014  |  09:10 – 10:15
Bold leaders in action: Creating a culture that humanizes care and improves outcomes
Van Horne Ballroom
Bridget Duffy – Chief Medical Officer, Vocera

Monday, June 2, 2014  |  15:30 – 17:00
The Palliative and Therapeutic Harmonization Program (PATH)
Van Horne Ballroom
Laurie Mallery – Co-founder, Palliative and Therapeutic Harmonization Program (PATH)
Paige Moorhouse – Co-founder, Palliative and Therapeutic Harmonization Program (PATH)

Tuesday, June 3, 2014  |  09:00 – 10:30
Thinking and acting like one: The Saskatchewan Lean Management System
Van Horne Ballroom
Maura Davies, FCCHL – President and CEO, Saskatoon Health Region
Bonnie Brossart – CEO, Health Quality Council (Saskatchewan)
Suann Laurent – President and CEO, Sunrise Regional Health Authority

Tuesday, June 3, 2014  |  15:45 – 16:50
Leading cultures of excellence – From vision to legacy
Van Horne Ballroom
Joseph Michelli – Author, *The Starbucks Experience: 5 Principles for Turning Ordinary into Extraordinary*
## Program-at-a-glance

### Sunday, June 1, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 17:30</td>
<td>Registration</td>
<td>Van Horne Foyer</td>
</tr>
<tr>
<td>13:00 – 15:00</td>
<td>CCHL – Annual general meeting and ceremonies</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td>15:00 – 16:00</td>
<td>CCHL Reception</td>
<td>Baron Shaughnessy Room</td>
</tr>
<tr>
<td>16:00 – 17:30</td>
<td>HealthCareCAN – Annual general meeting and reception</td>
<td>Cascade Ballroom</td>
</tr>
<tr>
<td>17:30 – 23:00</td>
<td>CCHL – National Awards Gala (Pre-registration required)</td>
<td>Mount Stephen Hall / Alhambra Ballroom</td>
</tr>
</tbody>
</table>

### Monday, June 2, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 17:30</td>
<td>Registration</td>
<td>Van Horne Foyer</td>
</tr>
<tr>
<td>07:15 – 08:15</td>
<td>[Breakfast Sessions (Pre-registration mandatory)]</td>
<td>Alhambra Room</td>
</tr>
<tr>
<td>07:15 – 08:15</td>
<td>Continental breakfast – Exhibits and poster viewing</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
<tr>
<td>08:30 – 09:10</td>
<td>PLENARY Welcome and opening ceremonies</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td>09:10 – 10:15</td>
<td>PLENARY Bold leaders in action: Creating a culture that humanizes care and improves outcomes</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>Networking break – Exhibits and poster viewing</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
<tr>
<td>10:45 – 11:45</td>
<td>Concurrent sessions</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
</tbody>
</table>

**Types of presentations:**
- Oral abstract presentations
- Panel
- Workshop

**LEADS domains:**
- LS - Lead Self
- EO - Engage Others
- AR - Achieve Results
- DC - Develop Coalitions
- ST - Systems Transformation

**Target audience:**
- Emerging leaders
- Senior leaders
- Middle managers
- Nursing leadership
- Applicable to all

**Simultaneous interpretation:**
- CHE – Certified Health Executive®
- FCCHL – Fellow of the Canadian College of Health Leaders

HealthCareCAN: The newly merged, Canadian Healthcare Association / Association of Canadian Academic Healthcare Organizations
### Luncheon
Presentation of the Robert Wood Johnson Awards
Sponsored by: Johnson & Johnson Medical Companies

**11:45 – 13:15**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45 – 13:15</td>
<td>Luncheon</td>
<td>Van Horne Ballroom</td>
</tr>
</tbody>
</table>

**Sponsored by: Johnson & Johnson Medical Companies**

### Concurrent Sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30 – 15:00</td>
<td>10. Mental health delivery models (introductory/intermediate)</td>
<td>Sir Edward Beatty Room</td>
</tr>
<tr>
<td></td>
<td>11. Indigenous health panel: Leadership that promotes cultural safety (intermediate)</td>
<td>Ivor Petrak Room</td>
</tr>
<tr>
<td></td>
<td>12. Hardwiring improvement to achieve exceptional outcomes: Staff as leaders driving performance (intermediate)</td>
<td>Theatre</td>
</tr>
<tr>
<td></td>
<td>13. Unlocking your hidden leaders to implement change (intermediate)</td>
<td>Cascade Ballroom</td>
</tr>
<tr>
<td></td>
<td>14. The development of Health Links: Partnering towards a regional system of care (intermediate)</td>
<td>Alberta Room</td>
</tr>
<tr>
<td></td>
<td>15. Leading for transformation – lessons learned – Saskatchewan leadership program (intermediate)</td>
<td>Alhambra Room</td>
</tr>
<tr>
<td></td>
<td>16. Lessons learned from the Northwest Territories’ experience leading improvement in chronic disease management (intermediate)</td>
<td>D.C. Coleman Room</td>
</tr>
<tr>
<td></td>
<td>17. Ethical resource allocation – Part 2 (intermediate)</td>
<td>New Brunswick Room</td>
</tr>
<tr>
<td></td>
<td>18. Engaging others (introductory/intermediate)</td>
<td>Baron Shaughnessy Room</td>
</tr>
</tbody>
</table>

**15:00 – 15:30**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00 – 15:30</td>
<td>Networking break – Exhibits and poster viewing</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
</tbody>
</table>

**Sponsored by: Pivotal Research Inc.**

**15:30 – 17:00**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 – 17:00</td>
<td>PLENARY The Palliative and Therapeutic Harmonization Program (PATH)</td>
<td>Van Horne Ballroom</td>
</tr>
</tbody>
</table>

**17:00 – 18:30**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>17:00 – 18:30</td>
<td>Chairs’ reception</td>
<td>Van Horne Foyer</td>
</tr>
<tr>
<td>18:30 – 22:30</td>
<td>MountView barbeque dinner (Pre-registration mandatory)</td>
<td>Main Lobby</td>
</tr>
</tbody>
</table>

Meet in Main Lobby at 18:15 for 18:30 departure.

### Tuesday, June 3, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 17:00</td>
<td>Registration</td>
<td>Van Horne Foyer</td>
</tr>
<tr>
<td>07:30 – 08:30</td>
<td>BREAKFAST SESSIONS (Pre-registration mandatory)</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>07:30 – 08:45</td>
<td>Continental breakfast – Exhibits and poster viewing</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td><strong>PLENARY</strong> Thinking and acting like one: The Saskatchewan Lean Management System</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td></td>
<td><strong>Sponsored by: HIROC</strong></td>
<td></td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Networking break – Exhibits and poster viewing</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>◆ <strong>AR</strong> 19. Wait times (advanced)</td>
<td>New Brunswick Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>ST/AR</strong> 20. Resource allocation (intermediate)</td>
<td>Alberta Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>ST/DC</strong> 21. Pharmaceutical and drug management solutions (introductory)</td>
<td>Ivor Petrak Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>ST</strong> 22. Leading lean: Implications for boards and senior leaders (advanced)</td>
<td>Cascade Ballroom</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>AR</strong> 23. Decision-making (intermediate/advanced)</td>
<td>Alhambra Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>DC/ST</strong> 24. Develop coalitions (intermediate/advanced)</td>
<td>Sir Edward Beatty Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>DC/ST</strong> 25. Systems transformation (intermediate/advanced)</td>
<td>Theatre</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>ST</strong> 26. Workforce solutions (introductory/intermediate)</td>
<td>Baron Shaughnessy Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>LS</strong> 27. Health leaders coaches’ corner (Pre-registration mandatory)</td>
<td>D.C. Coleman Room</td>
</tr>
<tr>
<td></td>
<td><strong>Sponsored by: Roche</strong></td>
<td></td>
</tr>
<tr>
<td>12:00 – 13:30</td>
<td>Luncheon</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td></td>
<td>Presentation of 3M Health Care Quality Team Awards</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Sponsored by: 3M Health Care</strong></td>
<td></td>
</tr>
<tr>
<td>13:45 – 15:15</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>◆ <strong>ST</strong> 28. Quality and evidence-based Canadian healthcare through integration of health research (introductory)</td>
<td>Theatre</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>AR</strong> 29. Project sponsor bootcamp: Project sponsorship strategies targeted to delivering projects in a resource constrained environment (intermediate)</td>
<td>Alberta Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>DC</strong> 30. Paths to knowledge (intermediate)</td>
<td>New Brunswick Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>EO</strong> 31. Leadership styles in healthcare: Helping or hindering our ability to bend the cost curve? (intermediate)</td>
<td>Cascade Ballroom</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>EO</strong> 32. Minobimaadizing: At the place of good living – Developing a North Shore Tribal Council community-driven primary health services delivery model (introductory)</td>
<td>Sir Edward Beatty Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>EO</strong> 33. Planning and piloting a physician quality improvement initiative: The PQII panel (advanced)</td>
<td>Ivor Petrak Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>AR</strong> 34. Bold, innovative leadership achieving results, while igniting pride and passion in its people (intermediate)</td>
<td>Alhambra Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>AR/LS</strong> 35. Community and home care (introductory/intermediate)</td>
<td>Baron Shaughnessy Room</td>
</tr>
<tr>
<td></td>
<td>◆ <strong>LS</strong> 36. Health leaders coaches’ corner (Pre-registration mandatory)</td>
<td>D.C. Coleman Room</td>
</tr>
<tr>
<td></td>
<td><strong>Sponsored by: Roche</strong></td>
<td></td>
</tr>
<tr>
<td>15:45 – 16:50</td>
<td><strong>PLENARY</strong> Leading cultures of excellence – From vision to legacy</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td>16:50 – 17:00</td>
<td><strong>PLENARY</strong> Closing remarks</td>
<td>Van Horne Ballroom</td>
</tr>
</tbody>
</table>

**Types of presentations:**
- Oral abstract presentations
- Panel
- Workshop

**LEADS domains:**
- **LS** - Lead Self
- **EO** - Engage Others
- **AR** - Achieve Results
- **DC** - Develop Coalitions
- **ST** - Systems Transformation

**Target audience:**
- Emerging leaders
- Senior leaders
- Middle managers
- Nursing leadership
- Applicable to all

- Simultaneous interpretation
- CHE – Certified Health Executive®
- FCCHL – Fellow of the Canadian College of Health Leaders
General information

Simultaneous interpretation
Simultaneous interpretation will be provided for plenary sessions only. Sessions with interpretation are identified with a headset 🎧. Headsets will be available at the Interpretation Services Desk situated in the Van Horne Ballroom. Delegates will be required to leave a credit card number as a deposit until the headset is returned. Concurrent sessions will be presented in the language of submission.

Abstracts
Abstracts are available on the conference website (if the author(s) has (have) given authorization to publish) at www.nhlc-cnls.ca. Presenting authors are identified in **bold** in the program.

NHLC mobile app
The NHLC mobile app is complimentary and features conference and personalized scheduling, person-to-person messaging, live alerts and updates, conference sessions and general evaluation and much more. Be sure to create your profile and make the most of networking opportunities. You simply have to scan this QR code above and all the event information is automatically saved to your device.

Excellence in health leadership awards
We are pleased to profile the 2014 recipients from the Canadian College of Health Leaders’ national awards programs. Please be sure to visit our **Excellence in health leadership** area located in the Riverview Lounge. Award winners will be pleased to discuss their achievements during the networking breaks on Monday and the morning networking break on Tuesday.

Maintenance of certification (MOC)
Attendance at this conference entitles certified Canadian College of Health Leaders members (CHE/Fellow) to **10 MOC Category I credits** for the conference and **1 Category I credit** for the breakfast session on Monday, June 2nd and **1 Category I credit** for the breakfast session on Tuesday, June 3rd toward their maintenance of certification requirement.

Breakfast sessions
Attendance at the breakfast sessions is by pre-registration only. For those not registered for a breakfast session, continental breakfast is available in Van Horne Foyer and the Riverview Lounge on Monday and Tuesday.

Refreshment breaks / Posters and exhibits
Continental breakfast will be offered at 07:15 on Monday and 07:30 on Tuesday in the exhibit area situated in Van Horne Foyer and in the poster area situated in the Riverview Lounge. Coffee, tea and juice will be offered during the morning and afternoon networking breaks.
**Badge identification**

Badges are colour-coded based on registration category and allow admission to all program sessions, refreshment breaks, Monday and Tuesday luncheons and the Chairs’ reception. Delegates must wear their name badge to gain admission to these events. Colour code designations are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full conference</td>
<td>Blue</td>
</tr>
<tr>
<td>Monday only</td>
<td>Purple</td>
</tr>
<tr>
<td>Tuesday only</td>
<td>Red</td>
</tr>
<tr>
<td>Speakers</td>
<td>Green</td>
</tr>
<tr>
<td>Exhibitors</td>
<td>Black</td>
</tr>
<tr>
<td>Media</td>
<td>Orange</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Teal</td>
</tr>
<tr>
<td>Staff</td>
<td>Yellow</td>
</tr>
</tbody>
</table>

Board members of the Canadian College of Health Leaders (College) and HealthCareCAN (the newly merged organizations of the Canadian Healthcare Association / Association of Canadian Academic Healthcare Organizations), past chairs, sponsors, award winners, College chapter chairs and host chapter executives are identified with a ribbon.

**Conference etiquette**

We are pleased to offer a smoke-free environment. We ask for your cooperation in refraining from wearing scented products in consideration of those who may have severe allergies. All wireless devices should be turned off or set to vibrate during sessions.

**Messages**

There will be no paging of participants. Individuals wishing to contact conference participants should leave a message at their hotel. A message board will also be available by the Registration and Information Desk.

**Hotel information**

**Fairmont Banff Springs**
405 Spray Avenue
Banff, Alberta T1L 1J4
Tel: 403-762-6866

**Delta Banff Royal Canadian Lodge**
459 Banff Avenue
Banff, Alberta T1L 1B4
Tel: 403-762-3307

**The Banff Centre**
107 Tunnel Mountain Dr.
Banff, Alberta T1L 1H5
Tel: 403-762-6308

**Registration and information desk hours**

**Van Horne Foyer, Conference Centre**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, June 1</td>
<td>12:00 – 17:30</td>
</tr>
<tr>
<td>Monday, June 2</td>
<td>07:00 – 17:30</td>
</tr>
<tr>
<td>Tuesday, June 3</td>
<td>07:00 – 17:00</td>
</tr>
</tbody>
</table>
THE COMMONWEALTH FUND invites interested applicants to apply for the 2015–16 Harkness Fellowships. Established in 1925 and modeled after the Rhodes Scholarships, the Harkness Fellowships provide a unique opportunity for mid-career professionals—academic researchers, government policymakers, clinical leaders, hospital and insurance managers, and journalists—from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, and the United Kingdom to spend up to 12 months in the United States working with leading U.S. experts to study health care delivery reforms and critical issues on the health policy agenda in both the U.S. and their home countries. The Commonwealth Fund brings together the full class of Fellows throughout the year to participate in a series of high level policy briefings and leadership seminars with U.S. health care leaders.

All applicants must submit a formal application, including a research proposal that falls within the scope of The Commonwealth Fund’s mission to support a high-performing health care system. Guided by its overall mission, the Fund’s priority areas include: expanding access to affordable health insurance coverage; transforming the health care delivery system to improve patient outcomes and control costs through payment reform, primary care, and integrated care systems, with a particular focus on the sickest and most vulnerable patients (e.g., frail elderly patients with multiple chronic illnesses, those with the highest health care costs, and those with low incomes and complex health and social care needs); learning from successful international delivery system innovations; and identifying and evaluating ‘Breakthrough Opportunities’—the kinds of game-changing ideas that can potentially disrupt the current health care system in positive ways.

Through its network of contacts, the Fund will help identify and place Fellows with mentors who are experts in the policy areas to be studied, e.g., at Harvard University, Johns Hopkins University, Kaiser Permanente, Institute for Healthcare Improvement (IHI), and Partners Healthcare System. Harkness Fellows have published their findings in leading journals, including: BMJ, Health Affairs, New England Journal of Medicine, JAMA, Health Policy, and the International Journal for Quality in Health Care. Building on their fellowship experiences, Harkness Fellows have moved into senior positions within academia, government, and health care delivery organizations, making valuable contributions to health policy and practice at home and in the United States.

Each fellowship will provide up to U.S. $119,000 in support, with an additional supplemental family allowance (approximately $55,000 for partner and two children up to age 18).

APPLICATION DEADLINES

NOVEMBER 17, 2014 FOR APPLICATIONS FROM CANADA

VISIT www.commonwealthfund.org/fellowships for more details and to apply.

CONTACT Robin Osborn, vice president and director, International Program in Health Policy and Practice Innovations, at ro@cmwf.org to inquire about the program, eligibility, and proposed projects.
Conference program

SUNDAY, JUNE 1, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 17:30</td>
<td>Registration</td>
<td>Van Horne Foyer</td>
</tr>
<tr>
<td>13:00 – 15:00</td>
<td>CCHL – Annual general meeting and ceremonies</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td>15:00 – 16:00</td>
<td>CCHL Reception</td>
<td>Baron Shaughnessy Room</td>
</tr>
<tr>
<td>16:00 – 17:30</td>
<td>HealthCareCAN – Annual general meeting and reception</td>
<td>Cascade Ballroom</td>
</tr>
<tr>
<td>17:30 – 23:00</td>
<td>CCHL – National Awards Gala (Pre-registration mandatory)</td>
<td>Mount Stephen Hall / Alhambra Ballroom</td>
</tr>
</tbody>
</table>

MONDAY, JUNE 2, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 17:30</td>
<td>Registration</td>
<td>Van Horne Foyer</td>
</tr>
<tr>
<td>07:15 – 08:15</td>
<td>BREAKFAST SESSIONS (Pre-registration mandatory)</td>
<td></td>
</tr>
</tbody>
</table>

Achieving the ‘Triple Aim’ in Canada

The ‘Triple Aim’ – better population health, better care experience and lower per capita cost of care – is a goal of health systems in Canada and around the world. The Canadian Foundation for Healthcare Improvement (CFHI) – an organization dedicated to accelerating healthcare improvement across Canada – is supporting nine Canadian teams participating in the Institute for Healthcare Improvement’s (IHI’s) 2013-14 Triple Aim Improvement Community (TAIC). At this breakfast session, teams participating in the TAIC will share insights on how they have implemented the Triple Aim in the Canadian context, with a particular focus on high needs, high risk and high cost patient populations.

**Speakers**

Jennifer Verma – Senior Director, Collaboration for Innovation and Improvement, CFHI
Kaye Phillips – Director, Evaluation and Performance Improvement, CFHI
Crispin Kontz – Manager, Support and Clinical Systems, Primary Care and Chronic Disease Management, Alberta Health Services (Edmonton Zone)
R. Sacha Bhatia – Director, Institute for Health System Solutions and Virtual Care, Women’s College Hospital, Toronto, ON
Sharon Lehr – Chief Performance Officer, Eastern Health, NL
A Canadian health leadership action plan and benchmarking metrics  

New Brunswick Room

Canada’s health system performance continues to lag relative to other G-8 countries. Turnover and rapid change are a constant across every jurisdiction. Aging demographics but also increased scrutiny and public accountability of our leaders are making it difficult to attract and retain talent. The good news is leadership has now been acknowledged as a key enabler of improved organizational and system performance. Over the past year, an ad hoc working group has been working to better understand key issues and develop a consensus around a pan-Canadian strategy to grow leadership capacity toward improving performance and quality. Come join us to hear the results of a national benchmarking study and the proposed health leadership action plan. See chlnet.ca for the working paper.

Speakers
Graham Dickson – Senior Policy Advisor, Canadian Health Leadership Network
Brian O’Rourke – Co-Chair, CHLNet and CEO, Canadian Agency for Drugs and Technologies in Health

Bold Leadership  

Cascade Ballroom

What will it take to achieve excellence in our health system? Join André Picard and Bill Tholl, with representatives from HealthCareCAN (the merged Canadian Healthcare Association and the Association of Canadian Academic Healthcare Organizations) over breakfast to explore leadership excellence and health system transformation. A noted author and journalist specializing in health and social policy, André will start the conversation by highlighting examples of bold leadership and innovation across our health system, notably, what works, what doesn’t and why. Who is best positioned to facilitate the spread of innovations aimed at improving the health system? How is your organization responding to the challenge? How are you making a difference?

Speakers
André Picard – author and journalist specializing in health and social policy, The Globe and Mail
Bill Tholl – President and CEO - HealthCareCAN

Mentorship and the key role it plays in connecting leaders, building leadership capacity and developing talent  

Sir Edward Beatty Room

Hear from experienced health leaders about the impact of mentorship on personal and professional growth. Learn how your organization can use mentorship and harness its benefits to positively impact succession planning and talent management. The College’s National Mentorship Program, designed based on leading practices, will be showcased.

Speakers
Maureen Cava, FCCHL – Manager, Professional Development and Education, Toronto Public Health
Rob Devitt, CHE – President and CEO, Toronto East General Hospital
Cindy MacBride – Manager, Awards and Sponsorship, Canadian College of Health Leaders
Ray Racette, CHE – President and CEO, Canadian College of Health Leaders

Sponsored by: Roche
Mobile health: from starting to sustaining mHealth initiative

The use of mobile health (mHealth) technologies by consumers and patients has gathered tremendous momentum. Canadians are using mobile devices and apps to support their health and to monitor their health conditions in record numbers and the near ubiquity of smartphones has spawned a growing industry of digital health and wellness solutions marketed directly to consumers. Similarly, clinicians are using mobile devices to view patient records, order clinical tests and services as well as coordinate care. Join this Canada Health Infoway sponsored session to learn how the adoption of mHealth technologies is driving innovation and enabling transformation of healthcare delivery as well as optimizing clinical processes. Learn about current initiatives that are allowing Canadians to use technology to better manage their health and discuss policy and other implications of the substantive shift to mobile health computing.

**Speaker**

Jim Mickelson – Executive Regional Director, West, Canada Health Infoway

Susan Anderson – ADM and CIO, Health Information Technology and Systems Division, Alberta Health and Wellness

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:15 – 08:15</td>
<td>Continental breakfast – Exhibits and poster viewing (No pre-registration required)</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
<tr>
<td>08:30 – 09:10</td>
<td>PLENARY Welcome and opening ceremonies</td>
<td>Van Horne Ballroom</td>
</tr>
<tr>
<td>09:10 – 10:15</td>
<td>PLENARY Bold leaders in action: Creating a culture that humanizes care and improves outcomes</td>
<td>Van Horne Ballroom</td>
</tr>
</tbody>
</table>

The focus in healthcare today is on quality, safety, cost reduction and satisfaction. Coupled with the growing volume and acuity of patients and competing priorities, there is rising burnout and fatigue of the workforce globally. The organizations that will thrive in this environment have leaders that are focused on two things; creating a culture of efficiency plus empathy and optimizing the staff and patient experience. Dr. Bridget Duffy has spent over twenty years defining the components of an optimal healing environment. Her passion is to assist organizations in improving quality, reducing cost, and restoring humanity and joy back to the field of medicine. Please join her as she shares case studies and stories of bold leaders and the impact they have had on their organizations. Attendees should leave this session with a checklist of attributes of bold leaders and tasks that they can do on Monday to raise the bar in their organization. Dr. Duffy will instill a sense of urgency, challenge you to mentor bold leaders and provide solutions to overcome obstacles while disrupting the status quo. She will also provide tactics to restore relationships and humanity back to healthcare, improve communication, care team coordination, and patient, family and staff experience.

**Speaker**

Bridget Duffy – Chief Medical Officer, Vocera

**Sponsored by: Sodexo**

Dr. Bridget Duffy is the Chief Medical Officer (CMO) of Vocera. Vocera provides breakthrough mobile communication technologies and solutions that address critical communication challenges faced in healthcare today.

Prior to her appointment as CMO at Vocera, Dr. Duffy founded and served as Chief Executive Officer of ExperiaHealth, a company whose mission is to assist organizations in rapidly improving staff and patient loyalty through innovative technologies and solutions that restore the human connection to healthcare. ExperiaHealth was acquired by, and currently operates as a subsidiary of Vocera.

Dr. Duffy previously served as Chief Experience Officer (CXO) of the Cleveland Clinic — the first senior position of its kind in the nation — leading the institution in improving patient experience as its top strategic priority. She is a frequent speaker on the subject of why patient experience matters and how it impacts clinical outcomes. Her work has earned her the Quantum Leap Award for taking the risk to spur internal change in her field and has led her to be featured in *HealthLeaders* magazine as one of “20 People Who Make Healthcare Better.”
Dr. Duffy has been an innovator in healthcare throughout her 20-year career. Her work has included creating one of the nation’s first hospitalist programs, leading the movement to integrate complementary therapies with traditional medical therapies to improve health outcomes and helping establish the Earl and Doris Bakken Heart Brain Institute. Dr. Duffy attended medical school at the University of Minnesota, and completed her residency in internal medicine at Abbott Northwestern Hospital in Minneapolis, Minnesota.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15 – 10:45</td>
<td>Networking break – Exhibits and poster viewing</td>
<td>Van Horne Foyer / Riverview Lounge</td>
</tr>
<tr>
<td>10:45 – 11:45</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ST/DC</strong> Session 1</td>
<td><strong>Achieving better health outcomes (advanced)</strong></td>
<td>Cascade Ballroom</td>
</tr>
<tr>
<td>This session includes a presentation on how senior health leaders are integrating the population health approach into operational planning and decision-making and a presentation featuring practical ideas to provide interprofessional team-based dialogues bringing multiple players together to deliver person-centered care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Abstracts</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Integrating the population health approach into Canadian healthcare: Looking to leadership and champions  
  *Jean Harvey, Deborah Cohen* – Canadian Institute for Health Information  
  *Tai Huynh* – Toronto General Hospital, University Health Network  
  *Cory Neudorf* – Saskatchewan Health Region  
  *Adalsteinn Brown* – University of Toronto  |
| Empowering a systems approach to change – Boldly for better health outcomes  
  *Patricia Maxwell, CHE* – Saint Elizabeth Health Care  
  *Thuy-Nga (Tia) Pham* – Toronto East General Hospital  
  *Pauline Pariser* – University Health Network / Taddle Creek Family Health Team |
| **DC/EO** Session 2 | **Innovative partnerships and collaboration (intermediate)** | Theatre |
| This session will focus on innovative collaboration to leadership development aimed at leveraging best practices to increase leadership capacity and on how an organization engaged staff to create a new vision and values to form the foundation of their future. |
| **Abstracts**   |                                                        |                                 |
| Working across boundaries: An innovative approach to building leadership  
  *Sandra Smith, CHE* – Southlake Regional Health Centre  
  *Andrea Plotnick* – Hay Group  
  *Franca Hoda* – Humber River Hospital  
  *Leah Martuscelli* – Mackenzie Health  |
| Making a difference in tough times  
  *Georgina MacDonald* – Island Health |
| **ST** Session 3 | **Patient Experience (intermediate)** | Ivor Petrak Room |
| This session will showcase a cross-sectoral strategy aimed at improving integration with primary care physicians to reduce emergency department visits and hospitalizations as well as a transformational patient care redesign aimed at enhancing the workplace environment, patient outcomes and being fiscally responsible. |
| **Abstracts**   |                                                        |                                 |
| Seamless care optimizing the patient experience (SCOPE)  
  *Pauline Pariser, Kaitlin Pattrick, Mary Kay McCarthy, Laura Pus* – University Health Network  |
| Patient care redesign: An evidence-based approach to creating healthy work environments and improving patient experiences  
  *Tiziana Rivera, Jo-anne Marr, CHE, Meredith Whitehead* – Mackenzie Health  
  *Claire Mallette* – York University |
**ST Session 4**  **Bold Leadership Development on a National Scale: LEADS Initiatives in Australia, and Connections to Canada**

Quality leadership is vital to successfully shifting the focus of disparate health sectors from sickness to wellness; to a people-centered, more effective and sustainable system. Many countries are seeking deep and compelling transformation to ensure all parts of the health system work together toward the same outcomes. With no one-size-fits-all approach, each country needs to build leadership consistent with their constitutional context.

This session will explore efforts in Canada, a decentralized system and Australia, a semi-centralized model. Both countries show a convergence around LEADS-based approaches and despite differences, Canada and Australia share similar systems of health financing and delivery as well as values supporting universal health programs.

Andi Sebastian from Health Workforce Australia will introduce the broad health reform agenda that has led to a range of health innovation and reform efforts in Australia and the role Health LEADS Australia is playing in this.

Graham Dickson, CHLNet, will reflect on the Australian experience in the light of the next strategic steps for leadership work in Canada. Together they will debate and discuss the value of collaboration to further quality leadership in both countries to ensure people-centered, equitable, effective and sustainable health systems.

*Panelists*

**Graham Dickson** – Senior Policy Advisor, Canadian Health Leadership Network

**Andi Sebastian** – Health Workforce Australia

---

**ST Session 5**  **Building a “No Excuses” culture: The Twin Rivers Hospital experience case study**

In this session, Dr. Bridget Duffy will discuss the importance of inspiring, empowering and protecting innovators who are willing to disrupt the status quo. She will present a case study from a hospital in the United States that empowered its frontline staff to create a “No Excuses” team that transformed the organization’s culture and improved the patient and staff experience. This organization went from one of the lowest scoring in their system to the top 5 in outcomes on staff and patient loyalty. Borrowing from best practices in this case study and her 20 plus years of experience, Dr. Duffy will lead an interactive discussion on how to build and sustain a “No Excuses” culture that delivers results.

Dr. Duffy will be accompanied by team members driving the Experience Innovation Network, a growing group of healthcare thought leaders who are accelerating experience transformation and putting the science behind the human experience of care. This “hands on” learning lab will provide participants the expertise and toolkits necessary to implement this program in their own organization. Attendees will be able to better capture the voice of staff and physicians, inspire staff to action, and unleash the bold leaders on your teams.

*Presenters*

**Bridget Duffy** – Vocera

**Gidon Margolin** – Vocera Experience Innovation Network

**Kim Petty** – Vocera Experience Innovation Network
**ST Session 6**  
**Technology and decision-making** *(intermediate)*  
**Sir Edward Beatty Room**

This session will include a presentation to help you understand the pros and cons of rapid health technology assessment and learn how CADTH’s Rapid Response service supports evidence-informed decision-making as well as a presentation sharing how Infoway has taken the lead to influence change and drive adoption of eHealth.

**Abstracts**

**Evidence on demand: How rapid reviews can inform imminent decisions**  
*Chris Kamel, Janice Mann* – Canadian Agency for Drugs and Technologies in Health

**Influencing change: How Infoway has driven eHealth adoption**  
*Keren Taylor-Hughes* – Canada Health Infoway

**ST Session 7**  
**Patient services** *(intermediate)*  
**D.C. Coleman Room**

This session will feature a presentation outlining the approach taken to realign services to better meet patient need and a presentation on innovative approaches and diverse expertize outlining models developed to smooth the patient journey and significantly reduce ALC bottlenecks.

**Abstracts**

**Implementing a new bed map at Rouge Valley Health System: A collaborative approach to aligning care delivery and patient need**  
*Cheryl Williams, CHE, Thodoros Topaloglou, Darren Gerson* – Rouge Valley Health System

**Re-imagining hospital and community care connections to solve the ALC challenge**  
*Rheta Fanizza* – Saint Elizabeth Health Care  
*Linda Revell* – Covenant Health Alberta

**AR Session 8**  
**Ethical resource allocations – Part 1** *(intermediate)*  
**New Brunswick Room**

“Ethically it is the right thing to do” is often intended as a terminal statement in conversations relating to resource allocation. But is it or should it be? Whose ethics? Whose morality? The question arises as to what this all really means and, further, if it means the same things to different people. Perhaps this is not a terminal statement but rather the start of a rich discussion that will lead to better answers and better outcomes.

The challenge is that there are multiple different ethical frameworks. There are multiple different levels of allocation decisions, each of which needs to be considered with a unique lense. Different people use different frameworks in different situations, often inconsistently. It is not therefore a realistic assumption that there is one common ethical framework that can be applied uniformly by all stakeholders in all contexts. Trying to do so can lead to conflict and difficulty making group decisions. Trying to do so is the ultimate example of culture eating strategy for breakfast! Developing a better understanding of basic ethical frames and how they can be applied to questions of resource allocation is valuable from both a self-awareness perspective and working collaboratively in a group to better empathetically understand other perspectives. By tying outcomes to the ethical frameworks it allows for more sustained and committed engagement in projects by all stakeholders. Talking about ethics is a rich opportunity to reflect on the values of individuals and the organization; caring about ethics and values is the way to strategically guide an organization.

This workshop will provide a basic ethical framework to apply to resource allocation decisions. It will do so by having participants role-play a resource allocation decision. A didactic session will precede the role-play and a final debrief will complete the tell-show-reflect intention to internalize the framework for future application.

Participants will have a better understanding of utilitarianism, virtue ethics, deontological ethics and feminist ethics. They will also better understand distributive justice principles and the varying theories of justice as it relates to allocation of healthcare resources. What’s more important, they will not only have these big words and principles to spring on unsuspecting colleagues, they will have a better understanding of what practical relevance these concepts have to everyday decisions in healthcare.

**Presenters**

*Owen Heisler, FCCHL, Dawn Sunde* – College of Physicians and Surgeons of Alberta
EO Session 9  Engaging others  (introductory/intermediate)  Baron Shaughnessy Room

Participants in this session will learn about an innovative strategy to improve patient care by engaging interprofessional teams in research projects and knowledge translation, and about a study to understand how nurses and physician managers in a formalized dyad work together to address clinical management issues.

Bringing research to the bedside: The practice-based research challenge
**Agnes Black, Candy Garossino** – Providence Health Care
**Lynda Balneaves** – University of British Columbia

Nurse-Physician Management Dyads: How they work together to address clinical management issues in a hospital setting
**Christina Clausen, Margaret Purden, Melanie Lavoie Tremblay** – McGill University

11:45 – 13:15
Luncheon  Van Horne Ballroom
Presentation of the Robert Wood Johnson Awards
Sponsored by: Johnson & Johnson Medical Companies

13:30 – 15:00
COnCurrenT SESSIOnS

AR/DC/ST Session 10 Mental health delivery models  (introductory/intermediate)  Sir Edward Beatty Room

This session will feature successful mental health delivery models aimed at providing efficient and high quality care. You will hear about a skill-mix methodology, an integrated leadership model and the re-engineering of mental health and addiction services that has established a more competent and coherent care system.

Abstracts

The right care, at the right time, with the right staff: Redesigning the delivery of quality interdisciplinary care in a mental health hospital
**Julia Fineczko, Kristin Cleverley, Christina Bartha** – Centre for Addiction and Mental Health

Removing barriers: Hospital and community mental health unite in an integrated leadership model, aimed to create a seamless mental health experience
**Paula Reaume-Zimmer, Ranjith Chandrasena** – Chatham-Kent Health Alliance / CMHA-Chatham-Kent
**Alan Stevenson** – Canadian Mental Health Association

Re-engineering mental health and addiction services from the ground up
**Dana Pulsifer, John Moore** – Annapolis Valley District Health Authority
Session 11  Indigenous health panel: Leadership that promotes cultural safety  (Intermediate)

Participants will explore leadership skills and the knowledge necessary for transforming current health system practices to promote health in the Canadian Indigenous population. Through the lived experiences of leaders in Indigenous health, attendees will discover critical values in the relationship between patients and healthcare providers, and how constitutional relationships affect the delivery of care to Indigenous Peoples.

Indigenous Peoples are not the only people plagued with ill-health in Canada. The concept of Indigenous health values and principles, that support culturally safe practices, can be applied in medical education and practice to many communities under threat (e.g., LGBTQI persons, new immigrants, people living in poverty, etc.) who are not afforded privileges commonly associated with a healthy, happy and prosperous society. It is critical for patient safety and culturally appropriate care that physicians know racism takes many forms and how it affects the Indigenous patient in daily life even before he or she enters the clinic – and how stress from racism manifests itself as illnesses that continue from one generation to the next.

Institutionalized paradigms tend to ignore Indigenous values and in the extreme they perpetuate cultural stereotypes through racist policies and personal biases.

Social accountability in healthcare requires taking bold steps to address the health and healing needs of Indigenous Peoples and to encourage leadership. By discussing a framework for cultural safety that encompasses health systems from primary, secondary and tertiary levels of care, healthcare leaders will be able to better articulate their roles from the highest levels of health system governance to individual patient-provider care.

A distinguished panel of Indigenous physicians and scholars will present success stories and challenging cases in healthcare delivery to individuals and populations. Participants will be able to critically analyze and find a collaborative approach to arrive at courageous solutions where cultural dominance is discarded and the germination of racism – from structured policy to personal bias – is thwarted in areas of healthcare.

In 2013, the Royal College released its Indigenous health values and principle statement; it is based on leading practices, evidence in Canada and elsewhere, and broad input from Indigenous physicians and scholars to address disparities and inequities in health and healthcare of Indigenous Peoples. Its structure is modeled on the Royal College’s CanMEDS Roles which provides physicians with a framework to practise cultural safety.

Dialogue, collaboration and self-reflection, within a social context, allow physicians to tap into personal strengths to overcome professional biases and institutional challenges. By understanding cultural values from the Indigenous perspective, culturally safe behaviours come to the forefront. Leaders will be able to confront racism and oppression.

Exercises in critical thinking will nourish culturally safe practices; providers are better able to understand contributing upstream factors (e.g., government policies, systemic racism, historical legacies) and their connection to the downstream effects influencing community health.

Physicians are better positioned to give culturally safe care by being aware of personal, professional, ethical and institutional transgressions that might be racist; this can be accomplished through self-reflection and critical thinking about racism in society and the patient’s social, emotional and spiritual boundaries, beyond just biomedical clues about the patient’s health.

Collaboration between Indigenous and non-Indigenous healthcare leaders will lead to shared, innovative solutions where improvements in Indigenous patient outcomes can flourish. By understanding the importance of Indigenous values and principles, healthcare leaders will be better equipped to promote cultural safety, critically analyze institutional, professional, and personal biases and affect change in the systems providing care to Indigenous populations.

**Moderator (and author)**
Danielle Fréchette — Royal College of Physicians and Surgeons of Canada

**Panelists (and co-authors)**
Carrie Bourassa — First Nations University of Canada
Thomas Dignan, Paul Tomascik — Royal College of Physicians and Surgeons of Canada
Barrie Lavallée — University of Manitoba
In the current healthcare environment, organizations are challenged to improve quality while containing costs and delivering on exceptional experiences and outcomes for patients, families and staff. Increasingly, organizations are utilizing process improvement methods to improve performance in quality and safety. But there is often a disconnect between those driving change and the direct care clinicians (nurses, physicians, allied health) who are challenged to implement these changes. In a recent publication, Zimmerman et al (2013) suggest that “front line ownership” is critical to ensuring a culture of safety; that clinicians themselves must be provided the time and support to identify and take ownership of issues, and to develop and innovate solutions.

This panel will discuss the experiences of two organizations who have driven process improvement through front line ownership utilizing the National Health Services’ (NHS) Releasing Time to Care® (RTC) program. The RTC program is a catalyst for change and transformation with a focus on improving unit processes and environments to enable clinicians to spend more time on direct patient care. RTC helps clinical teams identify where they are spending time on activities that do not add value for patients. These may include duplicate charting, searching for information and equipment, and dealing with numerous interruptions. Through the implementation of RTC, staff acquire the knowledge, tools and ability to identify and approach problems. Additionally, they learned how to gather information from colleagues, stakeholders, patient safety experts and literature to design potential improvements. Using process improvement methods, front line leaders then facilitated the testing, implementation and evaluation of changes. The overarching goals of the initiative are to improve patient safety and experience, staff well-being, and the efficiency and effectiveness of care. The development of a continuous improvement culture promotes a philosophy where all staff take responsibility for delivering high quality care.

Using a sustainability framework, the panelists will share experiences and outcomes focused on the processes, staffing and organizational issues that are critical in enabling and sustaining improvement and change in healthcare. The panel will speak from the differing perspectives of organizational quality management, unit leadership and direct care staff. They will describe how point-of-care staff engage with their peers and stakeholders, taking ownership of transformation and safety in the care environment. Using examples and sharing outcomes from improvements, participants will learn about the critical success factors in driving and sustaining unit based improvement activities. The panel will share how learnings from these organizations and RTC can be translated across any organization seeking to improve patient value and experience through the use of process improvement methods. Successfully hardwiring improvements requires both staff ownership and leadership support to enable and sustain change.

**Moderator**
Jocelyn Bennett – Mount Sinai Hospital

**Panelists**
Jody Tone, Anna Salonga – Mount Sinai Hospital
Lynne Strathern – St. Joseph’s Health Centre

---

You may already know that roughly 80% of change initiatives fail. What is more important is the impact that those failed change initiatives have: lost profitability; employees leaving; unclear direction. Change can’t happen without front line leadership. Organizations need leaders who make change happen because of their ability to influence others and their passion and conviction, not because of their title or pay grade. In this session, we will discuss how to find and harness those front line leaders. The key results will be:

- Harnessing the power of the hidden leaders within your organization;
- Empowering them to implement change; and
- Becoming part of the 20% of organizations that implement change successfully.

We will discuss examples of companies from the healthcare industry, as well as other industries, that have implemented change successfully by harnessing the power of these hidden leaders. You will learn how to bring that success to your organization.

**Presenter**
Andrew Miller – ACM Consulting
DC Session 14  The development of Health Links: Partnering towards a regional system of care (intermediate)  Alberta Room

Participants will learn how relationship development is key to delivery of a true system of care. A key initiative from the Ontario Action Plan for Health was the Health Links Model: a new model of care at the clinical level to improve patient outcomes, care coordination and integration at the patient level, all while delivering better value for investment. Health Links are voluntary partnerships of providers and agencies. They were established to initially serve complex patients who were falling between the cracks or were not served well in the current construct of healthcare delivery. These complex patients not only tend to be frequent users of the healthcare system but also are more likely to use more expensive healthcare services like ambulance services, emergency departments and critical care.

The South East LHIN was one of the first LHINs in Ontario to establish seven Health Links, covering the entire geography. Since 2007, the South East Local Health Integration Network (South East LHIN) has been proactive in the engagement of primary healthcare physicians and associated groups. For the province of Ontario, the South East LHIN has some of the highest rates of complex patients accessing the healthcare system per 1,000 population for all care types. Key factors for the early progress of Health Links include: the LHIN priority for strengthening primary healthcare as a key component of the health system towards more effective care for patients and the focus on relationship development with primary care.

With this base to work from, the seven Health Links formed quickly and exhibited high degrees of collaboration facilitated by the Primary Care Physician Lead, and LHIN support. This support increased the foundation of trust enabling the roll-out of Health Links in an engaged and coordinated fashion with grassroots leadership from primary care, connecting hubs of providers from all sectors. The expected outcomes for the Health Links include greater coordination of care for patients, improved patient outcomes, and better value for investment measured by individual care plans, improved access and improved satisfaction/experience.

The panel members will describe the development of a primary care led Health Links model in South East Ontario from the perspective of a LHIN Chief Executive Officer and provincial Primary Care Lead. Additionally, the strategy, opportunities and successes of physician and primary care engagement will be presented by the South East LHIN Primary Care Physician Lead. Finally, the LHIN staff perspective on the challenges faced and overcome to establish and support these voluntary partnerships in a very short period will be offered.

Moderator  
Sherry Kennedy  – South East Local Health Integration Network

Panelists  
Paul Huras, CHE, Jonathan Kerr, Cynthia Martineau, CHE  – South East Local Health Integration Network

EO Session 15  Leading for transformation – lessons learned – Saskatchewan leadership program (intermediate)  Alhambra Room

The participants will:
- Understand the roadmap Saskatchewan used for developing and implementing a province-wide leadership development program in a geographically dispersed, remote rural area;
- Understand how Saskatchewan is using the program as a foundational step in implementing and sustaining a Lean Management System;
- Understand the design of the key components that make the program work; and
- Share formative evaluation results and lessons learned from the journey.

The goal of Saskatchewan Leadership Program is to support the successful implementation of the Saskatchewan Health provincial strategic directions: Better Health, Better Care, Better Value and Better Teams and to ensure business continuity.

In November 2011, the Joint Workforce Planning Committee on behalf of all provincial health regions, the Saskatchewan Cancer Agency (SCA) and Saskatchewan Health signed a contract with Saskatoon Health Region, Organizational Learning and Effectiveness department to “develop and implement a provincial leadership and succession planning program on behalf of all the health regions using a collaborative provincial approach as a step towards a system that looks and acts as ‘one!’”
Lean and LEADS

At the same period, the Saskatchewan Ministry of Health was embarking on a provincial approach to adopt Lean as the foundation for a continuous improvement system in order to ensure that health services are stable and sustainable into the future. This presented a unique opportunity to create a synergistic program model that would leverage these two approaches to transform the culture of healthcare in Saskatchewan and accelerate excellence.

How to – Summary of activities, tools and methods

Following a province-wide consultation process, the first cohort of the Saskatchewan Leadership Program was launched in January 2012 with 149 participants across the program. The program is designed using best practices in transformational leadership development. The LEADS in a Caring Environment capabilities framework, was subsequently endorsed by Sask Health as the common model for leadership development and succession planning across the province.

The 2014 Saskatchewan Leadership Program consists of three programs:
1. Succession Development – a program designed to accelerate leadership development program for individuals identified as high potential candidates for succession.
2. Management Development Program – a program designed to build leadership and managerial capacity in existing managers and directors who have a minimum one year experience in a leadership role.
3. Dyad Development – this is a joint development opportunity for physician and their non-physician counterparts.

“Coaching Skills for Leaders” is a key cornerstone in the program as we recognized that it was not a highly developed skill amongst the leaders. A “coach approach” to leadership is a key lever for employee engagement as it empowers staff to think and solve problems at the point of care and service.

Formative evaluation is integral to the program and we will share the promising results as well as the key lessons learned along the way.

Moderator
Betty Mutwiri – Saskatoon Health Region

Panelists
Christina Denysek, CHE – Sunrise Health Region
Susan Halferdahl, Christine Witt – Saskatoon Health Region

With one of the highest disease burdens in Canada, the Northwest Territories (NWT) Department of Health & Social Services (DHSS) partnered with the Canadian Foundation for Healthcare Improvement (CFHI) to launch the Chronic Disease Management (CDM) Project. This project informed the development and implementation of a territory-wide CDM strategy. The CDM project focused on: 1) developing improvement projects that maximized the use of resources and provided care based on evidence and informed practices; 2) applying lessons from these projects in the development of an integrated CDM strategy; and 3) strengthening capacity in the use of evidence to inform sustainable and efficient health system decisions, processes and policy.

This interactive panel will: 1) highlight the NWT improvement results; 2) present the CFHI approach for healthcare improvement; 3) discuss key elements of CDM improvement and lessons learned; and 4) discuss challenges of spreading and sustaining improvement in a northern, rural or remote environment.

Participants will also be introduced to the CFHI Self-Assessment Tool and take part in a facilitated discussion on key considerations of design, implementation, evaluation and spread of healthcare improvement within their organizations.

CFHI developed a customized multi-phase approach to support the DHSS in achieving the objectives of the CDM project. Phase I identified problems with the delivery of care for people with chronic diseases and three improvement projects were designed. Phase II involved refining and implementing the improvement projects at pilot sites across the NWT. A CFHI-led multi-method evaluation identified lessons learned and informed the further development of the NWT CDM strategy.

The CDM project was framed using four elements of the Expanded Chronic Care Model (ECCM) most relevant to the management of chronic disease: self-management, health system design, decision-support...
and information systems. The ECCM shows how population health promotion and clinical health services can complement one another to improve the health of, and healthcare provided to, patients and communities.

In less than three years, the project has resulted in marked advancements in CDM and strengthened local capacity in evaluation, change and performance management. It has enhanced leadership, engaged more than 270 staff from all NWT regional health authorities and introduced a range of practical, customized tools and processes that will support current and future improvements.

A final project report includes 1) improvement project results; 2) policy options; 3) seven over-arching recommendations that support future CDM within the NWT; and 4) opportunities for sustainability and future spread.

Participants will gain a practical understanding of how to initiate improvement initiatives and an understanding of resources to support these initiatives. Participants will learn about the successes and challenges encountered during the NWT project and how these may apply to their own improvement context.

Moderator
Sam Sheps – University of British Columbia

Panelists
Erin Leith – Canadian Foundation for Healthcare Improvement
Ruchie Lamba, Kim Riles, Scott Robertson – Department of Health and Social Services, GNWT

See session 8 on page 18 for description.

Presenters
Owen Heisler, CHE, Dawn Sunde – College of Physicians and Surgeons of Alberta

This session will show an example of how engaging staff in continuous quality improvement events using Lean has an impact on unit culture; how a patient-focused rounding model integrates best practice fostering an exceptional patient experience; and a new program to improve mental health services through transitional case management.

Abstracts
Quality improvement - Changing a way of thinking and unit culture
Minette MacNeil, Michelle Morris, Donna Moore – Rouge Valley Health System

Creating an exceptional patient experience through patient-focused rounding
Saverina Sanchez, Adassa Wilson, Silvi Groe, Teri Arany – University Health Network, Toronto Western Hospital

Improving mental health services through transitional case management
Christine Sansom, Bonni Ivey – CMHA Middlesex

Sponsored by: Pivotal Research Inc.
Through our presentation, we will review how to:
- Understand the gap between what’s medically possible and what’s appropriate;
- Improve the efficiency of team-based care so that team members can place frailty at the forefront of evidence-informed decision-making;
- Help patients and their families feel empowered by information;
- Develop transformative care plans that place quality of life at the forefront of decision-making;
- Improve navigation across the healthcare continuum; and
- Make optimal use of resources.

**Presenters**
**Laurie Mallery** – Co-founder, Palliative and Therapeutic Harmonization Program (PATH)
**Paige Moorhouse** – Co-founder, Palliative and Therapeutic Harmonization Program (PATH)

**Dr. Laurie Mallery** completed medical school at the University of Pennsylvania and is an Internist and Geriatrician. She is head of the Division of Geriatric Medicine at Dalhousie University in Halifax, Nova Scotia.

**Dr. Paige Moorhouse** completed medical school at Dalhousie University and is an Internist and Geriatrician. She has a Master’s of Public Health from Johns Hopkins University.

Dr. Mallery and Dr. Moorhouse co-founded the PATH (Palliative and Therapeutic Harmonization) program, which provides care planning for frail older adults. They also co-founded a program that trains health professionals about how to perform comprehensive geriatric assessment using an evaluation process called Collaborative Comprehensive Geriatric Assessment.

---

**17:00 – 18:30**
**Chairs’ reception**
**Van Horne Foyer**

_Bryan Schmidt, FCCHL_, Board Chair of the Canadian College of Health Leaders, and _Alice Downing_ and _Christine Power, CHE_, Co-chairs of HealthCareCAN (the newly merged organizations of the Canadian Healthcare Association/Association of Canadian Academic Healthcare Organizations), are pleased to co-host a reception for all participants providing an excellent opportunity to meet board members, renew old acquaintances and make new ones.

**Brian Schmidt, FCCHL**
Chair

**Alice Downing**
Co-Chair

**Christine Power, CHE**
Co-Chair

---

**18:30 – 22:30**
**Brewster’s MountView barbeque dinner** (Pre-registration mandatory)
**Main Lobby**

Gather ‘round the central bonfire for an evening of entertainment and feasting. A truly Western barbeque experience amid majestic mountain peaks awaits you at the Brewster’s Donut Tent located just minutes from Banff.

A limited number of tickets may still be available at the registration desk at the cost of $120 + GST. Price includes private transportation (by bus), dinner and gratuity, and entertainment with a western duo. Meet in the main lobby at 18:15 for 18:30 bus departure.
**TUESDAY, JUNE 3, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 17:00</td>
<td>Registration</td>
<td>Van Horne Foyer</td>
</tr>
<tr>
<td>07:30 – 08:30</td>
<td><strong>BREAKFAST SESSIONS</strong> (Pre-registration mandatory)</td>
<td></td>
</tr>
</tbody>
</table>

**Honest leadership — Have you looked in the mirror?**

Hugh MacLeod, CEO, Canadian Patient Safety Institute, speaks to courageous leaders that look at complex situations, gain clarity and determine a course of action. They are willing to go first. They do not sit on the sidelines waiting for a change in circumstances. Strong leaders do not ask others to do what they are unwilling to do themselves. They lead by example. Strong leaders are able to inspire people to willingly follow their ideas. They are able to create real and lasting change. They make a difference. Come join Hugh to have a look in the leadership mirror.

**Presenter**
Hugh MacLeod – CEO, Canadian Patient Safety Institute

**Raising the bar: A critical time for bold leadership**

Mr. Joe Gallagher’s presentation will focus on the development of a province-wide BC First Nations Health Authority (FNHA). The FNHA assumed responsibility for Health Canada, First Nations and Inuit Health Branch, Pacific Region on October 1st. The key goal for the FNHA is to “level the playing field” and close the current health gap between First Nations people and other British Columbians. To achieve this, FNHA is working on transforming how individuals, communities, and governments think about health and wellness and making bold investments and changes to transform a sickness system into a wellness system. This perspective on health and wellness guides the ongoing development, functions and structures of the First Nations health governance structure. Mr. Gallagher will explain how the FNHA is a leader in transforming the healthcare system for First Nations in BC.

**Presenter**
Joe Gallagher – CEO, First Nations Health Authority

**Capturing organizational wisdom**

This presentation will showcase how the Alberta Health Services Executive Education program is being used to build executive leadership capacity and present one Action Learning Project: The Wisdom Project and embedded learning.

The presentation will provide a description of the Executive Education Program as designed upon the *LEADS in a Caring Environment* framework. The wisdom project was one of six projects embedded in the executive education program and focused upon Knowledge Translation. The project team used a qualitative methodology to capture knowledge and wisdom through interviews with leaders on three transformational projects.

The presentation will show:
- That a narrative case study approach can be extended beyond projects to support systems transformation;
- The importance of leadership ranging from guiding the process of implementation to ensuring sustainability with respect to large scale projects; and
- That capturing organizational wisdom is the key to implementing future system wide projects.
Presenters
Rosmin Esmail, CHE – Director, Knowledge Translation, Research, Innovation and Analytics Portfolio, Alberta Health Services
Brenda Hubley – Executive Director, Community Oncology, Cancer Control, Alberta Health Services
Alana Casement – Senior Advisor, Leadership Development, HR-Talent Management Strategies, Alberta Health Services

The power of the work environment to influence patient safety and quality of care: It’s time to take action

Sir Edward Beatty Room

Currently, mental health problems and illnesses are the number one cause of disability in our country, and account for nearly 30 percent of disability claims, and 70 percent of the total costs. What does this mean for healthcare settings and delivering high quality care to patients? What can we do for healthcare workers to keep them productive and healthy?

This session will answer these questions and highlight the important role Canadian healthcare leaders can play in protecting and promoting psychological health in the workplace. Participants will develop an understanding of the business case for investing in workplace mental health and will get an inside look at the new National Standard for Psychological Health and Safety in the Workplace (the Standard), which is a voluntary set of guidelines, tools and resources focused on promoting employees’ psychological health and preventing psychological harm due to workplace factors. The session will outline practical approaches on how to use the Standard to improve mental health in the workplace, particularly as it relates to patient care and safety. During this session, strategies and tools for promoting psychological health and safety will be explored and the Toronto East General Hospital will share their experience in implementing the Standard and participating in the Case Study Research Project.

Presenters
Sapna Mahajan – Director, Prevention and Promotion, Mental Health Commission of Canada
Nancy Casselman – Human Resources and Organizational Quality, Safety and Wellness, Toronto East General Hospital

Appropriateness through strong leadership

Alhambra Room

Optimizing value and eliminating waste in medical care is a worldwide concern. In some countries, evidence shows that an estimated 30% of all medical spending is unnecessary and does not add value in care. Canada is no exception and faces steep challenges in ensuring the sustainability of our healthcare system. The concept of appropriateness of care is gaining traction in many parts of Canada as a means of closing the gap between what we do in practice and where the evidence is pointing. A distinguished panel of health leaders from Alberta will explore the unique challenges of making difficult decisions aimed at appropriateness using real world examples which highlights the role of evidence to support their important work.

Moderator
Brian O’Rourke – President and CEO, Canadian Agency for Drugs and Technologies in Health

Panelists
Fiona Clement – Director, Health Technology Assessment Unit, University of Calgary
Janet Davidson – Deputy Minister, Alberta Health
Tom Noseworthy – Associate Chief Medical Officer, Strategic Clinical Networks, Alberta Health Services
### Leadership in action: Reporting out on a pan-Canadian study of leadership and health system redesign — A Partnerships for health system improvement project

The final results are in. A four-year action research study of leadership of change is complete. Six cases involving leaders and researchers investigated three questions: What is the current state of health leadership capacity in Canada; where are the gaps between current and leading practices; and, how can knowledge of effective leadership be mobilized? The results confirm that leadership is fundamental to improving performance through redesign of organizations or systems. There is a dearth of leadership capacity in self-reflection, strategic leadership, and systems thinking. Success lies in building capacity in these areas and striking the right balance between distributed and designated leadership, based on a common vision. Canada cannot continue its *laissez faire* approach to leadership if reform is to happen.

**Presenters**
- **Graham Dickson** — Senior Academic Advisor, Canadian Health Leadership Network
- **Ron Lindstrom, FCCHL** — Director, Centre for Health Leadership and Research, Royal Roads University
- **Bill Tholl** — President and CEO, HealthCareCAN

<table>
<thead>
<tr>
<th>07:30 – 08:45</th>
<th>Continental breakfast — Exhibits and poster viewing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(No pre-registration required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>09:00 – 10:30</th>
<th>PLENARY Thinking and acting like one: The Saskatchewan Lean Management System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Van Horne Ballroom</td>
</tr>
</tbody>
</table>

In 2011, Saskatchewan health system leaders committed to think and act as one. They knew that a radically different approach was needed to transform the health system and achieve Better Health, Better Care, Better Value and Better Teams. The solution they chose was to develop a made-in Saskatchewan version of the Toyota Production System — the Saskatchewan Lean Management System. This reflects province-wide adoption of a lean management system at an unprecedented scale and scope. In this plenary session, Saskatchewan healthcare leaders will describe how a new provincial strategic planning process (hoshin kanri) is transforming the Saskatchewan healthcare system and potentially serving as a model for others by building capacity for quality improvement across 40,000 health system providers, engaging patients, applying new ways of eliminating waste, and enhancing the customer experience.

**Moderator**
- **Cathy Szabo** — President and CEO, Providence Care / Member of the HIROC Board of Directors

**Panelists**
- **Maura Davies, FCCHL** — President and CEO, Saskatoon Health Region
- **Bonnie Brossart** — CEO, Health Quality Council (Saskatchewan)
- **Suann Laurent** — President and CEO, Sunrise Health Region

**Sponsored by:**

**Maura Davies**, FCCHL, is President and Chief Executive Officer of the Saskatoon Health Region, the largest health region and employer in Saskatchewan. The Saskatoon Health Region is an integrated health system serving more than 350,000 residents, and providing specialized services to approximately one million people across the province.

Maura holds Bachelor degrees in science and in education, and a Master’s of Health Services Administration. She has over 35 years of experience in healthcare as a clinical dietician, educator, and senior executive. Maura is playing a lead role in development and adoption of the new lean-based Saskatchewan healthcare management system and is a certified Lean Leader. Maura is on the boards of the Canadian Patient Safety Institute, Saskatchewan Health Quality Council, and Saskatchewan Academic Health Sciences Network. She is also on the Governing Council of the Canadian Institutes of Health Research.
Maura is a Fellow of the Canadian College of Health Leaders and recently received a national award for her contribution to the College. She is also a surveyor with Accreditation Canada.

Maura is on the faculty of the University of Saskatchewan. She has participated in various health research projects, published numerous peer-reviewed articles, and received several awards recognizing her leadership.

**Bonnie Brossart** has had the privilege of working over 20 years in Saskatchewan’s healthcare system. Trained as a health economist, she spent her first decade as a health services researcher and has been with the Health Quality Council (HQC) since its launch in January 2003. Prior to becoming CEO in 2007, she served as Deputy CEO for over three years and co-led the Saskatchewan Chronic Disease Management Collaborative, one of the province’s largest quality improvement initiatives ever undertaken. Before joining HQC, she was a health services researcher with the Health Services Utilization and Research Commission (HSURC) of Saskatchewan, a large tertiary hospital in Calgary, and the Saskatchewan Ministry of Health. Bonnie received her BA (Economics) from the University of Calgary and her MA (Economics) from McMaster University in Hamilton.

**Suann Laurent** is the President and Chief Executive Officer of the Sunrise Regional Health Authority in Saskatchewan.

Throughout her career, Suann has held a number of senior positions including: Senior Vice-President of Health Services, Executive Director of Health Services, Director of Acute Care Programs, Quality Improvement Analyst, Director of Nursing, and Director of Long Term Care. She has also worked in a wide variety of nursing practices.

Suann graduated with a nursing diploma from the Health Sciences Centre in Winnipeg, Manitoba, and holds a Bachelor of Science degree in Nursing from the University of Saskatchewan. She also graduated from the University of Saskatchewan, College of Commerce and has her Master’s in Health Studies – Leadership from Athabasca University. Suann is currently completing her Lean Leader Certification from John Black and Associates.

Suann holds active registration status with the Saskatchewan Registered Nursing Association and has professional affiliations with the Canadian Council of Nursing, the International Council of Nursing, and is a member of the Canadian College of Health Leaders.

Suann is actively involved in numerous provincial ministry committees and is the chair of Accreditation Canada’s National Surveyor Advisory Committee. She has extensive experience accrediting health systems nationally and internationally.

### Concurrent Sessions

**Session 19**  
**Wait times (advanced)**  
*New Brunswick Room*

This session includes a presentation that will demonstrate outcomes of successful strategies that have had dramatic improvement in access to care, patient flow and wait times from the ED to Inpatient Units.

**Abstract**  
*Access to care - Improving emergency department wait times, a collaborative approach*  
*Susan Woollard, CHE, Phil Shin*  
*North York General*
**Session 20** Resource allocation *(intermediate)*  
*Alberta Room*

This session will introduce an evaluative tool for assessing the performance of senior leadership teams in priority setting and resource allocation as well as outline recent advances in this field identifying key success factors for leading resource allocation processes.

**Abstracts**

*An evaluative tool for high performance in priority setting and resource allocation*

*William Hall* – Center for Clinical Epidemiology and Evaluation

*Making priority setting and resource allocation decisions – From principles to practice*

*Craig Mitton* – University of British Columbia  
*Howard Waldner, CHE* – Principle, Caledonia Solutions Inc. / Past President and CEO, Island Health

**Session 21** Pharmaceutical and drug management solutions *(introductory)*  
*Ivor Petrak Room*

Attend this session to learn how a successful partnership was integral to achieving a complete medication system transformation as well as gain a better understanding of the primary causes of drug shortages in Canada and national efforts and outcomes since 2012.

**Abstracts**

*Leading successful system transformation: Achieving state-of-the-art automation of St. Peter’s Hospital medication delivery system improves safety and efficiency and paves the way for electronic documentation*

*Sue-Anne McAlpine, Jennifer Kodis, CHE, Sue Alderson* – Hamilton Health Sciences

*Leadership to mitigate Canadian drug shortages: Collective commitment to achieve trusted supply*

*Kathy Boyle* – HealthPRO Procurement Services Inc.

**Session 22** Leading Lean: Implications for boards and senior leaders *(advanced)*  
*Cascade Ballroom*

Saskatchewan’s Lean management system, based on the Toyota Production System and the experience of Virginia Mason, is transforming the way the entire provincial healthcare system is working together to achieve Better Health, Better Care, Better Value and Better Teams. This has significant implications for the roles of boards of directors, particularly with regard to how they set direction and monitor organizational performance. The roles and accountabilities of senior leaders and how they spend their time are also very different. This session will describe these changes from the perspectives of a board chair and CEO who are helping lead the adoption of Lean for their organizations and the province.

**Presenters**

*Jim Rhode* – Chair, Saskatoon Health Region and 3S Health Boards of Directors  
*Maura Davies, FCCHL* – President and CEO, Saskatoon Health Region
<table>
<thead>
<tr>
<th>Session 23</th>
<th><strong>Decision-making</strong> <em>(intermediate/advanced)</em></th>
<th>Alhambra Room</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AR</strong></td>
<td>In this interactive session, we will walk</td>
<td>In this interactive session, we will walk through a framework for outcomes-based leadership that walks participants through a structured approach to:</td>
</tr>
<tr>
<td></td>
<td>through a framework for outcomes-based</td>
<td>• Recognizing the weak signals;</td>
</tr>
<tr>
<td></td>
<td>leadership that walks participants through</td>
<td>• Developing a plan to focus on outcomes— as opposed to processes; and</td>
</tr>
<tr>
<td></td>
<td>a structured approach to:</td>
<td>• Building capacity for transformational decision-making.</td>
</tr>
<tr>
<td></td>
<td>• Recognizing the weak signals;</td>
<td><strong>Abstract</strong></td>
</tr>
<tr>
<td></td>
<td>• Developing a plan to focus on outcomes</td>
<td>What would Tommy Douglas do?</td>
</tr>
<tr>
<td></td>
<td>— as opposed to processes; and</td>
<td><em>Susan (Sue) Owen, CHE</em> – KPMG Canada / Canadian College of Health Leaders</td>
</tr>
<tr>
<td></td>
<td>• Building capacity for transformational</td>
<td><em>Feisal Keshavjee, CHE</em> – Radiology Associates / Canadian College of Health Leaders</td>
</tr>
<tr>
<td>Abstract</td>
<td>decision-making.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>What would Tommy Douglas do?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Susan (Sue) Owen, CHE</strong> – KPMG Canada</td>
<td></td>
</tr>
<tr>
<td></td>
<td>/ Canadian College of Health Leaders</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Feisal Keshavjee, CHE</strong> – Radiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Associates / Canadian College of Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leaders</td>
<td></td>
</tr>
<tr>
<td>Session 24</td>
<td><strong>Develop coalitions</strong> <em>(intermediate/advanced)</em></td>
<td>Sir Edward Beatty Room</td>
</tr>
<tr>
<td><strong>DC/ST</strong></td>
<td>This session will discuss how the use of</td>
<td>This session will discuss how the use of the DIVERT Scale allows for better targeting of preventative home care as well as better communications strategies with primary care. You will also learn how mobile technology connects separate elements of the healthcare system and provides a continuum of care from the hospital to the community.</td>
</tr>
<tr>
<td></td>
<td>the DIVERT Scale allows for better</td>
<td><strong>Abstracts</strong></td>
</tr>
<tr>
<td></td>
<td>targeting of preventative home care</td>
<td><strong>Using the DIVERT Scale and new approaches to prevent ER use among home care clients in HNHB</strong></td>
</tr>
<tr>
<td></td>
<td>as well as better communications</td>
<td><em>Andrew Costa</em> – McMaster University</td>
</tr>
<tr>
<td></td>
<td>strategies with primary care. You will</td>
<td><em>Tom Peirce</em> – Hamilton Niagara Haldimand Brant Community Care Access Centre</td>
</tr>
<tr>
<td></td>
<td>also learn how mobile technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>connects separate elements of the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>healthcare system and provides a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>continuum of care from the hospital to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the community.</td>
<td></td>
</tr>
<tr>
<td>Abstracts</td>
<td>**Using the DIVERT Scale and new</td>
<td><strong>Using the DIVERT Scale and new approaches to prevent ER use among home care clients in HNHB</strong></td>
</tr>
<tr>
<td></td>
<td>approaches to prevent ER use among home</td>
<td><em>Andrew Costa</em> – McMaster University</td>
</tr>
<tr>
<td></td>
<td>care clients in HNHB**</td>
<td><em>Tom Peirce</em> – Hamilton Niagara Haldimand Brant Community Care Access Centre</td>
</tr>
<tr>
<td></td>
<td><strong>Andrew Costa</strong> – McMaster University</td>
<td><em>Tom Peirce</em> – Hamilton Niagara Haldimand Brant Community Care Access Centre</td>
</tr>
<tr>
<td></td>
<td><strong>Tom Peirce</strong> – Hamilton Niagara</td>
<td><em>Andrew Costa</em> – McMaster University</td>
</tr>
<tr>
<td></td>
<td>Haldimand Brant Community Care Access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>**Leveraging mobile technology to</td>
<td><strong>Leveraging mobile technology to provide a continuum of care</strong></td>
</tr>
<tr>
<td></td>
<td>provide a continuum of care**</td>
<td><em>Sarah Sharpe, Chancellor Crawford</em> – QoC Health</td>
</tr>
<tr>
<td>Abstracts</td>
<td><strong>Leveraging mobile technology to provide</strong></td>
<td><strong>Leveraging mobile technology to provide a continuum of care</strong></td>
</tr>
<tr>
<td></td>
<td>a continuum of care**</td>
<td><em>Sarah Sharpe, Chancellor Crawford</em> – QoC Health</td>
</tr>
<tr>
<td></td>
<td><strong>Leveraging mobile technology to provide</strong></td>
<td><em>Sarah Sharpe, Chancellor Crawford</em> – QoC Health</td>
</tr>
<tr>
<td></td>
<td>a continuum of care**</td>
<td></td>
</tr>
<tr>
<td>Session 25</td>
<td><strong>Systems transformation</strong> <em>(intermediate/advanced)</em></td>
<td>Theatre</td>
</tr>
<tr>
<td><strong>DC/ST</strong></td>
<td>This session will offer a presentation</td>
<td>This session will offer a presentation that will shed light on the results of the Canadian National Study of Interprofessional Relationships between Physicians and Hospital Administrators which used LEADS in a Caring Environment capability framework as its foundation; and a presentation that will explore key issues related to health system transformation by integrating medical students into health system leadership training.</td>
</tr>
<tr>
<td></td>
<td>that will shed light on the results of</td>
<td><strong>Abstracts</strong></td>
</tr>
<tr>
<td></td>
<td>the Canadian National Study of</td>
<td><strong>Canadian national view on physician-hospital relations</strong></td>
</tr>
<tr>
<td></td>
<td>Interprofessional Relationships between</td>
<td><em>Atefeh Samadi-nya</em> – IRACA Solutions Inc.: Consultations in Healthcare IT Physician-Hospital Relations</td>
</tr>
<tr>
<td></td>
<td>Physicians and Hospital Administrators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>which used LEADS in a Caring Environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>capability framework as its foundation;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and a presentation that will explore</td>
<td></td>
</tr>
<tr>
<td></td>
<td>key issues related to health system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>transformation by integrating medical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>students into health system leadership</td>
<td></td>
</tr>
<tr>
<td>Abstracts</td>
<td>training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>**Leadership is leadership: Building</td>
<td><strong>Leadership is leadership: Building health system transformational capacity by medical student leadership training in an inter-professional setting</strong></td>
</tr>
<tr>
<td></td>
<td>health system transformational capacity</td>
<td><em>Susan MacDonald</em> – Northern Health</td>
</tr>
<tr>
<td></td>
<td>by medical student leadership training</td>
<td><em>Jatinder Baidwan</em> – Island Health</td>
</tr>
<tr>
<td></td>
<td>in an inter-professional setting**</td>
<td><em>Barb Lawrie</em> – Vancouver Coastal Health</td>
</tr>
<tr>
<td>Abstracts</td>
<td>**Leadership is leadership: Building</td>
<td><strong>Leadership is leadership: Building health system transformational capacity by medical student leadership training in an inter-professional setting</strong></td>
</tr>
<tr>
<td></td>
<td>health system transformational capacity</td>
<td><em>Susan MacDonald</em> – Northern Health</td>
</tr>
<tr>
<td></td>
<td>by medical student leadership training in</td>
<td><em>Jatinder Baidwan</em> – Island Health</td>
</tr>
<tr>
<td></td>
<td>an inter-professional setting**</td>
<td><em>Barb Lawrie</em> – Vancouver Coastal Health</td>
</tr>
<tr>
<td>Session 26</td>
<td><strong>Workforce solutions</strong> <em>(introductory/intermediate)</em></td>
<td>Baron Shaughnessy Room</td>
</tr>
<tr>
<td><strong>ST</strong></td>
<td>Participants in this session will learn</td>
<td>Participants in this session will learn about a collaborative effort between the Canadian Nurses Association and the Canadian Federation of Nurses Unions to initiate widespread nursing engagement as well as learn about a rural comparative methodology which analyzes current staffing models, financial workforce activity and utilization indicators in rural acute care facilities.</td>
</tr>
<tr>
<td></td>
<td>about a collaborative effort between the</td>
<td><strong>Abstracts</strong></td>
</tr>
<tr>
<td></td>
<td>Canadian Nurses Association and the</td>
<td><strong>Transforming the health system through workforce transitioning</strong></td>
</tr>
<tr>
<td></td>
<td>Canadian Federation of Nurses Unions to</td>
<td><em>Lisa Little</em> – Canadian Nurses Association</td>
</tr>
<tr>
<td></td>
<td>initiate widespread nursing engagement</td>
<td><em>Linda Silas</em> – Canadian Federation of Nurses Unions</td>
</tr>
<tr>
<td></td>
<td>as well as learn about a rural</td>
<td></td>
</tr>
<tr>
<td></td>
<td>comparative methodology which analyzes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>current staffing models, financial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>workforce activity and utilization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>indicators in rural acute care facilities.</td>
<td></td>
</tr>
<tr>
<td>Abstracts</td>
<td><strong>Transforming the health system through</strong></td>
<td><strong>Transforming the health system through workforce transitioning</strong></td>
</tr>
<tr>
<td></td>
<td>workforce transitioning**</td>
<td><em>Lisa Little</em> – Canadian Nurses Association</td>
</tr>
<tr>
<td></td>
<td><strong>Lisa Little</strong> – Canadian Nurses</td>
<td><em>Linda Silas</em> – Canadian Federation of Nurses Unions</td>
</tr>
<tr>
<td></td>
<td>Association</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Linda Silas</strong> – Canadian Federation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of Nurses Unions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Rural workforce optimization</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Stacey Litvinchuk</strong> – Alberta Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Services</td>
<td></td>
</tr>
</tbody>
</table>
Concurrent sessions | Tuesday, June 3, 2014 • 11:00 – 12:00

| LS Session 27 | Health leaders coaches’ corner | D.C. Coleman Room |
|               |                               |                  |
|               | (Pre-registration mandatory)   |                  |

Take your leadership to the next level. Come and speak with leaders from across Canada in an intimate setting. Hear their stories, ask questions and gain valuable advice. Leaders of health regions, hospitals, private sector and community organizations, from coast to coast, will be available to provide armchair coaching in a relaxed environment.

*Sponsored by: Roche*

In your corner we have:

**Coaches**

- **Brendan Carr, CHE** – President and CEO, Island Health
- **Maureen Cava, FCCHL** – Manager, Professional Development and Education, Toronto Public Health
- **Chris Eagle** – Past President and CEO, Alberta Health Services
- **Jim Hornell** – President and CEO, Brant Community Healthcare System
- **Arden Krystal, CHE** – Executive Vice President and Chief Operating Officer, Provincial Health Services Authority
- **Dwight Nelson, CHE** – Past President and CEO, Regina Qu’Appelle Health Region
- **Andrée Robichaud** – President and CEO, Thunder Bay Regional Health Sciences Centre
- **Michael Redenbach, CHE** – Vice President, Integrated Health Services, Regina Qu’Appelle Health Region
- **Ken Tremblay, CHE** – President and CEO, Peterborough Regional Health Centre
- **Bill Zindle** – Executive Director, Business Development, Roche Diagnostics

Please check with the registration desk for possible openings.

| 12:00 – 13:30 | Luncheon | Van Horne Ballroom |
|              |         |                    |
|              | Presentation of 3M Health Care Quality Team Awards | |
|              | *Sponsored by: 3M Health Care* | 3M |

| 13:45 – 15:15 | Concurrent Sessions | Theatre |
|              | ST Session 28 | Quality and evidence-based Canadian healthcare through integration of health research *(introductory)* |

Health research includes those activities undertaken to generate knowledge used to promote, restore and maintain the health of Canadians. Despite the synchronous goals of healthcare and health research, there has been a long-standing separation between them in Canada and this has resulted in a knowledge translation death valley that has significantly limited the successful application of evidence-based practices. Attendees of this panel presentation will benefit from four learning objectives:

- Understand the rationale for integrating research into the Canadian healthcare system;
- Learn about the characteristics of learning healthcare systems;
- Hear examples of organizations that are achieving transformation from antiquated, hospital-centric delivery models to learning healthcare systems; and
- Obtain practical, evidence-based recommendations on how to make this transition within their organization, from front line operations through to executive management.

Modern healthcare systems prioritize the quality of care they deliver, where quality is generally defined around Maxwell’s six dimensions – access, relevance, effectiveness, equity, acceptability and efficiency. In an international survey, Canada ranked the lowest in provision of quality healthcare as compared to other Commonwealth countries. This represents significant risks to Canadian healthcare, including failing to deliver appropriate treatments to patients and failing to obtain maximum value for the increasing revenues spent on healthcare. Research is essential to achieving healthcare quality since it is only through disciplined inquiry that evidence-based healthcare to improve diagnostic tools and treatment options is possible. Furthermore, research is a key component of learning healthcare systems, as defined by the Institute of Medicine, “systems…in which knowledge generation is so embedded into the core of the practice of medicine that it is a natural outgrowth and product of the healthcare delivery process and leads to continual improvement in care.”

There are numerous, measurable benefits for healthcare organizations that integrate research with care delivery. Patients treated at hospitals where there is a focus on research have lowered mortality rates and enabling patients to become partners in research aimed at solving health issues is a tangible way to
practice person-centered healthcare. Clinicians working within hospitals where there is a focus on research find it easy and rewarding to provide the best care. Leaders and decision-makers within hospitals where there is a focus on research are able to successfully transform their organizations into learning healthcare systems.

Powered by new capabilities such as electronic health records and facilitated by new cultural norms based on collaboration and openness, the Canadian healthcare enterprise is now well positioned to integrate health research into healthcare in the pursuit of evidence-based care.

**Moderator**

_Cindy Trytten_ – Island Health

**Panelists**

_Bev Holmes_ – Michael Smith Foundation for Health Research

_Paul Keown_ – University of British Columbia

_Shoo Lee_ – Canadian Institutes of Health Research, Institute of Human Development, Child & Youth Health

_Cindy Trytten_ – Island Health

---

**Session 29**

**Project sponsor bootcamp: Project sponsorship strategies targeted to delivering projects in a resource constrained environment** *(intermediate)*

It is not news that the largest costs for an organization are its people. Consider then all the resources healthcare puts towards project work that quite often falls short of achieving sustainable and tangible outcomes. Too often is the blame put on lack of strong project management and not enough focus is spent on asking if there was enough focus on project sponsorship. That’s right, was the project receiving strategic, aligned, and focused support from the project sponsor even before the idea was called a project? One of the most effective ways for an organization to free up capacity is to complete a project. Immediately, the project resources can be reassigned to new work, the clinical and support teams can resume operations without being impacted by “go-lives”, launches, testing, and training. Effective project sponsorship can be the difference to completing a project that achieves its objectives, bringing the organization one step closer to its strategic goals, and seeing the organization realize benefits from sustainable and tangible outcomes.

This workshop will facilitate the learning and sharing of practical methods for project sponsors to lead a successful project, and also ensure that the project provides the organization with sustainable benefits. Participants will increase their understanding of the core roles of project sponsorship and how to use this role strategically to support the project in achieving its goals. Through case study exercises, participants will practice and test their skills in project sponsorship through a variety of situations. The workshop will conclude with a practical checklist that opens the discussion within the project team towards truly mitigating project risks, and provide project sponsors with new strategies to integrate their role and support into the project.

Ideas to be explored, skills to be acquired, or problems to be addressed:

- Understand the role and skills required of the project sponsor.
- Practical ways for project sponsors to effectively support the project’s success.
- Where can project sponsors start the discussion in an immature project management environment?
- What does effective project sponsorship look like and what can it do to help an organization achieve its strategic goals?
- How does the project sponsor drive the difficult discussion around cancelling a project?
- How to navigate cross organizational project sponsorship?

Practical application and takeaways:

- Project sponsor checklist;
- Project sponsor scripting;
- Tips and tools; and
- Best practices for engaging the organizational leaders around effective project sponsorship and why?

**Presenters**

_Jacqueline Phan, CHE, Carrie Fletcher, CHE_ – Centre for Addiction and Mental Health
Concurrent sessions | Tuesday, June 3, 2014 • 13:45 – 15:15

**DC Session 30**  Paths to knowledge *(intermediate)*  New Brunswick Room

Since 2009, the Knowledge Management Department within Alberta Health Services has been developing and applying an integrated approach to support evidence-informed decision-making. The Framework describes three “paths of engagement” and four principles to guide the work. The objective for the workshop is to share the experience of applying an integrated knowledge management framework within a large healthcare organization to improve evidence-informed decision-making.

This session will provide an overview of the KM Framework and detailed information on the “three paths of engagement: People to People; People to Information; and People to Practice”. Participants will be asked to consider the following: The LEADS framework highlights the importance of “Mobilizing Knowledge” and “Strategically Orienting to the Future”. Are you doing all that you should to ensure that your organization has the access to the best sources of evidence to inform decision-making?

Specific case examples will be used to demonstrate the application of a number of knowledge management tools and techniques. Participants will be provided a number of takeaways that they can apply within their organization.

**Presenters**
Barbara Brady Fryer, Mark Moland, CHE, Carol Connolly, Daniella Robu, Ramona Trump – Alberta Health Services

**EO Session 31**  Leadership styles in healthcare: Helping or hindering our ability to bend the cost curve? *(intermediate)*  Cascade Ballroom

We’ve all heard the term, “The leader sets the tone,” but would you have guessed the leader sets 70% of the tone? Joint research by Hay Group and Harvard University published in the most downloaded article in the history of the Harvard Business Review (HBR) magazine called, “Leadership That Gets Results,” finds that the style of a leader accounts for 70% of employee engagement which in turn accounts for up to 30% of results. This interactive session will explore the relationship between the six leadership styles (Directive, Visionary, Affiliative, Participative, Pacesetting, and Coaching), employee engagement, and results. We will explore the evidence base showing which leadership styles increase/decrease workplace performance and will explore which styles are most commonly used (and underused) in the healthcare sector and how this has both helped and hindered sector performance.

Specifically, you will:

• Gain insight into what it takes to be a successful leader by learning about the six leadership styles and pros/cons of each style;
• Complete a self-assessment to graph your mix of the six leadership styles;
• Compare the healthcare sector to other sectors, exploring how leadership patterns have both helped and hindered healthcare in bending the cost curve;
• Apply the six leadership styles to Lean and to the five domains of LEADS; and
• Complete the Leadership Styles Global Trivia Challenge!

**Presenters**
Brent Pederson – Hay Group
Bonnie Blakley – Saskatoon Health Region

**EO Session 32**  Minobimaadizing: At the place of good living - Developing a North Shore Tribal Council community-driven primary health services delivery model *(introductory)*  Sir Edward Beatty Room

Canadian healthcare encompasses different delivery and funding models and diverse populations resulting in a complex and challenging environment in which to design, implement, sustain and spread improvement. Many First Nations communities are further challenged by the lack of culturally appropriate and traditional approaches to healing and wellbeing.

The North Shore Tribal Council (NSTC) – Canadian Foundation for Healthcare Improvement (CFHI) collaboration, begun in February 2013, emphasizes building local capacity to lead meaningful engagement in the design, implementation, evaluation and spread of healthcare improvement. The long-term vision is to create a healthcare experience which is unique, reflects NSTC culture and values, improves service delivery and leads system-wide transformation.
This interactive panel showcases the NSTC journey and the CFHI approach for healthcare improvement and will focus on sharing lessons from the NSTC and participants’ own experiences.

Participants will learn about the successes, challenges and opportunities of 1) using a community-driven approach to inform health system transformation; 2) building community capacity in the design and implementation of healthcare improvement; and 3) discuss ways to apply lessons learned in their own organizations.

The main project goal is to develop a new NSTC community-driven, evidence-informed holistic primary health service delivery model to ensure optimal health for NSTC’s seven First Nations and the urban aboriginal population of Sault Ste. Marie. The new model will be based on community-articulated principles that empower patients and their families to reclaim ownership of their health and delivery system.

Community members are being engaged in meaningful dialogue, using unique non-intrusive, non-prescriptive methods to gather information. Engagement results, combined with best evidence and promising practices, will inform the development of the new model and priority improvement projects.

Interviews with seven health centre directors and an engagement workshop with more than 20 health centre staff/community members informed the design of a community engagement plan. To date, 15 individuals have been trained by CFHI to facilitate engagement in their own communities. Training and community engagement activities (wellness workshops, an elders’ council, health centre visit surveys, individual guided conversations with community members, etc.) will continue throughout 2013/14.

Evaluations to date show that the majority of participants report increased understanding of engagement and capacity to lead community conversations. In addition, there is strong commitment among the NSTC Band Council and Health Program staff “to take the time to do it right.” By mid-2014, it is expected that the new primary health service delivery model principles will be articulated, priority improvement projects will be identified and improvement plans articulated following the CFHI healthcare improvement approach, and that initial implementation will have begun.

**Moderator**

Joanne Daniels – Canadian Foundation for Healthcare Improvement

**Panelists**

Carol Eshkakogan – North Shore Tribal Council
Roger Boyer II – N’Mninoeyaa Aboriginal Health Access Centre
Erin Leith – Canadian Foundation for Healthcare Improvement
Angus Toulouse – Sagamok Anishnawbek

**Planning and piloting a physician quality improvement initiative: The PQII panel** (advanced)

The purpose of this panel discussion is to explore the Phase 1 implementation of the Physician Quality Improvement Initiative (PQII). Participants will learn to:

- Recognize the importance of involving physicians in quality improvement;
- Understand the challenges in organizing and implementing a quality improvement initiative targeting physicians;
- Realize the importance of developing coalitions across organizations, as well as partnerships with organizational human resource departments; and
- Identify the benefits of implementing the PQII.

In 2009, increased focus on quality improvement and physician professional development led to the creation of the PQII by the Council of Academic Hospitals of Ontario (CAHO). The PQII program has been designed to provide physicians with multisource feedback to fuel a comprehensive approach to quality improvement in their clinical service provision. The PQII was originally initiated at 3 sites; University Health Network (UHN), Hamilton Health Sciences (HHS) and North York General Hospital, and now Phase 2 has begun, with multiple hospitals across Ontario now participating. In this panel presentation, we will outline the important role CAHO played in conceptualizing, organizing and finally initiating the PQII project. Each hospital established different implementation strategies, and representatives from UHN and HHS will discuss the challenges faced at both sites, including the approaches taken to mitigate these obstacles. Both quantitative and qualitative methods have been used to evaluate the implementation and outcomes of this multisource feedback process, and these results will be reviewed by presenters. We hope to demonstrate that although quality improvement initiatives targeting physicians can be challenging to implement, utilizing coalitions between organizations as well as departmental partnerships can help
facilitate change management. Despite these challenges, providing physicians with clinical feedback can prove effective in influencing quality patient care, as well as strengthen communication and understanding between physician leaders and their staff.

Moderator
Charlie Chan – University Health Network

Panelists
Kirsten Wentlandt – University Health Network
James Worthington – The Ottawa Hospital
Richard McLean – Hamilton Health Sciences

AR Session 34 Bold, innovative leadership and achieving results, while igniting pride and passion in its people (intermediate)

This panel session will engage attendees in discussion of a leadership approach with demonstrated quantitative and qualitative improvements in clinical and financial outcomes, while meaningfully engaging others with resulting improvements in patient, physician and employee satisfaction.

Learning objectives:
• To leave attendees with clear understanding of challenges faced by three hospital CEOs which led to decisions to initiate bold, innovative leadership approaches;
• To leave attendees with awareness of the power of innovative leadership, by demonstrating how implementing strategies and tactics for which leaders are held accountable has resulted in setting solid direction and expectations, which aligns to mission, vision and values, engages employees by speaking to their hearts and minds and achieves results; and
• To engage attendees in discussion of panelists’ approaches, including opportunities and barriers and challenge attendees’ leadership approaches.

These three healthcare organizations have partnered with an outcomes-based healthcare performance improvement firm. Each implemented an Evidence Based Leadership® model with use of a Leader Evaluation Manager® tool and all implemented varied tactics such as Rounding for Outcomes, Reward and Recognition, Stoplight Reports, Standardized Communication Boards, and Post Discharge Calls. Active validation is used to ensure quality of interventions. Through planned deployment and hardwiring of focused tactics with ongoing measurement of impacts, direction and targets for ongoing continuous quality improvements are set. Example measurement tools include surveys and grids. The three organizations have uniquely instituted innovative leadership strategies and tactics and despite their heterogeneous nature, all three have achieved results leading to excellence, example results:

Organization 1: Over two years, readmission rates for Chronic Obstructive Pulmonary Disease (COPD) reduced more than 20%; 87% of corporate goals achieved; scores across all measures 3.9 out of 5; 100% of patient, resident and client goals of experience rating of excellence achieved; three consecutive years improving staff engagement.

Organization 2: Over three years, performance ranking, with 10th to 90th equaling worst to best respectively, Emergency Department (ED) wait times - admitted: moved from the 10th percentile to 50th; ED wait times - complex: from 10th to 70th; medication reconciliation from 40th to 50th; would you recommend from 10th to 70th; overall satisfaction from 10th to 80th and first year turnover moved from 10th to 50th percentile.

Organization 3: Over six years, hospital acquired infection reduced by 46%; C. Difficile reduced by 82%; lost injury time reduced by 68% employee satisfaction increased by 42%; working capital deficit reduced by $50 Million.

Bold and innovative leadership is a game changer. Leadership which engages and ignites the passion of its people, touching their minds and hearts while setting and aligning clear strategic direction, implementing and validating focused tactics and ensuring accountability is raising the bar. System transformation is happening.

Moderator
Gino Picciano, CHE – Board member, Canadian College of Health Leaders

Panelists
Ron Gagnon – Sault Area Hospital
Eric Hanna, CHE – Arnprior Regional Health
Janice Skot, CHE – Royal Victoria Regional Health Centre
**Concurrent sessions** | Tuesday, June 3, 2014  •  13:45 – 15:15

### AR/LS Session 35  
**Community and home care**  
*Baron Shaughnessy Room*

This session will feature a presentation identifying the need to shape change in healthcare practices and advance quality of care for better client outcomes by mitigating clients’ safety risks and improving their health safety at home; and a presentation that will introduce participants to the activities, methods and innovations implemented to successfully engage residents in cancer screening.

**Abstracts**

**Focus on self-care: An important step to addressing the safety challenges in home care**

*Winnie Sun* – University of Toronto PhD Candidate

**Creating Access to Screening and Training in the Living Environment (CASTLE): Community health brokers as health leaders**

*Angela Frisina* – Hamilton Public Health Services  
*Elizabeth Molinaro* – McMaster University

**Experienced Resource Nurse Pool (ERNP): Driving quality and decreasing cost**

*Barb Lawrie, Sharon Provost* – Vancouver Coastal Health

### LS Session 36  
**Health leaders coaches’ corner**  
*D.C. Coleman Room*

Take your leadership to the next level. Come and speak with leaders from across Canada in an intimate setting. Hear their stories, ask questions and gain valuable advice. Leaders of health regions, hospitals, private sector and community organizations, from coast to coast, will be available to provide armchair coaching in a relaxed environment.

**Sponsored by: Roche**

In your corner we have:

**Coaches**

*Lori Anderson* – Chief Zone Officer, Calgary Zone (interim), Alberta Health Services  
*Maura Davies, FCCHL* – President and CEO, Saskatoon Health Region  
*Rob Devitt, CHE* – President and CEO, Toronto East General Hospital  
*Kevin Empey, CHE* – CEO, Lakeridge Health  
*Carol Gray* – President, TallTrees Leadership  
*Suann Laurent* – President and CEO, Sunrise Health Authority  
*Christine Power, CHE* – CEO, Capital Health  
*Andrea Robertson* – President and CEO, STARS  
*Howard Waldner, CHE* – Principal, Caledonia Solutions, Inc. and Past President and CEO, Island Health  
*Bill Zindle* – Executive Director, Business Development, Roche Diagnostics

Please check with the registration desk for possible openings.

### 15:15 – 15:45  
**Networking break – Exhibits**  
*Van Horne Foyer*
The challenges of leadership excellence in healthcare are daunting! As you well know, talented leaders are called to steward precious resources to maximally deliver quality outcomes in an environment of flawless safety while retaining personalized care—no easy feat. By benchmarking leadership practices both within and outside of healthcare, Dr. Joseph Michelli will look at the essential behaviors of “world class” service focused leaders. From the articulation of a powerful organizational vision through tactical strategies necessary to build culture and assure consistent execution of service delivery, Dr. Michelli will share how great leaders drive operational excellence, build staff and employee engagement, and achieve a lasting legacy that produces financial success, extraordinary clinical outcomes, and transformation of their businesses and industries.

**Presenter**

**Joseph A. Michelli** – Author, *The Starbucks Experience: 5 Principles for Turning Ordinary Into Extraordinary*

Dr. Joseph A. Michelli is an internationally sought-after speaker, organizational psychologist, and business consultant who has been described as “catching what is right in the world and playfully sparking people and businesses to grow toward the extraordinary.” In addition to writing bestselling books about enduring business principles, Dr. Michelli hosted an award-winning daily radio program in Colorado Springs, Colorado for over a decade.

Dr. Michelli transfers his knowledge of exceptional business practices through keynote presentations that explore ways to develop joyful and productive workplaces with a focus on the total customer experience. His insights encourage leaders and front line workers to grow and invest passionately in all aspects of their life.


In addition to his dynamic and entertaining international keynote presentations, Dr. Michelli provides:
- CEO consultation;
- Corporate coaching;
- Group facilitation and team-building strategies;
- Individual development planning;
- Creation of open management systems; and
- Customized management and front line training programs.

He has been featured on television programs such as *The Glenn Beck Show* and CNBC’s *On the Money* and has conducted hundreds of radio and print interviews.

Dr. Michelli’s other books include *When Fish Fly: Lessons for Creating a Vital and Energized Workplace* which was co-authored with the owner of the “World Famous” Pike Place Fish Market in Seattle.
Grow your POTENTIAL
NATIONAL MENTORSHIP PROGRAM

Mentors share their wealth of knowledge and experience—information that cannot be garnered through everyday work routines or taught in a classroom. Mentees learn about the knowledge, skills, and attitudes they need to successfully lead within the Canadian health system.

Grow your POTENTIAL

Committed to helping you grow!

By earning the Certified Health Executive (CHE) designation, members enhance their professional image, increase their knowledge, and achieve their potential by demonstrating to employers and colleagues that they are a trusted resource.

The CHE program was recently revamped to align with the LEADS framework. It now includes a LEADS self-assessment, a career development plan, an on-line exam that covers system-wide issues and all sectors, and a LEADS in Action project that allows candidates to contribute knowledge to the field while learning practical skills that benefit their organizations.
BETTER TOGETHER

Now Merged

HealthCareCAN

Visit booth 11 for more information
Poster sessions

Posters will be displayed in the Riverview Lounge from 07:30 – 18:30 on Monday and from 07:30 – 11:00 on Tuesday. Presenting authors are identified in bold and will be available during networking breaks on Monday and Tuesday morning’s break to answer questions. Posters are presented in the language of submission.

Excellence in health leadership awards
We are pleased to profile the 2014 recipients from the Canadian College of Health Leaders’ national awards programs. Award winners will be pleased to discuss their achievements during networking breaks on Monday and during Tuesday morning’s networking break.

Achieve Results
Committee system transformation using SBAR, a standardized communication tool
Shawna Adams, Martin Wale – Island Health

Integrated care pathways
Saima Awan, Peter Voore, April Collins, Sarah Downey, CHE – Centre for Addiction and Mental Health

Adventures in staffing model redesign: Evaluating the collaborative practice process in residential care
Marta Filipski, Elaine Moody – Vancouver Coastal Health

HHR expenditure in Canada - The cost of providing care
Julie Goulet – Canadian Institute for Health Information

Sustainable length of stay improvement: Success is a team sport
Renate Ilse, CHE – Rouge Valley Health System

Engaging patients in care decisions
Mary Jackson, Rita den Otter – Island Health

Differences in perceptions of physician leaders and hospital administrators toward physician-hospital relations across Canadian hospitals
Atefeh Samadi-niya – IRACA Solutions Inc.

Applying triple aim in Canada: Three organizations’ experiences in improving population health, per capita cost of care and care experience
Jennifer Verma – Canadian Foundation for Healthcare Improvement
R. Sacha Bhatia – Women’s College Hospital
Sharon Lehr – Eastern Health
Crispin Kontz – Alberta Health Services

The black swan event in your rear view mirror is closer than it appears
Susan Owen, CHE – KPMG Canada / Canadian College of Health Leaders
Feisal Keshavjee, CHE – Radiology Associates / Canadian College of Health Leaders

Develop Coalitions
Leadership patient interview rounds
Kathy Sabo, Kaitlin Pattrick, Mary Kay McCarthy – University Health Network

Transforming how we build research capacity in healthcare: Creating an online, interactive learning environment
Krista C. Ritchie, Patrick McGrath, Jill Hatchette – IWK Health Centre / Dalhousie University
Jaime Corbin – IWK Health Centre
## Engage Others

**Reducing C-Difficile infection cases in large urban hospital through collaborative leadership**  
*Goldie Luong, Sydney Scharf – Vancouver Coastal Health*

**You said, we did: Sharing the patient experience**  
*Saif Syed – Toronto East General Hospital*

**Physician activity report: An evidence-based guide to quality improvement**  
*Saif Syed – Toronto East General Hospital*

**Planning through the eyes of the patient**  
*Shawna Swartz, CHE, Rosemarie Crisante, David Stolte, Kristine Jarvi, CHE, Jo-anne Marr, CHE – Mackenzie Health*

**First impressions — Through the patient’s eyes**  
*Jody Tone, Jocelyn Bennett – Mount Sinai Hospital*

**HealthCare Energy Leaders Ontario — Generating Savings for Care**  
*Kent Waddington – Canadian Coalition for Green Health Care*

## Systems Transformation

**Health care leaders’ initial perceptions of patient-based funding in Ontario hospitals**  
*Pamela Baxter – McMaster University*

**Leading the successful development of a flexible bed map process**  
*Natalie Berkiw, Judy Kojlak – London Health Sciences Centre*

**Making things stick - Ensuring ROI on leadership development programs and preventing “fizzle”**  
*Stephanie Brundl, CHE, Terry Oliver, Katie Ronholm – Grand River Hospital*

**Capturing organizational wisdom**  
*Rosmin Esmail, CHE, Brenda Hubley, Alana Casement – Alberta Health Services*

**Health information life cycle management: Interdisciplinary cooperation and leadership**  
*Candace Gibson – Western University*  
*Kelly Abrams – Canadian Health Information Management Association*

**Physician leadership - What do we know?**  
*Colleen Grady – Loyalist Family Health Team*

**Designing an integrated, regional system of addictions and mental health**  
*Cynthia Martineau, CHE, Sherry Kennedy – South East Local Health Integration Network*

**Care transitions: System trends and opportunities for improvement identified from national accreditation results**  
*Bernadette MacDonald, Jonathan Mitchell, CHE, Wendy Nicklin, CHE, Viktoria Roman – Accreditation Canada*

**Access mental health - A glance behind and a step forward**  
*Debbie Molloy – Addiction and Mental Health - Calgary Zone*

**Innovation project at Mackenzie Health: Transform possibilities into realities**  
*Tiziana Rivera, Richard Tam – Mackenzie Health*

**Innovation in hospital design - PPP healthcare infrastructure projects**  
*Thomas Sparrow – Island Health*

**Designing for a world class future**  
*Rosemarie Crisante, Shawna Swartz, CHE, David Stolte, Kristine Jarvi, CHE, Jo-anne Marr, CHE– Mackenzie Health*

**Management made easy – Management systems in healthcare**  
*Saif Syed – Toronto East General Hospital*

## Nursing Leadership

**Advancing a national policy agenda: On behalf of nurses; in the interest of Canadians**  
*Lisa Little – Canadian Nurses Association*  
*Linda Silas – Canadian Federation of Nurses Unions*

**Emerging healthcare technologies: The development of remote activity monitoring and guideline system for clients in home care**  
*Winnie Sun – University of Toronto*
CFHI is a Proud Gold Sponsor of the NHLC!

We look forward to meeting you at the following CFHI improvement events:

- **June 2**
  - 7:15 to 8:15 am
  - Achieving the ‘Triple Aim’ in Canada
    Breakfast session
  - 1:30 to 3:00 pm
  - The NWT Experience: Leading Improvement in Chronic Disease Management
    Panel

- **June 3**
  - 1:45 to 3:15 pm
  - Minobimaadizing “At the Place of Good Living”: Developing a North Shore Tribal Council Community-Driven Primary Health Service Delivery Model
    Panel

- **June 4**
  - 8:00 to 5:00 pm
  - Spreading Healthcare Innovations in a Land of Pilot Projects: From Sustainability to Spread and Scale Up
    Workshop

Visit us at our booth

The Canadian Foundation for Healthcare Improvement is a not-for-profit organization funded through an agreement with the Government of Canada.

cfhi-fcass.ca/nhlc

---

**UpToDate**

UpToDate is the most trusted source for evidence-based clinical information for more than 27,000 institutions and practices in 164 countries around the globe.

According to researchers at Harvard University, institutional adoption of UpToDate is directly associated with:

- Improved quality of every condition on the Hospital Quality Alliance Metrics
- Shorter lengths of stay: 372,000 hospital days saved per year
- Lower mortality rates: 11,500 lives saved over a three year period

In fact, more than 30 independent research studies have confirmed that widespread usage of UpToDate is associated with improved patient care and hospital performance.


UpToDate is the Only Clinical Decision Support Resource Associated with Improved Outcomes.

To learn more, please visit our website at www.uptodate.com
MHA  Master of Health Administration
PART-TIME, ONLINE DEGREE

Become an effective health system leader by developing and enhancing the skills and tools required to navigate the ever-changing health care landscape.

Taught by experienced faculty members and health system practitioners, the online MHA program focuses on building management, administrative and policy capacity for the next generation of health-sector leaders.

Some of the MHA courses include:
- Health law and policy
- Decision making and leadership in healthcare organizations
- Health economics
- Health promotion
- Aboriginal health issues
- Health program planning and evaluation

Application deadlines: July 15 (September admission) | November 1 (January admission) | March 15 (May admission)

IHE  INSTITUTE OF HEALTH ECONOMICS
ALBERTA CANADA

An independent, Alberta-based not-for-profit health research organization specializing in:
- HTA, health economics and simulation modeling
- Health services and health policy research
- Clinical guideline development through the Alberta Ambassador Program
- Knowledge transfer including policy roundtables, scientific meetings, and conferences

IHE houses the Secretariats for both:
HTAi - www.htai.org
INAHTA - www.inahta.org

TWO UPCOMING CONSENSUS DEVELOPMENT CONFERENCES:
Surveillance and Screening for Antimicrobial-Resistant Organisms (AROs)
June 18-20, 2014 • Calgary, Alberta
www.AROsCalgary2014.ca

Improving Mental Health Transitions
November 4-6, 2014 • Edmonton, Alberta
www.transitions2014.ca
Committees

**Steering committee**

Ray Racette, MA, CHE  
Canadian College of Health Leaders

Bill Tholl, MA, ICD.D  
HealthCareCAN

**Planning committee**

Sylvie Deliencourt  
Canadian College of Health Leaders

Phil Dresch  
HealthCareCAN

Jennifer Kitts  
HealthCareCAN

Teresa Neuman  
HealthCareCAN

Laurie Oman  
Canadian College of Health Leaders

Dale Schierbeck  
HealthCareCAN

Francine St-Martin  
Canadian College of Health Leaders

**Abstract review committee**

Sajid Syed Ahmed  
Accreditation Canada

Carol Lynn Anderson  
Baycrest Centre for Geriatric Care

Carl Balcom, CHE  
Hôpital Montfort

Jocelyn Bennett  
Mount Sinai Hospital

Sean Bisschop, CHE  
Waypoint Centre for Mental Health Care

Lucy Bonanno, CHE  
Summerville Family Health Team

Margaret Champion, CHE  
IWK Health Centre

Zahida Esmaid  
Vancouver Coastal Health

Theresa Fillatre, CHE  
Canadian Patient Safety Institute

Eleanor M. Groh  
Chatham-Kent Health Alliance

Olusegun O. Famure, CHE  
University Health Network

Gabriella Golea  
Centre for Addiction and Mental Health

Karin Jackson, MA  
BC Mental Health & Addictions Research Institute

Maggie Keresteci, CHE  
Ontario Medical Association

Mimi Lowi-Young, FACHE, FCCHL  
Alzheimer Society of Canada

Grace Maier, CHE  
Glenrose Rehabilitation Hospital

Khwezi Mbolekwa, CHE  
Northern Health Authority

Neil McEvoy, CHE  
Centre for Research in Healthcare Engineering, University of Toronto

Sean Molloy, CHE  
Cancer Care Ontario

Jane Mosley  
Women’s College Hospital

**Program advisory committee**

Keith Denny  
Canadian Institute for Health Information

Jennifer Duff, CHE  
Providence Health Care

Elma Heidemann, FCCHL  
Retired health leader

Michelle Pelletier  
Association québécoise d’établissements de santé et de services sociaux

Brenda Rebman  
Futures Resource Partners Inc.

Donna Towers, CHE  
Donna L. Towers Consulting Inc.

Susan Williams  
Alberta Health

June Webber  
Canadian Nurses Association

Pamela Winsor, CHE  
Medtronic of Canada Ltd.

**Patricia A. Murray, CHE**  
Department of Health and Wellness (Nova Scotia)

**Anne Neufeld, CHE**  
Strategy and Advancement SIAST

**Norm Peters**  
Island Health

**Jean-Claude Plourde, CHE**  
GESTION NOVE Consultants

**Tiziana Rivera**  
MacKenzie Health

**Wendy Rudnick**  
St. Boniface Hospital

**Josette Roussel**  
Canadian Nurses Association

**Marcy Saxe-Braithwaite, CHE**  
Western Management Consultants

**Shannon L. Sibbald**  
Western University

**Jessica Sleeth, CHE**  
School of Medicine, Queen’s University

**Chadash Sungur, CHE**  
Sunnybrook Health Sciences Centre

**Marilyn Thompson**  
Eastern Health

**Roula Tzianetasa, CHE**  
Mount Sinai Hospital

**Kathryn Wise, CHE**  
Toronto Central Community Care Access Centre

**John Yarschenko**  
Interior Health Authority
The Call for Abstracts will be available in September 2014. For further information, visit www.nhlc-cnls.ca this summer.
Floorplans

MEZZANINE ONE

MEZZANINE TWO

Conference Centre

FIRST FLOOR
SECOND FLOOR
Transforming
health care organizations
through a focus on
strategy, people, work and performance

- Planning
- Operational Improvement
- Organizational Effectiveness
- Human Resources Management
- Reward Programs

Contact:
Mark Hundert, National Director
t +1.416.868.1371
f +1.416.868.0362
e mark.hundert@haygroup.com

www.haygroup.com/ca
Canadian College of Health Leaders

The Canadian College of Health Leaders (College) is a national, member-driven, not-for-profit association dedicated to ensuring that the country’s health system benefits from capable, competent and effective leadership. As defined by the LEADS in a Caring Environment framework, a leader is anyone with the capacity to influence others to work together constructively. Through credentialing, training, networking and mentoring, we support health leaders in every sector and region, from every professional background and at any stage of their career. Guided by a code of ethics, we help individuals acquire the skills they need to create change in their own organizations and, ultimately, the health system. The College achieves all of this within an environment of collaboration, cooperation and member engagement – through partnerships and chapters – promoting lifelong learning and professional development while recognizing leadership excellence.

Situated in Ottawa, with 21 chapters across the country and representing more than 3,200 members and 90 corporate members, the College offers a range of programs and services, including capabilities based credentialing, professional development for Canadian health leaders, and a nationwide career network.

Visit www.cchl-ccls.ca for more details. Follow us on Twitter @CCHL_CCLS.

HealthCareCAN

HealthCareCAN (the merged organizations of the Canadian Healthcare Association and the Association of Canadian Academic Healthcare Organizations) is a new national health organization that is the national voice and champion of innovative health organizations across the continuum of care.

HealthCareCAN’s focus is to advance an integrated, sustainable and accountable health system that provides Canadians with world-leading health services and to improve the health of Canadians through an evidence-based and innovative health system. Through value streams of Science and Technology in Service of Health and Healthcare, Service Excellence, and Capacity Development within Canada’s healthcare service organizations through the full suite of CHA Learning programs, HealthcareCAN will work to contribute to better organizational and healthcare system performance.

Learn more about our solutions to health system challenges by visiting our website www.healthcarecan.ca.