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Health Care Policy Contribution Program

2010–2011 Annual Report



Canada

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INTRODUCTION

While provincial and territorial governments have jurisdiction over most aspects of health care in Canada, the federal government is equally committed to maintaining a strong health care system based on the goals of accessibility, quality, sustainability and accountability. It has made important policy commitments in support of health care system renewal at the federal level; provides health care delivery for populations under federal responsibility; demonstrates leadership in areas appropriate to the federal role in health, including research and development; and assists with the identification and dissemination of best practices and innovative approaches leading to improvements in the health care system.

The Health Human Resource Strategy (HHRS), the Internationally Educated Health Professionals Initiative (IEHPI) and the Health Care System Innovation Fund (HCSIF) are the three components of the Health Care Policy Contribution Program (HCPCP). Through the HCPCP, the Government of Canada responds to emerging health policy priorities, establishes collaborative working arrangements with provincial and territorial governments to effect change on a pan-Canadian scale, and supports organizations with specifically related expertise to help achieve health policy goals.

Given the federal government's commitment to health and its interest in working with provincial and territorial governments and others, the HCPCP plays an important role in mobilizing stakeholder communities to address priority health issues. It continues to uphold and enhance the federal government's role as an innovator and partner in the collective challenge of ensuring that Canada's health care system responds to the evolving health care needs of Canadians.

Health Canada funded the projects summarized in this report through contribution agreements with recipients—including non-profit and non-governmental organizations, professional associations, educational institutions, and provincial, territorial and local governments—in order to develop, implement and disseminate knowledge, best practices and strategies for innovative health care delivery.

HEALTH HUMAN RESOURCE STRATEGY

Initiated to help meet commitments arising from the 2003 and 2004 First Ministers Health Accords, the Health Human Resource Strategy (HHRS) facilitates and supports coordinated provincial and territorial efforts to ensure an adequate supply and mix of health care professionals and a more stable, effective health workforce so that Canadians can access the health care they need.

Currently, the Strategy has four key priorities:

1. More health care providers

Includes projects aimed at:

- improving health student and learner retention rates through the modernization of health education programs and clinical practice models, and
- integrating internationally educated health care professionals (IEHPs) into the Canadian health workforce.

2. Using human resource skills effectively

Projects that help develop a health workforce which uses its skills effectively and improve services for all Canadians, particularly in underserved areas, by addressing the maldistribution of health human resources. Examples include:

- developing health system leaders,
- improving workforce utilization so that all providers can practice to their full scope and competencies, and
- improving recruitment and retention in areas of high need, including rural and remote settings.

3. Creating healthy, supportive, learning workplaces

Projects that enhance the working and learning conditions for health care providers.

Examples include:

- strengthening evidence and supporting the uptake of interprofessional collaboration and healthy work environments,
- monitoring interprofessional collaboration and quality of worklife through the development of national indicators, standards, benchmarking and performance reporting,
- promoting innovative ongoing training/development of regulated and unregulated health care workers in institutional and community settings, and
- developing continuing education and learning programs that align with population health needs (for example, complex care) and changes in the health care system (for example, advanced technologies).

4. More effective planning and forecasting

Projects that enhance the capacity for health human resources (HHR) planning and forecasting.

Examples include:

- developing, assessing and updating HHR models and tools,
- enabling and increasing a pan-Canadian planning capacity, which is sustainable and respects jurisdictional and population needs while also being responsive to emerging demands on the health system, and
- exploring emerging international HHR issues and their potential impact on Canada's health workforce.

Health Human Resource Strategy projects funded in 2010–2011 are found on pages 7 to 41.

INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS INITIATIVE

The Internationally Educated Health Professionals Initiative (IEHPI) works with provincial and territorial governments, health regulatory authorities, postsecondary institutions and professional associations to increase access to assessment and training programs, and to facilitate the integration of these professionals into the Canadian health workforce.

First Ministers have recognized that a skilled and flexible workforce is key to ensuring Canada's prosperity and agreed to take concerted action on the assessment and recognition of foreign qualifications. In November 2009, the Forum of Labour Market Ministers announced the *Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications* ("the Framework"), representing a shared vision, guiding principles and desired outcomes for improving the assessment and recognition of foreign qualifications in regulated occupations in Canada.

To support the alignment of the IEHPI with the Framework, Health Canada extended contribution agreements with provinces and territories for an additional year, from April 2010 to March 2011. Jurisdictions were consulted in February 2010 on the priorities for the next call for proposals, which was subsequently launched in the summer of 2010.

Internationally Educated Health Professionals Initiative projects funded in 2010–2011 are found on pages 42 to 57.

HEALTH CARE SYSTEM INNOVATION FUND

The Health Care System Innovation (HCSI) Fund has been designed to foster innovation by stimulating health care policy analysis and development, advancing strategic thinking and policy options, and facilitating joint federal/provincial/territorial initiatives for the benefit of the publicly-funded health care system.

In 2010–2011, three major themes were supported under the HCSI Fund:

- **Health Care Policy Conferences**, which foster the translation, dissemination and uptake of knowledge and policy-relevant dialogue amongst a broad audience.
- **Health Care System Responsiveness to Population Aging** projects, which examine the issues and implications that arise in the health care system within the context of population aging, and encourage solutions that will contribute to sustained, system-level, pan-Canadian change.
- **The Canadian Medication Incident Reporting and Prevention System**, which supports data collection, analysis and reporting related to medication incidents; facilitates the development and dissemination of information to reduce the risk of medication incidents; and promotes best practices in safe medication use systems.

Health Care System Innovation projects funded in 2010–2011 are found on pages 58 to 71.

For more online information about the Health Care Policy Contribution Program consult www.health-human-resources.ca

Projects Funded under the Health Human Resource Strategy

Access to Quality Drug Therapy: Applying Pharmacists' Knowledge to the Primary Care System (ADAPTS)

| | |
|----------------------------|---|
| Amount/Duration | \$800,000 2009–2010 to 2010–2011 |
| Recipient | Canadian Pharmacists Association |
| Project Description | <p>ADAPTS is an online continuing education program for pharmacists designed to maximize their effectiveness in providing medication therapy management through collaborative patient-centred care. It gives pharmacists an opportunity to develop their skills and confidence in:</p> <ul style="list-style-type: none"> • conducting thorough medication assessments; • collaborating successfully with other health care providers; • interviewing and engaging patients; • making evidence-based clinical decisions; • using validated documentation practices to support patient care; and • developing and implementing patient care plans. |
| Key Results | <p>Developed the ADAPTS online continuing education program, which takes nineteen to twenty weeks to complete. The course has seven online modules:</p> <ol style="list-style-type: none"> 1. Orientation; 2. Medication Assessment; 3. Collaborating with Physicians and Other Primary Health Care Providers; 4. Patient Interviewing and Assessment; 5. Making Decisions about Medication Using Evidence-based Practice and Understanding the Challenges in Clinical Decision-making; 6. Documenting Medication-related Care; and 7. Putting All the Information Learned in the Previous Six Modules Together. <p>Created a program guide for live workshop presentations.</p> <p>Presented project research and results at conferences, such as the Canadian Society of Hospital Pharmacists Professional Practice Conference (January 2011), the Canadian Pharmacists' Association Annual Conference (May 2011) and the North American Primary Care Research Group Conference (November 2011).</p> |
| Outcomes | <p>Confirmed via evaluation and anecdotal feedback that the program is relevant, useful, innovative and valuable, and that it is helping pharmacists change their practices.</p> <p>Established a partnership with the University of Waterloo's School of Pharmacy that will help ensure long-term sustainability and growth for this program.</p> <p>The quality and assessment processes of the pilot project have positioned it to become the first certificate level continuing education program in pharmacy in Canada.</p> |
| Contact Information | <p>Canadian Pharmacists Association • 1785 Alta Vista Drive • Ottawa, ON • K1G 3Y6 • Telephone: 613-244-7837 • Website: www.pharmacists.ca</p> |

Accreditation of Interprofessional Health Education: Implementation for Sustainability

| | |
|----------------------------|---|
| Amount/Duration | \$237,995 2010–2011 |
| Recipient | Association of Faculties of Medicine of Canada |
| Project Description | <p>This initiative is a national collaboration of eight organizations that accredit pre-licensure education for six Canadian health professions: physical therapy, occupational therapy, pharmacy, social work, nursing and medicine. Given that accreditation can directly influence what is taught in health education programs, the goals of this project were to:</p> <ul style="list-style-type: none"> • integrate interprofessional education standards into the accreditation programs of the six participating health and social care professions to help create collaborative patient/client-centred health and social care; and • dialogue and share resources developed through the project more broadly. |
| Key Results | <p>Developed a web platform for interprofessional education accreditation tools and discussions.</p> <p>Disseminated generic standards for the accreditation of interprofessional education and other accreditation tools.</p> <p>Increased awareness of how to use accreditation to embed interprofessional education in training programs.</p> |
| Outcomes | Increased likelihood that interprofessional education will be embedded effectively in accreditation processes. |
| Contact Information | <p>Association of Faculties of Medicine of Canada • 800–265 Carling Avenue • Ottawa, ON • K1S 2E1 • Telephone: 613-730-0687 • Website: www.aiphe.ca</p> |

Best Practices in Health Human Resource Deployment in the Area of Bone and Joint Care

| | |
|----------------------------|--|
| Amount/Duration | \$744,809 2009–2010 to 2010–2011 |
| Recipient | Canadian Orthopaedic Foundation / Bone and Joint Canada |
| Project Description | <p>The overall goal of this project was to promote a National Core Model of Care for Total Hip and Knee Replacement and the use of a toolkit designed to support implementation of this Model across the country.</p> <p>Bone and Joint Canada worked with the National Hip and Knee Knowledge Translation Network (an existing network for knowledge exchange to improve bone and joint care) and corresponding provincial/territorial networks to hold a number of activities that promoted learning, collaboration and problem solving. Activities included:</p> <ul style="list-style-type: none"> • communicating the existing toolkit to surgical sites across Canada, a first-stage implementation of the toolkit in select provinces; and • expanding the toolkit following consultations and discussion of lessons learned. |
| Key Results | <p>Identified barriers to implementation of the National Core Model of Care for Total Hip and Knee Replacement.</p> <p>Facilitated toolkit use at sites across Canada by providing Bone and Joint Canada direction and support.</p> <p>Implemented the Bone and Joint Canada communication strategy to raise awareness of the toolkit.</p> |
| Outcomes | <p>Increased awareness of the toolkit across Canada, for use with patients having hip and knee replacement surgery.</p> <p>Implemented the National Core Model of Care for Total Hip and Knee Replacement at designated sites across Canada: the concept of centralized intake for hip and knee replacement is now taking hold in as many as eight provinces and helping to reduce wait times.</p> |
| Contact Information | <p>Canadian Orthopaedic Foundation • P.O. Box 7029 • Innisfil, ON • L9S 1A8 • Telephone: 416-410-2341 • Website: www.canorth.org</p> |

Canadian Interprofessional Health Collaborative

| | |
|----------------------------|---|
| Amount/Duration | \$602,125 2009–2010 to 2011–2012 |
| Recipient | University of British Columbia |
| Objectives | <p>This initiative has been set up to:</p> <ul style="list-style-type: none"> • address both the enablers of and barriers to team-based patient care; • foster partnerships that will help advance the knowledge and understanding of interprofessional education and collaborative practice, and improve outcomes in the health system; • advance interprofessional collaboration in education, practice and research; and • provide health professionals and organizations with the resources and tools they need to apply an interprofessional, patient-centred and collaborative approach to health care. |
| Activities | <p>Identify best practices in the above mentioned areas;</p> <p>Set up a national research agenda, evidence-based tools, frameworks and models to support skills building;</p> <p>Develop a national dissemination strategy and knowledge exchange framework to address the content needs of health care providers;</p> <p>Establish curriculum guidelines and a best practice dissemination framework;</p> <p>Test education and training programs for health professionals to increase their capacity to participate in team-based health services;</p> <p>Create a network of interprofessional education and collaboration champions across Canada; and</p> <p>Build a comprehensive website and e-library.</p> |
| Anticipated Results | <p>Developed higher awareness of interprofessional education and collaboration practices within the Canadian health and education systems.</p> <p>Improved recruitment and retention of health care professionals; delivery of health services; and quality of health care.</p> <p>Expanded networks and leadership for enhanced sustainability.</p> <p>Facilitated collaboration in both education and practice.</p> |
| Contact Information | <p>Canadian Interprofessional Health Collaborative •</p> <p>University of British Columbia •</p> <p>400–2194 Health Sciences Mall • Vancouver, BC • V6T 1Z3 •</p> <p>Telephone: 604-562-1492 • Website: www.cihc.ca</p> |

Canadian Post-MD Education Registry (CaPER)

| | | |
|----------------------------|---|------------------------|
| Amount/Duration | \$451,277 | 2008–2009 to 2012–2013 |
| Recipient | Association of Faculties of Medicine of Canada | |
| Objective | This project was established to: <ul style="list-style-type: none">• develop a database that could measure the domestic supply, distribution and mix of physicians in Canada. | |
| Activities | Gather data from all faculties of medicine to measure the numbers and flow of students through the post-MD training system in Canada. Create a database that tracks Canadian citizens and permanent residents who undertake post-MD training in the United States. | |
| Anticipated Results | Established a database to share information about physicians in training (their supply, distribution, mix, etc.). This data will cover the full spectrum of clinical practice during post-MD training years until licensure and will prove to be an important planning tool. Improved health human resource planning through health care researchers and human resource planners in federal, provincial and territorial governments having access to and using the database information on physicians in training. | |
| Contact Information | Canadian Post-MD Education Registry • Suite 800, 265 Carling Avenue • Ottawa, ON • K1S 2E1 • Telephone: 613-730-1204 • Website: www.caper.ca | |

Canadian Students Studying Medicine Abroad: Survey and Focus Groups

| | | |
|----------------------------|---|------------------------|
| Amount/Duration | \$86,477 | 2009–2010 to 2010–2011 |
| Recipient | Canadian Resident Matching Service | |
| Project Description | <p>The goal of this project was to gain information about Canadians studying medicine abroad by:</p> <ul style="list-style-type: none"> • creating a demographic profile of Canadians studying medicine in international medical schools; • increasing knowledge of international medical training programs to assist in the ongoing process of foreign credential recognition; • studying international medical education accreditation systems; and • comparing the international cohort to those studying medicine in Canada. <p>The Canadian Resident Matching Service gathered and compiled this information through a series of surveys and focus groups. Project participants included medical schools in Australia, the United Kingdom, the Caribbean, the Middle East and Europe.</p> | |
| Key Results | <p>Identified the following information on Canadian students studying medicine abroad:</p> <ul style="list-style-type: none"> • During the past decade, an increasing number of Canadians have chosen to pursue medical education abroad. About 3,500 Canadian students are enrolled in medical schools outside of Canada, according to admission data provided by schools and international Canadian student organizations. • The majority of CSAs come from the provinces of British Columbia and Ontario. The most frequently reported reason for choosing an international medical school was students felt they would be unable to secure a place in a Canadian school. • Respondents from Australia and Ireland were more successful than the respondents from the Caribbean in arranging Canadian clerkships. • The main barriers cited regarding the return to Canada for postgraduate medical training were: the requirement to provide return of service for the postgraduate experience, the choice of discipline was difficult to obtain and, the perception that they would have difficulty matching to a program in Canada. • In total, 1,082 students completed the online survey; thirty-two of fifty-five schools agreed to distribute the student survey; twenty schools answered the institutional survey; and sixteen schools agreed to site visits. | |
| Outcomes | <p>Filled an important knowledge gap by providing pertinent data on demographics, debt, socio-economic background, funding sources and future plans of Canadian students studying medicine abroad.</p> <p>Revealed that 90 percent of students surveyed hope to pursue at least a portion of their postgraduate medical training in Canada.</p> <p>Developed sustainable strategies to maximize the integration of internationally educated health professionals and support plans to optimize the health workforce.</p> | |
| Contact Information | <p>Canadian Resident Matching Service • 171 Nepean Street • Ottawa, ON • K2P 0B4 • Telephone: 613-237-0075 • Website: www.carms.ca</p> | |

The Champlain Centre of Excellence in Interprofessional Collaborative Practice

| | | |
|----------------------------|--|------------------------|
| Amount/Duration | \$600,000 | 2010–2011 to 2011–2012 |
| Recipient | University of Ottawa | |
| Objectives | This initiative will help implement an interprofessional model of patient care—one integrated with education across five academic health centres and four academic institution partners—through the development and delivery of post-licensure education tools. | |
| Activities | <p>Create a dynamic repository of existing interprofessional collaborative programs at the pre-and post-licensure levels.</p> <p>Review and assess educational offerings to align them with newly developed interprofessional competency statements, and adapt them to various settings across the region: acute care, continuing and long-term care, paediatrics, French culture, and mental health.</p> <p>Review, assess, develop and tailor educational modules in French for the francophone population.</p> <p>Develop an action plan for the refinement, coordination and delivery of all interprofessional collaborative educational programs and offerings across the region.</p> | |
| Anticipated Results | <p>Created six bilingual interprofessional collaboration courses applicable to all post-licensure health professionals in all settings.</p> <p>Developed an inventory of interprofessional collaborative programs in the Champlain Region.</p> <p>Developed two bilingual interprofessional collaborative courses tailored to each of the five health care settings.</p> <p>Documented lessons learned and made recommendations to facilitate replication in other jurisdictions.</p> <p>Designed a knowledge transfer strategy to strengthen the capacity of other jurisdictions to implement project successes.</p> | |
| Contact Information | <p>Academic Health Council—Champlain Region •</p> <p>1 Stewart Street, Room 124 • Ottawa, ON • K1N 6N5 •</p> <p>Telephone: 613-562-5800, ext. 8920 • Website: www.ahc-cas.ca</p> | |

Competency-based Health Human Resources Planning for Aging Canadians in Long-term Care

| | |
|----------------------------|---|
| Amount/Duration | \$267,784 2009–2010 to 2011–2012 |
| Recipient | Dalhousie University: World Health Organization / Pan American Health Organization Collaborating Centre |
| Objectives | <p>Develop a practical health human resource planning tool based on the health needs of aging Canadians.</p> <p>Determine the competencies of the health care providers required to better respond to those needs.</p> <p>Emphasize the specific needs of people and the knowledge, skills, and judgment of providers rather than their professions, with a methodology that utilizes collaboration across both professions and jurisdictions.</p> |
| Activities | <p>Identify the health needs of the target population: seniors in long-term care in Nova Scotia and Nunavut.</p> <p>Determine the most beneficial team composition or skills mix of health care workers to best meet those needs and ensure the full use of the range of competencies across professions.</p> <p>Engage stakeholders, such as direct health care providers, at all levels through vehicles like key informant interviews, self-assessment questionnaires and surveys.</p> |
| Anticipated Results | <p>Developed a new approach to health human resource planning that involves identifying and planning for the specific health service requirements of seniors.</p> <p>Estimated the number and type of services available in long-term care and home care through the current health workforce.</p> <p>Compared these estimates against those required based on the levels and distribution of health care needs among seniors in both jurisdictions.</p> |
| Contact Information | <p>Dalhousie University •</p> <p>5869 University Avenue • Halifax, NS • B3H 4H7 •</p> <p>Telephone: 902-494-2228 • Website: whocentre.dal.ca</p> |

Demand-side Control in Diagnostic Imaging: Targeting Interventions to Improve Physician Compliance with Best Practice Guidelines

| | |
|----------------------------|--|
| Amount/Duration | \$574,121 2009–2010 to 2012–2013 |
| Recipient | Canadian Association of Radiologists |
| Objectives | <p>This project plans to improve the uptake of practice guidelines for diagnostic imaging among clinicians through the use of a decision support tool in two different health care settings: the hospital and communities. The decision support tool aims to:</p> <ul style="list-style-type: none"> • identify usage patterns across groups of physicians; • provide an overview of both appropriate and inappropriate diagnostic imaging orders; and • identify areas for quality improvement. |
| Activities | <p>Research current patterns of guideline compliance, based on the computerized best practice guidelines for diagnostic imaging developed by the Canadian Association of Radiologists in 2005 and 2010.</p> <p>Identify at least three widely-shared types of inappropriate requests for diagnostic imaging (based on the best practice guidelines) in order to focus interventions on reducing such requests.</p> <p>Implement a series of targeted corrective interventions.</p> <p>Disseminate results through ongoing communication with administrative and medical leaders at project sites, and among provinces and territories.</p> |
| Anticipated Results | <p>Decreased inappropriate or unnecessary requests for diagnostic imaging, resulting in reduced backlogs and better health care for Canadians.</p> <p>Increased knowledge about how to improve physician compliance with best practice guidelines, which can then be applied by any health care setting in Canada.</p> |
| Contact Information | <p>Canadian Association of Radiologists • Suite 310, 377 Dalhousie Street • Ottawa, ON • K1N 9N8 • Telephone: 613-860-3111 • Website: www.car.ca</p> |

Developing Interprofessional Collaborative Practice and Learning Environments Across the Continuum of Care in Western and Northern Canada

| | |
|----------------------------|--|
| Amount/Duration | \$1,597,539 2009–2010 to 2011–2012 |
| Recipient | British Columbia Ministry of Health |
| Objectives | <p>This project aims to:</p> <ul style="list-style-type: none"> • establish collaborative practice and learning environments in the western and northern regions of Canada that will demonstrate leading practices in workforce optimization through interprofessional collaboration; and • develop, implement and evaluate innovative learning and change management approaches to build capacity and practise skills in interprofessional collaborative models of service delivery. <p>The practice environment at each site varies and includes home care, long-term care, mental health and women's health. The multidisciplinary site teams include nurses, physicians, physiotherapists, kinesiologists, rehabilitation assistants, speech-language pathologists, nutritionists, pharmacists, psychologists, psychiatrists and mental health nurses.</p> |
| Activities | <p>Develop at least one innovative model of interprofessional collaborative practice in seven participating jurisdictions.</p> <p>Create an evaluation framework and outcome indicators for measuring the impact of collaborative practice on patient outcomes and health human resource issues.</p> <p>Document the implementation process including lessons learned, challenges and successes, barriers and facilitators, and recommendations.</p> <p>Set up a collaborative Health Human Resource Planning and Research Network using an electronic platform.</p> <p>Write a knowledge translation plan.</p> |
| Anticipated Results | <p>Created a collaborative practice and learning environments in the western and northern regions that will enhance the capacity of the health care workforce to collaborate in the delivery of health services.</p> <p>Developed mechanisms that will measure the impact of collaborative practice and learning on the patient, provider and health care system.</p> |
| Contact Information | <p>British Columbia Ministry of Health • 1515 Blanshard Street • Victoria, BC • V8W 3C8 • Telephone: 250-952- 3145 • Website: www.gov.bc.ca/health</p> |

Expansion and Distribution of International Medical Graduates Program for Underserved Communities in British Columbia

| | |
|----------------------------|---|
| Amount/Duration | \$5,980,824 2010–2011 to 2014–2015 |
| Recipient | British Columbia Ministry of Health |
| Objectives | <p>The objective of this project is to increase the number of family medicine residents providing care to patients in rural and underserved communities in British Columbia. Relative to this overall objective, the project will:</p> <ul style="list-style-type: none"> • enable distributed medical education and training across six health authorities in B. C.; • increase the alignment of academic and primary health care service delivery; • link physician training with a return-of-service commitment, whereby the physician provides two years of service in the health region where they have trained; • develop assessment strategies to attract the right resident to a family medicine residency position in the right health authority; and • restructure the postgraduate program for family medicine to better support clinical faculty and optimize clinical teaching resources. |
| Activities | <p>Establish new positions in the Canadian Resident Matching Service for family medicine training in rural and underserved communities.</p> <p>Review Change Program policies and practices to enable distributed medical education for international medical graduates in family medicine.</p> <p>Develop an inventory of postgraduate clinical placements across all departments and programs.</p> |
| Anticipated Results | <p>Expanded and distributed the Program in family medicine residencies for underserved and rural communities.</p> <p>Improved access to primary health care in these communities by five additional distributed training sites.</p> <p>Restructured postgraduate program for family medicine, which will better support clinical faculty engagement and optimize clinical teaching resources.</p> <p>Completion of twenty new residency positions over a five-year period.</p> |
| Contact Information | <p>British Columbia Ministry of Health • 1515 Blanshard Street • Victoria, BC • V8W 3C8 • Telephone: 250-952-1742 • Website: www.gov.bc.ca/health</p> |

Expansion of the Northern and Remote Family Medicine Residency Program

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|----------------------------|--|
| Amount/Duration | \$6,628,879 2009–2010 to 2012–2013 |
| Recipient | University of Manitoba |
| Objectives | <p>The objectives of this project are to:</p> <ul style="list-style-type: none"> • increase the number of family medicine residents providing care to patients in remote and northern regions of Manitoba and Nunavut; and • supply vital information technology supports in rural and remote areas as a teaching and retention tool in northern Manitoba, Nunavut and parts of NWT. |
| Activities | <p>Provide extensive, focused medical training to residents in northern/remote health care delivery.</p> <p>Build the infrastructure support—an increased number of faculty members working in central and remote locations, video conferencing, Internet supports—necessary for successful training.</p> |
| Anticipated Results | <p>Fifteen additional family physicians qualified to work in remote and northern regions of Canada.</p> <p>Information technology supports to increase telehealth and tele-education to northern and remote residents and physicians.</p> <p>Improved access to physicians, health care delivery and services for northern and remote communities.</p> <p>Enhanced focus on northern and Aboriginal health issues to provide higher quality health care to patients.</p> <p>Increased retention of family physicians in northern and remote areas.</p> |
| Contact Information | <p>University of Manitoba •</p> <p>Brodie Centre, 727 McDermot Avenue • Winnipeg, MB • R3E 3P5 •</p> <p>Telephone: 204-789-3485 • Website: www.umanitoba.ca/faculties/medicine</p> |

The Future of Medical Education in Canada— Postgraduate Project

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|----------------------------|---|
| Amount/Duration | \$1,850,664 2009–2010 to 2011–2012 |
| Recipient | Association of Faculties of Medicine of Canada |
| Objectives | <p>This initiative involves a consortium of four organizations: the Association of Faculties of Medicine of Canada, the College of Family Physicians of Canada, le Collège des médecins du Québec, and the Royal College of Physicians and Surgeons of Canada. It will conduct a thorough review of postgraduate medical education in Canada to:</p> <ul style="list-style-type: none"> • determine whether the structure and processes of the current system are designed to realize the best possible outcomes required to meet current and future societal needs; and • formulate recommendations for changes to the postgraduate medical education system, based on the results of this review. |
| Activities | <p>Conduct an environmental scan, which involves a comprehensive literature review and interviews with key informants, nationally and internationally, to identify current issues, best practices, innovations and options for the future of postgraduate medical education in Canada.</p> <p>Consult and engage with the broader medical education community on a vision and recommendations for the future of postgraduate medical education.</p> <p>Formulate recommendations for changes to the postgraduate medical education system and disseminate project findings.</p> |
| Anticipated Results | <p>Launch of a final report making recommendations.</p> <p>Translated knowledge and disseminated the final recommendations for change to the broader medical education community.</p> <p>Implemented planning activities.</p> |
| Contact Information | <p>Association of Faculties of Medicine of Canada • Suite 800, 265 Carling Avenue • Ottawa, ON • K1S 2E1 • Telephone: 613-730-0687 • Website: www.afmc.ca</p> |

Future of Medical Education in Canada— Undergraduate Project

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|----------------------------|--|
| Amount/Duration | \$1,158,881 2007–2008 to 2010–2011 |
| Recipient | Association of Faculties of Medicine of Canada |
| Project Description | <p>The goal of this project was to conduct a thorough review of undergraduate medical education in Canada in order to promote excellence in patient care and meet changing societal needs. Activities included:</p> <ul style="list-style-type: none">• a literature review and key stakeholder interviews, undertaken to identify key priorities and potential areas for change in undergraduate medical education; and• a regional, national and international strategic consultation process involving Canadian faculties of medicine, health care professionals, members of the public, students, health system administrators, government representatives and accreditation bodies to establish a collective vision of the medical education system, and to share goals and objectives to achieve that vision. |
| Key Results | <p>Launched the <i>Future of Medical Education in Canada</i> collective vision that presents a series of recommendations intended to promote excellence in patient care and meet changing societal needs.</p> <p>This report identifies challenges in MD education that are both generally agreed upon and uniquely Canadian, and offers a transformative vision for the way forward. It strikes a balance between the impetus for change, what is currently being done, and what remains to be done. Canada's seventeen faculties of medicine shared in the development of this collective vision for the future of undergraduate medical education in Canada.</p> |
| Outcomes | <p>Recommendations are being implemented in medical schools across Canada.</p> <p>Applying these recommendations will not only enhance the quality of education in Canadian medical school but also better equip Canada's physicians and health care systems to respond and adapt to changing health and societal needs.</p> |
| Contact Information | <p>Association of Faculties of Medicine of Canada • Suite 800, 265 Carling Avenue • Ottawa, ON • K1S 2E1 • Telephone: 613-730-0687 • Website: www.afmc.ca</p> |

Health Care Quality Enhancement Through E-Learning for Providers

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|----------------------------|--|------------------------|
| Amount/Duration | \$411,615 | 2009–2010 to 2010–2011 |
| Recipient | Canadian Medical Association | |
| Project Description | The project's goal was to implement, populate and promote a centralized software platform known as a Learning Management System on the Canadian Medical Association website that was accessible to all Canadian physicians and health care practitioners with shared learning needs. This online learning initiative was consistent with Health Canada's desire to modernize health education and prepare the health workforce to respond to the changing health needs of Canadians. | |
| Key Results | The key output of this project was to be a fully functional online portal dedicated to meeting the learning needs of Canadian physicians. Although some activities were delayed due to the technical challenges of integrating the Association's website with SABA Systems Learning Management software, the Canadian Medical Association has integrated lessons learned into ongoing efforts to achieve the project's intended results. | |
| Outcomes | <p>The SABA Learning Management System has been in place and operating since December 2010. The Canadian Medical Association is now engaged in the following activities to ensure it achieves its intended long-term effect:</p> <ul style="list-style-type: none"> • addressing outstanding software linkage issues; • populating the system with a steadily increasing number of Continuing Medical Education Modules; and • engaging in various studies, focus groups and national surveys to ensure a successful outcome for the project. | |
| Contact Information | <p>Canadian Medical Association • 1867 Alta Vista Drive • Ottawa, ON • K1G 5W8 • Telephone: 613-731-8610 • Website: www.cma.ca</p> | |

Health Human Resource Planning and Utilization: Capacity Building and Knowledge Exchange between Canada and Brazil

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|----------------------------|--|
| Amount/Duration | \$484,907 2008–2009 to 2012–2013 |
| Recipient | Dalhousie University; Pan American Health Organization / World Health Organization Collaborating Centre on Health Workforce Planning and Research |
| Objectives | <p>This project was designed to enhance the primary health care systems in Canada and Brazil by exchanging knowledge and building capacity for health human resource planning, based on the primary health care needs of the respective populations. It will expand knowledge and share expertise in the following areas by:</p> <ul style="list-style-type: none"> • providing evidence, based on population health needs, for adequate family medicine residency positions; • planning for a workforce to care for vulnerable populations; • creating approaches to increase indigenous health care providers; • promoting interprofessional education and collaborative practice; and • developing recruitment and retention programs for rural/remote practice. |
| Activities | <p>Develop a series of seminars and ongoing video conferences related to needs-based planning initiatives:</p> <ul style="list-style-type: none"> • needs-based health human resource planning and leadership; • graduate programs in health human resource planning and research; • supporting activities in health human resource planning; • capacity building and knowledge transfer; and • evaluation of capacity building and knowledge transfer. <p>Develop a series of seminars and ongoing videoconferences related to Health Human Resource Utilization Initiatives:</p> <ul style="list-style-type: none"> • determining best practices and advancing knowledge exchange; • conducting situational analysis to determine key needs and priorities related to Indigenous (Aboriginal) health human resources, which aligns with activities under Health Canada's First Nations and Inuit Health Branch; and • interprofessional education and collaborative practice in primary health care. |
| Anticipated Results | <p>Developed policy and communication documents for decision makers or health human resources in Canada and Brazil.</p> <p>Strengthened partnerships between Canadian and Brazilian primary health care professions, researchers and government policy makers.</p> <p>Enhanced knowledge and partnerships between stakeholders that reflect an increased capacity for needs-based health human resource planning and the promotion of interprofessional collaborative practice.</p> |

Contact Information

Dalhousie University •
5869 University Avenue • Halifax, NS • B3H 4H7 •
Telephone: 902-494-2228 • Website: whocentre.dal.ca

Home Support Workers: Human Resource Strategies to Meet Projected Future Chronic Care Needs of Older Persons in Canada

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|----------------------------|--|
| Amount/Duration | \$237,980 2008–2009 to 2010–2011 |
| Recipient | Mount Saint Vincent University |
| Project Description | <p>The goal of this project was to improve Canada’s ability to meet the projected demand for formal home care services for seniors by:</p> <ul style="list-style-type: none"> • increasing stakeholder knowledge of the human resource issues affecting home support workers in Canada; • identifying innovative human resource strategies for recruitment and retention from selected jurisdictions in Canada and internationally to prepare to meet projected demand; and • assessing and analysing gaps between the projected demand for home support workers and the strategies designed to meet this demand. |
| Key Results | <p>Completed a literature review of priority issues impacting home support workers in Canada.</p> <p>Finished a scan of literature and websites to identify recruitment and retention strategies in Canada, Australia, the United States and selected European countries.</p> <p>Analysed existing data sets for insight into home support workers’ job satisfaction and working conditions.</p> <p>Consulted with key stakeholders in Nova Scotia, Quebec, Ontario and Saskatchewan.</p> |
| Outcomes | <p>Increased stakeholder knowledge of the human resource issues affecting home support workers in Canada.</p> <p>Identified human resource strategies for recruitment and retention from selected jurisdictions in Canada and internationally to prepare to meet projected demand.</p> <p>Assessed and analysed gaps between the projected demand for home support workers and the strategies designed to meet this demand.</p> |
| Contact Information | <p>Mount Saint Vincent University • 166 Bedford Highway • Halifax, NS • B3M 2J6 • Telephone: 902-457-6466 • Website: www.msvu.ca</p> |

Implementation of Canadian Social Work End-of-life Competencies into Professional Education Curricula

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|----------------------------|--|
| Amount/Duration | \$330,000 2009–2010 to 2010–2011 |
| Recipient | Canadian Hospice Palliative Care Association |
| Project Description | <p>The overarching objective of this project was to integrate previously established hospice palliative care competencies for social work practice into social work undergraduate and graduate education curricula and continuing education programs. The following activities were implemented to meet the various aspects of this project goal:</p> <ul style="list-style-type: none"> • Created working partnerships between: <ul style="list-style-type: none"> • the Canadian Hospice Palliative Care Association and the Social Work Competencies on Palliative Education (SCOPE) Team to fulfill the project; and • the SCOPE Team and the Canadian Association for Social Work Education, to form task groups, develop curricula, and pilot the end-of-life care education model. • Developed social work end-of-life competency-based curricula appropriate to college, undergraduate, graduate and continuing education programs. • Developed a plan for dissemination of the model to partners, including educators who would incorporate it into their social work core programming. |
| Key Results | <p>Released a series of five teaching modules specific to hospice palliative care that can be used to enhance competencies for social workers supporting people at the end-of-life stage. The initiative was developed with the knowledge that all social workers, at some point in their careers, will work with people facing life-limiting illness, death and bereavement.</p> <p>Shared competency-based, end-of-life care content and materials with social work education programs in Canada, so that they could be incorporated into existing curricula, without requiring the addition of new courses.</p> <p>Expanded the capacity of practitioners and educators from Quebec to consider the development of a culturally and institutionally relevant French curriculum for end-of-life competencies in social work education.</p> |
| Outcomes | Released five hospice palliative care teaching modules, which can be used to enhance competencies of social workers working with people who face life-limiting illness, death and bereavement. |
| Contact Information | <p>Canadian Hospice Palliative Care Association •</p> <p>Annex D, Saint Vincent Hospital, 60 Cambridge Street North • Ottawa, ON • K1R 7A5 •</p> <p>Telephone: 613-241-3663 • Website: www.chpca.net</p> |

Increasing Awareness and Resources to Facilitate the Improvement of Effective Productivity in the Health Care Workforce in Western and Northern Canada

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|----------------------------|---|-----------|
| Amount/Duration | \$558,558 | 2010–2011 |
| Recipient | British Columbia Ministry of Health Services | |
| Project Description | <p>The goals of this project were to:</p> <ul style="list-style-type: none"> • create collaborative practice and learning environments in the western and northern regions to enhance the capacity of the health care workforce to deliver services; and • develop mechanisms to measure the impacts of collaborative practice and learning on patients, providers and the health care system. | |
| Key Results | <p>Unforeseen delays limited the evaluation to interviews with those directly linked to the project rather than an array of users from across western and northern jurisdictions, as originally planned. Although the focus of the evaluation shifted, the results of the survey contributed to the document <i>Definitions and Framework for Effective Productivity</i>. There was overall agreement on the need to identify specific indicators to better inform effective productivity management.</p> | |
| Outcomes | <p><i>Definitions and Framework for Effective Productivity</i> can be used as a guide to help develop mechanisms to measure productivity management and the impact of collaborative practice and learning on the patient, provider and health care system.</p> | |
| Contact Information | <p>British Columbia Ministry of Health • 1515 Blanshard Street • Victoria, BC • V8W 3C8 • Telephone: 250-952-3145 • Website: www.gov.bc.ca/health</p> | |

Integrating Needs for Mental Wellness into Human Resource Planning

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|----------------------------|---|------------------------|
| Amount/Duration | \$250,020 | 2009–2010 to 2010–2011 |
| Recipient | Canadian Mental Health Association | |
| Project Description | <p>Integrating Needs for Mental Wellness (IN4M) was an action research initiative that brought best practices to bear on the implementation of mental health services. It had two specific objectives:</p> <ul style="list-style-type: none"> • to evaluate common elements of needs-based models for human resource planning; and • to disseminate knowledge on needs-based planning and data related to available needs and services to planners and policy makers. <p>There were three phases to the project:</p> <ol style="list-style-type: none"> 1. an analysis of the common elements required to integrate needs-based planning for mental wellness; 2. a human resource planning model; and 3. the dissemination and promotion of the model to encourage its adoption. | |
| Key Results | <p>Conducted a detailed review of existing modelling approaches and data sources, which was verified by numerous stakeholders such as the Canadian Medical Association, the Canadian Nurses Association, the Canadian Physiotherapy Association, and the Canadian Pharmacists Association.</p> <p>Conducted four case studies of Canadian and international approaches on needs-based planning for mental wellness health human resources.</p> <p>Completed a report and a briefing note with stakeholders on the literature review and environmental scan for needs-based planning in mental wellness health human resources.</p> <p>The Request for Proposal (RFP) process used to solicit the development of a model in Canada resulted in a combined proposal to develop needs-based planning models and brought together the three groups with experience in Canada.</p> | |
| Outcomes | <p>Provided a shared understanding of the need for such planning in mental wellness health human resources.</p> <p>Provided a modelling tool that may be generalizable to other health human resources issues.</p> <p>Raised awareness of mental health issues and increased the number of change champions across the spectrum of mental health stakeholders.</p> <p>Provided an opportunity to gain political support across Canada for investing in mental wellness health human resource needs-based planning through the RFP process.</p> | |
| Contact Information | <p>Canadian Mental Health Association • Phoenix Professional Building, Suite 303, 595 Montreal Road • Ottawa, ON • K1K 4L2 • Telephone: 613-745-7750 • Website: www.cmha.ca</p> | |

Integration of Palliative and End-of-life Care Specific Competencies in Undergraduate Nursing Education Programs in Canada

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|----------------------------|---|------------------------|
| Amount/Duration | \$329,314 | 2010–2011 to 2011–2012 |
| Recipient | Canadian Association of Schools of Nursing | |
| Objectives | The goal of this project is to ensure that all baccalaureate-prepared nurses in Canada graduate with the foundational knowledge, attitudes and skills they need to provide palliative and end-of-life care. | |
| Activities | <p>Working with key stakeholders and experts in the field to develop a comprehensive educational support structure of learning tools, resources and discussion platforms;</p> <p>Mobilizing curriculum development among member schools of the Canadian Association of Schools of Nursing; and</p> <p>Developing entry-to-practice indicators of the competencies that can be incorporated in the descriptors of the Association's existing accreditation standards.</p> <p>Facilitate the integration of essential competencies into nursing education nationally by focusing on three key areas:</p> <ol style="list-style-type: none"> 1. teaching and learning resources; 2. curriculum development; and 3. Association accreditation. | |
| Anticipated Results | <p>Increased awareness and understanding of knowledge tools, products, approaches, models, innovations and health system reform issues.</p> <p>Expanded or enhanced palliative and end-of-life care practices or models, realized, for example, by integrating relevant competency indicators into existing accreditation documents.</p> <p>Increased uptake and use of learning tools that facilitate the integration of competencies into curricula through broader piloting and adoption of knowledge or innovations.</p> | |
| Contact Information | <p>Canadian Association of Schools of Nursing • Suite 15, 99 Fifth Ave • Ottawa, ON • K1S 5K4 • Telephone: 613-235-3150 • www.casn.ca</p> | |

An Interprofessional Caseload Management Planning Tool in Occupational Therapy, Physiotherapy and Speech-language Pathology in Canada

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| Amount/Duration | \$250,000 from 2008–2009 to 2010–2011 |
| Recipient | Canadian Association of Occupational Therapists |
| Project Description | <p>The overall goal of this initiative was to develop a caseload management planning tool with a structured set of factors and considerations that could help individual professionals, organizations, administrators and policy makers determine the appropriate number of occupational therapists, physiotherapists and speech–language pathologists necessary to effectively manage the service requirements of patients in a variety of Canadian health contexts. More importantly, this project provided guidelines to promote an effective, cost-efficient use of scarce human resources in these professions.</p> <p>The objectives of this project were to:</p> <ul style="list-style-type: none"> • identify the critical elements, issues and considerations involved in caseload management for different service delivery models; • develop a tool for occupational therapy, physiotherapy and speech–language pathology services in Canada using informed best practices and competency-based profiles to assist professionals, administrators and policy makers in undertaking effective health human resource planning and caseload management; • validate the tool elements for each of the three professions; and • implement the tool via pilot projects in each of the three professions to identify its strengths, gaps and utility. |
| Key Results | <p>Developed a standardized process to determine the number of clients that individuals therapists can manage effectively.</p> <p>Helped determine the number of therapists required to manage the client needs of a particular service.</p> |
| Outcomes | <p>The Interprofessional Caseload Management Planning Tool Project made a first attempt at standardizing a process to determine effective human resource allocation and caseload modelling. It is a pioneer in the area of caseload management for occupational therapy, physiotherapy and speech-language pathology, incorporating a standardized international classification system and an interprofessional approach.</p> <p>Provided a starting point from which to develop caseload guidelines and relate clinician intervention time to client outcomes. The tool will have an important impact on the allocation of health human resources to meet the needs of Canadians.</p> |
| Contact Information | <p>Canadian Association of Occupational Therapists • CCCT Building, 3400–1125 Colonel By Drive • Ottawa, ON • K1S 5R1 Telephone: 613-523-2268 • Website: www.caot.ca</p> |

Learners and Locations: A Pilot Study of Where Physicians Train and Practise

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| Amount/Duration | \$242,719 2008–2009 to 2010–2011 |
| Recipient | Memorial University of Newfoundland |
| Project Description | <p>This pilot study was designed to develop an analysable database of geographic data about physicians during all stages of their education and practice in Newfoundland and Labrador. The database enabled researchers to examine associations between geographic origin prior to entering medical school, learning locations during medical education, and eventual practice location following training. Activities undertaken with this project include:</p> <ul style="list-style-type: none"> • conducted a survey of students and residents attending Memorial University's Faculty of Medicine on their residence at birth, in their high school years, and during their university years; • established an administrative database to document learner training locations during pre-clerkship, clinical clerkship rotations and post-MD residency rotations; and • developed a Proof of Concept database using a Geographic Information System (GIS) component to visually demonstrate location of study placements, clerkship rotations and residencies. |
| Key Results | <p>Established a longitudinal administrative database that can track the location of a student's place of residence at birth and during their high school years through their medical training locations (pre-clerkship and clerkship rotations) to their practice locations (rotations as post-MD residents).</p> <p>Explored and established the feasibility of linking the location data with the Canadian Post-MD Education Registry.</p> <p>Created a proof-of-concept database that visually demonstrates where undergraduate and postgraduate students completed their placements, clerkship rotations/electives and residencies.</p> <p>Presented the project at the Association of Faculties of Medicine of Canada meeting in May 2011 and to administrators from various Atlantic Canada medical schools.</p> |
| Outcomes | <p>Demonstrated that once geographic data has been collected for a number of years through the administrative database, a full spectrum of data will become available for a substantial number of physicians who trained at Memorial University. For the first time, Canada will have longitudinal data on the geographic origin of physicians, the locations of their learning experiences and their eventual practice locations. Administrative data should be ready for a first analysis in 2013. The end product will be used to demonstrate the usefulness of such a database to stakeholders and policy makers, and to facilitate its development and use in a national context.</p> |
| Contact Information | <p>Memorial University of Newfoundland • 300 Prince Philip Drive • St. John's, NL • A1B 3V6 • Telephone: 709-737-3213 • Website: www.mun.ca</p> |

NurseONE/INF-Fusion: The Canadian Nurses Portal

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|----------------------------|--|
| Amount/Duration | \$1,410,343 2009–2010 to 2011–2012 |
| Recipient | Canadian Nurses Association |
| Objective | <p>The NurseONE portal is a personalized, interactive, web-based resource designed to support nursing practice by providing nurses with reliable information they can use to:</p> <ul style="list-style-type: none"> • inform their decision making; • manage their careers; and • help them connect with colleagues and health care experts. <p>The portal offers access to online libraries and an electronic compendium of pharmaceuticals and specialties, and content on professional practices and the continuing competence of emerging research, as well as content for First Nations and Inuit Health nurses.</p> <p>The purpose of this project is to enhance the content available on the portal and increase the number of registered and active users.</p> |
| Activities | <p>Develop Nurse Connect/virtual study groups and communities-of-practice networking sites.</p> <p>Improve and maintain an online library.</p> <p>Post online education modules, delivering online courses and testing nurses through the University of Saskatchewan.</p> <p>Develop generic tools for self-assessment and personalized learning plans.</p> <p>Evaluate, enhance and strategically market the portal to increase the number of registered and active users.</p> |
| Anticipated Results | <p>Provided access through the NurseONE portal to evidence-based research through online libraries; continuing education resources and competency courses; an e-lexicon; communities of practice/virtual study groups; and specialized information related to First Nations and Inuit Health.</p> <p>Initially funded by the First Nations and Inuit Health Branch of Health Canada in 2006, the NurseONE portal had 1,339 registered users. By December 2011, the number of registered users had grown to 31,000, which represents about 15 percent of all Association members.</p> |
| Contact Information | <p>Canadian Nurses Association •</p> <p>50 Driveway • Ottawa, ON • K2P 1E2 •</p> <p>Telephone: 613-237-2133 • Website: www.nurseone.ca, www.cna-nurses.ca</p> |

Pan-Canadian Health Human Resources Planning Toolkit

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| Amount/Duration | \$250,000 2010–2011 to 2011–2012 |
| Recipient | Nova Scotia Health Research Foundation |
| Objectives | <p>This project will establish the necessary criteria and decision-making framework to assess, review, select and use forecasting models that deal with health human resource planning. The overall goal of the interactive, web-based toolkit is to establish an electronic network to inform critical thinking, knowledge exchange, systemic planning and decision-making on health human resource issues across Canada.</p> <p>The specific objectives for this project are to:</p> <ul style="list-style-type: none"> • establish common understandings of key elements of health human resource modelling, such as definitions, methodologies and data sources; • create opportunities for the ongoing refinement of model development and enhance linkages across health human resource policies and programs; • stimulate and identify opportunities for collaborative model development; • identify and learn from the best and most promising practices, and health human resource models from other jurisdictions; and • recommend preferred models that could be used or adapted within and across jurisdictions. |
| Activities | <p>Hold consultations with health human resource experts to gather information about existing provincial models, definitions, methodologies, data sources and potential criteria that could be of use to prospective model users.</p> <p>Develop criteria to assist prospective users in selecting forecast models.</p> <p>Create pan-Canadian health human resource planning companion toolkit and a website.</p> <p>Promote use of the website through a series of interactive workshops in each Canadian province.</p> |
| Anticipated Results | <p>Developed a common understanding and consistent knowledge of health human resource policies and programs.</p> <p>Recommended strategies that will help address challenges in modelling and model selection.</p> <p>Created an online, web-based toolkit for planners, decision makers, modellers and other players interested in health human resource modelling.</p> <p>Improved evidence-based health human resource planning, leading to the more effective deployment of existing health care providers.</p> <p>Informed development of new staffing and practice models; enhanced modelling capacity across jurisdictions; and improved ability of employers and other players to make reasonable predictions-informed by sound forecasting-of health human resource needs and supply.</p> |
| Contact Information | <p>Nova Scotia Health Research Foundation • 1660 Hollis Street • Halifax, NS • B3J 1V7 • Telephone: 902-424-4043 • Website: www.nshrf.ca</p> |

La Planification et le développement des ressources humaines francophones dans le domaine de la santé pour les communautés francophones en situation minoritaire 2007–2013

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|----------------------------|--|
| Amount/Duration | \$1,450,000 2007–2008 to 2012–2013 |
| Recipient | Consortium national de formation en santé |
| Objectives | <p>Promote the development and planning of health human resources to meet the current and future needs of French-speaking minority communities in Canada.</p> <p>Improve the knowledge of current and future needs of French-speaking minority communities in Canada.</p> <p>Support and improve existent theoretical and practical training programs and to incite additional programs to develop francophone health human resources.</p> <p>Contribute to the recruitment and maintenance of francophone health human resources.</p> |
| Activities | <p>Expand regional and provincial health data sets and information-sharing mechanisms to promote the development and planning of health human resource needs.</p> <p>Promote national awareness and collaboration related to the collection of data on current and emerging needs.</p> <p>Create an overview of the education system's active and future capacity.</p> <p>Host a national forum on the planning and development of francophone health human resources.</p> <p>Support recruitment and retention initiatives and strategies to better meet the health needs of French-speaking populations in rural and remote communities.</p> <p>Disseminate findings/results via Consortium national de formation en santé communication tools: the annual report, newsletter, project evaluation report and website. The information will also be sent to interested national and provincial organizations.</p> |
| Anticipated Results | <p>Improved human resource planning in French-speaking minority communities across Canada based on enhanced data and increased capacity to align human resource planning with current and future health needs.</p> <p>Improved co-operation between the health system, the educational system and the research community.</p> <p>Enhanced federal and provincial government understanding of the francophone educational system's capacity.</p> <p>Developed an overview of how new francophone training programs will be adjusted to address emerging health needs and policies.</p> <p>Increased effectiveness in recruiting and using francophone health human resources by having better knowledge of the needs of French-speaking minority communities in Canada.</p> |

Contact Information

Consortium national de formation en santé •
 400 Dalhousie Street, Suite 260 • Ottawa, ON • K1N 7E4 •
 Telephone: 613-244-7837 • Website: www.cnfs.net

PRIDoC 2010 Sharing our Stories: Building Strength through the Circle of Knowledge Translation

Amount/Duration \$50,000 2010–2011

Recipient Indigenous Physicians Association of Canada

Project Description The Indigenous Physicians Association of Canada—an organization focused on improving the care that First Nations, Inuit and Métis people receive—hosted the fifth Pacific Region Indigenous Doctors Congress (PRIDoC 2010) from August 26th to 29th, 2010 in British Columbia. The theme of the Congress was ‘Sharing our Stories’; the overall goal was to share resources and support between Indigenous doctors from Canada and across the Pacific region. As in years past, since the first PRIDoC conference was held in 2002, the conference helped to connect indigenous health stakeholders through such activities as breakout group discussions, presentations, outdoor activities and indigenous community site visits.

Key Results

- Shared traditional components on Indigenous health and medical information through plenary and keynote sessions, workshops, presentations and posters.
- Shared knowledge on Indigenous health and medical information in the areas of policy and clinical practice research.
- Facilitated formal and informal participant discussion.
- Created networking and partnership opportunities among Pacific-region professionals and health support systems (pharmaceutical, government, community).
- Promoted and exchanged holistic cultural practices.
- Engaged participants in healthy lifestyle activities (nutrition and physical activity).

Outcomes Increased knowledge among participants to support and improve the quality of health care in their home communities, territories and nations, based on the sharing of traditional components, policy and clinical practice research on Indigenous health and medical information.

Contact Information

Indigenous Physicians Association of Canada •
305–323 Portage Avenue • Winnipeg, MB • R3B 2C1 •
Telephone: 204-219-0099 • Website: www.ipac-amc.org

Promoting Mobility and Recognition: National Educational Standards for Unregulated Health Workers in Continuing Care

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| Amount/Duration | \$569,526 2010–2011 to 2011–2012 |
| Recipient | Association of Canadian Community Colleges |
| Objectives | <p>The key objective of the project is to develop a set of educational standards for unregulated health workers employed in home, community and long-term care facility settings. The work is based on examples of specific programs in Canada and includes the input and expertise of an advisory committee (including representatives of unregulated health worker organizations). The intention is to:</p> <ul style="list-style-type: none"> • create an inventory of curricula in Canada; and • develop and disseminate recommendations for educational standards in the areas of entrance requirements, skills taught, practicum/clinical experience, instruction and learning outcomes. |
| Activities | <p>Host a national meeting of provincial and territorial officials in both health and education to engage with them and share work done to date on educational standards.</p> <p>Complete an inventory of curricula in Canada to support the creation of a document that identifies common learning outcomes, core competencies and recommended education standards for those educating unregulated health workers.</p> <p>Disseminate the identified common learning outcomes/core competencies and document these for the ministries of health and advanced education in each province, Association of Canadian Community College member institutions, employers and the private sector.</p> <p>Provide an online summary report that identifies the commonalities and regional variances in college programs across the country and includes data related to the number of graduates per year from college programs.</p> <p>Evaluate the project, looking for lessons learned.</p> |
| Anticipated Results | <p>Developed common core competencies and skills for unregulated health workers in Canada.</p> <p>Created common program standards (learning outcomes) for these workers, supporting quality care across the country.</p> <p>Established a formal and consistent framework for transferable skills and education credits shared among learning institutions throughout Canada.</p> |
| Contact Information | <p>Association of Canadian Community Colleges • Suite 701, 1 Rideau Street • Ottawa, ON • K1N 8S7 • Telephone: 613-746-2222 • Website: www.accc.ca</p> |

Quality and Safety in Nursing Homes

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| Amount/Duration | \$750,000 | 2009–2010 to 2011–2012 |
| Recipient | University of Alberta | |
| Objectives | <p>This project promotes the use of an acute care model of quality and safety improvement at the bedside for health care aides in home care based on the existing Safer Healthcare Now! program model. It will provide frontline teams in acute health care with quality improvement methods to integrate evidence and best practices into direct patient care. This approach should:</p> <ul style="list-style-type: none">• enhance the quality of worklife for home care aides in nursing homes;• increase their retention; and• improve the quality and safety of care provided to over 700 elderly residents. | |
| Activities | <p>Train health care providers in eight nursing homes to use the Safer Healthcare Now! model.</p> <p>Undertake an evaluation of the model to identify barriers and enablers of change.</p> <p>Assess each team's progress toward realizing improvements in patient care.</p> | |
| Anticipated Results | <p>Trained health care providers in eight nursing homes in Alberta and British Columbia to use the Safer Healthcare Now! model, which could improve both the quality of health care provided by aides at the bedside, as well as the quality of worklife for these nursing home employees.</p> <p>Produced a model evaluation report to identify barriers to and enablers of change.</p> | |
| Contact Information | <p>University of Alberta •</p> <p>5–112 Clinical Sciences Building • Edmonton, AB • T6G 2G3 •</p> <p>Telephone: 780-492-6187 • Website: www.uofaweb.ualberta.ca/kusp</p> | |

Quality Worklife Quality Healthcare Collaborative

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| Amount/Duration | \$500,000 2009–2010 to 2011–2012 |
| Recipient | Accreditation Canada |
| Objectives | <p>This initiative's overarching objectives are to:</p> <ul style="list-style-type: none"> • increase the capacity of health service organizations to implement evidence-informed quality of worklife practices; • increase the awareness, commitment and engagement of health care leaders with regard to healthier workplaces; and • promote an ongoing collaborative action approach to improving the quality of worklife in health care. <p>The Collaborative was established in response to the need for an integrated approach that links quality of worklife, human resource practices and health system results, including the quality of patient care and client services. The Quality Worklife Quality Healthcare Collective is comprised of twelve national health system organizations representing diverse stakeholders, from governance levels to patient care and client service providers.</p> |
| Activities | <p>Develop a National Action Strategy, Within Our Grasp, to improve the quality of worklife for health care providers and the quality of patient care they deliver, including seven standard quality of worklife indicators.</p> <p>Develop a Healthy Healthcare Leadership Charter and assist the more than fifty signatories with resources to improve the quality of worklife within their environments.</p> <p>Expand Accreditation Canada's worklife criteria in its Qmentum Accreditation Program, with a commitment to further enhancements.</p> <p>Launch a website to highlight key resources, healthy workplace best practices and a growing knowledge network base for ongoing dialogue.</p> <p>Organize an annual self-funding summit to promote knowledge exchange about quality worklife initiatives among health care professionals, employees and employers, and governments.</p> |
| Anticipated Results | <p>Provided organizations with the knowledge and insights required to implement leading quality worklife practices in their respective workplaces.</p> <p>Augmented performance measures undertaken by health care organizations and federal/provincial/territorial governments to support healthy health care.</p> <p>Increased the alignment of quality worklife strategies across the health system and demonstrate momentum in the uptake of evidence-informed strategies.</p> <p>Presented the quality worklife business case to target audiences, based on the premise of enhanced quality health care.</p> <p>Secured the continued commitment and support of collaborators to champion and sustain quality worklife improvements in health care.</p> |
| Contact Information | <p>Accreditation Canada • 1150 Cyrville Road • Ottawa, ON • K1J 7S9 • Telephone: 613-738-3800 • Website: www.qwqhc.ca</p> |

Research to Action: Applied Workplace Solutions for Nurses

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| Amount/Duration | \$4,774,743 2008–2009 to 2010–2011 |
| Recipient | Canadian Federation of Nurses Unions |
| Project Description | <p>This initiative implemented ten pilot projects designed to increase the recruitment and retention of nurses across the country. The pilots highlighted innovative strategies to improve the quality of worklife for nurses, including programs that address staffing ratios to enhance the quality of patient care; systems that offer support to new nursing graduates; and opportunities for education and professional development. Some examples of provincial and territorial pilot projects included:</p> <ul style="list-style-type: none"> • implementation of an 80:20 staffing models for nurses working in acute care and long-term care facilities; • implementation of an enhanced orientation program for nurses new to long-term care at three facilities in Winnipeg; • evaluation of the impact of several nurse retention and recruitment initiatives implemented in Alberta; and • professional development and mentorship opportunities for nurses working in acute care facilities in Nunavut. |
| Key Results | <p>Established working relationships among over sixty partners at the national, provincial and local levels.</p> <p>Developed new tools and manuals to support programs.</p> <p>Encouraged collaborative learning across professions and jurisdictions through more than 140 knowledge transfer events.</p> <p>Put new resources, tools and infrastructure in place.</p> |
| Outcomes | <p>Developed new resources and skills.</p> <p>Increased workplace capacity because of these new resources and skills.</p> <p>Furthered collaborative partnerships.</p> <p>Heightened knowledge transfer within and across jurisdictions and professions.</p> <p>Decreased turnover, absenteeism and overtime.</p> |
| Contact Information | <p>Canadian Federation of Nurses Unions • 2841 Riverside Drive • Ottawa, ON • K1V 8X7 • Telephone: 613-526-4661 • Website: www.nursesunions.ca</p> |

Skills Building for Interprofessional Collaborative Practice in Community-based Health Settings

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| Amount/Duration | \$1,790,097 2009–2010 to 2011–2012 |
| Recipient | Health Care Human Resource Sector Council |
| Objectives | <p>This initiative plans to:</p> <p>develop best practice sites in Atlantic Canada that will demonstrate leading approaches to workforce optimization through interprofessional collaborative learning and practice;</p> <p>use proven change management methodologies and create new tools, resources, processes and learning opportunities to maximize the interprofessional collaborative competencies of health professionals (including nurses, midwives, obstetricians, family physicians, lactation consultants, social workers, public health nurses, dieticians and educators); and</p> <p>promote the uptake and expansion of successful practices to other sites in the future.</p> |
| Activities | <p>Establish collaborative learning and practice sites in the Atlantic provinces.</p> <p>Create learning modules to facilitate achievement of the competencies required to work in interprofessional teams.</p> <p>Develop an evaluation framework with outcome indicators to measure the impact of collaborative practice on patient outcomes and health human resource issues.</p> <p>Document the implementation processes, lessons learned, challenges and successes, barriers and facilitators, and recommendations that are locally, provincially and nationally relevant in order to facilitate replication in other jurisdictions.</p> <p>Outline the change management process needed to support interprofessional collaboration at each site and the resulting resource implications.</p> <p>Develop a knowledge transfer strategy that will facilitate widespread awareness and strengthen capacity for replication of the project's successes in other jurisdictions.</p> |
| Anticipated Results | <p>Enhanced capacity of health care professionals to collaborate in the delivery of health services.</p> <p>Improved patient health outcomes and efficiency in the health care system.</p> |
| Contact Information | <p>Health Care Human Resource Sector Council •</p> <p>380 Bedford Highway • Halifax, NS • B3M 2L4 •</p> <p>Telephone: 902-461-0871 • Website: www.hcsc.ca</p> |

Streamlining Patient Flow from Primary to Specialty Care

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| Amount/Duration | \$257,000 2010–2011 to 2012–2013 |
| Recipient | Canadian Medical Association |
| Objectives | <p>The purpose of this project is to:</p> <ul style="list-style-type: none"> • create a framework for a more efficient system of referral between primary and specialty care, one that could be applied across Canada; • raise awareness and uptake of effective referral practices to streamline the flow of patient care; and • explore the role that information technology can play in making referral processes more efficient. <p>An evidence-informed toolkit will be created to support the development of these systems and, ultimately, help family physicians make more timely and appropriate referrals.</p> |
| Activities | <p>Create a framework for referral pathway development that can easily be adapted for use in all regions of Canada.</p> <p>Test this framework by creating two new priority pathways.</p> <p>Create a guide for developing catalogues of specialists that describe the services offered.</p> <p>Raise awareness about the utility of specialist service catalogues, and facilitate and promote their creation and use by identifying lessons learned to date.</p> <p>Explore and analyse how existing information technology—including electronic medical records—can be used to make the referral-consultation process more efficient.</p> <p>Facilitate cross-Canada adoption of the existing referral/consultation guide created by the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada via their Collaborative Action Committee on Intraprofessionalism.</p> |
| Anticipated Results | <p>Expanded knowledge of how a nationally-created referral pathway can be used to facilitate more timely and efficient referrals from family physicians to specialty care.</p> <p>Broadened knowledge of effective implementation and dissemination strategies for new referral processes. Enhanced buy-in and adoption of referral processes through the constructive involvement of all stakeholders in the health care system.</p> <p>Active use of tools in the toolkit.</p> <p>Raised awareness of issues related to the referral process, and evidence-based approaches to solving these problems with the tools suggested in the toolkit.</p> |
| Contact Information | <p>Canadian Medical Association • 1867 Alta Vista Drive • Ottawa, ON • K1G 5W8 • Telephone: 613-731-8610 • Website: www.cma.ca</p> |

Sustaining an Allied Health Workforce

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|----------------------------|---|------------------------|
| Amount/Duration | \$897,470 | 2009–2010 to 2011–2012 |
| Recipient | Association of Canadian Community Colleges | |
| Objectives | To improve student retention and support an increase in the supply of allied health graduates, through a collective strategy supported by increasing awareness and expanding use of innovative practices, resources and tools. | |
| Activities | <p>Develop and promote a pan-Canadian approach to increasing the supply of allied health care graduates, who support other health care professionals by providing a range of diagnostic, technical, therapeutic and direct patient care and support services. Allied health care graduates include dietitians, medical laboratory technicians, occupational therapists and ultrasound technicians.</p> <p>Identify and promote innovative practices, resources and tools designed to improve student retention and graduation in allied health care. The initial emphasis is on students in imaging, respiratory therapy and laboratory sciences.</p> | |
| Anticipated Results | <p>Developed a blueprint for increasing the supply of allied health graduates.</p> <p>Produced an innovations guide that highlights innovative and effective practices, resources and tools to support post-secondary allied health student retention and success.</p> <p>Generated resources and tools to improve student retention and graduation rates.</p> <p>Developed strategies for the adoption and use of the elements outlined in the guide.</p> | |
| Contact Information | <p>Association of Canadian Community Colleges • 200–1223 Michael Street North • Ottawa, ON • K1J 7T2 • Telephone: 613-746-2222 ext.3148 • Website: www.accc.ca</p> | |

Projects Funded under the Internationally Educated Health Professionals Initiative

Access Centre for Internationally Educated Health Professionals and Centre for the Evaluation of Health Professionals Educated Abroad

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| Amount/Duration | \$20,788,908 2006–2007 to 2010–2011 |
| Recipient | Ontario Ministry of Health and Long-Term Care |
| Project Description | <p>Supported the creation of a centre that provides a single point of access to information, resources and counselling for internationally educated health professionals.</p> <p>Expanded assessment services for international medical graduates and internationally educated nurses at the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA).</p> |
| Key Results | <p>Provided one-on-one counselling, information resources, study groups and workshop services through the Access Centre to internationally educated health professionals in more than twenty fields. More than 3,635 new internationally educated health professionals accessed the services in 2010–2011. Approximately 1,900 international medical graduates used services that provide one-on-one assistance with the preparation of application packages and mock interviews. In 2010–2011, more than 200 of these clients were matched to residency training positions.</p> <p>Expanded the Access Centre's web page at www.healthforceontario.ca to include online resources such as path-to-registration information, educational videos and online registration.</p> |
| Outcomes | Increased access to information, preparation resources and skills upgrading opportunities for internationally educated health professionals in Ontario, resulting in a better use of their advanced skills in more appropriate employment. |
| Contact Information | <p>Ministry of Health and Long-Term Care •</p> <p>12–56 Wellesley Street West • Toronto, ON • M5S 2S3 •</p> <p>Telephone: 416-314-5518 • Website: www.health.gov.on.ca, www.healthforceontario.ca</p> |

Atlantic Integration Framework for Internationally Educated Health Professionals Initiatives

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| Amount/Duration | \$2,488,264 2007–2008 to 2010–2011 |
| Recipient | Nova Scotia Department of Health, on behalf of the Internationally Educated Health Professionals Atlantic Connection, a regional consortium working to attract, integrate and retain internationally educated health professionals in New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. |
| Project Description | Created a continuum of integrated services throughout the Atlantic provinces to attract, integrate, retain and increase the capacity of internationally educated health professionals in the region. |
| Key Results | <p>Formed a regional network that reports to the Atlantic Advisory Committee on Health Human Resources. A Framework for the Attraction, Integration and Retention of Internationally Educated Health Professionals guides their work.</p> <p>Established a web portal to provide internationally educated health professionals with information on pathways to licensure, testimonials from other such professionals and their employers, and links to further resources. The provision of information for internationally educated nurses has resulted in an over 400 percent increase in the number of licensure applications.</p> <p>Set up online self-assessment readiness tools for internationally educated midwives, occupational therapists, licensed practical nurses, physiotherapists and medical radiation technologists. These tools provide internationally educated health professionals with an overview of the required qualifications and information on what it is like to work in their profession in Canada. The tools can be accessed at www.atlanticcanadahealthcare.com</p> <p>Developed a practice-ready assessment for internationally educated midwives. Of the six internationally educated midwives who were assessed in 2009, four were granted licences by the newly formed Midwifery Regulatory Council of Nova Scotia. The assessment process was also adopted in New Brunswick.</p> <p>Created a series of language courses, in collaboration with the Registered Nurses Professional Development Centre, to assist internationally educated health professionals as they upgrade their skills and transition to the workforce. Courses include: Orientation to the Canadian Health Care System for Internationally Educated Health Care Professionals; Professional Terminology; Communication Skills; and Human Responses to Health and Illness.</p> <p>Undertook a study to examine the feasibility of microcredit models that might be suitable for Atlantic Canada. The report recommended that any financial assistance offered to new immigrants to help them obtain skills commensurate with employment should be offered through existing institutional providers.</p> |
| Outcomes | <p>Established a regional network that facilitated the socio-cultural and career integration of internationally educated health professionals and their families into the Atlantic Canadian health sector by:</p> <ul style="list-style-type: none"> • enhancing infrastructure and increasing the provision of self-assessment opportunities; • offering timely skills and knowledge assessment processes; and • developing structured educational and clinical pathways to fill gaps. |
| Contact Information | <p>Nova Scotia Department of Health • 1690 Hollis Street • Halifax, NS • B3L 4H9 • Telephone: 902-424-2900 • Website: www.iehpatlanticconnection.com</p> |

Development and Implementation of the Essential Components of Bridging Programs for Internationally Educated Nurses

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| Amount/Duration | \$340,510 | 2010–2011 to 2011–2012 |
| Recipient | Canadian Association of Schools of Nursing | |
| Objectives | Enhance the timely workforce integration of internationally educated nurses by developing and implementing a national framework of guiding principles and essential components for relevant bridging programs. | |
| Activities | <p>Engage key stakeholders in the design and development of a consensus based national framework, identifying guiding principles and essential core components of bridging programs for internationally educated nurses.</p> <p>Foster the uptake and implementation of guiding principles and the integration of essential core components among bridging programs through the creation of a self-assessment guide.</p> | |
| Anticipated Results | Increased consistency across Canadian bridging programs for internationally educated nurses, contributing to improved preparation and integration of these professionals as they enter the Canadian nursing workforce. | |
| Contact Information | <p>Canadian Association of Schools of Nursing •</p> <p>Suite 15, 99 Fifth Avenue • Ottawa, ON • K1S 5K4 •</p> <p>Telephone: 613-235-3150 • Website: www.casn.ca</p> | |

Effective Integration of Internationally Educated Health Professionals into the Yukon Health Care System

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| Amount/Duration | \$999,720 | 2007–2008 to 2011–2012 |
| Recipient | Yukon Ministry of Health and Social Services | |
| Objectives | <p>Developed effective approaches to integrate new professionals into the Yukon's health care system by:</p> <ul style="list-style-type: none"> • disseminating knowledge of the Yukon work environment to internationally educated health professionals to help them make informed decisions about choosing to live and work here; and • facilitating the assessment process to prepare internationally educated health professionals for licensure and subsequent employment in the Yukon health care system. | |
| Activities | <p>Produced and disseminated over 500 DVDs and other promotional materials to recruit a range of internationally educated health professionals to the Yukon.</p> <p>Researched and established the best approach for the Ministry to adopt when assessing the credentials of these professionals for employment in the territory.</p> <p>Delivered a range of integration activities, such as bridging programs and refresher courses, to ensure that internationally educated health professionals are well prepared to practise in the Yukon health care system.</p> | |
| Anticipated Results | Increased Yukon capacity to attract, train and retain internationally educated health professionals. | |
| Contact Information | <p>Yukon Ministry of Health and Social Services •</p> <p>Box 2703 • Whitehorse, YT • Y1A 2N1 •</p> <p>Telephone: 867-667-3673 • Website: www.hss.gov.yk.ca</p> | |

Formation des professionnels francophones de la santé formés à l'étranger

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| Amount/Duration | \$1,640,000 2006–2007 to 2011–2012 |
| Recipient | Consortium national de formation en santé |
| Objectives | Increase the presence and contribution of internationally educated francophone health professionals and promote research in health-related areas by helping them integrate into the workforce and meet the needs of minority French-speaking communities outside of Quebec. |
| Activities | <p>Update and offer, in collaboration with the Collège universitaire de Saint-Boniface and La Cité collégiale, an intercultural training program for faculty, teachers and staff who work with internationally educated health professionals in minority francophone communities.</p> <p>Implement a bridge training program through La Cité collégiale and the Collège universitaire de Saint-Boniface to promote the success of francophone internationally educated nurses on the nurse licensing examinations.</p> <p>Develop a web portal for francophone international medical graduates that offers a range of resources and services.</p> <p>Undertake a series of consultation sessions to inform the development and implementation of an action plan promoting the availability of training, assessment and integration programs for minority French-speaking communities.</p> |
| Anticipated Results | Increased number of health professionals available to deliver health services in minority francophone communities outside Quebec. |
| Contact Information | <p>Consortium national de formation en santé •</p> <p>Suite 260, 400 Dalhousie Street • Ottawa, ON • K1N 7E4 •</p> <p>Telephone: 613-244-7837 • Website: www.cnfs.net</p> |

Internationally Educated Health Professionals Initiative—British Columbia Projects

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| Amount/Duration | \$7,373,751 | 2005–2006 to 2010–2011 |
| Recipient | British Columbia Ministry of Health | |
| Project Description | Identified and assisted internationally educated health professionals to access assessment, education, registration and employment bridging supports and to achieve employment commensurate with their pre-landing skills and qualifications; improved coordination and planning activities to support a sustainable, strategic approach to integrating these professionals into the B.C. workforce. | |
| Key Results | <p>Supported internationally educated health professionals identify and pursue the path to licensure by providing counselling, information, and preparation resources to more than 1,500 IEHPs who accessed services through the B.C. Skills Connect Program.</p> <p>Developed profession-specific preparation resources such as assessment supports, pathfinding information, bridging, and employment support (such as mentorship) for internationally educated health professionals pursuing licensure in physiotherapy, occupational therapy, medical laboratory technology, medicine and nursing in British Columbia. These resources reached approximately 675 internationally educated health professionals in the stated occupations in 2010–2011.</p> | |
| Outcomes | Increased number of internationally educated health professionals are working in the B.C. health sector in professions that make maximum use of their skills, largely because their access to assessment and skills upgrading opportunities was greatly increased. | |
| Contact Information | British Columbia Ministry of Health • 1515 Blanshard Street • Victoria, BC • V8W 3C8 • Telephone: 250-952-1286 • Website: www.gov.bc.ca/health | |

Internationally Educated Health Professionals— Collaborative Development of Support Services and Products for Internationally Educated Health Professionals in the Western Provinces and Territories

Amount/Duration \$4,679,882 2005–2006 to 2010–2011

Recipient British Columbia Ministry of Health, on behalf of the Western and Northern Health Human Resources Planning Forum, a regional forum working to advance the integration of internationally educated health professionals in the western and northern jurisdictions of British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut.

Project Description Facilitated the development of a comprehensive range of essential tools, products and services for internationally educated professionals, including nurses, pharmacists and midwives.

Key Results Established a harmonized competency assessment process based on best practices for Internationally Educated Nurses (IENs). Practices were disseminated amongst the assessment centres in the four western provinces for use in assessing IENs seeking licensure in one of the Western or Northern jurisdictions. Assessment practices were also shared with the Registered Nurses Professional Development Centre in Halifax, Nova Scotia.

Developed a study guide to assist internationally educated pharmacists prepare for the evaluating exam.

Implemented and piloted a standardized process for the assessment and bridging of nurses and midwives.

Facilitated links between assessment services and educational bridging programs to optimize the successful integration of internationally educated nurses and midwives into the Canadian health workforce.

Outcomes Increased knowledge of best practices in the assessment and bridging of internationally educated health professionals, contributing to improved integration of such nurses into the health workforces of Canada's western and northern jurisdictions.

Contact Information

British Columbia Ministry of Health •
1515 Blanshard Street • Victoria, BC • V8W 3C8 •
Telephone: 250-952-1286 • Website: www.gov.bc.ca/health

Internationally Educated Health Professionals Initiative—Manitoba Projects

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|----------------------------|--|
| Amount/Duration | \$2,702,705 2006–2007 to 2010–2011 |
| Recipient | Manitoba Health |
| Project Description | Increased the number of internationally educated health professionals entering practice in Manitoba by increasing capacity to assess their credentials and experience and by providing them with access to comprehensive information about and orientation to the Canadian medical system, profession-specific assessment processes, registration requirements and employment opportunities. |
| Key Results | <p>Developed resources to support international medical graduates taking the Medical Council of Canada Qualification Exam, Part 1.</p> <p>Developed and distributed a Manitoba-specific resource guide for international medical graduates, internationally educated nurses (including registered nurses, licensed practical nurses and registered practical nurses) with information on the licensing system (provincial and national bodies), considerations for preparing for licensure, programs available, stakeholder roles (educators, employers, regulators), alternate careers and support services.</p> <p>Hired and trained nurse educators to complete the competency assessments for internationally educated nurses.</p> <p>Facilitated the competency assessment and bridging program to meet the gap training needs of internationally educated nurses seeking licensure as registered nurses.</p> <p>Performed an analysis of language training, competency assessment and bridging outcomes to establish a best practice for internationally educated nurses.</p> <p>Implemented a bridging program to upgrade unemployed or underemployed internationally educated medical laboratory technicians to a level where they may be certified to practise as medical laboratory technologists.</p> <p>Explored the viability of a portable, Pan-Canadian Internationally Educated Nurses Integration Centre to assess competencies and provide pre-arrival supports to better prepare applicants in their transition to Manitoba and the nursing profession.</p> <p>Trained instructors and preceptors, and provided assessments to internationally educated midwives preparing for the National Midwifery Exam.</p> |
| Outcomes | Contributed to an increased number of internationally educated health professionals entering practice in Manitoba by increasing the capacity of stakeholders to assess their credentials and experience, and providing greater opportunities for clinical training. |
| Contact Information | <p>Manitoba Health •</p> <p>1043–300 Carlton Street • Winnipeg, MB • R3B 3M9 •</p> <p>Telephone: 780-427-7164 • Website: www.gov.mb.ca/health</p> |

Internationally Educated Health Professionals Initiative—Newfoundland and Labrador Projects

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| Amount/Duration | \$3,206,368 2005–2006 to 2010–2011 |
| Recipient | Newfoundland and Labrador Department of Health and Community Services |
| Project Description | Addressed the gaps in service that international medical graduates and internationally educated nurses presently experience during the recruitment, assessment, orientation and retention process when relocating to Newfoundland and Labrador. |
| Key Results | <p>Offered an online Practice Based Preceptor Portal with eight learning modules for those who teach or supervise international medical graduates. Since the fall of 2008, there have been over 160 registrants in the modules and over 2,700 visits to the web portal.</p> <p>Implemented a physician recruiter position in each Regional Health Authority and developed orientation resources for all new physicians. Resources were also developed to help Regional Health Authorities supplement their existing corporate and nursing orientation materials.</p> <p>Established the Practice Newfoundland Labrador web portal (www.practicenl.ca) to provide internationally educated health professionals with information about living and working in Newfoundland and Labrador.</p> <p>Created a Community Retention Toolkit to help communities become involved in retaining the health professionals they successfully recruit to their local health care system. Five regions have now established Community Retention Committees.</p> <p>Completed a study that examined how well international medical graduates perform on standardized assessments in comparison to cohorts of fourth year medical school students and second year family medicine residents.</p> <p>Implemented a volunteer observership program for international medical graduates who require observed upgrading before taking their licensure exam. Five of the eight participants in 2008 and 2009 have since passed the required examination.</p> <p>Developed a series of online modules for the integration and retention of internationally educated nurses into the Newfoundland and Labrador health care system.</p> |
| Outcomes | Increased the number of internationally educated health professionals working in the health sector in professions that make maximum use of their skills by providing greater access to orientation, assessment, skills upgrading and retention opportunities, and by promoting faculty development for educators. |
| Contact Information | <p>Department of Health and Community Services • Government of Newfoundland and Labrador •</p> <p>57 Margaret's Place • P.O. Box 8700 • St. John's, NL • A1B 4J6 •</p> <p>Telephone: 709-729-3208 • Website: www.health.gov.nl.ca/health</p> |

Internationally Educated Health Professionals Initiative—Nova Scotia Projects

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|----------------------------|--|
| Amount/Duration | \$5,473,807 2005–2006 to 2010–2011 |
| Recipient | Nova Scotia Department of Health and Wellness |
| Project Description | Provided supports to internationally educated health professionals in order to assess, employ and retain them in the health workforces of Nova Scotia and Prince Edward Island (P.E.I.). |
| Key Results | <p>Implemented a sustainable bridging program by using spots vacated through attrition in the licensed practical nurse diploma program at Nova Scotia Community College.</p> <p>Assessed international medical graduates for direct entry into family practice through the Clinical Assessment for Practice Program. More than half of the twenty-one physicians who participated in the program are practising in Nova Scotia.</p> <p>Completed research to examine the reasons why internationally educated health professionals come to Atlantic Canada, what influences whether they stay or go, and the challenges they face.</p> <p>Developed an Internationally Educated Nurse Assessment Centre in collaboration with the Registered Nurses Professional Development Centre. Over sixty internationally educated nurses completed the competency-based assessment: twenty-six were referred to bridge training based on their individual needs, and a total of thirty-one subsequently passed the national exam and/or obtained licensure.</p> <p>Provided career counselling through the PEI Association for Newcomers to Canada to over 120 internationally educated health professionals, using a case-managed approach. A variety of workshops and courses were offered to meet their needs, including language training; exam preparation study groups; orientation to the Canadian health care system classes; and employment counselling. Nova Scotia's Immigrant Settlement and Integration Services offered similar supports.</p> |
| Outcomes | Promoted the integration of internationally educated health professionals into the Nova Scotia and P.E.I. health workforces by improving their access to information and training that supports their licensure and integration into the workplace. |
| Contact Information | Government of Nova Scotia • Department of Health and Wellness 1690 Hollis Street • P.O. Box 488 • Halifax, NS • B3L 4H9 • Telephone: 902-424-2900 • Website: www.gov.ns.ca/DHW/ |

Internationally Educated Health Professionals Initiative—Saskatchewan Projects

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| Amount/Duration | \$2,748,128 2005–2006 to 2010–2011 |
| Recipient | Saskatchewan Health |
| Project Description | Advanced the integration of internationally educated health professionals into employment in Saskatchewan health services by facilitating the development of a comprehensive range of essential tools, products and services designed to build partnerships, improve credential assessment and increase the availability of information for these professionals. |
| Key Results | <p>Expanded capacity to assess international medical graduate readiness to practise and readiness for residency training, including the development of a mentorship program. Twelve international medical graduates obtained residency training positions.</p> <p>Developed an online portal and resources to facilitate the labour market integration of internationally educated health professionals.</p> <p>Created and implemented faculty development and career path programs in partnership with organizations such as the Saskatoon Health Region, the University of Regina, the Saskatchewan Institute of Applied Sciences and Technologies, and the Saskatchewan Association of Health Organizations: 224 internationally educated health professionals participated in this career path project.</p> <p>Supported capacity development among stakeholders, including production of a regulators' guide entitled <i>Improving Qualification Recognition Processes: Credential Assessment Tool</i>.</p> <p>Increased the availability of information on language training and assessment, and encouraged partnerships between language training providers, employers and other stakeholders.</p> |
| Outcomes | <p>Improved the quality and exchange of information between stakeholders through better communication tools.</p> <p>Increased the preparedness and integration of internationally educated health professionals. For example, an online portal allows them to access information about their profession at www.saskimmigrationcanada.ca/iehp-information</p> |
| Contact Information | <p>Saskatchewan Health •</p> <p>T.C. Douglas Building • 3475 Albert Street • Regina, SK • S4S 6X6 •</p> <p>Telephone: 306-787-3070 • Website: www.health.gov.sk.ca</p> |

National Assessment Collaboration (NAC) Objective Structured Clinical Examination (OSCE) Development

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| Amount/Duration | \$387,500 | 2010–2011 to 2011–2012 |
| Recipient | Medical Council of Canada | |
| Objectives | Develop a standard competency assessment process to support the entry of international medical graduates into residency training, and to increase their awareness of licensure processes in Canada. | |
| Activities | <p>Establish pan-Canadian NAC OSCE guidelines, policies, procedures, examination materials and training resources.</p> <p>Review, edit and approve NAC OSCE content for scheduled assessment sessions.</p> <p>Develop and finalize agreements with seven regional international medical graduate assessment programs for the 2011 administration of the NAC OSCE, as well as a sustainable financial model.</p> | |
| Anticipated Results | <p>Created and implemented a standardized performance competency assessment process for international medical graduates, including common screening criteria and tools for applicant assessment.</p> <p>Created a mechanism to address this assessment, which can be implemented locally or regionally.</p> | |
| Contact Information | <p>Medical Council of Canada •</p> <p>2283 St. Laurent Boulevard • Ottawa, ON • K1G 5A2 •</p> <p>Telephone: 613-521-6012 • Website: www.mcc.ca</p> | |

Pan-Canadian Development for Health National Faculty Development / Mentoring Program

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| Amount/Duration | \$193,500 2009–2010 to 2010–2011 |
| Recipient | University of Toronto, Faculty of Pharmacy |
| Project Description | Created and delivered a training program that helps mentors and preceptors gain the knowledge, skills and confidence they require to effectively supervise international pharmacy graduates during their clinical training/assessment period. |
| Key Results | <p>Set up and delivered a four-part online pan-Canadian training program to support mentors of international pharmacy graduates. Program components included: cultural diversity and awareness; teaching and learning styles; communication and conflict; and ethical patient-centred care.</p> <p>Provided mentor and preceptor training to 146 pharmacists, 78 percent of whom indicated they are willing to take on international pharmacy graduate students.</p> <p>Assisted in creating capacity for approximately 114 international pharmacy graduates who may not otherwise have been able to secure the clinical training experience required for licensure.</p> |
| Outcomes | <p>Increased the capacity for practising pharmacists to take on students, through mentor and preceptor training.</p> <p>Improved health workforce integration for international pharmacy graduates.</p> <p>Increased capacity for pharmacists to act as preceptors for pharmacy students in future years.</p> |
| Contact Information | <p>University of Toronto, Faculty of Pharmacy • 144 College Street • Toronto, ON • M5S 3M2 • Telephone: 416-978-2889 • Website: www.pharmacy.utoronto.ca</p> |

Pathway to Canadian Certification of Foreign Trained Health Professionals in Nunavut

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| Amount/Duration | \$476,180 | 2009–2010 to 2010–2011 |
| Recipient | Nunavut Health and Social Services | |
| Project Description | Expansion of the foreign trained workforce in Nunavut to fill shortages in allied health and family medicine. | |
| Key Results | Identified vacant health provider positions in areas of high demand. Established selection criteria and selected participants from received expressions of interest. Developed multi-stage individual learning plans for qualifying participants to encourage the creation and pursuit of individual learning plans. | |
| Outcomes | Increased identification of, and access to, skills upgrading to improve the integration of internationally educated health professionals into practice in Nunavut. | |
| Contact Information | Government of Nunavut • Department of Health and Social Services Box 1000, Station 1000 • Iqaluit, NU • X0A 0H0 • Telephone: 867-957-5704 • Website: www.gov.nu.ca/health | |

Pour une meilleure intégration des diplômés internationaux en médecine au Québec et élargissement du bassin de recrutement pour le personnel infirmier et les autres professions

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| Amount/Duration | \$6,481,467 2008–2009 to 2010–2011 |
| Recipient | Québec Ministère de la Santé et des Services sociaux |
| Project Description | <p>Improved services, including orientation programs and access to assessments, for international medical graduates arriving in Quebec.</p> <p>Expanded the pool of internationally educated nurses recruited and other professionals which were in demand.</p> |
| Key Results | <p>Expanded service delivery included personalized career services such as information on pathways to licensure, bridging programs, and employment and workplace integration resources.</p> <p>Implemented assessment and skills upgrading programs help international medical graduates obtain a residency position. In 2010, of the thirty-six who completed an assessment, sixteen finished an upgrading placement and have subsequently applied to the Canadian Resident Matching Service and interviewed for a residency position, to begin in July 2012.</p> <p>Expanded an orientation program for international medical graduates in residency positions, and the Association des médecins gradués de l'étranger au Québec offered exam preparation workshops to approximately 150 participants.</p> <p>Created a one-stop service for the recruitment of nurses and other health professionals by providing credential recognition and interview services on site. In 2010–2011, 315 individuals were hired through these recruitment efforts.</p> |
| Outcomes | Improved services delivered by Recruitment Santé Québec, including personalized career services, support for the cost of international medical graduate assessments, exam preparation courses, and expanded orientation sessions for these graduates through the College des Médecins du Québec. |
| Contact Information | <p>Québec • Ministère de la Santé et des Services sociaux •</p> <p>1005, chemin Sainte-Foy, 7th floor • Québec, QC • G1S 4N4 •</p> <p>Telephone: 418-266-8740 • Website: www.msss.gouv.qc.ca</p> |

Projects Funded under the Health Care System Innovation Fund

2010 Canadian Hospice Palliative Care Conference

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| Amount/Duration | \$40,000 | 2010–2011 |
| Recipient | Canadian Hospice Palliative Care Association | |
| Project Description | This conference provided an educational opportunity for hospice palliative care professionals, volunteers, family and informal caregivers to share their expertise at a national venue. The goal of the conference was to promote knowledge transfer and networking to build capacity for palliative care research and evidence-informed practice. | |
| Key Results | Over 500 delegates attended the conference, which included forty-five scheduled workshops, twenty-five oral presentations, nine challenge panels, forty-five poster presentations and two sponsored symposia in six conference streams: Advocacy and Leadership; Education; Innovations and Partnerships in Service Delivery; Interdisciplinary Patient and Family Centered Care; International Issues; and Research. In addition, there were eleven topic-specific interest group meetings and two clinically-oriented satellite meetings held in conjunction with the conference, as well as a national policy forum entitled “Facing Death and the Challenges of Providing Quality Hospice Palliative and End of Life Care in Canada”. | |
| Outcomes | <p>Increased awareness and understanding of knowledge tools, products, models and innovations, and health system reform issues.</p> <p>Improved collaboration and coordination and decreased barriers to learning about current research initiatives and to meeting research colleagues.</p> <p>Increased number of enablers of knowledge development, translation and use.</p> <p>Facilitated adoption of knowledge and innovations, resulting in changes to policy, practice and/or organizational structure.</p> | |
| Contact Information | <p>Canadian Hospice Palliative Care Association •</p> <p>Annex D, Saint Vincent Hospital, 60 Cambridge Street North • Ottawa, ON • K1R 7A5 •</p> <p>Telephone: 613-241-3663 • Website: www.chpca.net</p> | |

Canadian Medication Incident Reporting and Prevention System (CMIRPS) Coordination, Communication and Development of Knowledge Transfer Concepts

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| Amount/Duration | \$493,533 | 2008–2009 to 2010–2011 |
| Recipient | Canadian Patient Safety Institute | |
| Project Description | <p>The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is designed to strengthen the Canadian health care system's capacity to report, analyse and manage medication incident data while mounting comprehensive prevention and education programs for health care practitioners. Building on the work of the Canadian Patient Safety Institute (CPSI), a national organization with a broad network of stakeholders focused on patient safety, this project supported CMIRPS in moving from development to full implementation by:</p> <ul style="list-style-type: none"> • Establishing a mechanism, led by CPSI, to coordinate the work of the CMIRPS collaborating organizations (the Institute for Safe Medication Practices Canada, the Canadian Institute for Health Information, Health Canada and CPSI itself); • Providing a forum for the CMIRPS collaborating organizations to guide the integration, development, piloting and implementation of existing and future CMIRPS reporting and learning components, and address emerging issues related to CMIRPS operations and coordination; and • Supporting the integration of CMIRPS into the regular business of stakeholders in the Canadian health care system through the development of a marketing and communications plan. | |
| Key Results | <p>Established and supported a CMIRPS coordinating group.</p> <p>Developed a marketing and communications plan for CMIRPS, and a subsequent implementation plan.</p> <p>Reached consensus on the value and content of a Knowledge Transfer Pathway, and subsequently developed a concept paper.</p> <p>Set up a long-range plan for continued CMIRPS program coordination.</p> | |
| Outcomes | <p>Created a venue for dialogue and collaboration on issues of common interest regarding the CMIRPS program.</p> <p>Identified specific objectives and strategies for the transfer of knowledge and learning from the CMIRPS program.</p> <p>Increased knowledge and awareness of the CMIRPS program among health care system stakeholders by implementing a marketing and communications plan.</p> | |
| Contact Information | <p>Canadian Patient Safety Institute • Suite 1414, 10235–101 Street • Edmonton, AB • T5J 3G1 • Telephone: 780-409-8090 • Website: www.patientsafetyinstitute.ca</p> | |

Canadian Paediatric Surgical Wait Times Project—Stage II: Addressing Surgical Wait Times for Canada’s Children and Youth

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| Amount/Duration | \$10,053,585 2008–2009 to 2010–2011 |
| Recipient | Hospital for Sick Children, Toronto |
| Project Description | <p>This initiative built upon work undertaken in the National Paediatric Surgical Wait Times pilot project, the first pan-Canadian project to collect and analyse standardized wait times data using common access targets. These were later accepted by the Paediatric Surgical Chiefs of Canada.</p> <p>Stage II of the Canadian Paediatric Surgical Wait Times Project:</p> <ul style="list-style-type: none"> • further refined access targets and data definitions; • enhanced the collection, analysis and application of paediatric surgical wait times data by expanding its data collection to cover all surgical sub-specialties and adding selected community hospitals to its existing network of participants across the country (which already included Paediatric Academic Health Science Centres); • expanded implementation of the clinical pathway guideline developed during the pilot phase to include an additional clinical area; and • included research to explore other factors affecting paediatric surgical wait times, such as the appropriateness of surgical procedures, the analysis of operating room resource capacity, and the identification of best practices in operating room performance. |
| Key Results | <p>Developed and implemented a common methodology to measure, monitor and manage surgical wait times for children and youth.</p> <p>Created a central database containing wait time data and trends for approximately 200,000 paediatric surgical cases at key children’s hospitals in Canada.</p> <p>Provided actionable management information for participating hospitals to improve patient access to surgery.</p> |
| Outcomes | <p>Improved understanding of problem areas in all paediatric surgical sub-specialties, using nationally comparable wait times data, facilitating informed planning and resource allocation decisions.</p> <p>Improved participating hospitals’ ability to reduce the percentage of children exceeding acceptable wait times by actively managing their wait lists and resources using project data.</p> <p>Fostered knowledge development and dissemination among participating sites through the sharing of best practices in wait times management.</p> |
| Contact Information | <p>Hospital for Sick Children • 555 University Avenue • Toronto, ON • M5G 1X8 • Telephone: 416-813-1500 • Website: www.sickkids.ca</p> |

Continuing Professional Development Summit: Supporting Practice Change and Continuing Competence in Pharmacy

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| Amount/Duration | \$50,000 | 2009–2010 to 2010–2011 |
| Recipient | Canadian Council on Continuing Education in Pharmacy | |
| Project Description | <p>Recent changes in education technology, interprofessional practice and education, experiential learning, and self-directed continuing professional development have similarly led to numerous changes in health care. The objective of this project was to:</p> <ul style="list-style-type: none"> • develop the policy framework necessary to enable continuing professional development for pharmacists; and • develop support systems, such as mentorship programs and coaching, to enable continuing professional development and competence for pharmacists. | |
| Key Results | <p>Hosted two summits—one in Eastern Canada and one in Western Canada—to facilitate pan-Canadian representation and engage stakeholders in development of the policy framework.</p> <p>Established a new policy relative to the continuing education and professional development deemed essential for pharmacy professionals, who must change practice and maintain competence in an evolving health care system environment.</p> <p>Identified support systems that could help pharmacy professionals overcome the barriers and realize the opportunities presented by a newly emerging pharmacy profession.</p> | |
| Outcomes | <p>Revised the pan-Canadian policy regarding emerging trends in pharmacy education and practice, and supports pharmacists in delivering the services required to meet the needs of Canadians and a changing health care system.</p> | |
| Contact Information | <p>Canadian Council on Continuing Education in Pharmacy • 102–4010 Pasqua Street • Regina, SK • S4S 7B9 • Telephone: 613-244-7837 • Website: www.pharmacists.ca</p> | |

Exploring Key Issues in Health Care Renewal

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| Amount/Duration | \$50,000 2009–2010 to 2010–2011 |
| Recipient | Canadian Health Services Research Foundation |
| Project Description | <p>This initiative supported health care renewal efforts being made to prepare for the maturity of the 2004 10-year Plan to Strengthen Health Care (2004 Accord) and the expiry of the Canada Health Transfer in 2014.</p> <p>The purpose of the project was to:</p> <ul style="list-style-type: none">• engage researchers, and policy and decision makers in building the evidence required to support the development of informed policy options on key issues related to health care renewal.• explore three interrelated areas: cost drivers; financing models; and health system transformation. <p>The project was undertaken to inform Health Canada's work on how best to support high quality and sustainable health care for Canadians.</p> |
| Key Results | <p>Contracted health care experts, researchers and academics from across the country to develop a total of 20 papers in these key areas. The resulting papers highlighted many findings. For example, work on:</p> <ul style="list-style-type: none">• cost-drivers and efficiency showed that mixed physician and hospital payment systems would be most efficient;• financing models suggested that, while social insurance may be used as a mechanism to expand the 'medicare basket', it alone will not improve financial sustainability; and• health system transformation observed that improving health promotion and prevention, and ensuring greater local capacity through training and leadership, would help improve transformation outcomes. |
| Outcomes | Provided policy makers with extensive research to support informed and evidence-based decision making. |
| Contact Information | Canadian Health Services Research Foundation • Suite 700, 1565 Carling Ave • Ottawa, ON • K1Z 8R1 • Telephone: 613-728-2238 • www.chsrf.ca |

Health Care Policy Conferences: Achieving Collaboration to Implement Viable Approaches to Existing Human Health Resource Challenges (ACTIVATE) and Setting Priorities about Research and Knowledge (PR-SPARK)

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| Amount/Duration | \$150,000 2009–2010 to 2010–2011 |
| Recipient | Canadian Pharmacists Association |
| Project Description | The objective of this project was to increase knowledge and the application of evidence and best practices to improve health care system planning and performance. The project hosted three conferences in aid of the Blueprint for Pharmacy Implementation Plan, which identifies the action steps, priorities, timelines and leadership assignments required to realize optimal drug therapy outcomes for Canadians. The Canadian Pharmacists Association worked alongside a number of others—national pharmacy organizations, provincial/territorial associations and regulatory authorities, chain pharmacy retailers, pharmacy faculties, student associations—to develop the Blueprint. |
| Key Results | <p>Facilitated and coordinated in the first phase of the project the collaborations necessary to operationalize the Blueprint for Pharmacy Implementation Plan, including representatives from all organizations involved in the development of the Blueprint.</p> <p>Identified in the second phase of the project the emerging research priorities related to pharmacy workforce roles and responsibilities within the context of interprofessional, patient-centred practice models.</p> |
| Outcomes | <p>Developed a strategic approach for work set out in the Implementation Plan.</p> <p>Increased commitment from, and partnerships among, pharmacy organizations and health policy makers to address identified gaps in progress.</p> <p>Prioritized list of areas in pharmacy practice requiring further research.</p> <p>Created a strategic approach for future knowledge translation and the dissemination of pharmacy practice research.</p> |
| Contact Information | <p>Canadian Pharmacists Association • 1785 Alta Vista Drive • Ottawa, ON • K1G 3Y6 • Telephone: 613-244-7837 • Website: www.pharmacists.ca</p> |

The Impact of Health Issues and Health Care Expenses on Bankruptcy in Canada

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| Amount/Duration | \$47,338 2010–2011 to 2012–2013 |
| Recipient | McMaster University Health Science Centre |
| Objectives | <p>This research will help highlight:</p> <ul style="list-style-type: none"> • areas in which current health supports protect vulnerable individuals; • gaps in coverage for health services and medications; and • inadequacies in income support for those suffering from illness or those responsible for caregiving in families. <p>It will also inform policy makers of areas of strength, as well as significant shortcomings in the health and social support safety net that cause families to suffer financial ruin due to illness.</p> |
| Activities | <p>Develop a written questionnaire and send it to a random sample of insolvency filers obtained from the Office of the Superintendent of Bankruptcy.</p> <p>Enter all data into a purpose-designed Access database and undertake analysis using an SAS statistical package.</p> <p>Draft report on findings and submit manuscript for publication.</p> <p>Meet with researchers and key decision makers involved in medical bankruptcy issues to discuss findings.</p> |
| Anticipated Results | <p>Identified a range of findings that highlight the impact of bankruptcy on health care costs for affected Canadians, and policy implications for the health care system. For example, results could demonstrate a minimal burden of health care costs among Canadians filing for bankruptcy; alternately, they could show very significant health costs are incurred by those affected. The report might find that the burden of health costs falls equally on men and women in this circumstance, or, conversely, that it falls disproportionately on women. Ultimately, these findings and implications will help inform policy makers.</p> |
| Contact Information | <p>McMaster University • Health Science Centre • 1200 Main Street West • Hamilton, ON • L8N 3Z5 Telephone: 905-525-9140 • Fax: 905-523-6061</p> |

National Hospice Palliative Care Education Initiative

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| Amount/Duration | \$60,000 2009–2010 to 2010–2011 |
| Recipient | Canadian Hospice Palliative Care Association |
| Project Description | <p>The objectives of the project were to educate and build awareness among Canada's aging population (especially seniors) concerning hospice palliative and end-of-life care. The goals were to:</p> <ul style="list-style-type: none"> • break down the barriers surrounding the topic of death and dying; and • empower Canadians with knowledge, information and resources related to quality hospice palliative and end-of-life care. |
| Key Results | <p>Undertook a coordinated approach to public information/awareness raising events, such as:</p> <ul style="list-style-type: none"> • National Hospice Palliative Care Week (May 1st to 7th, 2011) activities: <ul style="list-style-type: none"> • disseminated information/resource kits to 585 hospice palliative care programs and services across Canada; • promoted and facilitated the Hike for Hospice in communities across Canada to raise awareness and funds; and • created a web page (at www.chpca.net) to encourage people to share their stories about hospice palliative care. • World Hospice Palliative Care Day (Oct 9th, 2010). • Caregiver Day. • Canadian Hospice Palliative Care Association National Conference (Oct 28th to 31st, 2010, Ottawa). • Advance Care Planning events. |
| Outcomes | <p>Resulted in the assessment and promotion of new approaches, models and best practices that respond to the need for better information and services for the end of life.</p> <p>Increased knowledge and the application of evidence and best practices leading to improved health care system planning and performance.</p> <p>Shared information and strategies aiming to improve the accessibility, responsiveness and accountability of the health care system to Canadians' end-of-life needs and concerns.</p> |
| Contact Information | <p>Canadian Hospice Palliative Care Association • Annex D, Saint Vincent Hospital, 60 Cambridge Street North • Ottawa, ON • K1R 7A5 • Telephone: 613-241-3663 • Website: www.chpca.net</p> |

Pan-Canadian Patient Safety Knowledge Sharing and Dissemination Initiative

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| Amount/Duration | \$70,000 | 2009–2010 to 2010–2011 |
| Recipient | Canadian Patient Safety Institute | |
| Project Description | <p>The project supported four complementary patient safety events, each targeting a broad range of stakeholders and focusing on different aspects of patient safety, including:</p> <ul style="list-style-type: none"> • surgical safety; • best practices, tools and approaches for frontline health care professionals; • promotion of current Canadian patient safety initiatives; and • an academic look at the strategic, organizational and policy issues impacting patient safety. | |
| Key Results | <p>Canada's Forum on Patient Safety and Quality Improvement 2010 hosted 170 delegates, with five keynote speakers and sixty presentations highlighting system-wide safety issues and practical quality and safety improvements.</p> <p>Halifax 10: The Canadian Healthcare Safety Symposium provided a comprehensive patient safety curriculum for 391 Canadian and international participants.</p> <p>The 2010 Safe Surgery Saves Lives workshop provided up-to-date knowledge on the implementation of the surgical checklist to 150 participants.</p> <p>The 2011 Safe Surgery Saves Lives workshop involved an on-site bilingual workshop and a pan-Canadian broadcast, with more than 200 participants: 80 attending in person, and 140 who joined the broadcast from 22 other sites.</p> | |
| Outcomes | <p>Increased knowledge sharing and dissemination on the latest patient safety issues, policies and practices.</p> <p>Enhanced collaboration and communication among patient safety stakeholders across Canada.</p> <p>Heightened understanding and adoption of effective national and international best safety practices, models, tools and strategies.</p> | |
| Contact Information | <p>Canadian Patient Safety Institute • Suite 1414, 10235–101 Street • Edmonton, AB • T5J 3G1 • Telephone: 780-409-8090 • Website: www.patientsafetyinstitute.ca</p> | |

Patient-centred Care: Future Directions for Policy and Practice in Home and Community Care

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| Amount/Duration | \$140,264 2010–2011 to 2011–2012 |
| Recipient | Saint Elizabeth Health Care |
| Objectives | <p>The project objectives include:</p> <ul style="list-style-type: none"> • responding to growing consumer demand for patient-centred care; • enhancing collaboration between organizations via knowledge sharing, exchange and consultation; • creating a collaborative online inventory for access to free, evidence-based information on patient-centred care; and • increasing the knowledge of providers, policy and decision makers to contribute to the quality, effectiveness and responsiveness of patient-centred care. |
| Activities | <p>Undertake a literature review on client-centred care in the Canadian home and community sector.</p> <p>Write eight fact sheets that outline relevant definitions and cover topics such as technology and client-centred care; implementing strategies and barriers; and measuring client-centred care.</p> <p>Develop three ‘promising practice’ case studies.</p> <p>Establish a searchable online database of resources, programs, services and publications related to client-centred care in the home and community health care sector.</p> <p>Disseminate the findings.</p> |
| Anticipated Results | <p>Provided greater access to evidence-based knowledge of patient-centred care for practitioners, policy makers, patients, families and researchers.</p> <p>Enhanced collaboration and increased uptake of established and emerging approaches to patient-centred care.</p> <p>Improved the health care system through more appropriate patient care and better health outcomes.</p> |
| Contact Information | <p>Saint Elizabeth Health Care Centre • Suite 300, 90 Allstate Parkway • Markham, ON • L3R 6H3 • Telephone: 905-940-9655 • Website: www.saintelizabeth.com/</p> |

Picking Up the Pace: Pan-Canadian Innovation in Primary Healthcare Conference

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| Amount/Duration | \$50,000 2010–2011 |
| Recipient | Canadian Health Services Research Foundation |
| Project Description | <p>Federal funding supported a two-day national conference in Montreal to generate momentum for meaningful improvements to primary health care and the health of Canadians by convening policy makers, health system managers, and clinical and professional leaders to:</p> <ul style="list-style-type: none">• share and discuss innovations and promising practices for primary health care;• talk about challenges encountered in the successful implementation of innovative primary health care practices in Canada, with the goal of identifying enablers of reform;• develop strategies for spreading innovation and lessons learned across Canadian jurisdictions; and• mobilize key stakeholders and champions of primary health care in Canada around next steps for improvement at the practice, organizational and health system levels. |
| Key Results | <p>Gathered information on more than 120 effective national innovations in the primary health care sector. Of the 120 innovations, 47 were summarized in a casebook for participants and presented at the conference. Four innovations were also highlighted in video format. In addition, more than 50 presentations were made available on the Foundation's <i>Picking Up the Pace</i> website.</p> <p>Published a final conference report on this site.</p> |
| Outcomes | <p>The success of the conference came from the consensus reached on the key themes for moving forward as well as the opportunity to share successful innovations. Results from the post-conference interviews with participants found that 84 percent would attend the conference again, and more than 50 percent would work to adapt one of the innovations in their region.</p> |
| Contact Information | <p>Canadian Health Services Research Foundation • Suite 700, 1565 avenue Carling Avenue • Ottawa, ON • K1Z 8R1 • Telephone: 613-728-2238 • www.chsrf.ca</p> |

The Taming of the Queue 2011

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| Amount/Duration | \$50,000 2010–2011 |
| Recipient | Canadian Medical Association |
| Project Description | <p>This project supported the eighth conference in the <i>Taming of the Queue</i> series. The event, organized by a Steering Committee composed of representatives from leading national health care organizations, provided a unique forum for experts, researchers, health care providers, decision makers, administrators, patient representatives, leaders and students (who were involved for the first time) to:</p> <ul style="list-style-type: none">• network and discuss key issues around reducing wait times and improving access to quality health services;• focus on best practices and success stories in wait times management, reflecting the theme of the 2011 conference, Turning Ideas into Action;• discuss models of care designed to engage patients and providers that have resulted in increased efficiencies; and• share success stories on improving timely access to continuing care, and to care in northern and rural and northern. |
| Key Results | <p>153 attendees participated in the <i>Taming of the Queue</i> 2011 conference.</p> <p>Conference presentations and discussions focused on two areas:</p> <ol style="list-style-type: none">1. delivery of health services to people in non-urban areas; and2. the continuing care component of the health system. A full report on the conference and copies of presentations made are available on the website of the Canadian Health Services Research Foundation at www.chsrf.ca |
| Outcomes | <p>Presentations, small group discussions and posters demonstrated how re-shaping processes to be more patient-centred or patient-oriented can improve the accessibility and quality of care.</p> <p>Participants reported increased knowledge about initiatives and tools to improve wait times.</p> |
| Contact Information | <p>Canadian Medical Association • 1867 Alta Vista Drive • Ottawa, ON • K1G 5W8 • Telephone: 613-731-8610 • Website: www.cma.ca</p> |

Which Doors Lead to Where? How to Enhance Access to Mental Health Service: Barriers, Facilitators and Opportunities for Canadians' Mental Health

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|----------------------------|---|-----------|
| Amount/Duration | \$50,000 | 2010–2011 |
| Recipient | Canadian Psychological Association | |
| Project Description | <p>This project supported a one-and-a-half day stakeholder forum to:</p> <ul style="list-style-type: none"> • foster knowledge translation and dissemination; and • facilitate a policy-relevant dialogue centred on ways to improve access to the range of biological, psychological and social interventions for persons with mental health disorders, all within the context of health needs and service delivery. | |
| Key Results | <p>Held a forum hosting eighty delegates, including health care providers, government representatives, consumers of mental health care, and representatives from non-government organizations, and organizations representing consumers and providers of care.</p> <p>Addressed client perspectives in care; reports of issues and initiatives in other countries delivering care; and issues and status of evidence-based care.</p> <p>Completed, translated and disseminated the final report from the forum, containing several delegate recommendations for further action.</p> | |
| Outcomes | <p>Developed a greater understanding of innovative best practices in collaborative mental health care, particularly at the level of national leadership.</p> <p>Identified and gained consensus on barriers and facilitators to, and opportunities for, services and systems in support of Canadians' mental health.</p> <p>Made recommendations and highlighted next steps to improve mental health services.</p> | |
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