

2016 Annual Report



HealthCareCAN
Leading. Innovation. Together.



SoinsSantéCAN
Leadership. Innovation. Collaboration.

OUR MEMBERS

HealthCareCAN is celebrating an all-time high in membership! In 2016 we welcomed: Canadian Blood Services; Canadian Association of Paediatric Health Centres (CAPHC); Ontario Shores Centre for Mental Health Sciences; Rouge Valley Health System; University of Saskatchewan; Centre hospitalier universitaire Sainte-Justine and Centre hospitalier de l'université de Montréal (CHUM). In 2017 we've created a new associate membership category to which we welcomed CareWorx and DIRTT Environmental Solutions. With 56 members, we are proud to represent healthcare organizations and hospitals from across Canada.



OUR NEWEST MEMBERS

WHO WE ARE

HealthCareCAN is the national voice of healthcare organizations and hospitals across Canada. We foster informed and continuous, results oriented discovery and innovation across the continuum of healthcare. We act with others to enhance the health of the people of Canada; to build the capability for high quality care; and to help ensure value for money in publicly financed, healthcare programs.

Our vision

Improved health for the people of Canada through an evidence-based and innovative healthcare system.

Our mission

To advance an integrated, innovative, sustainable and accountable healthcare system that provides the people of Canada with a world-leading health system by:

- Being the collective voice of Canada's healthcare organizations;
- Enhancing pathways to innovation;
- Supporting service excellence across the continuum of care; and,
- Developing the health leaders of today and tomorrow.

TABLE OF CONTENTS

1	Message from our Board Chair
2	Message from our President and CEO
3	Our 2016 Board of Directors
3	Highlights
4	Key Results Areas
4	Supporting Service Excellence
6	Advancing S&T in Service of Health
7	Developing People
9	Financial Highlights



Michael Marchbank
Board Chair

MESSAGE FROM OUR BOARD CHAIR

On behalf of HealthCareCAN's Board of Directors, I am delighted to present Annual Report 2016.

I want to start by welcoming our newest members into the fold: Canadian Blood Services; Canadian Association of Paediatric Health Centres; Ontario Shores Centre for Mental Health Sciences; Rouge Valley Health System; University of Saskatchewan; Centre hospitalier universitaire Sainte-Justine and Centre hospitalier de l'Université de Montréal. In welcoming them, we strengthen our voice and increase our impact, which allows us to deliver better value for you and a better healthcare system for Canadians.

As I reflect on the past year, I am particularly proud of HealthCareCAN's prioritization of Indigenous health. Through a valuable partnership with the Indigenous Health Alliance, we are setting the table for shaping true transformation of our healthcare system, one that levels the playing field for Indigenous populations by providing the right care, at the right place, in the right way by the right people.

We were pleased to witness the creation and early success of H10, a subgroup of HealthCareCAN comprised of CEOs from Canada's research hospitals. They certainly caught parliamentarians' attention with their advocacy on health research funding and health infrastructure. This effort to reinforce the economic – as well as the health – benefits of investing in the research ecosystem can only benefit all our members, as well as patients in Canada.

I am also pleased with how Service Bureau capacity has progressed in the past year. This new "rapid response" service has helped move the yardsticks on several key emerging policy issues such as the opioid crisis, antimicrobial stewardship, Indigenous health, cybersecurity and medical assistance in dying. I look forward to seeing this initiative grow, and help us solidify our value to members.

Kudos as well to our Professional Development branch. Through CHA Learning, we cracked the 1,000-learner mark in 2016. This involved forming new partnerships to launch a series of online, on-demand programs including: patient experience and design, change leadership and generative governance. These new LEADS-based offerings are proving to be relevant, serving the evolving needs of professional health workers who are navigating the ever-changing demographic and the technological challenges facing our members and their patients.

In 2016, we welcomed to the board: Ron Van Denakker, CEO of Interlake-Eastern Regional Health Authority; Dr. Michael Mayne, president and CEO of Health PEI; Dr. Robert McMaster, VP Research of Vancouver Coastal Health and executive director of VCH Research Institute; Dr. Alika Lafontaine, project chair of the Indigenous Health Alliance. Of course, welcoming new board members means we have had to say goodbye to others: Monique Vielfaure MacKenzie, former executive director of Regional Health Authorities Manitoba; Dr. Richard Wedge, former CEO of Health PEI; Dr. Robert Sindelar, former vice-president of research at Providence Health Care, Vancouver. We are grateful for the hard work and dedication of our board members, and will continue to build on their progress throughout 2017.

Finally, on behalf of the board of directors, I want to commend and thank the staff at HealthCareCAN who continue to impress us with their ability to come together to facilitate our efforts, holding true to our mantra: Leading. Innovation. Together. We can all be proud of what they have achieved to advance our strategic plan, and we look forward to the many challenges and opportunities to come in 2017.



The term of two HealthCareCAN board members ended in June 2016. HealthCareCAN Board Chair Michael Marchbank (right) thanked Monique Vielfaure Mackenzie (top photo), Dr. Richard Wedge (bottom photo) and Dr. Robert Sindelar for their esteemed services.

MESSAGE FROM OUR PRESIDENT & CEO

This is our third year since the January 2014 merger that brought together academic research institutions, teaching hospitals and regional health authorities from across the country. It has been a year full of challenges and great progress.

In terms of progress, we continue to grow our membership, despite the shifting sands of regionalization and centralization. Over the past year, we have seen Nova Scotia join Alberta and Prince Edward Island in creating province wide health authorities. Other provinces seem poised to follow suit. With these transitions come both challenges and opportunities for HealthCareCAN as we redefine our relationships. That said, we have several new members, including an expanding group of affiliates and associate members.

With the ushering in of a new federal government, 2016-17 has presented many opportunities to advocate for our members. Highlights include the March 2016 federal budget recognizing research hospitals as national assets eligible for federal infrastructure support, and partially restoring federal health research funding. The past year also saw HealthCareCAN actively involved in negotiations in connection with the new Health Accord. While a multilateral, multi-year agreement proved to be elusive, we were pleased to see substantial federal commitments to three key areas of concern for Canadians: expanding access to home care services, levelling the playing field for mental health and supporting the scaling-up and spread of healthcare innovations across Canada. We are cautiously optimistic about a health-friendly federal budget for 2017.

Partnerships are key to our success. We continue to value long-standing partnerships with the Canadian College of Health Leaders, Ontario Hospital Association, Canadian Institutes of Health Research, Council of Academic Hospitals of Ontario and Association of Faculties of Medicine of Canada. We have also entered into new partnerships with Canada Health Infoway, Indigenous Health Alliance and the J.W. McConnell Family

Foundation, through which we have successfully expanded our reach and influence to advance shared policy objectives. Thanks to all our partners.

My final thanks go to our dedicated board of directors, led by Michael Marchbank, and our tireless staff at HealthCareCAN. Through a caring, sharing, helping culture we have managed to continue to grow our value proposition for members and shape the future of Canada's healthcare system. I am very privileged to have served as president and CEO over these past three years.



George Weber (left), president and CEO of the Royal Ottawa Hospital and a member of HealthCareCAN's board, and President and CEO Bill Tholl met with Health Minister Jane Philpott early in 2016. This meeting helped establish a valuable, respectful working relationship with the minister and her staff throughout the year.



Bill Tholl
President & CEO

OUR 2016 BOARD OF DIRECTORS:

Mr. Michael Marchbank (chair)
President and CEO
Fraser Health Authority

Mr. Jason Bilsky
President and CEO
Yukon Hospital Corporation

Ms. Sue Cullen
President and CEO
Stanton Territorial Health Authority

Mr. David Diamond
President and CEO
Eastern Health

Ms. Janet Knox
President and CEO
Nova Scotia Health Authority

Dr. Alika Lafontaine
Member-at-large
Alberta

Mr. Rob MacIsaac
President and CEO
Hamilton Health Sciences Centre

Dr. Michael Mayne
President and CEO
Health PEI

Mr. John McGarry
President and CEO
Horizon Health Network

Dr. Rob McMaster
Vice President, Research Institute
Vancouver Coastal Health Authority

Mr. Ron Van Denakker
President & CEO
Interlake-Eastern RHA

Mr. George Weber
President and CEO
The Royal Ottawa

Dr. Vassilios Papadopoulos
Executive Director, Research Institute
McGill University Health Center

Dr. David Hill
Integrated Vice President, Research
& Scientific Director, Lawson Health
Research Institute, St. Joseph's
Health Care & London Health
Sciences Centre

HIGHLIGHTS FROM 2016

Through its advocate, educator and convenor roles, HealthCareCAN has been active on several fronts in 2016 – behind the scenes and on the front line. Our efforts have been instrumental in meeting several milestones for our members and the health of Canadians.

- Federal budget 2016, which provided for \$30M in additional base level funding for the Canadian Institutes of Health Research, \$39M in additional funding for the Canadian Foundation for Healthcare Improvement and \$50M in additional funding for Canada Health Infoway. It made the infrastructure fund accessible to research hospitals and recognized these hospitals as “national assets.”
- Creation of H10 and the hosting of two “H on the Hill” days (February and December). We are cautiously optimistic about these efforts paying dividends in federal budget 2017.
- Public Safety Canada asking HealthCareCAN to chair the healthcare sector roundtable as one of 10 tables making up the national Cross-Sector Forum on critical infrastructure and cyber security.
- NHLC debate and overwhelming (73%) support for making Indigenous health the No. 1 policy priority for HealthCareCAN and the Canadian College of Health Leaders.
- Lead in convening Indigenous health leaders and health organizations to advance the transformation of care for Indigenous populations.
- Exceptional engagement from delegates at the 2016 National Health Leadership Conference.
- Creation of the By Health For Health Collaborative to develop psychological guidelines for health in the workplace, in partnership with the Mental Health Commission of Canada.
- Advocating a “Made-in-Health” Accord, with targeted funding for priority areas such as mental health and for care and treatment of the frail elderly.
- Development of an action plan for Antimicrobial Stewardship (AMS) and formation of AMS Canada, with HealthCareCAN serving as the secretariat.
- Number of learners in CHA Learning climbing above 1,000, with continuing growth of some 7.5% in revenues and number of students. We expect to expand partnerships in 2017, including with the OHA, to build on this success.
- Graduates of CHA Learning’s online Health Information Management (HIM) program among the most successful cohorts to obtain professional certification from the Canadian College of Health Information Management.
- Launch of two particularly relevant online courses on patient-centred care and change leadership.



OUR KEY RESULT AREAS

Supporting Service Excellence

Advancing a 'Made-in-Health' Accord

The federal government was elected in October 2015 on a series of promises, including reaching agreement with provinces on a new multi-year Health Accord. (The previous one dates back to September 2014.) The HealthCareCAN board identified this as the No. 1 policy priority of 2016, and committed financial and other resources to help shape the negotiations. Perhaps understandably, the negotiations have tended to focus primarily on the amount of federal funding under the Canada Health Transfer and less about what this funding would buy in terms of improved healthcare and health for Canadians. Our objective was to ensure that the focus stayed on a 'Made-in-Health' Accord that aimed at: improved access for vulnerable Canadians; scaling up and spreading innovations or leading practices; lifting up our research effort through enhanced federal investments in operating grants and infrastructure. We had some success in 2016, but are cautiously optimistic of more to come in 2017.

Tackling the superbugs

On June 16-17, more than 50 "Champions of Change" in the fields of antimicrobial stewardship and resistance met in Toronto to initiate development of a Canadian multi-sectoral Antimicrobial Stewardship Action Plan, spanning hospitals and long-term care and community settings. The Canadian Roundtable on Antimicrobial Stewardship was co-hosted by HealthCareCAN and the National Collaborating Centre

for Infectious Diseases (NCCID), with leadership and funding provided by the Public Health Agency of Canada. This resulted in two important new developments in the antimicrobial stewardship landscape.

1. The National Action Plan on Antimicrobial Stewardship, released in January 2017, lays out 10 key actions the healthcare community can take to preserve the effectiveness of antimicrobials.
2. A network of experts was convened, drawing from leading health and professional organizations, to form 'AMS Canada' with a focus on operationalizing the priorities laid out in the action plan. HealthCareCAN was asked to serve as secretariat, with projects being assigned to: research an evaluation protocol for stewardship; develop national consensus guidelines for antimicrobial prescribing in primary care; scale up public awareness of antimicrobial resistance and stewardship. These projects are due to be completed early in 2017.

Cyber security and critical infrastructure

The healthcare system is increasingly vulnerable to critical infrastructure and cyber security risks that could compromise its ability to deliver care to patients. Early in 2016, HealthCareCAN was invited by Public Safety Canada to chair the health sector table on critical infrastructure (one of 10 national sector tables). In this role, we convene key health sector stakeholders and represent the critical infrastructure interests of hospitals and the health sector to Public Safety Canada, as per the responsibilities outlined in the



Honourable Ralph Goodale's ministerial mandate letter. With support from the Public Health Agency of Canada, we are developing an issue brief identifying the key risks and vulnerabilities of the sector and its state of readiness to address potential threats, with a focus on cyber security. To this end, HealthCareCAN has convened and is co-chairing a steering committee on health sector critical infrastructure and cyber security to guide development of the brief.

By Health for Health Collaborative: Transforming Canadian Workplaces

In June, HealthCareCAN and the Mental Health Commission of Canada co-hosted the first meeting of the By Health for Health Collaborative: Transforming Canadian Workplaces. The meeting brought together some 20 health leaders from across the country. The collaborative aims to connect leaders, create space to share learnings and resources and provide strategic advice and input on the development of tools and resources.

Collaboration with the Canadian Frailty Network (CFN)

With support from CFN and guided by an expert steering committee, HealthCareCAN conducted research on the policy and economic considerations for frailty screening in the Canadian healthcare system. Findings, soon to be published, were shared at the Canadian Frailty Network's National Forum in May 2016, and also on a HealthCareCAN webinar with over 150 registrants.



Legacy of Leadership Award

HealthCareCAN was pleased to present Dr. Patrick McGrath (right) with its first Legacy of Leadership Award. Dr. McGrath is Vice President, Research, Innovation & Knowledge Transfer at IWK Health Centre and Nova Scotia Health Authority, Halifax. The prestigious award recognizes exceptional individuals who have made long-lasting, outstanding contributions to advancing Canada's health system, and have demonstrated significant, sustained commitment to enhancing the health of Canadians.

National Health Leadership Conference

The 2016 National Health Leadership Conference (NHLC), held in Ottawa, was one of the most successful ever. With Pathways to Innovation and Change as its theme, the event – held in partnership with the Canadian College of Health Leaders – attracted more than 725 delegates from across Canada. Health Minister Jane Philpott kicked off the conference, followed by inspiring speakers including: Dr. Helen Bevan, National Health Service (NHS); Dr. Danielle Martin, Women's College Hospital; Chris Power, Canadian Patient Safety Institute and member of the federal advisory panel on healthcare innovation; Sharon Nettleton, a founding member of Patients for Patient Safety Canada; Jeremy Gutsche, innovation keynote speaker and award-winning author. Following the inaugural Great Canadian Healthcare Debate in PEI in 2015, delegates were pleased with the improved format for 2016, with a focus on just three compelling policy resolutions deftly moderated once again by Jeffrey Simpson. The winning resolution, receiving a resounding 73% of the vote, was on Indigenous health and the urgent need to address the health-related recommendations contained in the Truth and Reconciliation Commission report.



Advancing Indigenous health

In February 2016, HealthCareCAN published an issue brief on Indigenous health, and the topic has remained a top priority throughout 2016-17. Inspired by the 2016 Great Canadian Healthcare Debate, during which the motion to advance health-related recommendations from the Truth and Reconciliation Report received overwhelming support, we have developed a strong partnership with the Indigenous Health Alliance. Together with other partners, we are advancing thinking and action around potential realignment of authorities, accountabilities and resourcing within Indigenous health. There will be a plenary session on this topic at NHLC 2017, and a "Council of Champions" on Indigenous health launched at the end of 2017.



Workplace mental health collaborative

Most occupational health and safety programs focus on the physical health and safety of healthcare workers in their workplaces. There is, however, an urgent and equally important need to safeguard their psychological health and safety. HealthCareCAN has been very active on workplace mental health in the healthcare sector. Working with the Mental Health Commission of Canada, in 2016 HealthCareCAN created the By Health for Health Collaborative of over 20 healthcare

organizations from across the country that are committed to advancing workplace mental health. The collaborative is leveraging learnings and experience related to the National Standard for Psychological Health and Safety in the Workplace through mentoring, knowledge exchange and system transformation. The collaborative connects leaders from across Canada to help improve healthcare workplaces, which, in turn, translates to safer, more effective patient care.



Dementia strategy and action plan

In May 2016, Dr. Bill Reichman (second from left), president and CEO of Baycrest, presented on behalf of HealthCareCAN to the Senate Committee on Social Affairs, Science and Technology to inform its study on dementia. His presentation – calling for a national dementia strategy and action plan – was well received by committee members.

Medical assistance in dying

HealthCareCAN played an active role with respect to Bill C-14 (federal legislation on medical assistance in dying), one of the biggest health policy developments of 2016. We have kept members up-to-date on key developments, and worked to ensure that the intent to strike the right balance is realized in practice. We have advocated for access to medical assistance in dying that is in balance with the obligations of a caring society, while respecting personal convictions of health care providers. HealthCareCAN is also advocating for increased federal investments in, and enhancements of, high quality palliative and end-of-life care services.



Patient Safety Champion Awards

HealthCareCAN and the Canadian Patient Safety Institute partnered in creating the Patient Safety Champion Awards for safer care. Last November, we were pleased to present the 2016 award to the Michael Garron Hospital (East York, ON) in the team category, and to Johanna Trimble from the Community Engagement Advisory Network (Vancouver, BC) in the volunteer category. The presentations were made during the Patient and Family Centred Care Experience Conference in Moncton, NB, organized by Horizon Health Network.

Implementation of Vanessa's Law (Protecting Canadians from Unsafe Drugs Act)

One of the most significant changes to the Food and Drugs Act in 50 years, Vanessa's Law (Protecting Canadians from Unsafe Drugs Act) contains measures affecting the reporting of adverse drug reactions by healthcare institutions. HealthCareCAN convened and is the secretariat for the Vanessa's Law Ottawa Working Group, which holds regular briefings and provides input to the federal government. The group is actively influencing development of the regulations to ensure they strike the right balance between the needs of the public and system capacity.

Advancing Science and Technology in Service of Health



Research hospitals on the Hill

The H10 initiative got underway in 2016. This HealthCareCAN members-only group represents Canada's largest research hospitals, with a mandate to raise the political ante in advocating for research, innovation and infrastructure. This is done by providing a high-profile political presence of healthcare CEOs in Ottawa. Among other activities, H10 held two highly successful lobby days on Parliament Hill in Ottawa, where members met with some 45 MPs ranging from ministers, parliamentary secretaries, chairs to members of standing committees. Was H10 impactful? Our three asks for 2016 – CIHR funding, infrastructure access and recognition of research hospitals – were honoured to a reasonable extent in the 2016 federal budget.

Rebuilding hospitals

The 2016 federal budget explicitly acknowledged research hospitals as national assets by making them eligible to apply for funding under the \$2B Strategic Infrastructure Fund. This was the culmination of persistent advocacy from both HealthCareCAN and H10. Our members were ready for the short window in April in which to apply. Over \$500M worth of projects were submitted by members. However, the fund application process required a provincial priority indication and a university president's signature, so while there were a few successes overall it was a difficult first try. In an additional attempt to secure infrastructure funds, we've submitted to Environment and Climate Change Minister Catherine McKenna's sustainability and climate change consultations and Infrastructure and Communities Minister Amarjeet Sohi's infrastructure consults.

Advising government

In an effort to influence the federal science agenda to meet our members' needs, HealthCareCAN has contributed to several consultations led by federal cabinet ministers: Minister of Finance (Pre-budget, H10 Pre-Budget Submission, Revision to Income Tax Act); Minister of Science (Science Review), to which HealthCareCAN was invited to present in person; Minister of Innovation, Science and Economic Development's Innovation Agenda. HealthCareCAN made recommendations that point to the enormous contribution of Canada's hospitals and our willingness to advance innovation, sustainability and economic development.



Showcasing excellence

In October, Hospital News ran a two-page spread featuring world or Canadian 'firsts' from research hospital members and drawn from our Innovation Sensation database. The story was transformed into a Twitter campaign to inform the most relevant federal ministers. The database of research and innovation successes from members has been cited in over 6,000 media stories.



Academic Health Sciences Network Symposium

Crucial Conversations with the Champions of Change proved to be a compelling theme for the 2016 Academic Health Sciences Network (AHSN) Symposium, held Feb. 24-25 in Ottawa, in collaboration with the Association of Faculties of Medicine of Canada. Guest speakers from across the country offered advice and generated thoughtful discussions. Among them were the presidents and CEOs of Genome Canada, Canadian Institutes of Health Research, Canadian Foundation for Innovation, University Health Network, Sick Kids, IWK Health Centre, Canadian Chamber of Commerce and more. The event ended with a session with the Honourable Kirsty Duncan, minister of science.



Members in Canada's Innovation Agenda

In October, President and CEO Bill Tholl (right) handed HealthCareCAN's submission on Canada's Innovation Agenda to Navdeep Bains, the federal minister of innovation, science and economic development.

Securing research funds

HealthCareCAN continued to advocate for the Canadian Institutes of Health Research (CIHR), a crucial source of research funds for members, seeking an increased budget for health research in Canada. At CIHR's request, Vice Presidents of Research (VPR) provided CIHR with guidance on how it should invest its new funds. On the advice of HealthCareCAN, CIHR convened a working session to address some issues, following an open letter with over 1,400 signatories expressing concern to the Minister of Health about issues in CIHR peer review. HealthCareCAN also submitted feedback to the International Peer Review Expert Panel, which is examining CIHR's changes to peer review. This resulted in an invitation to appear before the panel in 2017.

Emerging research centres capacity building

Recognizing the need for H10 on one side of the spectrum, and given our broader membership base, HealthCareCAN established an emerging centres capacity building group. This group is part of the larger VPR group but focuses on operational issues such as how emerging research centres establish relationships with granting agencies, intellectual property and related issues.



Supporting new scientists

HealthCareCAN was privileged to host the inaugural meeting of the Association of Canadian Early Career Health Researchers. Science Minister Kirsty Duncan's director of policy and the CIHR joined in. Despite the reference to "early career," this new association's members are world-class scientists and teachers with a passion for advocacy and social media.

Saluting the Canadian Clinical Trials Coordinating Centre (CCTCC)

Three years ago HealthCareCAN helped establish the Canadian Clinical Trials Coordinating Centre with CIHR and Innovative Medicines Canada, as announced by the minister of health at that time. The CCTCC had \$1.5M to implement an action plan to address issues in clinical trial start-up times. In 2016, the CCTCC made progress on issues related to common contracts, ideas for streamlining ethical reviews nationally, and its asset map. Our organization also celebrated International Clinical Trials Day 2016 with Clinical Trial TV.

Developing People



CHA Learning 3.0

Over the past four years, CHA Learning has invested in new courses while overhauling longstanding programs such as its leading Health Information Management (HIM). Significant advances have been achieved in our online delivery and distance education strategies. These investments in elevating the quality and relevance of the programs have been, fundamentally, an investment in the CHA Learning brand. The net result was CHA Learning 2.0, and in 2016 CHA Learning laid the strategic foundation for the 3.0 iteration. The goal for CHA Learning 3.0 is to give healthcare professionals an articulated career pathway that supports them in their leadership development from front line to executive.

As the first step in this transformation, CHA Learning has replaced its longstanding Long-term Care Management (LTCM) program, designed and developed in the 1970s, with Management Essentials for Long-term Care (MELT). Leveraging the strength of our acclaimed Management Essentials program, MELT brings one of CHA's last remaining legacy courses into alignment with both LEADS and our education framework. The division expects to complete development of CHA Learning 3.0 in late 2017.

CHA Learning's graduates among the country's highest certified professionals

Graduates of CHA Learning's online Health Information Management program were among the most successful cohorts, obtaining professional certification from the Canadian College of Health Information Management. In 2015, the pass rate of CHA Learning graduates challenging the national certification exam was close to 86%. This excellent pass rate means our program was effectively the most successful in the country at preparing graduates for the exam. The 2015 pass rate represents a 12% increase from 2013 results.

New program: Patient-Centred Experience and Design (PaCED)

Launched in April 2016, this comprehensive online program combines leading research and knowledge about patient and family-centred care, engagement and experience with concrete tools that learners can apply locally. The result is an outcomes-based, practical, relevant program that gives learners the opportunity to become leaders throughout and across the health system — thus improving the care experience for patients, their caregivers and loved ones. This program incorporates the acclaimed Vocera Experience mapping and design methodology within a curriculum developed in collaboration with Eleanor Rivoire, the internationally recognized retired chief nursing executive from Kingston General Hospital. The practical methodology was pioneered at the Cleveland Clinic by the USA's first chief patient experience officer, Dr. Bridget Duffy, who is now Vocera's chief medical officer. This program is aligned with Accreditation Canada standards and the LEADS in a Caring Environment leadership framework.

Partnering in creating Change Leadership Certificate (CLiC)

Responding to a growing, identified need to increase leadership capacity in the healthcare community, CLiC is relevant for the entire health system. Developed in partnership with Canada Health Infoway, CLiC uniquely integrates leadership into change management, leveraging Infoway's National Change Management Framework and LEADS in a Caring Environment leadership framework as its foundation. This practical

course aims to help inform and guide anyone in the health sector who is leading or part of a change team to succeed in generating sustainable change in today's healthcare environment. CLiC is designed to be applicable to a wide variety of change initiatives, such as clinical programs, human resources and digital health implementation.

Enhancing governance: Leadership and generativity

In September 2016, CHA Learning published "Leading from the Boardroom," a monograph developed in partnership with Health PEI and with key contributions from Dr. Graham Dickson. The monograph has been freely distributed by HealthCareCAN as a call to action for health trustees from across Canada to embrace their role as leaders of the health system and to develop essential leadership capabilities. These capabilities are defined to map the governance function to the LEADS in a Caring Environment framework.

To enhance its popular Governance Development Program, CHA Learning piloted a new course on generativity in governance. HealthCareCAN's board members participated as the test group to validate the approach and content of this in-person, facilitated session on generativity. Based on the positive feedback, another successful session was held with the Royal Ottawa Health Care Group's board to help refine the course prior to national release in 2017.

'Nourish' program — the future of food in healthcare

HealthCareCAN and CHA Learning have partnered with the J.W. McConnell Family Foundation, a Montreal-based organization committed to social innovation and change. Through this multi-level partnership, HealthCareCAN plays a leading role in fundamentally changing and enhancing the role of food and nutrition in healthcare. As part of this, we are an advisor in McConnell's 'Nourish,' a game-changing innovation lab that connects food/nutrition and leadership to enhance patient satisfaction, improve health outcomes, transform organizational culture and promote community development. The two-year program, launched in February 2017, fosters connections between organizations, innovators and

champions. This will provide them with essential resources, and develop a network/community of practice to support innovation in food procurement/preparation/delivery throughout Canadian health systems. We're proud that half of the 25 participants have been selected from our member organizations.

New international partnership with Leading Edge Group (LEG)

HealthCareCAN has signed a partnership agreement with the internationally renowned, Ireland-based, organization LEG — most recognized for its work in Lean training and certification and quality improvement. The partnership recognizes alignment between each group's course catalogues in supporting health organizations to achieve quality improvement. Together, LEG and CHA Learning will each promote a suite of the other's programs as a first step towards greater integration of the curricula. This will allow us to eventually confer dual certificates for completion, such as in Healthcare Improvement and Lean Green Belt.

CHA Learning increases revenue in 2016

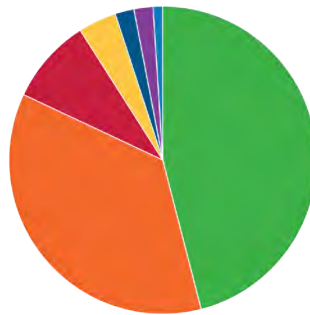
All of these initiatives, partnerships and innovative developments continue to grow the reputation and bottom-line performance of CHA Learning. After posting a 12.5% increase in tuition in 2015, CHA Learning has seen a 7.5% increase in 2016. These numbers most importantly demonstrate the growth of our programs' value in Canada's publicly funded healthcare system and our continued success in achieving our strategic goal of developing people — in service of healthcare.



FINANCIAL HIGHLIGHTS

Revenue \$3,282,849

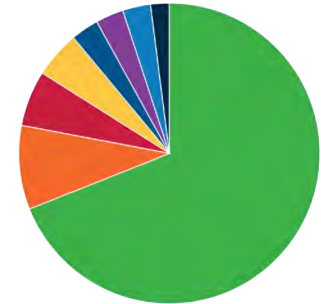
- Professional development
- Membership fees
- Rental revenue
- Service bureau
- Conferences
- Other income
- Contributions / Sponsorship



Item	\$	%
Professional development	\$ 1,501,524	45.7%
Membership fees	\$ 1,167,706	35.6%
Rental revenue	\$ 310,147	9.4%
Service Bureau	\$ 115,514	3.5%
Conferences	\$ 77,872	2.4%
Other Incomes	\$ 64,661	2.0%
Contributions / Sponsorship	\$ 45,425	1.4%

Expenses \$3,384,254

- Human resources
- Professional development
- Property management costs
- Administration
- Corporate affairs
- Research, policy & communications
- Amortization of capital assets
- Information technology and other



Item	\$	%
Human resources	\$ 2,346,887	69.3%
Professional development	\$ 310,138	9.2%
Property management costs	\$ 214,769	6.3%
Administration	\$ 170,970	5.1%
Corporate affairs	\$ 112,705	3.3%
Research, policy & communications	\$ 101,252	3.0%
Amortization of capital assets	\$ 80,596	2.4%
Information technology and other	\$ 46,937	1.4%





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