



# SOLVENTUM HEALTH CARE INNOVATION TEAM AWARDS

HEALTH CARE INNOVATION  
TEAM INITIATIVES  
EXECUTIVE SUMMARIES  
2024 SUBMISSIONS



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.

On April 1, 2024, 3M announced that its healthcare business is now a standalone company called Solventum. The award name has been updated to reflect this change. Solventum 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 Solventum Health Care Innovation 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 disruptive innovation 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 2024 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 Solventum and the Canadian College of Health Leaders.

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

Solventum puts people and their wellbeing at the heart of every scientific advancement they pursue to help change lives for the better. We are ushering a new era of care with expertise spanning the industry — from medical surgical and dental solutions to health information systems and purification and filtration.

We are proud to celebrate you all today.

Sincerely,



Anita Ellis, Canada Business Leader  
MedSurg, Solventum



Starting in 2024, the Solventum (previously 3M Health Care) awards' focus shifted from quality improvement to disruptive innovation, to highlight cutting edge system transformation and outcomes, diverse population, and sustainability of change. These awards will continue to be presented in two categories, which have been updated to: Disruptive innovation initiative(s) within an organization, and Disruptive innovation initiative(s) across a health system.

Although two submissions were selected for special recognition, the 2024 competition included many important disruptive innovations. 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.



## **2024 SOLVENTUM HEALTH CARE INNOVATION TEAM AWARDS RECIPIENTS**

- Disruptive innovation Initiative(s) Across a Health System:  
**Provincial Health Services Authority** – BC Emergency Health Services, Clinical Hub
- Disruptive innovation Initiative(s) Within an Organization:  
**Unity Health Toronto** – AI / Data Science and Advanced Analytics

**OTHER SUBMISSIONS:**



**Disruptive Innovation Initiative(s) Across a Health System**

- Archipel Remote Care Monitoring Programs Integrated Team - Équipe Santé Ontario Archipel
- Huron Perth & Area Ontario Health Team Collaborative Accreditation - Huron Perth and Area OHT
- Cowichan Health and Care Plan - Island Health
- London Health Sciences Centre and London Cares Supportive Housing Initiative - London Health Sciences Centre
- HPV Testing and Cervix Self-Screening - Provincial Health Services Authority
- Toronto Academic Health Sciences Network Quality Improvement and patient safety community of practice (TAHSN QIPS CoP): Improving Patient Safety workstream – UHN
- Virtual Hallway



**Disruptive Innovation Initiative(s) Within an Organization**

- Rapid Access Clinic (RAC) - Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal
- The Logistics Revolution is Underway - CHU de Québec
- Clinique d'immunothérapie orale – CITO (Oral immunotherapy clinic) - CHU Sainte-Justine
- Projet Passerelle Project - CISSS Laval
- Good Samaritan Society
- Improved MRI Priority for NB-ISAEC Patients - Horizon Health Network
- H-HPT Operating Room Model - Humber River Hospital
- Telehealth at the Institut de cardiologie et de pneumologie de Québec - Institut universitaire de cardiologie et de pneumologie de Québec - Université Laval
- Sault Area Hospital Surgical Transitions Remote Care Monitoring Program - Sault Area Hospital
- London Health Sciences Centre
- Evidence Informed care for person's in LTC experiencing swallowing dysfunction - VCHA
- The iHuddle Board and iHuddle Process - William Osler Health System

*BC Emergency Health Services, Clinical Hub*

**Provincial Health Services Authority**

With almost half of 911 calls to BC Emergency Health Services (BCEHS) being for non-life-threatening emergencies, BCEHS call takers were being swamped with approximately 350,000 calls annually that didn't require an urgent response. Trying to weather the adverse effects of the opioid crisis, COVID-19 pandemic, staffing levels and environmental emergencies in BC, call takers and the leadership team could see that these non-urgent calls were Provincial Health Services Authority placing enormous stress on an already strained system. Moreover, rural, remote, and Indigenous patients continued to experience socioeconomic and geographic barriers to care that cannot be overcome simply by adding more paramedics and ambulances to the struggling system. BCEHS staff and leadership felt there was a better way to care for patients, so they set out to change the 50-year-old model for out-of-hospital care. Out of this work came the birth, growth and development of the BCEHS Clinical Hub in January 2022. The Clinical Hub team has focused on connecting low acuity and non-urgent patients to the care they need through 'alternative care pathways' which include, but aren't limited to connecting patients to:

- Urgent and Primary Care Centres (UPCCs);
- Detox centres;
- Mental health supports;
- Palliative care.

Working with health authority stakeholders to invert the care model, the Hub team aims to shift patient referral programs from 70% of patients going to Emergency (and 30% going elsewhere) to a patient journey that results in 70% of patients going to alternate care pathways (and 30% going to ERs) in the next 10 years.

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2024 SOLVENTUM HEALTH CARE INNOVATION TEAM AWARD RECIPIENT:  
DISRUPTIVE INNOVATION INITIATIVE(S) WITHIN AN ORGANIZATION

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*AI / Data Science and Advanced Analytics*

**Unity Health Toronto**

In 2017, Unity Health Toronto recognized AI's potential and established the Data Science and Advanced Analytics (DSAA) team under the leadership of Dr. Muhammad Mamdani. This team, comprising 30 experts, has become a global leader in applied AI and analytics within hospital settings. The DSAA team's primary objective is to leverage data and advanced technologies to enhance patient care and operational efficiency. Through disciplined project management, they've deployed over 50 AI and analytics tools, yielding tangible benefits such as reduced mortality rates, decreased administrative burdens, and improved clinical decision-making. Examples of their innovations include CHARTwatch, an early warning system predicting patient deterioration, and ED RN Assignment, optimizing nurse allocation in the Emergency Department. Additionally, automated algorithms for detecting intracranial hemorrhages and traumatic brain injuries have shown promising results in improving patient outcomes. Aligned with Unity Health's mission, the DSAA team fosters a culture where AI and analytics complement frontline care delivery. By addressing key challenges like research translation, end-user engagement, and ongoing monitoring, they ensure responsible and effective AI implementation.

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## *Archipel Remote Care Monitoring Programs Integrated Team*

### **Équipe Santé Ontario Archipel**

Supported by the Archipel Ontario Health Team and with funding from Ontario Health, two disruptive innovation initiatives efforts in Ottawa within the Healthcare System led by Hôpital Montfort in collaboration with the Ottawa Community Paramedic, Prescott-Russell Community Paramedics, Home and Community Care Support Services, and now with Hawkesbury General Hospital, have proven tremendous success in its goals and outcomes, through its outstanding patient experience, clinical outcomes and significant healthcare impacts. The two programs are 1) the Surgical Transition Remote Care Monitoring (STRCM) for post-operative care of urology, gynecology and arthroplasty patients; and, 2) the Enhanced In-Home Remote Care (E-RCM) for chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes type I & II (DM I & II), cellulitis, osteomyelitis and alternate level of care (ALC). Successes of the RCM programs have improved early discharged (ST-RCM) and access to in-patient beds (both programs) while also reducing re-admissions rates and ED visits. The availability of community paramedics to complement Home and Community Care Support Services's hours of operation, has enabled 24/7 coverage, safety net and care to patients, avoiding the need to come to the ER for non-acute care. Finally, strengthened partnerships and creation of innovative strategies to improve patient care, transitions, and health system performance.

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## *Huron Perth & Area Ontario Health Team Collaborative Accreditation*

### **Huron Perth and Area OHT**

The Huron Perth & Area Ontario Health Team (HPA-OHT) has pioneered collaboration in healthcare accreditation, revolutionizing the traditional model through our Collaborative Accreditation initiative. This initiative represents a strategic, innovative shift aligning with our mission to enhance healthcare quality and efficiency. The initiative was born from transcending traditional, fragmented accreditation processes. By adopting a collaborative approach, we aim to unify healthcare standards across various sectors within our organization, ensuring comprehensive, high-quality care. This initiative is vital to our broader organizational transformation. It aligns perfectly with our vision and mission, representing a strategic step towards integrated, exceptional healthcare services. The primary challenges include aligning the work on the accreditation standards and encouraging voluntary participation across healthcare sectors. These challenges are addressed through our innovative, collaborative approach. We aim to harmonize the work on the standards, promote a culture of best practices, and enhance overall care quality and satisfaction. Patient-Centric Approach: The initiative directly responds to patient values and the diverse needs of our population. By elevating care standards, we aim to provide equitable and exceptional healthcare services that align with patient expectations. Meeting Expectations: The Collaborative Accreditation initiative is designed to meet and exceed the expectations of our diverse citizen base, ensuring a people-centered, inclusive approach to healthcare. The HPA-OHT's disruptive innovation in healthcare accreditation through collaborative efforts exemplifies our commitment to excellence and continuous improvement. This initiative addresses critical organizational challenges and aligns with our mission to transform healthcare delivery, placing patient needs and values at the forefront.

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### *Cowichan Health and Care Plan*

#### **Island Health**

The Cowichan Health & Care Plan (CHCP), commissioned by Island Health Executive in 2018, was designed to identify options which would reduce acute inpatient utilization through implementation of evidence-based community services, in anticipation of the opening of the new Cowichan District Hospital (CDH) in 2027. To address the current state of acute care chronic overcapacity, in addition to a significant projected demand for care related to a growing and aging population, the CHCP provides an innovative population health needs analysis approach for resource allocation to improve health outcomes for the residents of the Valley, while supporting patient flow across the continuum of care. Through population growth forecasting and collective engagement with our partners and community members, including our local Indigenous communities on whose lands we are privileged to work and play, individual evidence-based strategies were identified to support some of the highest user groups of the system. This enhanced network of care supports care solutions driven by patient engagement and participation, has created a learning health system to sustain continuous quality improvement and data-driven decision making, while transforming the system of health care delivery across the region. Three years into the initiative, the collective impact generated through the CHCP project has created a savings of over 18 beds/day in acute care avoidance, allows us to maintain CDH census under 100%, has produced the lowest ALC rates in the region and aligns to Island Health's vision of excellent health and care for everyone, everywhere, every time.

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### *London Health Sciences Centre and London Cares Supportive Housing Initiative*

#### **London Health Sciences Centre**

In response to the growing homelessness crisis in our community, London is taking action through the Health & Homelessness Whole of Community System Response. This approach, involving experts from various sectors, supports marginalized Londoners experiencing homelessness, enhances well-being and eases strain on our health care system. As part of this effort, London Health Sciences Centre (LHSC) and London Cares Homeless Response Services (London Cares) partnered to establish 25 supportive housing units. Using existing apartments in the city's downtown core, our organizations offer supportive housing with comprehensive health and social services to residents. These spaces are assisting those with complex health needs, including discharged hospital patients at risk of readmission. Both LHSC and London Cares believe housing is health care and when a portion of community members don't have a home of their own, it impacts us all. We see first-hand how patients experiencing homelessness face additional barriers to maintaining wellness, often leading to increased Emergency Department (ED) visits and hospital admissions. LHSC data shows there are 1,645 patients living unsheltered, accounting for more than 6,300 ED visits annually. Given many of these individuals have complex medical needs, approximately 15 per cent are admitted as inpatients. Three months post-implementation, residents experienced improved quality of life, housing stability, reduced substance use and enhanced mental and physical health. Community benefits include a 74% reduction in ED visits, better coordination of home care and access to services, and reductions in ambulance use, law enforcement interactions and temporary shelter expenses.

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## *HPV Testing and Cervix Self-Screening*

### **Provincial Health Services Authority**

BC has been a pioneer in population-based cervical cancer screening since 1955, when the province launched the first such program in the world. The results speak for themselves: in the last 70 years, cytology testing has saved thousands of people from dying of cervical cancer. However, the participation rate for cervix screening has been declining and is below the 70% target rate. With a World Health Organization (WHO) goal to eliminate cervical cancer and a new provincial 10-Year Cancer Plan rolling out, BC Cancer and PHSA saw a clear opportunity to introduce an innovative approach. The introduction of HPV-based testing improves screening accuracy while addressing traditional barriers (e.g. cultural sensitivities, previous history of trauma, need for healthcare provider) associated with provider-collected cytology (Pap tests). Over the last year and half the team has engaged with hundreds of providers, patients and health care experts to develop the tools and resources needed across BC to support this major practice change that offers more choice for patients and providers. The cervix self-screening pilot showed that never- and under-screened people were willing to self-screen and BC Cancer worked with many local providers and health centres to improve access to screening for known vulnerable populations including new Canadians, Indigenous populations, people who live in rural or remote communities, low income and transgendered. The team's new approach and implementation will save even more lives, helping British Columbians reach the WHO's goal of eliminating cervical cancer.

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## *Toronto Academic Health Sciences Network Quality Improvement and patient safety community of practice (TAHSN QIPS CoP): Improving Patient Safety workstream*

### **UHN**

The Improving Patient Safety Workstream of the Toronto Academic Health Science Network (TAHSN) Quality Improvement & Patient Safety Community of Practice was established for TAHSN institutions to have a space for knowledge exchange and application of a common method to learn from past patient safety events. Historically, organizations worked primary in silos to improve patient safety leading to discordant approaches. However, patients receive care across different sociotechnical systems in healthcare and thus, collaboration is required to improve care. This workstream is led by leaders in quality and safety in various parts of the health system and includes representatives from 36 organizations across Ontario (15 TAHSN organizations and 21 other Ontario organizations), all committed to collectively reducing patient safety events resulting in poor patient outcomes and experiences. The workstream is harnessing collective expertise, with the ultimate goal of reducing preventable harm (safety events) to patients. We believe this is achievable through the sharing of lessons learned; data and recommendations from serious safety events; and collaborative improvement work. The critical and foundational step in this journey towards harm prevention is to adopt a common patient safety event taxonomy and align approaches to identifying, classifying and addressing serious safety events. The workstream members committed to three phases of collaborative work: (1) safety indicator: develop a 12-month rolling average serious safety event rate; (2) aligned methods: adopt a common approach/tools to review events; and (3) shared safety goals: commitment to co-developing and evaluating shared patient harm prevention goals and improvement strategies.

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### **Virtual Hallway**

Virtual Hallway, a Nova Scotia-based digital health company, has pioneered a transformative platform in healthcare communication, bridging the gap between primary care providers and specialists. This innovative solution, modelled after traditional 'hallway consults,' has revolutionized the referral and consultation process, offering rapid, efficient peer-to-peer consultations through digital means. Since its inception, Virtual Hallway has achieved remarkable milestones. It has successfully facilitated over 8,000 consultations, demonstrating its effectiveness and the high value it brings to the healthcare community. The platform has gained substantial traction, with its user base surpassing 2,500 healthcare providers, reflecting the trust and confidence in its solution. This achievement is underscored by the expansion of its services beyond Nova Scotia, with Health PEI adopting its platform, thereby broadening its impact. Recognized as an approved provider for eConsult in Nova Scotia, Virtual Hallway has cemented its reputation as a reliable and effective digital healthcare tool. Further enhancing its contributions to healthcare, the platform received accreditation for providing medical education, adding an educational dimension to its services. This milestone aligns with its mission to continuously improve healthcare delivery. In addition to these accomplishments, Virtual Hallway closed a significant funding round, securing the resources necessary for further growth and innovation. This funding is pivotal for expanding its reach and enhancing its offerings, ensuring sustained impact and advancement in healthcare technology. Virtual Hallway's achievements are a testament to its dedication to resolving inefficiencies in healthcare while providing immediate, tangible benefits to both providers and patients.

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*Rapid Access Clinic - RAC***Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal**

The Lakeshore General Hospital emergency department receives nearly 44,000 visits per year, making this 220-bed ER one of the busiest in proportion to its capacity. Due to overcrowding and long wait times, patients must often spend the night in the ER, even when their clinical condition is stable and it would be safe for them to return home. This increases the number of patients occupying stretchers and further clogs an ER that is almost 40 years old and was never designed for this volume. Similar situations occur in care units, where some patients must spend extra nights in the hospital as they wait for a medical consultation, even though their clinical condition is sufficiently stable to allow them to return home. In an attempt to ensure that patients receive the best access to care, and while seeking out alternatives to hospitalizations, Lakeshore General Hospital came up with a new care delivery model: the Rapid Access Clinic (RAC). Under this model, no patient (in the ER or other units) is required to stay overnight in the hospital to maintain access to technical and diagnostic support centres, follow-up results, or specialized medical consultations, if it is safe for them to sleep at home. Implementing the RAC required a great deal of mobilization, and it has contributed to improving the patient experience, as well as relieving congestion in the ER and other units.

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*The Logistics Revolution is Underway***CHU de Québec**

The shortage of labour in the health care system (RSSH) is a major problem. Statistics Canada estimates that a total of 95,800 health care positions were vacant in 2022. These positions are made up of nurses, personal support workers, and health care workers. This does not take into account the ageing of the population. RSSH institutions must therefore reinvent work organization. The introduction in 2015 of logistics directorates in health care institutions provides a new perspective. The objectives of these directorates include freeing up clinical personnel from logistical tasks and eliminating non-value-added activities for the patient to maximize their experience. In the work organization of most institutions, orderlies as well as other health care professionals perform a number of tasks that can be assigned to other types of workers. Internal analyses have corroborated the existing literature in that over 30% of an orderly's time is spent on these logistical tasks. Using a conservative percentage of 20%, we can therefore estimate that for five of the orderlies currently required, one is used to perform logistical tasks. CISSS-CA and CHU have joined forces to create a logistics management ratio and an associated application method. Given the complementary realities of both organizations, the ratio that has been developed can be applied province-wide.

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### *Clinique d'immunothérapie orale – CITO (Oral immunotherapy clinic)*

#### **CHU Sainte-Justine**

CHU Sainte-Justine's oral immunotherapy clinic (Clinique d'immunothérapie orale – CITO) was inaugurated in 2017 to address the rise in severe food allergies affecting about 63,000 Quebec children. Until now, the only option for these patients was strict avoidance of the allergen and use of an epinephrine auto-injector in case of an accidental reaction that could prove fatal. Despite the effectiveness of this approach, it creates a heavy psychosocial burden due to the constant hypervigilance and social limitations it imposes. CHU Sainte-Justine therefore introduced oral immunotherapy (OIT). Consisting in the administration of small doses of the allergen, OIT gradually increases the patient's allergen tolerance until a dose is reached that protects them from accidental reactions and allows them to introduce the allergen into their regular diet. It can even be curative if initiated quickly in infants. CITO is the first OIT clinic in Canada. It uses a multidisciplinary approach that integrates care, research, knowledge transfer and teaching, and is part of CHU Sainte-Justine's ambition to transform the lives of generations through innovation and precision health. CHU Sainte-Justine's CITO clinic has desensitized more than 1,710 patients in its first five years of operation and acts as a leader in the effective treatment of severe and complex food allergies. Building on CITO's success, in 2022 the Government of Quebec committed to developing a province-wide service offering to ensure OIT access for all children.

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### *Projet Passerelle Project*

#### **CISSS Laval**

As home care has increased as a result of the social choice to stay at home for as long as possible, the lack of assistants available to provide basic home care soon became an issue. There is a critical role in allowing those who are losing their autonomy to remain in their environment. To address this shortage while maintaining the quality of in-home services, we redesigned our process for integrating new family assistants and launched Passerelle in March 2023. It is a program to train and support our new employees to develop the skills needed for home care without holding the Health and Social Services Assistant (HSSA) diploma. As such, our organization welcomes orderlies who show independence and resourcefulness and trains them to provide home care. The objective is to: Optimize the quality of home care through by retaining existing staff and attracting potential home support workers. The Passerelle training takes one month to complete—140 hours of training (70 theory – 70 practice) on specific client needs:

- Medication administration;
- Safe movement of people;
- End-of-life care;
- PDSP;
- Home care organization.

A clinical counsellor oversees the program with the assistance of two HSSA instructors and an administrative officer.

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## Good Samaritan Society

The Good Samaritan Society was faced with massive hurdles to overcome throughout and after the pandemic. Challenges with lack of human resources, leadership capabilities, finances, and quality of care, were just of a few of the formidable struggles. The organization needed to ensure residents and employees were safe, and hopefully thrive after the pandemic. It was anticipated that leading out of the pandemic may be an even greater feat as the healthcare system's challenges grew and longer lasting effects of the pandemic started to appear. Good Samaritan believed that the only way to tackle the multitude of complex issues and to lead out of the pandemic effectively was to complete an evidence-based organizational design initiative. The initiative is a product of a decade of research and its associated toolkit is now a copyright affiliated with the organization. The initiative added to the body of research on organizational design and builds on specific organizational design research and work completed in two Canadian provincial healthcare organizations. Our initiative considered seven key constructs: strategy, structure, systems, staff, skills, style, and shared values. Good Samaritan has transformed its organization with outstanding results. Employee engagement, leader recruitment and retention, and resident satisfaction surpasses pre-COVID years and the organization is financially sustainable; it is thriving. Research shows that organizational design is the single most challenging issue facing CEOs across all sectors. Good Samaritan exemplifies excellence in this approach and is a role model and support for others as they try to achieve the same success.

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## Improved MRI Priority for NB-ISAEC Patients

### Horizon Health Network

The project is a collaboration between the medical imaging department and the NB-ISAEC program within therapeutic services, with the main goal of reducing wait times for patients who require MRI of their lumbar spine. By having a fast-track assessment with specially trained physiotherapists, we can better identify patients who require advanced imaging, providing a better triage system to medical imaging to assist in managing their lengthy wait lists. The project has resulted in significant improvements in wait times for the group of patients involved. Average wait time for lumbar MRI for patients seen through this project is 23.2 days, whereas previously average wait time for this patient population was 176 days. Lumbar MRI is a necessary test for patients to have prior to seeing a spine specialist as it is required for surgical decision making. The project has succeeded in significantly reducing wait times for this patient population and thus improving the efficiency of the healthcare system for patients with low back pain and related symptoms. Getting the MRI faster allows the patient to see the specialist faster to make a final determination regarding whether they are surgical. The entire process can now be completed within 14 weeks (2 weeks to see clinician, 4 weeks for imaging and up to 8 weeks to see specialist) whereas previously it was not uncommon for patients to wait well over one year for the same process.

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### *H-HPT Operating Room Model*

#### **Humber River Hospital**

In 2023, Humber River Health implemented an innovative model of operating room efficiency to improve timely and safe access to surgical care for patients waiting for hip and knee replacement surgery. True “efficiencies” must be created whereby the desired output is increased without increasing costs, either financially or with human resources. The multidisciplinary team with input from patients worked together to find efficiencies within equipment and instrumentation, role re-definition and process optimization from the pre-operative, intra-operative and post-operative periods. Through these efficiencies, twice as many patients can receive surgery. By optimizing existing resources and funds the team achieved ~\$489,000 in cost savings annually. With the addition of H-HPT operating rooms, Humber River Health has been able to increase the number of joint replacements completed to 2200 cases this fiscal year. Performance improvements indicate positive results in operating room start times, turnover time, and overruns. In alignment with our strategic plan, we have met our surgical volume recovery goals and reduced our wait times significantly. We have also reduced waste in the operating room by 50% along with reduction in medical device reprocessing – this means, use less water and energy and by creating less waste we reduce our carbon footprint. In a public payer system, true efficiencies are paramount to servicing the population in a timely and fiscally responsible manner – while ensuring access to care for as many people as possible. We are excited to nominate this entry for the 3M Innovation Award for Disruptive innovation initiative within an organization category.

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### *Telehealth at the Institut de cardiologie et de pneumologie de Québec*

#### **Institut universitaire de cardiologie et de pneumologie de Québec - Université Laval**

Telehealth development is booming in Quebec, and the Institut universitaire de cardiologie et de pneumologie de Québec – Laval University (the Institute) is no exception. As the COVID-19 pandemic has exacerbated existing access-to-care issues, the Institute has developed new methods to continue its mission of providing tertiary and quaternary care and services in cardiology, pneumology and obesity-related diseases to a clientele that has become even more vulnerable in this unprecedented context. Examples of methods now available at the Institute include individual or group teleconsultation, remote result interpretation, remote court appearances and tele-interpretation. In order for these new practices to be integrated smoothly and easily, it was important that the administrative and coordination aspects of appointments not become a burden for professionals or users. This is where the Institute stands out and innovates, as the organization has chosen to dedicate a support team to telehealth. In addition to exchanging information with users in a confidential manner, the team personally supports users throughout the process so that the experience is positive and as satisfying as an in-person consultation. Lastly, these services are constantly maintained and they enhance the quality and quantity of the support provided to users, facilitating access for people in remote regions and making appropriate use of available resources.

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## *Sault Area Hospital Surgical Transitions Remote Care Monitoring Program*

### **Sault Area Hospital**

Sault Area Hospital created the Surgical Transitions Remote Care Monitoring (STRCM) program to deal with the C-19 pandemic, address care delivery backlogs, and remain connected with patients. The Innovation Department co-designed the program with clinicians, patients, and families with stage-wise implementation along 15 evidence-based clinical pathways. In this program, patients self-manage their conditions using a smartphone, tablet, or computer and receive digital reminders, symptom tracking, and clinical education throughout their healthcare journey. Healthcare professionals remotely monitor the patient's recovery, identify changes in health status, and intervene when needed. To date, over 2800 patients have participated in this very successful initiative. Evaluations show a 72% reduction in Emergency Department visits, 64% reduction in 30-day readmissions, and 8% reduction in length of stay when comparing STRCM patients to those not in the program, which is statistically significant. In addition, a funded research study is underway to examine the impact of the program on other patient outcomes (see Section H below). Patients report feeling more supported because of the program (37% state that STRCM prevented one or more calls to the hospital; 94% report that the program helped them feel more confident before surgery; 91% report feeling more confident after surgery). The program has now been directly integrated with the electronic health record system so that providers can instantly view detailed patient information, leading to improved diagnosis/treatment. This program enables safer hospital-to-home transitions, helps clinicians monitor and communicate with patients, automates patient education, and empowers patients to actively participate in their care journey.

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### **London Health Sciences Centre**

LHSC's Ambulance Offload Time has historically been the highest in the province, 72nd and 75th respectively for Victoria Hospital and University Hospital out of 75 participating ED Pay-for-Results hospitals. Ambulances waiting outside the hospitals contributed to incidents of code zero for paramedic crews leaving no ambulances available for community 911 calls. As provincial EMS call volumes continue to increase, this delay significantly increased the level of risk for patients, families, staff, and the overall health care system. Further, the ongoing stress between EMS and ED staff was creating cultural exhaustion leading to frustration, tension, moral distress, and general staff burnout. To resolve the issue a rapid Kaizen was used to understand the root pain and implement urgent change initiatives in the adult Emergency Departments and inpatient units, improving patient flow and overall performance. This was done in consultation and collaboration with North York General Hospital and Middlesex-London Emergency Medical Services. Through the project team's progressive work, two priority change strategies were employed. An Emergency Department Vertical/Horizontal Care/Wait Strategy reducing corporate risk of two-tiered mode of arrival vulnerability, and an Admitted Patient Push/Pull Strategy improving time to inpatient bed, access to care and treatment spaces in the ED, and access to offload capacity in collaboration with the Office of Capacity Management as part of bed optimization. Preliminary results equated to an Ambulance Offload Time (AOT) reduction of 78%, from 174 minutes to 33-39 minutes, within two months of implementation and patients are experiencing less wait when admitted for an inpatient bed.

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### *Evidence Informed care for person's in LTC experiencing swallowing dysfunction*

#### **VCHA**

There has been minimal access to specialized care for persons with dysphagia (i.e. swallowing dysfunction) residing in the 19 long-term care facilities operated by Vancouver Coastal Health Authority. With the values of “caring for everyone”, “always learning” and “striving for better results” and aligning our strategic priorities of “exceptional care” and “innovation for impact”, we enhanced the existing care model of dysphagia management in LTC by adding S-LP into the existing care teams at each LTC facility. As part of the interprofessional care team S-LP has been bridging care in a coordinated partnership between allied health, nursing and educators in guiding client-centred and evidence-informed care planning relating to dysphagia. Preliminary successes include: removing unnecessarily restrictive or modified diets without health complications, increasing autonomy and participation of the person in care, and supporting care plans that are evidence-informed and align with the individuals’ goals and values. Comprehensive dysphagia assessments inform the person’s in care and care teams about the nature and trajectory of the individual’s dysphagia and rationale for the individualized recommendations. These practices are best completed as part of an interprofessional team with ongoing collaboration with the care team and the family. Family centered care with an emphasis on quality of life, dignity, safety and participation in decision making supports resulting in an adjustment to the power imbalance. The care model is deeply embedded in the supporting choice framework which requires humility and learning on the part of the clinician best outcome for best health outcomes.

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### *The iHuddle Board and iHuddle 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, Quality Improvement Plan (QIP) and Balance Scorecard (BSC) 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 iHuddle process involves conducting 10-15 minutes iHuddle 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). As of October 2023, over 4,990 huddles have been conducted across inpatient and outpatient areas. A total of 632 ideas have been generated and 216 implemented. 1,049 items have been uploaded to the Unit Spotlight section for communication and staff engagement and 182 items have been added to the Corporate Spotlight section. Recognized by Health Standards Organization as a global leading practice, this initiative has been instrumental in leading corporate initiatives such as Accreditation and Executive Patient Safety Rounds.

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## Quality Improvement Initiative(s)

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

#### **2023 - Nova Scotia Health**

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

#### **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

#### **2023 – St. Joseph’s Care Group**

The Hogarth Riverview Manor Transformation Journey

#### **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

#### **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

## TEAM INITIATIVES – FORMER TEAM AWARD RECIPIENTS

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### **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**

## INNOVATION TEAM INITIATIVES 2024

### Summary

Descriptions provided by the entrants indicate that innovative 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 and developing disruptive innovations. 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 Solventum are looking forward to receiving many new and innovative team initiatives for consideration for next year's Solventum Health Care Innovation 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 4,300 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

### Solventum

On April 1, 2024, 3M announced that its healthcare business is now a standalone company, Solventum. Solventum puts people and their wellbeing at the heart of every scientific advancement they pursue to help change lives for the better. They are ushering a new era of care with expertise spanning the industry — from medical surgical and dental solutions to health information systems and purification and filtration.

