

# Building Momentum, Sustaining Impact

Impact Report 2023–2024



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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.

## 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, care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

Healthcare Excellence Canada 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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# Message from Board Chair and President

This year, we connected with amazing people across the country who are helping create a future where everyone in Canada has safe, high-quality healthcare. In our 2023–2024 Impact Report, we introduce you to a handful of them, and to new HEC initiatives addressing some of the most pressing issues facing health systems. You'll also discover how our ongoing programs are delivering measurable impact in diverse care settings across the country.

Meaningful change takes collective effort. HEC is proud to share that we collaborated with hundreds of individuals and organizations to deliver programs involving 1,087 teams that serve more than 900,000 patients and residents each year. Together, we committed to continuous learning, exchange and improvement – all hallmarks of high-functioning health systems.

Listening to partners and their guidance about how best to support them is at the heart of everything we do at HEC. This year, we consistently heard that while health systems have shown tremendous innovation in responding to the pandemic, COVID-19 magnified existing gaps in systems, including complex pressures facing the health workforce. Recognizing this, we have updated the “Pandemic recovery and health system resilience” focus area in HEC’s inaugural five-year strategy to focus specifically on “Health workforce retention and support”. This shift reflects the urgent need to develop and implement solutions alongside those delivering care across Canada, while recognizing the vital connection between patient safety and the well-being of the healthcare workforce.

Our progress this year would not have been possible without the leadership and dedication of HEC’s staff and board. We extend our heartfelt thanks to outgoing Chair Erik Sande and warmly welcome our incoming Vice-Chair Sue Owen and Director Kedar Mate.

This Impact Report is your chance to learn more about how HEC is working to spread innovation, strengthen capabilities and catalyze policy change to support large-scale system improvement in safety and quality. Thank you for your continued support and partnership. Let’s keep moving forward, together.

**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

Working with people across the country, we:

- 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 and 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



## Total number of participants in:

Canadian Patient Safety Week: **1,479**

TeamSTEPPS Canada Essentials: **2,969**

# Impact of working with partners

## Teams

1,087

teams participated in improvement projects



## Outcomes

90%

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

99%

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

## Reach

14,886

leaders were reached by HEC offerings and initiatives

924,146

patients and caregivers (intended beneficiaries) were reached

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

# Building momentum:

## New programs

From supporting the healthcare workforce, to improving access, to fostering cultural safety, HEC's newest initiatives are strengthening our collective capacity to advance solutions.



# Moving the dial on workforce solutions

-  **Focus area:** Health workforce retention and support
-  **Quality and safety perspectives**

Canada’s health workforce is under immense pressure, but innovative and scalable solutions are emerging that deserve recognition. The [Health Workforce Innovation Challenge](#) rewards teams that find effective ways to retain and support their staff, in turn improving access to safe, high-quality care. Delivered in collaboration with 18 supporting

organizations, this outcomes-based challenge provides financial awards, coaching, resources and a network of peers – all designed to recognize and empower teams to further their success. By the end of this fiscal year, over 80 teams received awards for their outstanding efforts to strengthen and retain the health workforce. Their successful strategies, covering everything from onboarding, to mental health promotion, to career advancement, have the potential to be adapted and applied elsewhere, ensuring a more supported workforce across the country.

## Impact: Teams involved in the challenge are already reporting impressive results including the following:

- Turnover rates among allied health professionals in one setting dropped by more than two-thirds (70%) year-over-year after the team focused on strengthening accessible and responsive leadership.
- Emotional exhaustion scores at a children’s hospital emergency department improved by 22% after intentional efforts were made to enhance team culture.
- Work-life balance ratings improved by over 30% in less than three months after a primary care centre introduced a voluntary compressed work week. The clinic maintained appointment availability, improved appointment uptake and reported no impact on local ER usage.



“ [T]his initiative has yielded tangible improvements in the work-life balance of our employees. This has led to heightened morale, increased job satisfaction and, ultimately, a positive impact on our retention rates, as employees feel more supported and valued within the organization. ”

—Program participant

## Team profile: Digging for dinosaurs

As part of their participation in the Health Workforce Innovation Challenge, teams undertook an exercise to identify outdated practices that create unnecessary process and don’t promote safety. At Gabriola Medical Clinic in British Columbia, a significant workflow challenge was the redundancy of uploading Do Not Resuscitate and Medical Orders for Scope of Treatment forms to a shared database with the nearest hospital. These forms are essential for patient safety since they inform the emergency department at the nearest hospital about patients’ wishes regarding resuscitation and end-of-life care. But getting these forms into the patient chart and then into the shared database was cumbersome (taking 16 steps) and time-consuming (four minutes per form).

When the team looked closely at their Electronic Medical Records (EMR) system, they found a more efficient approach, which involved scanning and linking forms directly into their patients’ charts. This allowed them to download documents directly from their EMR to the shared database folder, eliminating four steps.

“The staff felt empowered that they could make a change, that their input mattered and, best of all, the outstanding 37 documents were uploaded to the hospital within the week, a task that would have normally taken at least two weeks,” says Angela Pounds, Gabriola Island Chapter Coordinator at Gabriola Medical Clinic.



## Addressing racism and improving cultural safety



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



**Quality and safety perspectives**

Racism experienced by First Nations, Inuit and Métis in the healthcare system is a significant patient safety and quality issue. Across the country, healthcare organizations increasingly recognize the need to address systemic racism and improve cultural safety. The [Cultural Safety Design Collaborative](#) supports non-Indigenous healthcare organizations to meaningfully engage with the First Nations, Inuit and Métis communities who access care through their institutions. With funding and capacity-building support over two years, 11 teams are working collaboratively with First Nations, Inuit and/or

Métis patient and community partners to develop and implement a project aimed at addressing systemic racism and improving cultural safety. The early results of this initiative are promising; for example, one Ontario hospital has established its first distinctions-based (of First Nations, Inuit and Métis) Patient and Family Advisory Committee intended to guide initiatives to address racism within the organization.

“ This is hard and heart work. ”

—Advisory group member

# 9 in 10

participants in a Cultural Safety Design Collaborative workshop were more knowledgeable about how to address systemic racism, promote culturally safe care and advance equity-oriented care approaches



# Promoting aging in place

**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 and safety perspectives

The [Enabling Aging in Place \(EAIP\)](#) program strengthens capacity within communities so that more older adults can age where they call home – safely, independently and with better health. Twenty-seven teams participating in phase one of this initiative were supported to implement promising practices that improve quality of life, reduce social isolation and delay entry to long-term care (LTC). The EAIP collaborative connects health and social service organizations across the continuum of care and promotes an asset-based community development approach that builds on the strengths of individual communities, ensuring the perspectives of older adults, their care partners and communities help guide local program planning and delivery. Beyond improving individual experiences and outcomes, EAIP aims to prioritize the appropriate use of LTC services, reduce unnecessary emergency department visits, lessen demands on care partners and make better use of health and social care resources.



**86%**

of Enabling Aging in Place phase one teams engaged with community members in their program planning efforts differently because of knowledge gained in the collaborative

“Used to working within our small island communities, it is a rare treat to connect with teams from across the country and to access the expertise of our coach and the many resources from the HEC team. This is the kind of meaningful support we need to create real change with, and for, older adults in our communities.”

—Program participant



# Nursing Home Without Walls

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 and safety perspectives

An innovative model of care hosted by nursing homes in New Brunswick empowered more than 1,989 older adults living in 20 communities to age in place by providing access to essential knowledge, support and services. Supported by HEC, Université de Moncton and the Government of New Brunswick, the [Nursing Home Without Walls](#) (NHWW) program provided ongoing coaching, knowledge, networking opportunities and resources to 20 participating teams across the province to support implementation.

“Innovative programs like this one will play an integral role in ensuring seniors are able to age with dignity and in comfort at home.”  
—Kathy Bockus, New Brunswick Minister responsible for Seniors

“NHWW has truly been a game-changer for me. Not only does it keep me busy and engaged with a variety of activities, but it has also allowed me to meet new friends and reconnect with old acquaintances during recreational events, whom I never thought I would see again in this life.”  
—Resident, NHWW site



96%

of older adults reached feel Nursing Home Without Walls helps them stay at home, fostering stronger community connections



# Engaging patients as partners

 **Quality and safety perspectives**

Purposeful patient engagement is fundamental to transforming health systems and improving quality and safety. Patients, care partners and community members have insights to guide sustainable improvements in healthcare that better meet their needs.

In this past year, 94 people with lived experience perspectives were involved in the design, delivery, implementation and evaluation of HEC programs and initiatives. They served as members of advisory groups, review panels and working groups, and as co-presenters and coaches, contributing more than 1,200 hours to our collective work.

Our patient partner network, made up of approximately 230 members, reflects our commitment to inclusivity. Engagement opportunities at HEC and other organizations are regularly shared with network members across the country.



## HEC's Patient Engagement Framework

In October 2023, HEC launched its [Patient Engagement Framework](#), which outlines the ways we embed patient, caregiver and community perspectives into our programming, activities and initiatives.

It was developed through engagement with patient partners and staff at HEC, building on other known frameworks, and adapted for a 'fit for purpose' approach that supports our commitment to embedding lived experience perspectives in our work.

# Improving access in northern, rural and remote areas

 **Focus area:** Care closer to home and community with safe transitions

 **Quality and safety perspectives**

The [Strengthening Primary Care in Northern, Rural and Remote Communities](#) program identifies and spreads promising practices that can improve access to primary care in places that need it. From British Columbia to Newfoundland, 24 teams pioneered innovative approaches tailored to the specific needs of their communities. With an overarching goal of making care available closer to home for more people, this program also aims to improve patient and provider experiences, increase access to culturally safe and equitable primary care, particularly for First Nations, Inuit and Métis communities, and reduce avoidable emergency department visits.



“HEC workshop’s emphasis on evaluation and relationship building was very helpful to our initiative. ... [S]pecifically, the presentations on a culturally safe approach to evaluation were very helpful and made us realize our approach to evaluation for ... Indigenous communities was wrong. We realized through the presentations that we were approaching it from an ‘evaluation of’ instead of an ‘evaluation with’ approach.”

—Program participant



## Retaining internationally educated workers



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



**Quality and safety perspectives**

Co-hosted with the Nova Scotia Department of Health and Wellness and Nova Scotia Health, the Internationally Educated Healthcare Workers Policy Lab focused on support and retention, a top-of-mind issue in jurisdictions across Canada. This co-design process brought together healthcare workers, policy-makers, community leaders, researchers, patient partners and more to identify policy solutions that help retain internationally educated healthcare workers in Atlantic Canada. The lab identified eight policy elements that consider social, economic, political and cultural contexts. The [resulting report](#), released after this fiscal year, provides evidence-informed, actionable guidance to help retain these essential members of the health workforce.

# 84%

of participants had a better understanding of factors influencing the successful retention of internationally educated healthcare workers following the policy lab

“ The [lab] welcomed policy influencers from all across the Atlantic provinces for the last two days ... GREAT discussion. We can move the needle together. ”

—Policy lab partner



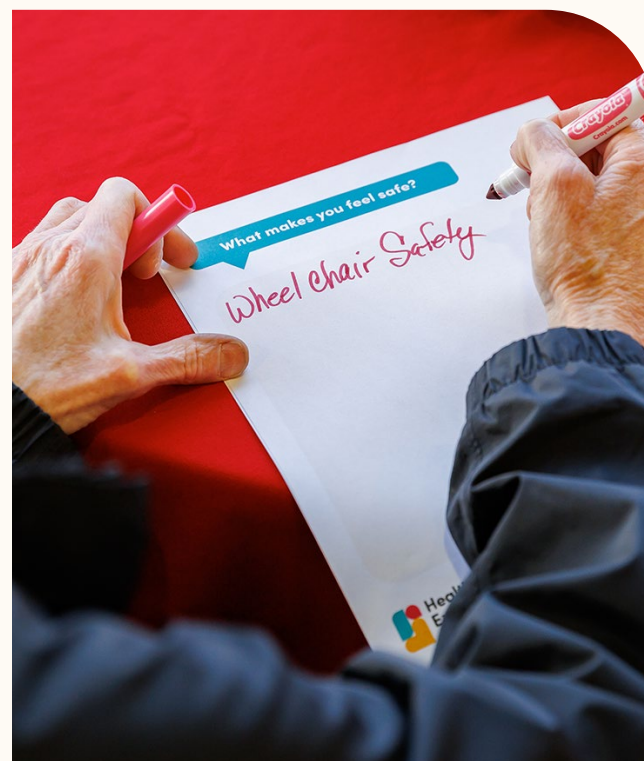


# Everyone has a role in safety



## Quality and safety perspectives

Making meaningful strides in improving patient safety means thinking and talking about it differently. [The Rethinking Patient Safety Discussion Guide](#) is an innovative resource that supports anyone – whether they are receiving or delivering care – to explore their role in fostering safer care. Co-developed with patients, the guide helps broaden understanding of the different healthcare harms that can take place and who is at risk of experiencing them. It also emphasizes the important connection between patient and workforce safety. This widely downloaded resource is designed for patients, healthcare workers, leaders and safety experts to learn together and identify the actions they can take to create safer care.



## From awareness to action

To empower teams to bring proactive safety approaches into their workplaces following Canadian Patient Safety Week 2023, HEC launched the Rethinking Patient Safety Action Series. Participants explored how to use curiosity and inquisitiveness to create the conditions for safety and recognize how often-overlooked factors such as racism can contribute to harm. The series engaged a diverse group of participants, including 171 individuals who were part of the 22 teams representing hospitals, long-term, acute and primary care facilities, community organizations and air ambulance services. Program activities alternated between virtual learning sessions and action periods when participants could put their new learnings into practice.

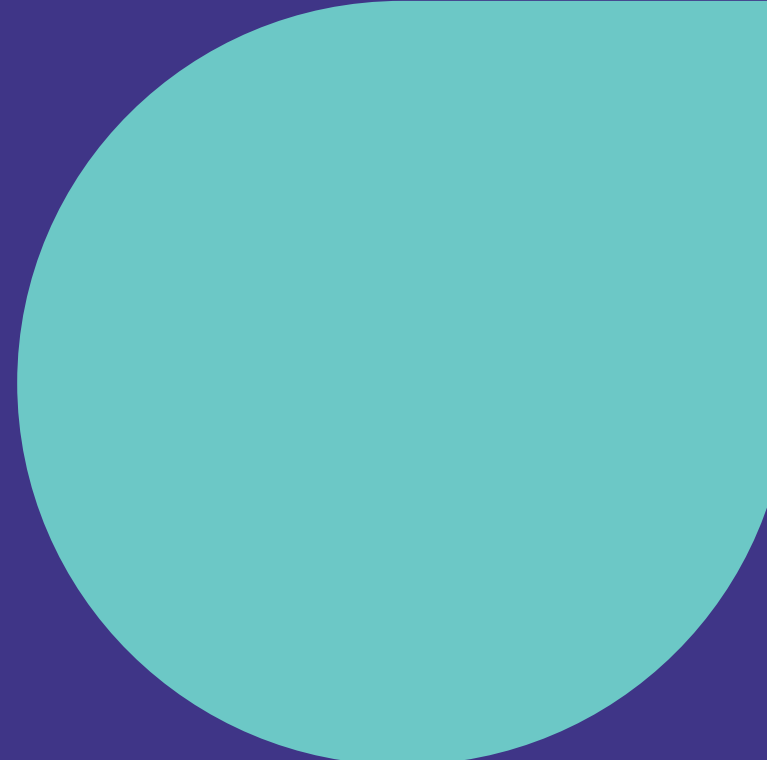
“Safety was always important but now I’m more conscious of psychological safety, not just physical safety. I am more confident discussing safety with staff; it is an agenda item for our staff meetings and is incorporated in our day-to-day conversations.”

—Program participant

# Sustaining impact:

## Continued programs

HEC is committed to supporting improvements with staying power. Built around collaboration, programs offered over multiple years deliver measurable results and value for those participating.



# Partnering for equitable access to palliative care

Focus areas:

-  Care closer to home and community with safe transitions
-  Health workforce retention and support
-  Quality and safety perspectives

Improving Equity in Access to Palliative Care supported 10 communities to design and implement innovative models that improve access to palliative care for people experiencing homelessness or vulnerable housing. Delivered in collaboration with the Canadian Partnership Against Cancer, this collaborative empowers participants through seed funding, extensive training and community engagement. As part of their participation in phase one this year, communities held more than 40 training events, including 20 sessions on cultural competency led by First Nations, Inuit and Métis coaches. In October 2023, the Canadian Cancer Society released a [report](#) that acknowledged the value of this work in enhancing palliative care for the homeless and vulnerably housed and supporting Health Canada’s Action Plan on Palliative Care.

“It certainly gave us a better understanding of health equity issues and a feeling of being part of a community through the shared values of co-design and bottom-up approaches to developing complex interventions. We are also developing closer ties with Indigenous communities in Quebec City and the rest of the province. We are better able to pursue our mission of promoting palliative care for all.”

—Program participant

83%

of participating teams feel more prepared to provide an equity-oriented palliative approach to care

## Team profile: Maison du Père

For over 50 years, La Maison du Père has offered men in and around Montreal who are experiencing homelessness or vulnerable housing a wide range of person-centered care and services to meet their needs.

People experiencing homelessness or vulnerable housing face unique barriers to accessing care and often encounter stigmatization. To help address these challenges, La Maison du Père Accès Santé has added two palliative care rooms and two end-of-life care rooms to its specialized care services.

It now offers clients an integrated care model that provides dignified support until the end of their life. Of the 14 people who benefited from the initiative, all reported being satisfied with the care they received.

La Maison du Père credits this achievement to its successful partnerships with various community and institutional partners under the Improving Equity in Access to Palliative Care collaborative. Today, its innovative initiatives inspire the community sector to solidify the continuum of homelessness services.



# Empowering healthcare leaders

-  **Focus area:** Health workforce retention and support
-  **Quality and safety perspectives**

Leaders play an essential role in transforming our healthcare system – and can learn a great deal from one another about this important job. In 2023–2024, the [EXTRA™: Executive Training Program](#) continued to support healthcare leaders and organizations in Quebec, Alberta, Yukon and Nova Scotia to develop stronger leadership skills and improve quality and safety standards in their organizations. Nine teams in cohort 18 successfully completed the bilingual, team-based leadership development program, joining more than 500 alumni who have leveraged the knowledge and capacity they developed through EXTRA to address complex challenges in their organizations.

“The EXTRA program allowed us to develop our leadership skills and create synergy within our departments to achieve a common goal. The work we did, the things we learned, the discussions and team meetings we had – it all helped to strengthen our relationships and establish a clear position of frontline care within our organization.”

—Program alumnus



## Team profile: Collaboration in Quebec

Two teams from previous EXTRA cohorts, Centre hospitalier universitaire de Québec-Université Laval (Cohort 15) and CISSS de Chaudière-Appalaches (Cohort 13), worked on reducing the logistics workload among nurses to improve care and patient experience. Both teams are now collaborating to sustain, spread and scale their improvement projects. This cooperation has strengthened access to a wide range of resources, including technology, funding and strategic partnerships. In this way, collaboration between two healthcare institutions becomes a driving force and key to success, offering transformative potential for improving access to care.

Promising results include:

- 1.9 clinical hours liberated for every hour of logistics support provided
- More time spent with patients
- Increased satisfaction of patients, families and providers



# Doing virtual care right



**Focus area:** Care closer to home and community with safe transitions



**Quality and safety perspectives**

As virtual care grows rapidly, so does the need to determine when and how it should be used in different settings. Through the [Partnering on Appropriate Virtual Care](#) collaborative, nearly 40 healthcare teams developed and implemented virtual care frameworks to help guide the appropriate, safe and equitable use of technology. Teams were provided with learning opportunities and resources so that their virtual care frameworks were guided by the lived experience of patients, designed to foster culturally safe and equitable care and tailored to their population's needs. While this program formally ended for participants this fiscal year, dissemination of learnings and resources will continue next year.

“The HEC project was an opportunity to learn about different approaches to partnership with several patient and family partners. It helped us refine our own policies on partnership, including recruitment, onboarding, remuneration for time and expenses, and communication.”

—Program participant

3/4

of participants in Partnering on Appropriate Virtual Care say they are increasing access to care and reducing avoidable emergency department visits, while improving provider and patient experiences



# Centering people in long-term care

**Focus areas:**

-  Care of older adults with health and social needs
-  Health workforce retention and support
-  Quality and safety perspectives

Reimagining LTC is HEC’s latest programming aimed at strengthening the long-term care (LTC) sector by enabling a healthy workforce to provide person-centred care. Building on the success of previous initiatives that helped long-term care and retirement homes respond to COVID-19 and implement quality improvement projects, the program equipped 233 participating LTC teams across 10 provinces with funding, access to coaching and additional supports to foster safer, resident-centred care. Participating homes reported significant reductions in several core clinical indicators tied to their focus aim, resulting in a 50 to 60 percent reduction in residents experiencing pain or worsening pain, using inappropriate antipsychotics or suffering worsening moods.

“Participating in the Reimagining LTC program increased my knowledge and confidence in measuring meaningful change on a quality indicator project. It helped me to see how even small changes or programs can make a meaningful difference in residents’ lives.”  
—Program participant

More than 90% of responding participants are more confident in providing person-centred care and improving the experience of the workforce



## Team profile: German-Canadian Care Home

When the German-Canadian Care Home (GCCH), a 132-bed care home operated by the German-Canadian Benevolent Society of BC, joined Reimagining LTC, they wanted to improve how residents were cared for by reducing the use of potentially inappropriate antipsychotics. To achieve this, GCCH looked towards implementing a more person-directed care approach.

With the support of HEC’s funding, GCCH sent staff for training that led to a mindset shift in the organization. Staff became proactive in leading and implementing initiatives based on a person-directed care approach. HEC’s learning opportunities also exposed the home to innovations across the LTC sector that could be applied at GCCH, such as virtual reality.

The quality of life for residents improved after some of these initiatives were implemented. For example, residents could get coffee or tea outside of the existing schedules and walk freely around the garden. By September 2023, GCCH successfully decreased the potentially inappropriate use of antipsychotics from 44% (at the beginning of 2022) to 31.6%. These improvements not only impacted the experiences of residents but also staff, who felt they were providing better quality care.

“What I liked about the HEC group coaching sessions was realizing that our care home is not the only one facing challenges related to reducing the use of potentially inappropriate antipsychotics. We [participants of Reimagining LTC] helped each other to think about what we can do differently,” says Saeideh Khakshour, Director of Care, German-Canadian Care Home.

# Approach for the optimal use of medication in long-term care centres in Quebec

-  **Focus area:** Care of older adults with health and social needs
-  **Quality and safety perspectives**



Under the responsibility of the Ministry of Health and Social Services of Quebec and in partnership with the CIUSSS de l’Estrie – CHUS and HEC , phase three of the Optimizing Practices, Use, Care and Services - Antipsychotics ([OPUS-AP – PEPS](#)) in long-term care, which began in 2022, continues to be spread across the province.

Reducing and stopping the use of potentially inappropriate medications in older adults, based on a review of their medication profile and the implementation of basic approaches and personalized non-pharmacological interventions, remains a priority for long-term care centres (CHSLDs ) across the province. To ensure the success and sustainability of the approach, CHSLDs continue to prioritize the following to create a culture of continuous quality improvement: Setting up management structures, updating organizational deployment plans,

training, implementing huddles, interprofessional collaboration, data entry, and measurement and monitoring of indicators.

The optimal use of medication is a systematic approach that is implemented progressively by putting in place processes that facilitate interprofessional collaboration, communication and clinical processes . Since the launch of phase three of the optimal use of medication approach in CHSLDs in October 2022 , 14,822 residents have participated in the approach. The deprescription of antipsychotics has been attempted in more than 6,000 CHSLD residents, with a 41 percent success rate. Seventy-five percent of organizations are planning to implement the approach in more than 65 percent of their LTC facilities by the end of 2024. The approach is currently being spread to all CHSLDs in Quebec, under the supervision of the Ministry of Health and Social Services of Quebec.

## Helping people feel better, faster

-  **Quality and safety perspectives**

Helping patients recover and return home quicker after surgery is an important part of reducing pressures on our hospital systems. [Enhanced Recovery Canada™](#) (ERC) is helping meet this need and enhance surgical safety with evidence-informed clinical pathways and patient resources tailored for a range of procedures. This year, ERC launched new resources for colorectal surgery, adding to those already available for gynaecologic surgery, orthopaedic hip and knee replacements and cesarean sections.

**Data shows the protocols behind ERC’s surgical pathways have reduced surgical complications and hospital stays by up to 50%, as well as readmissions and costs**



# Working towards truth and reconciliation

 Quality and safety perspectives

Building knowledge, strengthening relationships and engaging meaningfully – these are key themes emerging from our [Truth and Reconciliation Action Plan Annual Report 2022–2023](#), published this fiscal year. The report describes progress on the 24 actions outlined in HEC’s inaugural Truth and Reconciliation Action Plan, which describes the work we’re undertaking over four years to build our internal capacity and ensure HEC’s policies, processes and ways of working support truth and reconciliation. As part of our efforts this year, formal relationships were established with a First Nation Elder, Inuk Elder, Métis Elder and Truth and Reconciliation

Coach, who provide a diversity of perspectives that support program development and staff learning across HEC.

Many actions require ongoing attention, but this reflective annual review process allows us to be responsive to shifting priorities and emerging issues impacting the health and wellness of First Nations, Inuit and Métis.

Read the report and join us as we continue to work towards truth and reconciliation, guided by the leadership of First Nations, Inuit and Métis Elders, partners and advisors.



## Little steps, large impact



### Quality and safety perspectives

This year's Canadian Patient Safety Week (CPSW), themed "Small Changes. Big Impact. Safer Care.", engaged 1,700 participants, sparking conversations about how even small actions in patient safety can make a big difference. Building on the recently released Rethinking Patient Safety Discussion Guide,

resources were provided to local safety champions to help them organize events and activities at their sites. Webinars empowered broader audiences to learn how simple steps – such as asking questions, engaging in safety discussions and championing patient safety – can cumulatively lead to major improvements in healthcare safety.

# 6.6 million

people were reached  
across digital platforms  
during CPSW 2023

## Making e-learning simple



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

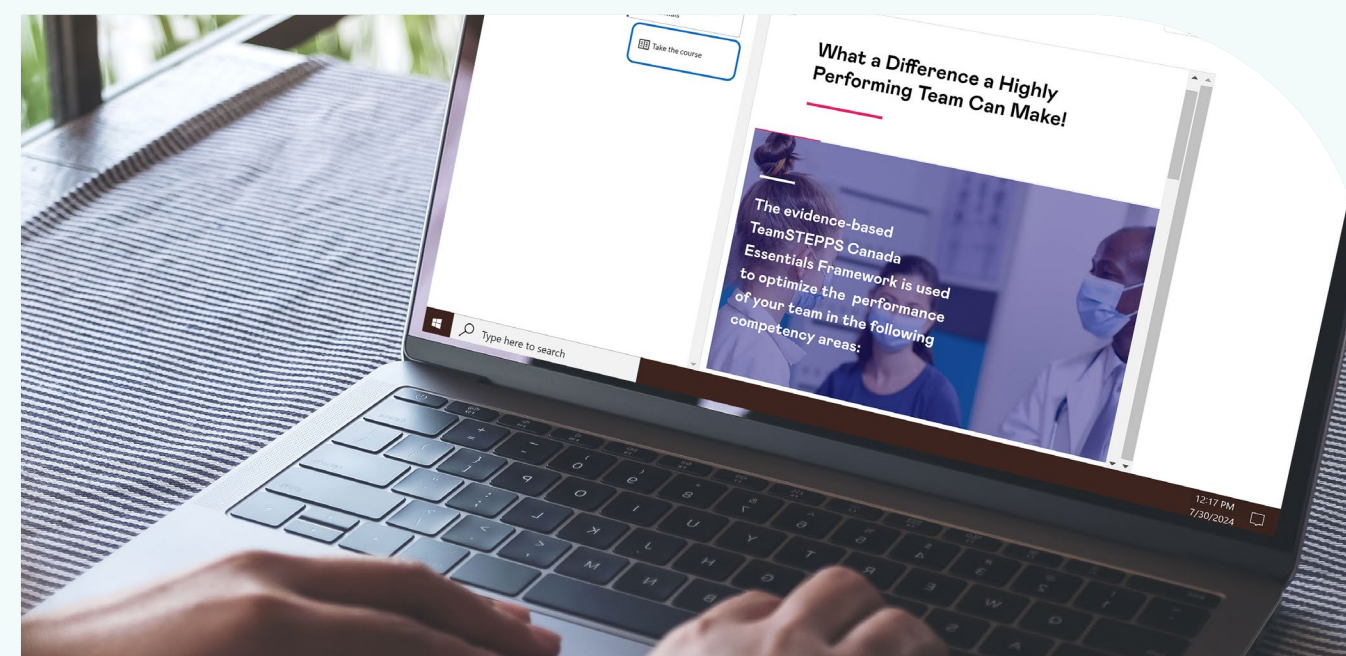


**Quality and safety perspectives**

It doesn't have to be hard for people to get the skills and knowledge they need to improve healthcare. That's why HEC undertook work to refresh its suite of free, self-directed e-learning programs. Open to healthcare workers (practicing or in training), leaders and boards, these programs help people working across the healthcare continuum enhance their quality and safety competencies without undertaking lengthy training. The [TeamSTEPPS Canada Essentials](#) course was a go-to training resource for more than 2,600 learners enrolled this fiscal year. HEC also prepared to launch two new e-learning programs co-designed with those with lived and living experience: [Patient Safety Essentials](#) and [Effective Governance for Quality and Patient Safety](#).

“A huge shoutout to Healthcare Excellence Canada for compiling such an informative, innovative and captivating course on some of [the] basics and easily overlooked aspects of patient safety in healthcare, while also giving an overview into the various tools that can be utilized by the team for efficient and timely delivery of healthcare services.”

—TeamSTEPPS learner





# Ideas for the future of healthcare

## Quality and safety perspectives

Big healthcare challenges are generating promising solutions. Our 2023–2024 [Spotlight Series](#) profiled strategies for healthcare improvement that are topical, transferable and driven by diverse people and needs. Topics included improving home care for older adults and caregivers, supporting cultural safety and addressing anti-Indigenous racism, reducing hospital harm, improving patient safety, enhancing the psychological well-being of health workers and more.

**More than 2,600 registrants signed up for Spotlight Series webinars, while the recordings garnered 2,500 views**

HEC continued to offer collective learning-by-doing opportunities around anti-oppression practices through its [Equity, Diversity and Inclusion Virtual Learning Exchange](#). Over 2,800 participants from across the country registered for the ongoing series designed to foster more equitable and inclusive approaches to engagement and care, while more than 3,800 viewed the recordings.

# Improving through convening:

## Networks

Change happens when those with diverse perspectives and shared goals come together. HEC convenes people across health systems, locations and lived experiences to explore ways to improve quality and safety for all.



# Supporting decision-makers

 **Quality and safety perspectives**

Ensuring high-quality, safe healthcare for everyone requires a united effort to establish consistent, reliable standards across the country. This year, HEC hosted quarterly meetings with federal, provincial and territorial health leaders, focusing on key priorities for safety and quality. These meetings provided an essential platform for government decision-makers to share innovative ideas and develop solutions that will benefit everyone in Canada.

“This table has to be one of my favorite pan-Canadian networking groups I attend. Thank you for fostering a safe space for completely authentic discussions and information sharing to happen.”  
—Participant



# Leaders shaping healthcare’s future

 **Quality and safety perspectives**

From EXTRA alumni to current HEC program participants and others, healthcare leaders from across Canada came together in Toronto for the Leaders Forum, themed “Shape the Future of Healthcare.” More than 100 participants

from all regions of Canada gathered for this learning exchange to reflect on leadership styles, key qualities and competencies for the future and their personal commitments to supporting leadership development.

“ Always grateful for partners who listen and act. Maarsii Healthcare Excellence Canada for all you do and for being a strong advocate and Partner for the Métis Nation. ”

—Partner



## Gathering with First Nations, Métis and northern health networks



### Quality and safety perspectives

- With the First Nations Health Managers Association, HEC co-hosted the [First Nations Health Leaders Network](#), which provides peer-to-peer mentorship, networking and knowledge-sharing opportunities. This year, the network focused on sharing their experience to support new and emerging First Nations health leaders through learning activities.
- We widened our circle by holding an inaugural meeting with Métis health leaders, governments and organizations, focusing on ways to support the Métis health workforce.
- Partnering with the Canadian Institute for Health Information, HEC gathered health leaders from northern, rural and remote regions to explore and develop sustainable [solutions](#) to improve the health of people living in northern, rural and remote parts of Canada. Discussions focused on workforce retention, the burden of travel to access care and improving cultural safety.



# Board of Directors

Blair O'Neill (Chair)\*

Sue Owen (Vice-Chair)\*

Martin Beaumont

Jo-Anne Cecchetto

Jeanette Edwards

Feisal Keshavjee

Kedar Mate\*

Jane McMullan

Gail Tomblin Murphy

Tammie Myles

David Price

Ian Rongve

Erik Sande\*

Heather Thiessen

Jocelyne (Jo) Voisin

\*In 2023, we thanked departing Chair Erik Sande, and welcomed incoming Chair Blair O'Neill, Vice-Chair Sue Owen and Director Kedar Mate.

# Appendices

A: 2023–2024 Performance Measurement Framework Report

B: 2023–2024 Challenges and Risks

C: 2023–2024 Summary Financial Statements\*

D: 2023–2024 Remuneration Report

\*Audited Financial Report



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