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National Awards Program

Celebrating Leading Practices

Expanded Edition:

Featuring the 2020 award recipients, all nominated programs and shortlisted individuals



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2020 National Awards Program Sponsors

The Canadian College of Health Leaders would like to thank the 2020 National Awards Program sponsors.



Introducing the 2020 National Awards Program Recipients – Congratulations to Our Difference Makers!

The Canadian College of Health Leaders, alongside our award sponsors, is delighted to recognize the individuals, teams and organizations that make a difference. The College's National Awards Program recognizes the importance of leadership, commitment, and performance. We are proud to showcase these Difference Makers, not just for winning their respective awards, but for making a difference to their communities, organizations and, most importantly, patients and their families.

The College is a community. We have designed the enclosed leading practice guide to allow everyone in our community to share in the knowledge and lessons learned from our Award Winners. Enclosed you will find examples of leading practices that can be replicated in your organization or community.

Do you know of any outstanding accomplishments in your organizations? There is no better time than the present to consider individuals, teams and programs worthy of recognition in the 2021 National Awards Program. For nomination information please visit the awards section of our web site: www.cchl-ccls.ca.

Sincerely,



Alain Doucet, MBA

President and Chief Executive Officer
Canadian College of Health Leaders

Congratulations to all award recipients!

On behalf of HIROC, we offer our most sincere congratulations to all the CCHL National Awards Program recipients who are making a difference in their communities.

At HIROC, we value listening to our Subscribers and the entire healthcare community – Learning how we can adapt and co-create solutions from the many healthcare change makers out there.

As an Educational Partner of the College, we are delighted to be a partner of this leading practice guide to promote lessons learned, knowledge sharing, and to provide recognition to the award recipients.

Thank you for inspiring us and congratulations again!



Catherine Gaulton

Chief Executive Officer
HIROC



Advisory Committee

The College would like to thank the members of the National Awards Advisory Committee for their guidance and support.

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Past Senior Director QEII
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BC Cancer Agency

Cathy Bailey
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Endoscopy & Respiratory Therapy
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Care Program
Eastern Health

Jennifer Proulx, CHE
Director, Integrated Care
Delivery Systems
Children’s Hospital of Eastern Ontario

Francine St-Martin (Ex-officio)
Director, Conferences and Events
Canadian College of Health Leaders

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3M Health Care Quality Team Awards

This award recognizes four important elements: innovation, quality, patient/family engagement, and teamwork, and provides Canadian health leaders with an excellent opportunity to recognize team members who have applied the quality process to create measurable benefits in their network of services and programs.

Full descriptions of all award nominees can be found in the 3M Health Care Quality Team Awards Executive Summaries booklet, available at: www.cchl-ccls.ca.



SELECTION COMMITTEE

QUALITY IMPROVEMENT INITIATIVE(S) ACROSS A HEALTH SYSTEM

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Business Manager
Medical Markets Centre
3M Canada

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Vice President, Long Term Care and Rural Health
Western Regional Health Authority

Chris Power, CHE
Chief Executive Officer
Canadian Patient Safety Institute

Victoria Schmid
Executive Director
Quality, Safety and Improvement
Vancouver Island Health Authority

AWARD RECIPIENT

QUALITY IMPROVEMENT INITIATIVE(S) ACROSS A HEALTH SYSTEM

Mackenzie Health

Improving Stroke Outcomes Utilizing Data and Technology

Mackenzie Health's Stroke Team leveraged a multidisciplinary approach by utilizing EMR technology and data-driven process improvements as an enabler to achieve better functional outcomes for stroke patients. As a winning case - Improving Stroke Outcomes Utilizing Data and Technology - for the HIMSS Davies Award 2019, the Stroke Team demonstrated critical quality improvement initiatives focused on health system redesign in stroke care delivery. Customized electronic orders set improved clinical workflow for all team members in the hyperacute stroke process. Digital reports could be generated using standardized documentations, which provided the team with relevant and important analytics.

Data driven decision making processes combined with high stakeholder collaboration culminated in sustained results that could never have been achieved in a paper-based workflow. As a result of a series of incremental redesigns and optimizations that were implemented, time to Tissue Plasminogen Activator (tPA) administration (Door-to-needle, DTN time) was drastically reduced by 50% (53.5 minutes to 27 minutes) in an 18-month period. Likewise, the time between patient arrival and when the left MH to be transported to an Endovascular thrombectomy (EVT) centre (Door-in-Door-out, DIDO time) significantly decreased from 97.5 minutes to 71 minutes, resulting in a 27% improvement. By reducing the DTN and DIDO times, the team saw improved patient outcomes and an overall estimated cost avoidance of \$360,326 per year. Optimizing technology within the EMR allowed the team to gather important metrics to greatly improve and redesign workflow that ultimately improves patient outcomes.

CONTACT:

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3M Health Care Quality Team Awards

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Full descriptions of all award nominees can be found in the 3M Health Care Quality Team Awards Executive Summaries booklet, available at: www.cchl-ccls.ca.



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Medical Markets Centre
3M Canada

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Senior Vice President
University Health Network

Patricia O'Connor, FCCHL
Consultant,
Clinical Improvement Advisor at CFHI

Rebecca Repa
Executive Vice President,
Clinical Support and Performance
University Health Network

Brenda Weir, CHE
Vice President, Chief Nursing Executive
Peterborough Regional Health Centre

AWARD RECIPIENT

QUALITY IMPROVEMENT INITIATIVE(S) WITHIN AN ORGANIZATION

Island Health

Prevention & Reduction of Open Heart Surgical Site Infections

Island Health's Heart Health Program has catalyzed continuous quality improvement to reduce surgical site infections after open heart surgery in response to patient needs. The Heart Health Quality Management Team created a multi-disciplinary learning community to address infection rates and implement evidence-based standards. They collaborated to identify and agree on key data metrics and adopted REDCap, an innovative new data management tool that enables real-time data acquisition and reporting (not previously used for quality improvement). High-quality data and customized reports now meet the needs of all team members, and the system enables ongoing and rapid assessment of outcomes and immediate course corrections as required to provide the best possible care.

Due to their innovative, patient-led, and interdisciplinary approach, the team has improved patient outcomes and experience and enhanced sustainability by reducing organizational costs. Prior to this initiative, the infection rate per 100 procedures for all open heart wound infections was 7.7%, well above the national benchmark. In the first year of the initiative, that rate dropped to 2.7% and is currently at 2.3%. Before implementation, surgical site infections after open heart surgery cost Island Health nearly \$900,000/year. After implementation, costs have been reduced to less than \$400,000/year. The team has achieved results that will continue to improve over time through a learning health system model, converting relevant data to actionable knowledge that is immediately applied into clinical practice in a continuous cycle.

CONTACT:

Mr. Ryan Davis, Director, Heart Health, Island Health
1952 Bay Street, Victoria, BC V8R 1J8
250-370-8324 | ryan.davis@viha.ca

Award of Excellence in Mental Health and Quality Improvement

This award honours a hospital, health authority, community based mental health and addictions program/service, or a leader in the field that demonstrates evidence-informed and sustained quality improvements (QI) in the area of mental health and addictions.

Sponsored by:



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

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Vice President, Patient Care &
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Full Professor
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Jean Daigle (Excused)
Vice President, Community
Horizon Health Network

Barbara C. Hall, CHE
Chief Executive Officer
Maxxcare Solutions

Yasmin Jetha
Vice President, Community Services
Vancouver Coastal Health Authority

Louise Bradley, CHE (Ex-officio)
President and Chief Executive Officer
Mental Health Commission of Canada

Mark Snaterse, CHE
Executive Director, Addiction
and Mental Health, Edmonton Zone
Alberta Health Services

AWARD RECIPIENT

Hôpital Montfort

In recent years, the management at Hôpital Montfort has completely revised its approach to mental health in order to provide a Francophone therapeutic environment focused on recovery. This approach has even been designated as an expected result under the 2021 Strategy.

This change, which now puts the person's recovery first, as well as the implementation of the Safewards model, have completely transformed the Mental Health Program. The changes presented and the results obtained were possible thanks to:

- The person's involvement in their care process;
- The use of patient-partners in the creation of new tools and knowledge;
- The participation of peer helpers in the therapeutic process;
- Employee collaboration in a context of major change management;
- Revised staff training;
- Adapting the skills required upon recruitment; and
- The development of tools adapted to the needs of patients.

In order to demonstrate our full support for improving the quality of mental health care, the CEO of Montfort signed a declaration of commitment to the recovery, in May 2019, during the second edition of the mental health awareness walk, which attracted 165 walkers.

CONTACT:

Mrs. Annie Boisvert, Directrice clinique, Hôpital Montfort
713 Montréal Road, Ottawa, ON K1K 0T2
613 746-4621 x 3120 | aboisvert@montfort.on.ca

Horizon Health Network

Mental Health & Addictions Adult Treatment Team, Horizon Health Zone 1

With the increase in awareness and diminishing stigma related to Addictions and Mental Health, the Adult Treatment and Intake Teams at Horizon Health - Moncton were experiencing substantial increases in request for service. As Intake workers were achieving the new performance indicator of 95% to provide an assessment within 3 days, and seeing on average 4 clients per day, the wait list grew tremendously.

Reaching as high as 600 people waiting for services, the team developed and implemented several initiatives; such as development and implementation of a Brief Therapy service, resulting in 150+ receiving 5 sessions and diverted from the waitlist; regular caseload review with clinicians; strengthening partnerships in community for skill building and much improved communication with primary care service providers, enabling them to resume care with their clients. A client with lived experience in recovery pioneered a project with NB Library services called Healing books, an inventory tailored to Mental Health and Addictions self help/education, to date 3200 books from this project have been checked out throughout the Province.

As of December 2109, our efforts have resulted in a waitlist of less than 75; we are meeting the indicator of 10 days for High Priority clients and striving to meet the 40-day indicator for Moderate Priority clients, goal is to achieve that by September 2020.

Contact: Candace Mann

Executive Assistant
Horizon Health Network
candace.mann@gnb.ca

Markham Stouffville Hospital

NP led Rapid Access Psychiatry Clinic at Markham Stouffville Hospital

In 2018 the Mental Health team at Markham Stouffville Hospital (MSH) implemented a Nurse Practitioner (NP) led Rapid Access to Psychiatry (RAP) Clinic. The model being that NP providers can serve as a “bridge” until the patient is connected to a psychiatrist. Current wait time for psychiatrists can be up to 8 months. To date, the program has served over 1700 patients with wait times on average of 3 weeks. Referrals considered urgent receive assessments within 7 days. A personalized treatment plan is developed, that includes a preventative and holistic care model. The NP will autonomously diagnose and treat illnesses, which may include prescribing medications and ordering and interpreting tests. The role allows the NP to spend time with the patient providing education, supportive counselling and offering ways for the patient to cope with their illness and lead a healthy life. The psychiatrists at MSH are supportive and consult as needed.

The wait time at MSH for first assessment by an NP has not increased despite the growth in monthly referral (250 referrals per month in 2018 compared to 600 referrals per month currently). This speaks to the accomplishment of assessing, providing the bridge to psychiatrists. It is a delicate balance of timely, patient centered and efficient care that our NP led RAP clinic has been able to provide. The NP led RAP has succeeded in eliminating the traditional wait lists of several months and patients in our community receive services appropriate to their needs on a timely basis.

Contact: Teresa Wong

Manager of Outpatient Mental Health Services
Markham Stouffville Hospital
twong@msh.on.ca

Celebrating the Human Spirit Award

This award recognizes and honours the meaningful contributions of individuals and teams for acts of caring and compassion that go above and beyond the call of duty, inspire others and have a profound and lasting impact.

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SELECTION COMMITTEE

Kenneth W. Baird, CHE (Chair)
Vice President, Quality Performance
and Clinical Supports
Eastern Regional Health Authority

Don Ford, CHE
Past Chief Executive Officer
Central East Community Care Access
Centre

Cheryl L. Harrison, CHE
Vice President of Regional Programs
Orillia Soldier's Memorial Hospital

Dr. Barbara Mildon, CHE
Chief Executive Officer
Community Care City of Kawartha Lakes

Kelli A. O'Brien (Excused)
Vice President, Long Term Care
and Rural Health
Western Regional Health Authority

Justin Simard (Ex-officio)
Director, National Accounts
Stericycle Healthcare Companies
Solutions

Janice M. Skot, CHE
President and CEO
Royal Victoria Regional Health Centre

Moyra Vande Vooren, CHE

AWARD RECIPIENTS

Maryann Murray & Sandi Kossey, CHE

Maryann Murray and Sandi Kossey, CHE, are championing and improving medication safety in Canada and globally. Their collective efforts continue to have significant impact on patients, providers, leaders and communities.

Maryann, as a volunteer with Patients for Patient Safety Canada, has generously dedicated thousands of hours to improving medication safety after the death of her daughter Martha in 2002. Maryann is playing a key role in shaping the World Health Organization's (WHO) Medication Without Harm global challenge and implementing the campaign in Canada. Maryann surveyed the public to contribute evidence of unsafe medication use to Health Canada's Plain-Language Labelling Committee. She also helped create a national petition in support of plain-language labelling regulations which was tabled in the House of Commons. Maryann also helped advance public education regarding Vanessa's law. Her relentless focus on clear communication helps ensure patient safety is having an impact.

Sandi, as Senior Director with the Canadian Patient Safety Institute and Director of the WHO Collaborating Centre on Patient Safety and Patient Engagement, is the most determined promoter of patient engagement in improvement. She has facilitated the inclusion of patient partners in many decision-making forums in Canada and globally. While there is general agreement to engage patients, often the know-how and buy-in are not fully present. In a compassionate and respectful way, Sandi coaches and leads by example to create environments where patients, providers, and leaders meaningfully partner to improve medication safety. Her personal leadership and influence on patient engagement in healthcare transformation are making a difference.

CONTACTS:

Ms. Maryann Murray, Volunteer, Patients for Patient Safety Canada
Ms. Sandi Kossey, CHE, Senior Director, Strategic Partnerships & Priorities
Canadian Patient Safety Institute
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Patricia Barrett (Making Memories Team)

In 2016, “Making Memories” was launched in Western Health for LTC residents and families. The program is designed to enhance each resident’s life- one wish at a time. Each resident is offered the opportunity to submit a special wish and have that wish granted with family, staff and friends. The program was in response to feedback obtained in our resident experience surveys. Experience surveys identified the need to enhance activities to alleviate residents’ worry, boredom and loneliness. An interdisciplinary team was established to create a regional brochure, application and approval process. A family partner joined the team early in the process. The team implemented an awareness/marketing campaign with multiple community partners joining forces.

The day a wish is granted the resident recipient receives a certificate from the Making Memories Committee. Partners including businesses or organizations that support a wish are also provided with a framed “Appreciation Certificate”. Examples of wishes enabled thus far include: pedicures, special family meals in LTC, at their home or restaurant, spending Christmas in their own home, meeting celebrities such as Don Cherry, and numerous other special celebrations at home or in the community such as community church functions, family weddings, concerts (i.e. Lori Morgan), and family graduations.

Our program is integrated across 7 homes in 6 communities and to date we have granted 62 wishes. The power of this initiative has not only been experienced by residents whose lives are enhanced, but also staff. Staff sense of pride when residents experience a wish is palpable.

Contact: Patricia Barrett (Making Memories Team)

Recreation Specialist, Corner Brook Long Term Care Home
Western Health
patriciabarrett@westernhealth.nl.ca

Kevin Cowan

Kevin’s 40 years as a caring and compassionate health care provider, nurse and leader culminated to his current position as CEO of the Blood Tribe Department of Health (BTDH), on Canada’s largest first nation reserve. He began his tenure with Kainai First Nation (Blood Tribe) in 2017 following a prestigious career as an executive health leader in Alberta. Kevin has had a profound impact on the health and wellbeing of the people living on Kainai. In 2015, Kainai declared an opioid crisis. After joining BTDH, Kevin began immediately working with Chief and Council, Elders, and other health leaders, to develop a community-driven response incorporating both Indigenous and Western healing practices.

Kevin successfully advocated for establishing a safe withdrawal site (Bringing the Spirit Home) that included wraparound services on the reserve. This is the first service of its kind in Canada, and likely the world. Since its establishment, this service and other responses led by Kevin, have resulted in positive impacts on the ongoing opioid crisis – including significant reductions in the numbers of overdoses and related fatalities. Hundreds of Blood Tribe members have accessed the services and are on their healing journey.

Through Kevin’s efforts, the Blood Tribe also opened a provincially-funded long-term care centre on the Reserve, again, the first of its kind. Kevin’s tireless compassion for the community is evident in his day-to-day work and through the relationships he cultivates. Kevin has a tremendous impact on the health of Indigenous peoples and is an inspiration to everyone he encounters.

Contact: Kevin Cowan

CEO
Blood Tribe Department of Health
Kevin.c@btdh.ca

Chapter Award for Distinguished Service

This award provides an opportunity for chapters to recognize locally and nationally the individuals who have made a significant contribution to their chapter.



AWARD RECIPIENTS

BC INTERIOR

Gregory Marr, CHE

Regional Director, Medical Affairs
Northern Health

BC LOWER MAINLAND

Dr. Randy Gilbert, FCCHL

Regional Director Informatics
BC Lower Mainland Medical Imaging

BLUENOSE

Colin Stevenson, CHE

Vice President, Quality and System
Performance
Nova Scotia Health Authority

EASTERN ONTARIO

Dr. Bernard Leduc

President & CEO
Hôpital Montfort

GREATER TORONTO AREA

Taylor Martin, CHE

Manager, Nursing Resource Team
and New Nursing Initiatives
Michael Garron Hospital

HAMILTON AND AREA

Keith McGlone

Vice President, IPC
Prescientx

MANITOBA

Jennifer Spencer, CHE

Interim Director of Centralized Home
Care Operations & Palliative Care
Winnipeg Regional Health Authority
(WRHA)

NEW BRUNSWICK

Nancy Roberts, CHE

New Brunswick Director, CCHL

NEWFOUNDLAND AND LABRADOR

Maria Rotondi, CHE

Division Manager, Rehabilitation,
Geriatrics & Palliative Care Program
Eastern Health

NORTHERN ALBERTA

Sandi Kossey, CHE

Senior Director, Strategic Partnerships
& Priorities
Canadian Patient Safety Institute

QUÉBEC

Anca Andreia Ghiran, CHE

Adjointe au directeur général adjoint
Direction générale adjointe – Santé
physique générale et spécialisée
Centre intégré universitaire de santé et
de services sociaux du Centre-Sud-de-
l'île-de-Montréal

SOUTHERN ALBERTA

Dwight Nelson, CHE

Chief Operating Officer
Carewest

SOUTHWESTERN ONTARIO

Jennifer Peckitt, CHE

Chief Nursing Executive
and Site Director
South Huron Hospital Association

VANCOUVER ISLAND

Matthew Miller

Director, Brand, Digital
Engagement & Innovation
Island Health

CCHL Distinguished Leadership Award

The CCHL Distinguished Leadership Award honours a Champion of Performance Improvement. Winners of this Award will be passionate and visionary leaders who have led transformative change, demonstrated exemplary engagement and collaboration and a dedication to building leadership capacity.

Sponsored by:

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AWARD RECIPIENT

Graham Dickson, PhD

Graham Dickson is Professor Emeritus at Royal Roads University (RRU). While at RRU, Graham helped to develop the Master of Arts in Leadership and was founding Director of the Centre for Health Leadership and Research. As a result, “disciples of Dickson” are scattered throughout Canada’s healthcare systems, and senior echelons of health organizations including CCHL chapters. Currently, he is an advisor to CCHL, the Canadian Health Leadership Network and the Canadian Society of Physician Leaders. Often cited as the “Father of LEADS”, Graham was the principal investigator in a cross-Canada research project resulting in LEADS; the most used leadership framework in Canada’s health system.

Graham is constantly in search of more compelling evidence that leadership is essential to both innovation and better patient centred care. As Chair of CHLNet’s Research & Evaluation Working Group he continues to work with academics and decision makers to better understand the emerging discipline of health leadership and how it can impact system performance. He has been co-editor of three special edition Emerald Journals, dedicated to medical leadership and has published in many journals, including Healthcare Management Forum. His career began in teaching, and it remains one of his great passions. Dr. Dickson continually emphasizes that everyone is a leader – leadership is a function of one’s mindset and approach to work not one’s formal position. He believes that together, we can achieve a better system comprised of healthy workplaces with the patient and family caregiver at the centre of all we do.

CONTACT:

Dr. Graham Dickson

Professor Emeritus, Royal Roads University

Principal, LEADS Global

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Energy and Environmental Stewardship Award

This award recognizes a progressive healthcare organization that has implemented programs that demonstrate environmental responsibility through the reduction of energy usage, the preservation of natural resources and effective waste diversion solutions.

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SELECTION COMMITTEE

Tony Dagnone, FCCHL, FACHE

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Support Services
Island Health

Mike Hickey

President
MF Hickey Consulting

Jo-anne Marr, CHE

President & CEO
Markham Stouffville Hospital

Andrew Neuner, CHE

CEO
Health Quality Council of Alberta

Ron Noble, FCCHL, FACHE

President and CEO
Catholic Health Association of Ontario

Luis Rodrigues (Ex-officio)

Vice President, Energy Services Group
Honeywell

AWARD RECIPIENT

Island Health

Sustainability & Business Continuity Department

Island Health is committed to minimizing its environmental impact, in order to support the health of their patients, staff, and communities. Over the past decade, the BC health authority has shown its commitment by advancing energy and environmental stewardship best practices throughout the organization.

Since 2007, Island Health's energy use intensity declined over 11%, with a cumulative impact of 3.5 million dollars in annual cost savings. As Island Health reduces energy consumption and electrifies building systems, greenhouse gas emissions have reduced by 18% from peak levels in 2011. In addition, water use is decreasing year after year.

Island Health ensures new major capital projects are designed with a high-level of efficiency and achieve LEED certification. These projects enhance indoor environmental quality, providing benefits to patients and staff. To further decrease Island Health's footprint, the organization promotes environmental stewardship with recycling programs, electric fleet vehicles, tree-free paper, and many more initiatives. Environmental awareness diffuses across the organization through staff and community engagement.

Senior leadership reaffirmed Island Health's commitment to energy and environmental stewardship by making it a key objective in the organization's five-year strategic framework. Island Health will continue striving for progress in the pursuit of a healthier environment, so that the people we serve can live and thrive in healthier communities.

CONTACT:

Ms. Deanna Fourt, Director, Sustainability & Business Continuity
Island Health - Sustainability & Business Continuity Department
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Vancouver Coastal Health

Vancouver Coastal Health (VCH) has been a energy and environmental sustainability leader within British Columbia and Canada since the implementation of their GreenCare initiative in 2008. GreenCare has strategically grown to encompass the focus areas of Smart Energy & Water; Zero Waste; Zero Toxicity (aka. Safe Chemicals); Active & Clean Transportation; Regenerative Design (including Climate Resilience and Adaptation); and Workplace Leadership.

A snapshot of achievement by VCH over the years:

- 14% reduction in the organizations energy use intensity since baseline (2007)
- 19% reduction in the organizations carbon footprint since baseline (2007)
- 31% reduction in the organizations carbon intensity since baseline (2007)
- 7% reduction in the organizations water consumption since baseline (2010)
- 42% waste diversion rate in 2018
- 99% waste diversion rate, for new construction projects, in 2018
- Created a Cycle Centre at Vancouver General Hospital that has showers, lockers, bicycle maintenance room, and enough space to securing store 174 bicycles
- Initiated a Climate Resilience and Adaptation program
- Initiated a Environmentally Preferable Purchasing program

The full template nomination form will give a fuller view of the merits of strongly considering Vancouver Coastal Health for the Energy and Environmental Stewardship award.

Contact: Glen Garrick
Sustainability Manager
Vancouver Coastal Health
glen.garrick@vch.ca

Woodstock Hospital

Environmental sustainability is deeply embedded in the philosophy of Woodstock Hospital (WH), as demonstrated in the construction of the first LEED (Leadership in Energy and Environmental Design) silver hospital in Canada. The environmental initiatives and energy conservation measures implemented demonstrate the hospital's vision statement "to ensure patient safety, in an environmentally responsible and sustainable facility".

WH staff and leadership work collaboratively to ensure environmental responsibility is woven into decision-making and hospital policies and procedures. WH's focus on energy conservation and recommissioning the facility has resulted in a 4.25% reduction in electricity, 16% reduction in natural gas consumption and 13.7% reduction in greenhouse gases. WH has also completed a 1 megawatt combined heat and power plant, installed 21 electric car-charging stations, and is planning 535kW of solar power.

In the past 5 years, WH has achieved a 12% increase in waste diversion, which is over half way towards the goal of 50% diversion by 2025. Part of the strategy included the implementation of an Organics Waste Program, and a linen alternative to plastic OR sterilization wraps.

The establishment of the Environmental Advisory Committee ensures an ongoing focus on reducing the carbon footprint. They host an annual Earth Day celebration, inviting community partners to showcase their environmental projects. This event educates staff, patients and the community on the hospital's environmental initiatives and encourages them to reduce their impact on the environment. Through collaboration and innovation, WH continually strives to be an industry leader in energy and environmental stewardship.

Contact: Kathy Lavelle
VP, Finance & CFO
Woodstock Hospital
klavelle@wgh.on.ca

Excellence in Diversity & Inclusion Award

This award honours a forward-thinking healthcare organization that has demonstrated leadership in creating and promoting diversity and inclusion to improve the environment for its employees, and to better service their customers/patients, and the community.

Sponsored by:



SELECTION COMMITTEE

Dwight Nelson, CHE (Chair)
Chief Operating Officer
Carewest

Dr. Brendan Carr, CHE
President & CEO
Nova Scotia Health Authority

Brenda Flaherty
Healthcare Consultant

James Gouthro, CHE
Clinical Social Worker
IWK Health Centre

Jim Hornell
CEO
e-Health Saskatchewan

Scott Jarrett
Executive Vice President and
Chief of Clinical Programs
Humber River Hospital

Norman Peters, CHE
Vice President,
Regional Care Integration
Fraser Health Authority

Normand St-Gelais (Ex-officio)
Director of Corporate Responsibility
Sodexo Canada

AWARD RECIPIENT

Alliance for Healthier Communities

The Alliance for Healthier Communities is the voice of a vibrant network of community-governed primary health care organizations that serve diverse, often marginalized and underserved communities across Ontario. The Alliance works with members and partners to identify and eliminate barriers for people and communities at risk of poor health, with a special focus on Indigenous people, Francophones, racialized and Black communities, and Two Spirit and LGBTQ+ communities.

The Alliance for Healthier Communities is recognized as a leader in advancing health equity, diversity and inclusion within the organization, among members and broader health system. The Alliance has led several initiatives to ensure the diversity of the communities Alliance members serve is reflected at all levels: Board of Directors, leadership, management, staff, students and volunteers. It supports members to ensure they have the necessary resources to provide equitable, culturally safe services and build healthier, inclusive communities.

The Alliance's commitment to building a more equitable health system and contributing to a more inclusive society is embedded in its brand promise: health equity through comprehensive primary health care. It is prioritized in its strategic plan and brought to life in its foundational documents: Health Equity Charter, Model of Health and Wellbeing and Model of Wholistic Health and Wellbeing (for Indigenous organizations).

As a result of Alliance advocacy, the preamble to the Connecting Care Act includes a commitment to health equity. The Alliance is currently working with members and decision-makers in the emerging Ontario Health Teams to ensure health equity is integral in their development.

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Holland Bloorview Kids Rehabilitation Hospital

Holland Bloorview Kids Rehabilitation Hospital is Canada's preeminent children's rehabilitation hospital and a global leader in childhood disability research. Our dedicated doctors, nurses and therapists provide care and services to thousands of children and youth who live with disability, medical complexity, illness and injury from across Ontario. We also support bright futures for the young people we serve through life skills, employment, recreation, art, music and social inclusion programs.

Holland Bloorview is also home to an award-winning Family Leadership Program whose mission is to inspire, support and facilitate the full integration of client and family-centred care as a non-negotiable, in every aspect of Holland Bloorview's clinical, academic, advocacy and community work.

The hospital strives to model true equity, diversity and inclusion (EDI) by embedding the principles of EDI into its strategic plan, recruitment and retention plans and vision, mission and values.

Through celebration of diversity and dedication to equity and inclusion for all, Holland Bloorview has created a community that allows all clients, families and staff to thrive and create the most meaningful futures for kids and youth with disabilities.

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Interior Health

Interior Health has four long-term commitments to diversity and inclusion:

1. Improve the health and social wellbeing of Aboriginal peoples by developing strong relationships with Aboriginal communities and through a focus on cultural safety for patients and staff;
2. Increase the diversity and inclusion of our employed workforce and patient services;
3. Address the psychological health and safety of our workforce; and,
4. Support communities by applying a systems approach to health equity throughout the organization.

High-level summary of achievements:

- Implemented an Aboriginal Health Program including a governance structure with Aboriginal partners, and a multi-faceted plan for delivery and ongoing evaluation of Aboriginal cultural safety education and leadership commitment.
- Increased the percent of self-identified Aboriginal employees from 3.5% in spring 2017 to 5.9% in December 2019, supported by an Aboriginal Recruitment Strategy and an employment advisory service.
- Implemented a 'Continuous Listening' Plan under which staff can provide feedback on decisions that affect them, including inclusion-related elements.
- Developed a Diversity & Inclusion Plan – moving forward through leadership and staff education, story telling and celebration; an Employee Voices Advisory Group; and an employee Diversity and Inclusion Census.
- Reviewed and amended IH human resource policies to maximize the use of inclusive language and practices.
- Approved policy and resources to focus on psychological health and safety.
- Delivered training and support to more than 350 IH employees on health equity principles and practices.
- Implemented practices within the Capital Planning to create welcoming spaces for all physical abilities and gender identities.

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Excellence in Patient Experience Award

This award is focused on honouring organizations and individuals who have set in place innovations that improve the human experience in healthcare. The Excellence in Patient Experience Award will highlight and recognize innovations that have made a change to how patients and their families experience healthcare services.

Sponsored by:



SELECTION COMMITTEE

Marnie Escaf, CHE (Chair)
Senior Vice President UHN, Executive
Lead PMH
University Health Network

Bonnie Cochrane, CHE
(Ex-officio)
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General Manager, Studer Group Canada

Linda Dempster
Vice President Patient Experience and
Pandemic Response
Fraser Health Authority

Eric Hanna, CHE
President and CEO
Arnprior Regional Health

Victoria Kaminski
(Excused)
Healthcare Consultant

Janet Knox, CHE

Arden Krystal, CHE
President & CEO
Southlake Regional Health Care

Marc LeBoutillier, CHE
Chief Executive Officer
Hawkesbury General Hospital

AWARD RECIPIENT

Hamilton Health Sciences

Hospital to Home Team

Hamilton Health Sciences (HHS) is transforming how patients, caregivers and families experience the delivery of health services. Committed to operating as one seamless system, both within and beyond our walls – HHS' Hospital to Home (H2H) Team partners with patients to co-design integrated, coordinated care plans (CCP) focused on, what is most important to the patient and what is most concerning to the patient about his or her health. The use of non-judgemental curiosity, trauma informed care and motivational communication strengthens partnerships between patients, caregivers, families, health and social care providers resulting in achievement of the Quadruple Aim – improved patient and provider experience, improved health of the population, improved utilization of health care resources.

H2H patients often have multiple chronic health conditions and high utilization of healthcare resources. Patients are frequently challenged by functional impairment (physical or cognitive), social isolation, low income, inadequate nutrition or housing, poor health literacy, and poor self-management skills. This population of patients often fall through the cracks of the traditional health care system.

Approximately 1300 patients have participated in the H2H model of care and results of evaluation indicate patients feel listened to by their healthcare team (97%), are involved in decision-making about their care (86%), and are linked to services when needed (93%). Additionally, sustained reductions up to 24 months following the initiation of coordinated care planning include emergency department visits (43% decrease), in-patient visits (57% decrease), 30 day readmissions (63% decrease), and in-patient visits for ambulatory care sensitive conditions (47% decrease).

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Alberta Health Services

AHS Continuing Care Facility Directory

On June 11, 2019 the Alberta Health Services Continuing Care Facility Directory was launched. The directory serves as a single source of detailed information for all publicly funded continuing care facilities in Alberta. The website is open to anyone around the world and with the potential to inform research and quality improvement initiatives globally.

Developed in response to requirements of the Alberta Long Term Care Information Act, the directory was guided from a variety of stakeholders, including the Government of Alberta, continuing care operators, client and family advisors, and advisory councils.

The online directory has comprehensive information on all the province's 351 publicly funded facilities. There are more than 25,800 publicly-funded continuing care spaces in Alberta. Approximately 8,098 people moved into an AHS continuing care facility in 2018/19.

The online directory can be accessed at ahs.ca/continuingcare.

Team Members:

David O'Brien, Dr. James Silvius, Max Jajszczok, Lynn Redford, Laurel Stretch, Max Jajszczok, Jennifer Green, Emily Post, Darren Anquist, Randal Blanton, Kass Rafih, Alex Potapov, Kimberly Nickoriuk, AHS Provincial Senior's Health, AHS Provincial Advisory Council, AHS data analytics, AHS Information Technology (TJ Shin, David Larsen, Zhi Mai, Suzanne Ly), AHS Web Communications (Charity Borg, Marnie Bartell), Alberta Health Continuing Care Branch (Erica Olson, Janice Leung), AHS Planning and Performance (Dawna Chalifoux, Gail Lee)

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CISSS de Laval

Implantation organisationnelle du partenariat de soins et services avec les usagers au CISSS de Laval

Several years ago, the Centre intégré de santé et services sociaux de Laval (CISSS de Laval) undertook a major organizational transformation leading to the implementation of the care partnership and services (PSS) in all of its clinical and management activities. The PSS is at the centre of philosophy of clinical intervention of the establishment. It is the subject of a continuous mobilization of stakeholders including partner users, stakeholders, doctors, and managers.

The CISSS de Laval has more than a hundred partner users representing all of the clientele served. Many activities to improve the quality of care and services are carried out each year with partner users, whether with children, adults and seniors, mental health or physical health in the hospital or in the community.

The impact of these changes was formally assessed in 2018 and made it possible to measure in a tangible manner the extent of the gains and improvements made to users themselves, doctors, workers, managers and directors. The PSS Office shares its expertise with other national organizations and at international events.

In co-construction with partner users, a sustainability plan for the PSS is now being implemented in the establishment. The innovative contribution of partner users is invaluable. The approach improves the experience of users in their care and services and the contribution of partner users also makes a permanent difference in the continuous improvement of our processes and trajectories.

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Covenant Health

Covenant Health Continuing Care - Living Our Values

Living Our Values began as a response to resident, family and care partner feedback. Building on insights gathered from months of surveys and forums, the philosophy of care was created. Living Our Values is a guide to assist teams to move from an institutional model of care (routines of care) to one that cherishes the uniqueness of individuals within the context of community. Ultimately four pillars emerged from consultations: honouring residents, building relationships, community connections and the environment of living.

Although teams recognized the need to make a change, Covenant Health Continuing Care has almost 1,600 people living within 12 communities across Alberta. The Living Our Values project was intended to start with two demonstration units, one rural in Killam Health Centre (KHC), where 40 people reside, and one urban at the Edmonton General Continuing Care (EGCCC) on Unit 5AB, where 36 people reside. Kick off parties were held in September 2018. Each community conducted quality improvement initiatives over the past year to improve the quality of life for residents. Measurement is a key component of Living Our Values. The successes and learning from demonstration units will be shared across all of Continuing Care to support spread of this initiative.

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Covenant Health

G.F. MacDonald Centre for Lung Health

The prevalence of chronic obstructive pulmonary disease (COPD) in Alberta, as with other chronic diseases, is expected to continue to increase in the coming years. Importantly, access to guideline based programs and services has the potential to mediate acute care demand for this population. Despite evidence of effectiveness, access to pulmonary rehabilitation (PR) remains inadequate. There were 11,152 Albertans hospitalized with COPD in 2016/17, yet there is an estimated capacity for only 1050 patients to attend PR in Alberta. This highlights the need for creative solutions to increase access to PR for patients.

The Covenant Health G.F. MacDonald Centre for Lung Health (The Centre) has, over the years, emerged to set the standard of care for pulmonary rehabilitation (PR), extended its reach through telehealth in an innovation hardly heard of in the 1990s and today is spreading throughout Alberta in an effort to ensure that all Albertans in need of PR have access to the program. The centre has effectively integrated research into the program, and working with colleagues and graduate students from the University of Alberta have published a number of scientific articles directed at improving care for these patients.

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Glenrose Rehabilitation Hospital

Glenrose Preschool Comprehensive Assessment Team

In 2016 the Glenrose Rehabilitation Hospital identified a gap in tertiary level services for young children (age four to six years) who require an intensive approach to assessment and intervention to address complex neurodevelopmental and social-emotional problems. Following an extensive literature review, national benchmarking, and an environmental scan, an Advisory Team comprised of internal and external stakeholders developed the GRH Preschool Comprehensive Assessment Team (PCAT). This program, grounded in theories of human development and family systems, integrated new evidence-based therapeutic models of care, including the Pyramid Model and Circle of Security. PCAT has a focus on diagnostics, while providing targeted intervention for children and their families through individual and group-based interactions, utilizing a multidisciplinary team.

Assessment is individualized, and may include the use of home and school observations, standardized assessment tools, and/or inclusion in a classroom group. Parents are integrated into the program in a hands-on manner. Key program elements include: 1) collaboration with parents and community service providers for shared planning, goal-setting, and decision-making to facilitate effective service delivery, 2) enhancing the partnership between the health care system and the school to support the needs of the child and family, and 3) increasing the parent's understanding of their child's needs and abilities, and strategies to address both, in order to ultimately strengthen parent capacity and confidence to meet their child's needs. Program evaluation has indicated a high degree of parent and community satisfaction with the diagnostic process and enhanced capacity to understand diagnostic implications and address the child's needs.

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Markham Stouffville Hospital

The Patient Experience Participant Program at Markham Stouffville Hospital

While many healthcare organizations create opportunities for patient advisory roles to elevate the patient perspective within healthcare service delivery, unique to a Patient Experience Participants (PEP) Program at an acute care facility is the utilization of patient, caregiver, family, and community engagement to foster and drive a patient-led organizational culture shift. PEPs not only consult with healthcare teams throughout the hospital to enhance the patient experience, PEPs actually become an equal collaborative member of these healthcare teams through ongoing project development, active working group participation and committee involvement. PEPs are also involved in recruitment interviews for all patient-facing staff. Externally, PEPs and PEP program staff collectively engage community members in discussions about patient-led organizational values through outreach to local community and religious centers.

These community forums help to emphasize a commitment to the patient experience as a top organizational priority for current future patients, caregivers and family members who enter facility doors. To date, 91% of all hospital programs receive active, dedicated and consistent PEP support to ensure the patient experience is at the forefront of healthcare activity. Unique to the PEP program are the Patient and Family-Centered Care (PFCC) workshops where PEPs train staff on the values and characteristics of a patient-led organizational culture. To date 120 hospital staff have received PFCC training. As the PEP program continues to evolve and expand, spread and sustainability plans are in place to ensure all hospital programs receive PEP integration and that all hospital staff receive annual PFCC training.

Contact: Michelle Samm

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Nova Scotia Health Authority

Leveraging the National Surgical Quality Improvement Program to Enhance Patient Experience

In 2017, Nova Scotia Health Authority's Perioperative & Surgical Services Portfolio made the decision to implement the American College of Surgeons - National Surgical Quality Improvement Program (ACS-NSQIP) at eleven facilities with the goal to improve patient experience and health system outcomes. This commitment supported the team's strategic priority to "Improve Patient and Health System Outcomes".

ACS-NSQIP requires a 30-day post-operative follow-up through medical record review and/or contact with the patient. These 30-day follow-up calls provided a unique opportunity to collect qualitative and quantitative data on the patients' experience and expectations. The team took advantage of this opportunity to engage with patients and families to learn from their experiences. Specifically additional patient feedback on what type of information they received at time of discharge was collected. This process is now embedded into those follow-up calls.

The data gathered identified discharge information topics that required improvement. Analysis of this information led to the development of two quality improvement initiatives: 1) development of a standardized survey tool to be piloted in February 2020 and; 2) a comprehensive review and update of patient information and educational materials related to surgical care.

By leveraging the NSQIP data and additional patient focused questions, the Perioperative & Surgical Services has demonstrated inclusion of the patient perspective, and their surgical experience, to support our quality improvement efforts. For this reason, Nova Scotia Health Authority is pleased to support this Leveraging the National Surgical Quality Improvement Program to Enhance Patient Experience submission.

Contact: Cindy Connolly

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Excellence in Patient Safety Award

This award recognizes individuals and/or teams that are committed to improving patient safety within the healthcare environment, through leadership, culture, best practices, innovation, and change management expertise.

Sponsored by:



SELECTION COMMITTEE

Arden Krystal, CHE (Chair)
President & CEO
Southlake Regional Health Care

Barbara C. Hall, CHE
President and CEO
Maxxcare Solutions

Janice Kaffer, CHE
President & CEO
Hotel Dieu Grace Healthcare

Lori Korchinski, CHE
Director
Vancouver Coastal Health

Derek McNally
Executive Vice President Clinical
Services & Chief Nursing Executive
Niagara Health System

Wendy L. Nicklin, CHE, FACHE
President (Board Chair)
International Society for Quality
in Health Care

Sheri Whitlock (Ex-officio)
Director, Global Marketing
BD Canada

AWARD RECIPIENT

Markham Stouffville Hospital

Of common importance to healthcare organizations is an emphasis on reducing falls rates and establishing falls prevention measures through working groups and projects. Yet unique to one acute care organization is a niche Falls Prevention Project (FPP) led by a Falls Prevention Working Group (FPWG) task force to address the rate of harmful falls across all inpatient clinical programs. Harmful falls are identified along a spectrum between mild harm (level 2) and death/permanent disability (level 5). Establishing baseline falls data, the FPWG initially targeted specific inpatient units where harmful falls rates were frequently occurring.

Through a multi-factorial falls prevention strategy approach, the FPWG was able to reduce the rate of harmful falls by 30% across various inpatient clinical units. Although the average number of falls per month remained relatively consistent post FPP intervention, the number of harmful falls have steadily decreased monthly from 37.5% in the 2017-2018 fiscal year to 28.4% in the following 2018-2019 fiscal year.

Through education to staff internally and community members externally on safe falls prevention practices, this multi-factorial FPP has recently been recognized by Health Quality Ontario as a leading practice to reduce harmful falls and has been added to the Health Standard's Ontario leading practice library. Use of an information-technology tracking system has ensured that FPP is a sustainable model for clinical leaders and managers to locally monitor rates of harmful falls to ensure falls prevention best practices are put in place for all patients identified at high risk for harmful falls.

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Humber River Hospital

Humber River Hospital's vision in lean design, green principles, and digital systems integration has led to true systems integration, automation, and interoperability. One of the crowning achievements our pursuit of high reliability is our state-of-the-art closed loop medication system (CLMS). The CLMS design has eliminated human error, and virtually eliminated medication errors at HRH. HRH reports medication error rates of 0.007-0.009% over the past two years. Undertaking an evaluative research study, regression models indicate barcode scanning and CLMS implementation has statistically decreased errors ($p=0.003$ and $p=0.020$ respectively). Staff and process efficiencies have also been realized as medication picking errors have been reduced by more than 50% compared to the previously manual workflow at our legacy sites, inventory control has increased by 30%, and 30% reduction in pharmacy labour required to package and pick dose medications have allowed for re-deployment of skilled staff to higher-value work.

Clinical pharmacists provide patient-centered counselling on medication issues, and patients have acknowledged the CLMS as a safety system for medication administration. Post-discharge calls to patients in December 2019 reported 92% of patients surveyed would recommend the hospital to others (safety), and 88% of patients reported having a clear understanding about home medications (electronic medication reconciliation). In addition to achieving exemplary status from Accreditation Canada in 2018, Health Standards Organization awarded HRH with three innovative leading practices for: Closed Loop Medication System, Using Robotic Admixture to Improve Patient Safety and Reduce Wait Times, and Barcode Verification for Medication Preparation and Traceability Using In-house Developed System.

Contact: Dr. Vanessa Burkoski

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Interior Health Authority

Interior Health Critical Care Network and Child Health BC/BC Children's Hospital

Child Health British Columbia (CHBC), British Columbia Children's Hospital (BCCH), and Interior Health (IH) have partnered to address an ongoing concern regarding the care of critically ill pediatric patients in adult Intensive Care Units (ICUs) for up to 48 hours while waiting for transfer BCCH. The geography, size and weather in British Columbia's (BC's) interior present challenges to transferring patients in a timely manner. Individual ICUs have tried to address the knowledge and process gaps but the results have been mixed and concerns continue.

CHBC, BCCH, and IH have collaborated to create a coordinated approach to knowledge sharing, standardization, best practices, and access to expertise. Through the development of a provincial education course to meet knowledge gaps and the utilization of technology to improve access to information and expertise, this team has developed a model that will be used to improve pediatric care across the province. The Critical Care Network has taken the lead in IH to coordinate the two tertiary and four community adult ICUs.

The goals of this initiative are to increase knowledge and comfort of the IH Pediatricians, RNs and RTs when caring for critically ill pediatric patients; create a team approach in IH sites to support the care of pediatrics in an adult ICU; improve access to expertise through the use of technology (TelePICU); build relationships between IH and BCCH to foster knowledge sharing and support; and leverage provincial knowledge and resources to better support the care of this vulnerable population.

Contact: Terri Domin

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Michael Garron Hospital | Toronto East Health Network

Urine cultures (UCs) remain the most over-ordered clinical microbiological investigation across acute and long-term care institutions. This excess testing is not only a waste of finite healthcare resources, but also results in the over detection of asymptomatic bacteriuria (ASB). Over-detection of ASB leads to low-value care, including antimicrobial prescriptions that are of no benefit and potentially harmful to patients, as they can increase the risk of Clostridium difficile infection and can drive antimicrobial resistance.

Prior studies have shown that reducing unnecessary urine cultures can decrease antimicrobial utilization for ASB. The literature also suggests that educational interventions to reduce antimicrobial utilization for ASB are largely unsuccessful.

A new two-step model for urine ordering, using a novel UC collection container, was implemented in the Emergency Department of Michael Garron Hospital and subsequently implemented for all inpatient services (excluding paediatrics). In this two-step model, UCs were collected by nurses based on clinical symptoms. The samples were stored in containers with preservatives, allowing it to be held for 48 hours prior to processing. UCs were only processed if an ED physician ordered it after clinical assessment.

Two-step UC ordering in the ED resulted in a decrease in the number of UCs processed, call backs for positive results and antimicrobial utilization without evidence of untreated Urinary Tract Infections. This intervention also led to an estimated cost avoidance of \$39.98/100 ED visits. This initiative has demonstrated that this model of UC ordering has the potential to reduce costs while minimizing the inappropriate treatment of ASB.

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Nova Scotia Health Authority

Safety Huddles: A unique and innovative approach to identifying risk on an inpatient medicine unit

Nova Scotia Health Authority's (NSHA) commitment to patient and staff safety includes the expanded use of safety huddles. The 3West Medical Unit at Dartmouth General Hospital (DGH) had experienced patient safety events directly related to lack of communication. Front-line staff saw the need and identified safety huddles as an opportunity to address safety issues with the entire team and moved forward with implementation.

In November 2018, building on NSHA's Strategic Directions, a working group developed a framework to facilitate the unique incorporation of safety huddles into the 3West daily routine. The team created a creative and innovative visual tool using Emojis to allow for quick communication to all staff. The success of 3 West has led other units within the facility to move towards implementation in 2020.

So often new healthcare programs are implemented by leaders "from the top down"; this was different.

This implementation has been paramount in creating an environment of situational awareness and a culture of psychological safety to report and discuss safety concerns. The team's use of safety huddles has resulted in increased awareness of specific patient risks including risk for falls, pressure injuries and elopement and allowing for the development, implementation and regular evaluation of patient plans of care.

The Safety Huddles: A unique and innovative approach to identifying risk on an inpatient medicine unit project demonstrates front-line staff leading the way for improvement to patient safety initiatives and NSHA is pleased to support the project's nomination to the Excellence in Patient Safety awards program.

Contact: Emily Johnston

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William Osler Health System

Osler's Oral Anticancer Therapy (OAT) Program

Oral anticancer therapies (OAT) are more frequently being administered to patients as part of systemic cancer treatment. Patients on OAT are seen less often in clinic as they can take their medications by mouth in the comfort of their home. However, given that OAT has the same toxicity as parenteral chemotherapy, patient education and proactive follow-up is vital. In December 2019, Osler launched a program to improve patient education as it relates to OAT medications and to proactively follow-up with patients virtually to assess for and manage medication adherence issues and side effects. This process utilizes pharmacist-led patient telephone calls for the top 25 used therapies.

Since the launch of this program last year, pharmacists have identified multiple instances of side-effects and patients were provided with information on how to manage these side-effects at home, thereby reducing emergency visits. Additionally, the physician order entry system was updated to incorporate patient safety information in the prescription directions, as well as information on supportive medications to ensure safe and clear communication with all providers. The program has also led to the creation of multiple in-house education documents, including OAT medication calendars and pill diaries. Medication errors have been reduced by improving the format of order entry generated take-home prescriptions for OAT medications.

The program has been modeled against the 2019 Cancer Care Ontario Quality and Safety Recommendations for Delivery of Take-Home Cancer Drugs. Osler is one of the few hospitals in Ontario offering this comprehensive service.

Contact: Alina Rashid

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William Osler Health System

Osler Cancer Immunotherapy Program (OCIP)

Immunotherapy has increasingly become a standard treatment for many malignancies, however monitoring, treatment, and management of side effects are completely different from other cancer treatments. Many patients experience immune-related adverse events (irAE) that lead to multiple emergency department (ED) visits. Prior to the Osler Cancer Immunotherapy Program (OCIP), there were no documented, validated education programs for immunotherapy. As the first of its kind, the OCIP was founded on four pillars to enhance language-specific patient education, advance patient monitoring, engage multidisciplinary partners, and outreach. Through this program, patients have been empowered to become better informed about their symptoms, with the ability to self-identify irAEs and proactively report them to clinicians during check-ins. At the start of the study, half of the enrolled patients had a poor understanding of immunotherapy and this was significantly improved post education. Additionally, standardized pathways for implementing treatment guidelines have been created. The OCIP program has led to reduced ED visits, ensuring that patients receive timely care in the most appropriate setting.

Through an integrated approach involving knowledge translation experts, oncologists, and front line staff, this program has now been incorporated into the clinic model for sustained implementation. Additionally, Osler's Immunotherapy Patient Education Video has now been disseminated globally in eight languages and has been picked up by key Canadian patient advocacy websites. Given the merit of this program, we see great potential for it to be easily adapted into oncology programs across the country.

Contact: Dr. Parneet Cheema

Osler Cancer Immunotherapy Program Lead

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HMF Article of the Year Award

This award recognizes an article published in Healthcare Management Forum in the preceding year which has helped to advance knowledge in the practice of health leadership.

Sponsored by:



AWARD RECIPIENT

Gertie Mai Muise, MAL, CNHP

The Canadian College of Health Leaders is pleased to announce that Gertie Mai Muise has been named the recipient of the first Healthcare Management Forum Article of the Year Award for her article entitled “Enabling cultural safety in Indigenous primary healthcare”. This new award, created with the support of SAGE Publishing, is focused on honouring a journal author whose article has helped to challenge the traditional notions of health leadership and motivate transformational behaviour.

One of the most downloaded articles in 2019, her article was chosen for the award because it is a perfect example of how to inspire meaningful reform based on real-world experience. Ms. Gertie Mai Muise, MAL, CNHP, is the Inaugural Executive Director of the Nova Scotia Mi’kmaq Health and Wellness Authority and is a dedicated and respected leader in Indigenous health organizational development and systems change management. She has more than twenty years of experience collaborating with provincial and federal governments, LHINs and First Nation and indigenous governed Health Service providers.

CONTACT:

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Mentorship Award

This award is presented to a leader in the healthcare system who demonstrates exemplary, sustained commitment to mentoring, and inspiring healthcare leadership.

Sponsored by:



SELECTION COMMITTEE

Katherine Chubbs, CHE (Chair)

Chief Zone Officer
Alberta Health Services

Dianne Doyle, FCCHL

President
St. Thomas More Collegiate

François Drolet (Ex-Officio)

Director, Public Affairs
Roche Canada

Wolf Klassen, CHE

Vice President, Program Support
Toronto East Health Network

Nancy M. Lefebvre, FCCHL

Chief Clinical Executive and Senior
Vice-President, Knowledge & Practice
Saint Elizabeth Health Care

Collette Smith, CHE

Vice President, Clinical Services,
Chief Nurse and Human Resources
Eastern Health

David Thompson, CHE

Ila Watson

VP Transformation and Chief Human
Resources Officer
Sault Area Hospital

AWARD RECIPIENT

Tom Maston, CHE

Tom Maston has demonstrated extraordinary commitment, professionalism and effectiveness as both a health leader and mentor over the course of his 28 years of dedicated public service in New Brunswick. In October 2019, Tom officially retired after serving almost 6 years as Deputy Minister of Health. Prior to that, he was an Assistant Deputy Minister for over 5 years, a Vice President at both River Valley Health (7 years) and NB's Extra-Mural Program (10 years) and had also worked in the private sector (9 years).

With a career spanning various levels and sectors of the health system, Tom's influence and leadership have had a significant impact on many of those within it. He has served as a positive role model, supporting and inspiring the professional development and leadership capacity of many with whom he worked, both within NB and beyond. For example, at River Valley Health, he advocated for and supported a corporate commitment to CCHL and to mentoring and encouraging staff leadership development.

Tom led with integrity and by example. His approachable, steady and respectful style cultivated trust and confidence, enabling him to form positive, effective relationships that fostered personal and professional growth. He made himself readily accessible to many, always willing to share his insights and knowledge and provide constructive feedback to support others' career development. In part to his role-modelling and mentorship, many of his staff also advanced as senior health leaders over the years, including three direct reports moving onto Deputy Ministers and one to Assistant Deputy.

Tom is an active CCHL member, attaining his CHE designation in 1994. Despite a demanding Deputy Minister position, he has served as CCHL-NB Chapter Treasurer since 2013.

Tom has created a recognized legacy of inspired leadership. As expressed by the current and past two Health Ministers at Tom's retirement, the health system in NB is better off today because of Tom's dedicated leadership and support – to both the system and those working within it.

CONTACT:

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Mentorship Award - Other Shortlisted Nominees

Tracey MacArthur

Tracey MacArthur stands out as a trusted and admired Canadian health executive with over 25 years of experience in academic healthcare. Tracey dedicates and commits copious amounts of personal time, to identifying, nurturing, and lifting mentees, and it is my utmost pleasure to put her name forward for the CCHL 2020 Mentorship Award.

Tracey manages an extremely busy portfolio as SVP and COO at CAMH. Her exceptional capacity for supporting talent far exceeds what would traditionally be called mentorship and she is indeed an authentic sponsor in every sense of the definition. Tracey is noticeable in the personal growth and career advancement opportunities she provides for numerous Masters of Health residents, and has been a catalyst for their career success.

Although I consider myself a seasoned health care leader, Tracey has actively mentored me through sponsorship of learning opportunities such as the Yale Women's Leadership Certificate, critical advice in maneuvering political situations, and other invaluable growth opportunities that I would not have considered for myself. As a mentor and sponsor, Tracey truly "sees" her mentees not just for who they are today, but for their actualized potential, which Tracey has a unique gift for unearthing. Tracey has made a measurable difference to the many staff and students that she has touched in her intentional cycle of fostering mentorship and professional development.

Because of her many years of selfless and genuine personal investment in the growth of others, Tracey MacArthur is most deserving of this prestigious national recognition.

Contact: Tracey MacArthur

Senior Vice President and Chief Operating Officer
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Todd Stepanuik

Todd Stepanuik is an inspirational healthcare leader with a strong desire to serve his local rural communities, his colleagues and the hospitals that he leads. Todd's enthusiasm, compassion and selfless approach to mentoring current and future generations of leaders have made him a highly sought-after mentor.

His commitment to providing accessible, quality and value-driven healthcare services for residents living outside of the large urban settings also extends to ensuring that these communities have the leadership required for long-term sustainability. Todd's innate ability to switch from hospital CEO in one moment, to being a career guide for young leaders interested in pursuing a leadership opportunity in a rural healthcare setting, is truly remarkable. In fact, his ability to recruit, retain and set high-potential leaders on a course for success is a testament to his skills and dedication as a mentor.

Throughout his career that spans the western provinces and Ontario, Todd has made strong time commitments with his mentees with regular, frequent and high quality meetings. While he's adept at providing a vision for mentees, his support is tailored to their individual goals and needs. Todd's an advocate for personal and professional balance, life-long learning and giving-back to the communities he serves.

Todd has established a legacy of how to be a good mentor through role modeling and instituting guides and frameworks that set his organization's expectations and standards for mentorship. He strongly believes that mentoring brings out the best in those who are mentored and also those who are mentoring.

Contact: Todd Stepanuik

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Nursing Leadership Award

The Nursing Leadership Award builds on the themes of patient-centered care and nursing leadership, and honours those who demonstrate an ongoing commitment to excellence in these areas.

Sponsored by:



SELECTION COMMITTEE

Alice Kennedy, FCCHL (Chair)
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Vanessa Burkoski
Chief Nursing Executive & Chief,
People Strategy
Humber River Hospital

Dr. Rhonda Crocker Ellacott
Chief Executive Officer
North West Local Health Integration
Network

Dr. Doris Grinspun
Chief Executive Officer
Registered Nurses Association of Ontario

Barbara Steed, CHE
Executive Vice President Patient
Services and Chief Practice Officer
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Lucie Tremblay, CHE
Directrice des Soins infirmiers
CIUSSS Ouest de l'Île de Montréal

Debbie Walsh, CHE
Executive Director Regional Medicine,
Surgery and Perioperative Programs
Eastern Health

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AWARD RECIPIENT

Dr. Sharon Goodwin

As Senior Vice President, Home and Community Care and lead nurse for the Victorian Order of Nurses (VON), Dr. Sharon Goodwin (RN, MN, DHA) has led VON's frontline transformation to a thriving and adaptable provider of home and community care.

Accomplishments include:

- Building VON's Practice, Quality and Risk team to provide leadership and guidance to front line and management;
- Establishing a quality improvement framework that instilled best practices leading to VON's achievement of Exemplary Standing through Accreditation Canada for two consecutive cycles;
- Establishing a VON model of care in 2006 with multiple internal and external stakeholders and experts that is still in use in daily operations;
- Establishing our Nurse Practitioner Centre of Excellence; and
- Enhancing operational quality and performance through her commitment to Lean methodology among 5,000 operational and frontline staff under her leadership, leading to needed turnaround in our operations in Ontario (2012) and Nova Scotia (2014).

Sharon was also a key member of VON's senior team through very difficult financial restructuring in 2015. External championship of VON and of excellence in nursing and business practices includes:

- Surveyor, Accreditation Canada (Canada, Europe, Middle East);
- Board member, Ontario Community Support Association;
- Participant, Ontario Health ministry's Home and Community Care Advisory Committee;
- Past director, Canadian Patient Safety Institute;
- Contributor, vision of the future of nursing (led by Chief Nurse for Ontario and Bloomberg School of Nursing);
- Author, presenter and researcher (topics: quality improvement, operational turnaround, operational excellence); and
- Champion for wound care specialists, palliative care, primary care Nurse Practitioners and care system navigation.

CONTACT:

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Nursing Leadership Award - Other Shortlisted Nominees

Dr. Karima Velji

I, Justine Lee, would like to nominate Dr. Karima Velji for the Nursing Leadership Award. Dr. Velji is the Vice President for Clinical Services at Ontario Shores Centre for Mental Health Sciences (Ontario Shores). Through her commitment and leadership, our organization has been able to maintain an average seclusion duration of less than 10.0 hours (year-to-date). Dr. Velji has supported the opportunity for Ontario Shores to implement the Quality Standards for Schizophrenia. The Quality Standards ensure that patients with a primary diagnosis of schizophrenia receive the appropriate evidence based quality care therapy at the right time.

Nurses have been provided with education in order to provide evidence based therapy for patients. Dr. Velji's leadership has also significantly improved our plan of care completion rates to ensure plans of care are updated by the interprofessional team to support patient recovery. 91.2% (year-to-date) plans of care have been updated within Ontario Shores. Outside of the organization, Karima was the president of the CNA in 2014 to 2016 and is currently the Vice Chair of the Board of Directors of Accreditation Canada.

At the system/global level, Dr. Velji is a consultant to global sites, including East Africa, the Middle East and Asia, for the development of quality of care and academic plans. Karima's leadership continues to positively impact quality in nursing and patient care as well as patient recovery. I cannot think of anyone more deserving for this prestigious award other than Karima and I aspire to be the leader she is today.

Contact: Dr. Karima Velji

Vice President of Clinical Services
Ontario Shores Centre for Mental Health Sciences
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Margot Wilson

Imagine... A specialist consultation with one of 48 medical disciplines while patients are in the office with their primary care provider. The implementation of the Rapid Access to Consultation Expertise program, a telephone advice line for family physicians, is one of the innovative health systems transformations that Margot Wilson has led to improve access and quality of care.

Margot is Director of the Providence Health Care Chronic Disease Management Strategy. She holds a Master of Science in Nursing, is an Adjunct Professor at the UBC School of Nursing, and successfully completed the Canadian Foundation for Healthcare Improvement EXTRA program and the Canadian College of Health Leaders Fellowship. Her accomplishments have been widely recognized by the Canadian Nurses' Association 150 Nurses for Canada Award, the BC Patient Safety and Quality Council, the BC College of Nursing Professionals, and the UBC School of Nursing Centenary Medal of Distinction. This attests to the wide reach and impact of the work that Margot leads. Margot is equally committed to shaping the next generation of health leaders through her works as a CCHL, UBC and CFHI mentor and faculty.

With over 30 years of experience, Margot's leadership is firmly grounded in her nursing expertise. Margot has an exceptional ability to bring groups together and develop coalitions to advance innovation and systems improvement. People describe her as a selfless, passionate, and strategic visionary who uses pragmatic and creative approaches to lead multidisciplinary change. Margot illustrates the power of nursing leadership in improving health care in Canada.

Contact: Margot Wilson

Corporate Director - Chronic Disease Management Strategy
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President's Award for Outstanding Corporate Membership in the College

This award recognizes a corporate member who has consistently, over a period of several years, helped the College achieve its mission, vision and strategic directions.



AWARD RECIPIENT

Hillrom

Hillrom, a global medical technology leader, has been a corporate member of the College since 1990. Their primary representative, Michael Hamilton, is a member of the Corporate Advisory Council.

Through their financial support, Hillrom was instrumental in the relaunch of the annual CEO Forum in 2019, an event co-hosted by the College and HealthCareCAN. Hillrom has a long record of supporting CCHL activities such as national and exclusive HPRS™ events, sponsoring our BCHLC and NHLC conferences and participating in Ad-hoc committees.

Hillrom and their 10,000 employees have a single purpose: enhancing outcomes for patients and their caregivers by advancing connected care. Around the world, their innovations touch over 7 million patients each day. They help enable earlier diagnosis and treatment, optimize surgical efficiency and accelerate patient recovery while simplifying clinical communication and shifting care closer to home.

CONTACT:

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Recognition in Delivering Value-based Healthcare

This recognition aims to increase the profile and understanding of value-based healthcare by honouring an organization, or team, that is deliberate in changing the way that care is delivered, resulting in improved patient outcomes. This means that patients are being optimally cared for at the right time, in the right setting, and at the right cost.

Recognition made possible by a grant from:



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Dr. Robert Halpenny

Consultant

Brock Hovey, CHE

VP, Corporate Services, Accountability
and Quality
Ontario Health (Central Region), Central
West LHIN

Melicent Lavers-Sailly (Ex-officio)

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Janet Newton

Vice President and Site Lead
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Jo-Anne Palkovits, CHE

President and CEO
St. Joseph's Health Centre (Sudbury)

Shirlee M. Sharkey, CHE

(Chair, Excused)
President and CEO
Saint Elizabeth Health Care

Howard Waldner, CHE

Dean, School of Health and
Public Safety Southern Alberta
Institute of Technology

AWARD RECIPIENT

Women's College Hospital

Women's College Hospital's Total Joint Replacement Program has been an innovative initiative which has led to implementation in other healthcare organizations. It started as a pilot project, working collaboratively with the LHIN, and has led to excellence in delivering value-based healthcare.

The aim of this program is to deliver effective, efficient, patient-centred care for individuals with hip and knee arthritis. The team developed a process which shifted the traditionally delivered in-patient procedure to an out-patient model where post-procedure recovery is delivered through a virtual-based support system.

This system allows patients to return home the same day as surgery so that they can recover in the comfort of their home. This value-based service helps alleviate the burden on the healthcare system, while at the same time, demonstrates active engagement in patient care, augmented exposure to the care team and ultimately improves patient outcomes.

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Covenant Health
Covenant Cuisine

In 2018 the Misericordia Community Hospital (MCH) launched Covenant Cuisine, a made-to-order “room service” model of food delivery that allows patients to choose what they want to eat from a restaurant style menu. The goal of this innovative initiative was to improve patient satisfaction with food services, and reduce food waste.

The implementation of this program was planned on a cost neutral basis, support value based healthcare by improving patient satisfaction without increasing costs. Patients choose from an à la carte style menu based on their specific dietary needs (e.g., renal, vegetarian, gluten-free, diabetic/heart healthy), and can order by calling the centralized call centre or by placing their order with a Food Service Ambassador assigned to their unit.

Providing the opportunity to select personal food choices at meals empowered patients to participate in their care and recovery. Patient satisfaction scores have improved, plate waste has decreased and it is hypothesized that food intake has increased which may have positive impacts to nutritional status. Covenant Cuisine was the first room service style meal service to be implemented in a hospital in Alberta, and the sixth to be implemented in Canada.

Contact: Carol Lajoie
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Covenant Health
Path to Home

Path to Home is Covenant Health’s platform for clinical transformation, a new systemic model that is based on service redesign and integration to create seamless transition from admission to discharge, focusing on patient-centred care. It was designed to integrate services to address acute care delivery challenges, and promote proactive discharge planning focused on providing patients, their families and care teams with a consistent experience via standardized processes, communication strategies, and supporting technologies.

Path to Home operates with the principle of “ensuring patients receive the right care, at the right time, by the right provider”, and relies on patients being actively involved in their care, focusing on creating an environment of patient and family centred care. Introduced were various new care delivery approaches and concepts that are interdependent and critical to creating a patient-centred model of care and care delivery rhythm. It supported front-line staff who have the expertise in making the best decisions about patient care; built a framework of inter-professional team collaboration across the continuum of care; aligned with other corporate and provincial priorities such as quality and safety; and ensured system wide processes consider the viewpoint from a patient centred care lens.

Among other results, Path to Home has provided a platform for frontline leadership to continuously improve processes by using unit level data, focused on patient access and flow measures, to identify opportunities for improvement.

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Robert Wood Johnson Awards

Established in 1956, the Robert Wood Johnson Awards are presented to one student from six Canadian universities offering a Master of Health Administration. Recipients are selected by their respective faculty for their individual achievements and promising contributions to health services management.

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AWARD RECIPIENTS

Peter Richard, *Dalhousie University*

Peter Richard, a Nova Scotian native, obtained his Bachelors of Science in Biology from Dalhousie University before obtaining his Masters of Health Administration at the same institution. His interest in the Canadian healthcare system is rooted within his family's involvement with the healthcare sector, and was further enhanced while working for the Health Information Services Department at the Nova Scotia Health Authority. While enrolled in the MHA Program, Peter was elected to be a First-Year Student Representative and later elected as President for Dalhousie's Association of Health Administration Students. Peter also volunteered as a Junior Volunteer at the Halifax Outreach Prevention Education Support (HOPES) Health Clinic during his first-year of the MHA Program, then sat on the HOPES Board of Directors during his second-year. He completed his MHA Residency with the Occupational Health and Safety Unit within the Regulatory Operations and Enforcement Branch at Health Canada, where his passion for team functioning, interprofessional collaboration, and leadership was enhanced. Peter is keen on advancing the Canadian healthcare system and wants to gain expertise in quality improvement and project management.

Yvonne Huang, *University of British Columbia*

Yvonne graduated with a Bachelor of Science in Pharmacy in 2013 from UBC and completed her pharmacy residency with the Lower Mainland Pharmacy Services in 2014. Upon completion of her training she has primarily worked as a clinical pharmacist at Surrey Memorial Hospital in the emergency department. During this time she has been involved with various interdisciplinary pilot projects in the emergency and with the infectious diseases program. Since starting the UBC MHA program she has transitioned into an interim position as a Pharmacy Dispensary/Parenteral Services Supervisor. In this capacity she has grown her experience in hospital pharmacy operations, quality assurance projects and implementation of pharmacy processes for expanded services including in injectable opioid agonist therapy.

AWARD RECIPIENTS

Lucy Schneider, *Université de Montréal*

Lucy Schneider has always been interested in the field of health. She began her career by studying nutrition at the Geneva University of Health, graduating with a Bachelor of Science in 2015. She then worked as a clinician in various healthcare institutions in Switzerland for more than two years. In parallel to her professional activities, Lucy was actively involved in promoting health as vice-president of the Dietician's Association of Geneva. In this role, Lucy worked to promote balanced diets and regular physical activity as key prevention of non-communicable diseases throughout the region. Lucy has continually sought to improve care practices, starting with her own. Following in this vein, she undertook a Master's degree in Health Services Administration at the Montreal School of Public Health in order to acquire the tools that would help her improve health care systems. This training enabled her to gain essential knowledge and skills to face the numerous challenges confronting our health systems. The enriching experiences of studying abroad, working as a research assistant for the University of Montréal and completing a master's internship, have broadened her outlook and offered new perspectives to bring into her role as a future administrator. Today, her goal is to integrate decision-making structures that contribute to the optimization of health institutions' operations while remaining alert to imminent future issues like sustainable development or social inequalities in health. Overall, Lucy is dedicated to the value of each individual, as well as the responsibility and commitment of the next generation to attend to progressive improvements in health systems.

Anya Marion, *University of Ottawa*

After a few years of providing maternal and newborn care as a registered midwife, Anya Marion shifted her focus to the challenge of reducing burnout rate for health care providers. Recognizing the need to address this health human resources issue, Anya attended the Telfer School of Management Master of Health Administration program, at the University of Ottawa to build her leadership toolkit in order to tackle this challenge. Anya combines her health care provider background with her new knowledge from her education in her role as a HR Business Leader at The Ottawa Hospital. She is currently working with the human resource leadership team supporting staff so that they can deliver world class care. She is excited by the opportunities to advance health human resource planning in this next phase of her career.

Jordyn Baldry, *University of Alberta*

After graduating with her Bachelor of Science in 2018, Jordyn decided to pursue a graduate degree in public health as a way to combine her interests in psychology, health, project management, law, and philosophy. During her time at the University of Alberta's School of Public Health, she volunteered for the Canadian Mental Health Association and created an engagement framework for the Injury Prevention Centre in collaboration with a small group of other students. Following this, she relocated to British Columbia and completed a practicum with BC Mental Health and Substance Use Services. During this time, she developed a provincial evaluation plan and took part in many project management activities related to the BC Crisis Line Enhancement Project. As a recent graduate of the University of Alberta, Jordyn is working as a project coordinator for the Provincial Health Services Authority in British Columbia. Her current interests involve expanding her knowledge and experience in project implementation, project evaluation, and stakeholder consultation.

Phoebe Smith-Chen, *University of Toronto*

Phoebe Smith-Chen is currently Program Lead of Patient Experience at the Ontario Hospital Association. Previously, Phoebe worked in Patient Experience at Michael Garron Hospital in Toronto and was a speech-language pathologist for over ten years in rehabilitation, palliative care and acute care settings. In addition to her University of Toronto IHPME Health Administration degree, Phoebe holds Master's degrees in Bioethics and Speech-Language Pathology, and certificates in health law and leadership. She is dedicated to improving the health of Canadians through creative and effective collaboration. Phoebe is honoured to receive the 2020 Robert Wood Johnson Award, named after a health leader who had profound impact on world health through innovation and dedicated public service. In his spirit, she aims to diligently work towards improving the health and wellbeing of others in ways that are most meaningful to them.

The Robert Zed Young Health Leader Award

This award is presented to a young Canadian healthcare leader who has demonstrated leadership in improving the effectiveness and sustainability of Canada's health system.

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Andrew Williams, CHE

President and CEO
Huron Perth Healthcare Alliance

AWARD RECIPIENT

Mehdi Somji, CHE

Mehdi Somji is an exceptional leader with a record of accomplishment for delivering many impactful initiatives that have improved, and continue to improve the health system. He reflects the values of compassion, professionalism and respect, and is known both within and outside the hospital for his strong leadership and collaborative approach, most recently leading the development of the North Western Toronto Ontario Health Team with thirteen organizations across multiple sectors.

Mr. Somji is a transformational leader with the ability to innovative meaningful and impactful solutions. Most notably, he led the development and implementation of iPlan, an innovative technology that was implemented across five hospitals and home care from October 2017 to July 2019. At Humber River Hospital, iPlan has saved 12 acute inpatient beds one-year post implementation, with results sustained. iPlan was recognized as a Leading Practice by the Health Standards Organization (Sept 2018 to Sept 2020) and won the 2019 ITAC Ingenious Award, Large Public Sector. Mr. Somji has shared this work in many forums including Hospital News, Health Achieve, Health Quality Transformation, the Institute for Healthcare Improvement, eHealth Ontario, Achieving Excellence Together and more.

Mr. Somji has held progressive leadership positions, and holds a Master of Health Informatics, Masters Certificate in Healthcare Leadership, and is a Certified Health Executive (CHE). He is a sought-after expert in health system integration, clinical operations, quality improvement, technology, and data and analytics.

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Eric Beaudoin

Over the past 9 years, Eric, MHA & CHE, has built a legacy in healthcare and public sector. He started his career at Hopital Montfort in Ottawa where he led multiple high-impact organization wide projects: streamlining onboarding and hiring, developing a corporate wellness offering, spearheading an engagement approach with demonstrated impact on patient care, to building talent management programs. While in Ottawa, Eric also played a key role in the rebirth of the local Emerging Health Leader (EHL) chapter and volunteered on the Ottawa CCHL chapter. For the 4 years following, Eric expanded his horizons into consulting, with Deloitte, where he grew to become the national leader for Public Sector HR Transformation, including working with many local, provincial and national healthcare entities. He was even brought overseas to support a national Irish public sector organization, along with various healthcare endeavours.

Eric is now the Director of People Strategy, Innovation and Experience at the University Health Network (UHN) in Toronto. Since his arrival, he launched UHN's People Strategy, developed a wellness framework and launched physician HR advisory services, among other contributions.

Eric has also been identified a top leaders, and invited to take part in UHN's Rotman Senior Leadership program. Eric is on the board of directors of HealthPartners, a national organization that helps workplaces engage their employees, promote wellness programs that create healthier employees and workplaces, and supports Canada's top 16 health charities. Eric's trademark is his visionary and innovative ideas while being able to roll up his sleeves, which allows him to achieve results and build followership wherever he goes.

Contact: Eric Beaudoin

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University Health Network
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Claire Zlobin

In 2007, Claire Zlobin was a new mom facing symptoms she would later find out were postpartum anxiety and depression. While building her personal network of moms in the same boat, her search for community support uncovered a lack of options. All at once, she'd found a gap, a need, and her passion. Her experience became a catalyst to create a space where parents could find help during the tumultuous first years of parenthood, and where women facing Perinatal Mood and Anxiety Disorders get the help they need.

The result was Life With A Baby, a national peer-support network offering in-person local social events and activities, online forums and resources, multilingual options for newcomer parents, and support for NICU families. Every offering is free or low-cost to ensure anyone can take part and has the behavioural activation method at its core. One year later, she founded the Life With A Baby Foundation (formerly Healthy Start, Healthy Future) with a focus on creating partnerships and raising funds to design and offer specialized support groups and resources.

Over a decade later, Life With A Baby is North America's largest parenting network, with over 55,000 members. Claire has emerged as a critical voice in the recognition, treatment, and stigma of maternal mental health, including taking part in efforts to establish PMAD pre-screening for expectant mothers. She continues to convene health and hospital systems, local government, and corporate partners to create simple solutions to the complex problem of managing PMADs.

Contact: Claire Zlobin

Founder/CEO
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