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Independent Evaluation of Healthcare Excellence Canada (HEC)

Overview of Findings and Recommendations

Prepared for HEC by PRA Inc.

Contact:

Natalie Baydack

Partner

baydack@pra.ca

Scope and purpose of the evaluation

- Focused on HEC's current contribution agreement with Health Canada and related amendments.
- Covered the period April 1, 2021 to March 31, 2025.
- Undertaken to demonstrate accountability to Health Canada, as per the Treasury Board of Canada Secretariat's 2016 *Policy on Results*.
- Covered standard evaluation issues:
 - relevance
 - effectiveness
 - efficiency
- Guided by an evaluation framework developed by PRA, in collaboration with HEC.

Methods

- Document and data review
- Survey of HEC subscribers (n=543)
- Key informant interviews (n=75 individuals), including:
 - HEC staff and Board members
 - Health Canada representatives
 - Partners/stakeholders
 - Participants in HEC offerings
 - Patient/caregiver partners
- In-depth case studies (n=8)

In-depth case studies

- Bridge to Home (B2H)
- Essential Together (ET)
- Nursing Home Without Walls (NHWW)
- Paramedics Providing Palliative Care (PPPC)
- Cultural Safety Design Collaborative (CSDC)
- OPUS-AP
- EXTRA
- Long-term Care (LTC) Phases 1, 2, and 3

Findings

Evaluation issue: Relevance Responsiveness

- Overall, HEC's programming:
 - responds well to pressing quality and safety issues in Canada;
 - aligns with the needs and priorities of federal/provincial/territorial and other stakeholders in the healthcare system.
- Possible opportunities to improve engagement include:
 - increasing the frequency of communications to keep stakeholders apprised of progress in addressing priorities;
 - enhancing collaboration with the Canadian Institute for Health Research (CIHR) to ensure that evidence is generated to support spread and scale;
 - enhancing engagement with rural and remote communities to raise awareness of HEC's existing offerings and ensure that programming is responsive to their needs.

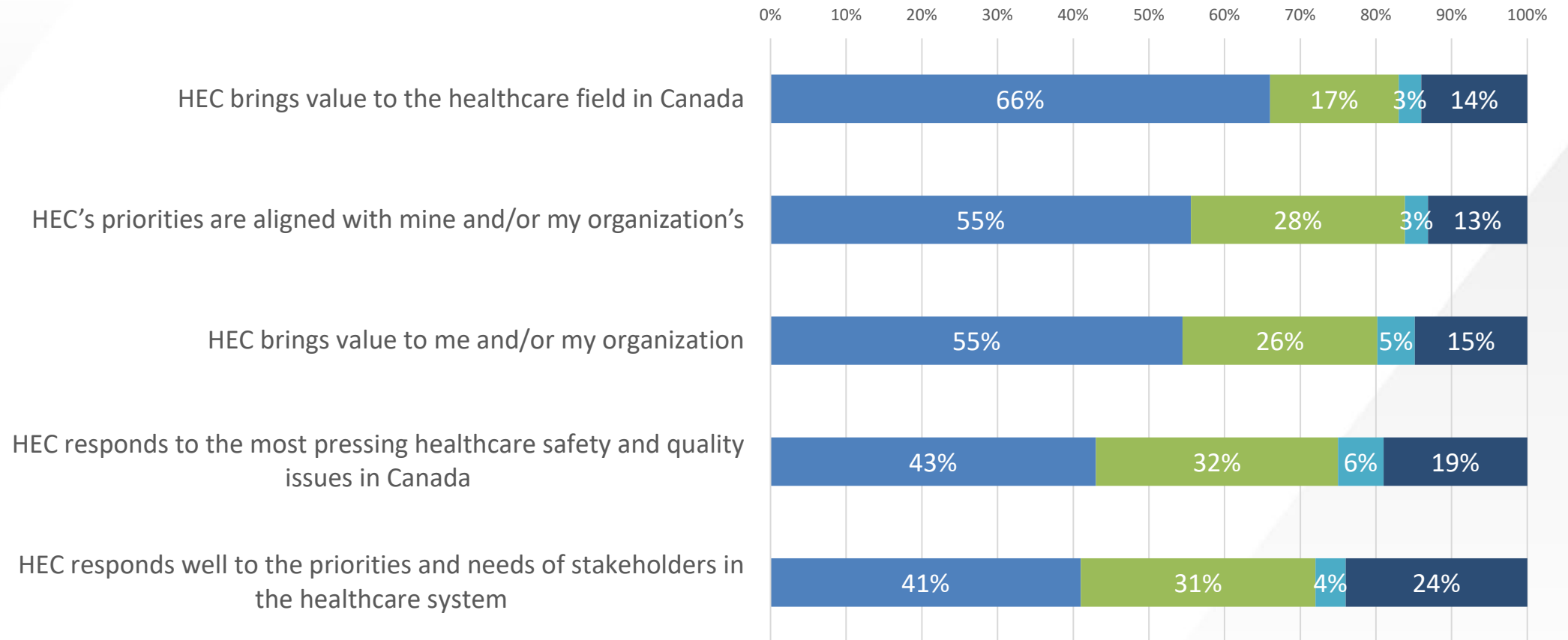
Evaluation issue: Relevance

Perceived value of engaging with HEC

- External stakeholders who have engaged with HEC agreed that doing so has brought value to them and/or their organization.
- Positive perceptions of HEC's responsiveness and value are higher among:
 - healthcare leaders;
 - those in government;
 - those who had participated in an HEC initiative.

Evaluation issue: Relevance

Responsiveness and perceived value of HEC



Source: Survey of HEC subscribers (n=543)

■ Agree
 ■ Neither agree nor disagree
 ■ Disagree
 ■ Do not know

[See Annex C for long description](#)

Evaluation issue: Effectiveness

Implementation and evolution of approach and programming

- HEC responded to challenges presented by the COVID-19 pandemic and has adjusted its approach and programming to address the evolving needs/priorities of the healthcare system by:
 - adopting a virtually-based delivery model;
 - shifting focus and resources to the LTC sector;
 - adjusting its focus from “pandemic recovery and resilience” to “healthcare workforce retention and support” to better address and respond to issues being experienced on the ground;
 - focusing on fewer, larger initiatives;
 - developing the Care Forward model to enhance reach and effectiveness.

Evaluation issue: Effectiveness

Achievement of outcomes

Progress has been made toward HEC's expected outcomes.

- **Readiness for improvement** has been enhanced; participants report increased preparedness to lead improvement, and settings HEC works with are developing cultures conducive to improvement.
- **Meaningful relationships** are being developed and sustained, both between HEC and other stakeholders, and among stakeholders in the healthcare system.
- **Evidence-informed innovations, practices, and policies to catalyze improvement** are being implemented in many of the settings with which HEC has worked.
- There is evidence from some programs that **improvements to care are being sustained, spread, and scaled.**

Evaluation issue: Effectiveness

Contribution to accelerating healthcare improvements

- Internal and external key informants believe that:
 - HEC has played an important role in accelerating healthcare improvements in quality and safety in Canada;
 - these improvements would have taken significantly longer, or not happened at all, in the absence of HEC.
- Many perceived facilitators to outcome achievement are features of HEC or its approach:
 - its flexibility and responsiveness to emerging needs
 - its emphasis on engagement and relationship-building
 - the accountability and structure that it provides
 - its provision of funding and practical resources
- The majority of identified barriers to progress are external to HEC.

Evaluation issue: Efficiency Governance

- HEC's formal governance structures and mechanisms are generally appropriate and effective to support priority-setting, performance monitoring and measurement, and efficient use of resources.
- Nevertheless, a few key informants (internal and external) raised concern about a lack of diversity on the Board and/or identified a need to avoid "tokenism" in Board membership.
- Given these concerns, there may be opportunities to take measures to enhance diversity on the Board of Directors.

Evaluation issue: Efficiency

Measures to improve operational efficiency

- HEC has taken numerous measures to operate efficiently, including:
 - sunsetting or transferring certain programs of its legacy organizations;
 - collaborating/coordinating with other pan-Canadian health organizations to identify opportunities to save costs and deliver joint programming;
 - implementing delivery management to avoid lapsing funds in the event of delays;
 - transitioning to fewer, larger initiatives;
 - committing 70% of its resources to initiatives that measurably drive key quality and safety “dials;”
 - improving information systems;
 - developing the Care Forward program, which aims to leverage technology to enable HEC to expand the reach of its programs while also streamlining administrative effort.

Evaluation issue: Efficiency

Partnerships and leveraging of resources

- Partnerships and leveraging of resources are central to HEC's work.
- There is widespread agreement among internal and external key informants that similar improvements to healthcare quality and safety would not have been achieved by HEC and stakeholder organizations working independently.
- Although HEC has taken steps to define "formal" and "informal" partnerships, there would be value in further categorizing or defining partnerships to enhance understanding of the nature and level of communication, coordination, and collaboration with stakeholders.

Recommendations and Management Response

Recommendation 1: HEC should explore opportunities to enhance collaboration with CIHR, with a view to generating evidence to support the spread and scale of effective quality and safety improvement initiatives.

Management Response: AGREED

- CIHR has signed on as a supporting organization for Care Forward.
 - HEC is currently engaged in conversation with two CIHR Institutes and CIHR central to explore potential future collaborative opportunities and to build on our successful collaboration regarding LTC+ Implementation Science Teams during the pandemic.
- The HEC Measurement and Evaluation team is actively working with various data holders to explore opportunities to partner meaningfully on shared goals related to this recommendation.
 - For example, HEC is currently partnering with CIHI as part of a letter of intent to enhance access to Pan-Canadian data to measure outcomes of HEC programs.
 - HEC is also working with CAN-ASK (Pan-CANadian data Analytic Service for Knowledge users) and is exploring opportunities with OnSPARK (Ontario Supporting Partnerships to Advance Care and Knowledge).

Recommendation 2: HEC should increase engagement with rural and remote communities and regions of Canada to enhance their awareness of its existing offerings and to better understand the extent to which its current offerings meet their needs and priorities.

Management Response: AGREED

- HEC has several programs and initiatives focused on supporting improved quality and safety of care in rural, remote and northern locations.
- HEC co-hosts the Canadian Northern and Remote Health Network (CNRHN) which brings together interest holders to develop solutions to improve healthcare and the health status of people living in northern and remote areas of Canada.
 - HEC co-hosts this table with the Canadian Institute for Health Information (CIHI) and the Sparsely Populated Regions Advisory Group (SPRAG) to maximize impact across the country.
- Digital metrics confirm a small gap in reach and engagement.
 - May stem from both awareness barriers and structural factors such as limited internet access.
 - To help close this gap, HEC is expanding its use of tailored communication and delivery approaches including exploring traditional media channels and leveraging partnerships with organizations that have established trust and presence in these communities.
 - To further increase engagement, Care Forward provides the opportunity for HEC to work with Northern and Rural, and Remote teams to identify and report on a meaningful measure aimed at improved access to local and primary community care.
- The Northern Rural and Remote Network was engaged as part of the strategy refresh for their input.
 - First Nations, Inuit and Métis partners were engaged to ensure their experience and priorities drive safety and quality in healthcare. E.g. targeted engagement with First Nations, Inuit and Metis healthcare professional organizations; National Indigenous Organizations; Regional First Nations, Inuit and/or Metis healthcare delivery organizations as well as First Nations, Inuit and Metis patients, families, health workforce and communities.

Recommendation 3: Given HEC's perceived value and role in accelerating healthcare improvements, future programming should retain key aspects of HEC's approach that stakeholders regard as facilitators to progress, including flexibility within an overall accountability structure; ongoing emphasis on engagement and relationship-building; and provision of practical supports for implementation.

Management Response: AGREED

- Care Forward is designed to allow HEC to expand reach and impact while maintaining the 'facilitators to progress' as identified in the Independent Evaluation.
- As part of the HEC Strategy Refresh, HEC is synthesizing input from engagement with interest holders from across the country, including the results of the Independent Evaluation.

Recommendation 4: While HEC governance is, for the most part, considered effective, HEC should consider whether there is a need to enhance diversity on the Board of Directors.

Management Response: AGREED

- HEC's Articles provide for the Board to be comprised of a minimum of 7 and a maximum of 15 directors with by-laws that stipulate the composition of the Board. Aligned with the by-laws, there is representation from Health Canada, Provincial/Territorial government perspectives, Indigenous perspectives and patient partner perspectives.
- The Board has expertise in several of the identified competencies in the by-laws and from a gender perspective currently includes an equal number of women and men, as well as strong representation from across the country.
- The Board's commitment to being inclusive is embedded within HEC's governance policies and is a key component of the Director recruitment process.

Recommendation 5: In light of the central importance of partnerships to all HEC's work, HEC should undertake to further define partnerships of various types to better communicate the nature and level of its communications, coordination, and collaboration with stakeholders in the healthcare system.

Management Response: AGREED

- To achieve its intended reach and impact, HEC recognizes the strategic importance of being intentional and transparent in how it engages with partners. As part of strengthening its governance and accountability in stakeholder relationships, HEC is developing a Partnership Framework.
 - Framework will be grounded in clear partnership principles and will provide structured guidance on how HEC initiates, manages, and evaluates partnerships.
 - Will enable HEC to grow its network, engage meaningfully with stakeholders, and collaborate effectively across the healthcare system in alignment with its mission and strategic priorities.
- HEC defines and measures 'relationships' as part of the current Performance Measurement Framework (PMF).
 - Future versions of the PMF will consider the definition of relationships to better understand, define and communicate about formal and informal partnerships.
- As part of Care Forward design, HEC is working with supporting organizations across the country to grow participation.
 - Supporting organizations are formal partners that play an essential role in helping reach potential participants and connect teams to funding and learning opportunities that spread and scale evidence-informed solutions.

Annex A – Evaluation questions

Relevance

1. To what extent does HEC programming a) respond to the most pressing quality and safety issues in Canada and b) align with the needs and priorities of federal/provincial/territorial and other stakeholders in the healthcare system?

Effectiveness

1. To what extent has HEC implemented its activities as planned? What challenges were encountered and how were these addressed?
2. How has HEC evolved its approach or programming, including integrating quality and safety perspectives, to support outcome achievement and/or improvements, including in its three areas of focus?
3. To what extent has HEC contributed to the acceleration of healthcare improvements in quality and safety in Canada, including in its three areas of focus?
4. To what extent has HEC made progress toward or contributed to its intended outcomes, as specified in its contribution agreement and related amendments with Health Canada?
5. What factors have influenced progress toward HEC's intended outcomes?

Efficiency

1. To what extent are appropriate governance mechanisms and policies in place at HEC to set priorities for the organization, monitor and measure performance, and ensure efficient use of resources?
2. To what extent has HEC taken steps to operate efficiently?
3. To what extent does HEC leverage the resources of others to achieve the intended outcomes, as specified in its contribution agreement and related amendments with Health Canada?

Annex B – Limitations of methodology

- Lack of a counterfactual.
- Non-random/non-representative approach to key informant and case study selection.
- Data collection did not reach healthcare system stakeholders with no knowledge of or involvement with HEC.

Annex C – Long description

This slide presents survey results from 543 Healthcare Excellence Canada (HEC) subscribers on perceptions of HEC's relevance and value.

Five statements were assessed:

HEC brings value to the healthcare field in Canada

HEC's priorities are aligned with mine and/or my organization's

HEC brings value to me and/or my organization

HEC responds to the most pressing healthcare safety and quality issues in Canada

HEC responds well to the priorities and needs of stakeholders in the healthcare system

For each statement, responses are grouped into four categories: Agree, Neither agree nor disagree, Disagree, and Do not know.

Key results:

Agreement is the dominant response across all statements, ranging approximately from:

- 66% for "HEC brings value to the healthcare field in Canada"
- 55% for alignment with priorities and organizational value
- 43% for responding to pressing healthcare issues
- 41% for responding to stakeholder needs

Neutral responses range from approximately 17% to 32%, with the highest neutrality around responsiveness to healthcare issues and stakeholder needs.

Disagreement is low, ranging from approximately 3% to 6% across all statements.

"Do not know" responses range from approximately 13% to 24%, with the highest uncertainty related to how well HEC responds to stakeholder needs.

Overall, the findings indicate that a majority of respondents perceive HEC as valuable and aligned with healthcare priorities, though there is some uncertainty and opportunity to strengthen perceptions of responsiveness.

Source: Survey of HEC subscribers (n=543).

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