



CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ



# 3M HEALTH CARE QUALITY TEAM AWARDS

Healthcare Quality  
Team Initiatives  
Executive Summaries  
2023 Submissions





3M Canada Company  
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Dear Dedicated Health Care Team Members,

In these unprecedented times, it has never been more apparent how crucially innovations in healthcare can impact our quality of life.

As always, healthcare professionals are tasked with the need to balance their adoption of new technologies and the need to improve patient outcomes with their obligation to provide the level of personal care that people need and deserve – all while dealing with the now ever-present threats that a global crisis has presented.

For this reason, 3M Canada is once again proud to have partnered with the Canadian College of Health Leaders for over two decades to recognize achievements in maintaining that balance even in times of crisis.

The 3M Health Care Quality Team Awards proudly recognize healthcare programs that improve the delivery of patient care and, by extension, the lives of our fellow Canadians. We thank you for once again letting us be a part of this event. These awards highlight the teams that work together on quality improvement projects resulting in sustained change within their organizations and, as in every previous year, the quality of the award submissions we receive make selecting a winner a difficult task.

Each team that took the time to share their initiatives deserves our congratulations and I want to thank all the nominees and winners for your efforts in moving healthcare in Canada forward. The enclosed booklet includes executive summaries of all the 2023 programs that were submitted for consideration. Despite the extraordinary times we are facing in healthcare, these initiatives prove that creative thinking, sharing best practices, and patient centered approach to care can dramatically improve the delivery of support and care across Canada. It also highlights the incredible partnership between 3M Canada and the Canadian College of Health Leaders.

The 3M Health Care Quality Team Awards provide a forum for all of us to celebrate these amazing accomplishments with the hope of creating systematic change.

As a science company, 3M Health Care values our partnerships with customers and industry stakeholders that allow us to provide solutions to health care professionals so they can focus on what is most important: their patients. Thank you for your efforts to find ways to reduce complications, improve patient outcomes, and provide people with the care we receive and deserve. We are proud to celebrate you all today.

Sincerely,

Anita Ellis, Division Leader  
Medical Solutions Division, 3M Healthcare Business Group



In 1994, the Canadian College of Health Leaders and 3M Canada Company launched the 3M Health Care Quality Team Awards to encourage and recognize innovation in health services by linking two important concepts: quality and teams. Although two submissions were selected for special recognition, the 2023 competition included many important quality improvement efforts. We are pleased to share a brief overview of the submissions and hope this document will encourage wider use of quality planning methods and tools in Canadian health services.



### **2023 3M Health Care Quality Team Awards Recipients**

- Quality Improvement Initiative(s) Across a Health System:  
**Nova Scotia Health** – *VirtualCareNS “About Time” Access to Care I Need, When I Need It*
- Quality Improvement Initiative(s) Within an Organization:  
**St. Joseph’s Care Group** – *The Hogarth Riverview Manor Transformation Journey*

## **QUALITY TEAM INITIATIVES 2023 - OTHER SUBMISSIONS**



### **Quality Improvement Initiative(s) Across a Health System**

- Mobile.Medical.Support (MMS) - Erie Shores Healthcare
- Rapid Access to Consultative Expertise – RACE. An Integrated Provincial Approach - Providence Health Care



### **Quality Improvement Initiative(s) Within an Organization**

- Network case management at the Hôpital Pierre-Boucher - Centre intégré de santé et de services sociaux de la Montérégie-Est
- Improving Access to Care Through Logistics - CHU de Québec-Université Laval
- Telehealth - Institut national de psychiatrie légale Philippe-Pinel
- Timely and Equitable Access to Psychosocial Oncology - Nova Scotia Health
- Integrated Rehabilitation Program Across the Organization - Providence Health Care
- University Health Network
- iHuddle Board and Huddle Process - William Osler Health System

*VirtualCareNS “About Time” Access to Care I Need, When I Need It*

**Nova Scotia Health**

Despite being a foundational need and a right to access, many Nova Scotians are experiencing significant challenges in accessing primary care services including many without a primary care provider. The pandemic despite its many negative impacts has accelerated ability to rapidly innovate, and to “test and try” new solutions. The pandemic has also shone the light on the importance of integrating virtual and digital health solutions as part of overall care and access. VirtualCareNS is a novel access to primary care service to meet the low-acuity primary care needs for Nova Scotians implemented to reduce high use of ED services and increasing challenges related to access to primary care. This uniquely designed virtual care solution for Nova Scotians was implemented in record time, 3 months from design to implementation given high needs for access to primary care. The novel elements include access to virtual and in-person follow up, access to lab and diagnostic services and access to specialists. This rapid implementation has taken the “test and try” and QI approach to implement many positive changes including bringing access in library locations for those without access to computer or internet services. To date, over 130,000 without access to primary care can use this service with overwhelmingly positive response (4.6/5 average rating to date) and over 300+ visit requests per day, and reduction in ED utilization and cost savings for patients and the system. This service will continue to be front door access to primary care. “It is about time” - users

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2023 3M HEALTH CARE QUALITY TEAM AWARD RECIPIENT: QUALITY IMPROVEMENT  
INITIATIVE(S) WITHIN AN ORGANIZATION

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*The Hogarth Riverview Manor Transformation Journey*

**St. Joseph's Care Group**

In October 2017, Hogarth Riverview Manor (HRM) was placed under a mandatory management order by the Ministry on the grounds of “ongoing non-compliance with resident care requirements, protecting residents from abuse, not following plans of care and not meeting reporting obligations to the director (of the long-term care inspections branch).” The Home underwent a transformational journey to restore resident, family, staff, public and Ministry confidence and trust in our ability to deliver high quality, safe, client-centred care. Through the implementation of iCare - our operational excellence program, resident quality and safety outcomes improved, compliance increased, accountability increased, staff experience improved and HRM emerged from the multi-year mandatory management order in 2021. This large-scale organizational improvement initiative has been recognized with two Leading Practice Awards from Health Standards Organization and was shortlisted for 2022 Global Opex Award for Business Transformation Leader of the Year Award. This submission highlights how a shared vision of operational excellence was enabled through leadership, management practices and infrastructure. Through the establishment of a quality management system that embraces problem solving capability at the frontline, the development of Leaders as coaches and embedding quality improvement into the fabric of the home, cultural change and the relentless pursuit of excellence continues to be sustained. I strongly support this submission. Even during the midst of COVID-19, this team was able to make the seemingly impossible possible through their steadfast focus on excellence, client-centred care and quality improvement.

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*Mobile.Medical.Support (MMS)*

**Erie Shores Healthcare**

The COVID-19 pandemic has significantly transformed the healthcare system in Windsor and Essex County, Ontario. The crisis response initiative, led by Erie Shores HealthCare (ESHC) and Essex-Windsor EMS, resulted in the establishment of a mobile healthcare initiative called Mobile. Medical. Support. (MMS). Through a partnership with over 45 different care providers, MMS aims to offer expanded healthcare coverage and reduce the burden on essential health services. The mobile unit travels directly into communities and provides tailored services, increasing staff capacity in clinical and social-prescribing. MMS focuses on socio-economically underserved High Priority Communities (HPCs) and providing cost-effective preventative care. The aim is to improve health outcomes in underserved populations while addressing medical and social health determinants. By providing a new channel for healthcare partners to embed themselves in the community, the MMS program has given individuals a voice to advocate for their health and well-being directly in their community. The goal is to define a new cost-effective and evidence-based care delivery model that diverts patients from emergency departments and provides ongoing connected care through attachment to primary care close to home. The MMS initiative, a provincially recognized first for Ontario, demonstrates how a mobile approach to healthcare can result in improved outcomes across the healthcare system.

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*Rapid Access to Consultative Expertise – RACE. An Integrated Provincial Approach*

**Providence Health Care**

The RACE line was initially created to fill a gap in care. Instead of sending a patient for a referral to a specialist which might take months, with the RACE line, it became possible for PCPs to connect with the appropriate specialist to discuss questions related to their patient. Over the initial five years of the model, RACE lines were created in each of the five geographical health regions of BC. Each area created their RACE line based on their local needs. While this model of spread worked well for local engagement and management, there were five disparate RACE lines across the province, all with different ways of connecting. In 2018 a provincial evaluation of the five disparate RACE models was conducted. While there was overall satisfaction and praise for RACE, a number of challenges were identified and RACE users offered a variety of suggestions to improve RACE. These suggestions were reviewed and where possible, have been incorporated into the next chapter of RACE in BC. Based on the evaluation, our goal was to evolve RACE into a fully integrated, centrally administrated provincial service that would increase access to users. In 2022, after one year of the integrated model, metrics show uptake and spread of the RACE program. Number of calls, number of users, and number of specialties has increased. Post call survey shows 79% of calls avoid an ED visit and 76% avoid a consultation, 99% satisfaction with the interaction and 95% of calls re answered within 2 hours.

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*Network case management at the Hôpital Pierre-Boucher (Développer et implanter la gestion de cas réseau pour les usagers présentant de multiples visites à l'urgence de l'Hôpital Pierre-Boucher)*

### **Centre intégré de santé et de services sociaux de la Montérégie-Est**

Network case management at the CISSS de la Montérégie-Est - In 2020-2021, 415 users went to the emergency room of the Pierre-Boucher Hospital in Longueuil more than five times. Several had multiple physical, psychological or social comorbidities that overlapped with many different and unintegrated services. Concerned about providing integrated, quality care for these users, the Montérégie-Est Integrated Health and Social Services Center (CISSS) has developed a network case management program. The care and professional services teams have been called upon, but also the users and their loved ones. The voice of more than 150 users has made it possible to set up a service in line with their needs. In total, nearly 200 people worked on this project. The results regarding the use of emergency services are there. In fact, for 70% of the users monitored, the organization recorded a 50% drop in visits. This innovation has made it possible to improve the care and services offered to the clientele thanks to the involvement of everyone in reviewing practices and drawing on the expertise of users. The experience of users has shaped the beginnings of this approach to care and services for thousands of users. The commitment of all the partners to offer a complete and follow-up service for users outside the hospital, in addition to other services offered by our organization, makes it an innovative practice in the management of quality of care.

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*Improving Access to Care Through Logistics (Améliorer l'accès aux soins grâce à la logistique)*

### **CHU de Québec-Université Laval**

The CHU has put forward their first logistical support project as part of the FORCES program. By integrating industrial engineering for the benefit of hospital logistics, this project aimed to thwart the effects of the labor shortage through an innovative organization of work. The mission was therefore to free up clinical time in order to reinvest it in time with the patient. The compilation of data, observations, pooling and optimization have demonstrated great advantages in developing a proven methodology, but also in collecting a lot of conclusive data. We have corroborated the literature to the effect that for each hour invested in logistics, we can free up 1.9 clinical hours and we have succeeded in establishing a ratio allowing us to measure the logistics maturity of an establishment in order to then establish the number of potential resources to add. Following these conclusive results, the CHU wanted to replicate this promising methodology in several other clinical units, in order to better support clinical staff and therefore improve the patient experience. Four other projects resulting from the FORCES project are currently being deployed at accelerated speed, namely to extend the management of internal transport of people, internal transport of goods and to support the replenishment of primary and secondary reserves. Several qualitative and quantitative benefits have been appreciated to date, including an increase in the speed associated with clinical tasks and the time spent with the patient.

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*Telehealth (Télesanté)*

**Institut national de psychiatrie légale  
Philippe-Pinel**

In March 2020, a state of health emergency was declared and the National Institute of Forensic Psychiatry Philippe-Pinel (INPLPP) had to renew its practices in order to maintain services to the population. Indeed, the INPLPP had to adapt to this new reality since its forensic psychiatrists could no longer travel to detention facilities to respond to requests for evaluations ordered by the courts in Montreal. COVID-19 outbreaks occurring frequently in these institutions meant that the transport of inmates to the Institute was delayed or even impossible. As the pandemic has accelerated the transition of the courts to digital, we had to meet a challenge to maintain our forensic assessment and treatment services accessible to the entire province, both for detained and released clients, and this, virtually. Our program also had to allow users to appear remotely at their hearings, especially those in criminal jurisdiction, which do not operate in the same way as civil courts. In collaboration with the institutions, we have established a process allowing the continuity of medico-legal assessments. Our program has enabled the Institute to increase its ability to respond to court-ordered requests within the legally prescribed time limits so as not to penalize incarcerated individuals. Remote clients have also been affected by this mode of operation; Thanks to the possibilities offered by our enhanced program, she was able to receive the appropriate care and services remotely in a safe manner.

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*Timely and Equitable Access to Psychosocial  
Oncology at Nova Scotia Health*

**Nova Scotia Health**

The Psychosocial Oncology Program (PSO) is an innovative service that provides equitable, accessible, high-quality care to patients living with cancer in Nova Scotia. The new program model was created and implemented in response to patient feedback and now supports patient centered care and a healthy workforce in a fiscally responsible and sustainable manner. Successful outcomes were achieved by reorganizing processes to support central referral process, consistent registration practices and collection of key performance indicators while developing practice standards, guidelines, specific profiles, a new model of care and communication and collaboration for complex patient care needs.

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### *Integrated Rehabilitation Program Across the Organization*

#### **Providence Health Care**

The opportunity to redesign how rehabilitation services are delivered across PHC has been recognized over several years. Planning activities occurred in silos, rather than as a collective on larger scale. The on-going challenge was the current structure of rehabilitation services, dispersed across different sites and programs. The goal was to create an Integrated Rehabilitation Service to align, establish synergy and partnerships towards common patient outcomes. In order to create a strategic plan and Integrated Rehabilitation Service, a robust nine month current state assessment across key in-patient, outpatient and speciality areas was required with input from leaders, staff, patients, families and external organizations. This current state analysis included seven teams with 11-14 front line allied health, nurses, physicians, and leaders and patient journey mapping with 21 patient partners. A best practice literature review was conducted and embedded in goals. Results of implementation of goals show improvement in teamwork across programs leading to:

- decreased turnaround time (TOT) for psychiatry consults from average of 2.4 to 1.2 days
- decreased TOT psychiatry consult on day 3 of admission versus day 12
- decreased TOT from 3 to 1 day to intensive Rehabilitation/doubled number of transfers
- increased Functional Impairment Measure (FIM) completion rate from 10 – 80%
- Increased average change in FIM admission and discharge scores from 19 to 21
- Value for patients through patient-identified treatment goals
- Reduced patient safety events for discharging patients
- Improved patient experience to 80% of patients rated good or better in transitions in care between acute, intensive rehab and discharge home

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#### **University Health Network**

Improving Escalation of Care (EOC) is a system quality priority at University Health Network (UHN) and across the Toronto Academic Health Science Network.

We define EOC as the communication of a clinical/administrative concern to the most appropriate team member by any member of TeamUHN (including patients and care partners). UHN dedicated November 2022 to raising awareness on EOC and it was termed “EOC Month”. This improvement (QI) initiative spanned all our sites and included the development and implementation of educational and awareness activities to support TeamUHN in being able to: (1) Describe the significance of EOC and impact on patients; (2) Describe what, when and how to escalate, and to whom to escalate care and (3) Identify tools and resources to support professional escalation of care concerns. Additionally, there was focused efforts on engaging 1787 physicians in EOC activities – a historically challenging group to engage. Each week of EOC Month focused on a specific theme and aligned educational/awareness activities were co-developed with TeamUHN and Patient Partners, and implemented during EOC Month. During EOC Month, we had 644 EOC intranet page views, 1577 views of our EOC at UHN video, high agreement (94%) that the physician specific activities met the objectives, and 699 of 1787 UHN physicians attested to completing EOC education requirements (as of Jan 31, 2023). Developing educational and awareness activities with end-users to be adopted into existing processes was key in building EOC knowledge and supported meaningful engagement in a wide-scale QI initiative.

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## *iHuddle Board and Huddle Process*

### **William Osler Health System**

The iHuddle Board is an electronic integrated quality management tool that allows for information sharing, implementation and evaluation of quality improvement initiatives and supports overall organizational engagement. The iHuddle Board application is accessible to leaders, staff, physicians, patients and families via a 55" touchscreen monitor that allows for two-way information sharing and collaboration. Co-designed with multiple stakeholders including patients and families, the iHuddle Board has a standardized layout that was purposefully designed to reflect William Osler Health System's (Osler) Strategic Plan, and cascades the organization's goals and objectives to the day-to-day activities and performance metrics at the unit-level, while also dedicating space for communication, staff engagement and continuous quality improvement. Launched in 2020, the digital iHuddle Board and standardized huddle process involves conducting 10-15 minute following a series of steps that align with the different sections of the board: People & Culture, Metrics, Spotlight, Ideas & Collaboration, and Executive Patient Safety Rounds (EPSR). The goals of the iHuddle Board are to:

- Improve patient safety outcomes and experience
- Increase team engagement, staff satisfaction and enable cross functional collaboration
- Provide an open forum and real time information
- Enhance transparency and sharing of local and organizational metrics
- Support consistency and effective communication
- Demonstrate how the daily activities at the point care influence Osler's Strategic Plan, Balance Scorecard, Quality Improvement Plan and other performance indicators

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## **Quality Improvement Initiative(s)**

### **Quality Improvement Initiative(s) Across a Health System**

#### **2022 - Island Health**

STEPS for expedient acute care discharge: Cowichan Short Term Enablement and Planning Suites (STEPS)

#### **2021 – Alberta Health Services**

Connect Care

#### **2020 – Mackenzie Health**

Improving Stroke Outcomes Utilizing Data and Technology

#### **2019 – North York General Hospital**

Breast Cancer Integrated Care Collaborative

#### **2018 – Trillium Health Partners**

Putting Patients at the Heart: A Seamless Journey for Cardiac Surgery Patients

#### **2017 – London Health Sciences Centre**

Connecting Care to Home (CC2H)

#### **2016 – BC Cancer Agency and Provincial Health Services Authority**

Get Your Province Together! BC Cancer Agency Emotional Support Transformation

### **Quality Improvement Initiative(s) Within an Organization**

#### **2022 – Humber River Hospital**

Elderly Assess and Restore Team (HEART)

#### **2021 – Nova Scotia Health**

Newcomer Health Clinic

#### **2020 – Island Health**

Prevention & Reduction of Open Heart Surgical Site Infections

#### **2019 – Providence Health Care**

Megamorphosis: Shifting from an Institutional to a Social Model in Residential (Long-Term) Care

## QUALITY TEAM INITIATIVES 2023 – FORMER TEAM AWARD RECIPIENTS

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### **2018 – Primary Health Care**

“Getting the Care I Need, When I Need it”: Group Visits Empower Changes in Priority Areas across Primary Health Care System

### **2017 – University Health Network (UHN)**

UHN Quality Improvement Plan Discharge Summary Program

### **2016 – Mississauga Halton LHIN**

Weaving a Mosaic of Support: Caregiver Respite in Mississauga Halton LHIN

### **Programs and Processes in an Acute Care Hospital Environment**

### **2015 – St. Paul’s Hospital, Providence Health Care**

Evolving Care Systems: The hemodialysis renewal project, a co-location model for change

### **2014 – Mount Sinai Hospital**

The Acute Care for Elders (ACE) Strategy

### **2013 – Vancouver Coastal Health**

iCARE/ITH: One Integrated Model of Care

### **2012 – North York General Hospital**

e-Care Project

### **2011 – St. Michael’s Hospital**

Inspiring Improvement: Working Together for Timely, Quality Patient Care at St. Michael’s Hospital

### **2010 – IWK Health Centre**

Twenty-four Hour Dial for Dining Program

### **2009 – Trillium Health Centre**

Creating Excellence in Spine Care – Re-designing the Continuum

### **2008 – North York General Hospital**

Patient Flow: Improving the Patient Experience

### **2007 – University Health Network (UHN)**

ED-GIM Transformation Project

### **2006 – Providence Health Care**

Improving Sepsis Outcomes

### **Acute Care Facilities**

### **2005 – St. Paul’s Hospital**

Living PHC’s Commitment to Excellence: The “LEAN” Approach to Quality Improvement in the Laboratory

### **2004 – Providence Health Care**

A Multidisciplinary Pathway for Surgical Patients from First Hospital visit to Discharge

### **2003 – Trillium Health Centre**

Driving Performance Excellence at Trillium Health Centre: The Dashboard as a Catalyst for Change

### **2002 – Trillium Health Centre**

Ambulatory Care That Takes Quality to the Extreme

### **Large/Urban Category**

### **2001 – The Scarborough Hospital**

A Change of Heart: Innovative Care Delivery for the CHF Patient

### **2000 – Rouge Valley Health System**

Pediatric Clinical Practice Guidelines: Providing the Best for Our Children

### **1999 – Sunnybrook & Women’s Health Science Centre**

Long-Term Care Work Transformation Project

### **1998 – Scarborough General Hospital**

Orthopaedic Future: Making the Right Investments

### **1997 – St. Joseph’s Health Centre**

Dialyzer Re-use: An Advance in the Cost and Quality in the Canadian Healthcare System of the 1990s

### **1996 – London Health Sciences Centre**

### **1995 – Tillsonburg District Memorial Hospital**

### **1994 – Renfrew Victoria Hospital**

**Programs and Processes in a Non Acute Environment**

**2015 – Capital Health**

My Care My Voice: ICCS Initiative to Improve Care for Complex Patients by Providing a “Voice to the Patient”

**2014 – Island Health**

Better Patient Journeys: Community-Lead Strategies to Improve Hospital Flow

**2013 – Capital Health, QEII Health Sciences Centre**

Palliative and Therapeutic Harmonization: Optimal Care, Appropriate Spending

**2012 – Alberta Health Services**

Glenrose Rehabilitation Hospital Services Access Redesign

**2011 – Mississauga Halton Local Health Integration Network**

Support for Daily Living Program – A Winning Community-based Solution for Addressing ED, ALC and LTC Pressures

**2010 – Sunnybrook’s Holland Orthopaedic & Arthritic Centre**

A Team-based Approach to Chronic Disease Management That Improves Patient Access and Care

**2009 – Whitby Mental Health**

Whitby Mental Health Metabolic and Weight Management Clinic

**2008 – Capital Health**

Implementation of Supportive Living Integrated Standards

**2007 – Providence Health Care (PHC)**

Medication Reconciliation: Reducing the Risk of Medication Errors for Residents Moving in to Residential Care

**2006 – Maimonides Geriatric Centre**

Minimizing Risk of Injury

**Other Facilities/Organizations**

**2005 – Capital District Health Authority**

Organ and Tissue: Innovation in Donation

**2004 – Vancouver Island Health Authority**

Implementing the Expanded Chronic Care Model in an Integrated Primary Care Network Project

**2003 – St. John’s Rehabilitation Hospital, Toronto Rehabilitation Institute**

Achieving Clinical Best Practice in Outpatient Rehabilitation: A Joint Hospital-Patient Satisfaction Initiative

**2002 – Maimonides Geriatric Centre**

Maimonides Restraint Reduction Program

**Small/Rural Category**

**2001 – Woodstock County General Hospital**

Endoscopic Carpal Tunnel Release: An Example of Patient-Focused Care

**2000 – Welland County General Hospital – Niagara Health System**

Niagara Health System: Patient-Focused Best Practice Program

**1999 – Headwaters Health Care Centre**

Teamwork Key to Quality Care: Filmless Digital Imaging System Addresses Quality Issues for Patients, Hospital, Medical Staff and Environment

**1998 – Alberta Capital Health Authority**

Castle Downs Health Centre

**1997 – Brome-Missisquoi-Perkins Hospital**

Client-Centred Approach to Care Surgery Program

**1996 – Crossroads Regional Health Authority**

Pharmacy/Nursing Team Summary

**1995 – Centenary Health Centre**

**1994 – The Freeport Hospital Health Care Village**

### Summary

Descriptions provided by the entrants indicate that quality teams empower employees by giving them knowledge, motivation and a strong sense of ownership and accountability. Multidisciplinary teams, united for a common purpose, achieve results that no one person, department or service can. By transcending departmental boundaries and learning about each other's functions, teams found workable solutions to organizational problems. This, in turn, enabled them to function as internal consultants and models for continued improvement. They developed healthy interprofessional relationships among themselves, other departments and the community. By setting up teams, organizations observed that management decision making became team-based decision-making; single assessment and evaluation turned into team assessment and evaluation; a focus on technical skills became a focus on process management skills; a focus on individual skills became a focus on the ability to be on a team; and subjective/intuitive evaluation became objective, evaluative tools.

The College and 3M are looking forward to receiving many new and innovative team initiatives for consideration for next year's 3M Health Care Quality Team Awards.

The details and the entry form are available on-line at [www.cchl-ccls.ca](http://www.cchl-ccls.ca). For further information, please contact:

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### Canadian College of Health Leaders

The Canadian College of Health Leaders (CCHL), a national member-driven non-profit association, is the connected community that develops, supports, and inspires health leaders across Canada. The College strives to provide the leadership development, tools, knowledge and networks that members need to become high impact leaders in Canadian healthcare.

As defined by the LEADS in a Caring Environment framework, a leader is anyone with the capacity to influence others to work together constructively. The

College's LEADS Canada team provides LEADS-based leadership development services, and partners with organizations, authorities and regions to facilitate not only the adoption of the framework, but a cultural shift required to fully imbed LEADS throughout an organization.

Through LEADS, the CHE designation, credentialing, training, conferences, mentoring and a nationwide careers network, we support health leaders in every sector and region, from every professional background and at any stage of their career.

Located in Ottawa, the College collaborates with 20 chapters across the country and engages with its 4,000 members and 80 corporate members to promote lifelong learning and professional development while recognizing leadership excellence.

Visit [www.cchl-ccls.ca](http://www.cchl-ccls.ca) for more details. Follow us on Twitter @CCHL\_CCLS and on Facebook at <https://www.facebook.com/CCHL.National/>.



CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ

### 3M Science. Applied to Life.™

3M is fundamentally a science-based company. Our success begins with our ability to apply our technologies – often in combination – to an endless array of real-world customer needs, all made possible by the people of 3M and their singular commitment to make life easier and better for people around the world.

3M focuses on providing better care through patient-centered science. Helping transform patient outcomes by stewarding skin, reducing the risk of preventable complications and restoring lives. From wound and skin care to solutions for BSI and SSI risk reduction, our team is ready to partner with you to strive toward a world with zero complications and better patient outcomes.

Learn more about 3M at [www.3m.ca](http://www.3m.ca) or on Twitter @3M\_Canada.

**3M** Science.  
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