CERTIFIED HEALTH EXECUTIVE PROGRAM

CHE LEADS in Action Project Guidelines

CANADIAN COLLEGE OF
HEALTH LEADERS

CHE Program

COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

Programme LCS

WELCOME TO THE *LEADS IN ACTION* PROJECT COMPONENT

Consistent with the commitment of the Canadian College of Health Leaders to the value of "life- long learning", a key feature of the CHE and FCCHL professional designations is the translation of knowledge to improve and the health system and foster leadership development. *LEADS in Action*, as part of the CHE designation process provides candidates with the opportunity to contribute knowledge by sharing their experiences and knowledge gained through their practice and application of learning in the workplace.

Candidates who have successfully completed the LEADS Learning Series, are free to begin the *LEADS in Action* Project. In this project, candidates will demonstrate their leadership capabilities by writing a Briefing Note for senior leaders in which they: a) identify and analyze the key issue facing the organization, b) identify options that could be considered for resolving the issue, and c) recommend one of these options as the most appropriate strategy to resolve the issue, including rationale.

Candidates are expected to identify the implications of the issue for leadership in their organization or work area, and ideally in the broader health system.

LEADS IN ACTION PROJECT POLICIES

Late Projects
LEADS in Action projects submitted later than March 1 of any year may not be processed in time to permit the candidate to convocate in late May or early June of that year.

LEADS in Action Project Re-writes
If a candidate fails to meet the standards for the *LEADS in Action* Project, they may re-submit within three months; and an administration fee will apply. Candidates who fail for a second time are expected to acquire MOC credits to build up strength in their area(s) of weakness. Such candidates must wait at least 1 year before re-submitting. They may choose to write on their previously chosen topic or select a new one.

LEADS IN ACTION PROJECT

Capability Areas
The content that is being measured in the *LEADS in Action* Project relates to four LEADS domains and capabilities. The ***Behavioural Descriptors Supporting the College CHE*TM *Program LEADS in a Caring Environment Framework*** is particularly helpful. Full details of the LEADS Framework can be found in your CHE Portal (https://cchl.hub.cloudgeneration.com/Courses).   You can also refer to Table 1 below for details.

Table 1: *LEADS in Action* Project - Core Leadership Capabilities

Domain	Capabilities
Engage Others *Engaging and connecting others is an essential element of leadership.*	• ***Fosters development of others*** – supports and challenges others, fosters achievement of professional and personal goals • ***Contributes to the creation of healthy organizations*** – creates engaging environments with meaning opportunities to contribute, ensures resources are available to fulfil responsibilities • ***Communicates effectively*** – listens well, encourages open exchange of information and ideas, uses appropriate communication media • ***Builds team*** – facilitates environments of collaboration and cooperation amongst team members, facilitates environments to achieve results
Achieve Results *Leaders are accountable for managing the resources of the organization to achieve results.*	• ***Set Direction*** – inspires vision, identifies, establishes and communicates clear and meaningful expectations, identifies clear and meaningful outcomes • ***Strategically align decisions with vision, values and evidence*** – strategically align decisions with the organization's mission, vision and values. Strategically aligns decisions with evidence • ***Take action to implement decisions*** – acts to implement decisions consistent with organizational values, acts to yield effective, efficient public centered service • ***Assess and evaluate*** – measures and evaluate outcomes, holds themselves and others accountable for results, corrects course as appropriate
Develop Coalitions *In a complex and complicated environment, organizations can typically choose to collaborate to achieve an objective. It may involve public policy development or reformation, restoring or soliciting funding, or changing service delivery among other goals.*	• ***Purposefully build partnerships and networks to create results*** – creates connections with outside organizations, creates trust and shred meaning amongst partners • ***Demonstrates a commitment to customers and service*** – facilitates collaboration, cooperation and coalitions amongst diverse groups of customer service, and aims coalitions at learning to improve service • ***Mobilize Knowledge*** – employs methods to gather intelligence, encourages open exchange of information across the organization and uses quarterly evidence to influence action across the system • ***Navigate socio-political environments*** – is politically astute, negotiates through conflict and mobilizes support
Systems Transformation *Expectations for change—driven by funding pressures, demographics, public expectations, and technology—suggest that transformation to reform the health sector is both expected and required. To increase the likelihood of success, there is a pressing need to actively identify and engage all pertinent key players in a system in the conceptualization and framing of the issues related to Systems Transformation, as well as in collaborative planning and implementation.*	• ***Demonstrates systems/critical thinking*** – thinks analytically and conceptually, questions and challenges status quo to identify issues and solve problems, designs and implements effective processes across systems & stakeholders • ***Encourage and support innovation*** – creates a climate of continuous Improvement and creativity, aims at systemic change • ***Orient themselves strategically to the future*** – scans the environment for ideas, best practices and emerging trends to shape systemic change • ***Champion and orchestrate change*** – actively contributes to change processes that improve health service delivery

LEADS in Action Project - Options

Candidates have 3 options when completing the *LEADS in Action* Project.

Option	Description	Criteria for option approval
Option I - Case study	The CHE Program has a number of high quality case studies from Richard Ivey School of Business and others.	✓ A list and summary of available case studies is provided to candidates under option 1 (see Appendix A)
Option IIA - Submission based on a workplace issue that is suitable for the *LEADS in Action* project	Candidate selects a workplace issue specifically for the CHE Program. Candidates submit a proposal to the College	✓ Accepted proposal following criteria in Appendix B ✓ Discusses the issue facing the organization ✓ Discusses relevance of the issue ✓ Relates to one primary Domain within the LEADS Framework. There may be one or two secondary domains that are relevant to the topic.
Option IIB - Submission based on a national, provincial, or territorial Health Commission Report.	The objective of the *LEADS in Action* Briefing Note is to assess leadership capabilities in an applied situation, using existing national, provincial, or territorial health commission report.	✓ Select one of the national, provincial, or territorial Health Commission Report ✓ Identify the recommendations most relevant from the report to their own organization ✓ Discuss the relevant leadership issue and background, options for how to implement the commission recommendations within their organization, and a recommendation plus next steps for how the organization should move forward ✓ Relates to one primary Domain within the LEADS Framework. There may be one or two secondary domains that are relevant to the topic.

Option I - Case Studies

The CHE Program is constantly refreshing its library of high-quality case studies. These case studies have a broad range of topics from all sectors in healthcare. Candidates can choose from the list and synopsis of pre-selected Case Studies listed under Appendix A (Please contact the Coordinator, CHE Programs to indicate your selection CHE@cchl-ccls.ca).

Using the results of your LEADS 360 Assessment and Leadership Development Plan, identify one primary Domain within the LEADS Framework that you should focus on. There may be one or two secondary domains that are relevant to the topic.

Option IIA. - Organizational Issue (Candidate-Determined)

Under this option, the objective of the *LEADS in Action* Briefing Note is to assess leadership capabilities in an applied or real-life workplace situation. Candidates may opt to consider a healthcare leadership issue in their organization. To do so, they must submit a proposal outlining their topic before beginning their project.

Candidates should consider that the workplace issue should meet the following criteria:
- Using the results of the LEADS 360 Assessment and Leadership Development Plan, identify one primary Domain within the LEADS Framework that you should focus on. There may be one or two secondary domains that are relevant to the topic.
- May be inter /intra departmental/organizational in focus
- Is appropriate for discussion utilizing a Briefing Note approach

While there are no rigid rules, the following questions may help candidates judge the appropriateness of an organizational issue for their *LEADS in Action* Briefing Note:
- Is this kind of issue frequently encountered by leaders in healthcare organizations?
- Does the issue involve management functions such as planning, organization, coordination, staffing, control, decision-making and evaluation?
- Does the issue have immediate relevance to their work and organization, or the healthcare system?
- Is the issue important to the success or future direction of their organization, other organizations or the healthcare system in general?
- Will the proposed strategies for resolving the issue be generalizable and transferable to other situations?
- Does resolution of the issue utilize an innovative improvement approach?
- Can the primary and secondary LEADS domains be addressed by this issue?

Writing the LEADS in Action Proposal
Prepare and submit a proposal to the College. **The *LEADS in Action* Proposal format** may be found in Appendix B

NOTE:
- Candidates must be the sole author of the proposed LEADS in Action Briefing Note.
- Projects that have been previously submitted to the College are ineligible and projects will not be accepted.

Option IIB. - Submission Based on a National, Provincial or Territorial Health Commission Report

Under this option, the objective of the *LEADS in Action* Briefing Note is to assess leadership capabilities in an applied situation, using existing national, provincial, territorial health commission, and advisory committee reports.
Candidates interested in this option should:

1. Select one Health Commission Report. Below are a few examples, or you can reference another.
   - [National Truth and Reconciliation Commission Report Calls to Action](#)
   - [Mental Health Commission of Canada: Changing Directions, Changing Lives](#)
   - [A Vision to Transform Canada's Public Health System](#)
   - [Ontario's Long-Term Care COVID-19 Commission](#)
2. Identify the recommendations most relevant from the report to their own organization

3. Discuss the relevant leadership issue and background, options for how to implement the commission recommendations within their organization, and a recommendation plus next steps for how the organization should move forward

Review and Approval of LEADS in Action Proposal
The candidates must submit a *LEADS in Action Proposal* using the existing template. Potential sources of reports include provincial governments, provincial health quality councils, and other national commission reports. Candidates may also select reports from public advocacy associations, private sector think tanks or other sources, but should ensure such sources have a robust evidence base.

Once candidates identify their preferred report, their *LEADS in Action Proposal* should summarize:
   - Provide a link to the report or include the report as an attachment with the proposal
   - Summarize the key findings and recommendations from the identified report relevant to their proposal
   - Identify why this report and the selected recommendations are relevant to their organization
   - Reflect on the most relevant LEADS Competencies important to addressing the selected recommendations from the report

Candidates should follow the same Briefing Note format as required for all CHE *LEADS in Action* submissions.

Review and Approval of the LEADS in Action Proposal
Following submission of the *LEADS in Action* Proposal to the College, an evaluator with appropriate leadership expertise will be assigned to review the proposal. As necessary, the evaluator may contact the candidate for further clarification. Candidates may begin work on their *LEADS in Action* Briefing Note once the evaluator has formally approved the proposal. The LEADS in Action project will be sent to the same evaluator who approved the proposal.

Project Format (Option I and IIA/B)

The LEADS in Action Project consists of 3 components:
- 1 page Executive Summary
- 5 page Briefing Note
- 1 page **Personal Reflection on Leadership Development**

Format:
The LEADS Project must meet the following criteria:
- Typed, double-spaced, in **Word** format in Times New Roman 12 pt. font (approximately 250 words to the page)
- 1" margins on both sides, top and bottom
- Standard 8 ½" by 11" page size

Note: Should you use references for your project, please include them in a footnote as part of your 5-page Briefing Note.

Project Structure

1. **Executive Summary (one page):** This is a one-page, standalone document that summarizes and analyzes the issue, relevant facts and evidence, identifies options for resolving the issue, and makes a single recommendation. The Executive Summary should be written as a document that would provide the CEO (or equivalent) with all of the information that he/she would require to understand the issue and speak to it at a meeting.

2. **Body of Briefing Note (five pages)**: The following format should be used to summarize relevant information and facts about the issue:

   - **Issue Statement:** Concisely describe the issue facing the organization. What is the recommendation or decision that must be made in order to resolve the issue?

   - **Background:** Provide context for the issue. Provide any key history or information required to understand the issue. Outline the current status of the issue. Explain why the issue must be resolved in terms of urgency or complexity.

   - **Discussion:** Complete analysis of the key facts, arguments, stakeholder opinions/positions, and data that need to be considered to reach a decision or course of action on the issue. Outline the stakeholders involved (by indicating their positions and not their names). Analyze the historical, political or environmental factors contributing to the issue. Provide and analyse any relevant qualitative or quantitative data.

   - **Options for Resolving the Issue:** Outline a select number of options the organization could take to address/resolve the issue including their pros and cons for each option (may be summarized in a table).

- **Recommendations:** Recommend the most appropriate course of action that the CEO (or equivalent) and/or the organization should take to address/resolve the issue, including the rationale.

- **Next Steps:** Outline the factors the organization will need to consider in terms of prioritizing action plans, change management, policy change or development, stakeholder relationships (internal and external), communication, human resources/organizational development, financial implications (operating and capital), any other relevant organizational considerations.

3. *Personal Reflection on Leadership Development* **(one page)**:
   - Using the results of the LEADS 360 Assessment and Leadership Development Plan what has this case or issue highlighted for you in terms of developing personal leadership capabilities?
   - Using the results of the LEADS 360 Assessment and Leadership Development Plan, in which areas did you develop further insights? How did it help you develop as a leader?
   - From this case, issue, or report, what further learning opportunities have you identified as important for yourself?
   - What knowledge or learning from the case or issue could be used by other organizations or leaders?

Marking

- All *LEADS in Action* projects, including proposals, are identified only by the CHE candidate ID and are submitted to an experienced evaluator for assessment.
- *LEADS in Action* projects are marked according to rating scales against standards related to the specific LEADS domains and capabilities being addressed. For the self-selected project option, the evaluator who approves the proposal also marks the final project.
- All submissions are graded according to standard guidelines. A passing mark is 70% or greater for each components/sections assessed. The components/sections are the Executive Summary; Body of the Project; Guidelines & Formatting/Style & Grammar; and the Personal Reflection on Leadership Development. The assessment with grades and comments is provided to candidates. Group work will not be accepted. The candidate must be the sole author of the submission.
- Previously submitted work will not be accepted.

Documents to submit

Project	1st Submission	2nd Submission
Option I	Final *LEADS in Action project*	n/a
Option IIA	Employer Consent Form and Project Proposal (see Appendix B)	Final *LEADS in Action* project
Option IIB	Project Proposal (see Appendix B) and link to report	Final *LEADS in Action* project

Appendix A

LEADS in Action Project (Option I)
Pre-selected Case Studies

List and synopsis of Pre-selected Case Studies:

Please contact the Coordinator, CHE Program to indicate your selection CHE@cchl-ccls.ca

Transforming the St. Paul's Hospital Cardiac Echo Program

Case Synopsis:	Long wait times for an echo at St. Paul's hospital stem from a convergence of issues that include a lack of trained staff, space to perform echo, properly functioning ultrasound machines, and inadequate electronic scheduling management systems. Cardiac echoes have high diagnostic value in cardiology and patients may have care delayed or significant resources spent on securing an echo. Patients wait an average of 150 days for an elective echo. The standard according to the Canadian Cardiovascular Society is 30 days which means our patients currently wait more than 5 times the recommended wait time. These issues are also systemic in the Lower Mainland with average wait times of some hospitals closer to 200 days. In addition, St. Paul's also has one of the highest "no show" percentages in the Lower Mainland, where up to 10% of patients booked for their echo do not show up for their appointment. Transformation of the Cardiac Echo Program is fundamental to improving care and growing the program.
Sector:	Diagnostic / Medical Imaging / Hospital/Provincial System
LEADS Domains:	
	Leads Self
X	Engages Others
X	Achieves Results
	Develops Coalitions
X	Systems Transformations

Health System Integration with Primary Care as a Partner

Case Synopsis:	A solid foundation of primary care is essential to a high functioning health system. In Ontario, primary care practitioners operate in a heterogenous landscape created by disparate payment models, limited access to interprofessional care teams, and lack of formal organization as a sector. This case examines the challenges in bringing primary care together, engaging them as a sector, and integrating them into the larger health system.
Sector:	Primary Care/ Government
LEADS Domains:	
	Leads Self
X	Engages Others
	Achieves Results
X	Develops Coalitions
X	Systems Transformations

Nursing Student Top TAlent Recruitment and Transition (STTART) Program: A workforce planning strategy

Case Synopsis:	There is currently a critical demand for nursing health human resources (HHR) at Edith Montour Health Sciences (EMHS). This has been amplified by the pandemic, and unfilled nursing positions due to recruitment challenges is now a provincial, national, and global issue. The Ontario Ministry of Health (MOH), has provided financial support for organizations to help with nursing recruitment and training strategies. At EMHS, there are several nursing recruitment efforts, which are disparate involving leaders from multiple departments such as in human resources, clinical programs, professional practice, and decision support, each with their own mandate and goals. This has led to duplication of efforts, wasted resources, and ineffective methods, while EMHS is still faced with unfilled nursing vacancies.
Sector:	Hospital/ Acute Care/ Teaching Hospital
LEADS Domains:	
	Leads Self
X	Engages Others
	Achieves Results
X	Develops Coalitions
X	Systems Transformations

Remote Community Vaccination

Case Synopsis:	The Ministry of Health has tasked your organization with doubly vaccinating all eligible and consenting adults in these remote Indigenous communities within the next 4 months, while continuing requiring you to continue maintaining your regular air ambulance and critical care services. Your organization will be the lead non-Indigenous agency, but you are required to co-lead this mission with Indigenous leadership. There are 40 identified First Nations communities within the scope of this mission.
Sector:	Canadian Armed Forces/ Remote Community
LEADS Domains:	
	Leads Self
X	Engages Others
X	Achieves Results
X	Develops Coalitions
	Systems Transformations

Operation No Bed Admit in Publicly Funded Hospital

Case Synopsis:	Southwest Healthcare, a tri-sited hospital serving a growing community, faces significant challenges in managing increasing patient volumes, particularly in its Emergency Department (ED), leading to higher rates of "no bed admits" (NBA). This issue is compounded by delays in Allied Health (AH) services such as physiotherapy, occupational therapy, and speech-language pathology, which impact patient flow and length of stay, ultimately affecting ED congestion.
Sector:	**Acute care, specifically within a hospital setting**
LEADS Domains:	
	Leads Self
X	Engages Others
X	Achieves Results
	Develops Coalitions
	Systems Transformations

Riverside Hospital's Pharmacy Services

Case Synopsis:	Riverside District Memorial Hospital is a small rural hospital that must work within an operational budget that is determined by the Ministry of Health and Long-Term Care in a Canadian province. This case identifies the emergence of concerns for patient safety related to medication administration and the challenges of ensuring professional services are maintained by the pharmacy dept to serve patients admitted to hospital.	
Sectors	Hospital, community, rural	
LEADS Domains:		
	Leads Self	
	Engages Others	
X	Achieves Results	
	Develops Coalitions	
	Systems Transformation	

Appendix B
LEADS in Action Project (Option IIA/B)
Self – Determined Project Proposal

CHE Candidate ID:

Topic Title:

Please respond to the following questions regarding your proposed topic.

1. Concisely describe the issue facing the organization. What is the decision or recommendation that must be made to resolve the issue? (250 words)

2. Please describe in 250 words how this issue is encountered in healthcare leadership?

3. Does the issue involve significant management functions such as:
   (please check all that apply)

	Prioritizing action
	Change management
	Policy change or development
	Stakeholder relationships – both internal and external
	Communication
	Human resources/organizational development
	Financial implications – operating and capital
	Or any other relevant organizational considerations

4. Briefly describe the immediate relevance of the issue to your work, your organization, or the broader healthcare system. Why is resolution of the issue important to the success or future direction of your organization, or others? (250 words.)

5. What aspect of the issue at hand requires original or innovative thinking? (250 words)

6. This issue addresses the following LEADS Domains and capabilities (please check all that apply)

Using the results of the LEADS 360 Assessment and Leadership Development Plan, identify one primary Domain within the LEADS Framework that you will be focusing on. There may be one or two secondary domains that are relevant to the topic.

Domain and Capabilities	Primary	Secondary
Engage Others: • Foster Development of Others • Contribute to the Creation of Healthy Organizations • Communicate Effectively • Build Teams		
Achieve Results • Set Direction • Strategically Align Decisions with Vision, Values and Evidence • Take Action to Implement Decisions • Assess and Evaluate		
Develop Coalitions: • Purposefully Build Partnerships and Networks to Create Results • Demonstrate a Commitment to Customers and Service • Mobilize Knowledge • Navigate Socio-Political Environments		
Systems Transformation: • Demonstrate Systems/ Critical Thinking • Encourage and Support Innovation • Orient Themselves Strategically to the Future • Champion and Orchestrate Change		

Submit your project documents to the CHE portal: https://cchl.hub.cloudgeneration.com/Courses.
Alternatively, you can submit your documents to the CHE mailbox: che@cchl-ccls.ca

APPENDIX C

Resource Materials

Annotated Bibliography of Websites with Health Service Management Articles, Journals, Information and News

Web site addresses change and new sites are continually being developed. This list is not meant to be exhaustive but will lead you to a wealth of most reliable information. As well, the College offers *Healthcare Management Forum* online http://cchl-ccls.ca and a link to Excellence Canada.

Health Edition
A weekly online scan of current Canadian health news—Health Edition—is provided free of charge through Merck Frosst Canada & Co. and The Frosst Health Care Foundation. You can go directly to the Health Edition website and enjoy its many features by going to www.healthedition.com. You can also arrange to have Health Edition e-mailed to you directly every week. For information contact: info@healthedition.com.

Richard Ivey School of Business
The Richard Ivey School of Business has an online feature called the Ivey Leadership Development Resources page www.ivey.uwo.ca/executive. This feature on the Executive Development Web site is a resource for managers and executives who are tasked with Leadership Development responsibilities within their organization. The resource area includes:
- Reference lists of faculty recommended Leadership Development articles, research and web sites
- A quarterly e-mail, Ivey Leadership Update, which highlights new articles and research that have been posted on the site.

Longwoods Publishing Corporation
This site www.longwoods.com is committed to *Advancing Professional Excellence Through Information* and provides access to free downloads of full text articles for non-commercial, personal use. It offers access to many sites including *Hospital Quarterly / HealthcarePapers / HealthcareLaw / ElectronicHealthcare /* and *Healthcare Education*.

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This U.S. site http://www.wharton.upenn.edu/offers access to a broad array of articles, papers and information on many topics, including healthcare. A free password may be required for some sections. Some of the articles may involve cost, but there is also a great deal of free healthcare-related information available for personal use.

Knowledge at Wharton is a bi-weekly online resource that offers the latest business insights, information and research from a variety of sources. These include analysis of current business trends, interviews with industry leaders and Wharton faculty, articles based on the most recent business research, book reviews, conference and seminar reports, links to other web sites and so on. Topics include: leadership and change; executive education; health economics; strategic management; human resources; and public policy and management.

The Centre for Health Economics the University of York, United Kingdom

The Centre for Health Economics (CHE)—a specialist health economics research unit within the University of York in the UK—was established in 1983 and provides research of worldwide repute on a wide range of healthcare topics. The CHE website www.healtheconomics.org offers links to international healthcare information.

The Healthcare Information and Management Systems Society

The Healthcare Information and Management Systems Society in the U.S. provides leadership in healthcare for the management of technology, information and change through publications, educational opportunities and member services. The Web site www.himss.org provides free access to a wide range of IS articles.

The McKinsey Quarterly

The McKinsey Quarterly, an on-line journal from the global management consulting firm McKinsey & Company, features the latest thinking on business strategy, finance, and management. Registration for this Web site www.mckinseyquarterly.com is free of charge and permits downloads of strategic planning articles in particular, as well other resources and topics.

Literature and Research Databases

The following services can be expensive for full text articles but offer access to a broad range of literature and research:

− CINAHL Information System www.ebscohost.com/cinahl
− Cochrane Collaboration www.cochrane.org/
− National Library of Medicine (US) (includes MEDLINE/PubMed, MEDLINEplus, NLM Gateway) www.nlm.nih.gov/

MedExplorer

The MedExplorer site www.medexplorer.com/ contains links to a wide variety of free information for both health professionals and consumers. Created by Marlin Glaspey, a Saskatchewan paramedic, this site contains a list of healthcare administration links that may be particularly useful.

CCHL National Conference

This annual event is an initiative of the Canadian College of Health Leaders. Details on this event can be found here.

Other Web sites Related to Health Services and Health Service Management

Accreditation Canada www.accreditation.ca for: Accreditation, Quality evaluation, On-line newsletter, National report.

Agency for Healthcare Research and Quality www.ahrq.gov/ for: Evidence based practice; Quality of healthcare; Research Activities newsletter on line.

Healthcare Excellence Canada www.hec-esc.ca for Information for decision makers; Research; Sustainability; Politics in healthcare; Primary healthcare; Nursing leadership.

Canadian Institute for Health Information. www.cihi.ca for: Data and analysis on Canada's health system and the health of Canadians.

Canadian Medical Association Journal www.cmaj.ca for: Clinical practice guidelines; Clinical practice guidelines; Evidence based medicine; Ethics; Health policy; History; Management; Medicare; Statistics and research methods; Canadian Adverse Events Study Report.

Harvard Business School Working Knowledge http://hbswk.hbs.edu/

Hay Group www.haygroup.com for: Organization clarity; Employee commitment; People capabilities.

Health Canada www.hc-sc.gc.ca for Information about the department; First Nations & Inuit Health; Canada's healthcare system; science and research; and information on major health reports and accords.

Health Council of Canada www.healthcouncilcanada.ca for: Monitoring, assessment, and reports on the quality, effectiveness, sustainability, and capacity of the Canadian healthcare system.

Health Quality Council, Saskatchewan www.hqc.sk.ca for: Research reports of clinical and administrative topics.
IDM Best Practices www.idmbestpractices.ca for: Framework for best practices; Best practices in health promotion, public health and population health; Continuous quality improvement in health promotion; Planning and evaluating for best practices in health promotion.

Institute for Healthcare Improvement www.ihi.org for: Health care and health system quality improvement.

Lancet Medical Journal www.thelancet.com for: Medical journal; Oncology; Neurology.

National Association of Healthcare Quality www.nahq.org for: Journal of Healthcare Quality on line.

Personal Information Protection and Electronic Documents Act (PIPEDA) Awareness Raising Tools (PARTs) Initiative for the Health Sector — http://ecom.ic.gc.ca/epic/internet/inecic-ceac.nsf/en/h_gv00207e.html

Public Health Agency of Canada www.phac-aspc.gc.ca for: Health promotion and protection; Infectious disease and emergency preparedness; Health promotion and chronic disease prevention; Public health practice.

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