MONTRÉAL, QC

JUNE 14, 2026

2026 National Awards Program

Celebrating Leading Practices

Expanded Edition:
Featuring the 2026 award recipients and nominated programs

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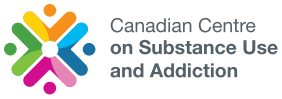
The Canadian College of Health Leaders would like to thank the 2026 National Awards Program sponsors.



CANADIAN COLLEGE OF HEALTH LEADERS | COLLÈGE CANADIEN DES LEADERS EN SANTÉ

Introducing the 2026 National Awards Program Recipients – Congratulations to our Difference Makers!

The Canadian College of Health Leaders, alongside our award sponsors, is delighted to recognize the individuals, teams, and organizations that make a difference. The College's National Awards Program recognizes the importance of leadership, commitment, and performance. We are proud to showcase these Difference Makers, not just for winning their respective awards, but for making a difference to their communities, organizations and, most importantly, patients and their families.

The College is a community. We have designed the enclosed leading practices guide to allow everyone in our community to share in the knowledge and lessons learned from our Award Winners. Enclosed you will find examples of leading practices that can be replicated in your organization or community.

Do you know of any outstanding accomplishments in your organizations? There is no better time than the present to consider individuals, teams, and programs worthy of recognition in the 2027 National Awards Program. For nomination information please visit the awards section of our web site: www.cchl-ccls.ca.

Sincerely,

SOwen

Sue Owen, MHSc, CHE, PhD (C)
President and Chief Executive Officer
Canadian College of Health Leaders

Congratulations to all award recipients!

On behalf of HIROC, we offer our most sincere congratulations to all the CCHL National Awards Program recipients who are making a difference in their communities.

At HIROC, we value listening to our Subscribers and the entire healthcare community – Learning how we can adapt and co-create solutions from the many healthcare change makers out there.

As an Educational Partner of the College, we are delighted to be a partner of this leading practice guide to promote lessons learned, knowledge sharing, and to provide recognition to the award recipients.

Thank you for inspiring us and congratulations again!

CGaulton

Catherine Gaulton, Chief Executive Officer, HIROC

HIROC

Advisory Committee

The College would like to thank the members of the National Awards Advisory Committee for their guidance and support.

Jennifer Sheils (Chair)
Vice President Strategy, Transformation & Chief Innovation Officer
Horizon Health Network

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President and Chief Executive Officer
Good Samaritan Society

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Canadian College of Health Leaders

Anca Ghiran, CHE
Strategic Regional Plan and Management Agreements Coordinator
Régie régionale de santé et services sociaux du Nunavik

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Military Advisor
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Yukon Department of Health and Social Services

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Director, Conferences and Events
Canadian College of Health Leaders

Ila Watson, CHE
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Sault Area Hospital

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Solventum Health Care Innovation Team Awards

This award recognizes four important elements: disruptive innovation, cutting edge system transformation and outcomes, diverse population, and sustainability of change.

Full descriptions of all award nominees can be found in the Solventum Health Care Innovation Team Awards Executive Summaries booklet, available at: www.cchl-ccls.ca.

SELECTION COMMITTEE

Disruptive innovation initiative(s) Across a Health System

Mark Fam, CHE (Chair)
President and CEO
Oak Valley Health

Scott Davis, MBA (Ex-officio)
Country Leader |
Health Information Systems
Division, Canada
Solventum

John Andruschak, CHE
(Excused)
Principal
Andruschak Consulting

Sandra Blevins, CHE
Registered Nurse
Sanctum Care Group

Wendy Hansson, CHE
Senior Vice President &
Chief Operating Officer
Pacific Blue Cross

Nelea Lungu (Excused)
Managing Director
Accreditation Canada / Health
Standards Organization

Victoria Schmid
CEO
SWITCH BC

AWARD RECIPIENT

Waypoint Centre for Mental Health Care

Waypoint at Home

Patients with mental health and addiction (MH&A) concerns in Ontario often face barriers to accessing traditional care post hospitalization, resulting in high emergency department (ED) visits, readmissions, and extended hospital stays. To address these gaps, Waypoint launched Ontario's first MH&A Home Care program, Waypoint at Home, in partnership with Bayshore Integrated Care Solutions. This innovative model shifts care from hospital to community, offering flexible, person-centered services tailored to individual needs, including psychotherapy, behavioral support, and addiction services. Unlike traditional home care programs with rigid criteria, Waypoint at Home uses broad eligibility and collaborative care planning. The program introduced new pathways, adapted assessments, and implemented options for high-intensity and short-term support. After one year, 88% of patients had reduced MH&A admissions ($p<.001$) and the program achieved a 0% 30-day MH&A ED revisit rate compared to the regional average of 24%. This result, combined with a decrease in average inpatient length of stay by 20 days, generated over $1 million in system cost savings. Patient satisfaction was exceptional—100% would recommend the program, and 67% experienced improved recovery. The program's success has spurred interest from Ontario Health and other organizations, leading to knowledge-sharing through a Community of Practice and plans for spread and scale. Waypoint continues to refine the model using implementation science and evaluation research, ensuring effectiveness, sustainability, and alignment with its organizational 10-year strategy to transform MH&A care.

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Solventum Health Care Innovation Team Awards

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SELECTION COMMITTEE

Disruptive innovation initiative(s) Within an Organization

Patricia O'Connor, FCCHL
(Chair)
Consultant; Faculty and Improvement Advisor at HEC Healthcare Excellence Canada

Scott Davis, MBA (Ex-officio)
Country Leader | Health Information Systems Division, Canada
Solventum

Dr. Annette Elliott Rose, RN PhD
Chief Nurse Executive & Vice President, Clinical Performance & Professional Practice
Nova Scotia Health

Sandy Jansen, CHE
Vice President, Patient Care and Risk Management
St Joseph's Health Care London

Jamie MacDonald, MBA
Deputy Minister
PEI Government

Rhowena Martin, CHE
Chief Impact Officer
Canadian Centre on Substance Use and Addiction

Brenda Weir, CHE
Former Vice President, Chief Nursing Executive
Peterborough Regional Health Centre

AWARD RECIPIENT

CHU Sainte-Justine

Improving access to neurodevelopmental-disorder diagnosis for Québec families through the Immersive Reality Platform for Monitoring and Measuring Clinical Expressions (PRISME)

Neurodevelopmental disorders (ASD, ADHD, ID) affect nearly one-third of Québec children entering kindergarten, with even greater vulnerability in disadvantaged communities. The current diagnostic pathway remains long and fragmented, depriving too many children of early intervention and deepening inequities in access. For a superspecialized hospital like CHU Sainte-Justine, meeting these critical needs requires approaches that are innovative, human-centered, and efficient. The Immersive Reality Platform for Monitoring and Measuring Clinical Expressions (PRISME) is a true breakthrough innovation, emerging from a translational research trajectory that began in 2015 with the "Pop'Balloons" prototype. That early work demonstrated that behavioural markers collected through a serious video game could accurately predict ASD diagnoses, opening the door to a new generation of digital tools in neurodevelopment. PRISME now expands this advancement by integrating four major innovations:

- An immersive mixed-reality interface offering a rapid, playful assessment that reduces anxiety and increases children's engagement.
- A high-precision data-collection system, fully secured and hosted on a national infrastructure.
- An explainable multimodal AI that generates fine-grained dimensional profiles, better suited to personalized care.
- Native interoperability enabling seamless integration into electronic medical records and facilitating intersectoral coordination.

By transforming how neurodevelopmental disorders are assessed and understood, PRISME accelerates diagnostic pathways, strengthens equity, and improves the experience for both families and clinicians, while optimizing the use of specialized resources.

CONTACT

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Award of Excellence in Mental Health and Addictions Quality Improvement

This award honours a hospital, health authority, community based mental health and addictions program/service, or a leader in the field that demonstrates evidence-informed and sustained quality improvements (QI) in the area of mental health and addictions.

Sponsored by:

Mental Health Commission of Canada / Commission de la santé mentale du Canada

Canadian Centre on Substance Use and Addiction

SELECTION COMMITTEE

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Executive Director, Brain and Mental Health Services
The Hospital for Sick Children (SickKids)

Leanne Holt (Ex-officio)
Vice-President, External Affairs and Development
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Rhowena Martin, CHE (Ex-officio)
Chief Impact Officer
Canadian Centre on Substance Use and Addiction

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Chief of Psychiatry
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Vice President, Community Services
Vancouver Coastal Health Authority

Rosilita Jn-Pierre, CHE
Manager Addiction and Mental Health
Recovery Alberta

Gloria Kurera
Sr. Project Manager, Thriving Minds CAMH, SickKids and The Garry Hurvitz Centre for Community Mental Health

Karim Mamdani
Advisor to the Board and CEO
Ontario Shores Centre for Mental Health Sciences

Riley Skinner, MBA (Excused)
Executive Director
Crisis Prevention, Intervention & Information Centre for Northern BC

AWARD RECIPIENT

Brightshores Health System

The Brightshores Wellness and Recovery Centre is transforming mental health and addictions care across Grey and Bruce through an integrated, recovery-oriented model that brings hospital, residential, and community services together under one roof. Designed to address fragmented care and high emergency department use, the Centre provides low-barrier access to primary care, psychiatry, addictions medicine, withdrawal management, counselling, and community supports within a coordinated 45-bed continuum. Using evidence-informed quality improvement methods, Brightshores standardized clinical pathways, implemented trauma-informed programming, and strengthened transitions between hospital and community care. The model incorporates Housing First principles, extended 14-day withdrawal management stays, peer support, and culturally responsive programming in partnership with Indigenous communities. Results demonstrate meaningful system impact. Since implementation, substance use-related emergency department visits have declined from 554 to 337 annually, and 30-day readmissions following withdrawal management have decreased by 93%. Clients experience improved housing stability, higher engagement in treatment, and strong satisfaction scores (3.8/4). Beyond local outcomes, the Centre contributes to broader system improvement by informing Ontario's HART Hub model, supporting the MetaPHI Withdrawal Management Toolkit, sharing protocols with more than 50 organizations, and participating in formal research to evaluate and scale best practices. By integrating services, advancing equity, and focusing on sustained recovery, the Wellness and Recovery Centre offers a replicable blueprint for high-quality mental health and addictions care in rural and community settings.

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AgeCare

Prior to the pandemic, Alberta Health Services requested that AgeCare convert existing beds into a Long Term Care mental health residence program. AgeCare agreed to this request and embarked upon placing a mental health program within a care community of single living and long-term care beds. Through the feedback of staff, residents and families, it became obvious to the teams that programming and amenities should be enhanced to meet the specific needs of this resident population. AgeCare received AHS' approval to move the 64- bed community within SkyPointe to a dedicated wing attached to SkyPointe, later named the East Wing – Skypointe II, to provide support and quality of life for mental health residents. The East Wing opened in December 2022 and includes multi-functional amenities. The community enables residents to live independently offering self-serve meals, common spaces, groups and specialty services through AHS. Clients are welcomed from the community, acute care, and treatment facilities and stay within the voluntary program. After building and opening the state-of-the-art accommodations; creating a baseline of clientele and staffing model; and designing structure and processes for the new staff and residents, in January 2024, the launched a quality improvement initiative, the Sunrise Project, as a key component of the Complex Mental Health Recovery Program (CMHRP). Since the implementation of this volunteer program, almost 50% of the clients have completed the CMHRP or transitioned into the community, experiencing a level of independent living that is appropriate for the individuals. The outstanding 2025 client satisfaction scores demonstrate that the program is rapidly having a positive impact on the majority of the patients. The project enhancements, such as the daily chore program, are providing clients with life skills that will enable them to build confidence and transition back into the community. The clients are experiencing a decrease in episodes and needs for acute care in emergency wings, demonstrating strong success metrics for clients, highlighted through the submission.

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Award of Excellence in Mental Health and Addictions
Quality Improvement - Other Nominees

CCOMTL
Integrated Service Platform for Alternatives to Hospitalization – CIUSSS West-Central Montreal

Since 2023, the CIUSSS West-Central Montreal has fundamentally transformed the mental health care trajectory by implementing an integrated platform of alternatives to hospitalization—an innovative, evidence-based model demonstrating significant clinical impacts for users experiencing mental health challenges. This initiative aims to provide the right care, at the right time, in the right setting, while maximizing health outcomes, user experience, and system efficiency.

The platform brings together three complementary services:

- Brief Accompaniment in the Community (ABC), which ensures rapid access (average wait time of 37 hours) and has supported more than 700 users since 2023, helping prevent or reduce hospitalizations and stabilizing 94% of those followed.

- Brief Psychiatric Intervention Unit (UIB-P), offering short, intensive stays, with 77% of users achieving their goals.

- Brief Intensive Home Treatment (TIBD), a safe alternative to hospitalization that has already prevented more than 7,280 inpatient days and supports recovery within the person's living environment.

These integrated services reduce reliance on emergency departments, shorten lengths of stay, prevent readmissions, and promote social inclusion. The approach is grounded in strong partnerships—particularly with AMI Québec and Tracom—and in practices that strengthen continuity of care and standardized collection of clinical indicators. This innovative model, aligned with value-based health care principles,

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CISSS de Laval

Le Nomade — substance consumption and checking, a mobile overdose-prevention centre

The Public Health Directorate Team of the CISSS de Laval, in partnership with Oasis — Mobile Intervention Unit, has achieved a major advancement in improving the quality of mental health and addiction services through the implementation of Nomade — Consumption and Substance Checking. This innovative initiative addresses a critical public health need by offering a mobile supervised consumption and drug-checking service, including the first inhalation room of its kind in Canada. The project is a concrete response to needs documented both in the field and through overdose data across the territory. Beyond technological advances, Nomade has developed and implemented rigorous clinical and operational protocols that ensure standardization, safety, and high-quality interventions, while remaining flexible and responsive to the evolving realities of people who use drugs. Key achievements include documented overdose prevention, improved access to care, and reconnection of a highly marginalized population with the health and community network. Nomade has also contributed to advancing best practices by sharing its expertise and protocols with other organizations, supporting replication of the model. Through its intersectoral leadership, equity- and inclusion-focused approach, and commitment to continuous quality improvement, Nomade has demonstrated exceptional capacity for sustainable innovation and measurable impact for both users and the health system.

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Award of Excellence in Mental Health and Addictions
Quality Improvement - Other Nominees

Island Health

Systems Approach to Decreasing Mental Health and Substance Use Emergency Department Visits

The Systems Approach to Reducing Mental Health and Substance Use ED Presentations is an evidence-informed strategy providing timely alternatives to hospitalization for individuals in psychiatric crisis. It integrates co-response teams pairing police with clinicians, same-day walk-in access through CARES and the Westshore Hub, an intensive day hospital model through the Bridging Care Program (BCP) for skills-focused day support, and embedded Transitional Discharge Model (TDM) Peer Support Workers in both acute and community settings. This initiative demonstrates LEADS competencies: Leads Self through reflective, evidence-informed practice; Engage Others by embedding peer support and patient/caregiver feedback; Achieve Results with measurable reductions in ED visits, increased peer interactions, and improved functional outcomes; Develop Coalitions through partnerships with Island Health, Victoria Police, and Mental Health Recovery Partners; and Systems Transformation by creating integrated care pathways that safely divert crises from EDs to community-based supports. By combining innovative crisis response, peer support, and community-based interventions, the initiative reduces reliance on emergency and criminal justice pathways, improves patient outcomes and experiences, and strengthens equity and accessibility. It is a model of sustainable, collaborative leadership that translates best practices into measurable system-level improvement, demonstrating how thoughtful, coordinated action can transform mental health crisis care.

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Hôpital Montfort

Mental Health Emergency Zone – Montfort Hospital

Since its opening in November 2024, the Mental Health Emergency Zone (ZUSM) at Hôpital Montfort has tangibly and sustainably transformed the quality of care provided to patients in crisis. First of its kind in the Ottawa region, the ZUSM was designed to meet a high demand for mental health services, with these visits representing 8% of Emergency Department consultations—double the provincial average. With its calming environment, unique sensory rooms, secure spaces, and a specialized interdisciplinary team available 24/7, the ZUSM has significantly reduced wait times, improved patient experience, and strengthened care safety. The results speak for themselves: the rate of patients leaving before medical evaluation dropped from 12% to 3%, and incidents of violence decreased by 30% in the six months following the opening. No incidents resulting in harm have been recorded in the zone. The initiative also stands out for its strong commitment to equity, notably through the provision of care in French and an inclusive approach that recognizes the social and linguistic determinants of health. Standardized practices, integrated specialized protocols, an interprofessional model, and strengthened community pathways all demonstrate durable systemic improvement. The ZUSM is the product of an extensive co-design process involving patient partners, families, and clinical teams. It represents a transferable innovation already being studied by several organizations. It offers a proven model for mental health emergency care—combining quality, safety, accessibility, and humanity.

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Award of Excellence in Mental Health and Addictions
Quality Improvement - Other Nominees

Nova Scotia Health

Nova Scotia Health's Provincial Withdrawal Management and Recovery Support Model Continuum,

Mental illness and substance use disorders are leading causes of disability and mortality in Nova Scotia and Canada. An estimated 21% of the Canadian population will have an addiction in their lifetime, with high harms and costs, including to healthcare. This project undertook structured quality improvement processes to transform varied local practices into an evidence-based provincial program of care for people living with substance use and concurrent disorders. Best practice information gathering and engagement methods were applied with people with lived and living expertise, experts, clinicians and other jurisdictions to inform a care continuum. Provincial integrated care pathways, service guidelines, group content, change aids, training and client information pamphlets were co-developed with end users and implemented to support this significant system shift. A consequential outcome was the launch of 12 new Recovery Support Centres (RSCs) throughout Nova Scotia since 2021. Innovative RSC multidisciplinary teams offer walk-in access to assessment, outpatient medically supported withdrawal management, individual and group psychoeducation, skill-building, and connection to other services. Care is founded on trauma-informed and harm reduction approaches. RSCs enhance equitable care for diverse groups through collaboration with community partners. Evaluation results have demonstrated important positive impacts including well over 50,000 client attended RSC visits by September 30, 2025. Of more than 2500 clients attending an RSC group, and completing a feedback form, over 95% strongly agree/ agree the groups supported overall recovery. Lessons learned and improvement suggestions will inform ongoing quality changes to enhance support for people living with substance use and concurrent disorders.

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William Osler Health System
Mental Health & Addictions Program, William Osler Health System

William Osler Health System (Osler) has undertaken a system-wide Trauma-Informed Care (T-IC) Quality Improvement initiative to address a sustained rise in behavioural emergencies across inpatient mental health units. In response to increasing clinical complexity, high prevalence of trauma and substance withdrawal, and escalating safety risks, Osler positioned T-IC not as a values-based concept, but as a core strategy for safety, equity, and system reliability. Led by the Mental Health & Addictions Program, this initiative applied rigorous QI methodology to embed trauma-informed principles into daily clinical practice. Through standardized education, practice redesign, leadership engagement, and continuous measurement, T-IC was operationalized across inpatient units using evidence-informed interventions, including sensory rooms and sensory modulation strategies, Safewards-informed practices, structured inpatient group programming, and standardized trauma-informed and recovery-oriented workflows. This coordinated, system-level approach shifted care from reactive crisis management toward proactive prevention. Inpatient environments became calmer and more therapeutic, staff confidence and consistency improved, and patients experienced greater choice, collaboration, and psychological safety. Importantly, the initiative achieved measurable reductions in behavioural emergencies while strengthening patient experience, staff well-being, and care reliability. Designed for sustainability and scalability, this work demonstrates how T-IC, when operationalized through QI, can drive meaningful and lasting change in complex, high-risk mental health settings. Osler's approach reflects national leadership in mental health and addictions QI and offers a replicable model for health systems seeking to improve safety, equity, and outcomes through compassionate care. Osler is honoured to be considered for the CCHL Award for Excellence in Mental Health and Addictions Quality Improvement.

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Award of Excellence in Mental Health and Addictions
Quality Improvement - Other Nominees

Provincial Health Services Authority (BC Children's Hospital)
Caring for Youth Who Use Substances, BC Children's Hospital Substance Use Response and Facilitation team Team:

Caring for Youth Who Use Substances is a project that implemented universal screening and assessment for youth substance use in Healthy Minds, all patients admitted to inpatient psychiatry, or seen in the outpatient departments in BC Children's Hospital's (BCCH) Mental Health and Substance Use Program. Beginning January 2024, the initiative involves staff using an algorithm for screening, brief intervention and referral to treatment (SBIRT) to: • increase early identification and intervention for youth who use substances and support them through timely referral volume to BCCH's Substance Use Response and Facilitation (SURF) program. • establish standardized practices and policies for screening and assessing youth substance use, including adoption of a universal screening tool. • support skill development, clinical capacity and comfort in substance use identification of BCCH staff.

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BCMHSUS, Provincial Health Services Authority
Strategic Information Management (SIM) Team, BCMHSUS

The Strategic Information Management (SIM) Team within Provincial Health Services Authority's (PHSA) BC Mental Health and Substance Use Services (BCMHSUS) is a team that's driven significant patient outcome improvements across clinical programs, resulting in system-level impacts. Alongside delivering critical data and analytic solutions for quality improvement (QI), the SIM team has led foundational and innovative efforts beyond the scope of traditional decision-support functions. By partnering closely with Clinical Operations, Quality & Patient Safety, Patient Experience, and others, the SIM team: • supports clinical responses • enables data-driven decision-making, • uncovers QI opportunities that benefit the complex populations PHSA serves, including forensic patients and individuals in BC's criminal justice system. While the SIM team often engages in 40+ projects annually, this nomination highlights projects that showcase the teams' skill and approach, demonstrating how their work delivers measurable patient outcome impacts: • Drug Toxicity Prevention & Response (DTRP) – the team spearheaded design and implementation of comprehensive data infrastructure that addresses critical gaps in drug poisoning (overdose) information across BCMHSUS. • Seclusion Analysis – Clinical Operations and Interprofessional Practice partnered with the SIM team to co design a targeted seclusion dashboard that delivers timely, meaningful data to guide care decisions and highlight opportunities for improvement, supporting more consistent practices, enhanced accountability, and enabling clinical teams to safely reduce seclusion durations. • Indigenous Self-Identification (ISI) – Alongside the BCMHSUS Indigenous Health (IH) team, the SIM team led several initiatives to help clinical programs improve how clients self-identify and how Indigenous client data is accessed, used, and presented.

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Award of Excellence in Mental Health and Addictions
Quality Improvement - Other Nominees

South Calgary Primary Care network

Over the past three years, the South Calgary Primary Care Network (SCPCN) has delivered a comprehensive, evidence informed transformation of its mental health and addictions portfolio, grounded in rigorous quality improvement (QI) methodology. Central to this work is the expansion of the Primary Care Behavioural Health model, which embeds behavioural health providers directly into primary care to enable early intervention, streamlined triage, and team based management. This model increased encounters from 12,457 to 15,820 in one year, demonstrating sustained improvement in access and capacity. SCPCN strengthened measurement based care by integrating Feedback Informed Treatment (FIT), a real time therapeutic outcome monitoring system, into the Time 2 Talk short term counselling program. FIT adoption rose from 65% to 89% of sessions, enabling session level adjustments and ensuring patient experience directly shapes treatment. Complementing FIT, Electronic Medical Record integrated Patient Reported Outcome Measures (PROMs) increased from 72% to 88% completion, reinforcing standardized, data driven care pathways. Innovative, evidence based interventions, including Acceptance and Commitment Therapy (ACT) groups, Art Based Mindfulness, Accelerated Resolution Therapy (ART), and Alberta's first primary care led Take Charge of Binge Eating program, demonstrate SCPCN's commitment to advancing clinically validated, scalable mental health treatments. These programs consistently achieved high satisfaction, increased psychological flexibility, and reduced symptom burden. System level improvements reflect meaningful QI impact: reductions in emergency department utilization through after hours diversion, improved Third Next Available appointment metrics, and significant wait time reductions in related centralized programs. Patient voice and co design remain foundational, with FIT, experience surveys, and advisory input shaping ongoing improvement. Collectively, SCPCN demonstrates sustained, measurable, and innovative QI leadership in mental health and addictions care.

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Celebrating the Human Spirit Award

This award recognizes and honours the meaningful contributions of individuals and teams for acts of caring and compassion that go above and beyond the call of duty, inspire others, and have a profound and lasting impact.

Sponsored by: HIROC

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Kate Butler, CHE
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Service NB Health Services

Robin Dziekan
Network and Partnership Lead
Atlas Institute for Veterans and Families

Cheryl Harrison, CHE
President and CEO
Muskoka Algonquin Healthcare

Joanne Maclaren, CHE
Executive Director, Minimum Nurse-Patient Ratio
Island Health

Kelli O'Brien
Vice President Quality & Learning Health System
Newfoundland and Labrador Health Services (NL Health Services)

AWARD RECIPIENT

Mary MacKillop

For 17 years at BC Children's and Women's Hospitals, Mary transformed patient and family engagement into a deeply embedded culture of partnership, compassion, and co design. She created low barrier pathways for patients and families to meaningfully shape programs and services, enabling more than 25 advisory groups, trauma informed engagement practices, and feedback systems that now support over 200,000 patients annually. Her belief that "the answer is always in the room" guided the development of national leading initiatives, including the Sibling Support Centre, PHSA's Patient Care Quality Office model, and the National Standards of Practice for Volunteer Engagement, each demonstrating her ability to turn empathy into scalable, system wide improvement.

Mary's leadership has had a profound and lasting impact on patients, families, staff, volunteers, and communities across British Columbia and beyond. She cultivated a culture where dignity, kindness, and human connection are foundational to care, empowering her team of 35+ professionals and nearly 2,200 volunteers to support families with compassion and respect at every step of their health journey. Colleagues across both hospital campuses regard her as the embodiment of patient and family centred care—an influential leader whose presence elevates the people and systems around her. Through her unwavering advocacy, mentorship, and visionary approach, Mary has inspired countless acts of compassion and created programs that continue to serve as models across Canada.

CONTACT

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2026 Awards

Chapter Award for Distinguished Service

This award provides an opportunity for chapters to recognize locally and nationally the individuals who have made a significant contribution to their chapter.

CANADIAN COLLEGE OF HEALTH LEADERS | COLLÈGE CANADIEN DES LEADERS EN SANTÉ

AWARD RECIPIENTS

BC INTERIOR
John Larmet, CHE
Chapter Chair, BC Interior
CCHL

BC LOWER MAINLAND
Elsie Chan, CHE
Project Manager
BC Cancer Agency

EASTERN ONTARIO
Janna Hotson, CHE
CEO & President
Deep River District Health

GREATER TORONTO AREA
Phoebe Smith-Chen, CHE
Director, Primary Care
Ontario Health

MANITOBA
Adrian Salonga, CHE
Chair, Manitoba Chapter, CCHL
Interim Regional Lead, Health Services - Community, Winnipeg Regional Health Authority

NEW BRUNSWICK
Kate Butler, CHE
Past Chair, NB Chapter CCHL
Executive Director Environmental Sustainability and Clinical Engineering Operations
Service New Brunswick Health Services

NOVA SCOTIA & PEI
Eric Doucette, CHE
Past Chair, Nova Scotia & PEI Chapter
CCHL

QUÉBEC
Dr. Marc Bilodeau, FCCHL
President and CEO, CISSS de l'Outaouais
Chair, Board of Directors, CCHL

SOUTHERN ALBERTA
Lesley Myles, RN MA CHE
Senior Operating Officer, Clinical Delivery and Operations, Calgary Zone
Assisted Living Alberta

VANCOUVER ISLAND
Jae Yon Jones, CHE
Regional Director, Quality, Education and Research, Long-term Care and Assisted Living
Island Health

CCHL Distinguished Leadership Award

The CCHL Distinguished Leadership Award is the College's premier award to recognize leadership. It honours a College member in good standing in Canada, a passionate and visionary leader who has demonstrated core values of exemplary commitment, dedication and success in building leadership capacity and bettering the lives of others throughout their career path and ongoing journey in the Canadian Healthcare system.

Sponsored by: GE HealthCare

AWARD RECIPIENT

Altaf Stationwala

A proud College member for more than 25 years, Altaf Stationwala embodies the Award's core values: exemplary commitment, lifelong learning, and a career defined by bettering the lives of others. His longstanding engagement with the College, as a speaker, mentor, supporter of HPRS sessions, and past recipient of the Robert Zed Young Leader Award, reflects a deep and sustained dedication to strengthening leadership capacity across the country.

Throughout his career, Altaf has demonstrated a remarkable trajectory of growth, impact, and service. From his early days as Director of Planning at William Osler Health System to senior executive roles at Mount Sinai Hospital, and later as President and CEO of Mackenzie Health, Altaf has consistently led transformative change. His leadership was instrumental in the planning, construction, and opening of Cortellucci Vaughan Hospital—the first net-new hospital built in Ontario in decades—and in laying the groundwork for a future medical school in partnership with York University. In 2025, Altaf assumed the role of President and CEO of Unity Health Toronto, one of Canada's largest Catholic academic health systems, where his calm, principled, and people-centred leadership has already strengthened integrated care, advanced partnerships, and provided stability during a period of significant system strain.

Altaf's influence extends far beyond the organizations he has led. A respected national voice, he has served as Chair of the Ontario Hospital Association, contributed to major supply chain and safety initiatives through roles with Mohawk-Medbuy and GS1 Canada, and supported quality improvement as a surveyor with Accreditation Canada. His commitment to system stewardship is evident in his leadership of Ontario Health Teams and in his appointment as Supervisor of Renfrew Victoria Hospital. Known as a connector, mentor, and champion of emerging leaders, Altaf exemplifies the LEADS framework in action. His ability to build coalitions, achieve results, and drive system transformation has left an indelible mark on healthcare in Ontario and across Canada.

CONTACT

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Energy and Environmental Stewardship Award

This award recognizes a progressive healthcare organization that has implemented programs that demonstrate environmental responsibility through the reduction of energy usage, the preservation of natural resources, and effective waste diversion solutions.

Sponsored by: TRANE

SELECTION COMMITTEE

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Luis Rodrigues (Ex-officio)
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Trane Canada

Craig Doerksen
Executive Director, Capital & Facilities Management
Shared Health Manitoba

Sarah Feldberg
Manager, Member Insights & Contributions
Royal College of Physicians & Surgeons of Canada

Anna Gunz
Medical Director, ChEHC ON;
Paediatric Intensivist, Children's Hospital
Assistant Professor, Schulich School of Medicine & Dentistry, Western University

Ron Noble, FCCHL, FACHE
President and CEO
Catholic Health Association of Ontario

Autumn Sypus, BA
Project Manager
Canadian Coalition for Green Health Care

Debbie Walsh, CHE
Retired Healthcare Executive

AWARD RECIPIENT

Hamilton Health Sciences

Hamilton Health Sciences (HHS) exemplifies energy and environmental stewardship through sustained, organization-wide initiatives that integrate sustainability into healthcare delivery, infrastructure planning, and clinical practice. As Ontario's second-largest health system, operating across acute, specialty, and community sites, HHS has demonstrated that environmental responsibility and high-quality patient care are mutually reinforcing. Since 2016, HHS has achieved significant, measurable results against a defined baseline, including 474,886,454 ekWh of energy savings, an Energy Use Index improvement of 16 ekWh per square foot, conservation of more than 1,200 megalitres of water, a 41% reduction in Scope 1 and 2 greenhouse gas emissions totaling 138,058 metric tonnes of CO_2e, and diversion of 18,028 metric tonnes of waste from landfill. These outcomes are supported by disciplined governance, KPI tracking, external benchmarking, and transparent reporting. A cornerstone initiative is HHS's $57-million cogeneration system upgrade and operational redesign, which reduced annual CO_2 emissions by more than 28,000 tonnes per year while improving system reliability, indoor air quality, and patient comfort. Cost savings generated—over $5 million in 2025 alone—are reinvested into mechanical upgrades, building recommissioning, and infrastructure renewal. HHS has cultivated a strong culture of sustainability through staff- and clinician-led initiatives, including anesthesia practice changes reducing desflurane use by 87%, narcotic waste denaturing to protect waterways, expanded medical device reprocessing, and community-focused projects such as food donation programs and therapeutic healing spaces. Environmental stewardship is embedded within HHS's corporate strategy, supported by senior leadership, governance structures, and a long-term roadmap toward net-zero emissions by 2050—demonstrating lasting commitment, accountability, and leadership in sustainable healthcare.

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CISSS de Laval

Automated bulk-refill stations for cleaning and disinfection products

For more than 15 years, the Centre intégré de santé et de services sociaux (CISSS) de Laval has demonstrated structured and enduring leadership in energy and environmental stewardship, supported by formal governance and the sustained commitment of senior leadership. As early as 2010, the organization established a Sustainable Development Committee to ensure coherence, continuity, and integration of environmental initiatives across its facilities. Among its flagship achievements, the CISSS de Laval developed and implemented an innovative project involving automated bulk-refill stations for cleaning and disinfection products. Already fully operational in three facilities, this project transforms a single-use model into a circular-economy approach, significantly reducing plastic waste, transportation needs, and greenhouse gas emissions. It is a first within the health-care network. The organization has also distinguished itself through the creation of an eco-responsible parking area, the planting of more than 1,650 trees, the installation of biodigesters for organic waste, the substantial reduction of single-use biomedical waste, and the targeted elimination of certain medical gases with high global-warming potential. These initiatives have contributed to improving care and work environments, optimizing resources, and sustainably mobilizing staff. Through concrete, measurable, and replicable actions, the CISSS de Laval has established itself as a leading reference in sustainable development within the health-care network.

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Energy and Environmental Stewardship Award - Other Nominees

Integrated University Health and Social Services Centres for West-Central Montreal

For several years, the CIUSSS of the Centre-Ouest-de-l'Île-de-Montréal (CIUSSS-COMTL) has been actively implementing initiatives and projects focused on energy efficiency, environmental protection, and sustainable development. This report highlights the most recent energy-efficiency projects deployed across nine buildings totaling 2.8 million square feet. Through targeted measures related to lighting upgrades, building automation and control systems, heating and heat-pump systems, and aerothermal systems, these projects have generated recurring annual energy savings of $1.3 million. Over their entire lifespan, they are also expected to result in a significant reduction in greenhouse gas emissions, equivalent to 6,173 tons of GHG emissions avoided. In parallel, CIUSSS-COMTL has strengthened its commitment to sustainable development. In 2018, the organization adopted a sustainable development policy and established a dedicated committee whose actions are structured around 11 areas of intervention. Concrete initiatives include the implementation of a mini-market offering organic and locally grown fruits and vegetables at the Jewish General Hospital; greenery enhancement and landscaping measures across facilities; a responsible procurement approach; the optimization of residual materials management, including a job-reintegration component; and measures designed to promote sustainable mobility. CIUSSS-COMTL's approach to sustainable development and energy efficiency is rooted in continuous improvement and supported by the implementation of a performance evaluation and monitoring system. This commitment is also deeply embedded in the organization's culture, as it aligns directly with its institutional mission: to protect and promote the health and well-being of its users, the population it serves, and its staff.

Contact:

Integrated University Health and Social Services Centres for West-Central Montreal
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Good Samaritan Society & Good Samaritan Canada

Good Samaritan (The Good Samaritan Society and Good Samaritan Canada) is large not-for-profit, faith-based continuing care provider, operating across Alberta and British Columbia. The organization delivers care and housing services through a diverse portfolio of sites and programs that support seniors and vulnerable populations. This nomination reflects an organization-wide commitment to energy efficiency and environmental stewardship, demonstrated through strategic planning, capital investment decisions, innovation pilots, and continuous improvement. Environmental responsibility is embedded in Good Samaritan's approach to infrastructure renewal, operational efficiency, and responsible site development.

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Energy and Environmental Stewardship Award - Other Nominees

Lakeridge Health
Project LHEAD

Project LHEAD transforms the hospital environment by linking sustainability directly to patient care, staff experience, and long-term operational resilience. The project introduces high-performance technologies including a heat recovery chiller, an off-peak electric steam boiler, and LED lighting upgrades, all integrated into essential hospital systems without disrupting clinical operations. These improvements reduce reliance on natural gas, enhance indoor environmental quality, and ensure reliable heating and cooling throughout the year, resulting in safer and more comfortable spaces for patients, families, and staff. The integrated approach used to deliver Project LHEAD strengthens collaboration across engineering, construction, and hospital operations. Early engagement, consistent communication, and shared ownership support a seamless implementation and helps embed sustainability into daily decision making. Project LHEAD establishes a durable foundation for future progress by proving that environmental stewardship and exceptional patient care are closely connected. It highlights how thoughtful planning, integrated execution, and data informed optimization can create a healthier, more resilient hospital and a stronger community

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Menno Place
Bas Kervel

In 2025, Menno Place advanced a comprehensive suite of energy-efficiency initiatives that strengthened organizational sustainability and reduced its environmental footprint. Building on its established Energy Management Policy, the organization continued to monitor and lower consumption across lighting, HVAC, water heating, and kitchen systems through targeted upgrades and efficiency-focused retrofits. These efforts were reinforced by ongoing waste-reduction, recycling, and composting programs, as well as expanded water-conservation measures such as leak monitoring, irrigation optimization, and smart metering. A cornerstone of 2025 progress involved strategic partnerships with BC Care Providers, FortisBC, and BC Hydro, enabling access to Energy Conservation Measures (ECMs) and funding that accelerated meaningful improvements in facility-wide efficiency. Menno Place also upheld its commitment to transparent environmental reporting, submitting annual data to the Carbon Secretariat, detailing natural gas, hydroelectric, and stationery consumption. This accountability framework ensured continuous progress toward greenhouse-gas-reduction goals and informed planning for 2025 and beyond. The organization maintained its requirement to implement at least three measurable sustainability initiatives per year, ranging from efficient-system upgrades to staff-engagement campaigns that embed sustainability into everyday practice. Collectively, these efforts reflect Menno Place's proactive, data-driven approach to operational sustainability, advancing both environmental responsibility and resident-centered care.

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Energy and Environmental Stewardship Award - Other Nominees

North York General

North York General (NYG) is one of Canada's leading community academic hospitals, offering a wide range of acute care, ambulatory and long-term care services across multiple sites. In the last year, we have continued to make significant strides to green our practices and reduce our environmental footprint. In 2025, we released our transformational 10-year strategic plan with a Vision to Deliver World-Class Care, 24/7. Under this plan, sustainability is listed as a critical enabler, setting the stage for continued sustainability governance and engagement to encourage broad participation with strong oversight. Our core sustainability leadership has maintained alignment with a system-wide Community of Practice, associated with the University of Toronto, and developed a series of initiatives to build a culture of environmental stewardship across NYG. In 2025, we've celebrated several measurable successes, including: § development of the inaugural NYGreen Framework; § mandating sustainability training for staff via a revamped e-learning module; § expansion of green commute programming and designation as a Best Workplace for Commuters site (2026); § waste diversion initiatives; § successful implementation of several retrofit projects to reduce greenhouse gas emissions and green building operations; § decommissioning of the central nitrous oxide system, eliminating significant leakage; § celebration of sustainability themed events (Earth Day, Bike Month, Waste Reduction Week) with outreach, contests, and in-person engagements. NYG intrinsically believes in the social and moral obligation of healthcare facilities to promote a cleaner, healthier environment and will continue to work with its patients, staff, system partners and industry partners to reduce environmental impact.

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Providence Health Care

Providence Health Care (PHC) has demonstrated sustained effort and tangible outcomes in energy and environmental stewardship. PHC has an ambitious stretch goal to reduce greenhouse gas emissions by 80% and has made substantial progress through electrification, waste heat recovery, solar photovoltaic installations, and building envelope upgrades. Since its 2010 baseline, PHC has achieved significant GHG emissions reductions- already exceeding 2030 provincial targets (exclude SPH). PHC's achievements have been recognized through multiple national and international sustainability-focused awards, and more than $10 million in incentives and grants have been earned and reinvested into further sustainability initiatives. Waste diversion continues to grow across acute and long-term care sites, supported by innovative recycling programs for PPE, IV bags, furniture, and low-risk waste, alongside partnerships with local social enterprises that deliver both environmental and social benefits. Sustainability efforts extend beyond infrastructure to include green cleaning technologies, native and medicinal gardens, low-emission commuting programs, and food waste reduction initiatives. Clinical teams are driving efforts that enhance patient care, efficiently use healthcare resources, and substantively decrease our environmental impact. PHC's planetary health efforts are supported by a strong governance structure, dedicated teams/resources, and broad staff engagement. Embedded in PHC's corporate strategy and endorsed by senior leadership, environmental stewardship has positively shaped organizational culture, improved patient outcomes, and enabled reinvestment in patient care innovation—reflecting PHC's commitment to planetary health and high-quality care.

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Energy and Environmental Stewardship Award - Other Nominees

CHU Sainte-Justine
The Green Pharmacy of CHU Sainte-Justine

As a highly specialized pediatric institution, CHU Sainte-Justine provides complex care in which medications play a central role in the treatment of children and mothers. This responsibility relies on an essential chain of collaboration: physicians who prescribe, nurses who administer, and the Pharmacy Department, whose expertise supports every step of the therapeutic process. Within this context, the Green Pharmacy at CHU Sainte-Justine stands out as an innovative model of energy and environmental stewardship. Since the creation of its Green Committee in 2018—driven by the institution's commitment to being a catalyst for change in the face of the climate crisis—the Pharmacy Department has distinguished itself through strong leadership and sustained dedication to eco-responsible practices. With more than 120 professionals and over one million annual transactions, the team has implemented a structured approach aimed at reducing its ecological footprint while maintaining high standards of quality and safety in the care provided to mothers and children. To date, 38 concrete actions have been completed, complemented by the implementation of innovative projects. The inauguration in 2022 of the first eco-responsible hospital pharmacy in Canada represents a major milestone. These efforts have generated significant results: reduced waste, savings reinvested into new projects and the patient experience, the dissemination of best practices, and influence across other institutions. The Green Pharmacy has thus positioned itself as a major driver of change and an exemplary candidate for the Award.

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Excellence in Inclusion, Diversity, Equity & Accessibility (IDEA) Award

This award honours a forward-thinking healthcare organization that has demonstrated leadership in creating and promoting inclusion, diversity, equity, and accessibility to improve the environment for its employees, and to better service their customers/patients, and the community.

Sponsored by:

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Jim Hornell
Surveyor Engagement Lead
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Dr. Ofodile Joe-Uzuegbu, MBBS, MPrecH
Resident Physician,
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Pangus Kung
Director, Initiatives and Engagement
Canadian Centre for Diversity and Inclusion

Janet Law, CHE
Program Manager, Health Services
Workplace Safety & Insurance Board

Cheryl Louzado, CHE
Director, Equity, Inclusion, and Anti-oppression
McMaster University

Alisha Thaver (Excused)
Director, Strategic Partnerships
University Hospital Foundation

AWARD RECIPIENT

Women's College Hospital

Women's College Hospital (WCH) has demonstrated sustained and measurable leadership in inclusion, diversity, equity, and accessibility (IDEA) by embedding equity into strategy, governance, and organizational accountability. WCH's equity work reflects long-term commitment across multiple planning cycles, including the Health Equity Plan (2016–2020), Healthcare Revolutionized 2018–2022, the Build Back Better Strategy (2022–2024), the Dismantling Anti-Black Racism Roadmap (2022), the Equity Roadmap (2023–2024), and Healthcare Revolutionized 2030. IDEA is led through the Office of Equity, which advances IDEA strategy, supports policy development, and monitors equity education. The Office leads socio-demographic data collection and analysis to identify gaps and track progress and supports the Health Equity Access to Care Committee to address structural barriers to equitable access and strengthen culturally safe care delivery. WCH operationalizes IDEA through equitable clinical models that reduce barriers and improve experience for equity-deserving communities. This includes the Ganawishkadawe Centre for Wise Practices in Indigenous Health (GCWP-IH), the Crossroads Clinic supporting approximately 13,000 refugee patient visits annually, and WCH's Transition Related Surgery (TRS) Program, Canada's first publicly funded academic hospital-based program of its kind, which completed 330 surgeries in 2024–2025. Workforce inclusion is advanced through the People Plan 2025–2030 and leadership development initiatives, supported by measurable gains in representation. Racialized leadership increased from 25% in 2021 to 45% in 2025. Progress is reinforced through integrated Equity, Quality, Corporate Scorecards and long-term commitments such as the Black Health Plan. Together, these efforts demonstrate IDEA is embedded, measurable, and foundational to WCH's organizational identity.

CONTACT

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Brant Community Healthcare System

In two years, Brant Community Healthcare System (BCHS) has built one of the most structured, comprehensive, and measurable equity and reconciliation portfolios in the region, moving beyond intention into action and policy into lived experience. Diversity, equity, inclusion, and belonging (DEI-B) are essential at BCHS because they directly influence patient safety, clinical outcomes, workforce wellbeing, and community trust. The organization advanced to a fully implemented system of learning, cultural change, Indigenous health planning, equity data foundations, and regional collaboration at a pace rarely seen in healthcare. This rapid progress reflects BCHS' belief that equity is crucial for safe, high-quality care and central to how a modern health system must operate. The inclusion of DEI-B in core organizational priorities such as the 2025-2030 Strategic Plan, 2025-2030 DEI-B Roadmap, and 2025-2028 Indigenous Health Strategy, reaffirms BCHS' commitment to long-term transformation and provides accountability to guide future endeavors. In practice, it's not easy to foster inclusive spaces, challenge deeply rooted assumptions, or embed equity and reconciliation into daily decision-making, but BCHS has accepted that challenge with determination and devotion. BCHS advanced Truth and Reconciliation commitments by creating a dedicated Indigenous Health portfolio, strengthened organizational culture through workforce education, and improved access, safety, and experience for diverse patient populations through culturally responsive care initiatives. From frontline to leadership, BCHS engaged its people to ensure practices and policies are shaped by open dialogue, while expanded regional collaboration and shared equity tools have extended BCHS' impact beyond organizational boundaries to contribute to broader system improvement.

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Excellence in Inclusion, Diversity, Equity & Accessibility (IDEA) Award - Other Nominees

CIUSSS Centre-Ouest-de-l'île-de-Montréal
CIUSSS West-Central Montreal

The CIUSSS du Centre-Ouest-de-l'Île-de-Montréal has implemented a structured, phased, and evidence-informed approach to Diversity, Equity, Inclusion, and Belonging (DEIB), grounded in the conviction that inclusive systems are essential to high-quality care, workforce sustainability, and organizational performance in a complex healthcare environment. Rather than relying on isolated initiatives, the organization embedded DEIB within governance, leadership development, and everyday practices. The strategy prioritized internal culture-building and capability development as a foundation for sustainable impact, before extending to patient and community-facing dimensions. This work was guided by participatory methods, interdisciplinary collaboration, and continuous learning, with particular attention to psychological safety, equity-deserving groups, and lived-experience perspectives. Key achievements include the establishment of cross-sectoral working groups, the integration of DEIB principles into leadership forums and decision-making spaces, and the delivery of targeted learning activities addressing various topics such as acessibility, intersectionality, neurodiversity, and inclusive leadership. The organization also developed practical tools and advisory support to assist managers and teams in translating DEIB concepts into concrete workplace and clinical practices. Impact is evidenced through increased demand-driven engagement from managers and teams, sustained voluntary participation in learning spaces, and convergent qualitative feedback indicating enhanced reflexivity, conceptual clarity, and confidence in addressing equity-related issues. Together, these outcomes reflect a measurable cultural shift toward shared accountability, inclusive leadership, and the normalization of DEIB as a core organizational competency.

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CISSS de Laval

Support for immigrant families with young children who are living in situations of significant vulnerability.

Over the past several years, the Integrated Perinatal and Early Childhood Services team at the Centre intégré de santé et de services sociaux (CISSS) de Laval has observed that a significant proportion of the program's clientele is made up of immigrant families, and that the level of support required far exceeds the time usually allocated for follow up. In response, our institution implemented an innovative project designed to support immigrant families with young children who are living in situations of significant vulnerability. Upon arrival, these families face numerous obstacles, including difficulty accessing health care. This project aims to reduce inequalities by offering sustained support grounded in inclusion and accessibility. The assistance is structured around two main components: 1. Procedures related to recent immigration: housing, basic needs, access to benefits and allowances, use of community resources, and more. 2. Health promotion and prevention: access to a family physician, vaccination, dental care, and other essential services. By reducing stress related to health and material security, the project allows practitioners to focus on strengthening the parent child bond and supporting children's integration. This inclusive approach—respectful of cultural and linguistic diversity—is rooted in collaboration, compassion, and social justice. In doing so, the program demonstrates our institution's commitment to equity and accessible care, creating an environment where every family, regardless of origin, can thrive and build a more stable and healthy future.

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Excellence in Inclusion, Diversity, Equity & Accessibility (IDEA) Award - Other Nominees

College of Nurses of Ontario

For the College of Nurses of Ontario (CNO), inclusion, diversity, equity and accessibility (IDEA) is so fundamental to our role as the largest health care regulator in Canada, it underpins everything that we do. Year-over-year, we evolve from taking those first steps towards increasing our understanding of IDEA, to having every portfolio make an annual commitment to this work. By incorporating an Equity Impact Assessment into the design of policies and guidelines, we ensure the realities of Indigenous and Equity-Deserving Groups are at the core. Internally, CNO's staff enthusiastically shifted from observing dates of significance to sharing lived experience of their culture. We have made continuous education a reality by giving teams access to experts on sessions on neurodiversity, Black History Month and disability. We see the impact of this learning when CNO works with applicants, registrants and employers of nurses. Our promise to focus on IDEA is one part; we are also committed to sharing information. This might mean sharing results of the first-ever Workforce Census; providing data to decision-makers in the health system; or offering advice to health regulators considering launching their own census. That is how we lead. We ensure that we listen, learn and share. All so we can all learn from diverse day-to-day realities of nurses' lived experiences, and uphold safe patient care.

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Good Samaritan Society & Good Samaritan Canada

Good Samaritan (GSS), including The Good Samaritan Society and Good Samaritan Canada, embeds Equity, Diversity, Inclusion, and Reconciliation (EDI&R) into its organizational identity, daily operations, and long-term vision. As Western Canada's largest not-for-profit, faith-based continuing care provider, serving diverse populations across 61 sites in Alberta and British Columbia, GSS recognizes that high-quality care cannot exist without cultural safety, inclusion, accessibility, and representation. In 2025, GSS reaffirmed this commitment by redefining its organizational vision as "Being and Belonging – Every Person, Every Home." This vision reflects a deliberate shift toward relationship-centred, culturally safe, and inclusive care environments where residents, families, staff, and communities experience dignity, respect, and belonging. As part of our 2024–2029 Strategic Plan, Good Samaritan added "Inclusion" as a new corporate Value showing that we foster an organizational culture that accepts and nurtures the individuality of others and represents all people within our communities. EDI&R is also a foundational pillar of that value and will shape our decision-making for the next five years across hiring, training, care models, leadership development, procurement, and community engagement. This work is not positioned as a standalone initiative. As a mission-driven and values-based organization, it represents a sustained, organization-wide transformation grounded in accountability, lived experience, and public service values.

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Excellence in Inclusion, Diversity, Equity & Accessibility (IDEA) Award - Other Nominees

Hamilton Health Sciences

Hamilton Health Sciences (HHS), one of Ontario's largest hospital systems, places equity, diversity, inclusion, and accessibility (EDI) at the core of its mission to deliver exemplary health care to a rapidly diversifying population. Recognizing stark local disparities—such as the 21-year life expectancy gap between Hamilton's lowest- and highest-income neighborhoods—and demographic shifts, including a 41% increase in the racialized population from 2016–2021, HHS is committed to reducing systemic inequities in social determinants of health and providing culturally safe, equitable care. Under visionary leadership from the Chief Health Equity Officer and cross-functional teams, EDI is embedded in governance, strategic aims, and operational priorities. A comprehensive review of 223 policies eliminated systemic barriers, while dedicated resources support Black Health and Indigenous Health initiatives, sociodemographic data collection (now from over 73,000 patients), social prescribing (connecting 900+ patients/families to supports), and innovative interpreter services like Voyce (469,000+ minutes across 107+ languages). Workforce efforts include bias-mitigated recruitment, targeted pathways for Internationally Educated Nurses, affinity groups for Black and 2SLGBTQIA+ staff, mentorship, leadership training (e.g., intercultural competency and Indigenous cultural safety), and an EDI Champions network of over 45 members. These initiatives have boosted representation of Indigenous and Black staff, achieved strong retention rates above provincial benchmarks, and improved staff belonging through psychologically safe environments and observances support. Patient-focused programs—co-designed Black and Indigenous Health Plans, ceremonial spaces, community partnerships, and diverse Patient and Family Advisory Councils—amplify equity-deserving voices and address barriers. Education spans mandatory modules, with high completion rates and demonstrated gains in leader knowledge. Sustained through integration into Vision 2030, ongoing evaluation, grant funding, and leadership accountability, HHS's EDI efforts foster inclusive workplaces, bridge communities, and drive measurable progress toward equitable health outcomes for all.

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Excellence in Inclusion, Diversity, Equity & Accessibility (IDEA) Award - Other Nominees

Provincial Health Services Authority
DEI, People + Culture, PHSA

The Provincial Health Services Authority (PHSA) is nominated for its leadership in advancing Diversity, Equity, reconciliation, and anti-racism across BC's health system. Guided by its vision to boldly create an equitable, anti-racist, and culturally safe health system where everyone thrives, PHSA demonstrates that its commitments are more than words – they reflect true dedication from leadership and staff to drive system-wide, measurable change. Through deliberate action, PHSA has embedded inclusion, diversity, equity, and Indigenous perspectives into its core practices. BC's health system continues to face persistent and preventable inequities shaped by colonialism, systemic racism, ableism, socioeconomic exclusion and geographic barriers. Indigenous peoples, racialized communities, newcomers, people with disabilities, and those living in poverty or rural and remote areas face disproportionate barriers to care. Extensive research highlights Indigenous-specific racism and systemic inequities across equity-deserving populations, demonstrating the need for an intentional, coordinated approach. In response, PHSA established both a: ● Diversity, Equity, and Inclusion (DEI) team – who drive organization-wide initiatives, through robust policy, strategy work and education pathways that support clinical and non-clinical staff to navigate the complexities of the healthcare system. ● Indigenous Health team – that advances reconciliation by centering Indigenous voices, addressing the impacts of colonial policies, and embedding Coast Salish teachings in daily practices to foster connection, respect, and shared responsibility. PHSA's approach is grounded in its values: Compassion, Respect, Equity, Courage, and Innovation. Together, these efforts demonstrate PHSA's leadership in transforming the health system into one that is equitable, culturally safe, and inclusive for all British Columbians.

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Excellence in Patient Experience Award

This award is focused on honouring organizations and individuals who have set in place innovations that improve the human experience in healthcare. The Excellence in Patient Experience Award will highlight and recognize innovations that have made a change to how patients and their families experience healthcare services.

Sponsored by: Abbott

SELECTION COMMITTEE

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Executive Lead PMH
University Health Network

Maria Karounis (Ex-officio)
General Manager
Abbott Nutrition

Linda Dempster
Retired Health Executive

Marion Dowling
Provincial Chief of Nursing,
Professional Practice & System
Integration, Department of
Health & Wellness, Government
of Prince Edward Island

Dr. Krista Jangaard
President & CEO
IWK Health Centre

Dr. David Keselman, CHE
CEO
Louis Brier Home and Hospital

Teri Price
Executive Director
Greg's Wings Projects

Salimah Walji-Shivji, CHE
Chief Executive Officer
AgeCare

AWARD RECIPIENT

Nova Scotia Health (STI Care Now)

Nova Scotia Health launched STI Care Now, a low-barrier self-testing and virtual care program designed to reduce stigma, improve access, and strengthen connections to care. Phase 1, a proof of concept, began in July 2024, followed by the launch of Phase 2, provincial expansion, in April 2025. STI Care Now reimagines sexual health services by offering accessible, stigma-free options for testing and treatment. Self-testing kits for gonorrhea, chlamydia, and HIV are available by mail or through community-based organizations (CBOs) and high school Youth Health Centres. The program was developed to address urgent patient needs, including easier testing pathways, equitable access for underserved communities, and delays caused by limited primary care availability. By shifting from traditional clinic-based models to inclusive, community-driven self-referral and home-testing pathways, the program demonstrates excellence in improving the patient experience. The initiative is led by the Emerging and Re-emerging Infections Network (ERIN). The program is supported by a multidisciplinary team, including: microbiology, laboratory services, pharmacy, public health, social work, patient navigation, evaluation specialists, and infectious disease. Partnerships with CBOs and Youth Health Centres ensure culturally informed, accessible, and equitable care. This multidisciplinary team combined clinical excellence, operational expertise, community insight, and strong ERIN leadership to create and implement an innovative model that improves access, testing, and treatment across Nova Scotia. STI Care Now ensures individuals, regardless of background, identity, or circumstance, feel safe and supported when accessing sexual health services. Thousands of Nova Scotians have already accessed care, with repeat engagement, timely treatment, and consistently high satisfaction.

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Brant Community Healthcare System
Patient Experience Rounding / Brant Community Healthcare System

Patient Experience Rounding at Brant Community Healthcare System (BCHS) is a proactive, relationship-based initiative designed to strengthen partnerships between patients, families, and the organization. Launched in the fall of 2023 on the Stroke Unit at the BCHS General site, this volunteer-based program was co-designed with Patient and Family Advisors (PFAs) to ensure an inclusive, unbiased, and patient-centred approach to gathering real-time feedback throughout the hospital journey. What sets the BCHS model apart is its intentional use of PFAs, individuals with lived experience as patients or family members, to lead rounding conversations rather than clinical staff. This approach fosters trust, psychological safety, and openness, allowing patients and families to share honest feedback with someone who understands care from their perspective. By bringing the Patient Experience Office directly to the bedside, concerns, insights, and positive feedback are captured in real time. PFAs conduct structured interviews, actively listen, and document feedback, with unit leaders, complementing leader rounding while enabling clinical teams to remain focused on direct patient care. The program is supported by a team of ten PFAs and two volunteers who provide in-the-moment feedback during hospitalization instead of relying solely on post-discharge surveys. PFAs receive comprehensive training in communication, confidentiality, privacy, cultural safety, diversity, equity, and inclusion, trauma-informed care, and escalation processes, supported by the Quality and Patient Experience department. Feedback is anonymized and shared promptly, enabling rapid responses, identification of emerging trends, and integration into quality improvement and patient safety initiatives. Beyond measurement, the program drives meaningful action, improves care experiences, boosts staff morale, and reinforces BCHS's commitment to authentic patient partnership.

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Excellence in Patient Experience Award - Other Nominees

CISSS de Laval
The Cobras Team: A youth basketball team for young people, by young people

The team at the Youth Protection Directorate of the CISSS de Laval has developed an innovative initiative aimed at transforming the experience of youth housed at the Cartier Rehabilitation Centre for Youth with Adaptation Difficulties (CRJDA): the creation of a school basketball team, the Cobras, in partnership with École de la Mosaïque and the Laval Police Service. Born from a memorable inter-unit tournament, this initiative brought together young people who were often divided by difficult life paths, conflicts, or behavioural challenges. The goal was to normalize their daily lives, strengthen their engagement in school, and provide a powerful lever to address recurring issues such as runaways, substance use, and school dropout. The benefits observed are significant. The youth show better classroom attendance, increased respect for sobriety rules during practices and games, and several have re-engaged with schooling or changed programs in order to continue their athletic journey. The team also plays an essential role in managing runaways, becoming for some a motivation to return to the centre. The initiative has also created a deeply mobilizing human environment: cohesion between units, pride in representing the CRJDA, active family participation, volunteer involvement from staff, and remarkable youth engagement in creating the team logo, name, and fundraising activities. This basketball team has become a true driver of rehabilitation, offering these young people an experience that is empowering, structuring, and filled with hope. If you want this integrated into your larger submission or harmonized with the tone of the other translated sections, I can help you shape it seamlessly.

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CIUSSS de l'Ouest-de-l'Île-de-Montréal
Development and implementation of a compassionate-care framework in residential settings

The CIUSSS de l'Ouest-de-l'Île-de-Montréal, through its Directorate of Residential Services, has developed and implemented a framework for compassionate care in its 11 residential settings, reaching more than 1,500 residents. This initiative aims to transform the experience of residents and their loved ones by placing the human element, relational quality, and respect for dignity at the heart of care and services. The framework is based on an integrated approach combining organizational training, recurring mobilizing activities, and measurement mechanisms to generate lasting cultural change. It is structured around the acronym A.I.D.E.R., a simple tool guiding daily interactions: Accueillir (Welcome), s'Introduire (Introduce oneself), indiquer la Durée (Indicate duration), Expliquer (Explain), and Remercier (Thank). This approach applies to all service providers. The initiative stands out for its co-construction, involving residents, families, employees, managers, and volunteers, as well as for integrating compassionate care toward oneself and among colleagues. Since 2024, more than 79 training sessions and 133 mobilizing activities have been carried out. The results show marked improvement, particularly in respect, communication, and non-verbal behaviours, along with an increase in staff retention. Quarterly audits, resident surveys, and visual monitoring tools promote continuous improvement and transparency. The initiative has strengthened the quality, safety, and humanity of care. Its sustainability is ensured through integration into organizational processes and its transferability: it is now being adopted in other directorates, confirming its lasting impact on organizational culture.

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Excellence in Patient Experience Award - Other Nominees

Centre universitaire de santé Mcgill
The team of the CUSM Cardiac Surgery Unit.

The cardiac surgery unit team at the McGill University Health Centre (MUHC) has undertaken, since the summer of 2023, a major transformation of the care trajectory to offer patients and their families a more human, predictable, and participatory experience. Drawing on a multidisciplinary co-creation approach and the voice of patients, the team implemented four key innovations: a redesigned teaching guide, a wall poster promoting mobilization, a personalized daily postoperative milestones sheet, and nursing guidelines based on best practices. These tools have made the care pathway clearer and more accessible, strengthening patient empowerment and the standardization of clinical practices. The results are measurable: significant improvement across several dimensions of the patient experience (communication with teams, participation in decision-making, care coordination, and discharge planning), as well as a progressive reduction in average length of stay—from 9.41 days in 2023–2024 to 7.60 days in 2025–2026—without any increase in readmissions or compromise to care safety. More than 2,100 patients have already benefited from this initiative. In parallel, over 70 nurses and all cardiac surgery residents have received targeted training, supporting adherence to new practices, improving process efficiency (including an estimated 10% reduction in documentation time), and fostering a sustainable culture of excellence. Supported by a multidisciplinary ERAS committee and continuous indicator monitoring, this initiative demonstrates strong alignment between patient experience, quality of care, team engagement, and organizational performance, and stands as a transferable model for other sectors.

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Idlewyld Manor
Thrive Group

The Medically Complex Care (MCC) Program at Idlewyld Manor was developed to address the needs of individuals with high medical, functional, and psychosocial complexity who could not be safely discharged from hospital due to a lack of suitable community or long-term care models. Many of these individuals had endured extended hospital stays, resulting in separation from home, reduced autonomy, and fragmented care experiences for both patients and families. The MCC Program was designed to transform this experience by embedding advanced clinical leadership—including Nurse Practitioner and physician support—directly within the long-term care home. This integration, alongside nursing, rehabilitation, and personal support teams, enabled the safe transition of "difficult to place" patients into a home environment that prioritizes dignity, continuity, relationships, and meaningful daily living. Key program goals were achieved through proactive interdisciplinary care planning, strong clinical governance, ongoing engagement with residents and families, and a deliberate focus on the human experience rather than just clinical outcomes. The initiative shifted care from crisis-driven, institution-centered approaches to relationship-based, person-centered care delivered in place. Over more than 12 months, the MCC Program has demonstrated sustained impact, including reduced emergency department transfers, increased continuity of care, improved communication and shared decision-making with families, and enhanced social and emotional well-being for residents. Families report greater confidence in care, reduced stress, and meaningful involvement in decision-making, contributing to a culture of trust and psychological safety.

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Excellence in Patient Experience Award - Other Nominees

William Osler Health System
Patient Experience Office and Health Justice

Mary Jane McNally is recognized for advancing a transformative, people-centred approach to patient experience at William Osler Health System by embedding patient, family, and community voices into the core of care delivery, governance, and system improvement. Under her leadership, Osler re-imagined patient experience measurement as both data-driven and relational, grounded equally in real-time analytics and lived experience. This ensured that every patient's story meaningfully informed action. This innovation integrates validated surveys, real-time digital feedback, a responsive Patient Relations program, and advanced analytics within a robust Patient Experience Office structure that includes dedicated data, health justice, and engagement expertise. Uniquely, Osler applies rigorous complaint thematic analysis, Z-score methodology, and statistical correlation to identify drivers of empathy, involvement in care, and confidence - capabilities rarely seen among peer organizations. Impact is evident across culture, quality, and safety. Patient experience metrics are embedded into daily clinical iHuddles, supported by an interactive curriculum that translates feedback into practice through reflection, education, and coaching. Patient and Family Partners are deeply embedded in decision-making, quality planning, and board-level reporting, ensuring accountability and transparency. Innovations such as Integrated Bedside Terminals enhance communication, accessibility, and family connection, while health justice is explicitly addressed through customized survey questions on discrimination and the development of an Integrated Inclusion Belonging and Health Justice Plan. Sustained over multiple years and aligned with accreditation standards, Osler's model is scalable, replicable, and demonstrates how human experience, equity, and system performance can be advanced together through courageous leadership and intentional design.

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BC Cancer, Provincial Health Services Authority
BC Cancer Patient & Family Partnerships & Experience Team

BC Cancer delivers cancer care to people across British Columbia through a provincial network of cancer centres and services. As cancer incidence continues to rise, patients and families are living with cancer for longer periods and navigating increasingly complex care pathways. Alongside clinical treatment, supportive care services – including counselling, nutrition support, symptom management, social work, and navigation – play a critical role in helping patients and families cope with the physical, emotional, and practical impacts of cancer. Patient experience data consistently showed that while BC Cancer supportive care services existed, many patients and families were unaware of availability, how to access services, or whether they were eligible. Others described long wait times, regional variations, inconsistent information, and a lack of clear navigation at moments of highest need, particularly around diagnosis, treatment transitions, and prognosis changes. These challenges were amplified for patients living outside major centres, those with accessibility needs, and those balancing work, caregiving, or financial pressures. Evidence shows that patient- and family-centred approaches improve quality, outcomes, and safety, yet translating this knowledge into practice in complex health care systems isn't easy. In response, BC Cancer's Patient & Family Partnerships and Experience Team (PFPX) partnered with Supportive Care Services and the Health Design Lab (HDL) at Emily Carr University of Art + Design to undertake a province-wide, patient-led co-design initiative focused on improving awareness of and access to supportive care services. Launched in late 2024, this represented a shift from designing services based primarily on internal perspectives to designing them directly with patients and families, grounded in lived experience.

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Excellence in Patient Safety Award

This award recognizes individuals and/or teams that are committed to improving patient safety within the healthcare environment, through leadership, culture, best practices, innovation, and change management expertise.

Sponsored by: BD

SELECTION COMMITTEE

Emily Musing, CHE (Chair)
Inaugural leader-in-residence for the Faculty of Pharmacy, U of T; Former VP Clinical and Chief Patient Safety Officer (retired)
University Health Network

Joe Giannini (Ex-officio)
Vice-President, Sales Strategy and Enablement
BD Canada

Lori Korchinski, CHE
Executive Director
Provincial Health Services Authority

Sandi Kossey, CHE
CEO
Alberta Dental Association

Andrew MacDougall, CHE
Executive Director, Community Health & Seniors Care
Health PEI

Teri Price
Executive Director
Greg's Wings Projects

Mehdi Somji, CHE
Director, AI, Innovation & Digital Planning
Trillium Health Partners

Jennifer Wilks
Regional Manager
Vancouver Coastal Health Authority

AWARD RECIPIENT

Nova Scotia Health (The Sepsis Action Improvement Team - AIT)

Sepsis is a life-threatening condition requiring rapid recognition and treatment, however, 2024 baseline data revealed only 55% of patients in Nova Scotia Health's (NSH) Central Zone received antibiotics within the internationally recommended 3-hour window. In response, NSH launched the Sepsis Action Improvement Team (AIT) to reimagine sepsis care and close this gap. The team set an ambitious aim that by November 2025, 85% of patients in the Central Zone meeting clinical criteria would receive antibiotics within 3-hours. The Sepsis AIT was a multi-disciplinary team of Emergency Department (ED) physicians, nurses, pharmacists, clinical educators, managers, directors, analysts, quality leaders, communications specialists, and patient family advisors. Guided by the NSH Improvement Approach, they developed an evidence-informed package of change ideas, including an innovative care directive enabling nurses/paramedics to initiate first dose of antibiotics. Through quality improvement methods, co-design, change management, analytics, and a shared belief that those that deliver care are essential contributors, the team improved sepsis screening and reduced care variation. The efforts of the Sepsis AIT produced remarkable results, with time-to-antibiotics within 3 hours increasing from 55% of patients to 92% at initial sites and 82% across the Central Zone. These findings demonstrate significant improvements in reliability, consistency, and safety of care. In September 2025, NSH rolled out its ED Sepsis Improvement Package at all EDs and Urgent Treatment Centers (UTCs). Monitoring the primary outcome measure, time-to-antibiotics, was key to implementation and sustainability. Further supporting sustainability, NSH is launching a provincial scorecard in February 2026 to ensure continuous monitoring.

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CareRx
Standard Quality Framework Implementation

CareRx implemented a standard quality framework for medication incidents across the pharmacy network. This initiative supports all sources of medication incidents (home and pharmacy) allowing for a true continuous quality improvement platform unifying nursing and pharmacy servicing 90, 000 seniors in LTC and RET homes across Canada. Through this implementation, pharmacy medication incidents have significantly reduced and sustained.

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Excellence in Patient Safety Award - Other Nominees

CHU Sainte-Justine
Denis Lebel, for the Goodman Pediatric Formulation Centre

Canadian children are therapeutic orphans. Far too often, the absence of approved pediatric formulations forces clinicians to rely on practices that carry inherent risks, such as off-label use or compounded preparations. Yet, according to a study conducted in a tertiary-care setting, 48% of medications frequently compounded manually in Canada exist in safe, commercially available forms in the United States or Europe. These manipulations drastically increase the risk of dosing errors, expose children to products with uncertain stability and bioavailability, and place undue stress on families involved in care. The Goodman Pediatric Formulation Centre (GPFC) at CHU Sainte-Justine identified these critical gaps and engaged in sustained advocacy with Health Canada to call for the creation of the first National Priority List of Pediatric Drugs (NPLPD). By increasing the number of pediatric-specific formulations available in Canada, the GPFC aims to improve—upstream—the effectiveness, safety, and adherence of medication treatments for children, who represent 20% of the Canadian population. Thanks to the GPFC's leadership, methodology, and diplomatic work, the NPLPD was published by Health Canada in September 2025, after 32 months of effort. This list provides a clear roadmap and sends a powerful signal to industry about the needs of Canadian pediatric patients. Ongoing legislative changes reflect a genuine commitment to improving the situation. Already, two new pediatric formulations have been approved in Canada.

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Chiropractic Association of Alberta

The Chiropractic Association of Alberta (CAA) has demonstrated exemplary leadership in advancing patient safety through its comprehensive Patient Safety in Chiropractic Strategy for Alberta chiropractors, a coordinated, profession wide approach now being operationalized across Alberta. The strategy has three main pillars: Defining patient safety and unintended harm, Creating a patient safety culture, Enhancing patient safety education A landmark achievement is the implementation of Canada's first Chiropractic Patient Incident Reporting and Learning System (CPiRLS), which enables confidential reporting of incidents and near misses, supports shared learning, and generates data to inform evidence based improvement. CAA has further embedded patient safety through their Strategic Plan 2026-2029 and Just Culture Position Statement that prioritizes learning over blame while maintaining professional accountability, enhancing psychological safety and encouraging meaningful reporting. Participation in Canadian Patient Safety Week, strong uptake of Patient Safety Essentials education, and engagement in Healthcare Excellence Canada's Rethinking Patient Safety Action Series have translated national best practices into tangible improvements in consent, emergency preparedness, teamwork, and inclusive care. CAA's impact extends beyond Alberta through leadership on the World Federation of Chiropractic's Global Patient Safety Taskforce, aligning the profession with the World Health Organization's Global Patient Safety Action Plan. Additionally, patient advisors and collaboration with Patients for Patient Safety Canada inform CAA's operational efforts. Designed for sustainability and scalability, CAA's integrated model has strengthened provider competencies, reduced preventable harm, improved patient experience, and positioned Alberta as a national leader in chiropractic patient safety.

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Excellence in Patient Safety Award - Other Nominees

CISSS de Laval
Neonatology Team of Hôpital de la Cité-de-la-Santé de Laval

The Integrated Health and Social Services Centre (CISSS) of Laval is pleased to submit the nomination of the neonatology team at Hôpital de la Cité-de-la-Santé de Laval for the Patient Safety Excellence Award. The team has implemented a transformative initiative aimed at improving the safety of neonatal care through the integration of Developmental Care principles from the Sainte-Justine University Hospital Centre. These principles have helped reduce stress factors and risks associated with interventions, ensure greater consistency in practices, and promote safer care adapted to the developmental needs of newborns. The lessons learned from this initiative—both clinically and organizationally—are adaptable and transferable to other comparable level-2B neonatal units. The team adopted a comprehensive continuous-quality-improvement approach, integrating strategies for change management, communication, training, and team support. Their initiative represents an inspiring model of sustainable practice transformation, benefiting the most vulnerable patients and their families. This approach supported the progressive adoption of new practices, the standardization of interventions, and the continuous improvement of clinical safety. A collaborative approach was central to the project. It mobilized an interprofessional team composed of managers, nursing advisors, nurses, physicians, support staff, as well as parents and families. This cross-functional mobilization enabled lasting engagement, collective accountability, and the establishment of a shared culture of safety.

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Hamilton Health Sciences

Hamilton Health Sciences (HHS) has demonstrated a systemwide commitment to advancing patient safety through a comprehensive project aimed at improving Hand Hygiene (HH) Moment 1 (M1) performance, with a target of 85%. HH M1 was deployed for unit level improvement through our existing Continuous Quality Improvement (CQI) management system to every in-patient and Emergency department at HHS. We achieved sustained compliance rates for HH M1 of 85% or greater, with ongoing sustainability work. This level of performance represents not only a significant culture shift, but also measurable and statistically significant reductions in outbreak activity across 6 sites. Our comprehensive approach involved leaders at every level, frontline teams, and patient and family partners working collaboratively to embed practices, create innovative solutions and reinforce shared accountability for safety. The project focused on setting up structures to improve data collection and access, behavioral change using the Influencer Model, accountability structures including scorecards at each level of the organization and supports for frontline teams to leverage to address local barriers including education, standard work, and visuals. Statistical analysis was conducted with a linear regression between outbreak cases and days correlated to HH M1. Statistically significant ($p<0.01$) improvements were identified, suggesting that, over a 1.5-year period, the improvements in HH M1 performance contributed to preventing an estimated 407 patients from being impacted during outbreaks, demonstrating clear and enduring value for patients, families, and the health system. This initiative exemplifies scalable, transferable, and innovative quality improvement in action - advancing a culture of patient safety.

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Excellence in Patient Safety Award - Other Nominees

Provincial Health Services Authority
Patient Safety Event Review Process

Despite best efforts in healthcare, unintended patients harm can occur. In order to learn from and prevent these types of events, PHSA conducts Patient Safety Event Reviews (PSERs). PSERs are important in improving care quality by identifying and addressing system gaps and taking corrective action to reduce the risk of similar harm reoccurring. PHSA's PSER protocol went live in July 2024, with a goal of aligning patient safety event review processes across the organization. Prior to this, programs had mechanisms in place to review patient safety events but there was variance across PHSA. The team's goal was to ensure consistent steps were taken after patient safety events in each program area. After a year of using the protocol and supporting tools, quality teams were invited to complete an evaluation. Although many teams are involved in patient safety event reviews, quality team members lead these reviews and the protocol and supporting tools were created for leading reviews. The evaluation goal was to engage quality teams in improving protocol alignment and efficiency, leading to updates and tool improvements and patient harm reduction.

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Provincial Health Services Authority
Provincial Pediatric Critical Care Outreach Program

Pediatric intensive care in BC is centralized in two units located in BC's southwest corner, at Provincial Health Services Authority's (PHSA) BC Children's Hospital (BCCH) and Victoria General Hospital (VGH). Many acutely unwell children present to sites other than BCCH and VGH, resulting in 1,500+ pediatric transports supported by the pediatric intensive care units (PICU) annually, with about 350 patients requiring transfer and admission to one of the two PICUs. Geographic, weather, and logistical challenges often lead to transport delays and prolonged wait times for specialized care. This requires community care providers with limited exposure to pediatric critical illness to handle initial resuscitation and critical care, stabilizing the patient for a prolonged period and at times, without sufficient tools, training or supports. BCCH PICU and Child Health BC (CHBC) launched the provincial pediatric critical care outreach initiative to better support both critically ill children while they are in their home community, and clinicians caring for them. This responded to provider requests and formal submissions to the Patient Safety and Learning System portal and includes: 1) Provincial Pediatric Acute Care Education 2) Video Integration into remote consultations 3) Web based resources 4) Clinical follow-up post PICU admission

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Excellence in Patient Safety Award - Other Nominees

University Health Network
Fast Tracking the Adoption of an Early Warning System (EWS) and Sepsis Pathway Across UHN to Improve Recognition of Deterioration in Patients

This nomination recognizes the outstanding work of the NEWS2 project team, who led the rapid implementation of UHN's first integrated early warning system across six sites—three acute and three post-acute—in just eight months. This achievement represents a major advancement in patient safety and early clinical response at UHN. The National Early Warning Score 2 (NEWS2), fully integrated into Epic and point-of-care monitors, provides real-time identification and escalation of patient deterioration. Covering 1,200–1,300 patients at any time across all programs and sites, NEWS2 reduces inequities in care, strengthens communication, and enables teams to focus resources where they are most needed. Within months, the team also launched a standardized Sepsis Pathway, further supporting timely intervention. Key accomplishments include: • Development of UHN-specific clinical thresholds and escalation protocols. • Seamless technical integration across Epic and bedside monitors. • Training and attestation for over 90% of nurses, embedding NEWS2 into daily practice. • A shared clinical language that improves coordination and supports consistent care. • First-ever implementation of an early warning system in UHN's rehabilitation setting. Early outcomes demonstrate meaningful impact: • 85% daytime compliance with NEWS2 documentation across UHN. • Fewer unnecessary transfers from post-acute sites due to improved onsite management. • Inpatient mortality shifted from 2.33% to 2.04% in the first year post-implementation. Completing this work within eight months —compared to the typical three—is a testament to the team's dedication. Their efforts established UHN's first Recognition of Deterioration Committee, ensuring long-term governance and sustainability. The NEWS2 Project exemplifies collaborative innovation that elevates patient safety, and I wholeheartedly recommend this initiative for the Excellence in Patient Safety Award.

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Vancouver Coastal Health
UBC Hospital-Purdy Pavilion (Vancouver Coastal Health Authority)

The Purdy Pavilion Long-Term Care Interdisciplinary Falls Prevention Program is nominated for the 2026 Excellence in Patient Safety Award for its outstanding leadership, innovation, and collaborative approach to reducing resident harm. Serving 149 residents across three complex care units, the program addresses one of long-term care's most persistent safety challenges through evidence-based practice, data analysis, and resident- and family-centered care. Launched in 2024 with a goal to reduce falls by 50% by 2025, the initiative integrates standardized risk screening, comprehensive post-fall reviews, monthly interdisciplinary meetings, enhanced staff education, and environmental safety improvements. Led by a multidisciplinary team—including nursing, physiotherapy, occupational therapy, pharmacy, recreation, social work, and quality and safety leaders—the program has achieved a significant and sustained reduction in falls, with rates now 41.7% lower than the provincial LTC average. The initiative has strengthened Accreditation Canada ROP compliance, improved staff competency and teamwork, and enhanced resident mobility, confidence, and emotional well-being. Families report greater trust and engagement, while staff benefit from clearer workflows and shared accountability. With its structured QI framework, strong leadership support, and replicable design, the program delivers measurable value, safer care, and a lasting culture of safety.

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HMF Article of the Year Award

This award recognizes an article published in Healthcare Management Forum in the preceding year which has helped to advance knowledge in the practice of health leadership.

Sponsored by: Sage

AWARD RECIPIENT

Dr. Corinne Hohl

Corinne Hohl, MDCM, FRCPC, MSc has been named the recipient of the 2026 Healthcare Management Forum Article of the Year Award for her article entitled "Developing and implementing a new health information technology innovation to improve patient safety in the Canadian context."

Corinne Hohl is Professor and Head of the Department of Emergency Medicine at the University of British Columbia and a Scientist at the Centre for Clinical Epidemiology and Evaluation. She is a practicing emergency physician at Vancouver General Hospital and Academic Lead for Emergency Care BC, the provincial emergency care health improvement network.

Hohl and her co-authors, Craig Kuziemsky, PhD, and Arnold Ikedichi Okpani, PhD, developed an interoperable health information technology that allows clinicians to communicate adverse drug events across health sectors. This article was chosen because of its evidence-based approach to solving a problem that has plagued health systems for years. The technology addresses a major safety gap, and this article provides practical information for health leaders on how to proactively spread and scale this innovation.

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Mentorship Award

This award is presented to a leader in the healthcare system who demonstrates exemplary, sustained commitment to mentoring, and inspiring healthcare leadership.

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Retired Health Leader

William Zindle (Ex-officio)
Executive Director, Marketing
Roche Canada

Jeanette Edwards, CHE
Retired Health Leader

Wolfgang Klassen, CHE
Healthcare executive

Steve Kovacic, CHE
CHRO and Vice President
Good Samaritan Society

David Thompson, FCCHL
Senior Consultant
Ambient Consulting

Ila Watson, CHE
President and Chief Executive Officer
Sault Area Hospital

Jodi Younger, CHE (Excused)
Vice President Patient Care & Quality
St Joseph's Health Care London

AWARD RECIPIENT

Robert G. Zed, CHE, LFACHE

Robert G. Zed, CHE, LFACHE, Chairman & CEO of Triangle Strategies, is being recognized for his extraordinary, sustained commitment to developing and inspiring healthcare leaders across Canada. For more than 25 years, Robert has embodied the true essence of mentorship: offering wisdom, honest guidance, and unwavering support to hundreds of emerging and established leaders. His influence spans organizations, academic institutions, and health systems, from his early work designing leadership development programs at Crothall to his long-standing service with the Canadian College of Health Leaders as Board Chair, Corporate Advisory Committee member, and champion of leadership growth within local chapters.

He has helped executives find clarity, balance, and purpose, creating safe, trusting spaces where individuals can reflect, grow, and lead with integrity. Robert's mentorship legacy is perhaps most powerfully reflected in the ELEMENT Mentoring Program, which he founded as Executive-in-Residence at Dalhousie University's School of Health Administration. Now entering its eighth year, the program has paired more than 100 students with senior healthcare executives nationwide, strengthening networks, confidence, and leadership capacity across the country.

Colleagues and mentees consistently describe Robert as a steady presence in moments of challenge—someone who listens deeply, asks the right questions, and invests in people for the long term. His mentorship is never transactional; it is rooted in genuine care, accountability, and a belief in what others can become. The ripple effect of his work is visible in the leaders he has shaped and the communities they now serve.

CONTACT

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Nursing Leadership Award

The Nursing Leadership Award builds on the themes of patient-centered care and nursing leadership, and honours those who demonstrate an ongoing commitment to excellence in these areas.

Sponsored by: Canadian Nurses Association / Association des infirmières et infirmiers du Canada

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William Osler Health System

Barb Steed, CHE
VP Patient Services
Waterloo Regional Health Centre

Debbie Walsh, CHE
Retired Healthcare Executive

Susan Woollard, CHE
Healthcare Consultant

AWARD RECIPIENT

Dr. NP Michelle Acorn

Dr. Michelle Acorn, CEO of the Nurse Practitioners' Association of Ontario, is being recognized for her extraordinary commitment to patient-centred care, system transformation, and the advancement of the nursing profession. With more than 35 years of progressive leadership across clinical, academic, and policy domains, Dr. Acorn has consistently championed quality, equity, and innovation in nursing. Her impact spans local, national, and global health systems, from leading provincial strategies as Ontario's Chief Nursing Officer to shaping international nursing policy as the inaugural Chief Nurse of the International Council of Nurses, representing over 130 national associations and 28 million nurses worldwide. Her leadership has strengthened interprofessional collaboration, expanded nurse practitioner scope, and improved access to high-quality care for vulnerable and underserved populations.

As CEO of the Nurse Practitioners' Association of Ontario, Dr. Acorn continues to modernize NP advocacy, governance, and practice, securing investments and legislative reforms that enhance continuity of care and elevate the role of NPs across the province. She pioneered Ontario's first NP-led hospitalist "Most Responsible Provider" model (now adopted provincially) and maintains clinical practice in correctional health, grounding her leadership in lived patient experience. Widely recognized as a visionary and values-driven leader, Dr. Acorn has earned numerous prestigious honours, including recognition as a Top 20 Visionary Canadian CEO, a Top 25 Woman of Influence, and recipient of the King Charles III Coronation Medal and the inaugural CNA Sapphire Award. Her influence extends far beyond any single organization, shaping policy, empowering the nursing workforce, and driving measurable improvements in care delivery across Canada and around the world.

CONTACT

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President's Award for Outstanding Corporate Membership in the College

This award recognizes a corporate member who has consistently, over a period of several years, helped the College achieve its mission, vision and strategic directions.

CANADIAN COLLEGE OF HEALTH LEADERS
COLLÈGE CANADIEN DES LEADERS EN SANTÉ

AWARD RECIPIENT

GE HealthCare

GE HealthCare has demonstrated an exceptional commitment in helping the College to understand and to adapt to the changing needs of our corporate membership. During their tenure of over 20 years as a corporate member, GE HealthCare has been a steadfast supporter of our national conference, as well as a sponsor of our Distinguished Leadership Award – our premier award which recognizes a College member for truly passionate and visionary leadership. An ethos in which GE HealthCare places tremendous value.

GE HealthCare is actively engaged in our Corporate Advisory Council, and it has chosen to strongly encourage their leadership team's ongoing involvement in College activities by supporting the enrollment of numerous supplementary members from a range of diverse, functional professional roles. Their organization has also played a vital role in sharing industry information and perspectives with senior leaders in the Canadian healthcare system through their participation in several HPRS™ advisory board sessions, a unique activity which helps industry and healthcare delivery organizations align on strategic initiatives with a view to collaborative success.

As one of the leading medical device solution providers in the world, GE HealthCare touches the lives of countless healthcare professionals, patients, families, and caregivers by partnering on innovative and groundbreaking products in diagnostic imaging, anesthesia, patient monitoring, ventilation, and healthcare informatics.

CONTACT

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GE HealthCare

Recognition in Delivering Value-based Healthcare

This recognition aims to increase the profile and understanding of value-based healthcare by honouring an organization, or team, that is deliberate in changing the way that care is delivered, resulting in improved patient outcomes. This means that patients are being optimally cared for at the right time, in the right setting, and at the right cost.

SELECTION COMMITTEE

Shirlee Sharkey, CHE (Chair)
Former President and CEO (Retired)
SE Health

Larry Arshoff
President
Diagnosis, Solutions & Results Inc.

Nicole Krywionek
Chief Nursing Executive and Clinical Vice-President
Windsor Regional Hospital

Janet Newton
VP, Clinical
University Health Network

Dr. Kristine Votova, CHE
Director, Analytics, Performance and Evaluation
Island Health

Howard Waldner
Adjunct Professor, Faculty of Medicine, School of Public and Population Health
University of British Columbia (UBC)

AWARD RECIPIENT

Southlake Health

Southlake@home and Southlake@home PLUS stand as models of value-based healthcare, reshaping transitional care to put patients and families at the center. By moving care from hospital to home with the right intensity at the right time, these programs reduce length of stay, avoid unnecessary readmissions, and strengthen patient outcomes while lowering overall system costs. Southlake@home provides coordinated, interdisciplinary care linking hospital teams, community providers, and families to create seamless individualized care plans. Building on this success, Southlake@home PLUS was developed to meet the needs of patients with higher complexity, particularly those with behavioural and psychosocial challenges who historically cycle between hospital and community supports. This expansion reflects a commitment to inclusivity and ensures that vulnerable patients are not left behind. The results speak clearly; patients report improved confidence in managing their health at home, enhanced satisfaction with their care experience, and a stronger sense of safety and trust in the system. Families actively engaged in shaping both programs, consistently highlight reduced stress, better communication, and greater involvement in care decisions. System data confirms meaningful reductions in emergency visits and readmissions, demonstrating how the programs generate tangible value for both patients and the health system. By aligning hospital and community partners under a shared vision, Southlake@home and Southlake@home PLUS showcase how patient- and family-driven design, targeted supports, and continuous collaboration create measurable value. Together, they reflect the future of value-based healthcare in Canada.

CONTACT

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CISSS de Laval

Sodium fluoride (NaF) positron emission tomography (PET) for breast oncology

The Laval Integrated Health and Social Services Centre (CISSS) has implemented an innovative initiative to replace technetium-99m MDP bone scintigraphy with sodium fluoride (NaF) positron emission tomography (PET) for breast oncology. This initiative simultaneously addresses three major challenges: 1. Workforce shortages; 2. Growing demand; 3. Improving the patient experience.

The project enhances outcomes, experience, and efficiency. NaF-PET shortens visit duration, improves comfort and confidence in the exam, and increases capacity without adding human resources. Performance indicators show significant improvement: The proportion of cases completed within target timelines increased from 26% to 52%; Average wait times, across all clinical priorities, decreased from roughly 33 days to 22–26 days; Rapid uptake within the organization (84% of breast oncology cases performed using NaF-PET as early as April 2025). Patient experience is a cornerstone of the initiative: 100% of patients report being satisfied or very satisfied, and 84% express a preference for NaF-PET. Productivity gains, fewer overdue exams, and optimized scheduling collectively generate a net positive value for the health system. Recognized by provincial and scientific bodies, the model is reproducible, sustainable, and human-centred, with a clear plan to consolidate progress and extend benefits to additional indications and clinical settings.

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Recognition of Excellence in Delivering Value-based Healthcare - Other Nominees

South Calgary Primary Care Network

South Calgary Primary Care Network's (SCPCN) Family Care Clinic (FCC) is an innovative primary care clinic grounded in the principles of value-based healthcare. FCC serves both attached and unattached patients, many of whom face barriers to accessing a consistent primary care provider. Operating as a high-functioning Patient's Medical Home (PMH), FCC delivers comprehensive, team-based care while maintaining strong connections to the Integrated Health Network (IHN) to ensure timely, coordinated access to services. SCPCN has undertaken several strategic improvements that enhance patient value at FCC. Between 2023 and 2025, these improvements were implemented through a series of projects focused on enhanced access and operational efficiency. A 2024 renovation of the SCPCN Wellness Centre expanded clinical capacity and increased access to interprofessional centralized services. In 2025, SCPCN undertook the FCC Growth & Sustainability project, aimed at enhancing FCC's financial stability by optimizing existing processes, recruiting new physicians, and leveraging care coordination within the IHN to promote patient attachment. As part of the recruitment campaign, FCC applied for and was granted approval to offer a Clinical Alternative Relationship Plan (cARP) compensation model to attract and retain newly licensed physicians and expand patient attachment capacity. As of September 2025, 32 physicians had expressed interest in practicing at FCC with eight accepting offers, six of whom did so following cARP approval, demonstrating the model's early impact on recruitment momentum. Through integrated technologies and expanded access to comprehensive primary care, FCC consistently delivers the right care, at the right time, in the right setting and at the right cost demonstrating a scalable model of value-based healthcare.

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Robert Wood Johnson Awards

Established in 1956, the Robert Wood Johnson Awards are presented to one student from six Canadian universities offering a Master of Health Administration. Recipients are selected by their respective faculty for their individual achievements and promising contributions to health services management.

Sponsored by: Johnson&Johnson MedTech

AWARD RECIPIENTS

Karen Teune, UNIVERSITY OF TORONTO

Karen Teune is a Charge Cardiac Sonographer at the University Health Network (UHN), one of Canada's largest and most complex multi-site academic health sciences centres. With over 16 years of frontline clinical experience, she is recognized for her leadership in high-acuity environments and her commitment to supporting both patients and care teams within a strained and evolving healthcare system. Currently completing her Master of Health Administration at the University of Toronto, Karen is focused on translating her clinical experience into system-level improvement. Her work centres on enabling practical, scalable solutions that enhance care delivery, improve workflow efficiency, and better support healthcare providers.

During her practicum with UHN's Connected Care team, Karen contributed to the development of an operational framework for outpatient commitments and standards, aimed at enabling more consistent workflows, improving data transparency, and equipping leaders to identify gaps and better support teams across diverse clinical settings. She also collaborated with the Ontario Ministry of Health on stakeholder engagement to inform policy recommendations on responsible health data access, including governance considerations for private sector involvement. Outside of her professional work, Karen balances her career with raising three children and values time spent outdoors and biking to work. These experiences continue to shape her commitment to building a more sustainable, equitable health system and a better future for the next generation.

Lauren Rogers, DALHOUSIE UNIVERSITY

Lauren Rogers graduated from Western University with a Bachelor of Science in Nursing in 2019. She gained valuable healthcare experience by working as a bedside nurse and Patient Care Facilitator on an Acute Medicine Inpatient unit in Ontario. Through her nursing education and professional experience, Lauren gained an appreciation for the complex relationship between health and justice, which led her to pursue the combined Juris Doctor (JD) and Master of Health Administration (MHA) program at Dalhousie University.

Throughout the JD/MHA program, Lauren's passion for health law and policy has continued to grow. Her residency at the Huron Perth Healthcare Alliance and her summer employment at HIROC and Lerners LLP have been instrumental in developing her leadership skills and deepening her understanding of healthcare systems, policy, and law. Upon graduation, Lauren plans to become licensed to practise law in Ontario and pursue a career in healthcare litigation.

Ria Robinson, UNIVERSITY OF ALBERTA

Ria Robinson is a Registered Nurse and public health professional with a strong foundation in clinical care, community service, and health system leadership. Her frontline experience spans primary care, continuing care (including long-term, palliative, and geriatric psychiatry), and public health programs. Through direct patient care and nursing audits, she has developed expertise in quality improvement, clinical leadership, and advocacy within complex, resource-constrained environments. She demonstrates sustained leadership across governance, faith-based, and community settings. Ria serves as a Board Member for the Edmonton Pregnancy Care Centre, supporting strategic initiatives for vulnerable women and families. Within her church community, she has held multiple leadership roles, reflecting her commitment to mentorship, community-building, and service.

Her leadership extends to academic and global contexts. She served as VP Administration and President of the University of Alberta's Health Sciences Students' Association, advancing interdisciplinary collaboration. She also contributed to global health equity as VP Finance and Director of Marketing with Learning Beyond Borders, supporting education initiatives in rural Uganda. In the spring, Ria completed a Master of Public Health with a graduate embedded certificate in Health Economic Evaluation and is currently working toward her Certified Health Executive designation. During her final practicum at Hope Mission Homeless Health Services, she applied economic evaluation tools to support responsible resource allocation and the sustainable delivery of health care programs for individuals experiencing homelessness.

Guided by servant leadership values, Ria is committed to leveraging a blended approach of clinical and health administrative expertise to design and lead solutions that extend beyond traditional healthcare delivery, addressing structural and systemic barriers to improve health outcomes for underserved communities.

David Yang, UNIVERSITY OF BRITISH COLUMBIA

With a Bachelor of Medical Laboratory Science, David began his career alongside clinical laboratory scientists, improving diagnostic testing and building biobanks for secondary use. Through this work, he discovered the transformative value of reusing health data and biospecimens to improve health outcomes. Since then, David has pivoted his career to how health data are accessed, governed, and used respectfully and ethically to drive meaningful change in health care. He has contributed to multi-jurisdictional health data networks through his work with the Health Data Research Network Canada and other international networks. He is committed to advancing equitable access to health data for secondary use, strengthening data governance practices, and improving population health outcomes.

As a second-generation Taiwanese immigrant settler, David is grateful to grow and refine his leadership skills in UBC's Master of Health Administration program on the unceded and traditional territories of the Coast Salish Peoples. With renewed and empowered perspectives, David aims to advance connected care through pan-Canadian health data interoperability by bringing a systems-level lens to ensure equity remains central as we collectively build a more inclusive, innovative, and impactful health care system.

Reem Al-Abdulsalam, UNIVERSITY OF MONTREAL

Arriving in Montréal with a passion for making a difference in the healthcare system, Reem Al-Abdulsalam first built strong clinical expertise as a clinician at the Montreal Heart Institute. This experience allowed her to deeply understand the human and organizational challenges within the hospital environment and to directly observe the impact of care processes on patients' quality of life. Driven by a desire to broaden her influence beyond clinical practice, Reem is currently pursuing a master's degree in Health Services Administration at the Université de Montréal, along with a management internship at CHU Sainte-Justine. Her training enables her to combine strategic vision with frontline experience, developing advanced skills in project management, stakeholder engagement, care pathway optimization, and organizational transformation.

Throughout her journey, Reem has distinguished herself through her mobilizing and collaborative leadership. She is able to anticipate challenges and bring teams together around common goals. Her ability to translate complex issues into concrete and sustainable solutions makes her a driving force in care improvement and organizational performance projects. Firmly committed to the continuous improvement of Québec's healthcare system, Reem places the experience of patients and professionals at the heart of her actions. Her hybrid profile—combining clinical excellence, strategic leadership, and innovative vision—illustrates her potential to become a catalyst for change in the most demanding hospital environments and the most complex organizations.

Pamela Bader, UNIVERSITY OF OTTAWA

Pamela's career is rooted in broad experience within the healthcare sector, driven by a commitment to improving the patient experience. As a first-generation healthcare professional, she was exposed early to clinical environments, which sparked her interest in how care is delivered and organized. To better understand the broader healthcare system and how to improve it, Pamela pursued a Master of Health Administration from the Telfer School of Management at the University of Ottawa. Her graduate research at The Ottawa Hospital, which optimized MRI access through data-informed strategies, earned her the Michael Garron Award for Healthcare Innovation, highlighting her unique ability to design solutions with broad, national applicability.

Today, Pamela is a Senior Project Manager at Canadian Blood Services, where she leads strategic initiatives with the organ and tissue donation and transplant team. In this role, she works closely with partners across jurisdictions to advance programs that strengthen coordination, improve system performance, and enhance patient outcomes.

Joshua Proffitt, UNIVERSITY OF REGINA

Josh is a healthcare leader with experience in acute care operations, clinical leadership, and system-level health services management. He holds a Bachelor of Science in Nursing (BScN) from St. Francis Xavier University (2014) and is a Master of Health Administration (MHA) candidate, due to graduate in Spring/ Summer 2026, he completed his MHA at the University of Regina. Josh is an active member of the CCHL and is working towards his CHE designation. Josh worked as a registered nurse in surgical services at the QEII Health Sciences Centre in Halifax from 2014 to 2020. In 2020, he transitioned into leadership, assuming his first management role overseeing a Hospitalist Medicine unit. In 2023, he moved from inpatient service to managing a community emergency department before moving into his current role as Health Services Director – Inpatient Medicine, in January 2024, where he provides strategic and operational leadership across inpatient services.

During the COVID-19 pandemic, Josh played a critical leadership role, including redeployment with his nursing unit to support a long-term care facility in Halifax. In recognition of his contributions to Nova Scotia's pandemic response, he was awarded the Queen Elizabeth II Platinum Jubilee Medal. Josh is recognized for his ability to lead through complexity, align clinical operations with organizational strategy, and drive patient-centered, sustainable healthcare delivery.

The Robert Zed Young Health Leader Award

This award is presented to a young Canadian healthcare leader who has demonstrated leadership in improving the effectiveness and sustainability of Canada's health system.

Sponsored by:

brightlight health

SELECTION COMMITTEE

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Accreditation Canada

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Brightlight Health

Jeanie Argiropoulos, CHE
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Scarborough Centre for Healthy Communities

Lucy Brun, CHE
Adjunct Professor / Senior Fellow
University of Toronto

Dr. Ben Chan
Consultant
The World Bank

Barbara Hall, CHE
Board of Governors
Northwood

Carrie Jeffreys, RN, CHE
Director, Health and Life Sciences
KPMG LLP

Andrew Williams, CHE
President & Chief Executive Officer
Huron Perth Healthcare Alliance

AWARD RECIPIENT

Andrew Holland, CHE

Andrew Holland, CHE, Chief Executive Officer & Administrator of Grand View Manor has been named recipient of the 2026 Robert Zed Young Health Leader award, recognizing his exceptional leadership, innovation, and impact within Nova Scotia's long-term care sector.

As CEO of Grandview Manor and former Chief Administrative Officer of Cumberland Senior Care Corporation, Andrew has consistently demonstrated a rare ability to navigate complex system challenges with creativity, collaboration, and a deep commitment to improving care for residents and working conditions for staff. His leadership reflects the very essence of this national award, which celebrates young health executives who are shaping a more effective and sustainable health system for Canadians.

Throughout his career, Andrew has championed transformative initiatives that have delivered measurable improvements in long-term care, from reducing overtime and agency reliance to strengthening staff engagement and expanding full-time roles. His leadership has been instrumental in advancing a shared provincial scheduling services hub and in securing diverse funding to enhance programs, capital projects, and innovative therapy services in rural communities. Grounded in empathy, integrity, and a collaborative spirit, Andrew consistently places residents and staff at the centre of every decision.

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