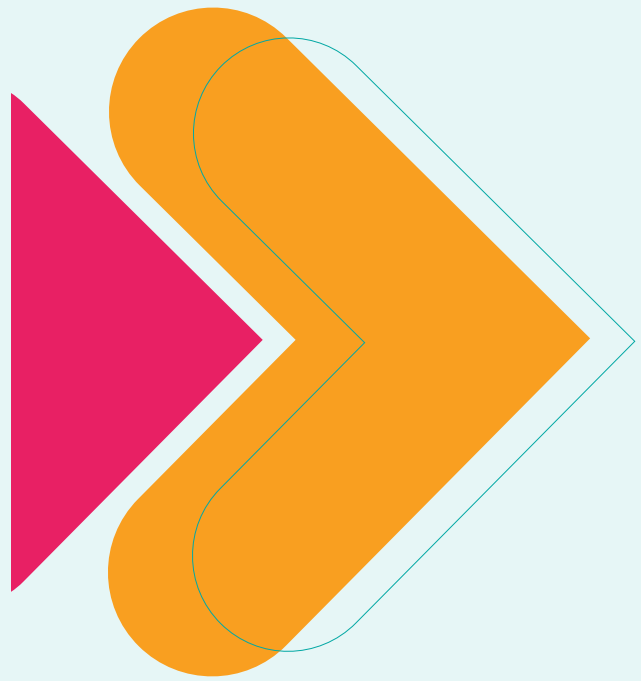




**Forward,
Together**

**2025-26
Impact Report**





About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners across the country to shape a future where everyone in Canada has safe and high-quality healthcare. We bring together people, evidence and action to move Care Forward – spreading and scaling quality and safety improvements, strengthening capacity and collective leadership, and catalyzing change in policy and practice.

At HEC, healthcare excellence means improving safety, quality and value for everyone. It means care grounded in what matters most to patients, caregivers, communities and people in the workforce. It also means care that respects and responds to First Nations, Inuit and Métis priorities and is culturally safe, equitable and supported by the appropriate use of technology. Together with our partners, we embed these foundations across the health system.

Our work also focuses on expanding access to safe, connected, high-quality care closer to home and community. This includes supporting people with primary health care needs and older adults with health and social needs.

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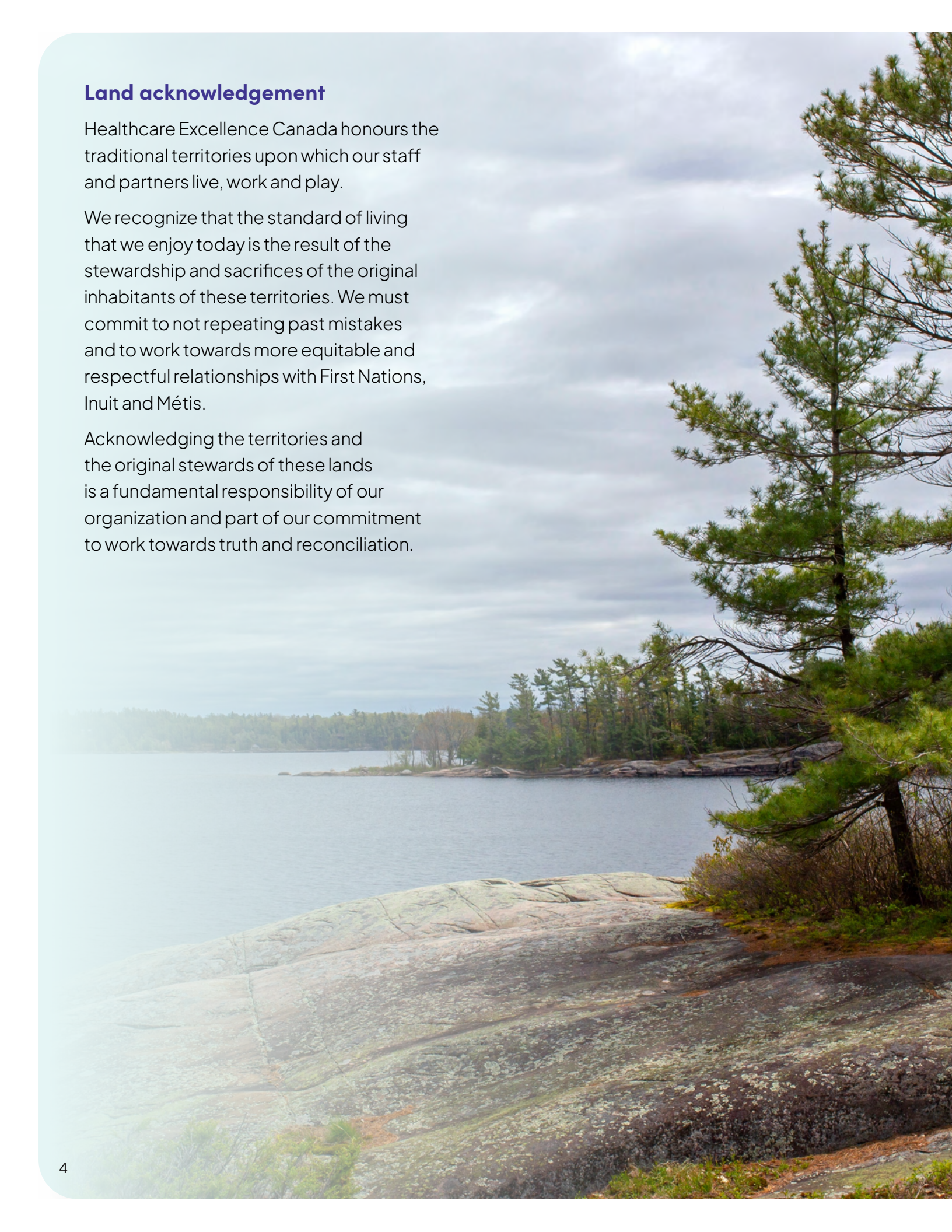
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Land acknowledgement

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.



Contents

Message from Board Chair and President..... 6

Our strategic priorities..... 7

Moving Care Forward 9

Mapping our momentum10

Care closer to home and community15

Care of older adults..... 25

Health workforce retention and support 33

Embedding the foundations of quality, safety and equity across all our work..... 39

Board of Directors 54

Appendices 54

Let’s move forward, together 56

Message from Board Chair and President

In rural Saskatchewan, local facilitators are helping older adults with dementia remain connected to their communities, while easing the daily strain on the caregivers who love them. In Montreal, an entire care team, including administrative staff and clinicians, took a fresh look at how they collaborate, building the shared understanding that safer care depends on.

Like hundreds of other changemakers we are working with across the country, these teams are in different places with different challenges. Yet the instinct is the same: better care happens when people move forward together. Lasting change happens when knowledge travels, relationships deepen and what works in one community reaches the next.

This is the work that Healthcare Excellence Canada (HEC) supports alongside our partners – work that has put 7 million people within reach of better care.

As we mark our five-year anniversary, our collective impact is growing. This year, an independent evaluation confirmed that our partners were improving care in ways “that would have taken significantly longer, or not happened at all, in the absence of HEC.”

At the same time, the past five years have reinforced an important lesson: meaningful improvement requires responding to changing realities while staying focused on what matters most to people receiving and delivering care. From supporting long-term care through the pandemic to addressing workforce pressures or advancing new

approaches through Care Forward, progress has depended on listening, adapting and working together.

Over the past year, more than 1,200 individuals and organizations helped shape what comes next. Their insights informed our refreshed [**2026–31 strategy**](#) and the next evolution of Care Forward, our connected, pan-Canadian movement that is improving care together.

Healthcare challenges are complex, but the evidence is clear: solutions already exist in communities across Canada. When they are shared, adapted and scaled, better care reaches more people. The pages that follow show not only what was achieved this year, but what becomes possible when years of shared learning, trusted partnerships and sustained improvement efforts spread across the healthcare system.



Gail Tomblin Murphy
Board Chair

Jennifer Zelmer
President and CEO

Our strategic priorities

2021-26 STRATEGY

OUR PURPOSE

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

OUR HOW

Working with people across the country, we:

Find and promote innovators and innovations

Drive rapid adoption & spread of quality and safety innovations

Build capabilities to enable excellence in healthcare

Catalyze policy change

OUR FOCUS

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



Moving Care Forward

Five years of experience, partnership, and independent evaluation point to a clear conclusion: improvement happens faster when people have the relationships, capabilities and practical support needed to turn ideas into action.

Teams are more likely to sustain change when they can adapt solutions to local realities within a clear accountability framework. Improvements spread further when trusted relationships already exist across organizations and sectors. Better care becomes lasting practice when people have access to practical tools, evidence and peers learning alongside them.

Five years ago, we built our strategy around these beliefs. Since then, each program, partnership and investment has contributed to a growing foundation for improvement. Today, evidence confirms these foundations are translating into measurable system impact.

Together with partners across Canada, we have helped build a connected body of knowledge, a growing network of relationships and a shared understanding of what works to improve care. These foundations enable improvements to take hold, spread and endure in communities across the country.



Mapping our momentum

Participation at a glance in 2025-26



1,499	Canadian Patient Safety Week
4,707	TeamSTEPPS Canada Essentials
4,425	Patient Safety Essentials
657	Effective Governance for Quality and Patient Safety

*Totals above include participation that is not tied to a specific geographic location and is therefore not shown on the map.

Independently evaluated, partner-validated

A 2025 independent evaluation examining five years of HEC's work found progress across every assessed outcome. The evaluation found stronger leadership for improvement, deeper and more sustainable partnerships, greater uptake of evidence-informed practices and policies, and

improvements that continued to spread and endure over time. Interest holders told evaluators many of these gains would have taken significantly longer to achieve, or might not have happened at all, without HEC's support.

Building on what works throughout 2025-26

This past year continued that pattern. Organizations strengthened their capacity for improvement, leaders built confidence to drive change, and meaningful partnerships created the conditions for successful practices to spread.

843 teams engaged

21,317 leaders reached

361,680 patients and caregivers directly reached with better care

96% of organizations reported a meaningful and reciprocal relationship with HEC

Evidence of impact over five years

7 million+ people within reach of better care

94% of settings implemented targeted practice or behaviour change

97% of settings developed characteristics known to sustain improvement

92% of leaders reported increased preparedness to lead improvement

80,000+ engagements with healthcare leaders

Behind each measure are organizations improving care processes, teams adopting new ways of working, and patients caregivers and healthcare workers benefiting from safer, more coordinated and responsive care.

Together, these measures illustrate how improvement capacity has expanded over time, creating conditions for change to continue to spread beyond individual projects and organizations.



Care closer to home and community

Expanding access to care

Across Canada, people are finding new ways to bring care closer to where life happens – in homes, communities and relationships.

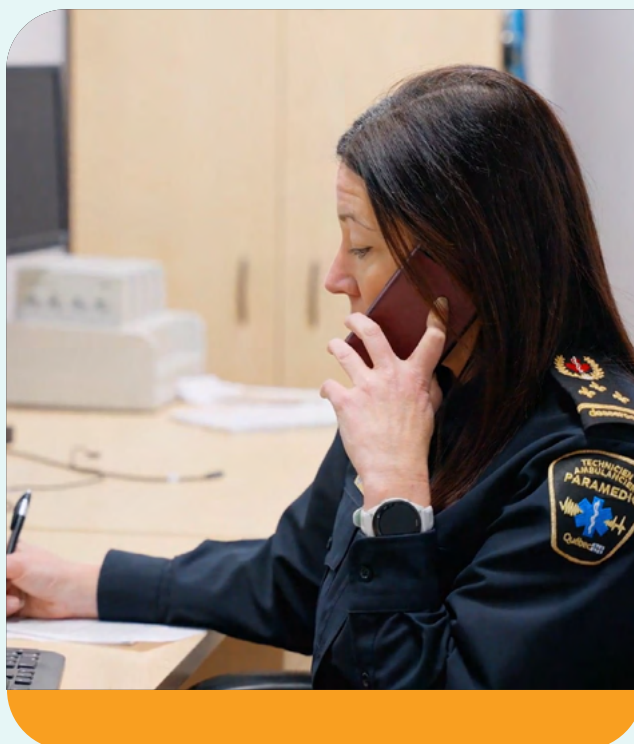
In some places, this means helping people receive support before a health concern becomes a crisis. In others, it means redesigning how people move through the healthcare system, so care feels more integrated, culturally safe and easier to navigate.

What began as testing and adaptation in individual communities is increasingly becoming a coordinated effort to adapt and spread proven approaches across Canada.

1,503 unnecessary emergency department visits avoided in 2025–26

Many people turn to the emergency department (ED) because they can't access necessary care elsewhere. HEC programs help close that gap, connecting people to the right care at the right time, freeing the ED for those needing it most. Achieved early in program delivery, this number signals strong momentum and a system already working better for patients.

In many communities, opportunities open long before someone enters a clinic or hospital. Through [Paramedics and Social Prescribing](#), the first pan-Canadian program of its kind, HEC convened 36 teams to collaborate, share knowledge and spread approaches that connect people with social and community supports. These approaches have the potential to improve health and well-being, while also addressing the underlying challenges that lead people to seek emergency care.



“Social prescribing and paramedicine can be a link between healthcare and the support of the community. Establishing a formal pathway to offer people another form of care outside the hospital system helps ensure they don’t navigate their wellness journey alone.”

– Allison Thompson, Advanced Care Paramedic, Horizon Health Network





Fostering community connections to support aging at home

As the Canadian partner of the [Harkness Fellowship in Health Care Policy and Practice](#), HEC supports Kate Mulligan, PhD, as the 2025–26 Canadian Harkness Fellow. She is championing innovative models (e.g. social prescribing) to help older adults age safely in their communities. This includes her contribution to developing the Paramedics and Social Prescribing program.

In clinical settings, timely access can mean the difference between early support or a later emergency department visit. That's why the 24 teams in [**Primary Care Access Improvement**](#) cohort one are implementing Advanced Access, a proven model that helps patients receive timely, appropriate care while maintaining continuity. HEC is helping to accelerate the spread and adoption of this model by providing teams with expert coaching, seed funding, evidence-informed tools and peer learning. Early improvements already point to meaningful changes in how patients and providers experience care.



Expanding trust and access through flexible primary care

Through Primary Care Access Improvement, one clinic's redesigned schedule helps keep patients out of the emergency room. Dr. Mark Sanders cites recent same-day visits for an older adult with a severe chest infection and a person needing alcohol withdrawal support: "If we don't have a process for them to be seen urgently, they would have to go to another facility (urgent care or ER)."

This flexibility supports health equity. Nurse Kirsten Nelson notes that the traditional system's focus on standardization "can unintentionally ignore historical and cultural realities that shape trust. That acknowledgement alone can shift interactions from transactional to relational."

Redesigning care to work for the community also supports the staff. Kirsten finds the new tools "energizing rather than draining," and Dr. Sanders agrees the shift brings "a sense of accomplishment and gratification and the power of strong teamwork."



Investing in primary care

In March 2026, Minister of Health, Marjorie Michel, announced a \$3 million investment to strengthen primary care in partnership with the Canadian Institutes of Health Research and HEC. This partnership will fund the Canadian Primary Care Research Consortium to help Care Forward primary care teams put innovations into practice.

Access is not only about securing an appointment or finding a provider, but also about how people move through the system. Across Canada, teams are redesigning care pathways to make care more connected, coordinated and culturally safe, particularly for people navigating complex health and social needs. For example, by bringing together 87 teams in [Enhancing Integrated Care](#), HEC is helping teams strengthen integrated care by sharing knowledge and implementing approaches that help bolster social and healthcare systems, with a goal of reducing avoidable emergency department visits. These teams are also actively removing barriers by embedding culturally safe, multilingual and trauma-informed care.

“Rather than spending time planning a ‘perfect’ program, I focused on being present and listening to the challenges people face in accessing equitable care. My dream is to not only care for these participants, but ultimately build their trust and skills so they can navigate the healthcare system in a more confident way.”

– Delaney Ward, Nurse Practitioner,
Regina Community Clinic

Navigating complex health conditions through integrated care

Supported by Enhancing Integrated Care (EIC), REACH Community Health Centre offers Live Well, an integrated, team-based program helping diverse community members manage chronic conditions through six-week in-person learning sessions.

The team shares that HEC’s support through seed funding, coaching, tools and resources, and peer networking has enabled them to “scale program delivery and evaluation in ways that would not have been possible previously, strengthen our commitment to equitable care, and continuously learn from participants to improve the program.” This responsive approach drives remarkable sustained engagement, creating a space where patients are supported to navigate complex health barriers.

“I came to the Live Well Program having cognitive and physical challenges due to having had two brain hemorrhages. Participating in the program positively contributed to my recovery and overall health. I learned numerous life skills in a supportive, welcoming, non-judgmental, and inclusive environment.”

– Patient



When new approaches show results, the next question is how to spread them, so more people benefit. To address this, HEC convened 121 teams through the [Right Care Challenge](#), to identify, test and scale practical solutions that could improve access to care while easing pressure on emergency departments. Teams also had the opportunity to earn awards to help them celebrate and sustain progress. Over 100 teams earned awards, including the Graham Boeckh Foundation Integrated Youth Services award, presented with the foundation.

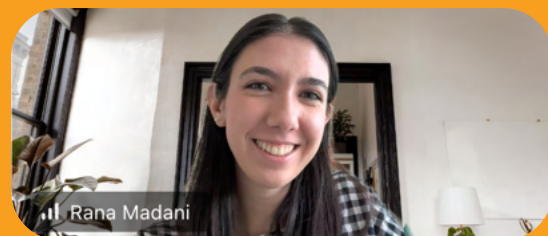
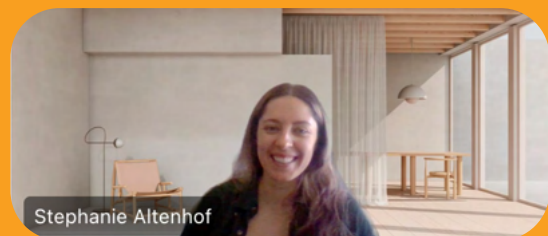


Adapting to community needs in real time

By piloting Type 2 diabetes screenings at public events, one Right Care Challenge team is bridging the gap between early disease identification and ongoing medical support.

Led by Edward Smith Griffiths, Director, and Rana Madani, Project Coordinator, at the Institute for Health System Transformation and Sustainability, the team utilized a flexible model to adapt to community needs in real time. “We have intentionally designed this initiative to be community-informed and culturally tailored,” the team shared. By adapting outreach for high-prevalence groups like South Asian communities and hosting sessions in non-clinical spaces, they’re actively reducing barriers to access.

The impact on the ground is real, with individuals without a primary care provider receiving immediate on-site education and referrals. “This approach has improved engagement, built trust within the community, and reinforced that screening is not a one-time interaction but part of a continuous care journey,” the team concluded.





Care of older adults

Helping more people age at home

Many older adults want to remain in their homes and communities as they age, connected to familiar places, faces and routines supporting their well-being and quality of life.

Across Canada, healthcare, social care and community organizations are redesigning support around what matters most to older adults and caregivers.

Through [Enabling Aging in Place](#), HEC supported 26 teams across the care continuum to implement proven practices to ensure that community-based care effectively meets older adults' needs. Examples include improving system navigation, delivering tailored health and social services and providing access to cultural, language and emotional supports. By building on local strengths and involving communities in decision-making, teams are reshaping care to better reflect local needs and advance more equitable support for aging populations.



Finding hope and connection while living with dementia at home

A dementia diagnosis brings a heavy emotional toll, and finding specialized support in rural areas is rare. When Dave was diagnosed, facing the progressive disease felt isolating for him and his wife, Cindy. Everything changed when they found the Dementia Friendly Life Enrichment Program by SaskAbilities, the only in-person support program in their rural Saskatchewan region. It pairs Dave with a facilitator for outings, while giving Cindy guidance to alleviate caregiver burnout.

“This program is helping Dave stay home longer,” Cindy shared, allowing him to continue living in familiar surroundings with connection and support. Coordinator Kristen sees the profound ripple effect: “It works for Dave, it works for Cindy, and it works for the community as a whole.”

10,428 older adults were supported by Enabling Aging in Place teams and their communities



“The shared tools, evaluation frameworks, and evidence-informed practices have strengthened our ability to demonstrate impact and align with provincial priorities – key factors in maintaining and expanding funding support.”

– Stacey McLennan, Executive Director, Flagstaff Family and Community Support Services



Successful approaches to aging in place are spreading. One example is [Nursing Home Without Walls](#), a model that enables nursing homes to extend services, such as wellness programming, care navigation, education and social connection to older adults living in their homes. Following its success throughout New Brunswick, the province embedded the model in legislation and committed to bringing it to 55 more nursing homes over four years, turning a pilot into a lasting provincial policy. HEC is now supporting its spread across the country with funding from Waltons Trust. Across jurisdictions, organizations are being supported from initial discussions on how to get started to equipping partners with the resources needed to scale.

In February 2026, Senator Victor Boudreau presented [Nursing Home Without Walls](#) to the Senate of Canada, highlighting how it successfully delivers care and social connection to older adults directly in their own homes.

What began as a local model now shapes pan-Canadian conversations about the future of aging in place, demonstrating how connected community-based care can improve quality of life while easing pressure on healthcare systems. This progression from local innovation to broader adoption demonstrates what five years of sustained improvement efforts achieve when partners work together to spread what works.

Advancing safe, person-centred long-term care

Long-term care teams are showing that safer care begins with knowing the whole person – their histories, preferences and relationships – not just their clinical needs.

HEC has worked with thousands of long-term care homes, which have shown that improving residents' quality of life requires committed care teams, supportive environments and evidence-informed approaches that help residents feel connected, understood and safe.

One of the strongest examples is HEC's long-standing work on the appropriate use of antipsychotics (AUA), a proven approach spreading across the country to improve resident well-being and reduce potentially unnecessary use of antipsychotics. More than a decade after this work began, and five years into our first strategy, its continued expansion demonstrates how sustained improvement efforts can become embedded within health systems and generate value over time. In Quebec, this approach now reaches every long-term care home in the province, spreading to all 313 publicly funded CHSLDs (Centres d'hébergement et de soins de longue durée), long-term care homes and alternative homes participating – a sign that this change is built to last.

We continue to support long-term care teams with the tools needed to advance person-centred care, including through the [Sparking Change in Appropriate Use of Antipsychotics Awards Program](#). This flexible program model supported 341 teams across the country, equipping care providers with the skills and confidence to reduce potentially unnecessary use of antipsychotics in long-term care. Teams had the opportunity to earn over 230 awards recognizing their efforts, including embedding the lived experience of residents, families, care partners and staff in improvement efforts.

94% of respondents agreed or strongly agreed that the initiative contributed to better care and safety outcomes



Bringing comfort through connection to improve resident well-being

At Victoria Glen Manor in New Brunswick, the team prioritizes human connection. Guided by the Appropriate Use of Antipsychotics Toolbox, staff use non-pharmacological approaches like music, art and pet therapy to build person-centred care plans.

Convening federal, provincial and territorial leaders

HEC convenes the Federal, Provincial and Territorial Government Quality and Patient Safety Network to address shared priorities. Reflecting on 2025–26, Assistant Deputy Ministers emphasized the value of strategically aligning on shared challenges. Those conversations directly shaped how we tailored our policy and program support, ensuring our work stays connected to jurisdictions' priorities.



Health workforce retention and support

A strong, supported health workforce is fundamental to safe, high-quality care.

Healthcare teams continue facing extraordinary pressure while leading improvement efforts within increasingly complex systems. Supporting them means creating environments where people feel safe, valued and supported to contribute to lasting change.

HEC continues synthesizing and sharing key learnings from this work. Together, these efforts reflect a growing shift toward more connected approaches to workforce well-being, leadership and safety.



Sustainable improvement depends on the people delivering care. Therefore, strengthening workforce capacity has become both an outcome of improvement efforts and a catalyst for broader system change.

Because building these environments starts with leaders prioritizing culture as much as outcomes, HEC delivers the **EXTRA™: Executive Training Program** to help healthcare leaders strengthen their skills to lead change across complex systems. To meet growing demand, EXTRA cohort 19 doubled to 73 leaders, becoming our largest cohort in over 20 years. We also launched the Leadership Development Competency Framework to equip graduates with tools to advance their leadership and create safer, more inclusive care environments.

EXTRA's impact extends beyond individual leadership growth. When two Quebec healthcare organizations joined the program, they identified a problem costing their teams thousands of hours annually: clinical staff spending 20 to 30 percent of their time on logistical tasks instead of patient care. Through EXTRA, they designed, tested and scaled a solution, creating dedicated 'logistics attendant' roles to take on those non-clinical duties.

An independent economic evaluation of their work found that for every dollar invested in this staffing model, nearly two dollars in clinical capacity are returned to the organization. This freed time was reinvested directly into patient care, driving measurable improvements in patient safety, care quality and staff well-being.

Driving improvements in patient care and nurse practitioner education

Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal and McGill University's Ingram School of Nursing partnered to develop a Model of Excellence for Primary Care Nurse Practitioner (PCNP) education. Working with clinical networks, the project focused on improving placement quality and strengthening supervisory capacity. Early results have been promising.

- Supervisor training reached 90 participants and contributed to increased confidence in precepting, with 82% of respondents reporting that the training positively influenced their willingness to supervise in the future.
- The community of practice engaged 38% of supervisors, with 86% active participation and 100% positive feedback.
- All patients surveyed (N=78) reported that providing feedback to PCNP students through a questionnaire available in 11 languages was valuable and easy.

Overall, the Model of Excellence strengthened supervisor preparedness and support, improved the sustainability of PCNP clinical education, and contributed to better care. Since implementing this model, McGill has increased its average PCNP cohort size from 12 to 18 students.

Creating healthier work environments also includes reducing pressures that contribute to burnout and taking time away from patient care.

HEC supported 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, we're helping teams reduce administrative burden so that physicians can spend less time on paperwork and more time delivering safe, high-quality care.



“HEC’s involvement has been a major benefit, their connections to researchers, thought leaders and others in the system advances the work we’re doing – to spread and scale the adoption of ASKmeGOC across Ontario.”

– Susanna Wong, Knowledge Translation and Implementation Specialist, ASKmeGOC team at Royal Victoria Regional Health Centre (RVH)



During **Canadian Patient Safety Week** (CPSW) 2025, HEC brought people and organizations together around the theme of All Voices for Safer Care – building the shared and open dialogues that safer environments depend on, because when everyone has a voice in care, care gets safer.

CPSW 2025 by the numbers

- 1,300+ attendees registered for webinars
- 81% of respondents felt more likely to have safety conversations
- 170+ organizations hosted local or virtual events



I see safer care in action when “collaboration across the system includes working with residents, clients and families at the centre of care.”

– Leader, Department of Health and Social Services, Yukon



Protecting mothers, babies and traditions: Delivering safer care through midwifery

Excerpt from a [CPSW blog series](#) that shared perspectives on what safer care means to people across the healthcare system: “To our midwifery practice, safe care means ensuring every client is supported at all times, with attention to their physical, emotional and cultural needs – a whole-person approach where the client feels heard and understood. Our midwives feel a strong responsibility to protect clients, especially during hospital births off-territory, where unfamiliar environments and Western medical practices can add stress and create harm.

Advocating for the safety of our clients is a constant responsibility – it never truly ends, and it requires clear, ongoing communication at every level of care. Our work with the two closest hospitals to our territory is a good example. We’ve advocated really hard to be recognized as primary healthcare providers for our clients to ensure we are able to stay with our clients through their births, so that individual and cultural needs can be met.”

Following the CPSW campaign, HEC hosted the **Leading Safety Differently Action Series**, which combined learning sessions with action periods to help participants make care safer in their settings by contributing to and leading for safety in their unique roles.

Together, these efforts are strengthening cultures where safer care is shaped not by individuals working alone, but through shared learning, collaboration and collective responsibility.



Embedding the foundations of quality, safety and equity across all our work

Healthcare excellence extends beyond clinical outcomes, it is shaped by people feeling safe, heard, respected and included in their care.

Lived experience, workforce perspectives, equity, cultural safety and First Nations, Inuit and Métis priorities continue to guide how improvement work is designed, delivered and evaluated. These perspectives are not separate from healthcare excellence – they are foundational to it.

Five years of experience across programs, partnerships and improvement initiatives has reinforced that quality, safety, equity, lived experience and cultural safety are not separate priorities. Together, they create the conditions that allow improvement efforts to take hold and endure.

This year, HEC focused on strengthening how these interconnected perspectives are embedded across programs, partnerships and improvement efforts. In doing so, we launched the [Foundations of Healthcare Excellence](#) learning series, creating self-paced learning modules, reflection activities, team-based exercises and curated resources to help individuals and teams apply these concepts in practice.

We then integrated the series into selected programs to support learning, gather feedback and refine the approach ahead of broader implementation.

Through these early efforts, participants strengthened their ability to embed these perspectives in their work and helped create safer, more equitable and person-centred care environments.



Building capacity for safer, higher-quality care also continued through our online learning programs this year, with 11,196 enrolments across [Effective Governance for Quality and Patient Safety](#), [TeamSTEPPS Canada Essentials](#), [Patient Safety Essentials](#) and [Engagement-Capable Environments](#), a new series helping individuals and organizations build capacity for patient engagement and partnership.

Lived experience of patients, caregivers and communities

As organizations build capacity to improve care, patient partners, caregivers and communities are also playing a growing role in shaping these efforts.

Their experiences reveal where care feels safe, how it can be safer, where barriers exist and what meaningful improvement looks like in practice. Patient partners continually shape how HEC's programs are designed and delivered, and how improvement teams across the country are supported to do the same.

What began as engagement has increasingly evolved into partnership, with patient partners contributing experiences, leadership, expertise and influence across healthcare improvement efforts.



More than 300 patient partners are part of HEC's **Patient Partner Network**, contributing hundreds of hours across advisory and working groups, merit review panels and policy labs, as co-presenters and on hiring processes.

Lived Experience Advisors strengthen engagement within teams participating in HEC programs. By embedding lived experiences into our work, these collaborations transform how health systems are better supported in embedding deeply compassionate and person-centred care models.

Patient partner voices that are changing the system



Jenna Kedy is one of the Lived Experience Advisors who brings patient partnership to life at HEC. After years of navigating the healthcare system as a patient, she now guides healthcare teams in building authentic, effective collaborations. For Jenna, true engagement means creating safe environments where honest conversations can happen.

“Spaces like this feel special because they bring together clinicians, system leaders, and people with lived experience in a way that feels genuinely collaborative rather than symbolic,” Jenna shares. “Sometimes the biggest impact isn’t just the project outcomes themselves, but the relationships, mindsets, and approaches that continue to ripple out afterward.”

As the Lived Experience Advisors’ participation deepens, HEC continues investing in the supports necessary for patient partners to contribute meaningfully and confidently within healthcare improvement spaces. Alongside ongoing learning opportunities, such as Indigenous Cultural Safety training and capacity development, HEC launched the **Patient Partner Scholarships** to help people with lived experience learn, grow and contribute to their fullest potential across health systems.



“I already feel the difference in my ability to contribute with greater confidence and technical credibility alongside healthcare leaders and QI teams. [The learning] has deepened my role from being a voice for change to being a catalyst for implementing it, something I know will continue to grow as I complete the program.”

– Cristyana Aloysious, Patient Partner
and Patient Partnership Scholarship recipient

Reimagining incident management

To improve how we learn and change from patient safety incidents, HEC hosted policy labs in Toronto, Halifax and Calgary, engaging interest holders and identifying actionable areas to improve and update incident management across Canada. Health leaders and patient partners collaborated on a draft Incident Management Framework that recognizes all forms of harm – including cultural, spiritual, psychological and other non-physical harms – and supports patients, families and providers impacted by harm, ensuring the promotion of system learning and action to create safer care.



Connecting for health equity in PEI

In June 2025, 31 representatives from Health PEI, the Department of Health and Wellness, and community partners gathered to explore meaningful partnerships. Grounded in HEC's Health Equity Framework, the session brought together diverse voices, including transgender and gender-diverse communities, First Nations, Inuit and Métis, Black people and communities, newcomers to Canada, and health teams and leaders.

First Nations, Inuit and Métis priorities

Sustained partnerships with First Nations, Inuit and Métis leaders and organizations continued strengthening distinctions-based approaches to care, leadership and improvement across health systems.

These intentional partnerships help ensure that First Nations, Inuit and Métis priorities directly shape healthcare design and delivery across Canada.

This commitment is rooted in guidance. HEC continues to be guided by [Ka-odàkedjig](#), a collective of Elders, an Algonquin Knowledge Carrier and a Truth and Reconciliation Coach who help guide staff, senior leadership and the Board.

Over time, these relationships have deepened toward shared leadership and co-development, helping ensure distinctions-based perspectives increasingly shape improvement efforts across our work.

Building on this foundation, HEC works alongside partners to support local capacity and leadership. Through our ongoing partnership with the First Nations Health Managers Association, we co-hosted the First Nations Health Leaders Network and learning sessions, supported the launch of the Tela-Ella mentorship hotline, the First Nations Health Managers Association National Conference and the Excellence in Health Leadership Award.

We apply this same collaborative approach to supporting the Métis health workforce and advancing cultural safety. At the Métis National Council Health Forum, we supported efforts to promote protective factors for the Métis workforce through trauma-informed and culturally safe care. During this forum, HEC and the Canadian Institute for Health Information (CIHI) co-presented on our aligned work to integrate cultural safety indicators directly into care pathways.



Supporting northern, rural and remote partners

Each year, HEC and CIHI co-host northern, rural and remote health leaders to develop effective, sustainable solutions to improve healthcare and the health status of people living in northern and remote areas of Canada. In 2025, topics included improving primary healthcare, strengthening cultural safety and sharing successful models of care.

“It’s so valuable to have time to reflect on issues that are important to move my work to the next level. It’s unusual to have so many amazing people in the same room who understand the challenges of our northern and remote context and are willing to share their successes.”

– Participant

We also supported an innovative health summit in partnership with the Government of the Northwest Territories, to explore primary healthcare reform incorporating northern realities and First Nations, Inuit and Métis priorities.



Culturally safe and equitable care

Barriers to care are not only geographic or financial; they are also shaped by whether care feels safe, respectful and connected to people's cultures and communities.

Across HEC-supported initiatives, teams are working to turn equity goals and cultural safety commitments into practical changes in care delivery and experience.

This work reflects years of learning with patients, communities and partners regarding what is required to move from equity commitments to measurable change in care experiences and outcomes.

This transformation starts from within. Through HEC's Truth and Reconciliation Action Plan, we are increasingly embedding First Nations, Inuit and Métis perspectives across programs, resources and evaluation approaches. As highlighted in our [Truth and Reconciliation Action Plan Annual Report](#), this includes applying First Nations, Inuit and Métis evaluation approaches to measure impact and integrating cultural safety into our core learning resources. We also partnered with the Indigenous Reconciliation Group to deliver an Indigenous Cultural Competence and Humility course to patient partners and staff.

Building on these internal commitments, we support organizations in their own journeys. The **Cultural Safety Pathway Program** supported 14 teams to sustain progress on cultural safety improvement projects. Through communities of practice, coaching and in-person connection, participating teams co-developed and validated a practical, evidence-informed pathway grounded in real-world experience and meaningful practice.



Inuk Elder Meeka Kakudluk visited The Ottawa Hospital, a team in the Cultural Safety Pathway Program, to support their country foods initiative for Inuit patients.

“I know this program will be very good for Inuit patients because country foods are like medicine for us,” Meeka shared.





“I loved how grounded and welcoming it felt to attend all the sessions. There was so much thought put into ensuring that Indigenous People were at the centre and I couldn’t be prouder of the work that I was a part of. **Mahsi cho!**”

– Anastassia Judas, Senior Indigenous Patient Advocate, Northwest Territories Health and Social Services Authority, Stanton Territorial Hospital



To further expand system capacity, HEC launched the [Health Equity Framework](#), a resource co-developed with patients, communities and health system partners to support culturally safe and equitable care. The framework culminates lessons gathered through years of partnership and improvement work, bringing together practical, adaptable approaches for organizations. It calls for collective action to address the systemic inequities that shape health outcomes and offers organizations a practical starting point for doing that work.

To introduce the framework and support action, we reached 1,109 individuals through the [Equity, Diversity and Inclusion Virtual Learning Exchange](#). Participants explored the framework's foundations, heard from those involved in co-development and left with eight concrete actions to apply within their own organizations and teams.

88% of the participants reported that the series strengthened their understanding of how to put health equity into practice

“The experience of co-developing the HEC Health Equity Framework has shown me firsthand that value-based action is integral to drive change. It has reshaped the way I engage with staff and how I think about health policy. I suspect the positive impact of this framework will be felt for years to come.”

– Jocelyn Adams, Executive Director, Gender Affirming Care PEI



Alongside broad capacity-building efforts, equitable care also requires specialized support for structurally vulnerable groups. HEC and the Canadian Partnership Against Cancer convened 23 communities to design, deliver and evaluate equity-oriented care through [Improving Equity in Access to Palliative Care](#), which concluded in 2025–26. An economic evaluation of equity-oriented mobile palliative care models found enrolled patients were 33 percent less likely to access the emergency department. After accounting for program costs, the model resulted in \$9,561 net avoided costs per patient. These findings demonstrate the value of investing in these community-led models for patients and the system.

Providing equity-based palliative care for people experiencing homelessness

The Bridge is a first-of-its-kind health and social model of care shelter in Dartmouth, Nova Scotia, with a vision to offer two palliative care beds to support people experiencing homelessness or vulnerably housed individuals.

Improving Equity in Access to Palliative Care provided the knowledge, resources and network needed to move this vision forward alongside The Bridge's many community partners. Driven by a

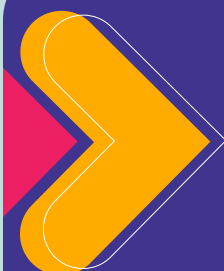
commitment to cross-sector collaboration and collective care, the team has spent two years working to create a safe, supportive alternative for individuals with a serious and life-limiting illness, a place where residents can receive comprehensive care surrounded by their chosen family, without ever needing to enter a traditional hospital setting.

The Nova Scotia Health team shared that while “this work is difficult, having access to a network and shared resources through this program was amazing and helped us move our work forward.”



Partnering in Atlantic Canada

Jointly funded by the four Atlantic Ministries of Health, the Atlantic Health Quality and Patient Safety Collaborative (AHQPSC) has worked alongside HEC since 2011 to make healthcare safer and higher quality for people across Atlantic Canada. In 2025–26, that partnership deepened in meaningful ways. With HEC serving as secretariat, the collaborative strengthened its regional foundation and turned its collective attention to incident management. Working groups formed across all four provinces to share policies, tools and resources, building toward a more consistent approach to how health systems learn from patient safety incidents and prevent future harm.



“I always find the connection and relationship-building to be the most beneficial part of our meetings. Working in quality improvement can be quite nebulous, so having the ability to connect with people doing the same work is invaluable.”

– Member, AHQPSC



Image credit: Canadian Federation of Nurses Unions

Grounding high-level policy in tangible progress

At the July 2025 policy meeting hosted by the Canadian Federation of Nurses Unions, HEC President and CEO Jennifer Zelmer joined leaders, including premiers, to discuss patient safety and highlight changemakers advancing care across the country.

Board of Directors

Gail Tomblin Murphy (Chair)*

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Megan Hunt*

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*In 2025–26, we thanked departing Directors Blair O’Neill (Chair), Jo-Anne Cecchetto and Ian Rongve, and welcomed Gail Tomblin Murphy as Chair, Feisal Keshavjee as Vice-Chair, and Directors Megan Hunt, Alika Lafontaine and Matt Torigian to HEC’s Board of Directors.

Appendices

[A: 2025–26 Performance Measurement Framework Report](#)

[B: 2025–26 Challenges and Risks](#)

[C: 2025–26 Summary Financial Statements*](#)

[D: 2025–26 Remuneration Report](#)

*Audited Financial Report

Let's move forward, together



It takes collective effort to build a safe, equitable and sustainable healthcare system for the future.

As we launch our new strategy, we invite you to join us in shaping the next chapter of care across Canada.

Over the past five years, partners across Canada have demonstrated what is possible when improvement efforts are connected, sustained and shared. The progress highlighted throughout this report represents not an endpoint, but a foundation for the next chapter of healthcare improvement in Canada.

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[HEC's website](#)

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