SOLVENTUM HEALTH CARE INNOVATION TEAM AWARDS

HEALTH CARE INNOVATION TEAM INITIATIVES EXECUTIVE SUMMARIES 2025 SUBMISSIONS

solventum

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 2025 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,

Scott J. Davis
Country Leader | Health Information Systems Division, Canada
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 2025 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.

2025 SOLVENTUM HEALTH CARE INNOVATION TEAM AWARDS RECIPIENTS

- Disruptive innovation Initiative(s) Across a Health System:
  Interior Health Authority - Alcohol Use Disorder in the Emergency Department
- Disruptive innovation Initiative(s) Within an Organization:
  Providence Health Care - Road to Recovery team

OTHER SUBMISSIONS:

Disruptive Innovation Initiative(s) Across a Health System

- CIUSSS de l'Ouest-de-l'Île-de-Montréal - An Innovative Model for Optimizing Vaccine Coverage: Mobile Clinics
- CIUSSS de l'Ouest-de-l'Île-de-Montréal - Health Revolution Through a Community Approach: "My Health Matters"
- Nova Scotia Health
- Waypoint Centre for Mental Health Care - The Behaviour Success Agent Program
- Champlain Regional Cancer Program, The Ottawa Hospital - Champlain Cancer Screening Outreach
- Flemingdon Health Centre
- Huron Perth and Area Ontario Health Team - Continuous Improvement through Collaborative Accreditation
- Island Health - Cowichan Health and Care Plan
- Provincial Health Services Authority - Cervix Screening Program
- William Osler Health System - The Provincial PoET Program
- Baycrest - Virtual Behaviour Medicine
- CIUSSS Centre-Ouest-de-l'Île-de-Montréal - Creation of Virtual Hospital

Disruptive Innovation Initiative(s) Within an Organization

- CIUSSS de l'Ouest-de-l'Île-de-Montréal - Multidisciplinary Geriatrics Team in the Emergency Department at Centre hospitalier de St. Mary
- CHU Sainte-Justine - Cell Therapy Program
- CIUSSS-du-Centre-Ouest-de-l'Île-de-Montréal - Optimizing Nursing Care Through Interactive Dashboards: A Data-Centered Approach and User Partnership
- CIUSSS de l'Ouest-de-l'Île-de-Montréal / Institut universitaire en santé mentale Douglas - Transforming Eating Disorder Care: A Knowledge Exchange Program Bridging Primary Care and Specialized Services
- 1 Health Services Group
- Fraser Health - Centre for Advanced Analytics, Data Science and Innovation
- Horizon Health Network - HR Senior Leadership Team
- Interior Health Authority - X-ray self-scheduling solution
- Nova Scotia Health - Pharmacy FORWARD: A Dose of Joy in Work
- St Joseph's Lifecare Centre Brantford - Quality Huddle
- Nova Scotia Health - Spine Assessment Clinic

Alcohol Use Disorder in the Emergency Department

Interior Health Authority

The Alcohol Use Disorder (AUD) initiative within Interior Health's emergency departments has made significant strides in addressing critical care gaps for individuals with AUD. By implementing evidence-based practices, the program has been successful in delivering timely interventions that improve patient outcomes while reducing the strain on the healthcare system. Key advancements include the integration of nurse screening during secondary assessments, the use of anti-craving pharmacotherapy, and withdrawal management order sets, all of which have streamlined care delivery and improved efficiency. Collaboration has been a cornerstone of the initiative, with a strong focus on involving patients and their families—especially those with lived experience—in the design of the program. This approach has ensured that the care provided is both empathetic and culturally sensitive, catering to the unique needs of diverse populations, including recognizing the effects of colonialism and alcohol stigma on Indigenous populations. Despite the challenges of scaling and the pressures of overburdened healthcare systems, the program has fostered a culture of continuous learning and improvement, which has contributed to its long-term sustainability. The success of this initiative has not only transformed care delivery within Interior Health but also created a model of compassion, integration, and collaboration that can serve as an example for other healthcare jurisdictions. By enhancing patient satisfaction and ensuring better outcomes, the AUD program has demonstrated the potential for systemic change in the way alcohol use disorder is treated in emergency settings, ensuring that care is both effective and respectful for all patients.

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Road to Recovery Team

Providence Health Care

What if you were rushed to the Emergency Department experiencing chest pains and were told the earliest appointment was in 4 weeks? This was the experience of people waiting to access urgent substance use care in Vancouver. Unregulated drug toxicity is now the leading cause of death in British Columbia for people aged 10 to 59, accounting for more deaths than homicides, suicides, accidents, and natural disease combined. Substance use harms disproportionately impact Providence Health Care's (PHC) patients. In response, PHC is making the journey for substance use treatment the same as those needing other life saving interventions (e.g., cardiac, renal or critical care), not only saving lives amid an ongoing public health emergency but transforming substance use care in British Columbia. PHC's Road to Recovery initiative (R2R) is creating a seamless system of substance use care from medical triage through to aftercare. So far it has reduced wait times from up 4 weeks down to 1 day for substance use patients with the most urgent needs. It has served 533 patients with highly complex needs in our new withdrawal management beds (25 net new beds) with high retention on OAT and excellent provider and patient satisfaction. It has just launched transitional care (20 new beds), will soon launch treatment (50 new beds) and supportive recovery housing (26 beds) and has implemented wrap-around aftercare for up to five years. R2R began as a model of care at PHC and is now being implemented in every region across BC.

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An Innovative Model for Optimizing Vaccine Coverage: Mobile Clinics

CIUSSS de l'Ouest-de-l'Île-de-Montréal

The mobile clinic model from the CIUSSS de l'Ouest-de-l'île-de-Montréal offers an innovative solution for screening and vaccination, particularly in vulnerable environments. Turnkey services are essential, as late or partial execution can lead to serious consequences, increase pressure on the healthcare system, and expose patients to higher risks, especially in cases of delayed vaccination or screening. Between October 7 and December 31, 2024, this model covered 115 sites (108 fixed and 7 temporary), administering 20,706 vaccine doses, 22.28% more than the second-largest provider on the Island of Montreal. It stands out for its ability to provide simultaneous services and high responsiveness. During the mass screening conducted in November and December 2024, 424 people were tested over four days in two phases for a site under observation for Group A Streptococcus (GAS). The use of EBMD equipment facilitated the laboratory work and sped up user processing. This model is based on an integrated approach, covering all stages of the process: from verifying and exporting user lists into information systems (EMRs), to logistics (both material and human), service delivery, accountability, and final reporting. The results demonstrate extensive coverage and maximum flexibility, ensuring optimal responsiveness for vulnerable populations.

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Health Revolution Through a Community Approach: "My Health Matters"

CIUSSS de l'Ouest-de-l'Île-de-Montréal

"My Health Matters" is an innovative model in the field of health education that emphasizes empowering individuals and strengthening social cohesion to promote more resilient communities. This program, co-constructed in partnership with community stakeholders and truly placing communities at the heart of the creation process, demonstrates the effectiveness of participatory approaches in health education to reach the target populations: seniors, ethnocultural communities, and the general population. The approach adopted has not only allowed for the design of inclusive educational materials, taking into account the sociocultural specifics of the targeted populations, but also identified more engaging and playful formats and dissemination platforms for participants, such as digital platforms. The organization of friendly workshops in community organization spaces, which are familiar and safe, led by facilitators already known to participants, has also been widely praised by our partners. To date, 26 workshops have been organized, with 250 participants from various backgrounds: community organizations, low-rent housing (HLM), and senior residences (RPA). Positive and measurable changes in health and well-being have been reported by participants in workshops on breathing and sleep hygiene. These positive and encouraging results show that health messages are not only understood but that the program fosters engagement and addresses the concerns and needs of the target populations.

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Nova Scotia Health

Ambulance offload delay is a complex system problem impacting emergency care nationally and internationally. Access block is a symptom of an overburdened system exacerbated by disconnected and uncoordinated system-wide variations in processes and accountabilities having cascading impacts across the continuum of care including the ability to offload ambulances. Nova Scotia Health prioritized implementation of an accountability framework for health system improvement that assigns specific accountabilities along the continuum of care for addressing access. Ambulance Offload Time was selected as a cross-cutting system metric. Implementation of the System Accountability Framework (SAF) included Zones of Accountability (ZoA) with key evidence-based actions to prevent access block in each ZoA. The implementation of the framework and its associated actions required a significant change in culture and processes to ensure patients at most risk across the care continuum receive timely patient care in the most appropriate setting. Effective and sustained change required enduring strategies for quality and efficiency. This commitment extended beyond immediate improvements, aiming for long-term, permanent positive impacts. In the first 6 months of implementation, a 50% reduction in ambulance offload time was achieved with a 30% reduction in time to transfer admitted patients in Emergency Departments to inpatient units.

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The Behaviour Success Agent Program

Waypoint Centre for Mental Health Care

Acute care hospitals are not designed or resourced to support the needs of Persons Living with Dementia and Responsive Behaviours (PLWD-RB). Faced with increasing patient complexity and internal resource pressures, most simply do not have the workforce, time or expertise required. This impacts patient experience and outcomes and perpetuates hospital strain by increasing length of stay and Alternate Level of Care (ALC). To improve quality of care, the North Simcoe Muskoka Specialized Geriatric Services (NSM SGS) Program, with our Lead Agency Waypoint Centre for Mental Healthcare, collaborated with hospital partners to implement the Behaviour Success Agent (BSA) Program. Since 2023, a BSA has been embedded at each acute care site in our region to assess and support PLWD-RB, educate and coach colleagues, build partnerships and implement leading practices. To support implementation of a standardized program across all sites, these change champions are connected regionally as a network under the leadership of NSM SGS. This transformative hub-and-spoke model (regionally planned/locally delivered) is pivotal to the success of the BSA program. This model embodies disruptive innovation by capitalizing on trust and relationships, replacing silos with bridges, amplifying the reach of geriatric leaders and embracing a learning health system approach. In alignment with our goals, the program is improving quality of care, building hospital capacity in the care of PLWD-RB, and supporting hospital flow by reducing responsive behaviours and associated discharge delays. Regionally, the BSA program partners are advancing health system transformation and integrated care for one of our most vulnerable populations.

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Champlain Cancer Screening Outreach

Champlain Regional Cancer Program, The Ottawa Hospital

The Champlain Screening Outreach (CSO) initiative has made significant strides in enhancing cancer screening education and services for unattached patients and underserved populations. Since its inception in July 2023, the CSO initiative has successfully reduced wait times and increased access to screening services, thereby improving overall community health outcomes. The initiative leverages unique community partnerships with organizations such as The City of Ottawa, Public Health Units, and Ontario Health Teams to promote cancer prevention and screening. This collaborative approach has created a disruptive innovation by shifting where cancer screening is typically offered, ensuring that patients receive timely and appropriate care . The CSO initiative has also addressed key issues such as potential capacity challenges and the unique needs of diverse populations. By providing outreach and screening services to individuals who have never been screened before, the program meets clients' expectations by offering accessible and culturally sensitive screening services. The initiative's straightforward program design allows for easy replication and potential capacity adjustments in the future. In terms of innovation, the CSO initiative has utilized new technologies and innovative solutions, such as online booking systems and the EPIC electronic health record system, to enhance its effectiveness. The program's success in increasing community education and providing access for unattached patients within the Champlain Region demonstrates its significant impact on the system and population health.

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Flemingdon Health Centre

Low-income neighbourhoods with diverse health and social care needs are usually ignored by health planners and have poorer health experiences and outcomes. Flemingdon Health Centre (FHC) was created to provide accessible, comprehensive and coordinated care to a defined geography in Toronto, Canada. Over time, the organization became the go-to service provider for newcomers and refugees. Clients in our care are 54% more complex than the average population yet only 8.8% use the emergency department inappropriately and only 5% are readmitted to the hospital post discharge. In the last 10 years the fractured and disconnected health and social care system has been the greatest barrier to our clients. Our clients and staff were frustrated. So FHC set an ambitious goal – to be a leader in community driven integrated care. We wanted to bring the system together for our clients and our providers. To close the gaps people were experiencing. FHC made integrated care our core objective. Integrated care is different than integration. We are not merging organizations. Instead, we are creating programs where multiple agencies have shared accountability to joint outcomes. We are co-creating these programs with community leadership and governance. Five community-driven integrated care programs were created. Clients experienced more connected, seamless care. Referrals were quicker and outcomes improved. Staff and providers satisfaction increased. In East Toronto, we were seeing improvement in the health of our communities.

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Continuous Improvement through Collaborative Accreditation

Huron Perth and Area Ontario Health Team

The Huron Perth & Area Ontario Health Team (HPA-OHT) has achieved remarkable success through its Continuous Improvement Collaborative Accreditation initiative. This disruptive innovation has revolutionized traditional accreditation processes by adopting a collaborative approach, unifying healthcare standards across various sectors within the organization. The initiative has significantly transformed health service delivery and systems by leveraging new technologies and innovative solutions, such as digital platforms for policy dissemination and data analytics. This cutting-edge system transformation has enabled the widespread adoption of high-impact, evidence-based standards, enhancing the efficiency and effectiveness of healthcare quality assessment. The initiative has also addressed the diverse needs of the patient population by customizing approaches to ensure inclusivity and equity. By elevating care standards, the HPA-OHT aims to provide equitable and exceptional healthcare services that align with patient expectations across the healthcare system. The active engagement of patients and families in the accreditation process has ensured that healthcare services are genuinely patient-centered, reflecting the real needs and experiences of those within the Huron Perth community. Sustainability of change is a core element of this initiative. The continuous use and refinement of policies, regular assessments, and surveys establish a framework for ongoing improvement and adaptation. The initiative's design incorporates elements that ensure long-term sustainability, setting a precedent for other regions and healthcare systems. The HPA-OHT's Collaborative Accreditation initiative exemplifies a commitment to excellence and continuous improvement, paving the way for future innovations in healthcare delivery.

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Cowichan Health and Care Plan

Island Health

In 2018, shifting demographics within the Cowichan Valley exacerbated a state of chronic overcapacity at Cowichan District Hospital (CDH). Although a new Cowichan hospital is being built to provide 30% more beds, population forecasting predicts that without intervention, the new hospital will open in 2027 in an already overcapacity state impacting flow, increasing risk of patient harm, negatively affecting health outcomes, and creating a stressful work environment for staff. To meet projected demand, Island Health took a novel and proactive approach, improving whole system flow across the continuum while supporting patient-centred care. The Cowichan Health and Care Plan (CHCP) supports the highest users of acute care who could alternatively be supported in community and employs evidence-informed models of care for specified populations of need. The CHCP is unique in that it shifts the provision of care delivery from acute care to a community-based model, leveraging an asset-based approach to foster stronger connections with community resources, creating collective impact for client care and outcomes. The CHCP aim is to save 21 beds/day by 2026 and 44 beds/day saved by 2035 to optimize hospital occupancy. Four years into the initiative, the collective impact generated through the CHCP approach has been significant and includes: 3 years of sustained hospital underoccupancy saving 19 beds per day; Reduced hospitalization in identified high user groups; Reduction of ALC rates and ALC length of stay; and Improvement of patient and staff experience.

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Cervix Screening Program

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 had declined to below the 70% target rate (61%) despite the Cervix Screening Program trialing several strategies to increase participation. 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 offered improved screening accuracy and the opportunity to address traditional barriers associated with provider-collected cytology (Pap tests): cultural sensitivities; previous history of trauma; need for healthcare provider. Ultimately, HPV primary screening can identify those at risk for cervical precancer and cancer earlier and better than cytology. In addition, HPV primary screening offers innovative approaches to screening to reduce access barriers for equity-deserving groups. Together, these two changes in cervix screening will further reduce the incidence of cervical cancer in BC to less than 4 in 100 000, which will meet the World Health Organization's criteria for eliminating the disease. More importantly, they are expected to improve equity in screening by reaching vulnerable and underserved populations.

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The Provincial PoET Program

William Osler Health System

The Provincial PoET (Prevention of Error-based Transfers) Program (PPP) addresses a system-level quality problem – that many long-term care (LTC) residents experience avoidable, unplanned visits to the hospital, often at the end of life – by promoting increased alignment with Ontario's Health Care Consent Act (HCCA). William Osler Health System's Ethics Quality Improvement Lab, in conjunction with the Department of Family Medicine at McMaster University, have recently demonstrated that the PPP model benefits both LTC residents and the health care system. This research, published in two articles in the Journal of the American Medical Directors Association (JAMDA) show that an LTC home's participation in PoET is associated with: (1) a 27% reduction in transfers from LTC to hospital, (2) a 45% lower rate in transfer from LTC to hospital at end of life, and (3) a 147% increase in palliative care encounters for residents from these homes. This innovation directly supports the provincial commitment of ensuring every patient receives the right care, in the right place at the right time and that we protect and preserve capacity in acute and post-acute facilities. This program is delivered virtually, making PoET accessible to any home in Ontario and potentially across Canada. Remarkably, the PPP achieves its results without requiring any new resources to be added to the system; the improvements in quality and associated efficiencies come from improving the decision making that occurs prior to transfer.

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Virtual Behaviour Medicine

Baycrest

The Alzheimer Society of Canada estimates that over 600,000 Canadians currently live with dementia—a number expected to double by 2050, including those with advanced dementia and responsive behaviours. This growth will pressure our healthcare systems, caregivers, and communities. Individuals with advanced dementia can wait months, and sometimes years, for admission to an inpatient behavioural unit, a highly specialized and scarce resource in Ontario that is often geographically distant from their home. Further, barriers to healthcare in rural communities are greater than in urban centres, and this is especially true for persons with dementia. Baycrest launched the Virtual Behavioural Medicine (VBM) program to address a gap in service for individuals experiencing the most complex cases of dementia with behavioural symptoms. VBM is an innovative, world first of its kind program that fundamentally changes the typical approach to care. It functions as virtual specialized inpatient behavioural unit, with care delivered wherever the patient is located, such as long-term care, acute care or the community. Over 1000 patients have been treated in this program since 2020. VBM is a strictly virtual service meaning patients from across the province can access it. Baycrest and the Campbellford Memorial Hospital (CMH), a small community hospital, have partnered together, to leverage VBM. The leadership team at CMH recognized that specialized services for dementia were significantly limited in this aging rural community, and that long hospital stays for patients with responsive behaviours have an outsized impact on system flow in a community with fewer hospital resources.

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Creation of Virtual Hospital

CIUSSS Centre-Ouest-de-l'Île-de-Montréal

The CIUSSS Centre-Ouest de Montréal (CCOMTL) and CISSS Montérégie-Ouest (CISSSMO) have launched a joint initiative to tackle nursing shortages caused by a provincial regulation reducing the number of agency nurses in hospitals. This innovative project, known as the Virtual Hospital Model, aims to ensure continuous access to healthcare services in the rural Suroit Hospital located in Valleyfield, Quebec. The initiative leverages CCOMTL's extensive expertise in virtual care which served as a foundation to develop a new model of care in response to the crisis. The virtual hospital maintains patient care within the walls of the hospital, despite no nurses being present on site. Patients receive medical care from physicians and personal care from on-site staff. Unlike the traditional care model, nursing care is provided remotely using advanced technologies such as augmented reality and wearables to ensure continuous remote monitoring and accurate patient assessments. This enabled care to be maintained despite a critical shortage that otherwise would have resulted in bed closures. By integrating technology and fostering inter-organizational collaboration, the project sets a precedent for addressing staff shortages in future initiatives. Not only was the immediate crisis mitigated, but the rapid deployment of this model showcases the potential of disruptive innovations to reimagine care delivery in response to systemic challenges. The new care model fundamentally disrupted traditional healthcare roles, processes, and outcomes, catalyzing a shift toward innovation and adaptability. This collaboration underscores the necessity of working together to address shared challenges within the provincial healthcare system.

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Multidisciplinary Geriatrics Team in the Emergency Department at Centre hospitalier de St. Mary

CIUSSS de l'Ouest-de-l'Île-de-Montréal

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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CHU Sainte-Justine Cell Therapy Program

CHU Sainte-Justine

The CHU Sainte-Justine cell therapy program treats children from across Quebec as well as neighbouring provinces. It offers bone marrow transplants and other cell therapies for various types of cancers, hematological diseases, and immune or genetic disorders. Advances in research and increased treatment indications have led the Centre de cancérologie Charles-Bruneau at the CHU Sainte-Justine to develop an expertise that is unique not only in Quebec, but also across Canada, providing its pediatric clientele with innovative therapeutic approaches and opportunities. It is within this context that the CHU Sainte-Justine has in recent years become the province's designated pediatric centre for CAR T-cell therapy for relapsed or refractory acute lymphoblastic leukemia. The program also offers donor lymphocyte infusion treatment when a relapse of leukemia occurs during the post-transplant period. More recently, new technologies have been added to the therapeutic arsenal, such as transplants from incompatible donors. It is against this backdrop that the number of cell therapy treatments carried out at the CHU Sainte-Justine more than doubled during the period from 2016 to 2023-2024. Beyond the number of cell therapy treatments performed, the burden and complexity of the pathologies treated have also increased significantly. Thanks to these advances, the CHU Sainte-Justine is transforming hope into reality for many children and their families.

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Optimizing Nursing Care Through Interactive Dashboards: A Data-Centered Approach and User Partnership

CIUSSS-du-Centre-Ouest-de-l'Île-de-Montréal

Within the Nursing Care Department (DSI) at the Jewish General Hospital (HGJ), the auditing and result-display process was complex and time-consuming, leading to dissatisfaction due to the workload. To improve this process, as well as address the lack of transparency, accessibility, and understanding of data, the DSI opted for interactive and virtual control rooms with dashboards. This ambitious project aims to provide greater transparency and enhance the value of data. Using Power BI, interactive dashboards display key nursing care indicators, allowing managers and staff to easily access critical indicator results. These tools facilitate decision-making and continuous improvement while supporting the implementation of action plans to optimize practices, care, and user experience. The dashboards centralize the main indicators of the DSI and are projected onto screens in the relevant units. By making the results accessible to all staff, as well as to users and their families, this system fosters a strengthened partnership among all stakeholders, thus encouraging continuous service improvement.

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Transforming Eating Disorder Care: A Knowledge Exchange Program Bridging Primary Care and Specialized Services

CIUSSS de l'Ouest-de-l'Île-de-Montréal / Institut universitaire en santé mentale Douglas

The Eating Disorders Continuum (EDC) at the Douglas Mental Health University Institute (CIUSSS Ouest-de-l'Île-de-Montréal) is the only large-scale, supraregional program in Quebec dedicated to eating disorders (EDs). These disorders are characterized by maladaptive behaviors related to eating, weight, and body image, often accompanied by anxiety, depression, and suicidal risks. In Canada, over one million people are affected by EDs, and despite their prevalence, only 22% of those affected receive the necessary help. Many healthcare professionals feel underprepared to treat these complex disorders. In response, the EDC developed an innovative Knowledge Exchange Program aimed at strengthening expertise in primary healthcare settings. The results have been significant: Over 2,100 professionals trained; Intervention in more than 40 healthcare facilities; Direct supervision of 250 professionals; Follow-up of over 1,000 patients. This innovative approach has led to: Increased confidence among therapists; Reduced waitlists; Improved patient satisfaction and outcomes. The program redefines traditional mental health care models in Quebec, aligning with the CIUSSS mission to provide patient-centered services.

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1 Health Services Group

The 1 Health Services Group – 1 Field ambulance – 1 Canadian Field Hospital Team has demonstrated exceptional leadership and innovation through the development and execution of the Prolonged Casualty Care (PCC) Training Initiative. This groundbreaking program addresses the increasing demands of modern warfare, where prolonged evacuation times and resource-limited environments necessitate advanced medical training. The initiative equips military healthcare personnel with the skills to provide high-quality care over extended periods, improving survival rates and reducing complications for injured personnel. It integrates cutting-edge medical techniques, tactical adaptability, and psychological resilience training, ensuring that both patients and providers can perform effectively under extreme conditions. Key program elements include: Advanced Training Modules on airway management, hemorrhage control, and prolonged patient monitoring; Resourceful Medical Solutions, teaching medics to maximize care with limited supplies; Integration of Digital Health Tools, such as telemedicine and real-time data tracking; Simulation-Based Learning, enhancing preparedness for real-world battlefield scenarios; and Psychological Resilience Training, supporting the mental health of providers and patients alike. The PCC initiative has been successfully scaled through train-the-trainer programs, integration into CAF medical training, and collaboration with allied forces. Its impact on casualty survivability and operational readiness makes it a critical advancement in military medicine, ensuring Canadian soldiers receive the best possible care in the most challenging environments.

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Centre for Advanced Analytics, Data Science and Innovation

Fraser Health

The Centre for Advanced Analytics, Data Science, and Innovation (CAADSI) at Fraser Health drives digital transformation through advanced analytics and artificial intelligence (AI). By modernizing healthcare data and fostering innovation, it supports both long-term strategic service planning and real-time operational decision-making, ensuring optimized resource utilization and improved patient outcomes. Collaborating with Clinical Informaticians, clinicians, and industry experts, healthcare advancements are achieved through three key pathways: Developing in-house AI-driven solutions; Co-creating innovations with industry and clinical partners; Procuring value-based, market-ready solutions. The Digital Twin Analytics Platform is a first-of-its-kind initiative that creates a virtual replica of Fraser Health's healthcare system, integrating real-time data across the continuum of care. It models end-to-end patient journey, enabling system-level insights that inform both immediate operational decisions and long-term strategic planning. By synthesizing data from electronic medical records, administrative systems, and patient pathways, the platform supports: Real-time clinical and operational metrics, improving visibility into system performance; AI-powered decision support, offering actionable insights for providers and administrators; Predictive modeling, anticipating patient demand and optimizing resource allocation; Scenario simulation, allowing leaders to assess policy and process / resource changes before implementation; AI-driven patient navigation, guiding individuals to the most appropriate care pathways. A co-creation partnership with System Integration stakeholders ensures that the platform aligns with frontline needs. A robust evaluation framework tracks its impact, providing continuous optimization. As a scalable, system-wide innovation, the Digital Twin Analytics Platform transforms how healthcare organizations plan, optimize, and deliver patient-centered care, positioning Fraser Health as a leader in AI-driven health system modernization.

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HR Senior Leadership Team

Horizon Health Network

Horizon Health Network is leading an innovative, employee-centric approach to addressing the critical challenges of healthcare workforce retention and recruitment, especially in the wake of the COVID-19 pandemic. The organization has made tremendous strides with its "Our Promise" initiative, a comprehensive strategy to improve the employee and physician experience. Developed with direct input from staff, this initiative now includes 33 targeted actions that demonstrate Horizon's commitment to its people. The focus of 'Our Promise' is on four key areas: Listen & Act, Recognize & Appreciate, Health, Safety & Belonging, and Learning & Development. This initiative was designed to enhance employee engagement, reduce turnover, and foster a supportive workplace culture. Horizon's senior leaders have publicly committed to this promise, ensuring accountability through regular progress updates and feedback loops. This transparent approach has not only improved employee satisfaction but also helped Horizon become an employer of choice in the healthcare sector. By leveraging technology, marketing, and a robust communication plan, Horizon has effectively showcased its commitment to both recruitment and retention. Initiatives like these directly align with Horizon's mission and values, strengthening their healthcare workforce and ultimately improving patient outcomes. Horizon's innovative approach to workforce retention is a model for health systems nationwide, demonstrating that when organizations invest in their employees, everyone benefits.

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X-ray self-scheduling solution

Interior Health Authority

This project is a collaboration between the Patient Self-Scheduling team and the Digital Patient Solutions team, who worked together to develop the groundbreaking X-Ray Self-Scheduling initiative within Interior Health. This innovation represents a transformative step forward in Interior Health's commitment to delivering family and person-centered care. This innovative effort addresses longstanding inefficiencies in traditional scheduling methods, such as long wait times, limited appointment availability, and underutilized resources in neighboring communities. By implementing a self-scheduling platform, paired with Patient Connect, an automated bi-directional SMS system, Interior Health has streamlined the scheduling process, making it more accessible and efficient for patients and staff. This disruptive innovation challenges conventional practices, integrates digital health solutions, and empowers patients with greater control over their care. As a result, the initiative has significantly improved patient satisfaction and experience, reduced wait times, and positioned Interior Health as a leader in delivering innovative, technology-driven, patient-focused care.

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Pharmacy FORWARD: A Dose of Joy in Work

Nova Scotia Health

Pharmacy FORWARD is a wellness vision, investing in joy to attract, retain, and grow a sustainable workforce. Responding to Nova Scotia's Action for Health, to provide better care for Nova Scotians while respecting the people in the health system and aligned with NS Health's Operational Excellence and True North, Pharmacy FORWARD cultivates a responsive & resilient workforce where employees can be their best every day. Our aim, to better understand the professional, and psychosocial needs of pharmacy professionals, and to improve joy in work and workplace culture, through co-creation of strategies that address core components of the Institute of Healthcare Improvement's (IHI) Improving Joy in Work Framework such as recognition, reward, camaraderie, and teamwork. We acknowledge that workforce burnout not only impacts wellbeing and job satisfaction, but critically compromises our ability to provide quality patient care. We implemented the weekly check-in; a simple electronic survey that provides pharmacy professionals with a pathway to engage in regular self-reflection on their experience of joy in work, and a forum to offer improvement ideas and team recognition. This innovative approach created a balanced method to measure how pharmacy professionals experience and respond to both unexpected lows & the positive side of the human condition at work in response to joyful change ideas. We successfully demonstrated that interventions such as refueling stations, what matters conversations, and a gossip-free workplace, have disrupted the way we ask, respond to, and measure health professional wellbeing, and made progress toward deconstructing systemic workforce barriers such as employee absenteeism.

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Quality Huddle

St Joseph's Lifecare Centre Brantford

St. Joseph's Lifecare Centre Brantford (SJLCB) is transforming patient safety culture through the implementation of Quality Huddles, an initiative supported by the 2023 HIROC Safety Grant. These huddles, introduced across its long-term care and hospice settings, provide a structured approach to reviewing safety data, implementing process improvements, and fostering a culture of proactive problem-solving. The huddles were envisioned as a grassroots approach to bring innovation at the team and unit level. The project exemplifies SJLCB values of Excellence, Empowerment and Family, in that all staff including professional and allied staff, as well as residents and family are empowered to problem solve, suggest change ideas, and identify opportunities for improvement. Residents and families have been co-creators of this project right from inception to implementation. Following the 'Look Back, Look Ahead, and Follow-Up' model, teams assess key safety indicators such as falls, infections, and medication errors. By visually tracking data on quality boards, staff can measure progress, adjust interventions, and enhance resident safety and satisfaction. While implementation challenges arose, including staff training gaps and initial resistance from residents and families, engagement efforts and leadership commitment have helped drive adoption. By integrating Quality Huddles into daily workflows, communication has improved, with huddle updates included in the staff shift reports. The project team working group members have been the driving force motivating their colleagues and accelerating adoption rates. This initiative exemplifies innovation in long-term care and hospice settings, fostering a sustainable culture of safety and continuous quality improvement.

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Spine Assessment Clinic

Nova Scotia Health

The Nova Scotia Health (NSH) Spine Assessment Clinic (SAC) is an innovative project initiated to address the ever-growing number of patients waiting to be assessed by a spine surgeon. Considering that NSH provincially has six spine surgeons, with thousands of patients waiting to be assessed, the demand for spine assessment was far exceeding the availability of surgeons. Following the lead of the Ontario Rapid Assessment Clinic, the SAC was initiated in May 2023, in Halifax, with the goal of physiotherapists (PT) assessing patients initially (rather than surgeons) to determine next steps in the patients' spine care journey, which includes either referral to a spine surgeon or conservative management. Recognizing that approximately 15% of all patients referred to a spine surgeon require surgery, initial assessment by a physiotherapist to determine best care pathway allows the patients who require surgical consultation to access that service more expeditiously and patients who would benefit from other therapies can begin their journey of healing sooner. Furthermore, fewer MRIs will be ordered as significantly less patients will be seeing a surgeon. The SAC also provides pre and post operative support to patients who have surgery. Post operative care is most valuable to patients experiencing complications that would normally result in patients accessing care at the Emergency Department (ED). Having these patients assessed by the SAC nursing team, rather than in ED, is another cost saving to the system and leaving the valuable ED resources for those patients who cannot access care elsewhere.

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Disruptive Innovation Initiative(s) Across a Health System

2024 - Provincial Health Services Authority
BC Emergency Health Services, Clinical Hub

Disruptive Innovation Initiative(s) Within an Organization

2024 - Unity Health Toronto
AI / Data Science and Advanced Analytics

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

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 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. 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 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.

solventum