From rhetoric to action: Achieving person and family-centered health systems

2013 National Health Leadership Conference

June 10-11, 2013 | Niagara Falls, Ontario

Conference program

www.nhlc-cnls.ca
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 the implementation and delivery of patient and family-centered health services
• Discuss types of digital communication tools and their effective application in transforming health service
• Identify effective ways for health leaders to be catalysts for change

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;
• Be better equipped to address system transformation challenges; and
• Understand what is meant by being person and family-centered care.
Transforming health care organizations through a focus on strategy, people, work and performance

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

Contact:
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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 national framework, a leader is anyone with the capacity to influence others to work together constructively. Through credentialling, 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 more than 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 credentialling, 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.

Canadian Healthcare Association

The Association prioritizes sustainable and equitable health system funding, health human resources, targeted health system improvements, population health and leadership as part of an innovative and sustainable health system for the people of Canada.

Every year, between 500 and 600 adult learners broaden their knowledge base and explore new career paths through CHA Learning’s distance offerings in management, quality improvement, long term care administration, health information management and patient safety. CHA Learning’s expertise in distance learning has placed the organization in the forefront as a recognized provider of professional development opportunities for healthcare leaders across Canada.

Visit www.cha.ca to learn more about our solutions to health system challenges. Follow us on Twitter @CHA_ACS.

Canadian Healthcare Association

Founded in 1931, the Canadian Healthcare Association leads informed and continuous health system improvement. CHA is a federation. Its members are the provincial and territorial health organizations that serve the people of Canada across the continuum of care.

- We influence decision-makers: CHA influences key funding and systems improvement decisions for necessary and innovative change across the continuum of health.
- We are a catalyst for innovation: CHA drives health system improvement by consolidating and interpreting best available information on member-identified priority issues. We synthesize, translate and engage.
- We develop leaders and leadership: CHA provides products and services that support continuous learning and development of healthy, able and confident leaders within the health system.
Our sponsors

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

Gold

Canadian Foundation for Healthcare Improvement

Halogen Software

Health Council of Canada

Silver

Aramark Healthcare

Medtronic

Bronze

Honeywell

GE Healthcare

HIROC

Directed

3M HealthCare

BLG

HealthPRO

Janssen

Johnson & Johnson Medical Companies

Roche

Sodexo
Welcome from the conference partners

We are pleased to co-host the 2013 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 *From rhetoric to action: Achieving person and family-centered health systems.*

Despite much talk and some action, we are far from achieving a health system in Canada that is fundamentally designed to focus explicitly on people by being respectful and responsive to their preferences, needs and values. Person and family-centered care has been linked to increased quality and safety, reduced costs, enhanced provider satisfaction and an improved patient experience. How can health leaders implement an integrated person and family-centered approach across the entire health system, including primary care, public health, acute and chronic care, mental health, and home and continuing care?

The values and principles embodied in a person and family-centered approach can be applied at all levels. They encompass the immediacy of encounters between professionals and patients and extend to the ways in which health systems themselves are organized to maximize ease of navigation, responsiveness, convenience, continuity, and comprehensiveness.

This year we are pleased to introduce a nursing leadership stream. This new stream will provide an opportunity to showcase nursing leadership initiatives as well as provide nurses the opportunity to dialogue with healthcare leaders in other disciplines.

Conference participants will come away with practical ideas to bring to their work settings; build strong networks and engage in new conversations; gain insight on what it takes to be an effective leader and be better equipped to address system transformation challenges.

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, CHE
President and CEO
Canadian College of Health Leaders

Phil Dresch, CA
Interim President and CEO
Canadian Healthcare Association
Conference host

It is my pleasure to invite you to attend the 2013 National Health Leadership Conference – *From rhetoric to action: Achieving person and family-centered health systems.*

We have an outstanding plenary program planned. Margaret Trudeau will speak about her experience as a patient and her journey to recovery. I will have the pleasure to moderate an interactive panel discussion with Dr. Brian Goldman, Shirlee Sharkey, Dr. Durhane Wong-Rieger, Barbara Farlow and Hélène Campbell on steps required to achieve person and family-centered health systems. Dr. Bridget Duffy will share her knowledge about transforming the patient experience and Dr. Alex Jadad will close the conference with his address on how to drive action and implementation.

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.

Niagara Falls offers eclectic restaurants and electrifying attractions. From the Maid of the Mist to Journey Behind the Falls, experience this great wonder of the world as well as fine dining, golf courses and spas. Don’t forget that wine country is just down the road.

**I look forward to meeting you and to your active participation.**

Susan Kwolek, CHE
VP Patient Services and Chief Nursing Officer
Niagara Health System

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**Susan Kwolek, CHE** is VP Patient Services and Chief Nursing Officer at Niagara Health System (NHS) and Executive Lead for the St. Catharines site.

Formerly the Senior Vice President of Programs and Services at Credit Valley Hospital and VP Patient Services and CNE at North York General Hospital, she has experience in academic and non-academic, single and multi-site organizations. She has a track record of operational and financial achievements within the acute care sector, has demonstrated an ability to effectively lead and complete small, large and complex strategic projects, and has had the opportunity to provide operational oversight for significant clinical and non-clinical portfolios.

Throughout her nursing career, Susan has held a variety of positions including staff nurse and clinical educator, nurse manager, and program director. Susan has practiced in both large academic teaching hospitals and community hospitals.

Susan has a clinical appointment, lecturer status, in the Faculty of Nursing, University of Toronto, and an adjunct faculty position in the Faculty of Medicine, Department of Health Policy Management and Evaluation at the University of Toronto. As well, she currently serves as a board member on the CCAC Board of Directors.
Plenary speakers

Monday, June 10, 2013    •     09:10 – 10:15    •     Great Room
Family-centered health systems – A patient’s journey 🎧
Margaret Trudeau – Celebrated Canadian and Mental Health Advocate
Sponsored by: Janssen Inc.

Monday, June 10, 2013    •     15:30 – 17:00    •     Great Room
Patient and family-centered health systems: The next steps 🎧
Brian Goldman – Host of CBC’s White Coat, Black Art
Durhane Wong-Rieger – President and CEO, Institute for Optimizing Health Outcomes
Shirlee Sharkey, CHE – President and CEO, Saint Elizabeth Health Care
Hélène Campbell – Double-lung transplant recipient
Barbara Farlow – Member, Patients for Patient Safety Canada (a patient-led program of the Canadian Patient Safety Institute)

Tuesday, June 11, 2013    •     09:00 – 10:30    •     Great Room
Leadership for person and family-centered health systems 🎧
Bridget Duffy – Chief Medical Officer, Vocera

Tuesday, June 11, 2013    •     15:45 – 16:50    •     Great Room
Driving action and implementation to achieve optimal levels of health for all 🎧
Alex Jadad – Canada Research Chair in eHealth Innovation
### Program-at-a-glance

#### Sunday, June 9, 2013  
(All events held at the Sheraton on the Falls)

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>12:00 – 17:30</td>
<td>Registration</td>
<td>Great Room Foyer</td>
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<tr>
<td>13:00 – 15:00</td>
<td>CCHL – Annual general meeting and ceremonies</td>
<td>Great Room C</td>
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<tr>
<td>15:00 – 16:00</td>
<td>CCHL Reception</td>
<td>Fallsview</td>
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<tr>
<td>16:00 – 17:30</td>
<td>CHA – Annual general meeting and reception</td>
<td>Strategy 3</td>
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#### Monday, June 10, 2013  
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<td>Fun walk</td>
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<td>07:00 – 17:30</td>
<td>Registration</td>
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</table>
| 07:15 – 08:15      | BREAKFAST SESSIONS  
Accelerating healthcare improvement and transformation across Canada
Improving the patient experience: Engaging consumers, listening and taking action
CHLNet: Toward a Canadian health leadership strategy
The Health Innovation Portal: Identifying and sharing innovative practices from across Canada
CIHI and you – Towards relevant and actionable analysis | Fallsview, Strategy 2, Strategy 1, Strategy 3, Elizabeth - Crowne Plaza |
| 07:15 – 08:15      | Continental breakfast – Exhibits and poster viewing                  | Great Room Foyer & Strategy Foyer |
| 08:30 – 09:10      | PLENARY  
Welcome and opening ceremonies | Great Room         |
| 09:10 – 10:15      | PLENARY  
Family-centered health systems – A patient’s journey | Great Room |
|                    | Sponsored by: Janssen Inc.                                           |                   |
| 10:15 – 10:45      | Networking break – Exhibits and poster viewing                       | Great Room Foyer & Strategy Foyer |
|                    | Sponsored by: Sodexo Canada Ltd.                                    |                   |

#### Types of presentations:
- Oral abstract presentations
- Panel
- Workshop
- Invited

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

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

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

June 10 - 11, 2013 | www.nhlc-cnls.ca
## CONCURRENT SESSIONS

### 10:45 – 11:45

<table>
<thead>
<tr>
<th>Code</th>
<th>Session</th>
<th>Venue</th>
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</thead>
<tbody>
<tr>
<td>AR</td>
<td>1. Achieving quality care: Programs that deliver results</td>
<td>Fallsview</td>
</tr>
<tr>
<td>DC</td>
<td>2. Successful partnerships</td>
<td>Strategy 1</td>
</tr>
<tr>
<td>ST</td>
<td>3. Innovative system improvements</td>
<td>Strategy 2</td>
</tr>
<tr>
<td>EO</td>
<td>4. Influencing the transformation of the Afghan National Army’s Academy of Medical Sciences and National Hospital</td>
<td>Upper Fallsview B</td>
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<tr>
<td>AR</td>
<td>5. Performance measurement</td>
<td>Strategy 3</td>
</tr>
<tr>
<td>EO</td>
<td>6. Collaborating for improvement in chronic disease and achieving person and family-centered health systems in Atlantic Canada</td>
<td>Strategy 7</td>
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<tr>
<td>DC</td>
<td>7. Working together to improve health outcomes</td>
<td>Strategy 5/6</td>
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<tr>
<td>LS</td>
<td>8. Health leaders coaches’ corner</td>
<td>Roche Upper Fallsview A</td>
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<tr>
<td>EO</td>
<td>9. Engagement</td>
<td>Elizabeth - Crowne Plaza</td>
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### 11:45 – 13:15

**LUNCHEON**

Presentation of the Robert Wood Johnson Awards

Sponsored by: Johnson & Johnson Medical Companies

Great Room

### 13:30 – 15:00

**CONCURRENT SESSIONS**

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<th>Code</th>
<th>Session</th>
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<tbody>
<tr>
<td>DC</td>
<td>10. Mental Health Engagement Network – From idea to transformation – Enabled by collaboration</td>
<td>Upper Fallsview B</td>
</tr>
<tr>
<td>AR</td>
<td>11. Priority setting and resource allocation in healthcare: Drawing on ethics and economics to inform practice</td>
<td>Strategy 2</td>
</tr>
<tr>
<td>ST</td>
<td>12. Adaptive leadership and system transformation: The case for generative governance</td>
<td>Fallsview</td>
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<tr>
<td>EO</td>
<td>13. Engaging teams and patients</td>
<td>Strategy 7</td>
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<tr>
<td>ST</td>
<td>14. Building and sustaining a patient-centered system: The transformational journey of a mental health and addictions program</td>
<td>Strategy 1</td>
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<tr>
<td>DC</td>
<td>15. Sustainability and system redesign</td>
<td>Strategy 3</td>
</tr>
<tr>
<td>LS</td>
<td>16. The key to organizational transformation is personal transformation: Transforming the way we lead change</td>
<td>Strategy 5/6</td>
</tr>
<tr>
<td>LS</td>
<td>17. Health leaders coaches’ corner</td>
<td>Roche Upper Fallsview A</td>
</tr>
<tr>
<td>ST</td>
<td>18. Safe staffing for patient safety</td>
<td>Elizabeth - Crowne Plaza</td>
</tr>
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### 15:00 – 15:30

Networking break – Exhibits and poster viewing

Great Room Foyer & Strategy Foyer

### 15:30 – 17:00

**PLENARY**

Patient and family-centered health systems – The next steps

Great Room

### 17:00 – 18:30

**Chairs’ Reception**

Sponsored by: Borden Ladner Gervais

Great Room Foyer

### 18:30 – 22:30

Winery tour and dinner at Trius Winery at Hillebrand (Pre-registration only)

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

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**Tuesday, June 11, 2013**

*(All events held at the Sheraton on the Falls except when Crowne Plaza is indicated.)*

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<td>Registration</td>
<td>Great Room Foyer</td>
</tr>
<tr>
<td>07:30</td>
<td><strong>BREAKFAST SESSIONS</strong> (Pre-registration only)</td>
<td>Strategy 2</td>
</tr>
<tr>
<td></td>
<td>An integrated approach to leadership development through LEADS in a Caring Environment Framework – A collaborative experience between Baycrest and the College</td>
<td>Presented by: Canadian College of Health Leaders</td>
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<tr>
<td>Time</td>
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<td>Location</td>
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<tr>
<td>07:30 – 08:45</td>
<td>Continental breakfast — Exhibits and poster viewing</td>
<td>Great Room Foyer &amp; Strategy Foyer</td>
</tr>
<tr>
<td>09:00 – 10:30</td>
<td>PLENARY Leadership for person and family-centered health systems</td>
<td>Great Room Foyer</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Networking break — Exhibits and poster viewing</td>
<td>Great Room Foyer &amp; Strategy Foyer</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
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</tr>
<tr>
<td>20.</td>
<td>AR 20. Performance reporting capacities and tools for health system improvement (Part 1)</td>
<td>Fallsview</td>
</tr>
<tr>
<td>22.</td>
<td>AR 22. Improving staff, physician and patient satisfaction</td>
<td>Strategy 3</td>
</tr>
<tr>
<td>23.</td>
<td>ST 23. Innovative tools and approaches for system improvement</td>
<td>Strategy 1</td>
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<tr>
<td>24.</td>
<td>AR 24. Patient and family-centered care for all ages</td>
<td>Strategy 7</td>
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<tr>
<td>25.</td>
<td>AR 25. Enhancing recruitment of research participants: The permission to contact strategy</td>
<td>Upper Fallsview B</td>
</tr>
<tr>
<td>26.</td>
<td>LS 26. Health leaders coaches’ corner</td>
<td>Sponsored by: Roche Canada</td>
</tr>
<tr>
<td>27.</td>
<td>AR/ST 27. Nursing leadership best practices</td>
<td>Elizabeth - Crowne Plaza</td>
</tr>
<tr>
<td>12:00 – 13:30</td>
<td><strong>LUNCHEON</strong> Presentation of 3M Health Care Quality Team Awards</td>
<td>Great Room Foyer &amp; Strategy Foyer</td>
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<tr>
<td>13:45 – 15:15</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
<td></td>
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<tr>
<td>28.</td>
<td>EO 28. Patients and professionals partner to redesign inpatient care</td>
<td>Strategy 7</td>
</tr>
<tr>
<td>29.</td>
<td>LS/EO 29. Leadership improvement</td>
<td>Fallsview</td>
</tr>
<tr>
<td>30.</td>
<td>AR 30. Performance reporting capacities and tools for health system improvement (Part 2)</td>
<td>Strategy 2</td>
</tr>
<tr>
<td>31.</td>
<td>EO 31. How to embed and sustain change that impacts the patient experience: The Holland Bloorview story</td>
<td>Strategy 3</td>
</tr>
<tr>
<td>32.</td>
<td>ST 32. Successful system transformation initiatives</td>
<td>Strategy 1</td>
</tr>
<tr>
<td>33.</td>
<td>EO 33. Interprofessional engagement</td>
<td>Upper Fallsview B</td>
</tr>
<tr>
<td>34.</td>
<td>ST 34. Innovations in patient-centered quality care: Medical-legal partnership improves systems-based patient experience</td>
<td>Strategy 5/6</td>
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<tr>
<td>35.</td>
<td>ST/EO 35. Systems transformation leadership</td>
<td>Elizabeth - Crowne Plaza</td>
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<tr>
<td>15:15 – 15:45</td>
<td>Networking break — Exhibits and poster viewing</td>
<td>Great Room Foyer &amp; Strategy Foyer</td>
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<td>15:45 – 16:50</td>
<td>PLENARY Driving action and implementation to achieve optimal levels of health for all</td>
<td>Great Room</td>
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<tr>
<td>16:50 – 17:00</td>
<td>PLENARY Closing remarks</td>
<td>Great Room</td>
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**Types of presentations:**
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**LEADS domains:**
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**Target audience:**
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- Middle managers
- Senior leaders
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- Applicable to all

**Sponsored by:**
- Roche Canada
- 3M Health Care
- Elizabeth - Crowne Plaza
General information

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 patient and family-centered care and engage participants in discussion and debate;
- 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 networking breaks.

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 Great Room. 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 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, and much more. Be sure to create your profile and make the most of networking opportunities. You simply have to visit http://eventmobi.com/nhlc2013 or scan the QR code below once and all the event information is automatically saved to your device.

Excellence in health leadership awards
We are pleased to profile the 2013 recipients from the Canadian College of Health Leaders’ national awards programs. Please be sure to visit our Excellence in health leadership area located near the poster board displays. Award winners will be pleased to discuss their achievements during all conference networking and social opportunities.

Maintenance of certification (MOC)
Attendance at this program entitles certified Canadian College of Health Leaders members (CHE / Fellow) to 10.25 MOC I credits for the conference and 1 Category I credit for the breakfast session on Monday, June 10th and 1 Category I credit for the breakfast session on Tuesday, June 11th toward their maintenance of certification requirement.
**Registration and information desk hours**
Sheraton on the Falls, Great Room Foyer, 3rd Floor

- **Sunday, June 9**  
  12:00 – 17:30
- **Monday, June 10**  
  07:00 – 17:30
- **Tuesday, June 11**  
  07:00 – 17:00

**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:

- **Full conference**  
  Blue
- **Monday only**  
  Purple
- **Tuesday only**  
  Red
- **Speakers**  
  Green
- **Exhibitors**  
  Black
- **Media**  
  Orange
- **Volunteers**  
  Teal
- **Staff**  
  Yellow

Board members of the Canadian College of Health Leaders (College) and the Canadian Healthcare Association (CHA), past chairs, sponsors, award winners and College chapter chairs are identified with a ribbon.

**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 Great Room Foyer and the Strategy Foyer 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 Great Room Foyer and in the poster area situated in the Strategy Foyer. Coffee, tea and juice will be offered during the morning and afternoon networking breaks.

**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**
Sheraton on the Falls  
5875 Falls Avenue  
Niagara Falls, ON L2G 3K7  
Tel: 905-374-4445

Crowne Plaza Niagara Falls — Fallsview  
5685 Falls Avenue  
Niagara Falls, ON L2E 6W7  
Tel: 905-374-4447
Innovation strengthens our health care system

Join the Health Council of Canada for an overview and demonstration of the Health Innovation Portal – a searchable database of more than 250 innovative practices from across Canada. Find out what's working, why it works, and how you can apply the same innovative practices in your own setting.

Monday, June 10, 2013
7:15 – 8:15 a.m.
Sheraton on the Falls
Niagara Falls, Ontario

We are dedicated to accelerating healthcare improvement for Canadians

CFHI* works shoulder to shoulder with policy-makers, managers, front-line providers, patients and families to provide the analysis, processes, tools, learning systems and leadership development needed to accelerate change.

“With CFHI's help, we are breaking new ground, and the results will support better service delivery and a more sustainable healthcare system for the north.”

Debbie DeLancey
Deputy Minister, Health and Social Services, Northwest Territories

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

L'innovation renforce notre système de soins de santé

Joignez-vous au Conseil canadien de la santé pour une présentation et une démonstration du Portail de l’innovation en santé – base de données interrogable qui comprend plus de 250 pratiques novatrices de partout au Canada. Découvrez ce qui donne des résultats, pour quelles raisons, et voyez comment vous pouvez appliquer ces pratiques novatrices dans votre domaine professionnel.

Lundi 10 juin 2013
7 h 15 – 8 h 15
Sheraton on the Falls
Niagara Falls (Ontario)

Visit us at cfhi-fcass.ca

Follow us: 

Health Council of Canada
Conseil canadien de la santé
Conference program

Sunday, June 9, 2013

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Monday, June 10, 2013  (All events held at the Sheraton on the Falls except when Crowne Plaza is indicated.)

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Meet your guides in the Main Lobby at 06:30 for a 06:45 start.

Accelerating healthcare improvement and transformation across Canada

The Canadian Foundation for Healthcare Improvement (CFHI) is dedicated to accelerating healthcare improvement and transformation for Canadians. This session will highlight relevant examples of CFHI’s work tied to its mission and goals of healthcare efficiency, patient and family-centered care, and coordinated healthcare.

Session Leader:
Stephen Samis – Vice-President, Programs, Canadian Foundation for Healthcare Improvement
Improving the patient experience: Engaging consumers, listening and taking action

Health leaders across the country are increasingly being challenged to use innovative digital health solutions to improve the patient experience. This session will highlight the importance of engaging consumers to find out their future health and healthcare needs. Shelagh Maloney will provide an overview of Canada Health Infoway’s effective engagement strategies and share results of recent research. She will also talk about how Infoway translated what it heard from consumers into five opportunities for action. The challenge for health leaders will be to move forward with these opportunities to deliver direct value for patients and improve the patient experience.

Speaker:
Shelagh Maloney – Vice President, Communications, Canada Health Infoway

CHLNet: Toward a Canadian health leadership strategy

This interactive session will update attendees on CHLNet’s next three-year strategic plan in support of our mission: “Better Leaders, Better Health – Together”. The primary focus of this year’s breakfast meeting is to forge consensus around the basic building blocks of a Pan-Canadian Health Leadership Strategy. This strategy is fundamental to “taking CHLNet to the next level” and will inform CHLNet’s role as an advocate for leadership development as a co-founder of the LEADS Collaborative (along with the Canadian College of Health Leaders and Royal Roads University).

An “issue brief” setting out the basic building blocks of the strategy will be prepared and presented to attendees for facilitated discussion and debate. Attendees will be invited to be part of an extended “deliberative dialogue” process to flesh out the strategy in advance of the December meeting of CHLNet partners, and to inform CHLNet’s work plan over the coming year.

A. CHLNet Strategic Plan 2013-2016: An overview
This session will review progress over the first three-year strategic plan and outline the main elements of the new three-year plan. This will include an overview of the mission and mandate of the LEADS Collaborative as a social enterprise in support of the LEADS framework.

B. Pan-Canadian Health Leadership Strategy
A draft “issue brief” will be presented at a very high level to gauge community interest in the concept and to “test drive” the basic building blocks of the strategy. This will be a facilitated and interactive session.

Speakers:
Brian O’Rourke – CHLNet Co-Chair / President and CEO, Canadian Agency for Drugs and Technologies in Health
Hugh MacLeod – CHLNet Co-Chair / CEO, Canadian Patient Safety Institute
Bill Tholl – Executive Director, CHLNet
Graham Dickson – Senior Academic Advisor
Breakfast sessions  |  Monday, June 10, 2013  •  07:15 – 08:15

The Health Innovation Portal: Identifying and sharing innovative practices from across Canada

In November 2012, the Health Council of Canada launched the Health Innovation Portal so Canadians can learn about and share innovative healthcare practices, programs, services and policies from across the country. The Health Innovation Portal helps healthcare managers, providers, policy-makers, and researchers identify practices that are working in Canada, so they can adapt them and put them into practice in their own settings. The most notable feature of the Health Innovation Portal is a searchable database of over 250 innovative practices that cover a range of healthcare themes with a user-friendly search function and customizable outputs. All profiled practices are evaluated and categorized using our Innovative Practices Evaluation Framework™. The framework categorizes innovative practices as emerging, promising or leading according to quality of evidence, impact, applicability and transferability criteria.

The Health Innovation Portal is an opportunity for healthcare leaders across Canada to work together to advance the current state of knowledge and share innovative solutions that can strengthen Canada’s healthcare system.

Health Council staff will present an overview and brief web demonstration of the Health Innovation Portal including how to find and submit innovative practices.

Speakers:
Mark Dobrow – Director of Analysis and Reporting, Health Council of Canada
Gillian Ritcey – Policy Analyst, Health Council of Canada

CIHI and you – Towards relevant and actionable analysis

CIHI produces analysis to inform the public, enlighten policy debates and answer the most critical questions of health system managers. Have you ever wondered where the report ideas come from? This session will highlight how topics are chosen and some of the steps taken to ensure quality products, and discuss how we work with external experts.

At the end of this breakfast session, participants will:

• Know what reports and information are available from CIHI (now and over the coming two years);
• Discuss the best methods of getting CIHI’s analytical work into your hands;
• Have input into topics that could be considered for future analytical reports;
• Understand how CIHI works with health system experts; and
• Learn about ways to get involved.

Speaker:
Kathleen Morris, CHE – Director, Health System Analysis and Emerging Issues, Canadian Institute for Health Information

07:15 – 08:15  Continental breakfast – Exhibits and poster viewing  (No pre-registration required)  Great Room Foyer & Strategy Foyer
08:30 – 09:10  PLENARY  Welcome and opening ceremonies  Great Room
Family-centered health systems – A patient’s journey

In this session, Margaret Trudeau will speak candidly about the mental illness that affected her life so profoundly. She will share her experience as a patient and discuss the role that health-care professionals, family and friends have in her ongoing journey as well as her own role towards recovery and dealing with day-to-day life positively. Her message is one of strength, resilience and redefining one’s goals.

**Presenter:**
Margaret Trudeau – Celebrated Canadian and Mental Health Advocate

**Sponsored by:** Janssen Inc.

Margaret Trudeau became the youngest Prime Minister’s wife in Canadian history when she married Pierre Elliot Trudeau at the age of 22. She has led a rich and interesting life by raising five children and travelling the country and the world extensively.

Ms. Trudeau has authored three books, including her latest, *Changing My Mind*, which has topped the best selling charts. Margaret discusses with candour and insight the bipolar condition she has struggled with all her life and shares her journey of recovery, acceptance and hope with the wish that others suffering will reach out and get the help they need.

For all her adult life, Ms. Trudeau has suffered from the debilitating effects of her bipolar condition. Now, after seeking medical treatment that has given her life balance and happiness, she advocates strongly on mental health issues, helping people overcome the stigma of mental illness that often prevents sufferers from getting help. Margaret is working with The Royal Ottawa Hospital to raise funds for their new hospital and raise public awareness of mental health issues.

She now sits on the Executive Advisory Board of the UBC Mental Health Institute as a community advocate. She will further her knowledge of mental health issues and gain new insights into the diagnosis and treatment of some of the most challenging issues in modern medicine.

Margaret Trudeau has garnered more publicity than any woman in Canadian history. Throughout, she has kept her sense of humour and spontaneity. She has wonderful stories to tell and a strong, clear message on the importance of finding a balance of mind, body and spirit.

**Networking break** – Exhibits and poster viewing

**Sponsored by:** Sodexo Canada Ltd.

**Concurrent Sessions**

**Session 1**
Achieving quality care: Programs that deliver results

This session will focus on a Staff mix decision-making framework providing an example of how leaders are applying the framework in clinical settings as well as the lessons learned from the Orthopedic Triage Program that has resulted in greater physician and patient satisfaction.

**Abstracts:**
Safe nurse staffing LEADS the way to quality care
Norma Freeman – Canadian Nurses Association
Alice Kennedy, FCCHL – Eastern Health

The Orthopedic Triage Program
Lindsay Steward, Shirdi Nulliah – Edmonton North Primary Care Network
Session 2: Successful partnerships

This session will feature presentations on a successful partnership between Providence Health Care and the Patient Voices Network to redesign a system to improve patient satisfaction; and an innovative approach to developing a patient-centered, community-led primary healthcare service in rural and remote areas of British Columbia.

Abstracts:

“Nothing about me without me!” Patient participation in healthcare redesign
Margot Wilson, CHE – Providence Health Care
Delia Cooper, Joyce Resin, Catherine North – Patient Voices Network
Robert Levy, Garey Mazowita, David Thompson, CHE – Providence Health Care
Carol Gillam – Vancouver Coastal Health
Clay Barber – BC Ministry of Health / BC Medical Association

Possibilities through partnerships
Alison Mitchell, Victoria Power – Vancouver Island Health Authority

Session 3: Innovative system improvements

This session will feature the results of The Conference Board of Canada’s innovation survey that assessed the innovation readiness of healthcare organizations in Canada in 2012 and highlight the LHIN’s Clinical Services Roadmap to improve patient access to the right care in the right place at the right time.

Abstracts:

Understanding the innovation capabilities of healthcare organizations
Gabriela Prada, CHE, Trevor Foster, Jeannette Lye – The Conference Board of Canada

Improving system efficiencies with a Clinical Services Roadmap
Cynthia Martineau, CHE, Michael Alexander – South East Local Health Integration Network
David Zelt – Kingston General Hospital

Session 4: Influencing the transformation of the Afghan National Army’s Academy of Medical Sciences and National Hospital

This presentation will provide context and lessons from the work of Canada/United States Advisors at the Afghan National Army’s Academy of Medical Sciences and National Military Hospital.

The introduction will review conditions prior to Advisor engagement. Many Afghans believe that their system is not meeting their needs and are looking to a Western Healthcare model as a solution. Their understanding of this and the “Afghan right” solution is the middle ground in which Advisors and Afghans work. The challenges facing the health system and the accomplishments of the advising mission highlight the value of the LEADS Framework.

Learning objectives include: knowledge of the health service mission in Afghanistan; military healthcare in Afghanistan; lessons from the practical application of the LEADS Framework in health system transformation and in achieving results in healthcare delivery. We will seek to connect our experiences to the improvement of health systems in underserviced areas as well as in the applicability of a LEADS approach to other government departments. We will discuss the need to take the whole health system into account when advocating change versus a piecemeal approach. Elements of our review will include: vision and goal setting in supporting change; cross cultural relationship building; the power of assumptions; and the exporting of Canadian Healthcare values and ethics. The advisor function at the Academy is collaborative. Afghan civilian and military leadership along with Advisors developed and supported a campaign plan with specific objectives. The ability to communicate, explain and support these objectives to Afghan staff was a function of engagement and finding leverage points in a culture with different values. As a direct result of these efforts, our Afghan colleagues were willing to try different approaches to their instructional, organizational, and healthcare practices with positive results. National Military Hospital Advisors have been providing side by side coaching and instruction across all functional areas of the hospital for several years and...
have experienced many challenges in adopting safer, patient-focused practices. The Advisor/Afghan difference in values and assumptions result from a culture formed by decades of war which has shaped how human life is valued. From the ground up, all assumptions about how healthcare is taught and delivered required review. Situations inconceivable to Advisors were a source of some humour as well as challenge. While aware of many of the issues, Afghan healthcare providers strive to operate within the existing structure, politics and values to improve processes.

A critical development in the healthcare delivery transformation process was the creation of a strategic plan which saw the implementation and evaluation of National Healthcare standards. These Afghan owned objectives and goals were specific, targeted, and led to support for incremental change. Using the Canadian - American healthcare advising mission with the Afghan military as an example, the LEADS Framework was confirmed as an effective tool in achieving positive change in healthcare system and delivery.

**Speakers:**
Rebecca Patterson, CHE, Jonathan Mackey, CHE — Canadian Forces
Joseph Taylor — United States Navy

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**AR Session 5  Performance measurement**

This session will discuss a performance measurement adoption strategy for clinical programs at Holland Bloorview Kids Rehabilitation Hospital and will share the journey of moving from measuring performance in a retrospective manner to actively measuring performance on a daily/weekly/monthly basis at Capital Health.

**Abstracts:**
The key to effective clinical operations is performance measurement, improvement science and client and family partnership
Jackie Schleifer Taylor, Shawna Wade, Diane Savage, Keith Adamson, Sonia Pagura, Laura Williams — Holland Bloorview Kids Rehabilitation Hospital

Achieving new results
Karen Mumford, CHE — Capital Health

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**EO Session 6  Collaborating for improvement in chronic disease and achieving person and family-centered health systems in Atlantic Canada**

The Canadian Foundation for Healthcare Improvement (CFHI) has partnered with the 17 regional health authorities (RHAs) throughout the Atlantic provinces in an initiative aimed to create a patient and family-centered approach to manage chronic diseases; promote sustainability of health systems; and build a network of organizational, regional and provincial teams that will share evidence-informed, systems-level solutions and work together to develop, implement and sustain improvement initiatives. With ten improvement initiatives currently underway across eight regional health authorities, this panel features three innovative approaches to systems improvement. Labrador-Grenfell Health (Dr. Michael Jong) is working to address persistently high suicide rates in aboriginal communities by collaborating with aboriginal governments and elders, community-health programs and a variety of primary care providers in designing mental healthcare services around specific community needs. Central Health, NL (Ms. Valerie Pritchett) aims to develop and implement a chronic obstructive pulmonary disease (COPD) program that strengthens health promotion, education and uptake of clinical practice guidelines across the system. This initiative builds off of work led at Capital Health, NS (Dr. Graeme Rocker). This panel will conclude with an interactive discussion around common themes, examining team-based approaches to achieving systems improvement and truly integrated patient and family-centered care.

**Moderator:**
Jennifer Verma — Canadian Foundation for Healthcare Improvement

**Panelists:**
Michael Jong, CHE — Labrador-Grenfell Health
Valerie Pritchett — Central Health
Graeme Rocker — Capital District Health Authority / Dalhousie University
Session 7  Working together to improve health outcomes

This session will feature a collaboration that matured into a peer-supported multidisciplinary network of patients and teams engaged in ongoing improvement of health outcomes in British Columbia as well as describe different ways patients/families were engaged in the revision of the Canadian Patient Safety Institute’s Canadian Incident Analysis Framework.

Abstracts:
From evidence to action to outcomes: The HIV Quality Improvement Network unites efforts to improve health outcomes and prevent the spread of HIV
Christina Clarke – BC Centre for Excellence in HIV/AIDS & ImpactBC
Rolando Barrios – BC Centre for Excellence in HIV/AIDS

Patients/families: Partners in incident analysis and management
Ioana Cristina Popescu – Canadian Patient Safety Institute
Sharon Nettleton – Patients for Patient Safety Canada

Session 8  Health leaders coaches’ corner

(Pre-registration only)
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 Canada

In your corner we have:

Coaches:
Jim Hornell – President and CEO, Brant Community Healthcare System
Ken Tremblay, CHE – President and CEO, Peterborough Regional Health Centre
Elizabeth Buller – President and CEO, St. Joseph’s Health Centre
Eileen Goudy, CHE – Executive Director of Quality, Research & Safety, Vancouver Island Health Authority
Dwight Nelson, CHE – Past President and CEO, Regina Qu’Appelle Health Region

Session 9  Engagement

The presentations in this session will highlight improving the quality of patient care planning with leadership development using the Lean methodology and an approach to growing clinical nurses for frontline management positions through the Emerging Leader Program.

Abstracts:
Developing leadership capacity using Lean methodology
Heather Camrass, Valerie Graham, Jennifer Reesor – Peterborough Regional Health Centre

Let’s get growing
Carol Young-Ritchie, Rebecca Parkes-Hodge – London Health Sciences Centre

11:45 – 13:15  Luncheon
Presentation of the Robert Wood Johnson Awards

Sponsored by: Johnson & Johnson Medical Companies
Mental Health Engagement Network — From idea to transformation — Enabled by collaboration

Mental illness touches all Canadians. Approximately 20% of individuals will experience a mental illness during their lifetime, and the remaining 80% will be affected by an illness in family members, friends or colleagues. Unfortunately, despite this high prevalence of mental illness, only about 20% of people who have a mental illness receive professional help.

The Mental Health Engagement Network (MHEN) was launched in September 2012 and it facilitates mobile patient-centric care. Four hundred people diagnosed with either a mood or a psychotic disorder are given a Smartphone that provides access to their electronic personal health record and interactive care tools that support ongoing monitoring, feedback and easy communication with their care team. The tool helps ensure clients have up to date health information as they navigate the myriad of social and healthcare services, thus promoting the empowerment of patients; reducing hand off problems and improving the coordination of care amongst busy providers.

This new care model was enabled by innovative technology and an adaptable care team brought together through the collaboration of Lawson Health Research Institute, Canada Health Infoway and TELUS Health. However, the not so secret advisors throughout the project have been the users themselves, bringing very direct and useful feedback on the project improvements. The momentum from this foundational group of collaborators will see this project extend to children and youth within the South West Local Health Integration Network (SWLHIN) and to other jurisdictions across Canada. A partnership with The Sandbox Project (Sandbox), will provide an expanded network of individuals and organizations committed to the national mental health cause. Sandbox has the mandate to make measurable improvements for children and youth in the areas of mental health, healthy weights, injury prevention and healthy environment. Their unique approach requires private-public partnerships to bring together the diverse experience, solutions, and knowledge required to help crack the code that turns pilot projects into national implementations.

The ingredients of success for this project to date include: Designing solutions based on evidence-based practices; leveraging certified consumer technologies; rigorous but adaptable project management process and a committed partnership. Bringing together organizations that have the same strategic goals but different roles and approaches within the healthcare system has shown to be the most critical element but not without its challenges. This growing model of collaboration has created capacity and more importantly a culture of innovation that has taken an idea to better care within 18 months, and is positioned for a national roll-out.

Collaboration that is based on aligned visions but embraces diversity of perspectives and roles, as well as patient diversity can be an effective and efficient transformative combination.

Moderator:
Sandy Whitfall, CHE — London Health Sciences Centre

Panelists:
Jeffrey Reiss — London Health Sciences Centre
Christine Hampson — The Sandbox Project
Nick Zamora, CHE — TELUS Health

Priority setting and resource allocation in healthcare: Drawing on ethics and economics to inform practice

Health organizations the world-over must allocate resources within a limited funding envelope. Recently, decision-makers have come under even greater scrutiny as year-on-year growth in budgets has decreased and many organizations have entered into a period of serious fiscal constraint. The objective of this workshop is to serve as a primer for healthcare leaders in implementing evidence-based yet pragmatic methods to guide resource allocation activity.

Based on work with over forty organizations across Canada and abroad, we have developed a set of methods that can assist decision-makers in allocating scarce resources in a manner
which moves the organization towards better alignment with strategic direction and operational objectives. Through this work we have observed a distinct shift from technical solutions to implementation of priority setting approaches that better fit with the real-world constraints of managers and clinical leaders.

Organizations that move from a historical allocation process to a more formal, explicit approach using transparent criteria and formal rating templates find greater defensibility and legitimacy in their decisions. Key learning has resulted on issues such as comparing benefits across patient groups, process fairness, disinvestment of services and how the public should be involved in priority setting decisions. This workshop will outline recent advances in the field, discuss potential challenges and identify key success factors for leading resource allocation processes.

Health authorities and commissioning agencies in Canada and elsewhere have implemented and evaluated evidence-based strategies to inform resource allocation decisions both within and across program areas. This work has been carried out collaboratively, in different settings, with health service leaders working closely with university-based researchers. Decision-makers, clinical leads and researchers will benefit from this workshop through in-depth discussion and practical guidance in the area of priority setting and resource allocation.

**Speakers:**
Craig Mitton – University of British Columbia
Jennifer Gibson – University of Toronto

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### Adaptive leadership and system transformation: The case for generative governance

We live in an era where healthcare boards are undergoing considerable scrutiny. The dynamic and complex healthcare environment has complicated the roles of both healthcare boards and senior health system leaders. A number of events have converged which challenge the ability of boards to effectively govern. Traditional systems of governance are no longer adequate. A new model is needed. At the same time there is a call for adaptive and flexible leadership at the board level (Trower, 2012).

A recent model of governance proposes to reframe governance as leadership. Chait, Ryan and Taylor (2005) suggested that boards could govern more effectively by viewing their roles from a leadership perspective. In today’s complex environment, leaders are required to work in multiple modes. Similarly, boards are required to govern in multiple modes. Chait et al. (2005) proposed three modes of governance: fiduciary, strategic and generative. Taken together, these three modes constitute governance as leadership.

Viewing governance as leadership and framing board work from the fiduciary, strategic, and generative modes can position boards to envision and provide leadership for an integrated person and family-centered approach to health service delivery. Applying the LEADS Framework to governance is a way to align the leadership attributes of senior leaders and board members. In this session, we will focus on the framework’s Systems Transformation domain capabilities [system/critical thinking; encouraging and supporting innovation; orienting strategically to the future; championing and orchestrating change] and examine their relevance to governance as leadership.

Workshop participants will:
- Gain an understanding of the Governance as Leadership model;
- Apply the LEADS Framework’s Systems Transformation domain capabilities to governance capabilities;
- Explore and practice how to meaningfully engage senior leaders and Board members in generative discussions related to person and family-centered health systems; and
- Develop a lessons learned summary to use in replicating the process with their own boards.

**Speakers:**
Jean Trimnell, CHE – Jean Trimnell Consulting
Gwen Dubois-Wing – Dubois-Wing & Associates
### Session 13  Engaging teams and patients

This session will highlight the success of engaging inter-professional teams and patients via electronic media, a Collaborative Leadership Initiative and the development, implementation and evaluation of a Positive Leadership (PL) program.

**Abstracts:**

**Engaging the inter-professional team and patients through the creation of the ‘my Surgery’ web section and ‘Meet the team’ video**  
*Barbara d’Entremont, Kristin Dupuis, Hazel Harding* – The Ottawa Hospital

**Leading change collaboratively: Enhancing interprofessional practice and patient-centered care**  
*Michele Addison* – St. Joseph’s Care Group

**Creating exceptional experiences: Transforming patient-centered care to patients as partners in care**  
*Mary Kay McCarthy, Judy Costello, Scott McIntaggart* – University Health Network

### Session 14  Building and sustaining a patient-centered system: The transformational journey of a mental health and addictions program

The Niagara Health System (NHS) is Ontario’s largest multi-site hospital amalgamation, which is comprised of seven sites serving 450,000 residents across the 12 municipalities that make up the Niagara Region. The NHS opened a new state of the art hospital in March 2013. Within the new facility, the Mental Health and Addictions Program will be the largest clinical program within a general hospital environment with acute and specialized inpatient beds, emergency mental health services, and a comprehensive outpatient program for adults and children.

This workshop will detail the transformational plan for the NHS regional Mental Health and Addictions Program to create, achieve and sustain a person and family-centered system. The plan incorporates the Canadian standards of excellence for creating a healthy work environment and application of LEADS in a Caring Environment Framework. The role of the program leadership team as facilitators of this transformation will be explored using the LEADS Framework, which defines the knowledge, skills and attitudes required in order to successfully create an effective and efficient mental health and addictions system.

The leadership team consisting of the Vice President, Chief, and Regional Director of Mental Health and Addictions and supported by the NHS Senior Executive, key nursing leaders within the Program and clinical educators work collaboratively using principles of servant leadership that focus on developing the potential of individuals through coaching; building a strong culture; and establishing a shared governance structure. By working with staff to reach their full potential, performance and commitment to a patient/family-centered model of care and the organization will be strengthened. This approach aligns with a distributed leadership model in which empowered individuals who are supported in reaching their full potential are able to lead themselves, engage others, achieve outcomes, develop strategic alliances and ultimately contribute to system change and transformation.

The methods used to advance the transformational strategy will be discussed including executive commitment, establishing a shared vision, engaging staff, understanding the existing strengths and opportunities for improvement, realignment of processes to achieve the vision, defining and implementing an action plan, developing collaborative relationships with community and academic partners, and establishing a quality framework for evaluation purposes using patient profile and outcomes data from the Resident Assessment Instrument (RAI) for mental health.

Participants will learn about one of the early priority actions of introducing patient/client-centered care for all staff as a foundational philosophy upon which to build the transformation process. The challenges of implementing the transformational change including mitigation strategies, lessons learned, and next steps will be outlined.

**Speakers:**  
*Barbara Pizzingrilli, Edgardo Pérez, CHE, Linda Boich, Heather Scott* – Niagara Health System
Concurrent sessions | Monday, June 10, 2013 • 13:30 – 15:00

**Session 15**  
**Sustainability and system redesign**

This session will discuss the Women’s College Hospital’s approach to clinical operations redesign and implementation, which includes a study of different models and best practices from across Canada and the United States, two successful care models - iCARE and Ideal Transition Home (ITH) and two practical examples of transformational change that led to system improvements.

Abstracts:
- **Designing and implementing a new clinical operations structure to support emerging shared-care models in an ambulatory care setting**  
  *Christine Gordon, Heather McPherson, CHE, Cristina Barrett* – Women’s College Hospital

- **An integrated care model - Innovation for sustainability**  
  *Susan Seeman, Goldie Luong* – Vancouver Coastal Health

- **Optimizing practice - Transforming systems - Sustaining success**  
  *Debbie Molloy, Darcy Jessen* – Alberta Health Services

**Session 16**  
**The key to organizational transformation is personal transformation: Transforming the way we lead change**

Even when strategically sound, well planned and orchestrated, change will disrupt the workplace and destabilize people. Intense feelings, emotionally charged behaviours, core human needs and stakeholder concerns are all triggered in dynamic change processes. Leading organizational transformation requires a deep understanding of change, expanded self awareness and a new set of self leadership skills. This presentation is designed to demonstrate how leaders who commit to this level of personal transformation will catalyze change and positively impact every level of change capability including the change strategies they develop, the plans they design and execute, their leadership style, relationships with stakeholders and ultimately the change outcomes they achieve.

Presenters will share their personal change stories from three different vantage points as leaders engaged in the transfer of Perinatal Services and Neonatal Intensive Care Services (NICU) from St. Joseph’s Health Care London, to Women and Children’s Services, London Health Sciences Centre (LHSC), London, Ontario. This organizational change went beyond building new facilities and transferring six clinical programs from one organization to another. More than 400 staff, 40 physicians, a team of midwives, trainees and researchers were impacted. Their change experiences included joining a new organization, care delivery in a new facility and physical space, caring for new clinical populations, working for new leaders, working within new teams, adapting to new clinical processes and a new organizational culture. A cornerstone to realizing our desired change outcomes (preserving access to safe, high quality, family-centered care, minimizing negative impacts to staff and physician work life, retention and recruitment) was our transformational change strategy designed to build organizational readiness and change capability and skillful change leaders.

The first presenter will share her insights and learning as executive leader and change sponsor. She will provide an overview of the transformational change strategy, describe her rationale for leveraging change leadership and emotional intelligence skill development in leaders to achieve breakthrough results.

The second presenter, a former leader at St. Joseph’s Health Care London and a project lead for the NICU program transfer, will share her story of personal learning and development and describe its relevance to collaborative planning, commitment to vulnerable patients and families, the challenge of transferring and integrating an intact service and team into a different and well established organization and taking on a new leadership role in that organization.

The third presenter, a LHSC leader integrating transferring programs and teams into three clinical units, will describe his personal change journey and how it contributed to his ability to lead significant people and culture change, learn and course correct and deal effectively with impacts to operating capacity, team capability and strains in stakeholder relationships.

The stories will generate deeper insights into all dimensions of skillful change leadership.
Session 17: Health leaders coaches’ corner
(Pre-registration only)

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 Canada

In your corner we have:

Coaches:
Marianne Walker, CHE – President and CEO, St Joseph’s Health Centre Guelph
Ken Tremblay, CHE – President and CEO, Peterborough Regional Health Centre
Kevin Empey, CHE – President and CEO, Lakeridge Health
Leslee Thompson, CHE – President and CEO, Kingston General Hospital
Bernie Blais, CHE – President and CEO, Bruyère Continuing Care

Session 18: Safe staffing for patient safety

This panel will provide an opportunity to learn about innovative nurse staffing solutions in Canada, which improve nurse workload and patient safety. Participants will learn about the Synergy Professional Practice Model and nurse-patient ratios, and how they address excessive workload and high nurse turnover in the context of patient safety and the sustainability of the nursing workforce. Participants will have the opportunity to contribute to discussions about the development and application of theories and models to real workplace scenarios, as well as analyses of return on investment.

Presentations draw on current literature indicating that the health of patients and the nursing workforce depend on confronting the issue of excessive workload. Research tells us that dynamic, shared decision-making models of nurse staffing that incorporate both patient factors and nurse characteristics provide a process where frontline nurses have direct input into staffing decisions.

The panel will demonstrate how dynamic models can inform staffing by reporting on the experience of a Saskatchewan demonstration project implemented as part of the Canadian Federation of Nurses Unions’ national Research to Action project. Discussion will include innovative methods that blend staffing solutions to create processes that rely on direct and ongoing input from frontline nurses.

International success stories reveal that nurse-patient ratios not only provide patients with better quality care; research shows they also save lives. The positive effect of ratios on the practice environment also results in higher retention of nurses, which translates into sound return on investments to health systems. These success stories exist in Canada as well, and will be reported on by the panel. Lessons learned from the implementation of staffing models in Saskatchewan will be presented, including the importance of engaging frontline staff in the day-to-day decision-making with respect to patient assignments. Results show improved engagement and empowerment of frontline staff, which are linked to lower nurse turnover and better patient care. The ability of nursing staff to utilize their leadership skills, decision-making abilities, professional competencies and judgement is another positive impact of these interventions.

Person and family-centered health systems simply cannot be achieved without attention to the working conditions of those providing care, and the care experience of those receiving it. Excessive nurse workload is a dangerous problem that health leaders can no longer ignore. The evidence is clear: nursing workload issues can be effectively addressed in a cost-effective manner by focusing on safe staffing mechanisms that are dynamic and collaborative. Our presentation speaks to the importance of healthcare teams having access to real-time, responsive, and transparent mechanisms that give nurses the autonomy and authority to ensure the delivery of safe, quality patient care, while also contributing to the viability of our healthcare system.
Concurrent sessions | Monday, June 10, 2013 • 13:30 – 15:00

**Moderator:**
Linda Silas – Canadian Federation of Nurses Unions

**Panelists:**
Lois Berry – University of Saskatchewan
Amber Alecxe – Saskatchewan Union of Nurses

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**15:00 – 15:30**
Networking break — Exhibits and poster viewing

**15:30 – 17:00**

**PLENARY**

Patient and family-centered health systems: The next steps

Patient and family-centered care redefines the relationships in healthcare. It is an approach to planning, delivery, and evaluation that is grounded in mutually beneficial partnerships among healthcare providers and institutions, and patients and families. The successful implementation of patient and family-centered care requires a change in the mindset of an organization’s leaders, clinicians and staff.

How can this be done? Drawing on the experiences of patients and families, this panel discussion will identify how systems can be changed so that patients and families really are viewed as equal partners with the right to participate in decisions affecting the planning, delivery, and evaluation of care.

**Panelists:**
Brian Goldman – Host of the CBC show *White Coat, Black Art*
Durhane Wong-Rieger – President and CEO, Institute for Optimizing Health Outcomes
Shirlee Sharkey, CHE – President and CEO, Saint Elizabeth Health Care
Hélène Campbell – Double-lung transplant recipient
Barbara Farlow – Member, Patients for Patient Safety Canada (a patient-led program of the Canadian Patient Safety Institute)

**Moderator:**
Susan Kwolek, CHE – VP Patient Services and Chief Nursing Officer, Niagara Health System

(see page 3 for Susan Kwolek’s biography)

He’s part-Dr. Oz, part-Ralph Nader and all-patient friendly.

**Dr. Brian Goldman** is Canada’s trusted voice of medicine, a doctor who thinks like a patient. He makes complex medical issues digestible for audiences on radio, television and on the speaking circuit. He personalizes medicine and the human frailties of his profession.

Dr. Goldman has worked as a health reporter for *The National*, CBC Television’s flagship news program, and for CBC-TV’s *The Health Show*. As well, he served as senior production executive during the launch year of Discovery Health Channel, Canada’s only 24-hour channel devoted to health programming.

Over CBC Radio One, the “house doctor” reaches 20 afternoon shows across Canada. Dr. Goldman hosts CBC Radio One’s *White Coat, Black Art*, where he takes listeners behind the scenes of hospitals and doctor’s offices.

He discusses healthcare topics ranging from queue-jumping to confronting medical errors and dealing with them. He’s not afraid to address the issue of how some professional athletes and hospital board members received the H1N1 flu vaccine ahead of others who should have gotten it first. He is unafraid to use his own medical mistakes for examples on how doctors can improve. In the trenches for more than 20 years, Dr. Goldman has been a respected emergency physician at Mount Sinai Hospital in Toronto.

In 2010, he released his first book, *The Night Shift - Real Life in the Heart of the ER*. Dr. Goldman’s style on stage is earnest, heartfelt and sincere. He has a passion for compassion.
Dr. Durhane Wong-Rieger is President and CEO of the Institute for Optimizing Health Outcomes. She is also President of the Canadian Organization for Rare Disorders and head of Consumer Advocare Network, a national network to promote patient engagement in healthcare policy and advocacy. Internationally, Dr. Wong-Rieger serves as Chair of the Board of the International Alliance of Patient Organizations and is the Co-chair of the Health Technology Assessment International Patient/Citizen Involvement Interest Group. She is a Certified Health Coach and licensed T-Trainer with the Stanford-based *Living a Healthy Life With Chronic Conditions*.

Dr. Wong-Rieger has conducted training, workshops, and evaluation for patient groups in Canada and internationally on all aspects of patient engagement and advocacy. She has served on numerous health policy advisory committees and panels, including Project Coordinator for the Policy Dialogues for the Commission on the Future of Healthcare in Canada and consultant to the Ontario Premier’s Advisory Board on Organ Donation. She is a member of Health Canada’s Expert Advisory Committee on Vigilance of Health Products and Expert Advisory Panel on Special Access Programme.

From 1984 to 1999, Dr. Wong-Rieger was Professor of Psychology at the University of Windsor in Ontario. She has a BA in Psychology from Barnard College in New York City and an MA and PhD in social psychology from McGill University in Montréal. She is the author of two books and many articles and a frequent lecturer and workshop leader.

Shirlee Sharkey, CHE, is President and CEO of Saint Elizabeth Health Care, a Canadian healthcare leader and social innovator. With a century of experience and a powerful vision for the future, Saint Elizabeth is committed to empowering clients, families and staff; championing compassion; and finding new ways to address social needs through business initiatives that generate shared value. The organization is involved in many aspects of healthcare, ranging from home and community care to consultation, research, education and charitable initiatives. Its team of more than 6,500 staff delivers five million healthcare visits annually.

Ms. Sharkey’s commitment to community advancement is evident in her leadership and involvement with many boards, ranging from health to education. She is a past chair of George Brown College in Toronto and a former president of the Canadian Home Care Association. Internationally, she is chair of the World Homecare and Hospice Organization. She is also a past president of the Registered Nurses’ Association of Ontario. Academically, Shirlee is cross-appointed to the University of Toronto’s Lawrence S. Bloomberg Faculty of Nursing and the Institute of Health Policy, Management and Evaluation as an adjunct professor.

Ms. Sharkey’s insights and belief in unleashing people’s potential and creativity have generated a host of achievements and accolades. In 2010, she received the Innovation Award for Healthcare Leadership from the Canadian College of Health Leaders. The same year, she accepted Excellence Canada’s Gold Award for Organizational Quality and Healthy Workplace on behalf of Saint Elizabeth. Ms. Sharkey frequently appears as a keynote speaker across a range of industries.

Hélène Campbell is a double-lung transplant recipient. She is also the person behind what is now known as the *Hélène Effect*: to make things happen through the power of her magnetic personality, her unbridled enthusiasm, her limitless optimism, her passion and iron will.

Having always loved connecting with people, her journey through disease, surgery and recovery launched her into the spotlight as she harnessed the power of social media and imprinted herself into the hearts and minds of Canadians and people all over the world. Her continued advocacy for the cause of organ and tissue donation triggered an unprecedented rise in registration to donor lists in Canada and the USA.

Hélène has caught the attention of leaders and celebrities across Canada and abroad, and she is continuing to be recognized for her courage, strength and incredible spirit. Her passion for the causes dear to her — organ and tissue donation — and the ideals and principles she lives by — be grateful, live passionately — have made her a sought after speaker.
The general consensus is clear. Hélène’s passion is contagious; no one is immune to her energy and strength; to listen to Hélène makes you feel like taking on the world.

Hélène’s impact has been recognized and celebrated. She is the recipient of the Trillium Gift of Life Network Champion Award (November 2012), Queen Elizabeth II Diamond Jubilee Medal (May 2012), and The Order of Ottawa (November 2012).

Barbara Farlow is a mechanical engineer who became an advocate for patient-centered care due to the events surrounding the death of her infant daughter, Annie in 2005. In addition to speaking at numerous health and ethics conferences and workshops across Canada, Barbara has published Annie’s story and co-authored a research paper based on children like her daughter that was recently published in a major pediatric journal. She is a member of Patients for Patient Safety Canada (a patient-led program of the Canadian Patient Safety Institute), an advisor to the DeVeber Bioethics Institute for Bioethics and Social Research and the first Honorary Patient Perspective Board Member of the International Society for Quality in Health Care.

17:00 – 18:30
Chairs’ reception
Great Room Foyer
Alice Kennedy, FCCHL, Board Chair of the Canadian College of Health Leaders and Alice Downing, Board Chair of the Canadian Healthcare Association, 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.

Sponsored by: Borden Ladner Gervais

18:30 – 22:30
Winery tour and dinner at Trius Winery at Hillebrand
Main Lobby
(pre-registration only)
Trius Winery at Hillebrand is a Niagara winemaking pioneer. For more than 30 years, they have been crafting fine VQA wines from premium grapes grown in the four appellations of Niagara-on-the-Lake. Nestled between the Niagara escarpment and Lake Ontario, they have made their home in a wine growing region that provides the diversity to grow a number of varietals in unique growing conditions.

This event includes a winery tour and tasting that will guide you through the insides of the winemaking world, giving you a taste (literally) of the path a grape follows from vineyard to finished wine. The tour will conclude with a tasting of Trius Wine favourites.

Following the tour, you will enjoy a three course dinner paired with the winemaker’s preferred wine selection, which will give you the opportunity to enjoy the ideal marriage of wine and food.

A limited number of tickets may still be available at the registration desk at the cost of $145.00 + HST. Price includes transportation to and from the winery. Meet in Main Lobby at 18:15 for 18:30 departure.
Tuesday, June 11, 2013

**Fun walk**
Embark on a “fun walk” that will get your heart pumping and also give you a one-of-a-kind look at the Niagara region! Walk past gorgeous attractions like the world-famous Niagara and Horseshoe Falls, parks and popular tourist attractions. Meet your guides in the Main Lobby at 06:30 for a 06:45 start.

**Registration**
Great Room Foyer
07:00 – 17:00

**BREAKFAST SESSIONS** (Pre-registration only)

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**An integrated approach to leadership development through LEADS in a Caring Environment Framework - A collaborative experience between Baycrest and the College**

This panel will present Baycrest’s experience designing and implementing their Leadership Development program, which integrates the LEADS in a Caring Environment Framework. Participants will develop an understanding of the organization’s leadership context and design of the program in partnership with the College; and, gain an understanding of the program from a variety of perspectives.

The Baycrest, multi-faceted leadership development program targets various levels of leaders and is designed to enhance the application of concepts such as self-management, effective communication, strategically aligned decision-making, partnership building and systems thinking; through learning supports, administrative processes and technology to enable the sustainability and integration of the learning.

**Speakers:**

*Kathleen Paterson* – Director, Organizational Effectiveness, Baycrest
*Joel Borgida* – Specialist, Organizational Effectiveness, Baycrest
*Corinne Rusch-Drutz* – Director, Digital & Donor Communications, Baycrest Foundation

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**Improving care, cutting waste**

As many as one in four patients in Canada receives treatment that is unnecessary or inappropriate according to recent estimates. Inappropriate treatment can be costly for the patient and for the health system. The patient receives suboptimal and possibly dangerous care while limited health dollars may be spent inefficiently. This session will explore the concepts and real issues associated with appropriate use of medical tests and treatments in Canada and internationally. A distinguished panel of health leaders from the fields of clinical practice, healthcare administration and health technology assessment will show you how you can use evidence to support appropriate tests and treatments while minimizing or eliminating inappropriate practice.

**Speakers:**

*Brian O’Rourke* - President and CEO, Canadian Agency for Drugs and Technologies in Health
Putting the patient in patient-centered care

The Canadian healthcare system is a product of our democratic process and patient engagement must be a fundamental component of Medicare, as patients, families and their community are its funders and users. Recognizing the patient experience has become a key component of high quality care, healthcare leaders are challenged to raise the bar and find the best ways of engaging clients. Patients have the potential to produce a comprehensive narrative that draws from the totality of their experience - an experience that is often complex and involves several different providers. The sharing of that experience can provide a form of knowledge transfer to systems experts. Whether patients sit on community advisory councils, participate on panels to hire staff, work with Lean managers to whittle down wait times, or take part in experience-based co-design, their engagement is a concept that has come of age.

**Speaker:**
Lisa Priest – Manager, Community Engagement and Patient Navigation, Sunnybrook Health Sciences Centre and award winning Globe and Mail columnist

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07:30 – 08:45
Continental breakfast – Exhibits and poster viewing
(No pre-registration required)

09:00 – 10:30
PLENARY Leadership for person and family-centered health systems
Great Room

Join Dr. Bridget Duffy in her examination of why the time is now for organizations to create an experience-based culture that restores the joy to medicine. Hear how to engage physicians in taking a leadership role in this work in partnership with their nursing and administrative team members. Bridget will draw on her experience as the first Chief Experience Officer of Cleveland Clinic to explore the connection between quality, safety, and patient and employee experience.

**Speaker:**
Bridget Duffy – Chief Medical Officer, Vocera

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.
Session 19
Canadian Health Leadership Research
Network: Reporting on the partnerships for health systems improvement case studies

This interactive session features a panel discussion on the initial key findings from a multi-year, collaborative (researcher-decision-maker) participatory action research study into the role of leadership during health system change. Six case studies are being conducted: five regional and one national in scope. Using a common analytical framework, a longitudinal cross-case comparative analysis is being employed to investigate whether there are common attributes of leadership, regardless of vicissitudes of time and place, that contribute to effective health system redesign in diverse, but nested settings within the Canadian health system. Short “snapshots” of case-specific results, including the process of mobilizing knowledge in real time, will be presented.

Co-chairs:
Graham Dickson – Principal Investigator
Bill Tholl – Executive Director, Canadian Health Leadership Network

Research Panel: High level description of early empirical results by senior researchers from the regional and national nodes by Ron Lindstrom, FCCHL (Royal Roads University), Greg Marchildon (University of Regina), Ross Baker (University of Toronto) and others (TBC).

Response Panel: Assessment of implications of early results for decision-makers by Chris Power, CHE (Capital Health), Nigel Murray (Fraser Health) and others (TBC).

Interactive session: Challenges of leading on the fly... knowledge mobilization in real time
Session 20  Performance reporting capacities and tools for health system improvement - Part 1

The Canadian Institute for Health Information (CIHI) has begun work on a three-year plan to strengthen pan-Canadian health system performance (HSP) reporting to support improvement efforts across Canada. Key objectives of this plan include: a new “action-oriented” HSP framework that includes patient experience; structured and coordinated pan-Canadian reporting on HSP tailored to the information needs of different audiences; capacity-building across the system for understanding and use of performance measurement and tools for improving performance; and a reduction of “indicator chaos” in the health system.

This workshop will provide an opportunity for participants to learn about this CIHI HSP reporting initiative and to share ideas on priority information needs for different audiences (i.e. the public, regional and provincial authorities, points of care). Participants will also learn about the proposed framework for health system performance and the application of this framework to specific health sectors. Participants will come away from this workshop with an understanding of how this CIHI HSP reporting initiative can support their local performance improvement work, and ideas on how to best build capacity within the system for using these new tools to measure and evaluate outcomes against benchmarks and targets. These objectives will be achieved through facilitated activities and discussions of case studies.

Participants will leave the workshop with an “idea collection” that includes CIHI’s HSP framework and notes about how this can support their local performance reporting and an outline of opportunities for using CIHI’s performance reporting information and future tools in their own organizations. Additionally, the CIHI facilitators will come away with information about what activities can best meet the needs of workshop participants for useful, relevant and actionable performance reporting tools.

This is the first part of a two-part workshop. The content of this part will focus on an overview of the HSP reporting initiative and how performance reporting relates to public interest with a discussion of results from CIHI’s recent public engagement work. The second session (after the lunch break) will cover the new HSP framework and practical application to health system performance reporting, illustrated with case studies. While the full content will be delivered over the two sessions, participants can still benefit from attending only one of the sessions.

Speakers:
Brenda Tipper, Erin Pichora – Canadian Institute for Health Information
Charlene Morrison – Health Quality Council of Alberta

Session 21  Strategic patient engagement

This session will explore some of the unique features in the design of the Swedish health system that drive the patient-centered care agenda forward and provide participants with an understanding of how one health authority developed a framework for meaningful patient engagement.

Abstracts:
International lessons in patient-centered care from Sweden
Zahida Esmail – Vancouver Coastal Health
Ray Racette, CHE – Canadian College of Health Leaders

A framework for meaningful patient engagement
Eileen Goudy, CHE, Mary Jackson – Vancouver Island Health Authority
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<tr>
<th>Session 22</th>
<th>Improving staff, physician, and patient satisfaction</th>
<th>Strategy 2</th>
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<td>This presentation will describe one institution’s approach in achieving improved results for staff and patient experience using Releasing Time to Care© (RTC) as a platform and Edmonton North’s Resources in Clinics (RICs) Pilot Project for improving physician and patient satisfaction with the care they give and receive.</td>
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**Abstracts:**

Transforming care: Concurrent improvement of patient and staff experience and engagement  
**Jocelyn Bennett, Jody Tone** – Mount Sinai Hospital

Evaluating teamwork in primary care: Edmonton North Primary Care Network’s Resources in Clinics Pilot Project  
**Nadine Letwin, Amanda Rose, Donna Lien-Wilcott** – Edmonton North Primary Care Network  
**Kate Woodman** – Charis Management Consulting Inc.

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<tr>
<th>Session 23</th>
<th>Innovative tools and approaches for system improvement</th>
<th>Strategy 1</th>
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<td>This session will offer a presentation on Project CARE, innovative approaches of accelerating adoption and subliminal change management strategies to impact uptake and benefits realization of technology. You will also learn about an innovative approach to support clients during transition to improve client and health system outcomes.</td>
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**Abstracts:**

Creating a culture of clinical adoption: Benefits realization of technology  
**Elizabeth Nemeth** – Healthtech Consultants  
**Mohamed Alarakhia** – The Centre for Family Medicine

Supporting client transitions to improve client and health system outcomes  
**Dilys Haughton, CHE, Barbara Busing** – Hamilton Niagara Haldimand Brant Community Care Access Centre

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<th>Session 24</th>
<th>Patient and family-centered care for all ages</th>
<th>Strategy 7</th>
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<td>This session will feature a presentation on the process and outcomes of the Organizational Assessment of Child and Family-Centered Care (CFCC) Project at SickKids and a presentation on the Caregiver Framework for Seniors Project as a practicable, innovative and affordable method of delivering enhanced support services to at-risk informal caregivers.</td>
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**Advancing child and family-centered care at SickKids: Grounded by an organizational assessment**  
**Krista Keilty, Karima Karmali, David Nicholas, Karen Sappleton** – Hospital for Sick Children

**Caregiver framework for seniors: Achieving a supported self-directed care model**  
**Natalie Warrick, Joel Sadavoy** – Alzheimer Society of Toronto  
**Allie Peckham, Jillian Watkins, Frances Morton, David Rudoler, Paul Williams** – University of Toronto  
**Mary Chiu** – Mount Sinai Hospital
This panel presentation will describe a novel mechanism established in BC to enhance research participant recruitment. We will provide the rationale, results, challenges, and solutions to implementing this mechanism for healthcare leaders who are interested in instituting similar programs.

Biomedical research and progress in improved diagnostic and treatment options depends on access to suitable participants. This is true for the entire continuum of health research, from basic research to clinical trials. Enhancing patient enrollment into clinical trials has been identified as a priority in Canada’s Strategy for Patient-Oriented Research. Providing research opportunities to patients is also a component of person-centered care as it allows them to become partners in research aimed at solving health issues. The primary bottleneck in the recruitment process is identifying potential participants and prescreening them for study eligibility. In BC, a novel solution has been developed in accordance with ethics policies and privacy laws – ‘Permission to Contact’ (PTC).

Development of this PTC model has been led by the BC BioLibrary, a Michael Smith Foundation for Health Research (MSFHR) Technology/Methodology Platform. Three principles underpin its design: 1) All patients are potential research participants; 2) A centrally-coordinated recruitment program maximizes patient engagement, standardizes these activities and minimizes associated costs; 3) Recruitment should be integrated into routine clinical practices to enable all healthcare staff to play a role in research and create unique opportunities for health trainees. To date, the BC BioLibrary has partnered with several BC health authorities to establish six PTC programs within designated out-patient clinics serving various patient groups. A MSFHR initiative is underway to build on the success of these PTC programs by implementing PTC on a provincial level, beginning with adapting the current model for a health authority-wide program. The Vancouver Island Health Authority (VIHA) is leading the way in this endeavor and has benefited from significant leadership support along with expertise from the BC BioLibrary. Operational challenges and strategies to address them have been developed, particularly around privacy and data management and access. The strategy that emerged was to pilot PTC in designated out-patient clinics where patients will be asked for permission to be contacted for future research participation and to include a limited amount of personal data in a secure database. These data can subsequently be used to link to their health records if they consent to studies for which they are eligible. Based on review of uptake and feedback during this pilot, processes will be reviewed and used to inform necessary modifications prior to extending the PTC program to all VIHA sites.

We have shown PTC to be an effective strategy for enhancing research participant recruitment. It enables investigators to connect with eligible participants in an ethically and legally appropriate way and significantly reduces the cost and time of study recruitment.

**Moderator:**
Cindy Trytten – Vancouver Island Health Authority

**Panelists:**
Peter Watson – BC Cancer Agency
Stefanie Cheah – University of British Columbia Office of Biobank Education and Research
Rebecca Barnes – Vancouver Island Health Authority
Session 26: Health leaders coaches’ corner

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 Canada

In your corner we have:

Coaches:
- Jim Hornell – President and CEO, Brant Community Healthcare System
- Marianne Walker, CHE – President and CEO, St Joseph’s Health Centre
- Don Ford, CHE – CEO, Central East Community Care Access Centre
- Kevin Empey, CHE – President and CEO, Lakeridge Health
- Bernie Blais, CHE – President and CEO, Bruyère Continuing Care

Session 27: Nursing leadership best practices

This session will describe the development of an innovative data collection tool for ongoing monitoring of nursing-sensitive indicators as well as show how leaders in Ontario’s health system use communities of practice (CoPs) to transform how people think about health services and integrate new approaches into frontline practice.

Abstracts:
- Ongoing monitoring of nursing-sensitive indicators in a large academic health sciences centre
  Chantal Backman – The Ottawa Hospital
- Harnessing communities of practice to promote systems transformation
  James Conklin – Concordia University

Luncheon

Presentation of 3M Health Care Quality Team Awards

Sponsored by: 3M Health Care
One of 17 Patient Engagement Projects funded by a pan-Canadian organization to uncover lessons learned and promising practices that engage patients in the design, delivery and evaluation of health services; this project engaged patients and frontline staff in partnerships to co-design improvements in inpatient care delivery. “Nothing about me, without me” was the guiding principle for five unit teams in three hospitals whose aim was to improve safety, quality of care and the work environment by learning to see care “through the eyes of patients”.

Using Transforming Care at the Bedside (TCAB) processes, developed in 2003 by the Institute for Healthcare Improvement and the Robert Wood Johnson Foundation (Rutherford et al, 2009), frontline teams were coached to do rapid cycle improvement processes while deeply engaging patients in the redesign based on the Picker principles of patient-centered care. Concretely, staff and patient representatives chose areas for improvement based on patient feedback obtained via surveys and interviews, and learned how to conduct simple tests of change to address required improvements. In addition to having developed skills in plan-do-study-act cycles, staff and patient representatives gained considerable confidence in leading changes, demonstrating skills in negotiation, communication and priority-setting.

Patient, staff, and organizational outcomes were evaluated using qualitative and quantitative approaches. Based on qualitative data, feedback from staff and patient representatives about the TCAB experience was very positive. The role of the patient representatives has changed with time moving from being “careful observers” to “active collaborators”, initiating many improvements on the units. The improvement efforts made by patient representatives and frontline staff in the first 20 months translated into measurable outcomes, including:

- 8% increase in RN time spent in direct care and value-added care;
- 3% decrease in waste activities;
- $3,000 worth of medical supplies/unit returned for recirculation;
- 20% increase in responsiveness of care providers, 10% improvements in communication about medications and pain management, on HCAHPS survey; and
- Statistically significant decreases in voluntary turnover and overtime.

Moreover, unit-specific results include:

- Introduction of Quiet Zone for medication administration resulting in a 50% reduction in interruptions and 60% reduction in transcription errors;
- Equipment re-location significantly reduced hunting/gathering time and eliminated test cancellations related to the lack of wheelchairs;
- A redesigned chemotherapy treatment room reduced the time to start chemotherapy by 57%; and
- Implementation of a joint interprofessional admission process in mental health reduced admission process from 4.3 to 1 hour, eliminating duplication, improving team communication and collaboration.

**Moderator:**
Mireille Brosseau – Canadian Foundation for Healthcare Improvement

**Panelists:**
Patricia O’Connor, FCCHL, Mario DiCarlo, Marjolaine Frenette – McGill University Health Centre
Concurrent sessions  |  Tuesday, June 11, 2013  •  13:45 – 15:15

**LS/EO Session 29  |  Leadership improvement  
Fallsview**

This session will introduce an evaluative tool which can support senior leadership team development and improvement and highlight the development, implementation and evaluation of a Positive Leadership (PL) program.

**Abstracts:**

**An evaluative tool for strengthening leadership in resource allocation**

*Neale Smith* – Vancouver Coastal Health Research Institute  
*Craig Mitton, William Hall* – University of British Columbia  
*Bonnie Urquhart* – Northern Health Authority  
*Stuart MacLeod* – Provincial Health Services Authority

**Creating a culture of excellence through a positive leadership program**

*Mary Kay McCarthy, Mary Jane McNally, Kathy Sabo* – University Health Network

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**AR Session 30  |  Performance reporting capacities and tools for health system improvement – Part 2  
Strategy 2**

The Canadian Institute for Health Information (CIHI) has begun work on a three-year plan to strengthen pan-Canadian health system performance (HSP) reporting to support improvement efforts across Canada. Key objectives of this plan include: a new “action-oriented” HSP framework that includes patient experience; structured and coordinated pan-Canadian reporting on HSP tailored to the information needs of different audiences; capacity-building across the system for understanding and use of performance measurement and tools for improving performance; and a reduction of “indicator chaos” in the health system.

This workshop will provide an opportunity for participants to learn about this CIHI HSP reporting initiative and to share ideas on priority information needs for different audiences (i.e. the public, regional and provincial authorities, points of care). Participants will also learn about the proposed framework for health system performance and the application of this framework to specific health sectors. Participants will come away from this workshop with an understanding of how this CIHI HSP reporting initiative can support their local performance improvement work, and ideas on how to best build capacity within the system for using these new tools to measure and evaluate outcomes against benchmarks and targets. These objectives will be achieved through facilitated activities and discussions of case studies.

Participants will leave the workshop with an “idea collection” that includes CIHI’s HSP framework and notes about how this can support their local performance reporting and an outline of opportunities for using CIHI’s performance reporting information and future tools in their own organizations. Additionally, the CIHI facilitators will come away with information about what activities can best meet the needs of workshop participants for useful, relevant and actionable performance reporting tools.

This is the second part of a two-part workshop. The content of the first part (before the lunch break) will focus on an overview of the HSP reporting initiative and how performance reporting relates to public interest with a discussion of results from CIHI’s recent public engagement work. This session will cover the new HSP framework and practical application to health system performance reporting, illustrated with case studies. While the full content will be delivered over the two sessions, participants can still benefit from attending only one of the sessions.

**Speakers:**

*Brenda Tipper, Erin Pichora* – Canadian Institute for Health Information  
*Charlene Morrison* – Health Quality Council of Alberta
**Session 31**

**How to embed and sustain change that impacts the patient experience: The Holland Bloorview story**

Person-centered care involves a deep organizational commitment to embed the principles of collaboration and partnership at all levels of an organization. Holland Bloorview ensured the successful integration of a hospital-wide family leadership program by using a change management framework to engage staff, patient and families. As a result, the family leadership program has grown to 80 trained family leaders, sitting on all committees throughout the hospital, senior leadership hiring panels, as faculty members for medical student learning and a family mentorship program. Family leaders have contributed 2,300 volunteer hours since the program started in January 2011.

This workshop will facilitate the learning of innovative solutions for embedding person-centered practices throughout an organization and will increase participants understanding of the core functions of a successful change management framework. Participants will leave with a plan for building sustainable change that will increase patient and family engagement opportunities.

**Ideas to be explored, skills to be acquired, or problems to be addressed:**
- What should person-centered care look like at your organization?
- Using a change management framework, participants will be supported in developing a plan to embed and sustain patient and family engagement strategies.
- Challenges and risks will be discussed along with mitigation strategies.
- Quick wins and long-term goal planning identified by each participant.

**Practical application and takeaways:**
- Goal planning template
- Change management framework
- Tips and tools – best practices for engaging patients and families in their care and throughout organizational structures

**Speakers:**
*Laura Williams, Doug Miron, Heather Evans* — Holland Bloorview Kids Rehabilitation Hospital

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**Session 32**

**Successful system transformation initiatives**

This session will present the detail of the strategies used to manage the overall transformation, the issues important to achieving successful outcomes for patients and their families and the system coordination efforts for mental health transformation. It will describe ‘Nurse Practitioner Managed Nursing Stations’ (NPMNS) and demonstrate how they address the primary care needs of rural populations, while keeping them connected to the broader healthcare system through technology.

**Abstracts:**
*Transforming mental healthcare in South West Ontario - Maintaining bed access in the midst of bed closures and transfers*

*Deborah Corring* — St. Joseph’s Health Care London

*Patty Chapman, CHE* — South West Local Health Integration Network

*Making rural primary care delivery work; for patients, for providers, for government*

*Donna Kearney* — West Parry Sound Health Centre
Concurrent sessions  |  Tuesday, June 11, 2013  •  13:45 – 15:15

Session 33  Interprofessional engagement

This session will describe how one health authority engaged diverse clinicians and administrators to transform its medication system using a comprehensive strategy to improve medication safety and share broad interprofessional engagement strategies and lessons learned in the process of gathering requirements and evaluating bids for a new Enterprise EMR being implemented in a large complex care, multi-site, academic teaching hospital.

Medication safety: Achieving systems transformation to improve medication safety in the Vancouver Island Health Authority

David McCoy, Janet Walker – Vancouver Island Health Authority

Voices are heard: Interprofessional engagement across a multi-faceted academic hospital in the selection of a new enterprise electronic medical record (EMR)

Talya Wolff, CHE, André D’Penha, Joanne Hohenadel – University Health Network

Session 34  Innovations in patient-centered quality care: Medical-legal partnership improves systems based patient experience

This panel presentation will demonstrate how the Health Law Partnership (HeLP) and other medical-legal partnerships (MLPs) collaborate with members of the healthcare delivery system to address the quality issues raised by the Institute of Medicine (IOM) in its report entitled Crossing the Quality Chasm: A New Health System for the 21st Century, which focused on innovation and improving the quality of care. MLPs provide an interdisciplinary, holistic, and transformative approach to patient care and problem-solving by incorporating lawyers committed to improving the patient experience into the healthcare team to assist in addressing the socio-economic determinants of health, reducing health disparities, and refocusing attention on the patients. MLP lawyers address obstacles affecting patients’ ability to access care and their ability to comply with prescribed care. MLPs also engage in systemic education to better prepare future practitioners for the challenges of practice in the 21st Century. The IOM emphasized that the overarching purpose of healthcare organizations, professional groups, and private and public purchasers is to reduce the burden of illness, injury, and disability, and to improve the health status and function of people. To focus the discussion of shortcomings in the system, the IOM established “six aims for improvement” in patient care.

This panel presentation will show how MLPs contribute to meeting these aims to reinvent the healthcare delivery system, to improve patient centeredness, and to improve the patient experience by committing to improved effectiveness, patient-centeredness, timeliness, efficiency and equity. The core mission of MLPs to provide collaborative, holistic services to address patient needs coalesces effectively with the aims of patient centeredness, efficiency, and equity of care. The learning objectives for this panel include: introducing healthcare leaders to the benefits of incorporating MLP systematically into the healthcare delivery system; explaining how inclusion of MLP within the healthcare delivery system can promote person and family-centered approach to care; describing how the MLP approach to person and family-centered care leads to improvements in quality and safety while also contributing to cost-efficiency in the system; illustrating how incorporating MLP can facilitate active and informed participation of patients and families in caring for their health; and describing how MLP contribute to the education of current and future practitioners in meeting patient needs. The presenters will share results from their recently published data supporting the premise that medical-legal partnerships contribute to cost avoidance for the institution and enhanced provider satisfaction while also improving patients’ access to benefits and therefore their care. The presenters also will use their newly developed HeLP Balanced Score Card to stimulate interactive discussion about how to set up a system to address the quality goals of the institution in which they work.

Moderator:

Sylvia Caley – Georgia State University

Panelists:

Sylvia Caley – Georgia State University

Robert Pettignano – Emory University School of Medicine

Lisa Bliss – Georgia State University
Session 35: System transformation leadership

Elizabeth - Crowne Plaza

This session will explain how to unleash nursing leaders’ knowledge and practice expertise into strategic discussions and decision-making for system transformation, highlight the vision, strategy, and change approach that UHN has undertaken over the past 10 years to create a culture shift to patient-centered care, and will share the results of a research study describing the role of organizational power and personal influence tactics in creating a high quality professional practice environment for nursing.

Unleashing nursing leadership to influence system transformation
Nancy Lefebre, FCCHL – Saint Elizabeth Health Care

Advancing a vision for leadership and accountability for patient-centered care
Wynne de Jong – University Health Network

Professional practice leadership roles: The role of organization power and personal influence in creating a high quality professional practice environment for nurses
Sara Lankshear – Relevé Consulting Services

15:45 – 16:50
PLENARY Driving action and implementation to achieve optimal levels of health for all
Dr. Alex Jadad’s thought-provoking and inspiring address will challenge our views about the meaning of health and the role that the health system should play to enable us to live full lives in the 21st century. He has been called a «human Internet», as his research and innovation work seeks to identify and connect the best minds, the best knowledge and the best tools across traditional boundaries to eliminate unnecessary suffering. Such work focuses on a radical ‘glocal’ innovation model designed to improve the capacity of humans to imagine, create and promote new and better approaches to living, healing, working and learning across the world. Powered by global networks and leading-edge telecommunication tools, his projects attempt to anticipate and respond to major public health threats (e.g. multiple chronic conditions, pandemics) through strong and sustainable international collaboration, and to enable the public (particularly young people) to shape the health system and society.

Speaker:
Alex Jadad – Canada Research Chair in eHealth Innovation

Dr. Jadad holds the Canada Research Chair in eHealth Innovation at the University of Toronto and the University Health Network, where he is the Founder of the Centre for Global eHealth Innovation and Principal Investigator, Techna. He is also a Professor in the Department of Anesthesia, in the Institute of Health Policy, Management and Evaluation, and in the Dalla Lana School of Public Health, Faculty of Medicine, University of Toronto.

He is a physician, innovator, educator and public advocate whose mission is to optimize health and wellness for all, through the innovative use of information and communication technologies.

His research and innovation work focuses on virtual tools to support the encounter between the public and the health system (with emphasis on the management of polypathologies); interactive tools to promote knowledge translation and mentorship of health professionals and the public; and online resources.

16:50 – 17:00
PLENARY Closing remarks

Closing remarks
If you work in healthcare, chances are good that improvement efforts are coming your way, if not already in place. Many provincial governments now dedicate more than half of their budget to healthcare. This creates enormous pressure for healthcare organizations to demonstrate performance improvement and ultimately improve healthcare.

The EXTRA fellowship is designed to assist with this leadership challenge. This 14 month program offers specialized training to teams of senior to mid-career health leaders focused on intervention projects that improve or transform service.

EXTRA is a fully bilingual program, offered through a combination of residency sessions, online learning and enhanced with networking, and mentorship from expert faculty to deliver intervention projects that benefit the home organizations.

EXTRA teams can expect to:

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- Learn techniques, leadership tactics and strategies to initiate, manage and spread improvement
- Design and implement an organizational or a multi-site improvement initiative
- Work with dedicated academic mentors and change management coaches to achieve measurable progress on your improvement project
- Connect and collaborate with like-minded colleagues, and improvement leaders who have skills and experience in improvement across provincial and regional boundaries.

EXTRA is funded by a grant from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

ÉQUIPE D’AMÉLIORATION FORCES

Si vous œuvrez dans le secteur des services de santé, vous aurez probablement à vous associer à des efforts d’amélioration, si cela n’a pas déjà été fait. De nombreux gouvernements provinciaux consacrent plus de la moitié de leur budget aux services de santé, ce qui exerce une pression considérable sur les organismes de santé pour qu’ils fassent preuve de rendement accru et améliorent les services de santé.

Le programme FORCES est justement conçu pour aider à relever ce défi de leadership. Ce programme de 14 mois offre une formation spécialisée à des équipes de hauts responsables de la santé qui sont à mi-carrière et qui travaillent sur des projets d’intervention visant à améliorer ou à transformer le service.

Entièrement bilingue, le programme FORCES consiste en une combinaison de séances en résidence, d’apprentissage en ligne, de possibilités de réseautage ainsi que de mentorat par des enseignants.

Les équipes FORCES peuvent, au terme du programme, s’attendre à :

- acquérir les compétences et les connaissances nécessaires pour diriger l’amélioration éclairée par les données probantes;
- apprendre des techniques, des tactiques et des stratégies de leadership pour déployer, gérer et diffuser l’amélioration;
- concevoir et mettre en œuvre une initiative d’amélioration organisationnelle ou multi-centrique;
- travailler avec des mentors pédagogiques et des instructeurs en gestion du changement qui leur sont affectés pour réaliser des progrès mesurables au regard de leur projet d’amélioration respectif;
- établir des liens et collaborer avec des collègues animés des mêmes idées ainsi qu’avec des chefs de file en amélioration, et ce, au-delà des frontières provinciales et régionales.

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Poster sessions

Poster sessions
Posters will be displayed in the Strategy Foyer from 07:30 – 18:30 on Monday and from 07:30 – 15:45 on Tuesday. Presenting authors are identified in bold and will be available during networking breaks to answer questions. Posters are presented in the language of submission.

Excellence in health leadership awards
We are pleased to profile the 2013 recipients from the Canadian College of Health Leaders’ national awards programs. Award winners will be pleased to discuss their achievements during all conference networking and social opportunities.

Achieve results
A leading and innovative approach to pre-habilitation
Amber Curry, CHE, Meeta Gugnani – Rouge Valley Health System

Engaging personal support workers (PSWs) in providing more person-centered care (PCC)
Danielle Bender, Paul Holyoke – Saint Elizabeth Health Care

Develop coalitions
Bridging the Gap: An innovative collaboration between family physicians and William Osler Health System
Shariq Lodhi – William Osler Health System

Engage others
Collaborative leadership for patient-centered health system transformation
Sarita Verma, Deanna Wu, Maria Tassone, Janice Van Dijk – Canadian Interprofessional Health Leadership Collaborative
Lesley Bainbridge – University of British Columbia
Sue Berry, David Marsh – Northern Ontario School of Medicine
Emmanuelle Careau – Université Laval
Margo Paterson – Queen’s University

Creating a culture of safety
Minette MacNeil, Rose Owen, Eileen Chang, Jeremy Holden, Wendy Hodgkinson – Rouge Valley Health System

Enhancing engagement between patients, families and staff
Miranda Vermeer, Dana Katz, Natalie Vuksan – The Hospital for Sick Children

Improving patient access to ultrasound through efficiencies in scheduling practices
Christina Ciapanna, Jennifer Catton, Erin Svara – University Health Network

It’s about listening and responding
Carol Eigenseher, Jennifer Rees, Mandy Bellows – Alberta Health Services

Leading by BPSO
Shelly Petruskavich, Marcella Honour, Sharyn Gibbins – Trillium Health Partners

Leveraging the perfect storm; building a culture of person-centered care in community healthcare workers
John Yarschenko, Deborah Preston – Interior Health

Shared interprofessional leadership in an antimicrobial stewardship program: A quality improvement pilot project
Cam Thompson, Michelle Zahradnik, Allison Brown, Dimitra Fleming, Madelyn Law – Brock University

The top seven issues facing hospital CEOs
Mali Worme, Karl Moore – McGill University
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<td><em>Joy Ding</em> – McMaster’s Michael G. DeGroote School of Medicine</td>
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<td><em>Heather Paterson</em> – Niagara Health System - Greater Niagara General Site</td>
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<td><em>Linda Verangiu</em>, Kent Waddington, Dylan Dingwall – Canadian Coalition for Green Healthcare</td>
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The effects of a supervised exercise program in primary care on physical function and quality of life
Stephen Cheetham – Edmonton North Primary Care Network

The influence of a physician management and leadership program on physician leaders and health service delivery in Newfoundland and Labrador
Patricia Conrad, Larry Alteen – Newfoundland and Labrador Health Boards Association / Government of Newfoundland and Labrador
Lisa Fleet, Victor Maddalena, Fran Kirby, Robert Glynn, Brian Hurley, Bill Morrissey, Susan Arscott – Memorial University
Oscar Howell – Eastern Health

Nursing leadership

Tools, tips and results of a frontline population care project in Quebec: Optimal follow-up of chronic disease patients by an interdisciplinary team
Gerry Bédard – Groupe santé Concerto

Client-centered care in mental health
Kristin Cleverley, Audrey Danaher – Centre for Addiction and Mental Health
Elizabeth McCay – Ryerson University

Creating a patient engagement resource kit with patients, providers and leaders
Carol Eigenseher, Jennifer Rees, Mandy Bellows – Alberta Health Services

Dream big: An appreciative inquiry journey to a healthy work environment
Silvi Groe, Adassa Wilson, Marta Tamburri – University Health Network

Implementation and evaluation of a mental health and addictions nursing residency program
Barbara Pizzigrilli, Derek Christensen – Niagara Health System

Improving sepsis outcomes: Implementation of a sepsis screening tool at Greater Niagara General Hospital using a quality improvement framework
Keil Elliott, Madelyn Law – Brock University
Alannah Smrke – Michael G. DeGroote School of Medicine McMaster University
Kathleen Willis – Niagara Health System

Investing in clinical staff to innovate care
Jocelyn Bennett, Kate van den Broek, Anita Low – Mount Sinai Hospital

LEADing the way to prevent elder abuse
Norma Freeman – Canadian Nurses Association
Josephine Santos – Registered Nurses’ Association of Ontario

Régionalisation d’un programme de leadership/mentorat en soins infirmiers : une approche innovatrice
Nôelline Lebel, Monique Cormier-Daigle – Réseau de santé Vitalité
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