

Care that Counts



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Healthcare Excellence Canada 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 repeating 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.

Message from Board Chair and President

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.

HEC focuses on improving care of older adults, bringing care closer to home and supporting the retention of the health workforce – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and caregivers, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. HEC is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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Care truly counts when everyone has high-quality, safe care, everywhere.

At HEC, this belief guides everything we do. It shapes our programs, our partnerships, and our purpose. You'll see it woven throughout the stories in this report: A rural Ontario community opening a clinic in a local library for residents without access to primary care. Paramedics in Saskatchewan bringing palliative care directly to the community in shelters and drop-in centres. A long-term care home in Newfoundland and Labrador shifting frontline practices to reduce inappropriate antipsychotic use and emphasize recreational programming.

This report illustrates how focused, community-driven efforts can create meaningful change where it counts the most. Whether it's a patient navigating the health system, a caregiver supporting a loved one, or a provider working to deliver better outcomes – they are united by a shared desire for care that is safe and high-quality, rooted in what matters to individuals and communities.

This year, we stepped back to listen and reflect on our shared journey so far.

In 2024–2025, we engaged an independent evaluator to take a close look at HEC's work since 2021. Their findings affirmed what we've heard from many of our partners: that HEC is helping to address real and pressing priorities and that our efforts are contributing to meaningful change across health systems. In many cases, the evaluator heard from those we work with that their progress was faster, deeper, and more coordinated because of the collaborations we've built together.

We also laid the groundwork for the next stage in our journey.

Care Forward is a pan-Canadian movement powered by people coming together with a shared goal: to improve healthcare with and for more people, in more communities, across Canada. In this report you'll see how this vision is coming to life through bold new programs, engaging learning opportunities, dynamic partnerships, and real action igniting change across the country.

Change like this doesn't happen alone – it's possible only because of the people at the heart of it.

This year, HEC supported 34,278 individuals and teams working to expand access to care and ease pressure on emergency departments, help more people age where they call home, advance safe, person-centred long-term care and support the health workforce. Together, they are turning proven solutions into tangible, local impact for more than 740,000 patients and residents.

Thank you to the patients, caregivers, providers, leaders, communities, and HEC staff who continue to guide and inspire this work. Together, we are creating safer, better care that counts – with and for – more people, in more places, every day.

Blair O'Neill, Board Chair

Jennifer Zelmer, President and CEO



HEC's Strategy: Shaping the future of quality and safety. Together.

Our five-year strategy (2021–2026) – the first for our organization – was developed with input from people in every province and territory. It captures what excellence in healthcare means to them, the issues that matter most and how we can help.

Our purpose

To shape a future where everyone in Canada has safe and high-quality healthcare.

Our how

- Find and promote innovators and innovations
- Drive rapid adoption and spread of quality and safety innovations
- Build capabilities to enable excellence in healthcare
- Catalyze policy change

Our focus areas

- Care of older adults with health and social needs
- Care closer to home and community with safe transitions
- Health workforce retention and support

Quality & safety perspectives

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

Our values

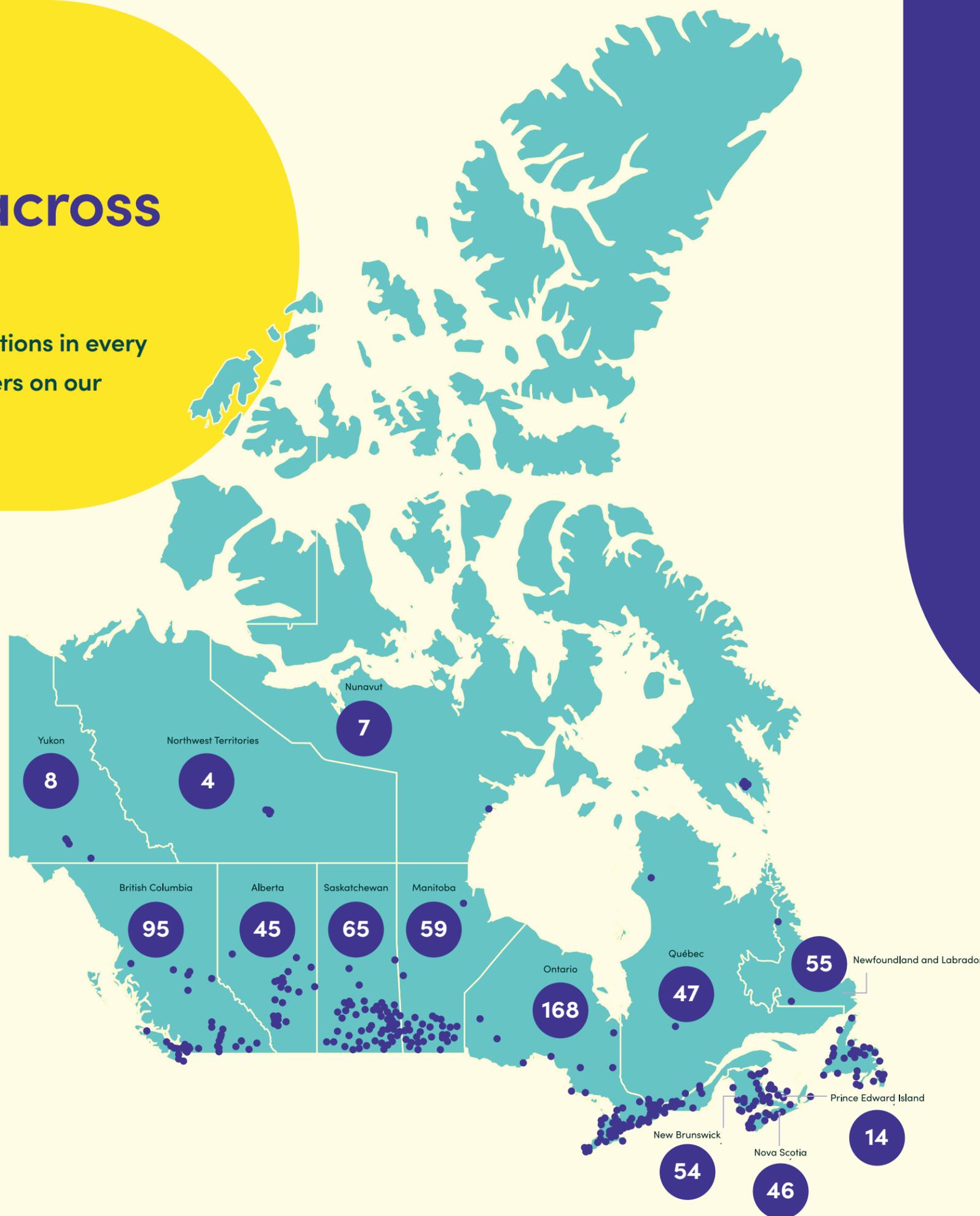
- Partner meaningfully
- Innovate courageously
- Act with integrity
- Be inclusive

Partnering meaningfully across the country

We partner with people and organizations in every province and territory. See our partners on our [interactive map](#).

● Participants

Total number of participants in each province and territory



Participation highlights:

1,886

Canadian Patient Safety Week

4,510

TeamSTEPPS Canada Essentials

4,192

Patient Safety Essentials

1,603

Effective Governance for Quality and Patient Safety

A story of impact through numbers



Teams
545

teams participated in improvement projects.



Outcomes
91%

of leaders reported increased preparedness to lead improvement because of their engagement with HEC.

97%

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

Reach
34,278

leaders were reached by HEC offerings and initiatives.

741,665

patients and caregivers were reached.

To learn more about the impact of HEC's programs and partners, please read our [Performance Measurement Framework report](#).



Stories of change in action

Across the country, HEC is working with healthcare teams to deliver safer and higher-quality care rooted in the needs of their communities.

We support this momentum through programs that turn bold ideas into practical solutions. To drive lasting change, teams receive funding, tools and resources, expert coaching, evaluation support and a network of peers who learn and grow together.

The programs featured are aligned with our core focus areas, and quality and safety perspectives. By connecting people, amplifying what works and strengthening local leadership, these programs are fueling change in communities across Canada.

Keeping primary care local, and making it stronger

In many northern, rural and remote communities, accessing primary care can mean hours of travel or long waits for care. Without regular support close to home, staying healthy and managing everyday health needs becomes much harder.

To help close these gaps, [Strengthening Primary Care in Northern, Rural and Remote Communities](#) supported 20 teams to work on local solutions across 10 provinces and territories – building stronger, culturally-safe, and team-based models of care. Together, reporting teams reached more than 66,000 people across their communities.*

This program helped identify and spread [promising practices that improved access to primary care](#) such as: a primary care clinic in a community library, a pop-up clinic housed in the same building as an emergency department, expanded mobile care services to remote communities and more.

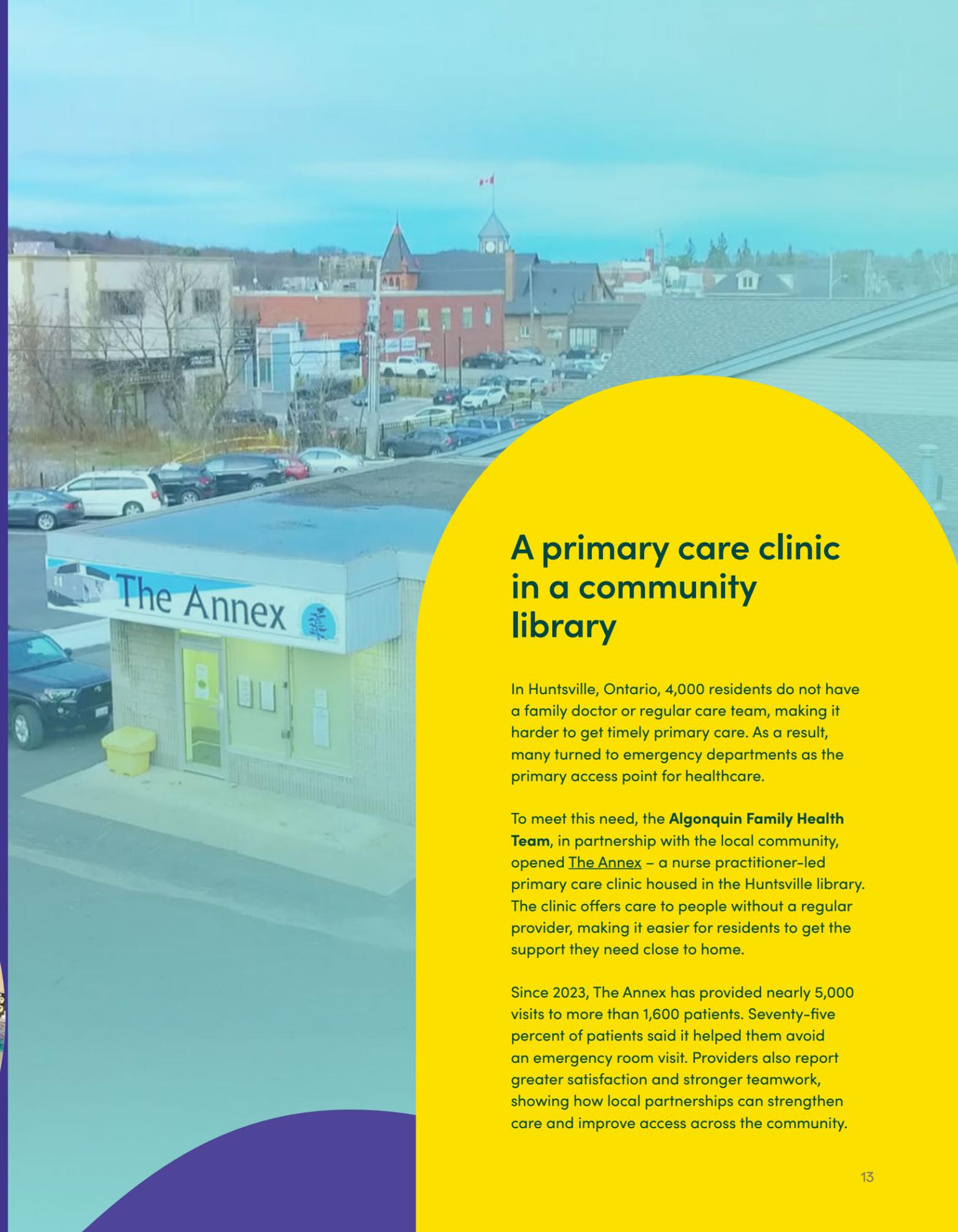
*Data reported from eight of the 10 provinces/territories.



Focus areas: Care closer to home and community with safe transitions, Health workforce retention and support, First Nations, Inuit, and Métis priorities



Quality & safety perspectives: Lived experience of patients, caregivers and communities, People in the workforce



A primary care clinic in a community library

In Huntsville, Ontario, 4,000 residents do not have a family doctor or regular care team, making it harder to get timely primary care. As a result, many turned to emergency departments as the primary access point for healthcare.

To meet this need, the **Algonquin Family Health Team**, in partnership with the local community, opened [The Annex](#) – a nurse practitioner-led primary care clinic housed in the Huntsville library. The clinic offers care to people without a regular provider, making it easier for residents to get the support they need close to home.

Since 2023, The Annex has provided nearly 5,000 visits to more than 1,600 patients. Seventy-five percent of patients said it helped them avoid an emergency room visit. Providers also report greater satisfaction and stronger teamwork, showing how local partnerships can strengthen care and improve access across the community.

Extending care from nursing home to neighborhood

For many older adults, the right support can mean the difference between staying safely at home or moving into long-term care before they need to. Aging in place initiatives enable people to remain independent longer, stay connected to their communities, and avoid unnecessary trips to emergency departments.

Nursing Home Without Walls helps make this possible. Originating in New Brunswick, the program supports nursing and long-term care homes to bring the services they offer – like personal care, meal support, and social activities – directly into people’s homes, offering a safer and more flexible way to age in place.

As of early 2025, more than 27 nursing home sites across New Brunswick helped 2,387 people live at home with the supports they need. With the support of Waltons Trust, the model is now set to expand into communities across Canada.



Focus areas: Care of older adults with health and social needs, Care closer to home and community with safe transitions, Health workforce retention and support



Quality & safety perspectives: Lived experience of patients, caregivers and communities, Value

89%

of 1,568 older adults surveyed feel Nursing Home Without Walls helps them stay at home, fostering stronger community connections.



Investing in the future: support from Waltons Trust

Thanks to new funding from HEC and a grant from Waltons Trust, the model is being scaled and spread to even more communities. Waltons Trust is dedicated to reducing loneliness and isolation among older adults by increasing meaningful personal connections and strengthening community-based supports. With its support, even more older adults will be able to age with dignity and connection – right where they belong.

“It has been truly inspiring to hear about all the work that’s taken place in New Brunswick. With the support of Healthcare Excellence Canada, there is an exciting opportunity now to amplify that success and scale this transformative program to communities across the country.”

– Sandi Pelly, Director, Older Adults, Waltons Trust

Connecting care and community for aging in place

Health, social and community service teams are working together to strengthen local services and community capacity to support more older adults to stay healthy, independent, and connected to the places they call home. Strong local partnerships help people age safely and comfortably, surrounded by their families, friends, and communities.

In 2024–2025, **Enabling Aging in Place** supported 26 teams across Canada to build on what works: implementing, spreading, and expanding promising practices that help people remain at home. This includes assisting with non-medical daily tasks, helping older adults take control of their own health and better connecting them with primary care and community resources.



Focus areas: Care of older adults with health and social needs, Care closer to home and community with safe transitions, Health workforce retention and support



Quality & Safety Perspectives: Lived experience of patients, caregivers and communities, People in the workforce,

73%

of the 26 participating teams have already reported progress toward the goals of their respective initiatives. Examples of areas where teams are focusing include: caregiver support, support for accessing services, palliative approaches to care, frailty screening, specialized geriatric care in acute care settings, and culturally safe supports for 2SLGBTQIA+ and First Nations, Inuit and Métis elders.

8,403

patients directly reached.

Exploring the circle of life, together

During an Enabling Aging in Place workshop, teams took part in a Tipi Teaching session led by [Wanuskewin](#), centred on the circle of life. As each of the Tipi's 15 poles was raised, each representing a core value, participants explored life's stages through storytelling, a key theme of the workshop. This experiential activity deepened cultural understanding and appreciation of place, while reinforcing broader workshop themes of safety, including cultural safety, equity and well-being across the lifespan.

Embedding approaches to person-centred long-term care

Nearly one in four residents in long-term care could be prescribed antipsychotics they may not need – medications that can affect their health, independence and daily lives.

Recognizing the difference person-centred care can make, and building on the success previous programs, the **Sparkling Change in the Appropriate Use of Antipsychotics Awards Program** was launched to offer monetary awards, coaching and tools to help teams shift to more person-centred care and decrease potentially inappropriate antipsychotic use.

Registration is open until October 2025. More than 300 teams have registered to date and are taking steady steps to create safer, more supportive environments. Homes across the country are improving residents' quality of life, fostering positive staff cultures and strengthening family involvement.



Focus areas: Care of older adults with health and social needs



Quality & Safety Perspectives: Lived experience of patients, caregivers and communities, People in the workforce

Shifting care by reducing antipsychotic use through education and training

At **Lewisporte Health Centre** in Newfoundland and Labrador, improvements in person-centred approaches to care are already making a powerful difference. Through deprescribing education for staff, caregivers and families – in addition to enhanced recreation programming – the team is focusing more on understanding residents' needs rather than managing behaviours.

In two cases so far, deprescribing antipsychotic medications has resulted in residents regaining the ability to speak, feed themselves and engage in daily activities.

“The initiative has helped move our focus from managing behaviours to understanding and meeting residents' underlying needs, resulting in a notably positive impact.”

– Staff member



Partnering for culturally safe and equitable care

Everyone deserves to feel safe, respected and valued when seeking health care. Yet racism experienced by First Nations, Inuit and Métis within the health system remains a significant patient safety and quality issue.

Through the [Cultural Safety Design Collaborative](#), 12 teams worked with First Nations, Inuit, and Métis partners to design and lead projects that address racism and foster culturally safer care environments.

Through their work together, teams emphasized that cultural safety education is an essential foundation for change and is most effective when it is built on personal connection and shared understanding, rather than focusing only on facts and policy. This approach is helping to improve care experiences, strengthen relationships and rebuild trust with communities.



Focus areas: Health workforce retention and support, Care closer to home



Quality & Safety Perspectives: Lived experience of patients, caregivers and communities, People in the workforce, Culturally safe and equitable care, First Nations, Inuit, and Métis priorities

Participant recognized for Honouring the Voices of Indigenous Peoples report

The [Honouring the Voices of Indigenous Peoples](#) report identifies 13 actions for change to improve the healthcare experience of Indigenous residents of the Northwest Territories. It is the result of a collaborative effort in the Cultural Safety Design Collaborative, led by Fraser Lennie in his former role as Director of Quality, Risk and Client Experience at the **Northwest Territories Health and Social Services Authority**.

Working with staff from the Indigenous Wellness Program, Fraser helped develop and implement the comprehensive engagement strategy to enhance the Northwest Territories' healthcare system and address racism experienced by First Nations, Inuit and Métis.

In recognition of his leadership, Fraser received the [Northwest Territories' Premier's Award for Individual Excellence](#). Fraser's work exemplifies how informed, local leadership can drive meaningful change, amplify First Nations, Inuit and Métis perspectives, and build more inclusive health systems.



“Cultural safety is a process, not a product. [We] need to build each other up and address conflict with curiosity ... be patient, learn and unlearn, ground this work in respect and care.”

– Program participant



Building towards more equitable access to palliative care

For people experiencing homelessness or vulnerable housing, accessing palliative care often means facing barriers that others do not encounter. Services are not always designed to meet their unique needs and without the right support, care can be out of reach when it is needed most.

The 23 communities participating in Improving Equity in Access to Palliative Care are helping to change that – improving care experiences, access to safe care and better health outcomes over the four-year program supported by HEC and the Canadian Partnership Against Cancer.

From mobile palliative care clinics, culturally safer care of First Nations, Inuit and Métis communities and other innovative models, teams are finding new ways to provide access to high-quality and safe palliative care.

“The invaluable support network spanning across the country has provided support and guidance. Additionally, our connection to previously unknown resources has proved instrumental in expanding our capabilities and accessing expertise that has enhanced our care.”

– Lindy Dowhaniuk, Director of Emergency Services, George Spady Society



Focus areas: Care closer to home and community with safe transitions, Health workforce retention and support, First Nations, Inuit, and Métis priorities



Quality & Safety Perspectives: Lived experience of patients, caregivers and communities, People in the workforce, Culturally safe and equitable care

78%

of the 23 communities reported improvements in providing a palliative approach to care for people experiencing homelessness or vulnerable housing.

91%

of 23 team leads learned new palliative care knowledge/skills.

83%

of 23 team leads are already putting what they've learned into practice.



Paramedics meet people where they are to provide palliative care

In Saskatchewan, the **Medavie Health Services West** team is bringing palliative care directly to people in shelters and drop-in centres with their mobile clinics. Through Wellness Clinics hosted in familiar, accessible spaces, they offer services such as mental health and addiction supports, medication administration and pain management while building trust and connecting people to wider health and social supports. Results showed that 87% of contacts (519) indicated they would not have sought other care if they had not attended the Wellness Clinic. It's care rooted in compassion and harm reduction, meeting people where they are and helping them feel seen, heard and supported.

FORCES^{MC}

Programme de formation
cadres

un programme bil... développement du leadership
santé Canad... d'équipe est axé sur le
des capacités... de la qualité et de la
soins et servic...
enceSanté.ca

Shaping leadership for safe and high-quality care

Strong leadership is essential for creating lasting change in healthcare. For nearly 20 years, the [EXTRA™: Executive Training Program](#) has helped develop leaders who connect teams, ideas from best available research evidence and experience, and communities to drive better outcomes.

Through intensive learning and coaching, EXTRA alumni have led system improvements, strengthened patient-centred care and sparked innovation across the country. In 2024–2025, cohorts 18 and 19 worked on projects, some related to: culturally safe care, patient flows and supporting the health workforce.

The program continues to build leadership capacity to help shape stronger, more connected health systems across Canada.



Focus areas: Health workforce retention and support, Care closer to home



Quality & Safety Perspectives: Lived experience of patients, caregivers and communities, People in the workforce, Culturally safe and equitable care, First Nations, Inuit, and Métis priorities

Reducing stigma, improving care

At CISSS de la Montérégie-Centre in Quebec an initiative to improve the coordination of tuberculosis (TB) care revealed an often-overlooked issue: stigma.

Patient partners had reported that stigma showed up in different ways – from isolation during appointments, feelings of shame in front of healthcare professionals, or discomfort in their relationships with employers.

Recognizing this, the CISSS team chose to focus their EXTRA project on improving the patient experience for people with tuberculosis and their loved ones from the beginning of the care pathway to the start of their treatment.

“From the outset, we knew there was a need to improve care for TB patients, and that with a focused approach we could make their experience better. This project is truly innovative in Quebec. Even after some benchmarking, we found few similar initiatives – so we see real potential to scale and adapt our approach across the province.”

– EXTRA fellow Geneviève D’Aoust, Associate Director of Vaccination, Screening and Samples, CISSS de la Montérégie-Centre

Building understanding of healthcare harm

What comes to mind when you think about harm in healthcare? During **Canadian Patient Safety Week 2024 (CPSW 2024)**, thousands of people across the country came together to explore this question and learn ways to create safer care.

The campaign broadened participants understanding of healthcare harm — beyond physical injury to include psychological, social and spiritual harm. At the heart of this learning was the recognition that the person who experienced the harm is best positioned to define it and describe its impact on their life.

Through webinars, and activity challenges, participants engaged in learning across every part of the health system – from hospitals and homecare to mental health services. They accessed HEC’s **Patient Safety Essentials** educational modules, resources and campaign materials, which are designed to support important conversations about patient safety and healthcare harm.

The week sparked lasting conversations. Based on responses to the post-campaign survey, 81 percent of participants said they were more likely to have conversations about healthcare harm – helping create a stronger, more open culture of safety.



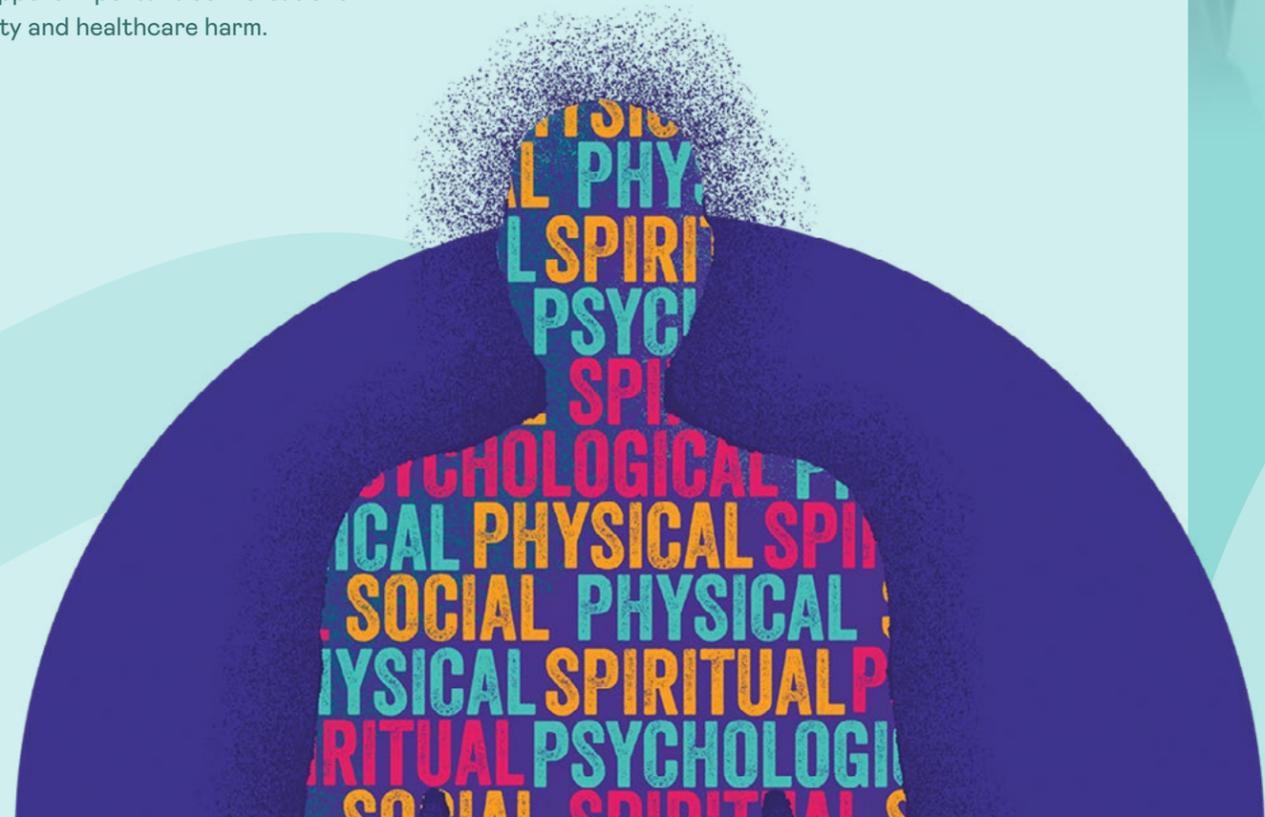
Quality & Safety Perspectives:

Lived experience of patients, caregivers and communities, People in the workforce, Culturally safe and equitable care



8,000+

instances of participation, through webinars and resource downloads helping people and teams to explore, learn, and take action together during CPSW 2024.





Convening to shape stronger health policies

Solving big health system challenges takes collaboration at every level of care. Through our policy work, we brought together available research, promising policy scans and the people closest to these challenges to find practical solutions.

In 2024–2025, we convened patients, providers, policy-makers, community organizations, researchers and others to focus on some of the most pressing priorities, including agency staffing, incident management, and retaining internationally educated healthcare workers.

By connecting evidence, innovation and a diversity of perspectives, we can help identify policy approaches that reflect real-world experience and community needs. Reports like the [Policy Guidance for Retaining Internationally Educated Healthcare Workers](#) offer concrete evidence-informed policy considerations and are helping turn those conversations into shared actions that strengthen the future quality and safety of care.

 **Focus areas:** Care of older adults with health and social needs, Care closer to home and community with safe transitions, Health workforce retention and support

 **Quality & Safety Perspectives:** Lived experience of patients, caregivers and communities, People in the workforce, Value, Culturally safe and equitable care, First Nations, Inuit and Métis priorities

“There were rich exchanges between incident-management experts across Canada, and [the] sharing of this knowledge and hopes for the future [resulted in] wonderful connections, all within a psychologically safe environment.”

– Network participant

Making healthcare better for more people

In 2024, we laid the groundwork for **Care Forward** – a pan-Canadian movement of people sharing knowledge and applying proven approaches to make healthcare safer and higher-quality for more people.

We designed new offerings, built digital infrastructure, and created learning content to support four priority areas identified by people across the country as opportunities for progress that align with HEC's strategy.

Healthcare changemakers across Canada were invited to join – accessing seed funding, resources, expert coaching and a network of peers – to improve care for at least 1 million people.



Focus areas: Care of older adults with health and social needs, Care closer to home and community with safe transitions, Health workforce retention and support



Quality & Safety Perspectives: Lived experience of patients, caregivers and communities, People in the workforce, Value, Culturally safe and equitable care, First Nations, Inuit and Métis priorities

The four priority areas are:



Expanding access to care and easing pressure on emergency departments



Advancing safe, person-centred long-term care



Helping more people age where they call home



Supporting the health workforce



Engaging patients and caregivers as partners

Partnering with patients, caregivers and communities is essential to creating safer and higher-quality health systems. People with lived experience bring unique insights that drive meaningful, lasting improvements in care.

HEC strives to work with patients and caregivers to ensure their voices meaningfully inform and shape our work across Canada. Some examples from this year include: patient partners participating in policy labs, serving on merit review panels to select HEC program teams, joining hiring panels for HEC staff and leading HEC program teams as coaches.

HEC also supports organizations that we work with across the country to strengthen their engagement capabilities. This helps ensure that lived experience perspectives shape the work of improvement in meaningful ways.



Quality & Safety Perspectives:
Lived experience of patients and caregivers and communities

“Working and collaborating with HEC teams has been such a pleasure as a patient partner for numerous years. HEC has been a strong leader in moving forward and innovating the role of patient partners so that a greater impact will be made on patients’ lives across Canada.”

- Ron Beleno, caregiver partner and HEC Coach



250+

members of our patient partner network across the country regularly receive engagement opportunities from HEC and other organizations.

Progress in motion

These programs may have wrapped up, but their impact continues. Across the country, past programs continue to deliver meaningful results in care settings of all kinds.

Their impact lives on through sustained practice change, shared learning, and community leadership. We also continue to learn from their outcomes, and from the people and teams who have carried their lessons forward.

Paramedics and Palliative Care

This program helped expand access to palliative care by supporting paramedics to provide timely, compassionate support at home. As a result, 60 percent of 5,416 calls to 9-1-1 enabled people to avoid transport to the emergency department and receive palliative care at home. An independent evaluation also showed a return of \$4.60 for every \$1 invested into the program, highlighting the potential for innovations like these to enhance care and value-for-money.

Bridge-to-Home

When patients and families are part of the care team, transitions from hospital to home are safer and smoother. Through this 16-month program, teams used a patient-oriented bundle to improve care and build stronger partnerships. A 2024 case study highlights how engaging patients in quality improvement strengthened both care and collaboration, showing what's possible when patients help shape the process.

Reimagining LTC

This program supported long-term care (LTC) homes to explore new ways of working that centre the needs of residents and staff. LTC homes tested and shared [promising practices](#) to improve quality of life, care, and workplace culture. Practices like training staff in relational care strategies are still being used, and were recently featured in a [magazine article](#).

Partnering on Appropriate Virtual Care

Teams across Canada tested and shared ways to make virtual care more appropriate, safe and equitable. From supporting Francophone patients and caregivers at home to supporting diabetes through a hybrid virtual model, these teams shared several promising practices that are now available to help others.

Health Workforce Innovation Challenge

This [challenge](#) supported teams across the country to retain and support their staff. Close to 200 awards were distributed for work that improved retention and well-being for more than 35,000 healthcare workers. Seventy percent of reporting teams made improvements in their intended outcomes, showing how even small changes can make a big difference.

Building trust, one connection at a time

For the **Convalescent Home of Winnipeg**, a journey through the Health Workforce Innovation Challenge was never about finding one-size-fits-all approaches. Instead, it was about connecting with people as individuals. Through the challenge, the team focused on creating a culture where staff felt seen, supported, and valued.

Leaders made it a priority to be present and approachable, such as the CEO serving meals to residents. They listened openly, welcomed feedback, and modelled what it means to lead with humility and heart. As one team member said, "change happens at the speed of trust," and trust takes time.

Sometimes, progress looked like small but meaningful gestures: a nametag machine to strengthen relationships with residents, or a shared holiday meal that brought warmth and connection. The challenge gave the team a renewed sense of purpose and helped them take steps to support retention and well-being.



Nimikomà: A visual representation of Truth and Reconciliation

In the second year of implementing our [Truth and Reconciliation Action Plan](#), we developed Nimikomà – the title of a visual logic model that means, “I am reminding someone or calling attention to something.” Featured in the Action Plan, it reflects deeper relationships, ongoing learning, and growing partnerships across HEC.

We also engaged with [Ka-odàkedjig](#) for the first full year, learning from their leadership and perspectives. Ka-odàkedjig is a collective of Elders, an Algonquin Knowledge Carrier and a Truth and Reconciliation Coach who help guide staff, senior leadership, and the Board.

New partnerships were also formed with the Métis National Council and Algonquin artist Emily Brascoupé-Hoefler, who created the visual logic model.

This work is part of an ongoing journey, where each year offers opportunities to listen, reflect and act – grounded in the knowledge, guidance, and leadership of First Nations, Inuit and Métis.

 **Quality & Safety Perspectives:**
First Nations, Inuit and Métis priorities

“It has been a pleasure working with HEC. I always feel welcomed by everyone when we are having all staff meetings.”

- Dalyce Huot, First Nations Elder and member of Ka-odàkedjig



Building skills for safe and high-quality care

Creating safer and higher-quality care begins with learning. This year, we offered a range of virtual learning opportunities that helped people and teams strengthen core skills and drive real-world improvements.

By turning knowledge into action, learners across the country are helping to build care that truly counts – care that is safer, more equitable, and better aligned with the needs of the people they care for.

Patient Safety Essentials

Launched in April 2024, [Patient Safety Essentials](#) is a free virtual learning program that helps individuals working in various healthcare sectors build core safety practices into everyday care. Through practical tools and real-world scenarios, participants are gaining skills to prevent harm and create safer experiences for patients and families.

“I found the [course] to be exceptionally informative and highly relevant to my role in the healthcare sector. The comprehensive curriculum effectively covered key aspects of patient safety, including understanding system failures, promoting a culture of safety, and practical strategies for error prevention ... This is a great course! Very well done, summarizing the latest and best literature on the topic of patient safety.”

– Learner

 **Focus areas:** Health workforce retention and support

 **Quality & Safety Perspectives:** Lived experience of patients, caregivers and communities, People in the workforce, Culturally safe and equitable care

Effective Governance for Quality and Patient Safety

Also launched in April 2024, [Effective Governance for Quality and Patient Safety](#) supports board members and health system leaders in strengthening oversight, fostering a culture of safety, and driving lasting improvements in care through good governance practices.

 **Focus areas:** Health workforce retention and support

 **Quality & Safety Perspectives:** Lived experience of patients, caregivers and communities, People in the workforce, Culturally safe and equitable care



Spotlight Series

HEC's [Spotlight Series](#) brought people together to explore key issues shaping care, including the benefits of health and social care partnerships, shifting from hospital beds to hospitable communities, and addressing anti-Black racism in health systems.

 **Focus areas:** Care of older adults with health and social needs, Care closer to home and community with safe transitions

 **Quality & Safety Perspectives:** Lived experience of patients, caregivers and communities, People in the workforce, Culturally safe and equitable care

Making care count, together

Our work is shaped by strong partnerships with patients, caregivers, providers, leaders and communities across Canada.

We are advancing our focus areas and quality and safety perspectives by exchanging knowledge and amplifying impact.

By connecting people and perspectives, we are making care count in more places, for more people.

Working together through the Atlantic Learning Exchange

We partnered with the **Atlantic Health Quality and Patient Safety Collaborative (AHQPSC)** to host “The Power of Patients: Safety, Equity and Engagement” – a two-day event in Moncton, New Brunswick. More than 200 participants explored patient engagement, safety, and equity, and shared real-world innovations. More than 90 percent of participants left feeling inspired and motivated to create safer and more equitable environments. We continue to partner with AHQPSC on key quality and safety priorities within the Atlantic. Specifically, we convened a policy lab centred on reimagining incident management, and continue to identify opportunities to create consistent approaches to incident management across the Atlantic.

Collaborating through the Health Care Unburdened Grant

HEC is supporting recipients of the \$10-million Health Care Unburdened Grant program which is a collaborative initiative between the **Canadian Medical Association, MD Financial Management Inc. and Scotiabank**. By providing coaching, focused learning opportunities, peer-to-peer learning and knowledge-sharing, HEC is helping teams reduce administrative burden for physicians – so they can spend less time on paperwork and more time delivering safe and high-quality care.

Strategically collaborating with CIHI

Pan-Canadian health organizations (PCHOs) play an important role in supporting improvement in the health system – a role that can be strengthened through focused collaboration and coordination among our organizations. This year, we were excited to announce a deeper and more focused collaboration with the **Canadian Institute for Health Information (CIHI)** to better support safer and higher-quality healthcare across Canada. There are four areas for focused collaboration, including:

1. building an enhanced support model for data access
2. advancing quality and safe care in shared priority areas
3. aligning interest holder engagement
4. addressing First Nations, Inuit and Métis-specific racism and cultural safety

Building relationships with Métis partners

We continued to partner with Métis health leaders, governments and organizations to support the Métis health workforce and support improved cultural safety for Métis. In partnership with **Métis Nation Saskatchewan**, we supported the creation of a video series that captures and shares Métis experiences of harm and ways to improve cultural safety. We also partnered with **Métis Nation of Ontario** and **Métis Nation British Columbia** to host learning workshops to support Métis-specific health leadership capacity. HEC and the **Métis National Council** signed a partnership agreement on shared priorities to build culturally competent health systems and make HEC programs accessible to Métis governments and organizations.



First Nations Health Leaders Network

In partnership with the **First Nations Health Managers Association (FNHMA)**, we continued to co-host the **First Nations Health Leaders Network**. This year, we piloted a mentorship program to connect emerging First Nations health leaders of FNHMA's Certified First Nations Health Managers Program with the experienced members of the First Nations Health Leaders Network to provide coaching and support in their leadership journeys.

Canadian Northern and Remote Health Network

In partnership with the **Canadian Institute for Health Information**, HEC convened health leaders from northern, rural and remote regions to explore and develop solutions to improve care delivered to people living in rural, remote and northern parts of Canada. Discussions focused on improving cultural safety, retention of the health workforce and leveraging new technology.

“This has been incredibly valuable and has been an inspiration to take back information to our regions.”

– Participant

Collaborating for impact across Canada

This year, we supported a range of events that brought people together to exchange ideas and advance safe and high-quality care. The events focused on topics such as health services research, care of older adults, First Nations, Inuit and Métis priorities, infection prevention, and social prescribing. As part of our partnership with **Health Quality BC**, we co-hosted an interactive workshop at their annual Quality Forum, where participants explored the conditions for large-scale change and the six levers for healthcare improvement. Participants also identified key priorities for action – including team-based care, emergency department closures, and strategies to support recruitment and retention.



Board of Directors

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Jane McMullan

Sue Owen*

Dave Price*

Ian Rongve

Heather Thiessen

Elizabeth Toller*

Jocelyne (Jo) Voisin*

*In 2024-2025, we thanked departing Directors Dave Price, Jocelyne Voisin, and Vice-Chair Sue Owen, and welcomed incoming Vice-Chair Gail Tomblin Murphy and Directors Antoine Désilets, Antoine Groulx and Elizabeth Toller.

Appendices

[A: 2024–2025 Performance Measurement Framework Report](#)

[B: 2024–2025 Challenges and Risks](#)

[C: 2024–2025 Summary Financial Statements*](#)

[D: 2024–2025 Remuneration Report](#)

*Audited Financial Report

[Access this report in French](#)