

2021-22

Impact Report

Partnering
Meaningfully





About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

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Land Acknowledgement

HEC honours the traditional territories upon which our staff and partners live, work and play. We recognize that the standard of living that we enjoy today is the result of the stewardship and sacrifices of the original inhabitants of these territories. We must commit to not repeat past mistakes and to work towards more equitable and respectful relationships with First Nations, Inuit and Métis. Acknowledging the territories and the original stewards of these lands is a fundamental responsibility of our organization and part of our commitment to work towards Truth and Reconciliation.

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President and Board Chair Letter

The choices we make define us, as individuals and organizations. In our first full year after bringing together the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, we launched [our inaugural strategy](#) to define key choices for the next five years. Over 1,000 people in every province and territory helped us identify the difference we seek to make in the world, our values and our how.

Our purpose: shaping a future where everyone in Canada has safe and high-quality healthcare.

Progress is only possible in collaboration with partners across the country, which is why partnering meaningfully is one of our core values. We're grateful that even as our partners continued to respond urgently to the evolving phases of the pandemic, they seized opportunities to work towards the future too. Together, our collective efforts covered settings serving more than 790,000 people in 2021-22. And we've been laying important foundations for future work, including consultations on a new definition of patient safety and updated educational programs.

This impact report is organized through the lens of our strategy.



Pages [12](#) to [33](#) are aligned with the strategy focus areas that guide our work:

- Care of older adults with health and social needs
- Care closer to home and community with safe transitions
- Pandemic recovery and resilience

And pages [34](#) to [39](#) exemplify the quality and safety perspectives embedded across our work:

- Lived experience of patients, caregivers and communities
- People in the workforce
- Value
- Culturally safe and equitable care
- First Nations, Inuit and Métis priorities

We've also shared some facts and figures from our Performance Measurement Framework Report that illustrate the progress made with our partners ([page 6](#)). Please join us in thanking our dedicated staff, Board and partners, without whom these results would not be possible, with particular thanks to Ronald F. Guse and R. Lynn Stevenson, HEC's inaugural Board Chairs who ably guided the organization through the amalgamation process.

“Progress is only possible in collaboration with partners across the country”

“

Over 1,000 people in every province and territory helped us identify the difference we seek to make in the world, our values and our how.

We're excited to continue building meaningful partnerships with people and organizations across the country. We invite you to read about the impact of our work and join hundreds of teams and thousands of health leaders to shape a future where everyone in Canada has safe and high-quality healthcare.

Erik Sande, Board Chair
Healthcare Excellence Canada

Jennifer Zelmer, President and CEO
Healthcare Excellence Canada

The Impact of Partnerships

792,970

patients and residents served in settings reached

52,117

patients and residents directly impacted

94%

of teams improved health of patients and residents

93%

of teams improved work-life of healthcare providers

92%

of teams improved efficiency of care

95%

of teams improved experience of care

11,238

healthcare leaders worked with HEC across the country

2,134

teams supported by HEC

91%

of leaders gained knowledge from programs

85%

of teams guided by people with lived experience as core team members

93%

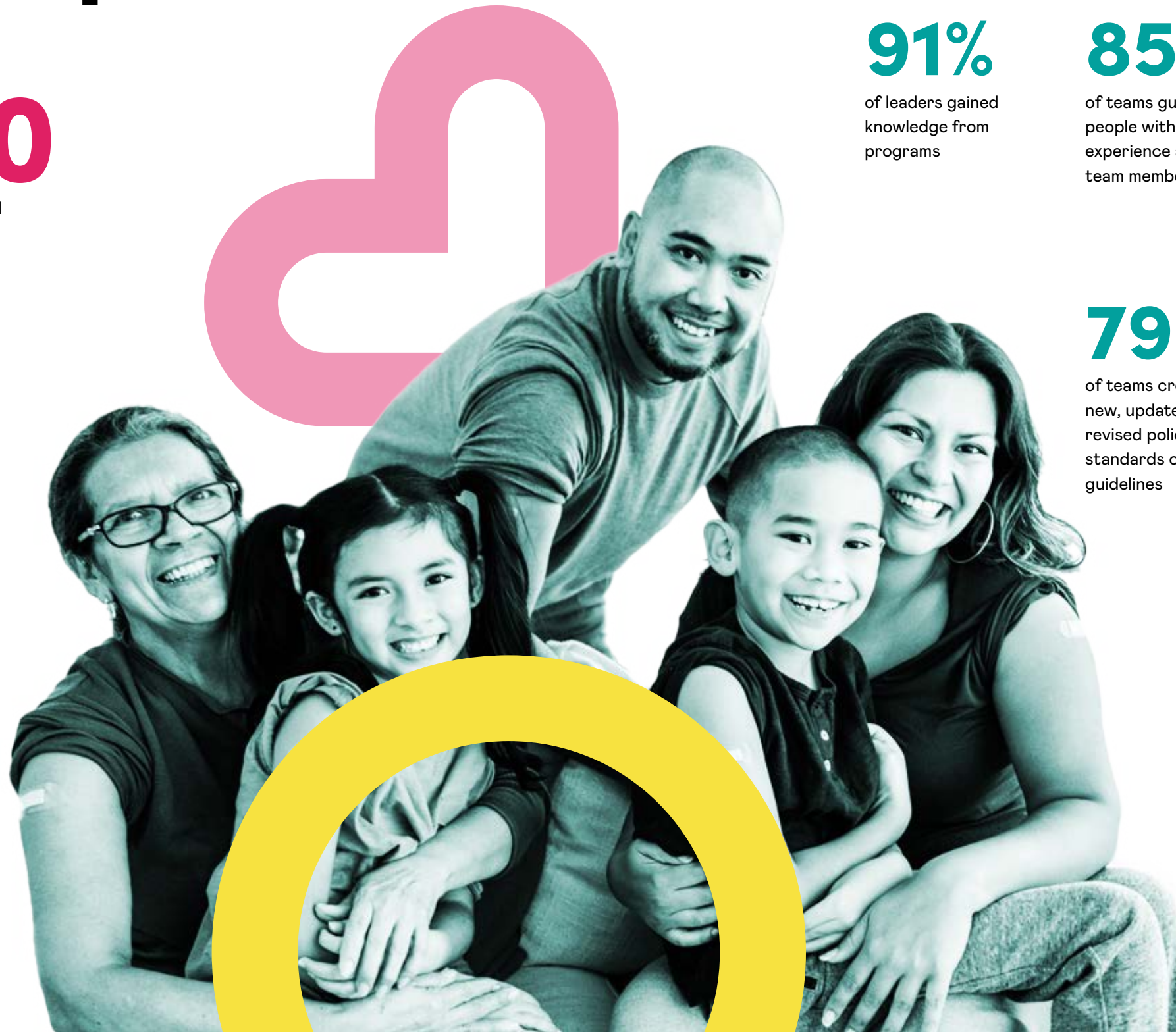
of teams improved organizational culture related to healthcare practices and/or delivery models

79%

of teams created new, updated or revised policies, standards or guidelines

72%

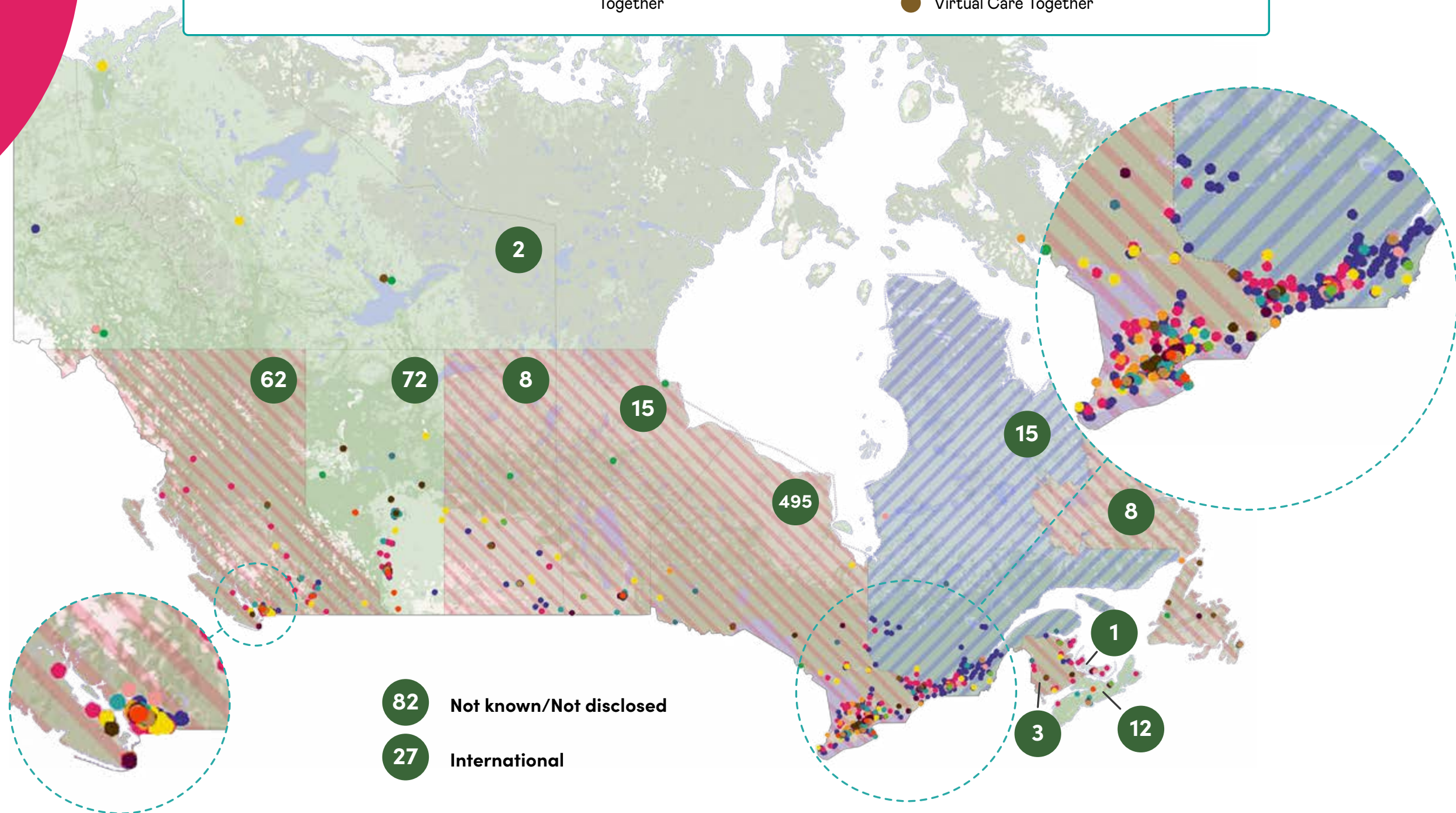
of teams spread their project beyond the original implementation site



Partnering Across the Country

In 2021-22, we partnered with people from coast to coast to coast to spread innovations, build capabilities and catalyze policy change.

- Advancing Frailty Care in the Community
- Canadian Northern and Remote Health Network
- Canadian Patient Safety Officer Course
- Enhanced Recovery Canada
- Essential Together
- EXTRA
- FNHMA-HEC First Nations Health Leaders' Network
- Harkness Fellowship
- Implementation Science Teams
- Learning Together
- LTC+ 2.0
- LTC+ Acting on Pandemic Learning Together
- Optimizing Practices, Use, Care and Services-Antipsychotics (OPUS-AP)
- Paramedics and Palliative Care
- Patients for Patient Safety Canada
- Safety Improvement Projects
- # TeamSTEPPS Canada (Numbers represent individual course participants)
- Virtual Care Together



HeART of HealthCARE

Art's unique power brings awareness to patient safety and the impact of preventable harm. HeART of HealthCARE is an innovative virtual art gallery presented by the patient-led program of HEC: [Patients for Patient Safety Canada](#). The gallery features submissions from patients, healthcare providers and other supporters.

In 2021, the gallery honoured World Patient Safety Day with the [“Safe and Respectful Maternal and Newborn Care”](#) exhibit.



Amber Petch
Skin to Skin, 2021

Charcoal and ink

“Both of us received support in many forms from the hospital to ensure we were able to recover together. My birth story behind this drawing symbolizes the physical and mental pain behind my smile that would continue to be a theme throughout the next couple years as I battled a long recovery.”



Kaitlyn Hebert
Equipped, 2021

Acrylic on canvas

“This abstract piece has a lot to say. The reward of receiving and seeking the safe care resources of the team/care partners identified earlier equips the infant for a life of resiliency. The braid of all three partners communicates how one is enveloped by another throughout their early childhood journey. Mother and child are interwoven into the fabric of a supportive community.”



Niha Burugapalli
Peeling the Way to Equity, 2021

Paint and collage

“I wanted to depict that expectant mothers from any region in Canada no matter how distant, rural, or urban it may be deserve the right to have the best access to care for themselves and their babies”

Partnering to reimagine care of older adults

In 2021-22, we worked towards new policies, and ways of organizing and providing services that improve outcomes for older adults by better integrating health and social care.



LTC+ Acting on Pandemic Learning Together

Long-term care and retirement homes work together to strengthen pandemic response across the country.

The LTC+ Acting on Pandemic Learning Together program (LTC+) is a community of over 300 teams in 1,500 homes across Canada, reaching over 170,000 residents in congregate settings. This community came together to rapidly learn and improve in six key areas: preparation, prevention,

people in the workforce, pandemic response and surge capacity, plan for COVID-19 and non-COVID-19 care, and the presence of family.

In 2021-22, HEC continued to respond to the evolving needs of the LTC+ community in partnership with [BC Patient Safety & Quality Council](#), [CADTH](#), [New Brunswick Association of Nursing Homes](#) and [Manitoba Institute for Patient Safety](#), and with funding support from [Health Canada](#) and the [CMA Foundation](#).

Some highlights from participating homes:

“

We recruited our essential family care [partners] to provide direct care...when approximately 65% of our staff were absent due to illness.

...We would not have had these [ReadyBath] warmers without your funding, and albeit at the 11th hour, it was even more important. Our staff were weary and devastated... thank you is not enough.

- Provider

84%

increased awareness of promising practices aimed at strengthening pandemic preparedness and response

86%

increased capacity to implement those promising practices

78%

increased readiness for possible future outbreaks

63%

[plan] to make changes to policies, standards, or guidelines using information provided by LTC+

79%

reported improvement in at least one of four outcomes: “resident and/or family experience of care, the health of residents, the work-life of healthcare providers and the efficiency of care,” and 33 percent of respondents reported improvements in all four



Implementation Science Teams

Researchers improve care of older adults by partnering with long-term care and retirement homes.

Implementation Science Teams (ISTs) are research teams that complement the LTC+ program. Twenty-two ISTs partnered with 91 long-term care and retirement homes across all 10 provinces in 2021-22. They worked to keep residents, essential care partners and staff safe by building evidence on the most effective interventions, and implementing promising practices and policies identified by LTC+.

The program is co-led by HEC and the [Canadian Institutes of Health Research](#) with funding partners: [New Brunswick Health Research Foundation](#), [Saskatchewan Health Research Foundation](#), [Centre for Aging + Brain Health Innovation](#) and [Michael Smith Health Research BC](#).

Program highlights

150+
knowledge mobilization activities to date

90%+
of participating research teams supported evidence-informed implementation of one or more of the six promising practice areas

100%
of research teams built research capacity within the LTC sector and facilitated interdisciplinary collaboration



Photos provided by the Canadian Association for Health Services and Policy Research

Optimizing Practices, Use, Care and Services – Antipsychotics

Appropriate deprescribing of antipsychotics makes a difference for those living with dementia and their essential care partners.

Optimizing Practices, Use, Care and Services – Antipsychotics (OPUS-AP) is a multi-year collaborative that supports the deprescription of antipsychotics in people living with dementia in Quebec’s Centres d’hébergement et de soins de longue durée (CHSLDs). OPUS-AP prioritizes non-pharmacological and person-centred approaches to improve residents’ experience and quality of care. Partners include the Ministry of Health and Social Services in Quebec, l’Institut national d’excellence en santé et en services sociaux (INESSS) and leading experts from the four provincial university research networks.

In 2021-22, as partners prepared for province-wide scale, the pandemic shifted priorities in long-term care resulting in a programming pause. During this time, ongoing needs assessments were conducted with participating teams to ensure that capacity-building opportunities would be in place to support the relaunch. All program partners continue to support this approach to improve the quality and safety of care provided to older adults living in CHSLDs.

Advancing Frailty Care in the Community

Evidence-informed innovations help to address frailty in older adults.

The Advancing Frailty Care in the Community (AFCC) collaborative, launched with the Canadian Frailty Network, supported healthcare teams to improve the identification, assessment, and management of frailty in primary care and home settings.

The collaborative supported over 200 healthcare leaders and approximately 5,000 patients bringing together 17 teams from seven provinces from November 2019 to March 2022. AFCC built quality improvement capability and capacity among teams to implement, spread and sustain frailty-related improvements.



Partnering for safe and high-quality care closer to home

In 2021-22, we expanded access to innovations that equitably deliver care where people live and when they need it.



Safe Virtual Care

The pandemic rapidly expanded the use of virtual care, highlighting the need and opportunity to ensure appropriate, equitable, safe and high-quality virtual care.

In 2021-22, HEC worked with partners across the country (including other pan-Canadian health organizations) to respond to this broader health system need.

Virtual Care Together

Teaming up with [Canada Health Infoway](#) through the Virtual Care Together design collaborative was a highlight of our safe virtual care work. The aim: to equip providers, staff and other care team members (including patients and essential care partners) with the tools needed for safe and effective adoption and use of virtual care solutions.

The design collaborative focused on primary care in community-based settings and engaged [25 teams](#) across 250 sites (serving over 400,000 patients) in nine provinces and one territory.

In October 2021, the teams began testing and refining tools and practices that support equitable, safe, high-quality virtual care. Their work informed the development of a new [Clinician Change Virtual Care Toolkit](#) containing guidance across three areas: appropriateness of virtual care, quality and safe virtual care interactions, and use and optimization of virtual care services. HEC also provided coaching, access to experts, learning opportunities and seed funding.

We continue to build on the partnership, stakeholder feedback and lessons learned to further this work with new programming to be announced in late 2022.



I feel like I am not the same person as before this collaborative. The collaborative has captured what's happening in virtual care across Canada and had the right people at the table to participate. It was a rich exchange; like a TED talk.

— Anita Jean, Improvement Team Lead,
Virtual Care Together design collaborative,
NorWest Community Health Centres



Here's more of the work we did:

Policy lab that brought together representatives from across the country, including patients, healthcare providers, policy-makers and decision-makers, to further the delivery of appropriate and safe virtual care. Read the results in [What we Heard: Results of a Policy Lab on the Appropriate Use of Virtual Care in a Primary Care Setting](#).

Knowledge-exchange activities and seed funding to ensure people in the LTC+ program community could stay connected to primary care providers and essential care partners via technology

Exploration and increasing use of evidence-informed practices to support safe medication management in virtual care, in partnership with the [Institute for Safe Medication Practices Canada](#)



BC paramedic services providing care in-home. Photo captured pre-pandemic and provided by BC Emergency Health Services.

Paramedics and Palliative Care

Paramedics improve access to in-home palliative care across the country.

The Paramedics and Palliative Care program, a partnership between HEC and the [Canadian Partnership Against Cancer](#), brought vital in-home palliative care to people in Canada when they needed it and where they wanted it.

After four years of providing compassionate and effective palliative care at home, the program is wrapping up with more than 6,500 patients impacted, 6,000 paramedics trained in six provinces, and seven teams continuing to spread and scale it. In addition, the [Paramedics and Palliative Care: Bringing Vital Services to Canadians change package](#) released in 2022 enables paramedic services across the country to implement similar innovative approaches.

“

Caregivers hold their breath and hope an unexpected crisis won't occur. But it does and it usually happens after hours on a weekend, or on a holiday. This is precisely when help is not easily accessible, but ... if you call [the paramedics in this program], they will come ... [They] offer much needed reassurance and expertise in the face of an urgent situation.

– Carer, Paramedics and Palliative Care program



Partnering for pandemic recovery and resilience

In 2021-22, we worked with partners to learn about innovations emerging in response to the impacts of the pandemic and sought ways to build a more resilient, equitable and innovative system for the future.





Essential Together

The role of care partners is being highlighted – a priority need identified by patients and their caregivers.

In 2021-22, the Essential Together program supported health and care facilities to safely welcome essential care partners as vital care team members, especially as restrictive visiting policies continued due to the pandemic.

We met this challenge by:

- co-developing and updating policy guidance to support policy and practice changes that clearly differentiate the role played between essential care partners and visitors
- curating resources and offering peer-to-peer learning opportunities that were accessed in all 13 provinces and territories
- conducting evidence reviews and policy scans to support policy change
- launching a pledge campaign for organizations to recognize the role of essential care partners
- featuring essential care partners and the importance of their roles as the theme for Canadian Patient Safety Week 2021



Pamela Libralesso and her son Joey

Canadian Patient Safety Week

Canadian Patient Safety Week (October 2021) reached over 4.1 million people and highlighted the valuable role of essential care partners. The theme “Who knows? Essential Care Partners do” aimed to clarify how the role of an essential care partner is different from that of a visitor and helped to normalize this language in family presence policies across the country.



My son is 15, a sweet and joyful child who has multiple complex disabilities. Just before COVID-19 hit Canada, he experienced a seizure that caused an injury to his lip.

...an Emergency Room physician, ... advised ... that ‘it would take too many resources to stitch his lip and we should just let it heal on its own,’ despite the fact that it was painfully split open.

...because we were present and advocated on his behalf in a situation where he was unable to advocate for himself, he received the stitches that his younger non-disabled brother would have received without question.

I wonder what the outcome would have been if this incident occurred in April 2020, when I was considered ‘non-essential’ to my son.”

- Pamela Libralesso,
Essential care partner
and advocate



We need a purposeful strategy for ‘people recovery’ to achieve the ‘service recovery’ we desire. The pandemic has worsened pre-existing burnout in the healthcare workforce. Resting and looking after oneself is important, but we also need other sources of energy: social connection, a sense of purpose and appropriate pacing. Creating a context that builds energy to support ‘people recovery’ is critical for the sustainability of our workforce, but also for delivery of high-quality care for patients, families and caregivers.”

– Christina Krause, CEO, BC Patient Safety & Quality Council

Selection from [Pandemic Recovery and Resilience - Planning for a healthier health workforce](#) episode



Spotlight Series

People working in and experiencing healthcare address pressing challenges like COVID-19 through focused, constructive discussions.

HEC developed the Spotlight Series to do just that. In 2021-22, policy-makers, healthcare providers, quality improvement professionals and people with lived experience joined our series.

Together we had purposeful conversations and explored solutions for lasting improvements around pandemic recovery and resilience, including health human resources, palliative home and community care, improved surgical experience and care, and patient safety.



Learning Together: Emergency Shelters and Substance Use Centres

Emergency shelters and substance use centres across Canada came together to share learnings as they responded to multiple public health emergencies, including the COVID-19 pandemic.

The Learning Together program connected over 150 emergency shelters and substance use centres to strengthen pandemic response and recovery for underserved populations, and those who care for them. HEC led the program in partnership with the [Canadian Centre on Substance Use and Addiction](#) and [BC Patient Safety & Quality Council](#).

Some highlights from participating facilities include:

- 88 percent reported that participation increased their awareness of strategies to support clients and staff during times of crisis and 85 percent reported that their ability to implement those strategies increased as well
- More than 69 percent reported an improvement in the experience of care for people accessing service
- More than 73 percent reported that the work-life of staff had improved

Although the program has now concluded, resources specific to the sector remain available to all, including [knowledge summaries](#) and [virtual series recordings](#).

Enhanced Recovery Canada

People undergoing surgery in Canada recover better and return home quicker with evidence-informed, best practice surgical pathways.

Enhanced Recovery Canada's (ERC) surgical pathways and complementary resources (for patients and providers) help reduce complications, and support shorter hospital stays and safer transitions after surgery.

In 2021-22, we:

- Partnered with clinicians and patients to launch pathways and resources for gynaecologic surgery and hip and knee arthroplasty (replacement).
- Featured ERC as an innovation in the Arthritis Society Canada's THE WAIT: Addressing Canada's Critical Backlog of Hip and Knee Replacement Surgeries.
- Saw regional spread, particularly in New Brunswick, from Chaleur Regional Hospital (Bathurst), one of seven sites that participated in the former ERC Safety Improvement Project (a precursor to ERC).

In early 2023, we will launch a suite of pathways and resources for caesarean sections (c-sections), the first of its kind in the world.



I believe in this program, I've seen the outcomes and I hear the positive feedback from patients. It can change so much for patients, providers, organizations and provinces."

**– Sandra LeClair Lavigne,
Registered Nurse and ERAS Regional
Coordinator, Vitalité Health Network,
New Brunswick**

Pandemic Recovery and Resilience Self-Assessment and Toolkit

Healthcare leaders and policy-makers across the country work towards pandemic recovery and resilience.

In 2021-22, HEC developed the Pandemic Recovery and Resilience Self-Assessment and Toolkit. Created with input from health system leaders, it was pilot tested in nine provinces and territories and highlights over 125 innovative practices in nine theme areas:

1. health human resources
2. backlogs of services
3. regional system integration
4. ongoing pandemic response and managing surge capacity
5. equity in population health
6. mental health and substance use
7. care of older adults
8. virtual care
9. patient partnership and engagement

The toolkit will support healthcare leaders across the country as they move through the pandemic toward building more resilient healthcare systems.

Sandra and other members of the surgical services team at Chaleur Regional Hospital, Vitalité Health Network (Not all members are pictured.)



Partnering through quality and safety perspectives

Five key perspectives guide our work to ensure we're fostering safe, respectful and equitable care.

First Nations,
Inuit and
Métis
priorities

Culturally safe
and equitable
care

Lived experience
of patients,
caregivers and
communities

Value

People in the
workforce

EXTRA™: Executive Training Program

Healthcare leaders sustain improvement in today's complex intersectional healthcare and social services environments.

EXTRA fosters this through a team-based quality and patient safety improvement fellowship. The impact of the work that cohorts 15 and 16 undertook during 2021-22 resonated beyond healthcare.

Explore three cohort 16 projects to discover how healthcare intersected with social services.



EXTRA is a powerful lever. Together with EXTRA and senior management, we strengthened organizational capacity to improve the quality of clinical training for specialized nurse practitioner students.

- EXTRA Team

Building excellence in primary care nurse practitioner student clinical education (Quebec)

Specialized nursing practitioner (SNP) students in Quebec face barriers to accessing education, particularly because institutional capacity is limited by the scarcity of primary care internships. Two significant constraints have been: identifying supervisors willing to “take on” SNP students, and finding clinical sites offering the breadth of experiences required for well-rounded primary care training.

EXTRA fellows worked with CIUSSS de l'Île-de-Montréal, McGill Ingram School of Nursing and patient partners on the “Building excellence in primary care nurse practitioner student clinical education” project to address the barriers with a “model of excellence in clinical education of SNP students in primary care settings.”

Their work resulted in a model of clinical supervision that will improve the experience of both students and supervisors, and access to primary care for patients.

Creating access to job opportunities within the healthcare system for people with visual impairments (Quebec)

People with visual impairments could fill many vacant positions in the healthcare system with slight modifications to existing jobs. Hiring processes are often not accessible for people living with visual impairments and other disabilities. This was the case for CIUSSS de la Montérégie-Centre's health region, which had a high level of unemployment for people with visual impairment and over 950 job vacancies to fill.

EXTRA fellows worked with the health region on the “Project SENSÉ: What Work is All About” to make hiring more accessible and meet a target of two percent of personnel living with disabilities.

They identified five job categories suitable for people with visual impairments, created online training for hiring managers and are working on improving the accessibility of the human resources online application platform.



One of our team members was also a patient partner. Our biggest learning was the importance of involving patient partners as experts, not consultants. Their patient perspective helped us reposition and operationalize the project.

- EXTRA Team

Improving timely access to primary care for inmates (Ontario)

Inmates and those released to the community need timely access to high-quality primary care. It's important for optimal patient outcomes, the health and safety of inmates and staff, and achieving broader public health and safety goals.

The Ministry of the Solicitor General of Ontario and Ontario Ministry of Health and Long-Term Care sought to implement a culturally safe nurse practitioner (NP) model in 24 correctional institutions through their project “Nurse Practitioner Led Integrated Primary Care Model for Corrections.”

The team hired 18 nurse practitioners. Six of nine facilities reported an intake assessment wait time of less than 24 hours (down from the wait times of more than 24 hours and up to 14 days). Initial consultations have increased, and greater volumes of people are being seen weekly. They will continue to spread the model across more correctional facilities in Ontario (beyond the nine so far).



Patient engagement can be challenging within a correctional context. EXTRA helped our team and organization to better engage patients in quality improvement initiatives within corrections.

- EXTRA Team

TeamSTEPPS Canada™ Essentials

Building capability for team communication enables safe and high-quality care.

The TeamSTEPPS Canada Essentials course addresses breakdown in team communication, which has been attributed as a contributing factor of many patient safety incidents.¹

In 2021-22, nearly 900 regulated and non-regulated healthcare professionals took the online course. In 2022, a revamped course that is bilingual, accessible and open access was launched.

¹Dingley et al. Improving Patient Safety Through Provider Communication Strategy Enhancements. *Advances in Patient Safety: New Directions and Alternative Approaches* (Vol. 3: Performance and Tools). 2008.

The Canadian Northern and Remote Health Network

Senior decision-makers, policy-makers and practitioners from across the country are brought together by the Canadian Northern and Remote Health Network (CNRHN) to support improved healthcare and the health status of people living in northern and remote areas of Canada.

Members share learning, innovative ideas, tools and resources. In 2021-22, they continued to bring their perspectives and knowledge to various initiatives across HEC and hosted a three-part [virtual learning exchange](#) focused on cultural safety, equity, and patient and community partnerships in virtual primary care.

The [Promoting Life Together Collaborative](#) was convened in response to and with members of the CNRHN.



The Promoting Life Together Collaborative

In 2021-22, the PLT Collaborative Guidance Group and HEC shared the story of the Promoting Life Together Collaborative (PLT), a 20-month initiative which supported life promotion and community wellness in six regions across Canada.

It is a story of the collaboration and relationship development required to bring together different world views, and of the respect for culturally appropriate engagement and Indigenous knowledge, values and people required for successful collaboration between Indigenous and non-Indigenous health organizations.

HEC and the guidance group shared a [written story](#) and [videos](#), and hosted a [two-part virtual learning series](#) attended by people in nearly every province and territory.

Board of Directors 2021-22

- Martin Beaumont
- Jo-Anne Cecchetto
- Vincent Dumez
- Jeanette Edwards
- Ronald F. Guse*
- Feisal Keshavjee*
- Petrina McGrath
- Jane McMullan*
- Tammie Myles
- Blair O'Neill (Board Vice-Chair)
- Sue Owen
- David Price*
- Ian Rongve*
- Erik Sande (Board Chair)
- Marcel Saulnier*
- Dean Screpnek*
- R. Lynn Stevenson*
- Jocelyne (Jo) Voisin*

*In 2021, we thanked departing directors Ronald F. Guse, Marcel Saulnier, Dean Screpnek and R. Lynn Stevenson, and welcomed incoming directors Feisal Keshavjee, Jane McMullan, David Price, Ian Rongve and Jocelyne (Jo) Voisin.

Select committees and working groups

The Board of Directors has invited external participants to join select committees and working groups:

- Linda Hughes (Strategy Working Group)
- Joanne Lalonde (Finance, Investment & Audit Committee)
- Heather Thiessen (Strategy Working Group)

Appendices

- A: [2021-22 Performance Measurement Framework Report](#)
- B: [2021-22 Challenges and Risks](#)
- C: [2021-22 Summary Financial Statements](#)
- D: [2021-22 Remuneration Report](#)

