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Health Care Policy Contribution Program

2011–2013 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.

Through the Health Care Policy Contribution Program (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. The three component of the HCPCP are:

- The Health Human Resource Strategy (HHRS);
- The Internationally Educated Health Professionals Initiative (IEHPI); and,
- The Health Care System Innovation Fund (HCSIF).

The 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.

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 internationally educated health professionals into the Canadian health workforce.

The 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.

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.

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

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Projects Funded under the Health Human Resource Strategy

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CANADIAN INTERPROFESSIONAL HEALTH COLLABORATIVE

Project #	6804-15-2008/1780001
Amount/Duration	\$602,125 2009/10 to 2011/12
Recipient	University of British Columbia
Project Description	<p>The Canadian Interprofessional Health Collaborative (CIHC) was established as a steering committee to provide national leadership in moving health providers, teams and organizations towards improved collaboration in healthcare practice. The activities of this initiative included:</p> <ul style="list-style-type: none"> • advancing interprofessional collaboration in education, practice and research, while addressing both the enablers of and barriers to team-based patient care; • fostering partnerships that would advance the knowledge and understanding of interprofessional education and collaborative practice, and improving outcomes in the health system; and • providing health professionals and organizations with the resources and tools they needed to apply an interprofessional, patient-centred and collaborative approach to health care.
Key Results	<p>Established curriculum guidelines and a best practice dissemination framework.</p> <p>Created a network of interprofessional education and collaboration champions across Canada.</p> <p>Built a comprehensive web site and e-library as “go-to” places for interprofessional resources.</p> <p>Created active social media platforms (wiki, Facebook, Twitter, blog) for interprofessional collaborative education and practice.</p> <p>Contributed to the development of the National Interprofessional Competency Framework.</p> <p>Developed strong collaboration with organizations such as the Western Canadian Interprofessional Health Collaborative (WCIHC) and the Accreditation of Interprofessional Health Education (AIPHE).</p> <p>Supported the growth and development of the National Health Sciences Students Association (NaHSSA).</p> <p>Contributed to interprofessional education and practice on a global scale including: 1) significant contributions to the World Health Organization ‘s Framework for Action on Interprofessional Education and Collaborative Practice; 2) strong ties with the American Interprofessional Health Collaborative (AIHC); and 3) contributions to the planning and management of the Collaborating Across Borders conference series including preparations for hosting the fourth conference in June 2013.</p> <p>Established the CIHC as an incorporated entity.</p>

Outcomes

Developed a higher awareness of interprofessional education and collaboration practices within the Canadian health and education systems.

Increased the capacity of the educational and health delivery sectors to teach, train and delivery health care services using a team-based approach.

Improved recruitment and retention of health care professionals, delivery of health services and quality of health care.

Contact Information

Canadian Interprofessional Health Collaborative •

University of British Columbia •

400-2194 Health Sciences Mall • Vancouver, BC • V6T 1Z3 •

Telephone: 604-562-1492 • Web site: www.cihc.ca

THE CANADIAN NURSING QUALITY REPORT: A DELPHI SURVEY TO DEVELOP CONSENSUS ON QUALITY INDICATORS

Project #	6804-15-2011/11200001
Amount/Duration	\$50,000 2012/13
Recipient	Academy of Canadian Nurse Executives
Project Description	<p>The primary objective of this project was to develop consensus among Canadian Nurse Leaders and Executives on the specific nursing quality indicators, using the framework of structure, process and outcomes, which will make the most meaningful contribution towards timely, effective, and efficient decisions about the organization and delivery of patient care. This was completed by:</p> <ul style="list-style-type: none"> • producing and undertaking a survey to obtain consensus on nursing quality indicators
Key Results	<p>Conducted a consensus process, involving Delphi survey methodology, to refine and validate the proposed set of nursing quality indicators utilizing a wide audience of Canadian nurse leaders.</p> <p>Developed a template for the Dashboard Report that will serve as a summary of the nursing quality indicator data.</p> <p>Developed a list of nurse sensitive indicators.</p> <p>Developed new outcomes monitoring system for health professionals that focuses on nurse sensitive interventions, utilizing existing data captured through clinical documentation as well as financial and statistical data.</p>
Outcomes	<p>Enhance the ability to support evidence-based clinical and health policy decision-making that ensures sustainable health system improvement and improved patient outcomes.</p> <p>Pilot testing of the tool and the indicators is ongoing in select sites in Manitoba, Ontario and New Brunswick.</p>
Contact Information	<p>Academy of Canadian Executive Nurses • 136 Lewis St. Suite 1 • Ottawa, ON • K2P 0S7 • Telephone: 613-235-3033 • Web site: www.acen.ca</p>

CANADIAN POST-MD EDUCATION REGISTRY (CAPER)

Project #	6804-15-2008/7130069
Amount/Duration	\$451,277 2008/09 to 2012/13
Recipient	Association of Faculties of Medicine of Canada
Project Description	<p>This project was established to:</p> <ul style="list-style-type: none">• develop a database that could measure the domestic supply, distribution and mix of physicians in Canada.
Key Results	<p>Gathered data from all faculties of medicine to measure the number and flow of students through the post-MD training system in Canada.</p> <p>Created a database that tracks Canadian citizens and permanent residents who undertake post-MD training in the United States.</p>
Outcomes	<p>Established a database to share information about physicians in training (their supply, distribution, mix, etc.). This data covers the full spectrum of clinical practice during post-MD training years until licensure, and has proven to be an important planning tool for federal, provincial and territorial governments.</p>

Contact Information

Canadian Post-MD Education Registry •
265 Carling Avenue, Suite 800 • Ottawa, ON • K1S 2E1 •
Telephone: 613-730-1204 • Web site: www.caper.ca

THE CHAMPLAIN CENTRE OF EXCELLENCE IN INTERPROFESSIONAL COLLABORATIVE PRACTICE

Project #	6804-15-2009/5570076
Amount/Duration	\$599,214 2010/11 to 2011/12
Recipient	University of Ottawa
Project Description	<p>The goal of this project was to pilot a comprehensive approach to promoting interprofessional collaboration (IPC) in both English and French in the Champlain Region by:</p> <ul style="list-style-type: none"> • reviewing and assessing educational resources, their alignment with the newly developed interprofessional competency statements, and their adaptation to various settings across the region: acute care, continuing and long-term care, paediatrics, French culture and mental health; • developing an action plan for the delivery of all IPC educational programs and resources across the region; • delivering IPC learning modules using a train the trainer approach; and • developing a bilingual Learning Resources Repository.
Key Results	<p>Developed a five module bilingual educational program around the Academic Health Council IPC competencies and a sixth session which consolidated the learnings, applied them to the practice setting and facilitated the sharing of action/sustainability plans.</p> <p>Developed an online learning resources repository to provide clinicians and learners ready access to a variety of IPC resources.</p> <p>Designed a knowledge transfer strategy to strengthen the capacity of other jurisdictions to implement project successes.</p>
Outcomes	<p>Enhanced provider knowledge and skills in working in an interprofessional collaborative manner.</p> <p>Improved collaboration among the partner organizations involved in the project.</p> <p>Improved attitudes and behaviour related to IPC.</p>

Contact Information

Academic Health Council – Champlain Region •
 1 Stewart Street, Room 124 • Ottawa, ON • K1N 6N5 •
 Telephone: 613-562-5800, ext. 4581 • Web site: www.ahc-cas.ca

COMPETENCY-BASED HEALTH HUMAN RESOURCES PLANNING FOR AGING CANADIANS IN LONG-TERM CARE

Project #	6801-15-2009/7130076
Amount/Duration	\$267,784 2009/10 to 2011/12
Recipient	Dalhousie University: World Health Organization / Pan American Health Organization Collaborating Centre
Objectives	<p>The goal of this project was to support planning for aging Canadians in long-term care by:</p> <ul style="list-style-type: none"> • developing a practical health human resource planning tool based on the health needs of aging Canadians; • determining the competencies of the health care providers required to better respond to those needs; and • emphasizing 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.
Key Results	<p>Identified the health needs of the target population: seniors in long-term care in Nova Scotia and Nunavut.</p> <p>Determined the most beneficial team composition or skills mix of health care workers to best meet identified needs and ensure the full use of the range of competencies across professions.</p> <p>Engaged stakeholders, such as direct health care providers, at all levels through vehicles like key informant interviews, self-assessment questionnaires and surveys.</p>
Outcomes	<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 • Web site: whocentre.dal.ca</p>

DEMAND-SIDE CONTROL IN DIAGNOSTIC IMAGING: TARGETING INTERVENTIONS TO IMPROVE PHYSICIAN COMPLIANCE WITH BEST PRACTICE GUIDELINES

Project #	6801-15-2009/7130074
Amount/Duration	\$574,121 2009/10 to 2012/13
Recipient	Canadian Association of Radiologists
Objectives	<p>The goal of this project was 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 intended 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.
Key Results	<p>Researched 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>Identified areas and circumstances where inappropriate requests for diagnostic imaging (based on the best practice guidelines) most commonly occur in order to focus interventions on reducing such requests.</p> <p>Implemented a series of corrective measures.</p> <p>Disseminated results through ongoing communication with administrative and medical leaders at project sites.</p>
Outcomes	<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 • 377 Dalhousie Street, Suite 310 • Ottawa, ON • K1N 9N8 • Telephone: 613-860-3111 • Web site: www.car.ca</p>

DEVELOPMENT AND FEASIBILITY OF ENHANCED MODELS OF DELIVERY OF TRAINING FAMILY MEDICINE RESIDENTS FOR RURAL AND UNDERSERVED AREAS (NLFAM)

Project #	6801-15-2010/10840060
Amount/Duration	\$4,377,785 2011/12 to 2016/17
Recipient	Government of Newfoundland and Labrador – Department of Health and Community Services
Objectives	<p>The NLFAM Project is a collaboration between the Government of Newfoundland and Labrador's Department of Health and Community Services and the Memorial University of Newfoundland. The overall objective of this project is to provide enhanced training for residents in two rural communities: Burin and Grand Falls-Windsor Newfoundland. To optimize the training capabilities of each site, this project will:</p> <ul style="list-style-type: none"> • increase the number of family medicine training positions at Memorial University for practice in rural and underserved communities; • develop curriculum content that focuses on topics pertinent to rural practice; • improve the use of electronic communications for distant education; • enhance faculty development in the area of rural practice; and • improve administration and support structures for the residents and staff in remote areas.
Activities	<p>Create new positions in the Canadian Resident Matching Service (CaRMS) for family medicine training in rural and underserved communities.</p> <p>Establish the family medicine resident training programs at each of the practice sites, including finding adequate accommodations and learning environments for the residents.</p> <p>Develop training materials and curriculum for teachers and preceptors pertinent to rural and remote practice.</p> <p>Provide additional administrative support for residents and trainees through the appointment of site coordinators.</p>
Anticipated Results	<p>Increase the number of family medicine graduates with experience in rural and remote practice.</p> <p>Increase the recruitment of family medicine graduates to rural and remote areas.</p> <p>Improve access to family physicians with enhanced training in underserved areas.</p>

Contact Information

Department of Health and Community Services •
P.O. Box 8700, 1st Floor, West Block, Confederation Building • St. John's, Newfoundland • A1B 4J6 •
Telephone: 709-729-4984 • Web site: www.health.gov.nl.ca

DEVELOPING INTERPROFESSIONAL COLLABORATIVE PRACTICE AND LEARNING ENVIRONMENTS ACROSS THE CONTINUUM OF CARE IN WESTERN AND NORTHERN CANADA

Project #	6804-15-2009/5570073
Amount/Duration	\$1,571,844 2009/10 to 2011/12
Recipient	British Columbia Ministry of Health on behalf of the Western and Northern Health Forum
Project Description	<p>The goal of this project was to develop interprofessional collaborative practice and learning environments at nine sites within the four western provinces. The sites varied in terms of their focus on home care, long-term care, mental health and women's health. The multidisciplinary site teams included nurses, physicians, physiotherapists, kinesiologists, rehabilitation assistants, speech-language pathologists, nutritionists, pharmacists, psychologists, psychiatrists and mental health nurses. The project accomplished its goals by:</p> <ul style="list-style-type: none"> • establishing collaborative practice and learning environments in the western and northern regions of Canada that would demonstrate leading practices in workforce optimization through interprofessional collaboration; and • developing, implementing and evaluating innovative learning and change management approaches to build capacity and practise skills in interprofessional collaborative models of service delivery.
Key Results	<p>Implemented intervention approaches designed to establish practice and learning environments in each of nine sites within British Columbia, Alberta, Saskatchewan and Manitoba.</p> <p>Created an evaluation framework and outcome indicators for measuring the impact of collaborative practice on patient outcomes and health human resource issues.</p> <p>Documented the implementation process including lessons learned, challenges and successes, barriers and facilitators, and recommendations.</p> <p>Developed a Health Human Resources Planning and Research Network to support the project including the development and moderation of an electronic community of practice.</p> <p>Created common guidelines for the development of Interprofessional Collaborative Practice and Learning Environments and workforce optimization approaches.</p>
Outcomes	<p>Improved provider and student knowledge of IPC competencies and improved team functioning.</p> <p>Improved understanding of the respective roles of team members and changes to team composition, potentially contributing to enhanced workforce optimization.</p> <p>Some indication of improved team functioning.</p>

Contact Information

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 1515 Blanshard Street • Victoria, BC • V8W 3C8 •
 Telephone: 250-952- 3145 • Web site: www.gov.bc.ca/health

EXPANSION AND DISTRIBUTION OF INTERNATIONAL MEDICAL GRADUATES PROGRAM FOR UNDERSERVED COMMUNITIES IN BRITISH COLUMBIA

Project #	6804-15-2010/10840063
Amount/Duration	\$5,980,824 2010/11 to 2014/15
Recipient	British Columbia Ministry of Health
Project Description	<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

British Columbia Ministry of Health •
 1515 Blanshard Street • Victoria, BC • V8W 3C8 •
 Telephone: 250-952-1742 • Web site: www.gov.bc.ca/health

EXPANSION OF THE NORTHERN AND REMOTE FAMILY MEDICINE RESIDENCY PROGRAM

Project #	6804-15-2009/8270077
Amount/Duration	\$6,628,879 2009/10 to 2012/13
Recipient	University of Manitoba
Project Description	<p>The objectives of this project were 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.
Key Results	<p>Provided medical training to residents in northern/remote health care delivery.</p> <p>Hired faculty to support the training of residents in the Northern and Remote Family Medicine program.</p> <p>Built the infrastructure support, such as telehealth units and improved Internet access, necessary for successful training in Northern and remote communities.</p>
Outcomes	<p>Fifteen additional family physicians qualified to work in remote and northern regions of Canada.</p> <p>Provided information technology supports to increase telehealth and tele-education to northern and remote residents and physicians.</p> <p>Enhanced focus on northern and Aboriginal health issues to provide higher quality health care to patients.</p>
Contact Information	<p>University of Manitoba •</p> <p>Brodie Centre, 727 McDermot Avenue • Winnipeg, MB • R3E 3P5 •</p> <p>Telephone: 204-789-3290 • Web site: www.umanitoba.ca/faculties/medicine</p>

FAMILY MEDICINE RESIDENCY INITIATIVES IN UNDERSERVED COMMUNITIES IN ONTARIO

Project #	6804-15-2010/10840064
Amount/Duration	\$11,221,000 2011/12 to 2015/16
Recipient	Ontario Ministry of Health and Long-Term Care
Objectives	<p>The objective of this project is to create more training opportunities for third year post-graduate (PGY3) family medicine residents to develop enhanced skills in such areas as mental health, obstetrics, gerontology and anaesthesiology, required for more effective and comprehensive practice in underserved communities. The goals of this project are to:</p> <ul style="list-style-type: none"> • increase overall supply of physicians training in underserved areas; • provide specialized training opportunities focussed on underserved areas; and • support physician planning to practice in, or are currently practicing in, underserved areas.
Activities	<p>Establish PGY3 family medicine training positions in each of the six medical schools in Ontario.</p> <p>Train residents in third-year post-graduate family medicine.</p> <p>Provide individualized faculty development opportunities, such as mentoring and web-based resources, for any new faculty teaching in PGY3 programs.</p>
Anticipated Results	<p>Created an additional 64 PGY3 family medicine residency training opportunities in emergency medicine and other practice areas at Ontario's six faculties of medicine.</p> <p>Residents in the emergency medicine stream of family medicine will complete a two-year return-of-service upon finishing their training.</p> <p>Provided family medicine residents and practicing physicians with additional skills to supply comprehensive, integrated family medicine to better meet the needs of underserved, rural and remote communities.</p>

Contact Information

Ministry of Health And Long Term Services, Health Human Resources Strategy Division •
 900 Bay St, Macdonald Building, Ste M2-61 • Toronto, ON • M7A 1Y4
 Telephone: 1-866-532-3161 • www.health.gov.on.ca/en/

THE FUTURE OF MEDICAL EDUCATION IN CANADA – POSTGRADUATE PROJECT

Project #	6804-15-2009/7130072
Amount/Duration	\$1,850,664 2009/10 to 2011/12
Recipient	Association of Faculties of Medicine of Canada
Project Description	<p>This initiative involved 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 conducted 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.
Key Results	<p>Conducted an environmental scan, which involved 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>Consulted and engaged with the broader medical education community on a vision and recommendations for the future of postgraduate medical education.</p> <p>Formulated recommendations for changes to the postgraduate medical education system and disseminated project findings.</p>
Outcomes	<p>Launched a final report which included recommendations. Available at http://www.afmc.ca/future-of-medical-education-in-canada/</p> <p>Translated knowledge and disseminated the final recommendations for change to the broader medical education community.</p> <p>Implemented planning activities based on the recommendations.</p>

Contact Information

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HEALTH HUMAN RESOURCE PLANNING AND UTILIZATION: CAPACITY BUILDING AND KNOWLEDGE EXCHANGE BETWEEN CANADA AND BRAZIL

Project #	6804-15-2008/8560001
Amount/Duration	\$484,907 2008/09 to 2012/13
Recipient	Dalhousie University: Pan American Health Organization / World Health Organization Collaborating Centre on Health Workforce Planning and Research
Project Description	<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 expanded 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.
Key Results	<p>Organized 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>Put in place 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.
Outcomes	<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 • Web site: whocentre.dal.ca

HIP FRACTURE NATIONAL MODEL OF CARE AND TOOLKIT IMPLEMENTATION: IMPROVING CARE FOR PATIENTS TO HELP THEM RETURN HOME

Project #	6804-15-2011/10470001
Amount/Duration	\$352,269 2011/12 to 2012/13
Recipient	Canadian Orthopaedic Foundation
Project Description	<p>The goals of the project were to disseminate and implement the National Hip Fracture Model of Care and Toolkit, and to identify and define a set of data indicators to measure performance and patient outcomes as hip fracture patient's move through the healthcare system. This was achieved by:</p> <ul style="list-style-type: none"> • promoting the Model of Care and Toolkit across the country, using a comprehensive communication strategy, so that health service providers (e.g. hospitals, rehabilitation centres, homecare agencies, etc.), health professionals, professional associations, regional health authorities and provincial/territorial governments would have knowledge of its existence; • providing support to provinces/territories to implement the Toolkit and evaluate barriers and enablers to further implementation, and • developing a national data set by identifying currently available and required indicators and developing a reporting template which can be used by organizations to measure performance related to the care of hip fracture patients.
Key Results	<p>Created and expanded national and provincial/territorial knowledge translation networks.</p> <p>Increased awareness of the National Hip Fracture Model of Care and Toolkit.</p> <p>Implemented the Model of Care and Toolkit in approximately 7 provinces.</p> <p>Developed a national data set to measure performance and related reporting/evaluation tools.</p>
Outcomes	<p>Promoted best practices in hip fracture care.</p> <p>Improved access to surgery.</p> <p>Optimized the post-operative recovery process for hip fracture patients to promote return home.</p> <p>For its work in facilitating changes in practice across Canada in hip and knee replacement and hip fracture care, Bone and Joint Canada was presented the Canadian Institutes of Health Research's Institute of Musculoskeletal Health and Arthritis (CIHR-IMHA) Knowledge Translation Award.</p>

Contact Information

Canadian Orthopaedic Foundation •

P.O. Box 7029 • Innisfil, ON • L9S 1A8 •

Telephone: 647-296-1079 • Web site: www.boneandjointcanada.com

THE IMPACT OF HEALTH ISSUES AND HEALTH CARE EXPENSES ON BANKRUPTCY IN CANADA

Project #	6804-15-2010/10490001
Amount/Duration	\$50,973 2010/11 to 2013/14
Recipient	McMaster University Health Science Centre
Objectives	<p>This initiative will result in the first detailed study of the incidence of medical bankruptcy in Canada. The research will collect data from a random sample of insolvent individuals throughout Canada regarding the medical and other causes of their financial failure, the extent of their indebtedness, and problems encountered in the course of their financial collapse.</p> <p>This objective of this research will be to 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 bilingual 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 the researchers involved in the project to discuss the findings.</p>
Anticipated Results	<p>Identify 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

McMaster University • Health Science Centre •
 Clinical Epidemiology & Biostatistics, Room 2C12 •
 1280 Main Street West • Hamilton, ON • L8S 4K1 •
 Telephone: 905-525-9140 x22900 • Web site: fhs.mcmaster.ca

INTEGRATION OF PALLIATIVE AND END-OF-LIFE CARE SPECIFIC COMPETENCIES IN UNDERGRADUATE NURSING EDUCATION PROGRAMS IN CANADA

Project #	6804-15-2009/8270078
Amount/Duration	\$125,711 2010/11 to 2011/12
Recipient	Canadian Association of Schools of Nursing
Project Description	<p>The goal of this project was 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. The initiative facilitated the integration of essential competencies into nursing education nationally by focusing on three key areas:</p> <ul style="list-style-type: none"> • teaching and learning resources; • curriculum development; and • Association accreditation.
Key Results	<p>Worked with key stakeholders and experts in the field to develop a comprehensive educational support structure of learning tools, resources and discussion platforms.</p> <p>Mobilized curriculum development among member schools of the Canadian Association of Schools of Nursing.</p> <p>Developed entry-to-practice indicators of the competencies that can be incorporated in the descriptors of the Association's existing accreditation standards.</p>
Outcomes	<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 • 99 Fifth Ave, Suite 15 • Ottawa, ON • K1S 5K4 • Telephone: 613-235-3150 • www.casn.ca</p>

MEDICAL EDUCATION COORDINATOR IN UNDERSERVED COMMUNITIES

Project #	6804-15-2010/10840066	
Amount/Duration	\$306,212	2011/12 to 2014/15
Recipient	Prince Edward Island Department of Health and Wellness	
Objectives	<p>The goal of this project is to create an infrastructure that can effectively increase the number of physician preceptors in underserved communities to support undergraduate medical students and family medicine residents. The main objectives of this project are to:</p> <ul style="list-style-type: none"> • recruit and retain physicians to work in underserved communities by providing a meaningful and well-organized training experience; • recruit bilingual physicians to work as preceptors and attract bilingual residents and medical students to complete rotations in areas where French is more widely spoken; and • build the infrastructure for the coordination of training, curriculum development and completion of administration duties relating to the residencies and medical students' clinical rotations. 	
Activities	<p>Create the position of Medical Education Coordinator for Prince Edward Island (PEI) Underserved Communities to improve the coordination of preceptors, residents and students.</p> <p>Meet with key physicians and interest groups, such as Medical Society of PEI and Dalhousie Medical School, to identify issues and barriers to medical education in PEI.</p> <p>Deliver rural preceptor development sessions for current and potential preceptors.</p>	
Anticipated Results	<p>Increased the number of physician preceptors in underserved areas of PEI.</p> <p>Encouraged residents and students to become permanent physicians in the underserved communities when their education and training is complete.</p>	

Contact Information

Prince Edward Island, Department of Health and Wellness •
 105 Rochford St., 4th Floor North Charlottetown, PEI • C1A 7N8 •
 Telephone: 902-368-6414 • <http://www.gov.pe.ca/health/index.php3?number=1018473>

NUNAVUT FAMILY MEDICINE RESIDENCIES PROJECT (NUNAFAM)

Project #	6804-15-2010/10840065
Amount/Duration	\$4,928,750 2011/12 to 2016/17
Recipient	Government of Nunavut - Department of Health and Social Services
Objectives	<p>The NunaFam Project is a collaboration between the Government of Nunavut's Department of Health and Social Services and Memorial University of Newfoundland. The objectives of this project are to:</p> <ul style="list-style-type: none"> • increase the number of family medicine training positions at Memorial University for practice in Nunavut, • enhance the resident training capacity at each of the clinical sites, and; • enhance educational tools and opportunities for family physicians to make medical practice in Nunavut more sustainable.
Activities	<p>Establish new positions in the Canadian Resident Matching Service (CaRMS) for family medicine training in rural and underserved communities.</p> <p>Establish a family medicine training center at Qikiqtani General Hospital in Iqaluit to optimize training opportunities.</p>
Anticipated Results	<p>Increased number of long term family physicians practicing in Nunavut.</p> <p>Enhanced access to primary care for residents of Nunavut.</p> <p>Improved access to medical training opportunities for Nunavut land claims beneficiaries who represent the best long term solution for medical care in Nunavut.</p>
Contact Information	<p>Nunavut Health and Social Services • P.O Box 1000, Station 1000 • Iqaluit, Nunavut • X0A 0H0 • Telephone: 867-975-5766 • Web site: www.hss.gov.nu.ca</p>

NURSEONE: THE CANADIAN NURSES PORTAL

Project #	6804-15-2009/5570072
Amount/Duration	\$1,410,343 2009/10 to 2012/13
Recipient	Canadian Nurses Association
Project Description	<p>The goal of the NurseONE (Nursing Portal) is to help nurses (registered nurses, licenced practical nurse and registered psychiatric nurses) maintain continuing competence throughout their professional lives. The portal will do this by providing access to evidence-based research through on-line libraries, continuing educational resources and competency courses; an e-lexicon, communities of practice and virtual study groups and specialized information related to First Nations and Inuit Health. The Canadian Nurses Association will enhance the NurseONE capacity and content to meet the evolving need of Canada's nurses and ensure long term stability for this key and growing resource.</p>
Key Results	<p>Developed a source of knowledge tools, resources and innovations such as online library, continuing education resources, seven knowledge features (salt intake/hypertension, etc), and an e-lexicon.</p> <p>Created over 11 communities of practice (informatics, elder abuse).</p> <p>Created dissemination, marketing, technology, communication and sustainability plans.</p> <p>Increased membership and use of NurseOne Portal.</p>
Outcomes	<p>Increased knowledge and application of evidence and best practices, leading to improved health care.</p> <p>Enhanced access to electronic information resources at the point of care, regardless of geographical location.</p> <p>Increased ability of nurses to build information and knowledge and tailor it to their individual practice and competency needs.</p> <p>Facilitated communication, connections and relationship-building within nursing, reaching across health care disciplines and healthcare systems.</p> <p>Contributed to ongoing quality professional practice environments through support for continuing education, continuing competence, career development, life-long learning and research.</p>
Contact Information	<p>Canadian Nurses Association •</p> <p>50 The Driveway • Ottawa, ON, • K2P 1E2 •</p> <p>Telephone: 613-237-2133 • Web site: www.cna-aiic.ca/</p>

NURSING PRACTICE IN RURAL AND REMOTE CANADA (2)

Project #	6804-15-2011/11180001
Amount/Duration	\$400,000 2011/12 to 2012/13
Recipient	University of Northern British Columbia
Project Description	<p>This project replicated and extended a national study conducted between 2001 and 2004 that charted, for the first time, the nature of registered nursing practice in rural and remote parts of the country. It focused on registered nurses, nurse practitioners, registered psychiatric nurses and licensed practical nurses, and began to address emerging gaps in knowledge about nursing in rural and remote Canada. This was accomplished by:</p> <ul style="list-style-type: none"> • completing database analyses and updating the 2001 nation-wide study of nursing in rural and remote Canada, and preparing/disseminating knowledge translation products that report the findings of the analysis; and • confirming relationships and partnerships, completing pilot-testing of survey, and submitting funding proposals to support implementation of the national survey and the completion of the study.
Key Results	<p>Completed analysis of the Canadian Institute for Health Information (CIHI) Nursing Database (NDB).</p> <p>Completed analysis of policy documents related to rural and remote nursing practice.</p> <p>Developed and pilot-tested survey about the nurses, their practice and their experience of their communities and workplaces.</p> <p>Established the Advisory Team, comprised of nursing leaders and employers from every province, territory and nationally.</p> <p>Developed the relationships with the nursing regulatory bodies necessary to implement the study and translate the findings.</p> <p>Prepared, submitted and were successful in their funding proposal to Canadian Institutes of Health Research for implementation of the survey.</p>
Outcomes	<p>Prepared knowledge translation products to disseminate information gained on gaps in knowledge about nursing practice in rural and remote communities in Canada through analyses of nursing database and policy documents.</p> <p>Developed a national survey to provide new data that will inform health human resources planning for rural and remote communities in Canada.</p> <p>Established the relationships and partnerships necessary to implement the national survey of all nurses working in rural and remote communities, and fostered development of knowledge translation activities needed to share findings when the study is completed.</p>
Contact Information	<p>University of Northern British Columbia •</p> <p>3333 University Way • Prince George, BC • V2N 4Z9 •</p> <p>Telephone: 250-960-6507 • Web site: http://www.unbc.ca</p>

PAN-CANADIAN HEALTH HUMAN RESOURCES NETWORK

Project #	6804-45-2009/8560004
Amount/Duration	\$200,000 2011/12 to 2012/13
Recipient	University of Ottawa
Project Description	<p>The goal of this project was to establish a pan-Canadian Health Human Resources (HHR) knowledge exchange portal and virtual network that would:</p> <ul style="list-style-type: none"> • provide access to the latest HHR information and evidence on innovative approaches to HHR development, training, financing, regulation, recruitment and retention; • gather, share, exchange and build capacity in high-quality health human resource research and provide access to ongoing research and model-development at pan-Canadian, provincial/territorial and local/regional service delivery levels; and • connect experts, researchers and policy/decision makers in order to better coordinate research and support the development and implementation of high quality, evidence-based, HHR policies and best practices.
Key Results	<p>Created a dynamic network of regionally-and thematically-based HHR researchers and knowledge users and clinical, policy and program decision-makers across Canada, better coordinating and capitalizing upon their complementary areas of expertise and knowledge needs.</p> <p>Linked up these networks of HHR researchers and key knowledge users and decision-makers through a state of the art, interactive web-based portal to better share knowledge and lessons learned and identify strategic areas for knowledge synthesis and future applied HHR research.</p> <p>Created a 'clearinghouse' of Canadian and international HHR research, knowledge and promising practices available in a variety of user-friendly formats.</p>
Outcomes	<p>Enhanced communication and knowledge transfer and awareness of inter-jurisdictional and national HHR planning issues and initiatives among stakeholders.</p> <p>Improved HHR planning and forecasting to support high quality evidenced-based HHR development and deployment.</p> <p>Contributed to improved accessibility to an efficiency and effectiveness of health care delivery to Canadians.</p>

Contact information

University of Ottawa •
 1 Stewart St, room 227 • Ottawa, ON • K1N 6N5 •
 Telephone: 613-562-5800 • Web site: www.hhr.rhs.ca

PAN-CANADIAN HEALTH HUMAN RESOURCES PLANNING TOOLKIT

Project #	6804-15-2009/8560005
Amount/Duration	\$250,000 2010/11 to 2011/12
Recipient	Nova Scotia Health Research Foundation
Project Description	<p>The goal of this project was to establish the necessary criteria and decision-making framework to assess, review, select and use forecasting models that deal with health human resource planning by:</p> <ul style="list-style-type: none"> • establishing common understandings of key elements of health human resource modelling, such as definitions, methodologies and data sources; • creating opportunities for the ongoing refinement of model development and enhance linkages across health human resource policies and programs; • stimulating and identifying opportunities for collaborative model development; • identifying and learning from the best and most promising practices, and health human resource models from other jurisdictions; and • recommending preferred models that could be used or adapted within and across jurisdictions.
Key Results	<p>Collected information about existing provincial models, definitions, methodologies, data sources and potential criteria that could be of use to prospective model users.</p> <p>Developed criteria to assist prospective users in selecting forecast models.</p> <p>Created a pan-Canadian health human resource planning companion toolkit and a Web site.</p>
Outcomes	<p>Developed a common understanding and consistent knowledge of health human resource policies and programs.</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>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 • Web site: www.nshrf.ca</p>

PRIME D'ÉLOIGNEMENT POUR LES EXTERNES ET LES RÉSIDENTS EN FORMATION DANS LES TERRITOIRES INSUFFISAMMENT POURVUS DE PROFESSIONNELS DE LA SANTÉ DU QUÉBEC

Project #	6804-15-2010/10200059
Amount/Duration	\$3,441,750 2011/12 to 2015/16
Recipient	Le Ministère de la Santé et des Services Sociaux du Québec
Objectives	<p>The goal of this project is to encourage family medicine residency training in rural and remote communities by:</p> <ul style="list-style-type: none"> • increasing the number of family medicine training positions for practice in rural and remote settings, • providing financial incentives to family medicine residents that practice in rural and remote areas; and • placing a greater emphasis on the geographic distribution of family physicians throughout rural Quebec.
Activities	<p>Enhance recruitment efforts by providing financial incentives to family medicine residents that practice in rural areas.</p> <p>Measure program efficacy by monitoring where family medicine graduates choose to practice upon completion of studies.</p>
Anticipated Results	<p>Increase the number of family medicine graduates with experience in rural and remote practice.</p> <p>Enhance recruitment of family physicians into rural and remote communities.</p> <p>Improve distribution of family physician throughout rural Quebec.</p> <p>Improve access to family physicians with training in underserved areas.</p>
Contact Information	<p>Ministère de la santé et des services sociaux •</p> <p>1075 chemin Ste-Foy, 10^e étage • Québec, QC • G1S 2M1 •</p> <p>Telephone: 1-877-644-4545 • Web site: www.msss.gouv.qc.ca</p>

PROMOTING EXCELLENCE AND PROFESSIONALISM FOR CASE MANAGEMENT IN CANADA: PHASE II CORE COMPETENCIES, CREDENTIALING AND SUSTAINABILITY

Project #	6804-15-2011/10730005
Amount/Duration	\$309,800 2011/12 to 2012-13
Recipient	National Case Management Network of Canada
Project Description	<p>The goal of this project was to promote excellence and professionalism among case management providers across Canada by:</p> <ul style="list-style-type: none"> • developing core competencies in case management • validating core competencies in case management • selecting a credentialing process to indicate competence in case management • executing a marketing and communications plan to move NCMN from existence to sustainability
Key Results	<p>Established a competency steering committee and competency workgroup.</p> <p>Developed a communications plan for the strategic launch of national core competencies.</p> <p>Consulted with focus groups by hosting a national conference, as well as through web/teleconferencing and an online survey.</p> <p>Translated competencies into French.</p> <p>Designed, printed and stored hard copy of competencies.</p> <p>Posted competencies as downloadable file on NCMN website.</p>
Outcomes	<p>Developed case management core competencies.</p> <p>Validated case management core competencies.</p> <p>Created a final national competency profile.</p> <p>Helped educational institutions design programs to meet the competencies.</p>

Contact Information

National Case Management Network •
 229 Yonge St, 3rd Floor • Toronto ON • M5B 1N9 •
 Telephone: 416-864-5643 • Web site: www.ncmn.ca

PROGRAMME PARTENAIRES DE SOINS (HEALTH CARE PARTNERS PROGRAM)

Project #	6804-15-2010/10680002
Amount/Duration	\$250,000 20011/12 to 2012/13
Recipient	Université de Montréal
Project Description	<p>The goal of the project was to develop strategies and information, learning, evaluation and dissemination tools that could be used to consolidate collaborative practices within the Université de Montréal Réseau universitaire intégré en santé (RUIS) institutions, and to include persons with chronic diseases and their families as health care partners within clinical teams.</p> <p>The project consisted of three components: 1) developing learning and evaluation tools to be used to produce interdisciplinary intervention plans that are tailored to the patient and family; 2) evaluating health professional team collaborations through a suite of tools on a Web platform; and 3) developing knowledge dissemination and transfer processes.</p>
Key Results	<p>Developed videos and educational workshops illustrating the development of the interdisciplinary partnership plans encompassing the patient and families.</p> <p>Prepared computerized multi-source evaluation questionnaires for the evaluation of team collaborations and training sessions on how to incorporate the results into future practice.</p> <p>Documented recommendations for the best content and approach to disseminating relevant information on collaborative practices.</p>
Outcomes	<p>Enhanced capacity of health care professionals and patients/families to work collaboratively in the development of care plans.</p> <p>Improved understanding of the competencies required by patients and their families in order to suitably participate with health care professionals in the development of their care plan.</p>

Contact Information

Université de Montréal Centre de pédagogie appliquée aux sciences de la santé (CPASS),
 Faculté de médecine • C.P. 6128, Succursale Centre-ville • Montréal, QC • H3C 3J7 •
 Telephone: 514-343-6111 ext 4932 • Web site: www.cpass.umontreal.ca

PROMOTING MOBILITY AND RECOGNITION: NATIONAL EDUCATIONAL STANDARDS FOR UNREGULATED HEALTH WORKERS IN CONTINUING CARE

Project #	6804-15-2009/9970004
Amount/Duration	\$594,349 2010/11 to 2012/13
Recipient	Association of Canadian Community Colleges
Project Description	<p>The key objective of the project was to develop a set of educational standards for unregulated health workers employed in home, community and long-term care facility settings by:</p> <ul style="list-style-type: none"> • creating an inventory of curricula in Canada, and • developing and disseminating recommendations for educational standards in the areas of entrance requirements, skills taught, practicum/clinical experience, instruction and learning outcomes.
Key Results	<p>Hosted 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>Completed 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>Disseminated 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>Provided 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>Evaluated the project, looking for lessons learned.</p>
Outcomes	<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 • 1 Rideau Street, Suite 701 • Ottawa, ON • K1N 8S7 • Telephone: 613-746-2222 • Web site: www.accc.ca</p>

QUALITY AND SAFETY IN NURSING HOMES

Project #	6804-15-2009/9180076
Amount/Duration	\$750,000 2009/2010 to 2011/2012
Recipient	University of Alberta
Project Description	<p>This project promoted the use of an acute care model of quality and safety improvement for health care aides in home care based on the existing Safer Healthcare Now! program model. It provided frontline teams in acute health care with quality improvement methods to integrate evidence and best practices into direct patient care to:</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.
Key Results	<p>Trained health care providers in eight nursing homes to use the Safer Healthcare Now! model.</p> <p>Undertook an evaluation of the model to identify barriers and enablers of change.</p> <p>Assessed each team's progress toward realizing improvements in patient care.</p>
Outcomes	<p>Supported the improvement of 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>116 St. and 85 Ave. • Edmonton, AB • T6G 2R3 •</p> <p>Telephone: 780-492-6005 • Web site: www.kusp.ualberta.ca</p>

QUALITY WORKLIFE-QUALITY HEALTHCARE COLLABORATIVE

Project #	6804-15-2008/1780005
Amount/Duration	\$500,000 2009/10 to 2011/12
Recipient	Accreditation Canada
Project Description	<p>The Quality Worklife-Quality Healthcare Collaborative (QWQHC) was comprised of twelve national health system organizations representing diverse stakeholders. The Collaborative was established to create an integrated approach linking quality of worklife, human resource practices and health system results, quality of patient care and client services. The initiative's overarching goals were 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>After several years of funding, the national organizations representing QWQHC made a decision to reposition QWQHC activities by building on the achievements of previous years with a focus on creating a “living legacy” for healthy work environments.</p>
Key Results	<p>Promoted the Healthy Healthcare Leadership Charter which contained over 50 signatures from organizations committed to improving the health of their work environment.</p> <p>Hosted the Healthy Healthcare Leadership Forum which engaged the organizations who had signed the Charter.</p> <p>Held the Fifth and Sixth Annual QWQHC Summits to promote knowledge exchange about quality worklife initiatives among health care professionals, employees and employers, and governments.</p> <p>Promoted the standard quality of worklife indicators as developed in an earlier publication of the organization entitled “Within our Grasp”.</p> <p>Expanded Accreditation Canada's worklife criteria in its Qmentum Accreditation Program with a commitment to further enhancements.</p> <p>Further developed a web site to highlight key resources, healthy workplace best practices and a growing knowledge network base for ongoing dialogue.</p> <p>Provided organizations with the knowledge and insights required to implement leading quality worklife practices in their respective workplaces.</p>

Outcomes

Increased awareness of the link between healthy healthcare delivery environments and quality of care.

Increased capacity of health service organizations to implement quality worklife changes.

Increased the alignment of quality worklife strategies across the health system and demonstrated momentum in the uptake of evidence-informed strategies.

Secured the continued commitment and support of collaborators to champion and sustain quality worklife improvements in health care.

Contact Information

Accreditation Canada •

1150 Cyrville Road • Ottawa, ON • K1J 7S9 •

Telephone: 613-738-3800 • Web site: www.qwqhc.ca

SKILLS BUILDING FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE IN COMMUNITY-BASED HEALTH SETTINGS

Project #	6804-15-2009/5570074
Amount/Duration	\$1,790,097 2009/10 to 2011/12
Recipient	Health Care Human Resource Sector Council
Project Description	<p>The project involved four project sites: St. Martha's Hospital (Antigonish, Nova Scotia), Advisory Committee for the Healthy Baby and Me program (Miramichi, New Brunswick), James Paton Memorial Regional Health Centre (Gander, Newfoundland & Labrador) and Victorian Order of Nurses in New Brunswick. The goal of the project was to:</p> <ul style="list-style-type: none"> • develop best practice sites in Atlantic Canada that would demonstrate leading approaches to workforce optimization through interprofessional collaborative learning and practice; • 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, dietitians and educators); and • promote the uptake and expansion of successful practices to other sites in the future.
Key Results	<p>Established collaborative learning and practice sites in the Atlantic provinces.</p> <p>Created learning modules to facilitate achievement of the competencies required to work in interprofessional teams.</p> <p>Developed several interprofessional tools and resources including an interprofessional needs analysis survey, interprofessional team observation guide, interprofessional policy facilitation tool and a site profile tool for identifying barriers and facilitators at new sites.</p> <p>Developed an evaluation framework with outcome indicators to measure the impact of collaborative practice on patient outcomes and health human resource issues.</p> <p>Documented the implementation processes, lessons learned, challenges and successes, barriers and facilitators, and recommendations to facilitate replication in other jurisdictions.</p>
Outcomes	<p>Enhanced capacity of health care professionals to collaborate in the delivery of health services.</p> <p>Indications of improved patient health outcomes and efficiency in the health care system.</p>

Contact Information

Health Care Human Resource Sector Council •
 380 Bedford Highway • Halifax, NS • B3M 2L4 •
 Telephone: 902-461-0871 • Web site: www.hcsc.ca

STRATÉGIE CONCERTÉE DE SOUTIEN AU DÉVELOPPEMENT DES PRATIQUE DE COLLABORATION INTERPROFESSIONNELLES (JOINT STRATEGY TO SUPPORT THE DEVELOPMENT OF INTERPROFESSIONAL COLLABORATIVE PRACTICE)

Project #	6804-15-2010/10680001
Amount/Duration	\$250,000 20011/12 to 2012/13
Recipient	Université Laval
Project Description	The goal of the project was to develop and support interprofessional collaboration (IPC) and effective clinical practices in the facilities of the Réseau universitaire intégré de santé de l'Université Laval (RUIS-UL) by offering a training and information exchange platform on IPC for managers and health care professionals. The training was divided into two blocks: Block 1 focussed on developing collaborator skills and Block 2 involved developing collaborative leadership competencies to support teams and become change agents within their organization. A six-month interval between the two blocks allowed participants to implement a specific IPC activity within their area of work.
Key Results	<p>Created learning modules to facilitate achievement of the competencies required to work in interprofessional teams.</p> <p>Completed training for 117 health care professionals and managers within the RUIS-UL.</p> <p>Developed an evaluation tool to measure the impact of learning modules.</p> <p>Developed an electronic platform for the exchange of information and support regarding IPC.</p> <p>Documented the implementation processes, lessons learned, challenges and successes, barriers and facilitators, and recommendations to facilitate replication in other jurisdictions.</p>
Outcomes	<p>Enhanced health care professional capacity within the six competency domains of interprofessional collaboration: interpersonal communication, role clarification, conflict resolution, patient-centred care, teamwork, collaborative leadership.</p> <p>Ongoing interest and support for the use of the IPC approach within the RUIS-UL.</p>

Contact Information

Université Laval •

880, rue Père-Marquette, bureau 33, 3^e étage • Québec, QC • G1S 2A4 •

Telephone: 418-681-8787 ext. 3805 • Web site: www.rcpi.ulaval.ca

SUSTAINING AN ALLIED HEALTH WORKFORCE

Project #	6804-15-2009/8270075
Amount/Duration	\$977,470 2009/10 to 2011/12
Recipient	Association of Canadian Community Colleges
Project Description	<p>The goal of this project was to 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. Project emphasis was on students in imaging, respiratory therapy and laboratory sciences. Project objectives were accomplished by:</p> <ul style="list-style-type: none"> • Identifying and promoting innovative practices, resources and tools designed to improve student retention and graduation in allied health care. • Creating and disseminating a blueprint for increasing the supply of allied health graduates.
Key Results	<p>Created a blueprint for increasing the supply of allied health graduates.</p> <p>Produced an innovations guide, which highlights innovative and effective practices, resources and tools to support post-secondary allied health student retention and success.</p> <p>Created 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>
Outcomes	Supported efforts to improve student retention and increase the supply of allied health graduates, through a collective strategy supported by increased awareness and expanded use of innovative practices, resources and tools.

Contact Information

Association of Canadian Community Colleges •
 1 Rideau Street, Suite 701 • Ottawa, ON • K1N 8S7 •
 Telephone: 613-746-5656 • Web site: www.accc.ca

THREE YEAR INTEGRATED FAMILY MEDICINE/EMERGENCY MEDICINE RESIDENCY PROGRAM

Project #	6804-15-2010/10840061
Amount/Duration	\$2,860,210 2011/12 to 2014/15
Recipient	Province of New Brunswick
Objectives	<p>The goal of this project is to integrate family medicine and emergency medicine throughout the three-year residency program. In doing so, this project will:</p> <ul style="list-style-type: none"> • train residents who have the necessary competencies and aptitude to become family physicians who incorporate emergency medicine into their practices; and • improve the accessibility and responsiveness to rural community health care services by training additional residents.
Activities	<p>Train family medicine residents in rural areas of New Brunswick.</p> <p>Foster collaborations amongst the various institutions, administrators and clinicians within the five zones of Horizon Health Network.</p> <p>Provide faculty development training sessions in a variety of rural communities.</p> <p>Establish Medical Education Satellite Office in Upper River Valley, New Brunswick.</p>
Anticipated Results	<p>Trained six residents in rural areas of New Brunswick with enhanced skills in emergency medicine and acute care.</p> <p>Developed and implemented a new approach to training activities within family medicine by combining family medicine and emergency medicine over a three year program.</p> <p>Promoted sustainability of health care in rural areas by providing opportunities for residents to practice when they are finished and for rural preceptors to continue to stay in their areas.</p>
Contact Information	<p>Government of New Brunswick, Department of Health •</p> <p>P.O. Box 5001, 520 King St • Fredericton, NB • E3B 5G8 •</p> <p>Telephone: 506-457-4800 • Web site: www.gnb.ca</p>

TOWARDS A PAN-CANADIAN CONSENSUS ON RESIDENT DUTY HOURS

Project #	6804-15-2011/7140013
Amount/Duration	\$145,080 2012/13 to 2013/14
Recipient	The Royal College of Physicians and Surgeons of Canada
Objectives	<p>This project was established to develop a Canadian consensus on issues, directions, and best practices related to resident duty hours and their regulations by:</p> <ul style="list-style-type: none"> • assembling the available evidence on the issue of resident duty hours in Canada; and • facilitating a national, consensus-building process among educators, governments, policy makers, patient safety experts, and other, to come to a single, pan-Canadian statement on resident duty hours issues, directions, and best practices.
Activities	<p>Establish a National Steering Committee and six expert working groups on resident duty hours.</p> <p>Create and update the Resident Duty Hours Blog.</p> <p>Conduct research to collect evidence and gain a better understanding of the issues, directions and best practices related to resident duty hours, including jurisdictional scans, international reviews and the analysis of collective agreements.</p> <p>Develop and disseminate a national survey to determine perceptions of resident duty hours across major target audiences.</p> <p>Complete expert Working Group commentary papers to help develop project recommendations.</p> <p>Hold a national consensus conference on resident duty hours to discuss the project recommendations.</p>
Anticipated Results	<p>Increased knowledge on resident duty hours will help inform decision making and regulations that aim to improve the delivery of care to patients and patient safety, the well-being among residents as well as staff physicians and other health care providers, health human resources, workload and related measures of health care costs, and medical education.</p> <p>Development of a pan-Canadian consensus on a way forward for the future of resident duty hours in Canada.</p>
Contact Information	<p>The Royal College of Physicians and Surgeons of Canada • 774 Echo Drive • Ottawa, ON • K1S 5N8 • Telephone: 613-730-8177 • Web site: www.royalcollege.ca</p>

THE WAY FORWARD: MOVING TOWARD COMMUNITY-INTEGRATED PALLIATIVE CARE IN CANADA

Project #	6804-15-2011/6570080
Amount/Duration	\$3,000,000 2011/12 to 2014/15
Recipient	Canadian Hospice Palliative Care Association
Objectives	The CHPCA will support the development of new community-integrated palliative care models by developing a framework including strategic directions, priorities for action, and a road map for implementation. The process and the end product (the final framework) will create collaborative relationships, synthesize current knowledge (including promising practices and strategies, barriers and enablers to implementation), and engage stakeholders to use the framework for the implementation of community-integrated palliative care models, while respecting the particular perspectives and contexts in which health care services are delivered.
Activities	<p>Foster community networking, coordination and engagement to expand access/ use of integrated palliative care services.</p> <p>Develop and synthesize information and resources (such as discussion papers) to support integrated palliative care.</p> <p>Raise public awareness/public education/advocacy about palliative care across sectors and jurisdictions.</p>
Anticipated Results	Develop a national framework describing community-integrated palliative care strategic directions, priorities for action and a road map for implementation.

Contact Information

Canadian Hospice Palliative Care Association •
 Annex D, Saint-Vincent Hospital, 60 Cambridge Street North •
 Ottawa, ON • K1R 7A5 •
 Telephone: 1-800-668-2785 • Web site: www.chpca.net/

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Projects Funded under the Internationally Educated Health Professionals Initiative

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BUILDING CAPACITY FOR YUKON'S INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

Project #	6804-15-2010/6850003
Amount/Duration	\$249,046 2010/11 to 2012/13
Recipient	Yukon Ministry of Health and Social Services
Project Description	<p>This initiative was designed to allow Yukon the ability to more effectively assist internationally educated health professionals (IEHPs) to prepare for, and integrate into, Yukon's health workforce, by:</p> <ul style="list-style-type: none"> • conducting a needs assessment as a first step in improving the supports and resources available for internationally educated health professionals; and • identifying and analyzing the effectiveness of a variety of assessment and bridge training supports.
Key Results	<p>Gathered 62 Yukon IEHPs responses to an IEHP Survey.</p> <p>Produced an IEHP web portal for the Yukon, with 295 visits and 443 page views between summer 2012 and March 2013.</p> <p>Presented promotional material for IEHPs at recruitment fairs in four major cities, resulting in 12 IEHPs inquiring about becoming licensed in the Yukon.</p> <p>Supported one internationally educated nurse through the assessment and bridging process.</p> <p>Trained two practicing physicians under the supervisory tool of the Alberta assessment program.</p> <p>Completed policy work to support the inclusion of internationally educated midwives into proposed midwifery legislation.</p>
Outcomes	<p>Increased collaborative relationships with other regulatory bodies.</p> <p>Increased awareness of the midwifery profession.</p>

Contact Information

Yukon Ministry of Health and Social Services •
 Box 2703 • Whitehorse, YT • Y1A 2N1 •
 Telephone: 867-667-3673 • Web site: www.hss.gov.yk.ca

DEVELOPMENT AND IMPLEMENTATION OF THE ESSENTIAL COMPONENTS OF BRIDGING PROGRAMS FOR INTERNATIONALLY EDUCATED NURSES

Project #	6804-15-2008/7620321
Amount/Duration	\$340,510 2010/11 to 2011/12
Recipient	Canadian Association of Schools of Nursing (CASN)
Project Description	The Canadian Association of Schools of Nursing (CASN) developed and implemented a framework outlining the guiding principles and essential components of Canadian bridge training programs for internationally educated nurses (IENs).
Key Results	<p>Engaged 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>Created a self-assessment guide for use by bridging programs that would foster uptake and implementation of guiding principles and integration of essential core components.</p>
Outcomes	<p>Increased consistency across Canadian bridging programs for IENs.</p> <p>Improved preparation and integration of IENs entering the Canadian nursing workforce.</p>

Contact Information

Canadian Association of Schools of Nursing •
 Association canadienne des écoles de sciences infirmières •
 99 Fifth Avenue, Suite 15 • Ottawa, ON • K1S 5K4 •
 Telephone: 613-235-3150 • Web site: www.casn.ca

EFFECTIVE INTEGRATION OF INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS INTO THE YUKON HEALTH CARE SYSTEM

Project #	6804-15-2007/7620317
Amount/Duration	\$999,720 2007/08 to 2011/12
Recipient	Yukon Ministry of Health and Social Services
Project Description	<p>Developed effective approaches to integrate new health 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 in the Territory; and • facilitating the assessment process to prepare internationally educated health professionals for licensure and subsequent employment in the Yukon health care system.
Key Results	<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 were well prepared to practise in the Yukon health care system.</p>
Outcomes	Increased capacity for Yukon to attract, train and retain internationally educated health professionals.
Contact Information Yukon Ministry of Health and Social Services • Box 2703 • Whitehorse, YT • Y1A 2N1 • Telephone: 867-667-3673 • Web site: www.hss.gov.yk.ca	

FACILITATING INTERNATIONALLY EDUCATED HEALTH PROFESSIONAL LICENSURE IN ALBERTA

Project #	6804-15-2010/6850002
Amount/Duration	\$3,065,960 2011/12 to 2015/16
Recipient	Alberta Department of Health and Wellness
Objectives	Improve opportunities for internationally educated health professionals to become licensed and enter Alberta's health workforce, focusing on improving bridging and remediation opportunities, improving the assessment process and increasing regional collaboration.
Activities	Streamline assessment decision guidelines, and recommendations for gap training of internationally educated nurses. Design and deliver a bridging program for internationally educated physiotherapists. Survey stakeholders to identify existing programming and experiential learning and its impact on certification in an effort to improve pass rates on the national exam.
Anticipated Results	Improve the services delivered by Alberta Health & Wellness to support health care workers. Working closely with the partners, increase the efficiency of internationally educated nurse registration application and assessment process while maintaining public safety, transparency and fairness. Develop and implement an Alberta bridging program for internationally educated physical therapists. Improve access to appropriate bridging training and resources for internationally educated radiological technologists.

Contact Information

Alberta Department of Health and Wellness •
 Seventh Street Plaza, 14th Floor, North Tower •
 10030 – 107 Street NW • Edmonton, AB • T5J 3E4 •
 Telephone: 1-888-342-2471 • Website: www.albertahealthservices.ca

IEHP ATLANTIC CONNECTION

Project #	6804-15-2010/10410001
Amount/Duration	\$7,952,390 2011/12 to 2015/16
Recipient	Health Care Human Resource Sector Council of Nova Scotia
Objectives	The provinces of Nova Scotia, New Brunswick, and Prince Edward Island have formed a regionally based collaborative to better coordinate and create efficiencies in the planning of joint projects that benefit each jurisdiction. This project builds on past success and enhances the capacity of each jurisdiction to attract, integrate and retain internationally educated health professionals.
Activities	<p>Determine best practices for the attraction, integration and retention of internationally educated health professionals in communities across Atlantic Canada.</p> <p>Develop a toolkit of resources for integration and retention targeted to the community and employers.</p> <p>Develop and implement a bridge training program in both official languages for internationally educated medical laboratory technologists.</p> <p>Revise the competency assessment program for internationally educated nurses, including the development of web-based materials, an on-line competency based self-assessment tool, and a provincial mentorship program.</p> <p>Develop up to 17 profession-specific self-assessment tools.</p> <p>Develop a self-assessment readiness tool concentrating on soft skills.</p>
Anticipated Results	<p>Enhance capacity of health care professionals to collaborate in the delivery of health services.</p> <p>Improve patient health outcomes and efficiency in the health care system.</p> <p>Better prepare workplaces to support the integration and retention of internationally educated health professionals.</p> <p>Enhance capacity to provide comprehensive and sustainable processes for assessment.</p> <p>Improve access to accurate information prior to immigration.</p> <p>Improve access to bridging employment programs.</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 • Web site: www.hcsc.ca</p>

INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS INITIATIVE FOR BRITISH COLUMBIA

Project #	6804-15-2010/10570323
Amount/Duration	\$7,228,660 2011/12 to 2015/16
Recipient	British Columbia Ministry of Health
Objectives	The goal of this project is to enhance BC's capacity to build and maintain a sustainable workforce in healthy safe work environments and to accelerate and expand the assessment and integration of internationally educated health professionals.
Activities	<p>Design and implement an integrated assessment centre to support improved services for internationally educated health professionals.</p> <p>Expand language and communications courses, including a Supervisor's course, across health regions in the Province.</p> <p>Design a bridging framework, including continued delivery of the Physician Integration Program.</p> <p>Develop an IEHP Network to guide the implementation and support collaborative efforts of health stakeholders.</p>
Anticipated Results	<p>Access to clear, timely information about paths to licensure.</p> <p>Access to fair and transparent processes/mechanisms for assessing their credentials, knowledge and clinical skills in priority professions.</p> <p>Increase in faculty's and clinical educators' capacity to work effectively with internationally educated health professionals.</p> <p>Access to more bridging and remediation programs.</p> <p>Increase the integration of internationally educated health professionals into the health care workforce.</p> <p>Increase in regional collaboration which will maximize the impact of available resources.</p>
Contact Information	<p>British Columbia Ministry of Health •</p> <p>1515 Blanshard Street • Victoria, BC • V8W 3C8 •</p> <p>Telephone: 250-952-3145 • Web site: www.gov.bc.ca/health</p>

INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS INITIATIVE: MANITOBA

Project #	6804-15-2010/7110004
Amount/Duration	\$2,858,125 2011/12 to 2015/16
Recipient	Manitoba Health
Objectives	To support the assessment, exam preparation, and bridge training needs of internationally educated health professionals, with a focus on nurses, pharmacists, medical laboratory technologists and midwives, to improve their opportunities to become licensed and enter the Manitoba health workforce.
Activities	<p>Develop and implement an IEHP-Integration Service to assist internationally educated health professionals in navigating the registration process and making informed decisions about career paths.</p> <p>Establish fair and transparent mechanisms for assessing credentials, knowledge and clinical skills of internationally educated health professionals.</p> <p>Create programs that increase the capacity of faculty and clinical educators to work effectively with internationally educated health professionals.</p> <p>Increase access to a range of bridge training and remediation.</p>
Anticipated Results	<p>Clear, timely information about paths to licensure.</p> <p>Increased capacity of faculty and clinical educators to work effectively with internationally educated health professionals.</p> <p>Improved access to a range of training, bridging and remediation programs for internationally educated health professionals improved.</p> <p>Promotion of integration of internationally educated health professionals into the health care workplace.</p> <p>Enhanced regional collaboration to maximize the impact of available resources for internationally educated health professionals.</p>
Contact Information	<p>Manitoba Health •</p> <p>300 Carlton Street • Winnipeg, MB • R3B 3M9 •</p> <p>Telephone: 1-800-392-1207 • Web site: www.manitoba.ca/health/mhsip</p>

INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS INITIATIVE: SASKATCHEWAN

Project #	6804-15-2010/7110005
Amount/Duration	\$2,639,380 2011/12 to 2015/16
Recipient	Ministry of Health, Government of Saskatchewan
Objectives	To improve opportunities for internationally educated health professionals (IEHPs) to become licensed and enter the Saskatchewan health workforce.
Activities	<p>Increase collaboration and coordination of employers, regulatory bodies, educational institutions, and settlement agencies by establishing an IEHP provincial advisory committee or council.</p> <p>Facilitate career pathing of internationally educated nurses within the provincial regional health authorities by supporting them in accessing required bridging programs, language training, and applicable assessments.</p> <p>Provide support to the more than 200 IEHP employees of the provincial regional health authorities in their career pathing/development.</p> <p>Increase cultural awareness by working collaboratively with the IEHP Provincial Advisory Committee to coordinate the development and implementation of cross cultural training and an online training module for employees.</p>
Anticipated Results	<p>Promote and support the retention of IEHPs by offering the tools and supports necessary to successfully bridge into their trained profession.</p> <p>Enhance and expand the entry to practice assessment process for international medical graduates that includes pre-screening, orientation and clinical field assessment.</p>
Contact Information	<p>Ministry of Health, Government of Saskatchewan •</p> <p>T.C. Douglas Building, 3475 Albert Street • Regina, SK • S4S 6X6 •</p> <p>Telephone: 306-787-0146 • Web site: www.health.gov.sk.ca</p>

IMPROVING REGIONAL IEHPI COORDINATION AND DEVELOPING A REGIONAL INTEGRATED COMPETENCY-BASED ASSESSMENT SERVICE FOR IEHPS IN WESTERN AND NORTHERN CANADA

Project #	6804-15-2010/10570324
Amount/Duration	\$1,019,905 2011/12 to 2012/13
Recipient	British Columbia Ministry of Health
Project Description	<p>As a collaboration of the four western provinces (BC, AB, SK and MB) and three northern territories (YK, NWT and NU), the Western Northern Forum proposed to support the health human resources strategies of participating provinces and territories, and help address the challenges associated with the integration of internationally educated health professionals.</p> <p>The project planned to conduct the following activities:</p> <ul style="list-style-type: none"> • develop an inventory of supports, programs and tools for internationally educated health professionals in the western provinces and northern territories; • develop and provide supports and tools for an integrated assessment service, including developing assessment tools, building assessment capacity in trainers, and increasing access to a range of bridge training and remediation programs; and • promote the integration of internationally educated health professionals.
Key Results	<p>Consulted with key government foreign qualification recognition partners in each jurisdiction to determine the level of support and commitment to establish a Regional Steering Committee that would improve collaboration and coordination.</p> <p>Completed a gap analysis and compiled an inventory of existing tools, programs and services for 5 chosen priority professions (Physicians, Nurse Professions, Medical Laboratory Technologists, Physical Therapist, Midwives).</p> <p>Identified three priority areas for future development: IEN Assessment; Alternative Careers; and Inter-professional Competency assessment including Canadian Orientation to the Canadian Health Care System.</p> <p>Conducted a feasibility study which demonstrated that the development of the Regional Integrated Competency-based Assessment Service was not a viable option as it would not meet the needs of the various jurisdictions.</p>
Outcomes	Improved collaboration between representatives from Ministries of Health, Advanced Education, and Labour who work on foreign qualification recognition from each of the seven jurisdictions.
Contact Information	<p>British Columbia Ministry of Health •</p> <p>1515 Blanshard Street • Victoria, BC • V8W 3C8 •</p> <p>Telephone: 250-952- 3145 • Web site: www.gov.bc.ca/health</p>

NATIONAL ASSESSMENT COLLABORATION OBJECTIVE STRUCTURED CLINICAL EXAMINATION DEVELOPMENT

Project #	6804-15-2010/7110003
Amount/Duration	\$387,500 2010/11 to 2011/12
Recipient	Medical Council of Canada
Project Description	The Medical Council of Canada developed and implemented 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.
Key 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>Establish policies and contracts for National Assessment Collaboration (NAC) examination administrations.</p> <p>Developed pan-Canadian NAC examination guidelines and a sustainable financial model.</p> <p>Develop and finalize agreements with seven regional international medical graduate assessment programs for the 2011 administration of the NAC Objective Structured Clinical Examination.</p>
Outcomes	<p>Increased awareness and knowledge of the licensure processes in Canada.</p> <p>Improved consistency in the assessment of international medical graduates into residency.</p> <p>Improved communications between partners, including regional assessment programs and their funders.</p>
Contact Information	<p>Medical Council of Canada •</p> <p>2283 St. Laurent Boulevard • Ottawa, ON • K1G 5A2 •</p> <p>Telephone: 613-521-6012 • Web site: www.mcc.ca</p>

NATIONAL ASSESSMENT COLLABORATION PRACTICE READY ASSESSMENT FOR INTERNATIONAL MEDICAL GRADUATES IN CANADA

Project #	6804-15-2011/10840067
Amount/Duration	\$1,088,645 2012/13 to 2014/15
Recipient	Medical Council of Canada
Objectives	To develop and implement a pan-Canadian process to evaluate international medical graduates' readiness for entry into practice and an accompanying assessor training component which builds on the successful relationships the Medical Council of Canada has established with key regulatory and assessment organizations. A standardized approach to evaluation will enable medical regulatory authorities to improve timely access to assessment, transparency, and labour mobility of international medical graduates across Canada.
Activities	<p>Define the governance roles required for design and management of a standardized, locally-delivered pathway for entry into practice across Canada.</p> <p>Complete an environmental scan of existing Canadian entry to practice assessment programs.</p> <p>Design a national process for evaluating readiness for practice, including a financial model to support sustainability beyond initial federal funding.</p> <p>Develop/adapt standard policies, guidelines, procedures, training and assessment tools for a pan-Canadian program.</p>
Anticipated Results	<p>Develop and implement pan-Canadian standards for practice ready assessment process.</p> <p>Create a unified framework using the training and assessment tools already developed.</p> <p>Develop and implement an assessor training component to support consistency in the application of assessment standards.</p> <p>Develop a financial model to support ongoing sustainability for a pan-Canadian process.</p>

Contact Information

Medical Council of Canada •
 2283 St. Laurent Boulevard • Ottawa, ON • K1G 5A2 •
 Telephone: 613-521-6012 • Web site: www.mcc.ca

NORTHWEST TERRITORIES RESEARCH WORK

Project #	6804-15-2010/10840068
Amount/Duration	\$150,000 2012/13
Recipient	Government of Northwest Territories
Project Description	To improve its ability to assess and integrate IMGs, the NWT worked closely with other medical regulatory authorities to conduct research on regulations and processes in other jurisdictions (including those in the NWT) which could be adopted or revised to support the assessment of international credentials and experience.
Key Results	<p>Conducted a review of existing regulatory, licensing, hiring, and credentialing structures in the NWT, along with assessment processes and structures in other jurisdictions.</p> <p>Developed recommendations for the drafting of new regulations.</p> <p>Developed a program design for the implementation of the new regulations that can leverage an existing set of assessment tools/processes for IMGs licensure.</p>
Outcomes	<p>Increased awareness and understanding of assessment practices and approaches in other jurisdiction.</p> <p>Increased awareness and understanding of best practices in assessment of IMGs.</p> <p>Improved collaboration and coordination around IMG assessment.</p>
Contact Information	<p>Department of Health and Social Services •</p> <p>Government of the Northwest Territories • Box 1320 Yellowknife, NT • X1A 2L9 •</p> <p>Telephone: 1-867-920-8927 • Web site: www.hss.gov.nt.ca</p>

ONTARIO WORKFORCE INTEGRATION INITIATIVE FOR INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS

Project #	6804-15-2010/7110006
Amount/Duration	\$1,669,065 2012/2013
Recipient	Ontario Ministry of Health and Long-Term Care
Project Description	The goal of this project was to conduct an assessment of the effectiveness of interventions that would assist internationally educated health professionals obtain employment in their fields. The results of this assessment would inform the design of future programs and supports to improve the integration of internationally educated health professionals.
Key Results	<p>Completed a comprehensive stakeholder needs assessment through the engagement of key stakeholders, such as employers, managers and internationally educated health professionals to identify the parameters of the research study, including the interventions to be offered, eligible practice sites and eligible professions.</p> <p>Developed the research design and methodology, evaluation strategy and data gathering tools of interventions that have been proven to help internationally educated health professionals obtain employment.</p>
Outcomes	Identified, developed and/or adapted the intervention tools to increase their use across the health professions.
Contact Information	
ServiceOntario M-1B114, MacDonald Block •	
900 Bay Street, Suite M2-61 • Toronto, ON • M7A 1R3	
Telephone: 866-532-3161 • Web site: www.health.gov.on.ca	

PATHWAY TO CANADIAN CERTIFICATION OF FOREIGN TRAINED HEALTH PROFESSIONALS IN NUNAVUT

Project #	6804-15-2010/10570322
Amount/Duration	\$559,410 2011/12 to 2012/13
Recipient	Nunavut Health and Social Services
Project Description	With the goal of expanding the foreign trained workforce to fill shortages in allied health and family medicine, the Government of Nunavut implemented a program designed to support internationally educated health professionals who are residents of Nunavut to pursue upgrading and obtain registration in order to practice in Nunavut.
Key Results	<p>Identified vacant health provider positions in areas of high demand.</p> <p>Established selection criteria and selected participants from received expressions of interest.</p> <p>Developed multi-stage individual learning plans for qualifying participants to encourage the roll out of individual learning plans.</p>
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 • Web site: www.gov.nu.ca/health

LA PLANIFICATION ET LE DÉVELOPPEMENT DES RESSOURCES HUMAINES FRANCOPHONES DANS LE DOMAINE DE LA SANTÉ POUR LES COMMUNAUTÉS FRANCOPHONES EN SITUATION MINORITAIRE

Project #	6804-15-2006/7620091
Amount/Duration	\$1,450,000 2007/2008 to 2012/2013
Recipient	Consortium national de formation en santé
Project Description	<p>The goal of this project was to promote the development and planning of health human resources to meet the current and future needs of French-speaking minority communities in Canada by:</p> <ul style="list-style-type: none"> • improving the knowledge of current and future needs of French-speaking minority communities in Canada; • supporting and improving existent theoretical and practical training programs and inciting additional programs to develop francophone health human resources; and • contributing to the recruitment and maintenance of francophone health human resources.
Key Results	<p>Expanded regional and provincial health data sets and information-sharing mechanisms to promote the development and planning of health human resource needs.</p> <p>Created an overview of the education system's active and future capacity.</p> <p>Hosted a national forum on the planning and development of francophone health human resources.</p> <p>Put in place recruitment and retention initiatives and strategies to better meet the health needs of French-speaking minority communities in Canada.</p> <p>Disseminated findings via Consortium national de formation en santé communication tools: the annual report, newsletter, project evaluation report and website.</p>
Outcomes	<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>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 • Web site: www.cnfs.net

POUR UNE MEILLEURE INTÉGRATION AU QUÉBEC DES MÉDECINS DIPLÔMÉS HORS DU CANADA ET DES ÉTATS-UNIS ET MAINTIEN D'UN GUICHET UNIQUE POUR L'ENSEMBLE DES PROFESSIONNELS DE LA SANTÉ

Project #	6804-15-2010/7110002
Amount/Duration	\$14,860,000 2010/11 to 2015-16
Recipient	Québec Ministère de la Santé et des Services sociaux
Objectives	Building on past success, this project will support enhanced capacity for the Province to attract, integrate and retain internationally educated health professionals with a focus on international medical graduates and internationally educated nurses. Internationally educated health professionals in Quebec will be supported through an expanded single-window service, exam preparation and bridging opportunities. Efforts to increase the success and retention of IMGs through targeted assessment and bridging opportunities, as well as financial and integration supports will also be undertaken.
Activities	<p>Enhance and expand the <i>Guichet Unique</i>, a single-window approach to providing services to internationally educated health professionals immigrating to Quebec.</p> <p>Provide mentoring services to internationally educated nurses, and enhance integration services for other internationally educated health professionals.</p> <p>Provide support to international medical graduates in obtaining restricted licenses through increased information on paths to full licensure, and financial support for assessments and internships.</p> <p>Develop a formal structure and mechanism to annually assess approximately 70 qualified international medical graduates living in Quebec seeking full licensure, and provide six-month placements for 40 international medical graduates to help them secure residencies upon completion.</p> <p>Expand internship orientation to all specialties admitted to residency, and host an annual information day for all international medical graduates who apply for residency training.</p>
Anticipated Results	<p>Improve services, including orientation programs and access to assessments, for international medical graduates arriving in Quebec.</p> <p>Expand the pool of internationally educated nurses recruited and other professionals which are in demand.</p> <p>Increase the rate of licensure and retention of priority internationally educated health professionals.</p> <p>Support international medical graduates to obtain restricted licenses.</p>
Contact Information	<p>Québec • Ministère de la Santé et des Services sociaux • 1005, chemin Sainte-Foy, 7th floor • Québec, QC • G1S 4N4 • Telephone: 418-266-8740 • Web site: www.msss.gouv.qc.ca</p>

REVISION, UPDATE AND TRANSFER OF PRACTICE EXAMS FOR INTERNATIONALLY EDUCATED MEDICAL RADIATION TECHNOLOGISTS

Project #	6804-15-2011/11280001
Amount/Duration	\$154,169 2012/13 to 2013/14
Recipient	Canadian Association of Medical Radiation Technologists
Objectives	To update the practice exams to assist internationally educated medical radiation technologists to become familiar with the certification exam format and to provide an opportunity to self-assess against the Canadian standard. Competencies where further training or education is required will also be identified.
Activities	Revise and update the existing practice exams for the four medical radiation technology disciplines. Transfer the practice exam content to a platform administered by the Association that will facilitate future changes and improve sustainability.
Anticipated Results	Improve access to accurate practice exams that supports better integration outcomes for internationally educated medical radiation technologists. Improve exam preparation, self-assessment and identification of areas for study.

Contact Information

Canadian Association of Medical Radiation Technologists
1000 - 85 Albert Street • Ottawa, ON • K1P 6A4 •
Telephone: 1-800 463-9729 • Web site: www.camrt.ca

SUPPORT STRATEGIES FOR INTERNATIONALLY EDUCATED HEALTH PROFESSIONALS IN NEWFOUNDLAND

Project #	6804-15-2010/6850001
Amount/Duration	\$2,393,110 2011/12 to 2015/16
Recipient	Newfoundland and Labrador Department of Health and Community Services
Objectives	This project will develop supports and pathways for internationally educated health professionals seeking licensure and improve their retention in the health workforce. Activities will address access to assessment, bridge training programs, and internships for internationally educated health professionals.
Activities	<p>Develop a framework that supports internationally educated nurses' transition into the clinical workplace and their integration into the community.</p> <p>Pilot and validate the competency-based assessment process for internationally educated nurses.</p> <p>Design a bridging program for those internationally educated nurses who, upon assessment, cannot be issued interim licenses.</p> <p>Develop and deliver a rural/remote advanced critical care course to support primary care physicians – 83% of whom are international medical graduates – who cope with the many challenges working in rural and remote locations.</p>
Anticipated Results	Increase 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

Department of Health and Community Services • Government of Newfoundland and Labrador •
 57 Margaret's Place • P.O. Box 8700 • St. John's, NL • A1B 4J6 •
 Telephone: 709-729-3208 • Web site: www.health.gov.nl.ca/health

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Projects Funded under the Health Care System Innovation FUND

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2011 CANADIAN HOSPICE PALLIATIVE CARE CONFERENCE

Project #	6804-15-2011/6570079
Amount/Duration	\$40,000 2011/2012
Recipient	Canadian Hospice Palliative Care Association (CHPCA)
Project Description	The CHPCA hosts an annual conference, providing health care professionals, volunteers, and family/informal caregivers with the opportunity to share their experiences and expertise on hospice palliative care in a national forum. The CHPCA conference, "Navigating Safe Pathways to Quality Hospice Palliative Care," took place September 8 through 11, 2011, in St. John's, Newfoundland.
Key Results	<p>Performance measurement data were collected via 1) participants' evaluations, 2) a follow-up teleconference of the planning committee; and 3) a survey of all conference funders, informing the conference planning committee.</p> <p>Distributed and published a conference report and abstracts.</p> <p>Provided Health Canada officials an opportunity to hear about models of and issues concerning community-based palliative care, and how it might best be supported.</p>
Outcomes	<p>Increased knowledge which could enable participants to respond to emerging health policy priorities concerning end-of-life care in their communities throughout Canada.</p> <p>Built research capacity across Canada as participants networked with one another.</p> <p>Participants learned about important issues facing people who work with those who are approaching the end of life as well as the experience of their families by:</p> <ul style="list-style-type: none"> • sharing knowledge; • debating and discussing issues; and • offering best practices towards improving palliative and end-of-life care in Canada.
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 • Web site: www.chpca.net/</p>

THE CANADIAN MEDICATION INCIDENT REPORTING AND PREVENTION PROGRAM (CMIRPS)

Project #	6804-15-2003/5410002
Amount/Duration	\$9.4 million 2003/04 - 2012/13
Recipient	Institute for Safe Medication Practices Canada (ISMP Canada)
Objectives	The purpose of the Canadian Medication Incident Reporting and Prevention Program (CMIRPS) was to make medication use safer for Canadians, by managing and sharing information about reported medication incidents. The goals of CMIRPS were to analyze medication incident data in a timely fashion, to facilitate reporting of medication incidents, to develop targeted information to reduce risk of preventable harm from medications, to disseminate information on best practices in safe medication use systems, and to identify strategies for uptake of learning.
Activities	<p>The primary objectives of CMIRPS were:</p> <ul style="list-style-type: none"> • Collection and analysis of medication incident data in a timely manner to identify safety problems • Development of tools, products and services to support medication safety advancements include the development of safety bulletins and alerts and offering educational sessions to identified target audiences; • Implementation of targeted knowledge translation projects designed to create knowledge, support intervention implementation, and sustain knowledge use;
Key Results	<ul style="list-style-type: none"> • Changes in practice and policy including: recommendations adopted by Accreditation Canada into Standards and Required Organizational Practices; more than 100 CMIRPS medication safety alerts and bulletins for healthcare practitioners and 35 newsletters or alerts for patients and consumers; changes to over 40 health products labels and packages; new and proposed legislative and regulatory changes; and standards by which healthcare organisations must be organised and managed to support the delivery of safe and effective care. • Increased annual volume of medication incident reports to CMIRPS by 112% from FY 2009-10 to 2011-12. • Increased awareness of medication safety activities among stakeholders. • Wide spread utilization of CMIRPS products and services surrounding medication safety practices by health care system stakeholders, many of whom have also adapted health care policies, practices, or • standards based on ISMP Canada recommendations. • Supported the reduction or prevention of harmful medication incidents and improved quality of care and patient outcomes, thereby supporting cost savings and health care system sustainability.
Contact Information	<p>Institute for Safe Medication Practices Canada • 4711 Yonge Street, Suite 501 • Toronto, ON • M2N 6K8 • Telephone: 1-866-544-7672 • Web site: www.ismp-canada.org</p>

DEVELOPMENT OF A MODEL TO TRANSLATE LEARNING FROM FATAL MEDICATION INCIDENTS INTO EVIDENCE-BASED INTERVENTIONS

Project #	6804-15-2012-6410004
Amount/Duration	\$450,000 2012/2013
Recipient	Institute for Safe Medication Practices Canada (ISMP Canada)
Objectives	The overall goal of the project was to develop a model that uses information obtained from in-depth analyses of serious or fatal medication incidents to enable the development and dissemination of evidence based, implementable and sustainable interventions designed to reduce the occurrence of serious and fatal events in future, and/or to mitigate harm.
Activities	<p>Collaborate with Provincial Offices of the Chief Coroner and Chief Medical Examiner to inform future collaborative work between ISMP Canada and the Offices of the Chief Coroner/ Chief Medical Examiner.</p> <p>Share learning from the analysis of closed medication incident cases.</p> <p>Develop and implement a demonstration project on the basis of analysis of closed medication incident cases.</p>
Key Results	<p>Introduced a foundation for future collaborative work among Chief Coroners and Medical Examiners in each province and territory.</p> <ul style="list-style-type: none"> • Dissemination of project results through such methods as a presentation and discussion at the Annual Meeting in June 2013. • Reviewed a total of 121 medical incident cases from Ontario, Québec, Nova Scotia and Saskatchewan, including support for current or “open” case reviews for 12 cases. • Eight hospitals (7 from Ontario and 1 from Prince Edward Island) participated in a demonstration project and tested a number of interventions related to the use and management of HYDROMorphone, leading to the development and use of a patient handout to increase patient knowledge about opioids and prevent medication harm. • Raised awareness to prevent harmful medications incidents among healthcare professionals and consumers via: <ul style="list-style-type: none"> • A newsletter for consumers was developed using some of the content from the patient information sheet developed for this objective; the newsletter is available from: http://www.safemedicationuse.ca/newsletter/newsletter_PreventHarmFromOpioids.html • An ISMP Canada Safety Bulletin has been published. http://ismp-canada.org/download/safetyBulletins/2013/ISMPCSB2013-08_DeathsAssociatedWithMedicationIncidents.pdf • A video sharing similar information is in development has been posted on YouTube. http://www.youtube.com/watch?v=9tfgw3W6ZnQ

Contact Information

Institute for Safe Medication Practices Canada •
4711 Yonge Street, Suite 501 • Toronto, ON • M2N 6K8 •
Telephone: 1-866-544-7672 • Web site: www.ismp-canada.org

FACILITATING COLLABORATION AND INTEGRATED CARE - A HOME CARE POLICY LENS

Project #	6804-15-2011/9230001
Amount/Duration	\$181,858 2011/12 to 2012/13
Recipient	Canadian Home Care Association
Project Description	<p>The objectives of this project were to develop, pilot test and disseminate a Home Care Policy Lens (HCPL) to support collaboration and joint planning at a policy, administration and service provider level by:</p> <ul style="list-style-type: none"> • promoting the inclusion and optimization of home care services in policy development and planning, and supported appropriate resource allocation; • allowing policy makers in various sectors to assess the requirements (e.g. human resource needs) and optimal role for home care within integrated health care delivery models, and • increasing the responsiveness of the health care system to both health providers' and clients' needs.
Key Results	<p>Completed a literature review of home care issues within integrated care models.</p> <p>Hosted three national forums to obtain collaborative stakeholder input into the HCPL questions and content.</p> <p>Reviewed the draft HCPL and discussed applications; and, launched and disseminated the final HCPL.</p> <p>Completed pilot testing of the HCPL in 3-5 regions across the country.</p> <p>Completed an evaluation of the pilot testing, concept and approach.</p>
Outcomes	<p>Promoted the inclusion and optimization of home care services in policy development and planning, and supported appropriate resource allocation.</p> <p>Allowed policy makers in various sectors to assess the requirements (e.g. human resource needs) and optimal role for home care within integrated health care delivery models.</p> <p>Increase the responsiveness of the health care system to both health providers' and clients' needs.</p>
Contact Information	<p>Canadian Home Care Association •</p> <p>7111 Syntex Drive, 3rd Floor • Mississauga, ON • L5N 8C3 •</p> <p>Telephone: 289-290-4389 • Web site: www.cdnhomecare.ca</p>

PATIENT-CENTRED CARE: FUTURE DIRECTIONS FOR POLICY AND PRACTICE IN HOME AND COMMUNITY CARE

Project #	6804-15-2009/9970002
Amount/Duration	\$160,570 2010/11 to 2011/12
Recipient	Saint Elizabeth Health Care
Project Description	<p>The project objectives included:</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.
Key Results	<p>Completed a literature review on client-centred care in the Canadian home and community sector.</p> <p>Developed 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>Developed three case studies.</p> <p>Established 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>Disseminated the findings.</p>
Outcomes	<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 •</p> <p>90 Allstate Parkway, Suite 300 • Markham, ON • L3R 6H3 •</p> <p>Telephone: 905-940-9655 • Web site: www.saintelizabeth.com</p>

STREAMLINING PATIENT FLOW FROM PRIMARY TO SPECIALTY CARE

Project #	6804-15-2010/9290002
Amount/Duration	\$300,000 2010/11 to 2012/13
Recipient	Canadian Medical Association
Project Description	<p>The main objectives of this project were to:</p> <ul style="list-style-type: none"> • create a framework for a more efficient system of referral between primary and specialty care 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.
Key Results	<p>Created, implemented and disseminated an evidence-informed toolbox to showcase effective referral and consultation improvement activities throughout Canada, highlighting different approaches to addressing challenges related to referrals and consultation in the areas of: intraprofessional communications; measuring “wait one” (i.e. the wait for an initial appointment with a specialist); central intake programs; and, physician directories.</p> <p>Developed two priority referral pathways through collaborative processes led by teams of both specialists and family physicians. The Heart Failure Referral Form was endorsed by the Canadian Cardiovascular Society and incorporated into a provincial program designed to streamline care.</p> <p>Undertook a national survey of family physicians and specialists on their experiences with the referral process.</p> <p>Hosted a multi-stakeholder summit on the referral and consultation process with over 70 participants from the health care system.</p>
Outcomes	<p>Expanded knowledge of whether 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.</p> <p>Enhanced buy-in to referral processes through the constructive involvement of all stakeholders in the health care system.</p> <p>Laid foundation for active use of tools in the toolbox.</p> <p>Enhanced awareness of issues related to the referral process, and evidence-based approaches to solving these problems with the tools suggested in the toolbox.</p>
Contact Information	<p>Canadian Medical Association • 1867 Alta Vista Drive • Ottawa, ON • K1G 5W8 • Telephone: 613-731-8610 • Web site: www.cma.ca</p>

THE TAMING OF THE QUEUE CONFERENCE 2012

Project #	6804-15-2011/9700001
Amount/Duration	\$50,000 2011/12
Recipient	Canadian Medical Association
Project Description	<p>The Taming of the Queue conference aimed to provide a unique forum for experts, health care providers, and decision-makers to discuss emerging policy issues related to timely access to quality care and to disseminate current knowledge and best practices. The 2012 conference, <i>Looking Back, Going Forward: Reframing Timely Access as Part of Health System Transformation</i>, focused on assessing progress made to reduce waits over the past decade in Canada and exploring possible future directions by:</p> <ul style="list-style-type: none"> • developing a better understanding of progress in Canada and abroad in the past decade; • identifying possible Canadian directions for the next decade; • enhancing knowledge by sharing information on lessons learned and successful approaches, including in wait time measurement, monitoring and management; • identifying policy implications from the perspective of the payers, providers and patients; and • increasing opportunities to build collaboration among wait time experts. <p>Health Canada funding supported a portion of the travel and accommodation costs for speakers as well as simultaneous interpretation and related equipment during the conference.</p>
Key Results	<p>Provided an opportunity for over 180 policy-makers, experts, patients, clinicians, administrators and students from across Canada, as well as Australia, New Zealand, the Netherlands, and the United States to examine progress, share information on best practices, and explore possible future directions for the wait time agenda.</p> <p>Provided access to keynote speeches and panel discussions highlighting achievements related to improved accessibility of health services and identifying innovations, best practices, and challenges related to wait times.</p> <p>Examined successful programs in Canada and internationally that are improving timely access to care.</p> <p>Produced a conference summary report which details insights and lessons learned at the conference.</p> <p>Created an opportunity for patient and student perspectives to be included in the discussion, with greater student and patient representative presence and engagement than in past years.</p>

Outcomes

Raised awareness of emerging wait times initiatives and tools, with a secondary emphasis on efforts to improve the effectiveness and efficiency of the health care system.

Enhanced knowledge of achievements related to improved accessibility of health services, innovations, best practices, and challenges to solving issues related to wait times.

Increased opportunities for networking among the wait time expert community.

Extended the reach of the conference and created future knowledge sharing opportunities by making the conference materials and report available to all participants and on the Canadian Foundation for Healthcare Improvement-hosted Taming of the Queue website.

Laid a foundation for future leadership on wait times and for responsiveness of interventions developed by health care leaders by increasing student and patient engagement.

Contact Information

Canadian Medical Association •

1868 Alta Vista Drive • Ottawa, ON • K1G 5W8

Telephone: 1-888-855-2555 • Web site: www.cma.ca

THE TAMING OF THE QUEUE CONFERENCE 2013

Project #	6804-15-2012/10810067
Amount/Duration	\$50,000 2012/13
Recipient	Canadian Medical Association
Project Description	<p>The Taming of the Queue conference aimed to provide a unique forum for experts, health care providers, and decision-makers to discuss emerging policy issues related to timely access to quality care and to disseminate current knowledge and best practices. The 2013 Conference, <i>Beyond the Queue: A Systems Approach to Addressing the Root Causes of Wait Times</i>, addressed timely access across the continuum of care by:</p> <ul style="list-style-type: none"> • developing a better understanding of the total wait faced by patients across different points of care; • identifying system-wide strategies and models to improve timely access; • enhancing knowledge of integrated wait time approaches through the sharing of current initiatives and successful approaches from across Canada and internationally; • examining progress in wait time measurement, monitoring and management; • identifying policy implications from the perspective of payers, providers and patients; and • increasing opportunities for networking among wait time experts at the national and international levels. <p>Health Canada funding supported a portion of the travel and accommodation costs for speakers as well as simultaneous interpretation and related equipment during the conference.</p>
Key Results	<p>Provided an opportunity for over 170 policy-makers, experts, patients, clinicians, administrators and students from across Canada, as well as France, the United Kingdom and the United States to examine progress and share information on best practices in improving timely access to care.</p> <p>Provided access to keynote speeches and panel discussions focused on the patient's journey across the continuum of care, allowing examination of wait times from the patient's perspective.</p> <p>Examined successful programs in Canada and internationally that are improving timely access to care.</p> <p>Produced a conference summary report which details insights and lessons learned at the conference, as well as issues/topics that warrant further discussion and consideration going forward.</p> <p>Used patient vignettes that outlined some of the common challenges faced by patients and provided an international perspective on patient engagement.</p>

Outcomes

Raised awareness of emerging initiatives and tools available to improve wait times.

Enhanced knowledge of system-wide strategies, tools and service delivery models that have proven, practical applications for providers in reducing wait times.

Increased opportunities for networking among the wait time expert community.

Extended the reach of the conference and created further knowledge sharing opportunities by making the conference materials and reports available to all participants and on the Canadian Foundation for Healthcare Improvement-hosted Taming of the Queue website.

Contact Information

Canadian Medical Association •

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Telephone: 1-888-855-2555 • Web site: www.cma.ca