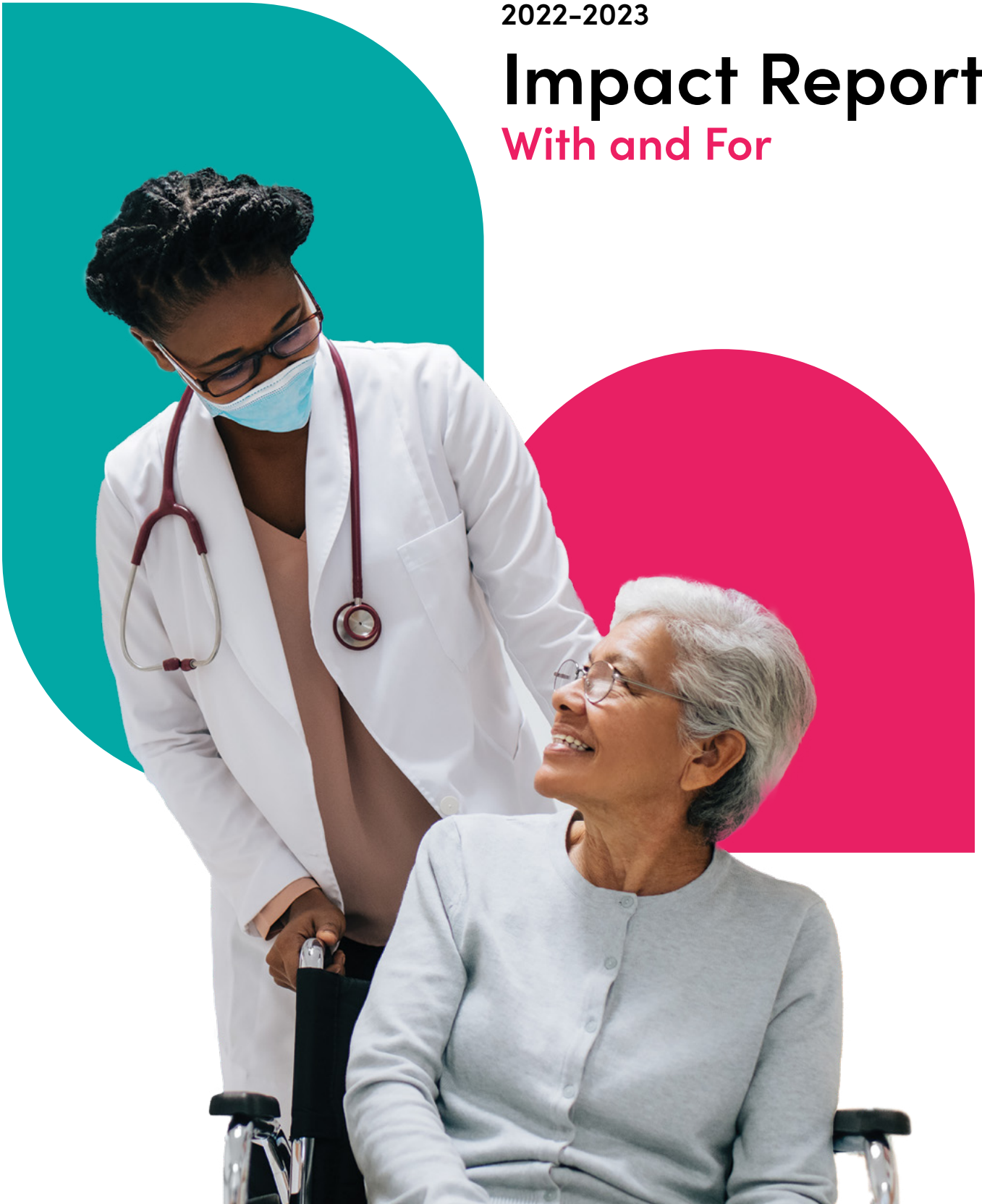


2022-2023

# Impact Report

With and For



# 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, essential care partners 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.

The views expressed herein do not necessarily represent the views of Health Canada.

## Healthcare Excellence Canada

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# Land Acknowledgement

Healthcare Excellence Canada (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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At Healthcare Excellence Canada (HEC), we work with and for people across the country to shape a future where everyone in Canada has safe and high-quality healthcare.

## “With and For”

means we strive for these outcomes on behalf of those who will benefit, partnering meaningfully with the people most affected – patients, providers, essential care partners and families, leaders, researchers, policy-makers and more.

Together, we achieve more than we ever could alone.



# Impact, with and for our partners

At the point of care and across health systems, teamwork is key to keeping patients safe and ensuring high-quality care for everyone in Canada. In 2022–2023, we were pleased to work with more than 21,000 patients, essential care partners, healthcare providers, leaders, organizations and communities toward this goal.

Throughout this report you'll find both data and stories that demonstrate the impact achieved against our objectives:

- [Find and promote innovators and innovations](#) that advance care of older adults, primary care, and health human resources.
- [Drive rapid adoption and spread of quality and safety innovations](#) in long-term care, palliative care, virtual care, and elsewhere.
- [Build capabilities to enable excellence in healthcare](#) by focusing on patient safety, leadership and more.
- [Catalyze policy change](#) with concrete solutions to complex policy problems, as well as support First Nations, Inuit and Métis priorities and equitable care.



This year, Healthcare Excellence Canada continued to improve care experiences and health outcomes for people across the country through partnerships with those who deliver and those who receive care. Investing in these relationships is an investment in the safety and quality of healthcare.”

- Erik Sande, Board Chair



Meaningful and reciprocal relationships are at the heart of our work. From these partnerships, individuals and organizations grow other relationships that ripple throughout the healthcare system in waves of improvement.”

- Jennifer Zelmer, President and CEO

# Outcomes of working with and for each other

95%

of settings implemented a targeted practice or behaviour change

94%

of settings improved a targeted outcome related to experience of care, provider experience or population health

100%

of organizations reported that their relationship with HEC is meaningful and reciprocal

77%

of participants in HEC offerings developed relationships with other partners

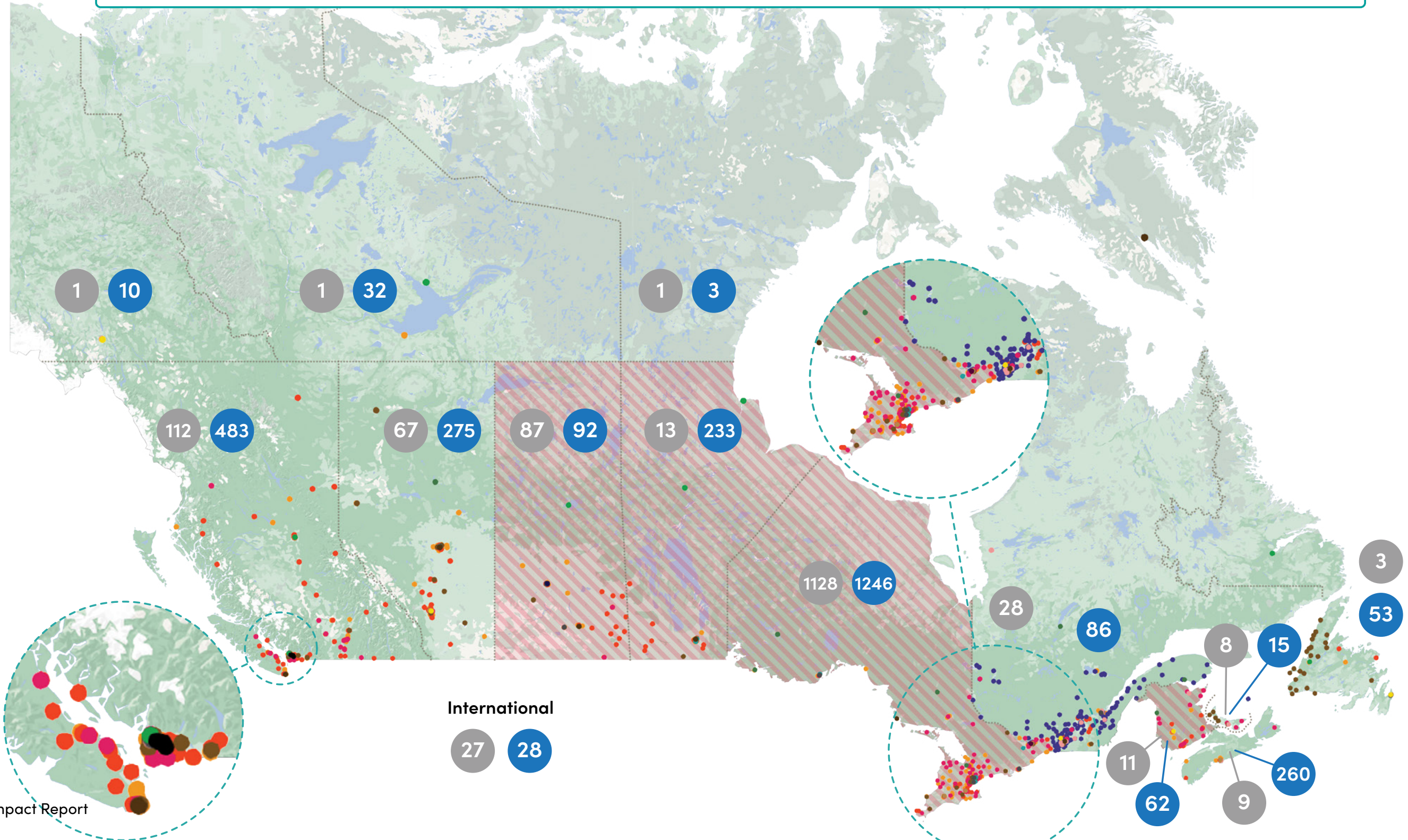
Reached  
**10,301 leaders**  
and

**4,858 organizations**  
and communities serving thousands of patients and essential care partners\*

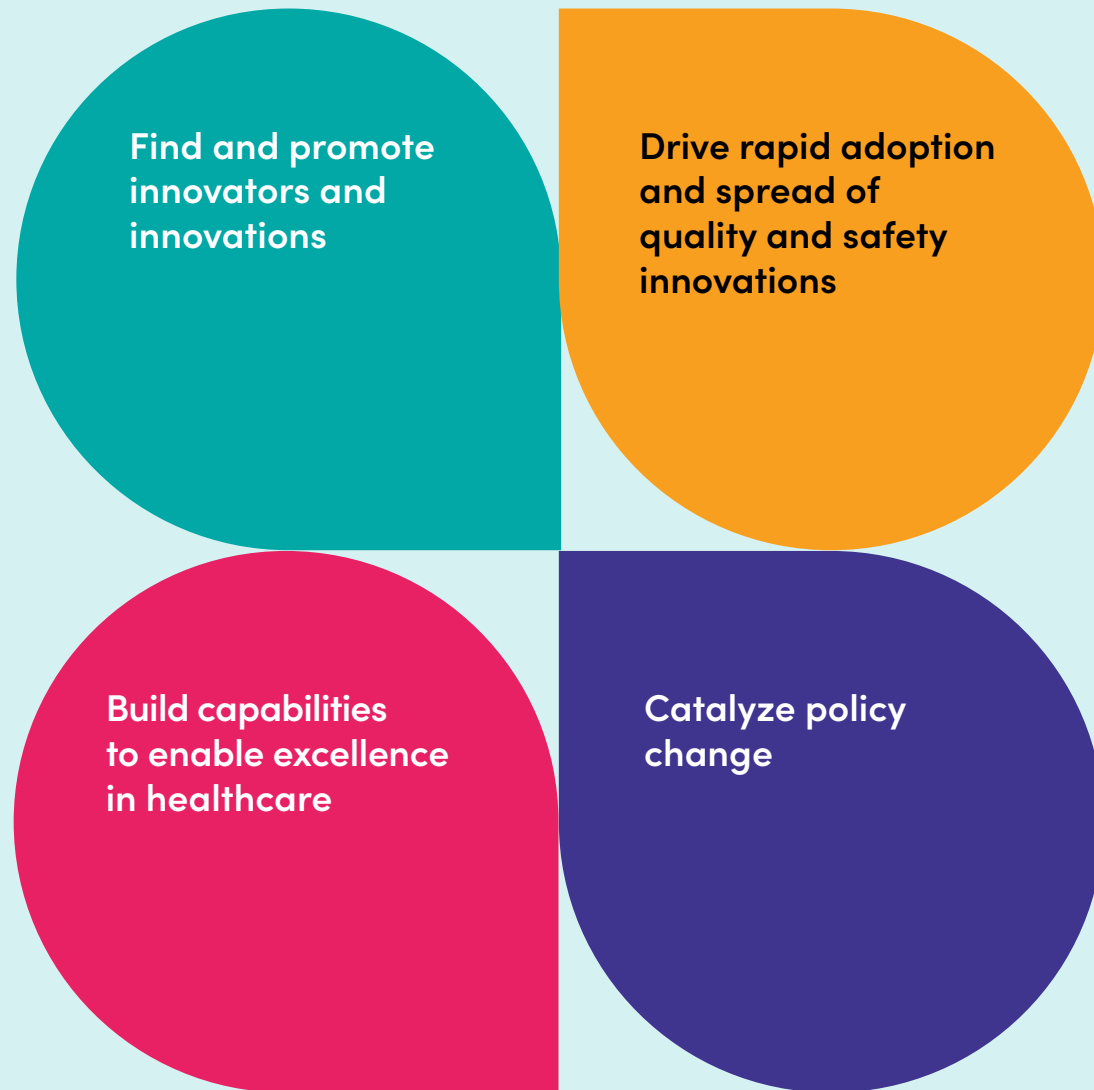
Note: HEC continuously works to expand the range of outcomes measured from our programming. The percentages presented above reflect the subset of HEC programs for which measurement of these indicators was possible in 2022–2023.

\*Essential care partners provide physical, psychological and emotional support, as deemed important by the patient. This care can include support in decision-making, care coordination and continuity of care. Essential care partners are identified by the patient (or substitute decision-maker) and can include family members, close friends or other caregivers.

# Partnering meaningfully across the country



Our [2021–2026 strategy](#) guides our efforts, including how we work with and for people across the country to achieve our objectives. Our four ‘hows’ also organize this report:



# Find and promote innovators and innovations

## Scoping future innovations

In 2022–2023, HEC scoped three future programs to identify promising innovations and raise awareness that will further spark improvement in healthcare policies and practices related to:

- care of older adults aging at home
- primary care with a focus on rural, remote and underserved populations
- supporting and retaining the health workforce

## [Spotlight Series](#) shines a light on patient safety

Our most pressing challenges in healthcare – from patient safety to the impact of climate change in the health sector – require focused, constructive dialogue. The Spotlight Series brought together people in every province and territory to do just that.

[Safe-to-Say: Learning from patient safety incidents to create safer care for everyone involved](#) was one of this year’s most attended episodes. Panelists shared first-hand experiences of how we can come together to recognize and heal from avoidable harm, understand and address factors that contribute to patient-safety incidents, and support a safety culture.



# Drive rapid adoption and spread of quality and safety innovations



## Long-term care initiatives support hundreds of homes across Canada

Hundreds of long-term care (LTC) homes across Canada worked together to address quality and safety gaps through the [LTC Quality Improvement and Reimagining LTC](#) initiatives, with HEC providing financial and capacity-building support.

**LTC Quality Improvement:** 285 LTC homes in nine provinces implemented quality improvement projects focused on staff well-being and enhanced person-centred care. Each home had different quality and safety improvement aims, with 86 percent reporting improvement in staff well-being and 97 percent of teams reporting improvement in person-centred care.

**Reimagining LTC:** 237 LTC homes in all 10 provinces began implementing improvement projects to foster a healthy work environment that promotes safer, higher-quality and more person-centred care. While participating teams are implementing diverse projects specific to their LTC home, all share a common goal of strengthening resilience in LTC.



*A Yorkton and District Nursing Home staff member connects with a resident*



We re-established compassion in team members. Many spoke about just surviving day-to-day and burnout. We reignited their meaning, purpose and connection with residents. We took broken pieces from COVID-19 and reinvented a new, beautiful mosaic for team members, residents and families.”

- Sandy Croley,  
Rykka Care Centres

## Working together to improve equity in access to palliative care

[Improving Equity in Access to Palliative Care](#) is a new program with the [Canadian Partnership Against Cancer](#) focused on improving equity in access to palliative care with and for people experiencing homelessness or vulnerable housing.

This partnership brings together diverse perspectives and experiences – including people with lived and living experiences – to improve care experiences, access to care and health outcomes. Its goal is to ensure that everyone in Canada receives safe and high-quality healthcare by taking a health equity approach, recognizing the social, political and economic factors that contribute to inequities in access and care experiences.

In 2022–2023, we welcomed [10 communities](#) across seven provinces into the first cohort, with up to 10 more communities set to join in 2024. The first cohort of communities participated in an in-person workshop focused on embedding equity-oriented care and meaningful engagement strategies within their projects.



Team members representing Vancouver Coastal Health/Providence Health Care and Institut de soins palliatifs et de fin de vie Michel-Sarrazin – Université Laval speaking with program coach Ashley Mollison

## Equipping providers and teams to partner on appropriate, equitable and safe virtual care

The [Partnering on Appropriate Virtual Care](#) program equips care providers – including those in primary care and community settings – with tools and competencies to determine when and how virtual care can be used appropriately, equitably and safely.

In 2022–2023, we welcomed 41 teams across 135 sites in nine provinces into this program. Teams will develop a functional framework for their unique healthcare settings and build their capacity to partner with patients, families,

essential care partners and communities. They'll also help ensure appropriate access to virtual care for diverse populations, including rural and remote, First Nations, Inuit and Métis, and other underserved populations.

In 2022–2023, we welcomed 10 communities across seven provinces into the first cohort, with up to 10 more communities set to join in 2024.





## Health and care facilities work to fully integrate essential care partners

The [Essential Together](#) program has evolved throughout the pandemic, applying lessons to support health and care facilities to fully integrate family and other care partners across the continuum of care. In addition, the program aims to crisis-proof the integration of care partners, and implement evidence-informed policies and practices so that care partners can remain fully integrated.

The presence of essential care partners improves safety, the experience of care and outcomes for patients. The program highlighted their role by:

- differentiating and recognizing the essential role of care partners from that of “visitors”
- providing open-access [tools and resources](#), including a self-assessment, to support organizations in implementing policy guidance
- offering [peer-to-peer learning opportunities](#) accessed in all 13 provinces and territories, and internationally
- conducting [policy scans](#) to identify policy change



Having the people who know the patient the best, is best for everybody. This was missing while we were in the depths of the pandemic. I'm grateful that we've been able to have the right people and resources available, while also staying and keeping everyone, as safe as we can."

- Susan Shaw, MD, FRCPC, CCPE,  
Chief Medical Officer,  
Saskatchewan Health Authority



## Improving the quality and safety of hospital transitions

The [Bridge-to-Home](#) program improves the quality and safety of transitions from hospital back to home or community care by equipping patients, families and essential care partners with the knowledge and confidence they need to manage their care. In partnership with [Health Quality BC](#), the program expanded to support two new teams in British Columbia and Yukon in 2022-2023.



## Next phase of program launched to optimize medication use in LTC in the province of Quebec

Phase 3 of the integrated [OPUS-AP – PEPS](#) approach for optimal use of medication in long-term care centres in Quebec began in 2022 under the Ministry of Health and Social Services of Quebec and in partnership with the CIUSSS de l'Estrie-CHUS and HEC.

Reducing and stopping the use of potentially inappropriate medications in older adults, based on a review of their medication profile and the implementation of basic approaches and personalized non-pharmacological interventions, improves the residents' quality of life. To ensure the success of the approach, long-term care centres prioritized the implementation of the management structure, rollout plans, training, participation in the launch event and measurement of indicators to create a culture of continuous improvement.

In the care units of long-term care centres that have implemented the approach, the rate of regular excessive polypharmacy (the use of 10 or more medications) is around 38 percent. The rate of regular, potentially inappropriate antipsychotic use is 7 percentage points lower than the overall provincial rate, and the PRN (as-needed) rate is 4 percentage points lower. Behavioural and psychological symptoms of dementia remained stable or improved in 84 percent of residents in whom deprescribing was attempted. The approach is currently being rolled out in all CHSLDs in Quebec.

# Build capabilities to enable excellence in healthcare



St. Joseph's Care Group holding a safety huddle

## EXTRA™ fellowship team improves community crisis services

[EXTRA: Executive Training Program](#) entered its 18<sup>th</sup> year helping leaders and organizations across the country solve complex problems through a bilingual, team-based leadership development program. Active cohorts included 16, 17 and 18, with cohort 17 graduating in February 2023.

The [Centre intégré de santé et de services sociaux de la Montérégie-Est](#) team (cohort 17) won the 2022 [Rochon Award](#) for the project that will best improve population health and that demonstrates readiness for spread. The team worked with patients, providers and community organizations including the police, to design innovative crisis-intervention services adapted for the diverse populations they serve.

Promising results include:

- 25 percent of crisis intervention services done closer to home and community
- 8–10 percent decrease in non-urgent hospital visits
- Reduced average time of police intervention
- More than 90 percent provider, partner and staff satisfaction



Recipients of the 2022 Rochon Award, presented by the EXTRA Program

## Conversations expand understanding and build capacity for safer care

Canadian Patient Safety Week 2022, themed around safer care of older adults through safety conversations and action, was offered in partnership with [Patients for Patient Safety Canada](#) and [Health Standards Organization](#).

The annual campaign inspires improvement in patient safety and quality, with this year's focus on [safety conversations](#) and how they can change the way we think about safety and help build a proactive patient safety culture.

The [Safety Conversations Action Series](#) also launched, supporting 15 teams and 150 leaders from organizations across the country to have safety conversations through virtual learning sessions, coaching, mentoring and peer-to-peer learning. Participants gained a broader understanding of safety and helped to implement structures for making safety conversations part of their regular work.



It's important work and healthcare needs healing with these sorts of projects right now."

- Campaign participant, Glenrose Rehabilitation Hospital (Alberta Health Services)

# Catalyze policy change

## Catalyzing policy innovations on pressing health system opportunities

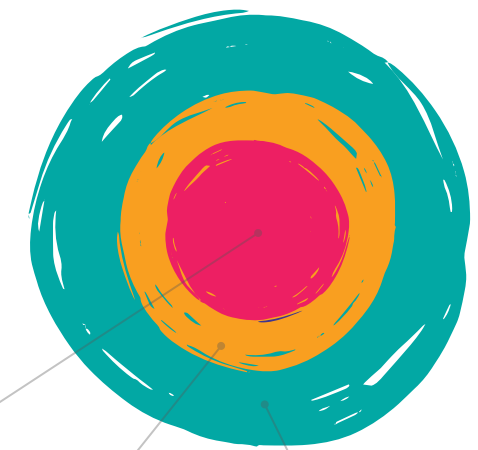
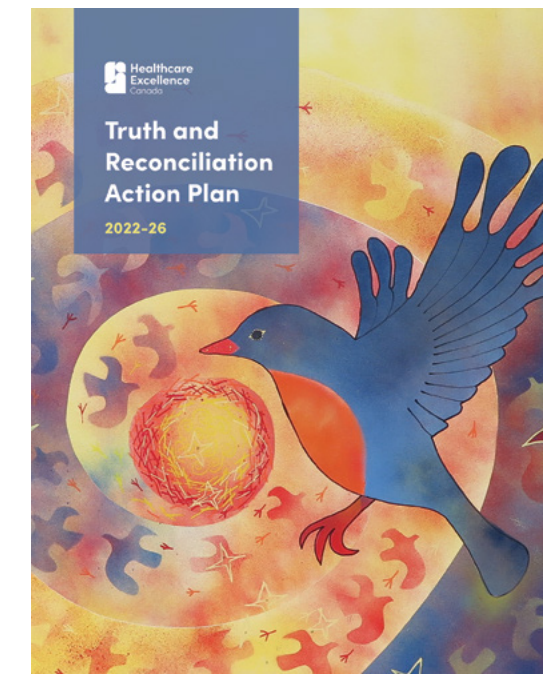
HEC works at the intersection of policy and practice, focusing on topics that align with [our strategy](#) and the priorities of partners.

We convene diverse groups of stakeholders to help solve complex policy problems by creating policy guidance with concrete solutions for leaders and policy-makers. In 2022–2023, we:

- Drafted a [Policy Guidance Report](#) on emergency department closures in northern, rural and remote regions.
- Joined the Atlantic Quality and Patient Safety Collaborative in November 2022 to apply the [Pandemic Recovery & Resilience Self-assessment and Toolkit's](#) self-Assessment and identify action plans for the collaborative's priorities.
- Explored models and options for a national oral healthcare plan for eligible children under 12 that would support quality and safety through a June 2022 policy dialogue.
- Convened leaders from across the country in March 2023 in an interactive Leaders' Forum focused on catalyzing healthcare transformation. Improving equitable access to team-based primary care for everyone in Canada was a key priority and opportunity identified.
- Explored opportunities for collective engagement in shared quality and safety priorities through quarterly meetings of federal, provincial and territorial assistant deputy ministers responsible for health quality and patient safety.

## HEC supports First Nations, Inuit and Métis priorities, as well as culturally safe and equitable care

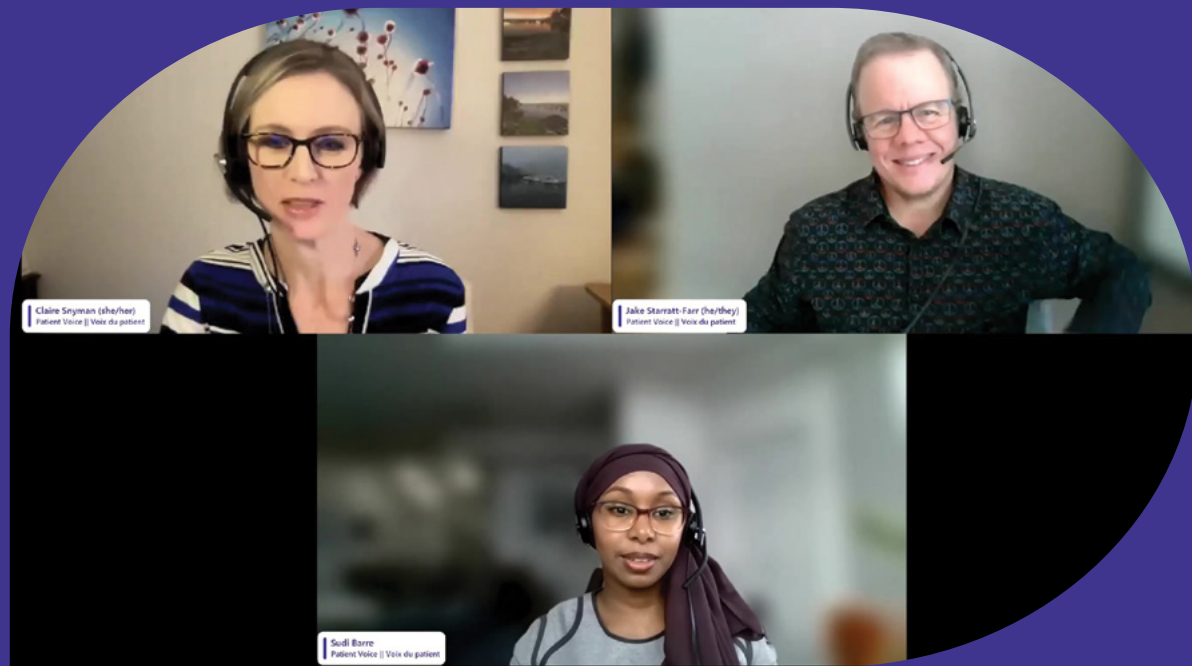
HEC worked towards the advancement of [First Nations, Inuit and Métis priorities, as well as culturally safe and equitable care](#) in three program areas, starting within our organization.



**1. Truth and reconciliation**  
We developed and began to implement our [Truth and Reconciliation Action Plan](#) to help build internal capacity and shared understanding of cultural safety and humility, and how to meaningfully support First Nations, Inuit and Métis priorities.

**2. Partnerships**  
We continued to broaden our circle by building and nurturing respectful and reciprocal relationships and partnerships including with First Nations, Inuit, Métis and northern health system leaders, governments and organizations – such as the [Canadian Northern and Remote Health Network](#) and the First Nations Health Managers Association-Healthcare Excellence Canada First Nations Health Leaders Network.

**3. Cultural safety and systemic racism**  
As a result of our internal work and partnerships, we are beginning to support the healthcare system to address racism experienced by First Nations, Inuit and Métis through a [Cultural Safety Design Collaborative](#).



Three panelists of the Understanding Trauma-Informed Practice and Engagement webinar

95 percent of participants agreed or strongly agreed that they increased their awareness and knowledge of trauma-informed practice and engagement principles

# Thousands gather for virtual equity, diversity and inclusion learning series

In 2022–2023, HEC hosted two virtual learning opportunities to build collective capacity to be equitable and inclusive when engaging with people with lived experience of the healthcare system. This series reached more than 3,000 people in every province and territory, and internationally, including healthcare leaders, providers, policy-makers and people with lived experience.

The series explored how to create cultural and psychological safety using trauma-informed approaches to care and engagement. It examined practical approaches to help participants strengthen their capacity to promote health equity and build safer, higher-quality care for all.

## Board of Directors

- Martin Beaumont
- Jo-Anne Cecchetto
- Vincent Dumez\*
- Jeanette Edwards
- Feisal Keshavjee
- Petrina McGrath\*
- Jane McMullan
- Tammie Myles
- Blair O'Neill (Board Vice-Chair)
- Sue Owen
- David Price
- Ian Rongve
- Erik Sande (Board Chair)
- Heather Thiessen\*
- Gail Tomblin Murphy\*
- Jocelyne (Jo) Voisin

\*In 2022, we thanked departing directors Vincent Dumez and Petrina McGrath, and welcomed incoming directors Heather Thiessen and Gail Tomblin Murphy.

## External committee member

The Board of Directors has invited Joanne Lalonde to join the Finance & Investment Committee.

## Appendices

- [A: 2022–2023 Performance Measurement Framework Report](#)
- [B: 2022–2023 Challenges and Risks](#)
- [C: 2022–2023 Summary Financial Statements](#)
- [D: 2022–2023 Remuneration Report](#)



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