



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

Learning, Leading, Inspiring
Apprendre, mener, inspirer



2014 National Awards Program *Celebrating Leading Practices*

Featuring the 2014 award recipients, all nominated programs and shortlisted individuals.

The College and our award sponsors are pleased to recognize the individuals, teams and organizations that are making a difference across the healthcare community. The College's National Awards Program recognizes the importance of leadership, commitment and performance and we are proud to showcase the recipients, and nominees, for their outstanding accomplishments.

The programs featured in this booklet provide examples of sustainable leading practices that can be replicated in organizations across the country. Small or large, all organizations can learn from these innovative initiatives. The individuals profiled in the booklet illustrate leadership at its finest and demonstrate the impact that one person can have within their organization and beyond.

As you reflect on the outstanding accomplishments of those profiled, I urge you to consider other individuals, teams and programs that are worthy of recognition. For nomination information regarding the 2015 National Awards Program, please visit: www.cchl-ccls.ca.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ray J. Racette', with a stylized, flowing script.

Ray J. Racette, MHA, CHE
President and Chief Executive Officer
Canadian College of Health Leaders

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

Pauline E. MacDonald, CHE (Chair)

Former Director of Quality Management
Guysborough Antigonish Strait Health
Authority

Kathleen M. Ahearn, CHE

Executive Director, Health Protection
Alberta Health Services

Diane Browne

Vice President, Business Development
Aramark Healthcare

Jaime M. Cleroux (Ex-officio)

Vice President, Membership and
Corporate Services
Canadian College of Health Leaders

Dalyce Cruikshank, CHE

Department Manager
University of Calgary/Alberta Health
Services

Jennifer A. Duff, CHE

Program Director
Providence Health Care
St. Paul's Hospital

Lori Hunter

Program Manager
Honeywell

Rob Jacome

Vice President and General Manager,
Canada
Stericycle Inc.

Diana M. Korol, CHE

Charge Technologist, Lab and X-Ray
Forth Smith Health & Social Services
Authority

Marie-Susanne Lavallée, CHE

Director, Quality, Security and Risks
Sainte-Justine University Hospital
Centre

Mimi Lowi-Young, FCCHL, FACHE

Chief Executive Officer
Alzheimer Society of Canada

Cindy MacBride (Ex-officio)

Manager, Awards and Sponsorships
Canadian College of Health Leaders

Cynthia A. Majewski

Senior Planner
Orillia Soldiers Memorial Hospital

Ray J. Racette, MHA, CHE (Ex-officio)

President & Chief Executive Officer
Canadian College of Health Leaders

Elizabeth Woodbury, CHE

Senior Accountability Specialist
Champlain Local Health Integration
Network

3M Health Care Quality Team Awards

This award recognizes three important elements: innovation, quality and teamwork. 3M Canada Company encourages institutions and health care providers to embrace quality management by developing innovative approaches that bring about sustainable improvement.

Full descriptions of all award nominees can be found in the 3M Health Care Quality Team Awards Executive Summaries booklet, available at: www.cchl-ccls.ca.



Award Recipient: Programs and Processes in an Acute Care Hospital Environment

Mount Sinai Hospital

The Acute Care for Elders (ACE) Strategy

Mount Sinai's ACE strategy improves how care to older patients is delivered. The hospital implemented a series of evidence-informed but tailored interventions. The strategy links these interventions to create a more seamless, integrated delivery-model spanning the continuum of care. It's enabled by an interprofessional team-based approach to care as well as technological innovations with a focus on maintaining the independence of older adults in the community for as long as possible. The strategy includes a multi-year action plan to evaluate progress and make refinements using a balanced scorecard and a benchmarking system that allows for quarterly, regional performance comparators to identify areas of improvement.

Since 2009, Mount Sinai Hospital has seen a 31% increase in the number of admitted older adults (65+) it serves on an annual basis. In that time, the strategy allowed Mount Sinai to reduce the average total length of stay per patient by more than 28% and decrease the average ALC days by 18%. Patients are now more likely to go directly home, are less likely to be readmitted and are more satisfied with the care received. Despite the increase in patient volumes, this strategy which required minimal financial investments, but rather a different approach to the way we work, has reduced the hospital's overall care costs by more than \$6.4 million in 2012-13 alone.

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Award Recipient: Programs and Processes in a Non-acute Care Environment

Island Health

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

To support Island Health's strategic priority to improve the quality, coordination, and timeliness of transitions from hospital to community, the continuing health services team implemented community-lead strategies to support hospital flow in three large hospitals and four communities across Vancouver Island. These strategies were designed to make the workflow more efficient to community, residential and mental health care centres as well as create services to meet the needs of the most frail and complex clients in their homes and communities.

This multi-site, multi-community, cross-continuum work included patient partners in service planning, and relied heavily on developing partnerships with hospital staff and community family physicians.

Over the last two years, 11,400 bed days have been saved, hospital stay while waiting for assessment or residential care has been reduced by 57%, and alternate level of care numbers have been reduced by 28%. Significant improvements have been made in hospital flow, including a shift towards managing complex clients in the community. Perhaps most importantly, our learning from this work is helping create better patient journeys.

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3M Health Care Quality Team Awards - Selection Committees

Programs and Processes in an Acute Care Hospital Environment

Maura Davies, FCCHL (Chair)
President & Chief Executive Officer
Saskatoon Health Region

John Andruschak, CHE
Vice President, Clinical Services
Provincial Health Services Authority

Bob Clark, MHA
Independent Management Consultant
Victoria, BC

Patti A. Cochrane, CHE
Vice President, Patient Services and
Quality & Chief Nursing Officer
Trillium Health Centre

Frank Demizio, CHE
Healthcare Consultant

Jeanie Joaquin
Chief Executive Officer
Scarborough Centre for Health
Communities

Larry McBride (Ex-officio)
Corporate Program Executive
3M Canada Company – Health Care

Patricia O'Connor, FCCHL
Director of Nursing & Chief Nursing Officer
McGill University Health Centre

Karen Popovich, CHE
Vice President, Chief Nursing and Health
Professional Executive
North York General Hospital

Programs and Processes in a Non-acute Environment

Barbara Boyer (Chair)
Consultant
Boyer Health Management Consulting

Sandra Blevins, CHE
Vice President, Integrated Health Services
Saskatoon Health Region

Dalyce Cruikshank, CHE
Department Manager
University of Calgary/Alberta Health
Services

Akos M. Hoffer, CHE
Chief Executive Officer
The Perley and Rideau Veterans' Health
Centre

Larry McBride (Ex-officio)
Corporate Program Executive
3M Canada Company – Health Care

Kelli A. O'Brien
Vice President
Long Term Care and Rural Health
Western Health

Marilyn Rook, CHE
President & Chief Executive Officer
Toronto Grace Health Centre

Marguerite L. Rowe, CHE (Excused)
Executive Director, Continuing Health
Services
Vancouver Island Health Authority

Sandra V. Whittall, CHE
Integrated Vice President, Mental Health
Services, St. Joseph's Health Care & LHSC

Award of Excellence in Mental Health and Quality Improvement

This award will honour 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:



Selection Committee

Glenna Ruth Raymond, CHE (Chair)

Strategic Advisor
Ontario Shores Centre for Mental
Health Sciences

Dr. Pierre Beauséjour

Professor, Dept. of Psychiatry, Faculty of
Medicine & Health Sciences
University of Sherbrooke and University
of Sherbrooke Medical Centre

Louise Bradley, CHE

President and Chief Executive Office
Mental Health Commission of Canada

Jean Daigle

Vice President, Community
Horizon Health Network

Barbara C. Hall, CHE

Vice President, Person Centred Health
Capital District Health Authority

Yasmin Jetha (Excused)

Regional Director, Mental Health &
Addiction Services Program

Vancouver Coastal Health/Providence
Health Care

Andrée G. Robichaud

President and CEO
Thunder Bay Regional Health Sciences
Centre

Mark Snaterse

Executive Director, Addiction and
Mental Health, Edmonton Zone
Alberta Health Services

Dr. Philip Tibbo

Professor, Dr. Paul Janssen Chair in
Psychotic Disorders
Director, Nova Scotia Early Psychosis
Program, Department of Psychiatry
Dalhousie University

Darryl P. Yates, CHE (Ex-officio)

Business Solutions Director - Psychiatry
Janssen Inc.

Award recipient

Capital Health

Forensic Sexual Behaviour Program Treatment Manual

What works to prevent sexual reoffense? As therapists, have we maintained a client-centered approach while improving the safety of communities? To answer these questions, Dr. Angela Connors and her team at Capital Health thoroughly researched best practice in effectively working with sexual offenders. Their population analysis now spans over a decade and contains crucial details on over 900 clients. Characteristics such as average risk level, offense profile, education level and other variables were captured and scrutinized, and a program designed to prevent re-offense and increase client adaptation was developed.

The forensic sexual behaviour program is a provincial resource. Therapists across Nova Scotia were trained to deliver the program in a client-centred manner for maximum effectiveness. This encompassed considerable change of practice and philosophy for some, but the outcomes outweigh the effort. Research shows an approximate 40% reduction in sexual offenses by tailoring treatment to risk and needs.

Finally, Dr. Connors and her team crafted a detailed master document outlining supporting research, objectives, cognitive behavioural therapy strategies, resources and skill-practice components for eight treatment themes. Each one is iterative, designed to build upon the previous one in skill-development. Approach goals are identified and supported throughout. The ultimate goal of this manual is to support evidence based treatment across the province in an effective and consistent manner to reduce sexual reoffense in Nova Scotia communities, while increasing client life satisfaction and adaptation.

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Annapolis Valley Health's Mental Health and Addiction Service

Re-Engineering Mental Health & Addiction Services from the Ground up: Introducing the Choice and Partnership Approach

Shrinking resources and public outcry for timely, effective healthcare requires creative and decisive action. Over the past two years, Annapolis Valley Health's Mental Health and Addiction Service (AVH MHAS) has travelled a unique path towards system wide transformation. Choice and Partnership Approach (CAPA) was developed in the UK and has been implemented across the world and is now endorsed by Nova Scotia's Mental Health and Addiction Services Strategy (2012). AVH MHAS has the distinction of being the first district health authority in the province to implement this model across Community Addiction Services as well as Child and Youth and Adult Mental Health Services.

Understanding what was wrong with the way we delivered our services, we knew that no piece of the previous way we did this work could be left untouched. It was a critical piece of this transformation that we take everything apart and put it back together again in a fundamentally different way. CAPA has provided a comprehensive approach with practical strategies and tools such as process mapping, demand and capacity analysis, segmentation of care pathways, least intrusive means, team job planning, skills mapping, competencies training and supervision to create this transformation. In the end we were able to bring this work together as a single but comprehensive process to create a culture of inclusion, transparency, accountability and collaboration that resulted in a more coherent, effective and efficient system to better meet the needs of our clients and their families

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The Brockville General Hospital

Many Canadians will deal with a mental illness issue at some point in their lives. If not them, chances are a family member will. The impact of mental illness on a community can be profound, effecting not only local health care services, but in many instances law enforcement and the criminal justice professionals who are often the ones called when a person is in crisis. We have seen the evidence of crisis situations that have ended negatively for all parties, something that everyone wants to avoid at all costs. Facing this, health care providers must work collaboratively with law enforcement professionals to ensure that they have the tools they require to deal with the situations they may face, in order to foster the best outcome for the clients, themselves and the community. It is critical that the mental health experts pass on their knowledge and expertise to educate their law enforcement colleagues in how to recognize mental illness and know how to access mental health supports and resources. The Brockville General Hospital took this collaborative approach when forging better relationships with the local police services and the Ontario Provincial Police. In this case, a commitment to issue resolution and open dialogue has proven successful in building a foundation of respect and collaboration. By everyone working together, the outcomes can be improved for all.

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IWK Health Centre

Choice and Partnership Approach (CAPA)

The IWK Mental Health and Addictions Program had reached a crisis point in 2009/2010 with respect to access to care, wait list pressures and staff job satisfaction. We launched a strategic planning process in the spring of 2010 to identify a new course for transformational change. In July of 2011 the Mental Health and Addictions (MHA) Program at the IWK launched a new strategic plan following a year of public and professional consultation.

The MHA strategic planning process led to the formulation of five goals and 47 actions. The first strategic goal: efficient, effective and enhanced service delivery. Making the most of our resources we identified a number of actions focused on timely access to high quality care. The Choice and Partnership Model, a demand and capacity model designed for healthcare was introduced in the fall of 2011 and full implementation began in April of 2012. This approach, while simple in principle, has multiple change factors that impact efficiency and responsiveness through (1) immediate case assignment eliminating the need to re-triage cases,(2) matching needs of patients to the skills of providers reducing need to change providers, (3) focusing on most immediate needs and goals of the patient/family and eliminating the need for excessive assessment, (4) responding sooner through shorter wait times as patients are exiting care after meeting identified goals. Implementation of CAPA has led to a significant reduction in wait time for service (i.e., a 75% decrease in average wait time to first appointment) and a significant reduction in the numbers of families waiting (i.e., over 70% reduction). In addition, patient/family perception of their choice appointment has been very positive. In summary, the team has made tremendous improvements to care for children, youth and families experiencing mental health and addictions problems.

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London Health Sciences Centre

Building Addictions Capacity within the Mental Health Care

The Addiction Consultation Program at London Health Sciences Centre's (LHSC) Mental Health Care Program is a partnership between Addiction Services of Thames Valley and the London Health Sciences Centre Mental Health Program. This partnership has resulted in a significant culture shift with regard to the recognition and treatment of Addictions at this Large Academic Hospital.

The receipt of a three year project grant from Bell Canada in 2011 has allowed for the addition of an addictions consultant to enhance addictions capacity within the Mental Health Care Program of LHSC.

The consultant has delivered a comprehensive education series regarding assessment and treatment of Addictions and influenced corporate policy regarding intravenous drug users and the care of PIC lines. The consultant has delivered early results in capacity building with staff combined with showing early signs of reduction in length of stay and number of repeat admissions for patients within twenty eight day for patients experiencing an addiction. The Mental Health Program, as part of its structured day of treatment, now offers a specific addictions program to its inpatients as a result of the capacity building of the consultant. The program continues to evolve and now has three Addiction Transitional Case Managers who connect with patients in the hospital and implement a Harm Reduction Model and assist clients to re-establish their lives in community.

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Providence Care & Frontenac Community Mental Health and Addiction Services
Client Transition Project

In 2011, Providence Care and Frontenac Community Mental Health and Addiction Services (FCMHAS), both located in Kingston, Ontario, embarked on a joint project to transition long stay clients from Providence Care – Mental Health Services (PC–MHS) to FCMHAS community housing. Based on training received through the Participatory Leadership Program at Providence Care, staff from both organizations committed to principals of joint ownership and leadership for a client transition project.

In anticipation of a new hospital to be constructed, PC–MHS targeted a reduction in the number of beds in the Adult Treatment & Rehabilitation Program from 91 to 60. A number of these beds had been occupied for varying lengths of time, some over 15 years. In the past, moving clients from PC-MHS to FCMHAS was treated as a transfer rather than a transition. Staff at the hospital prepared the patients for discharge and staff at FCMHAS received the clients with minimal joint planning. The new objectives were to ensure FCMHAS community housing was resourced to support complex clients, and to design a collaborative process.

Inter-professional Service Teams (ISTs) were created for each client leaving the hospital. The ISTs include a Team Lead, an Assertive Community Treatment Team (ACTT), FCMHAS residential staff, PC-MHS inpatient staff, and other specialties as required. The ISTs oversee the transition of the client into the community and continue to follow the client, to ensure the plans are progressing and to make adjustments as necessary. The IST process is an excellent example of shared care in action.

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Vancouver Coastal Health/ Providence Health Care

Improving Health Services for Individuals with Severe Addiction and Mental Illness

The Vancouver Coastal Health (VCH)/Providence Health Care (PHC) Regional Mental Health & Addiction (MH&A) Program plays a key role in providing mental health and addiction services to over one million British Columbians across a diverse geography of urban and rural centers. This leadership and oversight body is unique in that it provides strategic direction and overall accountability for services ranging from tertiary and acute inpatient care, short-term crisis intervention, community specialized services, to rehabilitation and housing, and many options in between.

Since its formation in 2011, the Regional MH&A Program has developed an overarching vision for mental health and addiction services across VCH/PHC, and supported many initiatives aimed at improving the quality of care for the population it serves. Such initiatives include implementation of Assertive Community Treatment teams, expansion Acute Home Based Treatment, and implementation of a Regional Family Involvement Policy. The Regional MH&A Program's focus has also been on building strong partnerships with family/ consumer advisory committees as well as other government agencies; allowing the program a unique ability to immediately respond to changes in service demands with multiagency action and support.

Together with their partners, the Regional MH&A Program has shown outstanding dedication in providing an integrated, patient-centered continuum of care to individuals with severe mental health and addiction. Through strategies focused on moving from a fragmented, crisis-based system to one that is integrated, innovative, and assertive in engaging this complex and often marginalized population within their communities; the Regional MH&A program certainly demonstrates Excellence in Quality Improvement.

Contact:

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WOTCH Community Mental Health Services

Transitional Case Management/Outreach Injection program

Recent studies have repeatedly demonstrated the increased recidivism for individuals discharged from hospital with mental health issues. Consistent with this growing body of evidence, and in response to the needs of this high-risk population, WOTCH Community Mental Health Services, Mission Services of London and London Health Science Centre has launched a new program that offers transitional case management and an outreach injection nurse to individuals needing immediate supports upon discharge. This team works within the community enhancing existing resources by offering outreach for up to nine weeks to prevent emergency room visits, as well as provide support to clients who do not engage with the usual health care systems. By partnering with the Inpatient Team, priority clients (i.e., those with high/complex needs and those requiring social service and mental health care support) are successfully discharged. The continuity of care and client centered approach has had a significant impact on individuals served. Prior to the implementation of the Transitional Case Management Team care was fragmented and follow-up was poor. Early successes point to improved stabilization, more consistent care, and enhanced connections to community resources and encourage recovery.

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Chapter Award for Distinguished Service

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



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Award Recipients

Assiniboia Chapter

Alan Chapple
Executive Director, Patient
Safety/Quality Support

BC Lower Mainland

Paul Gallant, CHE
President
Gallant Healthworks

Bluenose

Catherine MacPherson, CHE
General Manager
Caritas Residence, Shannex

Eastern Ontario

Gino Picciano, CHE
Healthcare Consultant
GPicciano Consulting

GTA

John Patcai, CHE
Healthcare Consultant

Hamilton and Area Chapter

Peter Conteduca
Healthcare Business Executive
Baxter Corporation

NEON Lights

Richard Joly, CHE
Chief Executive Officer
North East Community Care Access
Centre

Hilary Dogbeson
Program Development Lead
North East Community Care Access
Centre

New Brunswick Chapter

Gary Buchanan, CHE, FACHE
Executive Director
Jordan Lifecare Centre Inc.

Quebec

Sharon Brissette, CHE
Director of Nursing and Patient Care
Hôpital Shriners pour enfants (Québec)
Inc.

Southwestern Ontario

Joe Verga, CHE
Healthcare Consultant

Ross Graham, CHE
Manager, Strategic Projects
Middlesex-London Health Unit

College Award for Distinguished Service

The College Award for Distinguished Service recognizes an individual or corporate member for their significant contribution to the College or to the advancement of our mission, vision, values and strategic directions.



CANADIAN COLLEGE OF
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Award Recipient

Mark Nesar, CHE

Mark Nesar recently retired as Chief Operating Officer of the RANA Respiratory Care Group. For over three years Mark helped to lead RANA in the provision of oxygen, sleep apnea and other respiratory care services in Manitoba, Alberta and Nova Scotia.

Prior to RANA, Mark worked for more than 30 years in the public health care system in Manitoba, leading a number of rural hospitals and personal care homes. In 1997, he worked for the Canadian Red Cross as Director of the Winnipeg Blood Centre. From 1998 to 2008, he served as Chief Executive Officer of the Seven Oaks General Hospital in Winnipeg. Under Mark's leadership, Seven Oaks became a value-based organization with a significant focus on employee health & wellness. Seven Oaks was recognized twice as one of Canada's Top 100 Employers by Maclean's Magazine. As CEO, Mark also served as executive sponsor for the Manitoba Renal Program and the Genetics Program with the Winnipeg Regional Health Authority.

Mark has been a member of the Canadian College of Health Leaders since 1981, receiving his CHE designation in 1985. He served on the Board of Directors as Manitoba Director from 2007 to 2012, and served as Chair of the Audit & Finance Committee. Mark has also served extensively on the Manitoba provincial chapter executive, including a term as chair. In 2007, Mark was recognized for his leadership receiving the Manitoba Chapter Leadership Recognition Award.

Mark received his Certificate in Health Care Administration at the University of Saskatchewan in 1980 and his BGS degree at Brandon University in 1998. He currently serves as a Director on the boards of St. Josephs Residence and Manitoba Blue Cross in Winnipeg and is a member of the Faculty of Red River College, Health Services Management Certificate Program.

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Mark Nesar, CHE
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St. Josephs Residence
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College Honorary Life Member Award

This award recognizes a long standing College member who has contributed significantly to Canada's health system through their role as health care leader. Honorary life members are selected at the discretion of the College's Board of Directors.



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Award Recipient

Elma Heidemann, FCCHL, LFACHE

Elma Heidemann is the former Chief Executive Officer of Accreditation Canada, a position she held for eleven years. Since then, she has worked as an international consultant on various projects related to health care planning, quality, evaluation and accreditation.

She has held a number of board appointments, most notably on the boards of the Canadian Healthcare Association and the Ontario Hospital Association and was a past chairman of the boards of both of these organizations. For 12 years, she served as trustee on the board of directors of the Riverside Hospital, Ottawa, including a two-year term as chairman of the board. She chaired a special committee established by Health Canada to develop a model of palliative care for persons with AIDS and served as a special consultant to Health Canada to examine the capability of major Canadian cities to provide palliative care for persons with AIDS.

She is a former member of the Scientific Council of L'Agence Nationale d'Accréditation et d'Évaluation en Santé, now HAS (Paris, France) and the Irish Health Services Accreditation Board (Dublin, Ireland). She is past president of the International Society for Quality in Health Care (ISQua) and past member of the governing council of ISQua's International Accreditation Program, IAP. She continues to serve as an international surveyor for the IAP program. She served as a member of the Audit Advisory Committee of the Public Service Commission of Canada and was a Canadian Medical Association appointee to the Committee on Accreditation of Continuing Medical Education which accredits medical schools in Canada. She is the past co-chair of the Quality Council of the Victorian Order of Nurses and is a founding co-chair of the Canadian Health Leadership Network. Elma has also volunteered her time to the College as a fellowship peer reviewer and a member of various committees including those for awards and certification. Elma was the recipient of the College Award for Distinguished Services in 2010.

Contact:

Elma Heidemann, FCCHL, LFACHE
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Canadian Health Leadership Network
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Energy and Environmental Stewardship Award

This award recognizes a progressive health care 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:

Honeywell

Selection Committee

Tony Dagnone, FCCHL, FACHE (Chair)

Past President and CEO
London Health Sciences Centre

Suzanne Boudreau, CHE

Director, Materials Management
Services
3sHealth (Health Shared Services
Saskatchewan)

David Crockett, CHE

Vice President, Facilities Management
London Health Sciences Centre and
St Joseph's Health Care, London

Sandra Hanmer, CHE

Chief Executive Officer
Healthcare of New Zealand Limited

Steve Hardcastle

Health Care Consultant

Cameron Love

Senior Vice President, Operations &
Clinical Programs
The Ottawa Hospital

Andrew Neuner, CHE

Vice President, Community Integration
Interior Health

Ron Noble, FCCHL, FACHE (Excused)

Chief Financial Officer and Vice
President
The Credit Valley Hospital

Luis Rodrigues (Ex-officio)

Vice President, Energy Solutions
Honeywell

Gord Trann

Regional Director, Facilities
Management
Winnipeg Regional Health Authority

Award Recipient

Trillium Health Partners

Trillium Health Partners is a recently merged hospital serving Mississauga, West Toronto and the surrounding communities. Since 2004, the Mississauga Hospital and Queensway Health Centre have maintained an Environmental Management System to ISO 14001 which will be expanded to Credit Valley Hospital site by 2016.

By incorporating green conservation into its day-to-day roles, the hospital contributes to the efficient use of resources, which in turn is reallocated to patient care. It has implemented programs that focus on waste, energy, water, air, hazardous material and emergency preparedness. For example, an environmental protection policy was recently approved, a dedicated energy project manager was hired, an education campaign about waste management was delivered, and an environmental awareness training program is in the early phase of being implemented. Moreover, the energy conservation projects are anticipated to reduce 600 kW demand energy and 8,000,000 kWh consumption, once completed in 2014-2015.

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Capital Health

In the summer of 2012, a partnership was formed between the Dept. of Health and Wellness, Capital District Health Authority, and Efficiency Nova Scotia. DHW provided initial funding of \$400,000 towards projects which would result in cost avoidance due to the reduction in use of electricity, to be determined by representatives of DHW, CDHA, and ENSC.

An energy efficiency committee was formed to direct the activities of an efficiency specialist and make decisions on which projects to fund. Consensus was reached on addressing issues with patient and staff comfort and improving safety, and by the end of the fiscal year over \$500,000 (including incentives from ENSC) had been spent on projects resulting in over \$100,000/year of cost avoidance.

These results were presented to the Leadership Enabling Team with a request for additional funding. One of the areas of focus is for employees of CDHA to become better environmental stewards, with a goal of reducing electricity use district wide by 15% (from a 2011 baseline) by 2016. Further to this goal, the energy efficiency committee received \$500,000 in funding for 2013/2014 from CDHA and continued with the project evaluation and selection process.

This fiscal year (2013/2014), the energy efficiency committee will direct over \$1.6 million towards projects and processes, resulting in over \$1 million/year in cost avoidance. Capital requests from the DHW for recommissioning and water reduction projects total over \$600,000, while the \$500,000 allocated by CDHA has been nearly matched (\$480,000) by ENSC in incentives and rebates.

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Kingston General Hospital

Kingston General Hospital is a 1.139 million square foot acute care hospital located in Kingston, Ontario. Our recycling programs, cleaning products and purchasing policies are highly effective, reflective of a sustainability culture that is reinforced through our corporate communications and actions. In 2010 KGH embarked on the first phase of an energy project which involved a \$10.5 million retrofit to our infrastructure. In 2013 we embarked on further \$819,000 second phase energy project. These projects have netted over \$800,000 in energy savings and reduced our carbon footprint by over 14%. This has made us one of the most energy efficient acute care hospitals in the country. At KGH we believe it is incumbent upon health care providers to take a leadership role in reducing our carbon footprint and thereby contributing to the health of the planet and hence the health of our current and future patients.

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Markham Stouffville Hospital

The Markham Stouffville Hospital's (MSH) Markham and Uxbridge sites promote sustainability by embedding energy saving and environmental focus in our culture, policies and strategic plan. The Markham site expansion, opened to the public in March, 2013, now features an additional 385,000 sq. ft., more than doubling the previous space with a total size of 710,000 sq. ft. After the new building was opened, the hospital immediately began extensive renovations to its existing facility. The newly constructed and renovated facility is built to save energy by sporting a cutting-edge building automation system, high-efficiency plumbing and fixtures, a new reverse osmosis system, a green roof covering, low emitting coverings, paint and sealants and a host of other features which have contributed to the newly expanded area's Leadership in Energy and Environmental Design (LEED) silver certification. The Uxbridge site has been consistent in reducing waste and increasing efficiency, showing their commitment to sustainability. The Uxbridge site has, among other initiatives, expanded their recycling program, reduced water consumption through the installation of a high efficiency medical vacuum system, reduced electricity usage by replacing ballasts and high-watt tubes throughout the hospital and re placed older appliances with more energy efficient models. We understand that making environmentally sound decisions and creating environmentally wise solutions is an ongoing process. We have endeavored not just to create this awareness in our staff of the environmental impact of their choices, but also in our visitors and community partners as well. By doing so, we fulfill our mandate to be energy and environmental stewards.

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Quinte Health Care

Quinte Health Care believes that as an employer and as an organization that provides health care to approximately 160,000 people over 7,000 square kilometers we have a corporate responsibility to ensure we deliver on our commitment to a greener environment. With this promise in mind, Quinte Health Care embarked on an environmental stewardship journey 28 years ago.

As a smaller community hospital with limited resources, QHC's approach has been to make a variety of incremental, sustainable changes. This has created a culture where people from across the organization – front line staff to the Board of Directors – have a role in identifying and implementing initiatives that will reduce QHC's environmental impact.

The overall goal has been to demonstrate QHC's commitment to energy conservation, environmental stewardship and sustainability, while also increasing comfort for our patients and staff and creating financial savings that can be redirected to patient care. This approach has netted significant results for QHC.

With a corporate-wide commitment to reducing its environmental footprint since 1986, QHC has achieved:

- 51% diversion of waste from landfills;
- A reduction of overall energy use by 38.5%, to 59ekWh/ft², with another 7% reduction targeted for 2014; and
- A reduction in its greenhouse gas emissions by 3,131 metric tons per year, the equivalent to removing 1,047 cars from local roads.

Contact:

Jeff Hohenkerk

Vice President

Quinte Health Care

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Excellence in Diversity & Inclusion Award

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

Sponsored by:



Selection Committee

K. Dwight Nelson, CHE (Chair)

Past President and CEO
Regina Qu'Appelle Health Region

Mary Achenhusen

Chief Operating Officer, Coastal
Vancouver Coastal Health

Dr. Brendan S.J. Carr, CHE

President and CEO
Island Health

Brenda Flaherty

Executive Vice President & Chief
Operating Officer
Hamilton Health Sciences

Jim Hornell

President and CEO
Brand Community Healthcare System

Victoria L. Kaminski

President and CEO
Eastern Health Authority

Anthony Mohamed (Excused)

Senior Specialist, Equity & Community
Engagement
Inner City Health Program
St. Michael's Hospital

Dr. Tim F. Rutledge

President and CEO
North York General Hospital

Vanessa White (Ex-officio)

Senior Vice President
Human Resources
Sodexo Canada

Award Recipient

Toronto Central CCAC (Community Care Access Centre)

Toronto Central CCAC serves one of the most ethnically diverse communities in the country. In keeping with our Strategic Directions, we are client-centred and committed to listening to our clients to find out what's most important to them: we depend on every employee being culturally competent to understand their clients from a broad, open perspective, in order to achieve the best health outcomes and satisfaction for our clients. Another Strategic Direction is "we will unleash the potential of our people." We view providing training in cultural competency to all our staff and managers as an important strategy in empowering staff to fulfill their full potential to serve our clients respectfully, appropriately and creatively. In fact, 87% of clients reported overall satisfaction with their care from TC CCAC. And the responses with some of the highest positive scores on the recent Employee Engagement survey perhaps say it best: 88% of respondents stated that people treat each other with respect at TC CCAC; 88% responded that people from diverse backgrounds felt welcome; and 75.4% reported that they agree with the organization's values.

Contact:

Julia Oosterman
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Toronto Central CCAC (Community Care Access Centre)
Julia Oosterman
Director, Communications and Stakeholder Relations
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Central West Community Care Access Centre

The Central West Community Care Access Centre (CW CCAC) provides health care services to residents of one of the most diverse regions in Ontario. Our community encompasses a mix of urban, suburban and rural areas, over half of our population is comprised of visible minorities, and 58% of residents report English as their mother tongue. As the only health care organization that spans the entire region with a legislated mandate to coordinate health care services, we are compelled to understand the differences across these unique communities and respond to patients accordingly.

Our commitment to doing so is entrenched in our corporate culture throughout the organization. The principles of diversity and inclusiveness are reflected in our mission and vision, as well as in our values statements, Code of Conduct, policies, and procedures. All staff undergo mandatory cultural competence and diversity training to support them in providing truly individualized care, and translation/Interpreter services are used regularly to help us connect with patients in their preferred language. Members of our diverse community are frequently engaged through community events, surveys, tele-town halls and focus groups, and feedback is used to inform culturally-specific patient care. Recently, tailoring care to better meet the needs of one population resulted in 100% of participants stating they would recommend the CW CCAC.

Staff enjoy cultural events and are supported in wearing cultural dress, making faith-based observations, and attending family celebrations. Consequently, 89% agree that "people from diverse backgrounds feel welcome at our organization," 13% above the national healthcare average.

Contact:

Janet Ashfield

Director of Human Resources and Organizational Development

Central West Community Care Access Centre

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Mental Health Support Network South East Ontario

The Elephant in the Room Anti-Stigmatization Campaign

The Elephant in the Room Anti-Stigmatization Campaign was developed by and with people living with mental health and addictions challenges throughout the South East region who are part of the Peer Support Network. The Mental Health Support Network South East Ontario (MHSNSEO) responded to the need for such an innovative initiative that was identified during community engagement exercises in the development of their organizational strategic plan in 2010. The concept was inspired by consumers to educate members in their community rather than sit idle, or let someone else create a program. The program is in lay-persons terms and is intended for any audience, from early school age children to seniors. The Board of Directors of MHSNSEO endorsed the concept and encouraged the delivery of the program, which is aimed at dissolving myths and assumptions and to literally engage the population in conversation. The Elephant in the Room is an interactive program that is both motivating and inspirational, and speaks directly to the 'elephant in the room' – using a small, squishy blue elephant as a symbol that has literally taken over the South East and beyond. The program is delivered by a consumer and uses effective multi-media resources, including a compelling power point transitioned to music by Kaan. The heart of the presentation is the powerful use of peer support techniques to engage the audience in meaningful conversation, with the outcome of talking about the 'elephant in the room'.

Contact:

Garry Laws

Executive Director

Mental Health Support Network South East Ontario Corp.

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St. Michael's Hospital

St. Michael's serves one of the most diverse cities not only in Canada but the world. This includes an equal number of people with annual incomes less than \$20,000 and over \$150,000. Local housing reflects this with million dollar homes, condominiums, rental units, public housing, shelters and people who are homeless all on the same street. More than 50 per cent of the City identifies as members of racialized communities and half of Toronto residents were born outside of Canada (2006 Census). Almost three percent of Canada's First Nations, Metis and 3 Inuit communities reside in the Greater Toronto Area. Within St. Michael's over 50 different languages are requested monthly in our interpretation services. The largest lesbian, gay, bisexual and transgender community in Canada has its heart just north of St. Michael's. In addition, a significant proportion of our patients are people who are homeless/under-housed and or living with disabilities, HIV/AIDS, mental illness and addictions.

The hospital's approach to recognizing and celebrating diversity has been one of integration. The Inner City Health Program is the only one its kind in Canada with a clearly articulated and demonstrated equity agenda focused on addressing the needs of vulnerable and marginalized populations. In this regard, the main goal is to continuously monitor and shape the culture of the St. Michael's to reflect the diversity of the communities we serve. This will ensure that our healthcare services are delivered in accordance with our mission and values, which promote our core values of human dignity, compassion, excellence, community, social responsibility and pride of achievement.

Contact:

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Healthcare Safety Award

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

Sponsored by:



Selection Committee

Barbra Gold (Chair)

Executive Director
Maimonides Geriatric Centre

Mike Bond (Ex-officio)

Vice President, Sales and Strategic
Account Management
BD Canada

Caroline E. Barbir, CHE

Chief Executive Officer
Laval Health & Social Services Centre

Barbara C. Hall, CHE

Vice-President, Person Centered Health
Capital District Health Authority

A. Arden Krystal, CHE

Chief Operating Officer
Fraser Health Authority

Goldie Luong

Director, Special Projects Acute Care
Vancouver Coastal Health

Wendy L. Nicklin, CHE, FACHE

President and Chief Executive Office
Accreditation Canada

Murray G. Ramsden, CHE

Consultant
Ramsden and Associates

Michael J Rendenbach, CHE

Vice President, Primary Health Care
Regina Qu'Appelle Health Region

Award Recipient

BC Cancer Agency (BCCA) & Vancouver General Hospital

BCCA patient transitioning project

The BCCA, in collaboration with Vancouver General Hospital, have worked closely to “mistake-proof” the process of transitioning patients to and from the BCCA's out-patient departments. The project began as a BCCA patient safety event review between two departments. A failure modes effects analysis was conducted with frontline staff and leaders from both organizations and recommendations were rolled out throughout all of the BCCA centres and the sending facility.

Efforts were standardized to ensure that all centres were using the same form in the correct manner to gain information in advance about all in-patients transitioning to the BCCA for out-patient treatment. A return communication handover form was implemented as well to ensure that patient information was consistently transferred back with the patient to the sending facility.

The sending facility implemented guidelines and a transition checklist to prepare patients for transport, to ensure that patients have a pain management plan for the trip and that staff can accompany them if required. These guidelines and checklist have now been implemented in other health authorities in British Columbia. Post-implementation results show a significant reduction in the number and severity of patient safety events involving the transitioning of patients between the BCCA and other health authorities.

Contact:

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St Joseph's Health Care London*Reduction of Restraint Use in Veterans Care Program, Parkwood Hospital*

The Veterans Care Program (VCP) at Parkwood Hospital has been serving veterans of World War II and the Korean War for over 30 years. The improvement initiative was to ensure minimal use of physical restraints on the Dementia Care unit (one of five units in VCP), a 26-bed unit serving residents with moderate to severe physical and cognitive impairments. From its starting point in May of 2012, till the present time 7 quarters later, there has been a consistent downward trend in the prevalence of restraints, from 51% initially to currently less than 6%. There have been no new restraints applied since May 2012, and a much broader range of alternatives to restraints are being utilized than previously. Anecdotally, families and staff are reporting decreased levels of agitation in residents who previously would have been restrained to prevent falls, as well as more deliberate use of walking residents where appropriate, as an alternative to restraints. Families receive more complete information about the risks and benefits of restraints, and the care team are more consistently taking all aspects of the resident's well-being into account when developing a plan for their optimal health and safety.

Contact:

Don Ewert

Coordinator, Physical Restorative program - Veterans Care Program, Parkwood Hospital

St Joseph's Health Care London

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St Joseph's Health Care London

Leave No Doubt-Write it out! Eliminating Unsafe Abbreviations in Medication Orders

Serious adverse patient outcomes have resulted from misinterpretation of abbreviations identified by the Institute for Safe Medication Practices (ISMP) Canada "Do Not Use" list of dangerous abbreviations, symbols and dose designations.

Avoiding unsafe abbreviations is an important aspect of patient safety and Accreditation Canada has identified this as a Required Organizational Practice. St. Joseph's Health Care London and London Health Sciences Centre in London, Ontario, have adopted the ISMP Canada "Do Not Use" list in our corporate policies.

A multifaceted education and communication strategy was launched in April 2011 to support this practice change. It included the following key features: executive sponsorship, leadership and front-line staff engagement, pulsed corporate communication, reminder tools and multiple audit and feedback cycles.

The campaign achieved its ambitious goal of 50% reduction in the number of handwritten orders containing at least one unsafe abbreviation by month four at all hospital sites. Additional audit and feedback cycles have demonstrated the continued success of this initiative to reduce the use of unsafe abbreviations on medication orders.

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Woodstock Hospital

Project Uplift

In 2003, faced with increasing staff injuries due to patient handling incidents, the leadership team at Woodstock Hospital made a commitment to explore and develop a staff safety program that would not only assist with staff injury prevention but would also improve patient quality and care.

An interdisciplinary team was developed and their initial mandate was to research best practice on patient handling. It was determined that a combined approach of using lifting/transfer/repositioning devices, peer coaches in clinical areas, minimal lift policies and ongoing staff education was proven to have best outcomes. This led Woodstock Hospital to ArjoHuntleigh and the adoption of their Diligent Program. The Diligent Program is a guaranteed three year injury prevention program, led by a clinical consultant who mentors and trains management and staff in mobilizing residents/patients safely utilizing onsite ArjoHuntleigh lifting devices/equipment. The program focuses on cultural change and injury reduction.

Since the conception of the Diligent Program (now called Project Uplift) staff injuries related to patient handling have dramatically declined to (on average) less than 10 incidents per year. Woodstock Hospital's WSIB costs have also radically declined and our WSIB NEER Performance Index rating is .10 among the best in the healthcare industry.

The success of Project Uplift is due to the exemplary commitment from all levels of staff at Woodstock Hospital. The CEO and Board of Trust support a safe hospital environment and have demonstrated this by the endorsement of time and resources required to implement and sustain this program.

Contact:

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Innovation Award for Health Care Leadership

This award recognizes the outstanding capabilities and achievements of a senior executive who has made innovation a focal point of his or her organization's strategy in order to create high impact results.

Sponsored by:



Medtronic

Selection Committee

Shirlee M. Sharkey, CHE (Chair)

President and CEO
Saint Elizabeth Health Care

Françoise P. Chagnon, CHE

Associate Program Director
Université de Montréal, Faculty of
Medicine

Neil Fraser (Ex-officio)

President
Medtronic of Canada Ltd.

Elma Heidemann, FCCHL, LFACHE

Co-chair, Canadian Health Leadership
Network (CHLNet)

Brock Hovey, CHE

Senior Director, Performance, Contract
& Allocations
Central West Local Health Integration
Network

Jo-Anne M. Palkovits, CHE

President and Chief Executive Officer
St. Joseph's Health Centre (Sudbury)

Sonia Peczeniuk, CHE

CEO
Sonia Peczeniuk & Associates

Howard Waldner, CHE

Healthcare Consultant

Award Recipient

Richard Alvarez

“Healthier Canadians through innovative digital health solutions” is the vision to which Canada Health Infoway aspires. Delivering on the promise of better, more accessible care in a more efficient system requires a bold, forward thinking, collaborative leader who can clearly articulate this vision and convey a passion for making a difference and getting the job done. Richard Alvarez is such a leader.

As President and CEO of Canada Health Infoway (Infoway), Richard has been a catalyst for improving the patient experience using innovative digital health solutions and has acquired an international reputation for taking on challenging mandates and building successful organizations. Richard’s strong, collaborative relationships with federal, provincial and territorial governments and other stakeholders, have allowed him to be creative and nimble and, ultimately successful. As of 2012, over \$8.6 billion dollars of benefits in terms of greater access to care, better quality of care delivered and a more efficient health system have resulted from Infoway investments. Richard challenges the status quo, establishes new programs and initiatives to address opportunities and has a strong interest in innovation, especially emerging technologies that will improve health and health care for Canadians.

Prior to taking on the leadership role at Infoway, Richard was President and CEO of the Canadian Institute for Health Information (CIHI). During his tenure at CIHI, Richard led a significant growth initiative and helped evolve CIHI into a well-known and respected organization with strong ties to the research community.

Contact:

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Shortlisted Candidate

Patricia O'Connor

Patricia O'Connor is the recipient of the 2014 Nursing Leadership Award. Please see page 48 for more details.

Shortlisted Candidate

Lynn Stevenson, FCCHL

Dr. Lynn Stevenson is a visionary and collaborative leader who has made significant contributions to health care at the provincial and national level. Using her extensive knowledge and experience, Lynn has promoted a leading edge approach to health services reform, garnering support to realize results through stakeholder engagement and financial investment.

Lynn is the driving force behind Care Delivery Model Redesign (CDMR), a strategic change initiative that has been taken up throughout Canada as a population-based evidence-informed approach. CDMR challenges the traditional perception that there is a shortage of health professionals and instead focuses on optimizing the role, scope and function of care providers and improving patient care processes, outcomes and experience.

Lynn developed and implemented a risk assessment tool for home support workers, a catalyst for a pan-Canadian research program exploring safety in home care to which Lynn provides both academic and 'field' expertise. From this work, Lynn has carried a vision of integrated patient/provider safety to Island Health resulting in enhanced care provider engagement in safety activities and reduced adverse events.

Lynn co-lead and published the original Elder Friendly Hospital work and is a tireless advocate for improving care for this population. Coupled with CDMR evidence, Island Health is now focused on care of seniors in hospital and in the community. Partnering with the Institute for Health Improvement and partially funded by the provincial government, Island Health led a provincial elder-friendly focused learning collaborative, and continues toward improving assessment and care planning across the continuum of care.

Contact:

Dr. R. Lynn Stevenson, FCCHL

Associate Deputy Minister of Health, Health Services, Ministry of Health

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Mentorship Award

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

Sponsored by:



Selection Committee

Harry G. Parslow, CHE (Chair)

Managing Partner
The Caldwell Partners International

Wendy Winslow, FCCHL

Director of Policy and Practice
College of Licensed Practical Nurses of BC

Nancy M. Lefebvre, FCCHL

Chief Clinical Executive and, Senior Vice-
President, Knowledge & Practice
Saint Elizabeth Health Care

Ian Wombwell (Ex-officio)

National Manager, Strategic Account Team
Roche Canada

K. Dwight Nelson, CHE

Past President and CEO
Regina Qu'Appelle Health Region

Robert G. Zed, CHE

Chair
Compass Group Canada Healthcare

Ron Noble, FCCHL, FACHE (Excused)

Vice President, Capital Redevelopment and
Corporate Services
The Credit Valley Hospital

Award Recipient

Rob Devitt, CHE

Rob Devitt is a transformational leader who constantly has a student by his side. One of Rob's many mentorship legacies has been the administrative resident program at Toronto East General Hospital. He created a structured yet dynamic program that provides learning opportunities for master's students in health and business administration. He credits his own experience as a resident with his strong belief that the placement is about exposure to system, governance and executive level decision-making. Rob encourages his mentees to utilize his network to gain experience in different settings during their residency or during their careers. As CEO, his belief in distributed leadership means that he creates space for growth and challenges individuals to push their boundaries to become more well-rounded leaders.

Rob is not only a mentor to students and colleagues but a mentor to the health system and is frequently called upon to assist other organizations as a peer reviewer, interim CEO or hospital supervisor. He has been a voice and champion for many issues like healthy workplace, violence prevention, governance and integration.

Rob has been a preceptor for master's students for over two decades and more recently began a senior fellow role at the University of Toronto's Department of Health Policy, Management and Evaluation. While Rob has been an incredible inspiration to many health system leaders, he strongly believes that his mentorship and teaching work is critical for his own personal development and that this work is constantly challenging him in new ways. Given he is rarely seen without a student, it's safe to say that Rob is committed to continual, life-long development.

Contact:

Rob Devitt, CHE
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Shortlisted Candidate

Ron Noble

Ron Noble is a healthcare leader characterized by his exemplary commitment to mentorship and professional development. Ron has consistently provided generous amounts of his time to not only new and existing mentees (including family members) but also to system endeavours that support mentorship. Mentorship is an integral component of Ron's leadership practice.

Ron has guided both young and senior level professionals in the art of management, stakeholder engagement, finance in a health care setting and navigation through the public policy and ministry processes. He has also provided mentorship on the importance of strategy/strategic planning and career planning. The importance of "pausing" before critical decisions is part of his mentoring.

He has mentored students and colleagues at all levels. He has supported the placement of Master's level students from McMaster, University of Toronto (where he is an adjunct faculty member) and University of Ottawa. He has mentored students going through the CHSRF/CCHL EXTRA program and the Royal Roads Masters of Leadership program. He has also been a champion for the Toronto Region Immigrant Employment Council (TRIEC) as a mentor for new Canadian immigrants seeking professional careers. He has set a strong example through his work with the CCHL as chapter and provincial Chairs, provincial Director, Board Chair and most recently as Task Force Chair of the College Fellowship Review. Ron was also active in the integration of the LEADS program into the CCHL curriculum ensuring system support for mentorship and leadership development. He is a role model and leader on mentorship.

Contact:

Ron Noble

Vice-President, Capital Planning, Redevelopment and Corporate Services

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Nursing Leadership Award

The Nursing Leadership Award builds on the themes of patient-centred care and nursing leadership, and whose recipient demonstrates an ongoing commitment to excellence in these areas.

Sponsored by:

The logo for Baxter, featuring the word "Baxter" in a bold, blue, italicized sans-serif font.

Selection Committee

Anne McGuire, CHE (Chair)

President and Chief Executive Officer
IWK Health Centre

Elizabeth M. Buller

President and Chief Executive Officer
St. Joseph's Health Centre, Toronto

Maureen Charlebois, CHE

Group Director & Chief Nursing
Executive
Canada Health Infoway

Vanessa Burkoski

Vice President, Chief Nursing Executive,
Quality, Patient Safety and Professional
Scholarly Practice
London Health Science Centre

Alison Drinkwater (Ex –officio)

Director Public Policy, Market Access
and Health Economics
Baxter Corporation

Nancy J. Fram, RN, BScN, MEd

Past Vice President, Professional Affairs
& Chief Nursing Executive
Hamilton Health Sciences

Beatrice Mudge, CHE

Vice President, Best Practice, Education,
Research & Chief Nursing Executive
VHA Home Healthcare

Josette Roussel

Nurse Consultant
Canadian Nurses Association

Dr. Lynn Stevenson, FCCHL

Executive Vice President, People,
Organizational Development and Chief
Nursing Executive
Vancouver Health Authority

Award Recipient

Patricia O'Connor, FCCHL

Patricia O'Connor is a pioneer in implementing innovative, lasting programs to improve patient safety and quality of care. Her work includes the introduction of advanced practice roles for nurses, co-leading a best practices program and transforming care at the bedside by engaging patients and frontline staff in quality improvement. Patricia's expertise centers on evidence-informed practice development, patient safety and performance measurement, patient engagement, and high performance inter-professional teams.

Patricia is a former CFHI EXTRA Fellow, past president of the Academy of Canadian Executive Nurses and serves on a number of healthcare boards. In 2008, she received the MUHC Valerie Shannon Award for Innovative Leadership for excellence in nursing.

Contact:

Patricia O'Connor, FCCHL

Director of Nursing and Chief Nursing Officer

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Shortlisted Candidate

Eleanor Rivoire

Eleanor Rivoire is the Executive Vice President and Chief Nursing Executive at Kingston General Hospital (KGH). Eleanor has skillfully translated vision into reality to the benefit of patients, their families, and the staff and volunteers of KGH. Born out of a need to balance the budget, improve staff morale, lower infection rates and improve performance indicators, Eleanor led the change to a new model of care delivery for the organization. Besides patients and families nurses were the largest group impacted positively by this change. Evaluations after implementation of the new model demonstrated an increased satisfaction amongst nurses as well as other care providers on the team.

Eleanor's genuine passion for involving and engaging patients in organizational decision making, and her ability to inspire and influence others into action by bringing the patient perspective to the forefront through their involvement, has led to KGH becoming a leader in patient- and family-centred care that is now internationally recognized as a model for innovative partnering with patients and families. Eleanor's relentless focus on patient engagement led to KGH being awarded the 2012 NRC Picker award for Best Innovative Practice in a Canadian Hospital.

Eleanor always ensures our five guiding principles – respect, engagement, accountability, transparency and value for money – are reflected in her own behaviours and holds others accountable to the same principles. It is through a professional, collaborative approach to care, knowledge and leadership, listening to and learning from each other that Eleanor has been a successful and respected leader in transformational change.

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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.

In October 2003, the College introduced the Founders' Circle Program, to assist the College in supporting and promoting professional leadership activities related to our profession, educational programs across the country and leading edge research. Although the College's multi-year agreements with our founders: Compass Group Canada at the chairman's level and ARAMARK Healthcare at the president's level have now concluded, these funds continue to support the LEADS in a Caring Environment Framework and related program delivery. The College sincerely thanks Compass Group Canada Healthcare and ARAMARK Healthcare for supporting the Founder's Circle Program and, most importantly, for all of the professional development and sponsorship efforts the fund investments have enabled. The College is pleased this year, to be recognizing these two outstanding corporate members for their valuable contributions to the College.



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

Award Recipient

Janssen Inc.

Janssen has been an innovator in the Canadian healthcare industry for over 50 years. It has been an outstanding champion of the College, since joining as a corporate member in 1995. Its dedication has been apparent through its support of College events, such as the National Health Leadership Conference, Executive Forum, and the National Awards Gala. Moreover, its partnership on the 2012 corporate edition of Healthcare Management Forum and its work on the Corporate Advisory Council further demonstrate its strong commitment to the College.

Through the work with the College on seven HPRS sessions, and driven by the belief that sustainable and integrated healthcare solutions are only attainable by working side-by-side with healthcare professionals and stakeholders, Janssen has made a tremendous impact on moving the mental healthcare agenda forward in Canada. This year, it launched the Award of Excellence in Mental Health and Quality Improvement, further demonstrating its support of mental health initiatives.



Quality of Life Award

This award honours those who work to improve their patients' lives through their desire, creativity and dedication. It is a celebration of the human spirit.

Sponsored by:



Selection Committee

Susan M. Owen, CHE (Chair)

Senior Manager, Management Consulting
KPMG LLP

Rob Jacome (Ex-officio)

Vice President & General Manager, Canada
Stericycle Inc.

Kenneth W. Baird, CHE

Provincial Lead, DI & Lab Initiative
Capital District Health Authority

Tracy MacDonald, CHE

Executive Director, Stollery Children's Hospital
Alberta Health Services

Beth Brunsdon-Clark

Vice-President, Programs and Patient Services and Chief Nursing Officer
Victoria General Hospital

Kelli A. O'Brien

Vice President
Long Term Care and Rural Health
Western Health

Geri Geldart

Vice-President, Clinical Services
Horizon Health Network

Janice M. Skot, MHSc, CHE

President & CEO
The Royal Victoria Hospital

Cheryl L. Harrison, CHE

Vice President & Chief Nursing Executive
Orillia Soldier's Memorial Hospital

Moyra Vande Vooren, CHE

Award Recipient

Carol Kushner & Donna Davis ***Patients for Patient Safety Canada***

Carol Kushner and Donna Davis are extraordinary volunteers and national healthcare leaders. As co-chairs of Patients for Patient Safety Canada (PPFSC), a patient/family network and program of the Canadian Patient Safety Institute, they are leading a new movement that is empowering and engaging patients and families in safety initiatives in Canada.

As one of PFPSC's founding members, many of Carol's strong leadership skills were used and valued in the program's formative years. Since 2006, Carol has helped to shape the vision, collaborative relationships, and structure of this dynamic and growing initiative.

Following the death of her son Vance in 2002, Donna emerged as a leader giving dozens of presentations to healthcare providers, leaders and policy makers demonstrating the importance of engagement with patients and families. Like Carol, Donna is a dedicated mentor and demonstrates by example how collaboration and engagement can start to bring about positive changes at the local, provincial and national levels.

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Ms. Carol Kushner
Co-chair
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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's of Health Administration. Recipients are selected by their respective faculty for their individual achievements and promising contributions to health services management.



Victoria smith, Dalhousie University

Vicky Smith is a Dartmouth, Nova Scotia native with Spanish roots. Vicky obtained her undergraduate degree from Dalhousie University with a double major in neuroscience and Spanish. After a year working in research, Vicky chose to pursue her Master of Health Administration at Dalhousie for its prestigious CAHME designation and exciting residency options. Throughout the program Vicky has worked to hone her leadership and critical thinking skills through election to the school's student society as First-Year Representative and later as Co-President. In her second year, she was selected to represent Dalhousie as a team member in the school's inaugural performance at the University of Alabama at Birmingham Health Administration Case Competition. Vicky has been the recipient of the First-year Academic Achievement Award, as well as the Glen Moore Memorial Award for leadership, congeniality, and potential to make a noteworthy contribution to the field of health administration. In August 2014, Vicky will start the next chapter of her career pursuits as she begins her studies at Dalhousie's Medical School.

Geneviève Plamondon, University of Montreal

A physiotherapy graduate from Laval University, Geneviève worked as a health professional within the health and social services network in Québec. While working towards a Master in Health Administration degree at the University of Montréal, Geneviève became interested in the organization of health services as well as different assessment methods. She worked as a research assistant in health economics and her thesis focused on assessing the impact of cigarette prices and exposure to tobacco advertising in smoking among South American adolescents. In 2013, she joined the Institut national d'excellence en santé et services sociaux, the health technology assessment unit for the province of Québec. As an innovation scientific advisor, she has been working to develop new strategies to optimize the assessment and the introduction of innovative technologies in the health and social services network.

Derek Clark, University of Alberta

Derek Clark is completing a Masters of Public Health in health policy and management at the University of Alberta's School of Public Health. Derek earned a Bachelor of Nursing from Mount Royal University in 2011. As a Registered Nurse, he has a clinical background in blood and marrow transplantation, hematology and oncology. Now, he is interested in informing and developing policy to improve the health of populations, particularly in the area of health technologies. Currently, Derek is conducting projects aimed to develop practical tools that decision-makers in Canada can use to guide their processes for orphan drugs and personalized medicines to support equitable, efficient and sustainable health care systems. He is looking forward to integrating his nursing and policy backgrounds to effect change at the provincial and national levels.

Taylor Linseman, University of Ottawa

Taylor has always had a passion for healthcare management. After completing a Bachelor of Life Sciences from Queen's University, Taylor began her healthcare career in Ireland, managing a home care service for individuals with physical and intellectual disabilities. This line of work later took Taylor to Australia, where she led a community outreach program supporting adolescents with disabilities and mental health struggles. Since returning to Canada, Taylor has worked in the Aboriginal health and youth services arenas. Taylor graduated from the University of Ottawa's Telfer School of Management with a Master of Health Administration degree in 2013 and was inducted into the Beta Gamma Sigma society this past March. Taylor currently manages the Children's Hospital of Eastern Ontario's Youth Net program. Taylor proudly volunteers as the vice chair of the board of directors for the therapeutic Riding Association of Ottawa-Carleton. Taylor plans to continue learning through involvement with the Canadian College of Health Leaders and aspires to impact accessibility within our system in her healthcare future.

Julie Jo, University of British Columbia

Julie Ho is completing her final year of the Master of Health Administration program with the University of British Columbia (UBC). She received her BSc from UBC and worked as a research technologist at the BC Centre for Disease Control. There she participated in influenza sero-epidemiology and vaccine studies during the H1N1 pandemic. In 2010, she joined the Centre for Translational and Applied Genomics at the BC Cancer Agency as a lab technologist, where she is involved in innovative cancer research projects. She is interested in personalized medicine and hopes to engage in a more active role in the public health sector to improve patient care and health outcomes.

Jeff Biddiscombe, University of Toronto

Lieutenant-Commander Jeff Biddiscombe is a 24-year veteran of the Canadian Armed Forces, with overseas deployments to Bosnia and Afghanistan. He began his career as a nurse in the military, developing experience in such areas as general medicine, surgery, psychiatry, chemotherapy, palliative care, and flight nursing. After 16 years of clinical nursing, Jeff moved into more formal administration and leadership positions within the Canadian Armed Forces before starting his Masters of Health Sciences in Health Administration from the University of Toronto's Institute of Health Policy, Management and Evaluation. Upon completion of his degree this summer, Jeff will be appointed as Commanding Officer of 31 Canadian Forces Health Services Centre in Borden, Ontario, which is a four-clinic network providing primary care services to military personnel in south-central Ontario.

Robert Zed Young Health Leader Award

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

Sponsored by:



Selection Committee

Tony Dagnone, FCCHL, FACHE (Chair)

Past President and Chief Executive Officer
London Health Sciences Centre

Lucy Brun, CHE

Partner
Agnew Peckham & Associates

Ben Chan

Assistant Professor
University of Toronto

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Healthcare Consultant

Jim Hornell

President and Chief Executive Office
Brant Community Healthcare System

Sharon McDonald (Ex-officio)

President, Compass Group Canada
Healthcare
Compass Group Canada

Altaf Stationwala

President and Chief Executive Officer
Mackenzie Health

Lucie Tremblay, CHE

President & CEO
Ordre des infirmières et infirmiers du
Québec

Andrew Williams, CHE

President & Chief Executive Officer
Huron Perth Healthcare Alliance

Award Recipient

Sarah Padfield, CHE

At 35, this is Sarah's second vice-president role. At the Chatham-Kent Health Alliance (CKHA), Sarah lead the capital redevelopment project which put forth a vision of a campus of care to support a sustainable delivery system for the community of Wallaceburg, including joint capital and service delivery planning with community based partners. Sarah's been instrumental in leading the service integration, which included the hospital's divestment of five programs to the Community Health Centre and to establish a fully integrated management team with the Lambton-Kent Canadian Mental Health Association. She is also currently chairing the development of the local HealthLink.

This past year, Sarah led the organization through the second phase of operational changes in 16-months. CKHA is transitioning through new health system funding reforms in Ontario. Using a six-month intensive process that engaged clinical leaders and physicians, the organization created a series of comprehensive business cases to support a final plan to the tri-board.

In addition to her role at CKHA, Sarah also lead the development of a supply chain shared services organization in the Erie St. Clair LHIN region (PROcure) in 2008 and then went on to lead the merger of two shared services organizations.

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Shortlisted Candidate

John Jacob, CHE

At the age of 27, John has accomplished what some aspire to throughout their careers. Having successfully achieved a Bachelors in Psychology, Masters in Business Administration, and most recently, the CHE examination, John consistently demonstrates his passion for lifelong learning and self--improvement.

John propelled himself professionally, and continues to develop as a leader in Healthcare, since completing paramedic training at the age of 18, subsequently joining the British Columbia Ambulance Service. His talent and dedication led to his recruitment as an Instructor with the Provincial Paramedic Academy, where he ultimately progressed to the role of Manager of Emergency Medical Programs. During his tenure, John developed a network of Provincial training sites that removed geographic barriers and enabled the sustainability of emergency medical training across BC. John also led the curriculum redevelopment for multiple programs, and authored the current version of the Academy's Emergency Medical Responder resources.

In 2013, John accepted a position with the UBC Department of Paediatrics and BC Children's Hospital where he currently leads advancement as Senior Manager of Strategy and Innovation.

To date, John has developed, and leads, the implementation of the Department's Strategic Plan, focused on driving change through innovation and integration. In parallel, John continues to maintain clinical competency with the BC Ambulance Service, and remains active academically with the School of Health Sciences at the Justice Institute of British Columbia.

Contact:

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Shortlisted Candidate

Hayley Panet, CHE

Hayley Panet is a member of the College of Health Leaders and completed her Master's at the IHPME at the University of Toronto. Hayley started her healthcare career as an MRI technologist and as a result Hayley ensures that her approach to projects is patient centred. Since starting at the University Health Network in 2006, Hayley has focused on quality improvement projects that highlight analytical, project management, and partnership to achieve better patient access to care. She has progressed and excelled in various roles working collaboratively with senior leaders and clinicians to achieve strategic and transformative healthcare changes.

In her current role as Manager of Strategy, Hayley is leading key strategic priorities at the organizational level to optimize patient experiences in cancer care. Hayley is integral to the administrative team and key priorities she is responsible for include managing the Cancer Program Quality Committee, facilitating a cancer Primary Care Integration strategy, and coordinating new programs such as an oncology for Adolescents and Young Adults. Hayley's quality improvement leadership was critical to increasing oncology symptom management distress screening rates from 18% to over 85% in only 6 months. In all of these projects and initiatives, Hayley works collaboratively with inter-professional teams to identify service gaps and create sustainable solutions to improve the delivery of cancer care.

Hayley is dedicated, enthusiastic, and creative leader who is committed to improving patient care experiences. Hayley exemplifies endless leadership potential and is on her way to a healthcare senior leader of the future.

Contact:

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