



THANK YOU

The CHSRF/CFHI story

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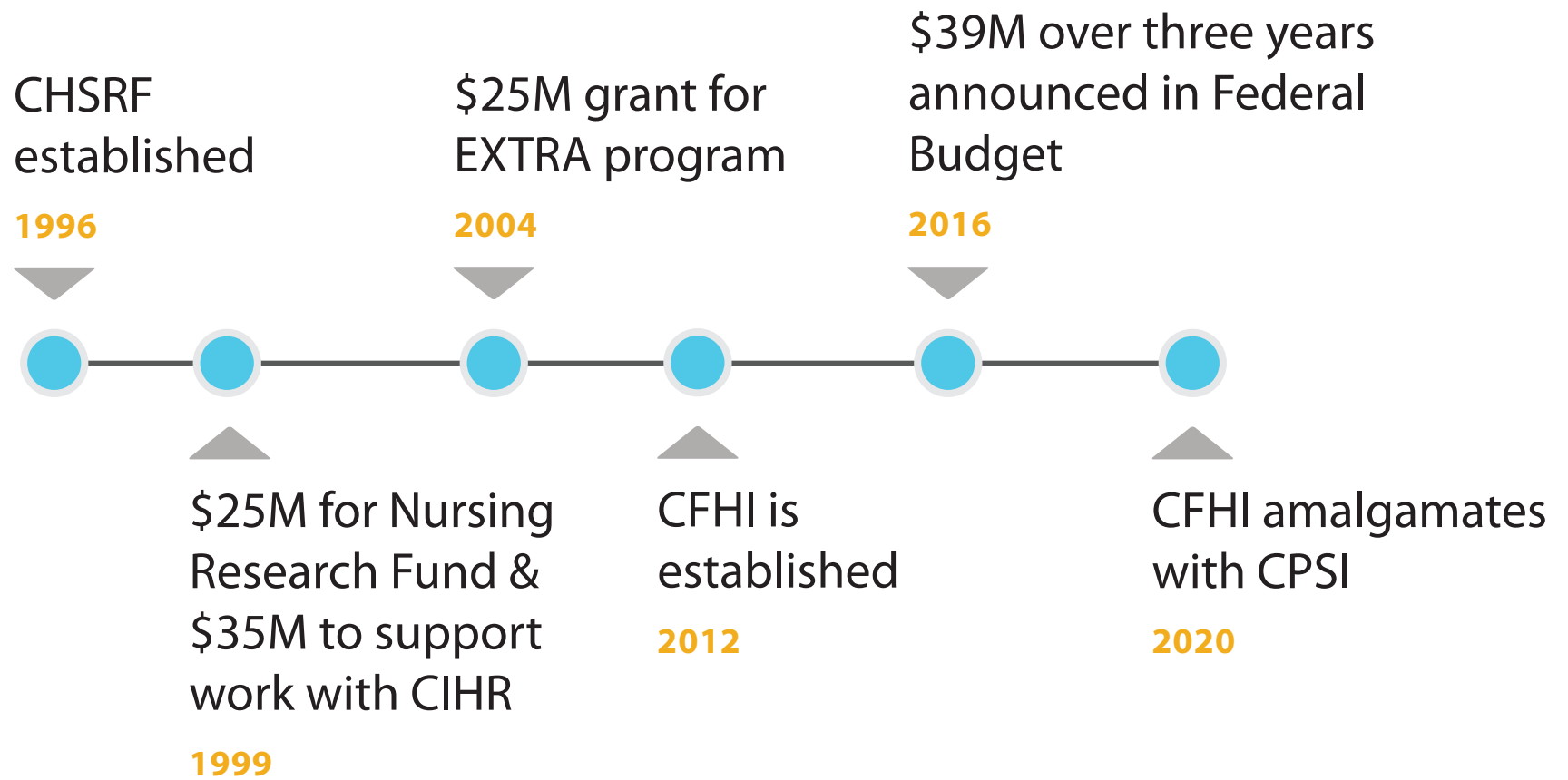
As we pen the last sentence in the latest chapter on the CHSRF/CFHI story, we want to pause and reflect before turning to the next page.

This book contains a collection of memories and achievements and is meant to provide us with a look back through some of the passages to which we have all contributed over the years.

As co-authors of this tale, like so many before us, we can be proud of what has been achieved so far.

Please enjoy this glimpse into the past; may it inspire us in writing the next chapter of our story.

Thank you for your service.



Our Story

We have worked shoulder-to-shoulder to improve health and care for everyone in Canada since 1996. What that has looked like has changed significantly over the years. After all, when continuous improvement is at the core of who you are and what you do, the status quo is never a long-term option. So, although the end goal has stayed the same, our story continues to be written. Our first mandate as CHSRF was to support evidence-informed decision-making, management and delivery of health services through funding research, capacity building and knowledge transfer. Over time and as the healthcare landscape shifted, we began to explore where next to focus our efforts. Working with our stakeholders, it became clear that it was time to embrace a new challenge: spreading evidence-informed healthcare innovations in a country that had been described as a land of “perpetual pilot projects.”

New strategic priorities were established in 2009, a new vision and mission took effect in 2011, and new goals were set in 2012. That same year, we changed our name to the Canadian Foundation for Healthcare Improvement to better reflect our evolution to an organization focused on the identification, spread and scale of proven healthcare innovations. Making these changes was not simple. But it simply had to be done. We needed to focus our efforts where we could have the greatest impact. More improvement, with and for more people. That lasts. Despite the work involved in forming a ‘new’ organization, we never questioned that we would deliver on this new mandate just as we did on our original one. Because although much had changed, what would – and will always – remain the same is the core that makes us who we are: collaboration. Collaboration is how we started, how we became CFHI and is how we will continue to evolve to meet the most pressing needs of the healthcare system in Canada. Improvement isn’t just what we do, it is who we are.

1997

THE BEGINNING

The Canadian Health Services Research Foundation (CHSRF) receives endowment grant of **\$66.6 Million**.

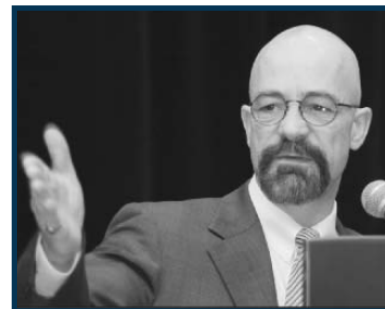


Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé

Arnold Naimark became first Chair of the nascent CHSRF Board of Trustees.



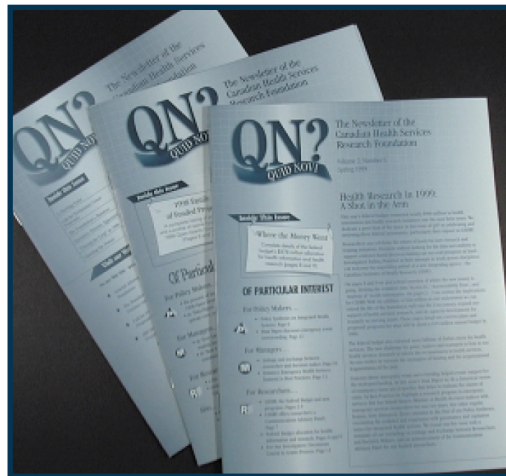
Jonathan Lomas became inaugural CHSRF CEO.



1998

A YEAR OF FIRSTS

The first recipient of the Open Grant Competition named.



The first CHSRF newsletter published.

CHSRF launched its website.



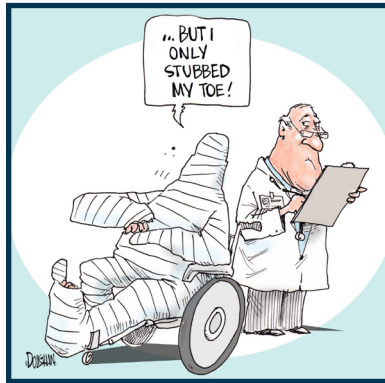
1999-2000

A FEW NOTABLE HIGHLIGHTS

- Established the **Nursing Research Fund**.
- Entered into a partnership with the Canadian Institutes of Health Research, & launched the **Capacity for Applied & Developmental Research and Evaluation** (CADRE) program.
- Launched the **Mythbusters** series.
- Financed projects to the combined tune of **\$4,154,000**.
- Developed and released a **Communications Primer for Investigators**, containing principles that support effective communication of research results. Most notably, the **1:3:25** rule for final research summaries is a principle widely adopted by the research community and used to this day.
- Funded **18** new projects and programs of research under the 2001 Open Grants Competition & **50** Joint Training Awards.

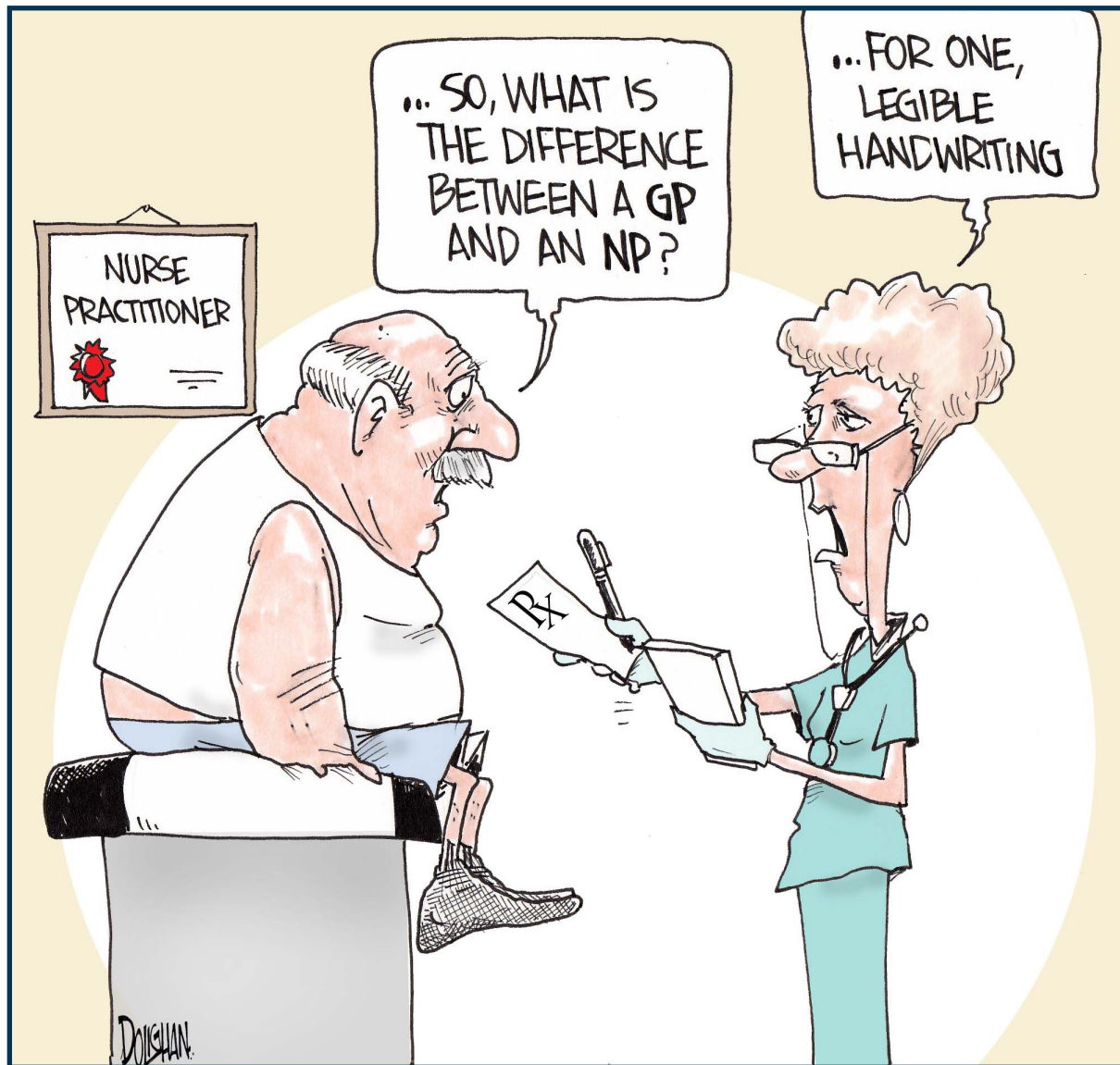
You could almost hear the trumpets when 11 health services and nursing chairs were awarded in 2000. The holders of the chairs, including Jean-Louis Denis who CFHI still relies on in 2020, act as mentors to less experienced researchers, train graduate students, build national research networks and conduct research for 10 years.

A twelfth chair was awarded in early 2001.



Cartoons
commissioned
by CHSRF for the
Mythbusters
Series





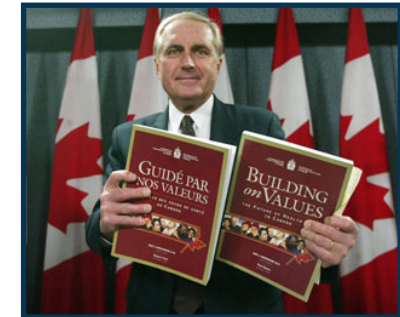
Cartoons commissioned by CHSRF for the **Mythbusters** Series



2002-2003

NEW PARTNERS AND GROWTH

- Partnered with the Federal/Provincial/Territorial Advisory Committee to commission an **international review** of health human resource planning.
- **Brian Postl** joined the board of directors, where he served as Chair from 2009-2014.
- Funded **55 new projects and programs of research** under the 2002 and 2003 Open Grants Competition.
- In November 2002, the **Royal Commission on the Future of Health Care in Canada**, tabled its report (dubbed the Romanow Report) in the House of Commons. The report had far-reaching positive effects on the future of funding in healthcare. CHSRF contributed an impressive 9 public discussion papers to this work.



2004-2005

MOMENTUM GROWS

Launched a new flagship granting program – **Research, Exchange, and Impact for System Support** (REISS) – following the successful transfer of the Open Grants Competition to CIHR.

Our partner organizations supplemented the Foundation's REISS funding by **\$1.70 in cash and in-kind support** for every \$1 committed by the Foundation.

The Foundation leveraged approximately **\$10 million**, or 200 percent, of its program funding with partnership funds (including both cash and in-kind funding).

“Being connected with CHSRF has been one of the gifts in my life. I am deeply grateful for the ways in which my time with CHSRF influenced my own thinking during my active years in the health care system and in my years since then through new contacts with health care for older persons and vulnerable populations.”

- Sister Elizabeth Davis

Member of the Board of Directors (CHSRF)
1999-2008 Chair of the Board of Directors 2004-2009

2006-2008

AWARDS GALORE

- The **Executive Training Program** (EXTRA) Cohort 1 graduation took place.
- The Foundation awarded nine CHSRF/CIHR Postdoctoral Awards in 2008, bringing the **total number of awards to 74** since the program's inception in 2000.
- Launched the first-ever **Mythbusters Award**, open to students of Canadian universities.
- Canadian Business magazine named the Foundation one of the 30 "**Best Places to Work**" in Canada and Mediacorp Canada Inc. listed the Foundation as one of the top 15 employers in the National Capital Region.
- Launched the first-ever **CEO Forum** in 2007.
- **Maureen O'Neil** took on the role of President & CEO.





Cartoons commissioned by CHSRF for the **Mythbusters** Series

2009

CHANGE IS HAPPENING

CHSRF adopted **new logo, corporate colours,** and **newsletter** to reflect a new strategic direction.



Mythbusters reached a total online audience of nearly **40,000 people**. The University of Manitoba received a CIHR grant to study how CHSRF's Mythbusters model could be used to improve media access to research on topics related to health services.

A report written by CADRE and EXTRA program staff was accepted for publication in the **European Journal of Marketing and Management in Health**.

An article on physician payment models, based on the discussions at the 2009 CEO Forum, was published in **Healthcare Quarterly**.

CHSRF initiated **23** new partnership agreements and formalized **54** new award agreements.



**“Change is never easy. However, as Winston Churchill once quipped
“There is nothing wrong with change, if it is in the right direction.”
We firmly believe that the changes CHSRF is making are steering
our organization in a direction where it can provide the greatest
value to Canada’s healthcare system. As always, in keeping with
CHSRF’s raison d’être, our focus is on promoting the use of evidence
from research, evaluation and best practices to drive change.”**

Maureen O’Neil & Brian Postl

2009 Annual Report



2010-2011

THE NUMBERS TELL THE STORY

CHSRF modified its visual identity with a **new logo** and **tagline**.



Breakthroughs where healthcare policy and delivery meet

234,062 visits to www.chsrf.ca, **1,277** participants at CHSRF-hosted events, **1,250** EXTRA graduates since inception.

CHSRF implemented a training initiative in partnership with the **Department of Health and Social Services** (DHSS) of the Government of the Northwest Territories to improve the way chronic disease is managed in the territory.

150 people attended the 2011 CEO Forum.

2012 - CFHI is born

2012 was a year of change in which we took a new name, developed new programming, and refocused our existing programs. We relied on our committed Board of Trustees in 2012 to help us make the strategic decisions that would drive healthcare transformation in all our activities. We welcomed two new trustees to our Board and re-elected four. Our talented staff sustained successful programs and launched exciting new ones.

Our name change, from the Canadian Health Services Research Foundation to the Canadian Foundation for Healthcare Improvement reflected an important evolution for the organization. We have since worked shoulder-to-shoulder with healthcare leaders, managers and providers to improve healthcare for Canadians.



Canadian Foundation for
**Healthcare
Improvement**

2012

CFHI STARTS OUT STRONG

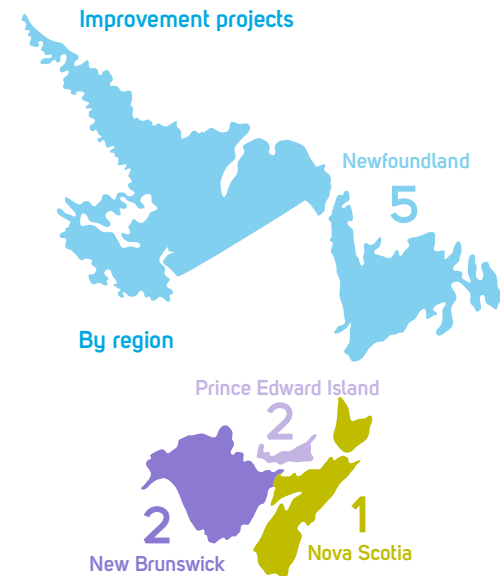
CFHI's three strategic priorities guide healthcare transformation and improvement work were: **engaging citizens, patients and families**; **accelerating evidence-informed change/improvement** in healthcare delivery; and **promoting policy dialogue**.

There were **27 healthcare managers** from Richelieu-Yamaska in Quebec who completed their IPCDC/CFHI healthcare improvement training.

16 improvement projects launched through the IPCDC collaboration.

CFHI's **13 improvement projects** spanned the country from coast, to coast, to coast, and engaged with **181** healthcare leaders, managers and providers.

Many of CFHI's improvement projects were based in Atlantic provinces.



2013

ENGAGEMENT FOR IMPROVEMENT

CFHI and six healthcare regions from British Columbia, Alberta, Saskatchewan, Manitoba, and Newfoundland and Labrador signed a charter with the ultimate goal of improving health outcomes for populations living in northern, rural or remote areas of these provinces: the **Canadian Northern and Remote Health Network**.

The four-part **Patient and Family Engagement webinar series**, based on the *On Call* format, enabled policy-makers, decision makers and clinicians to explore evidence and share improvement stories about patient and family engagement initiatives. The four webinars averaged more than **255 participants**, across 87 organizations. The series was so successful that it was offered again in 2014.

CFHI launched the **Patient and Family Engagement Resource Hub**, an online library of free resources providing access to tools and practices for engaging patients and families.

EXTRA celebrated a decade of success: 45 improvement teams within 7 collaborations, involving 264 healthcare leaders, administrators and front-line providers across the country.

2014

LOTS OF PROGRAMMING

141 **improvement teams** were supported.

The average number of CFHI-hosted webinars per month in early 2014: **1.5**.

The average number of CFHI-hosted webinars per month in late 2014: **6**.

CFHI had lots of **programming and collaborations**: Antipsychotic Medication in Long Term Care, INSPIRED Approaches to COPD, Atlantic Healthcare Collaboration, Northern and Remote Collaboration, Partnering with Patients and Families for Quality Improvement, EXTRA Cohort 10 & Cohort 11, IHI's Better Health, Lower Costs for Patients with Complex Needs, IHI's Triple Aim Improvement Community.

Leslee Thompson became chair of the Board of Directors.



2015

FAMILY CAREGIVERS ARE ESSENTIAL



◀ **Lynn Stevenson** became Chair of the Board of Directors.

CFHI's **Better Together: Partnering with Families** campaign was mentioned in 66 news stories. 21 health organizations took the pledge to include family and caregivers as patient care partners.

Why should there be visiting hours to see my own mother?
She needed me and I needed to be there for her. Family Presence will change healthcare by helping everyone recognize that the 'team' includes families and loved ones."

- **Serese Selanders**

Family member whose mother was hospitalized
Regina, Saskatchewan

2015

AMBITIOUS CHANGE

CFHI published a book called **Patient Engagement: Catalyzing Improvement and Innovation in Healthcare**, and hosted a Breakfast with the Chiefs event and webinar to share key insights.

CFHI hired a dedicated Director for the Northern & Indigenous program of work who delivered **Indigenous Cultural Competency** (increasing providers' knowledge & understanding of the northern context & Aboriginal culture) training internally and to health organizations & systems across the nation. Since 2018, cultural safety training has been a requirement for all staff & Board members.

CFHI had ambitious objectives: **delivering demonstrable results** for Canadians by improving patient and family experience and care, population health and value-for-money; being **recognized as the leader** in supporting the implementation, spread and scale of healthcare improvement across Canada; and remaining **adaptable** in a changing environment.

2016

COLLABORATIONS ARE CENTRAL

To support the Truth and Reconciliation program of work, distinct partnership agreements were established with the **First Nations Health Managers Association** (FNHMA) and **Thunderbird Partnership Foundation** (TPF).

The FPWC and TPF continue to be key contributors to the work of the Promoting Life Together Collaborative, sitting on the Guidance Group, and providing advice and guidance on every element of the work.

CFHI collaborated with partners to evaluate the role of **paramedics** in providing **palliative care** in three provinces, and we completed a 10-month e-collaborative to support organizations interested in using **remote-consult initiatives** (either telephone or web-based consults) to provide patients with better access to specialist care. This work would lead to future collaboratives.

CFHI embraced a **new logo and visual identify**.

Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour **l'amélioration des services de santé**

Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour **l'amélioration des services de santé**

Cultural Safety

Cultural capacity (“increasing providers’ knowledge & understanding of the northern context & Aboriginal culture”) was initially identified as a priority of the Canadian Northern & Remote Health Network (then the NRoR). In 2015, CFHI hired a dedicated Director for the Northern & Indigenous program of work who delivered Indigenous Cultural Competency training internally & to health organizations & systems across the nation. CFHI eventually began offering the San’yas Indigenous Cultural Safety Training (Ontario Curriculum) to all staff and Board members. The 8-week online course is further supplemented with in-person check-ins with Albert Dumont, Spiritual Advisor, Algonquin Territory & Denise McCuaig, Métis Elder & coach/mentor for the Promoting Life Together Collaborative & EXTRA.

Since 2018, cultural safety training is a requirement for all staff & Board members.

2017

GROWTH IN REACH AND SPACE

Of the eleven **Connected Medicine** collaborative teams, 9 included psychiatry in their remote consult service.

CFHI's **webinars** were very popular: 21 webinars, 3,977 total registrations, and 1,414 on-demand views.

CFHI collaborated with **191 improvement teams**, trained **1,375 healthcare leaders**, and reached **28,327 patients**.

CFHI found a new home at **200 Kent Street** in Ottawa, Ontario. The space offers staff and external partners alike the facilities to work collaboratively. It was profiled by the Ottawa Business Journal in their 2020 Best Ottawa Office publication.



2018

NEW STARTS AND CELEBRATIONS

CFHI refreshed the **corporate strategy**, and with it, its strategic goals: **identify innovators and innovations**; lead **partnerships** that spread and scale proven innovations; **enhance system capacity** to implement sustainable improvements; and **shape the future** of healthcare.

CFHI ramped up internal capacity development efforts building on the work of the Promoting Life Together (PLT) Collaborative. We co-designed and delivered two lunch and learns and seven learnings circles focused on cultural appropriation, terminology, and ceremony in collaboration with Kelly Brownbill, Dr. Ed Connors, and Denise McCuaig. We have also held open-office-hours, providing one-on-one mentorship to staff, with these individuals and Albert Dumont, Spiritual Advisor, Algonquin Territory.

This work has been very impactful, **giving people the opportunity to experience First Nation and Métis culture and ceremony**, and learn and ask questions in safe and open spaces.

CFHI's programs and collaboratives **reached all Canadian provinces and territories**, including one country outside Canada.

The **Harkness Fellowship** celebrated its 20th anniversary.

Jennifer Zelmer became President & CEO.



2019

MAKING A DIFFERENCE

A **Five-Year Independent Evaluation** found “CFHI greatly contributed to the acceleration of healthcare improvements in Canada.”

The **Promoting Life Together Collaborative** modelled a co-designed learning program, bringing together multi-disciplinary teams from across northern, rural and remote parts of Canada using a shared learning approach. The name of the collaborative was re-framed to focus on ‘life promotion’, recognizing the need to take a broader and more encompassing approach to the issue of suicide, to consider all aspects of one’s life and community wellness.

In October 2019, the members of the Northern Indigenous Health (NIH) team, as representatives of the Canadian Foundation for Healthcare Improvement (CFHI), were **gifted with a sacred bundle** during ceremony in Maniwaki, QC near Kitigan Zibi First Nation. This bundle was feasted in ceremony in November of this year with AmalCo staff and participants of the Collaborative and Guidance Group.


100% of teams that worked with CFHI contributed to improvements in patient experience and care.

CFHI led **15** collaboratives and programs, supported **256** improvement teams, worked with **3,068** healthcare leaders and reached **23,920** patients.



2020

AN UNPRECEDENTED YEAR



CFHI pivoted quickly to continue to deliver value during the **COVID-19 pandemic**, launching new programming (LTC+ Acting on Pandemic Learning Together) and hosted conversations about meaningful patient, family and caregiver engagement and partnership.

In 2016, to support the Truth and Reconciliation program of work, distinct partnership agreements were established with the First Nations Health Managers Association (FNHMA) and Thunderbird Partnership Foundation (TPF).

In 2020, these agreements were renewed, with the First Peoples Wellness Circle (FPWC) joining the TPF partnership.

The FPWC and TPF continue to be key contributors to the work of the Promoting Life Together Collaborative, sitting on the Guidance Group, and providing advice and guidance on every element of the work.

Patient and family engagement work was strengthened with the launch of **Essential Together**, which built off of the Better Together program.

CFHI convened a **Rapid Response Expert Advisory Group** composed of clinicians, healthcare system leaders, hospital CEOs, legal/bioethics experts, public health experts, and patient, family, and caregiver partners from across the country. Their findings and recommendations were published in a report.

CFHI legally **amalgamated** with the Canadian Patient Safety Institute, bringing two teams and portfolios together.



OUR DISTINGUISHED BOARD MEMBERS

Duane Adams	1998-2000	Maura Davies	2003-2007
Morris L. Barer	2007-2012	Deborah J. DeLancey	2013-2020
Martin Beaumont	2016-2020	Lise Denis	2003-2004
Alan Bernstein	2001-2005	Sylvie Dillard	2000-2002
Jeanne F. Besner	2007-2012	David Dodge	1998-2000
Luc Boileau	2010-2015	Vincent Dumez	2015-2020
Wendy Brodtkin	2003-2005	John Evans	1997-1998
Sally Brown	1999-2004	Henry Friesen	1997-2000
Howard Brunt	2000-2001	Kenneth Fyke	1998-1999
Michel Bureau	1997-1999	Ian C. Green	2001-2004
Tom R. Closson	2012-2017	Chris Ham	2006-2008
Lindsay Crowshoe	2016	Réjean Hébert	2006-2008
Anthony Culyer	2000-2002	Abby Hoffmann	2011-2019
Janet Davidson	2014-2015	Fred Horne	2018-2020
Elizabeth M. Davis	1999-2009	Michèle Jean	1997-1998
	Chair: 2004-2009	Patricia Kaufert	1998-1999

Dennis Kendel	2005-2010	Nancy Roberts	2009-2013
Donna Kline	1998-2000	Ginette Lemire-Rodger	2009-2011
Peggy Leatt	1997-1998	Murray N. Ross	2014-2020
Antonia Maioni	2009-2013	Erik Sande	2016-2020
John Malcolm	2008	Jean-Yves Savoie	2004-2009
Patricia Martens	2009-2013	Robert Smith	2002-2010
Malcolm Maxwell	2004-2008	Morris Rosenberg	2005-2009
Petrina McGrath	2018-2020	Stephen B. Soumerai	2002-2005
George M. McLellan	2013-2014	Matthew Spence	1997-2003
Gail Tomblin Murphy	2005-2010	Lynn Stevenson	2013-2020
Tammie Myles	2019-2020	Chair: Lynn Stevenson	Chair: 2015-2020
Arnold Naimark	1997- 2004	Constance Sugiyama	2013-2020
	Chair: 1997-2004	Leslee J. Thompson	2012-2015
Brian D. Postl	2003-2014	Chair: Leslee J. Thompson	Chair: 2014-2015
	Chair: 2009-2014	John Tucker	1997-1998
Paul M. Pugh	2006-2010	Carolyn Tuohy	2001-2006
Marc Renaud	1997-2002	Glenda Yeates	2001-2006
			2010-2011

TESTIMONIALS + MEMORIES

There are so many things to celebrate about the work of CHSRF and CFHI over the years, including the passion and commitment to quality improvement shared by Board members and staff - but one quality that stands out for me is the openness to new ideas and new approaches. CFHI has truly been a learning organization, flexible and nimble enough to pivot in response to changing priorities and emerging needs in the healthcare environment. While some organizations become set in their ways and have difficulty shifting from a predetermined course of action, CFHI has managed to embrace and respond to new challenges while not losing focus on mission and priorities; and done so with enthusiasm and positive energy. In recent years this has included broadening CFHI's focus to consider issues related to Northern and Indigenous health, and of course more recently with the organization's response to the COVID-19 pandemic.

- Debbie Delancey

Member of the Board of Directors 2013-2020
Former Deputy Minister, Health and Social Services
Government of the Northwest Territories

We should celebrate the process of transformation and constructive change. It was challenging at times, change is not easy, but the board was behind it 100% and we should be very proud of that (and thankful to the unwavering leadership of our Chair).

- Connie Sugiyama

Member of the Board of Directors 2013-2020

Corporate Director

Distinguished Visiting Scholar, Ryerson University Law Research Centre

Former Chair, Board of Trustees, Hospital for Sick Children

What I'd like to celebrate about the CFHI (and former CHSRF) is the ability to 'read the tea leaves' and pivot to respond to emerging needs without moving off the fundamental principles of the organization.

I'm most proud of the work with patients and Indigenous colleagues...

- Lynn Stevenson

Member of the Board of Directors 2013-2020

Chair of the Board of Directors 2015-2020

Former Associate Deputy Minister, Health Services

British Columbia Ministry of Health

Outre le programme FORCES, le Québec n'a pas l'habitude de participer de façon importante au déploiement de projet pan canadien. Je suis extrêmement fier de la contribution du système de santé québécois dans sa lutte pour une utilisation appropriée des antipsychotiques dans les CHSLD (projet OPUS). Ce changement de pratique a réussi à fédérer toutes les parties prenantes nécessaires à la réussite de ce projet. Un projet de transformation qui a émergé d'une organisation et qui a fait boule de neige dans l'ensemble du pays.

Je remercie tous mes hauts dirigeants de l'époque de leur confiance et d'avoir accepté de relever ce défi aux bénéfices de tous les résidents de nos établissements.

- Martin Beaumont

Member of the Board of Directors 2016-2020

President & CEO, Centre hospitalier universitaire (CHU) de Québec - Université Laval

J'aimerais célébrer la solidité de l'expertise et la grande créativité de toute l'équipe de CFHI qui a su accomplir sa mission avec une rigueur tout en n'ayant pas peur d'innover et de tenter de nouvelles choses.

- Vincent Dumez

Member of the Board of Directors 2015-2020
Co-director - Center of Excellence on Partnering with Patients and the Public (CEPPP),
Faculty of Medicine, Université de Montréal
Research Centre of the Centre hospitalier de l'Université de Montréal (CRCHUM)

The most important aspect of CFHIs work in my view is the strong focus on turning evidence into action. It sounds like an easy thing to do, but it is in fact very difficult. CFHI really understands what is needed to do this right – strong partnerships with experts, training people to use evidence, engaging patients and families, and creating collaboratives across organizations that are interested in changing practice and learning. This came through in shining colours in the project on reducing antipsychotic medication use in long term care.

- Marcel Saulnier

Board of Directors (Health Canada Representative) 2020
Associate Assistant Deputy Minister - Strategic Policy Branch, Health Canada

I will always marvel at the thrill, starting in 2011-12, of helping steer the CHSRF research ship towards a whole new Quality Improvement land: CFHI. Health services research was being appropriately funded by CIHR, so CFHI defined a new niche. We jumped right into spreading successful innovations (informed by evidence, including all that cutting edge CHSRF health services research) from one place to other places. CFHI was willing to try almost anything that would improve health care - and lead to stable funding! So many said it couldn't be done. These were exciting times – great leadership from everyone in the organization (the stellar bench strength of CFHI team members is key), partners and the Board, with ideas crackling in the air every day. We learned a lot from IHI and other international health organizations and adapted and adopted. It was so much fun and the results are outstanding. And now, more adventures on the horizon . . . Thanks to CFHI for allowing me, after two retirements, to continue to be a small part of the evolution.

- Linda Piazza

Retired CHSRF / CFHI Staff Member

Being part of the CHSRF - CFHI family over the last 20 years has profoundly influenced my ways of working and thinking. I am particularly grateful for 3 things: a) the safe space CFHI has created for 100s of interprofessional teams and patients to experiment, test new ideas and innovate; b) the networking opportunities that have connected us all across this vast land; and c) the people at CFHI - you have been such amazing role models and stewards of improvement. Bravo and can't wait to see what the next 20 years brings!

- Patty O'Connor

Consultant & Clinical Improvement Advisor
EXTRA Cohort 1 Fellow & Harkness Fellow

It's been so amazing to meet so many people within CFHI, but also providers, patients, families, health leaders across the country and hear how CFHI and our programs have been able to support positive change and improvement in a meaningful way to so many.

- Neil Drimer

Director
At CFHI Since 2016

Being a member of the CFHI team as a patient partner has given me the opportunity to meet so many amazing people from Newfoundland to Whitehorse and around the world who are committed to making healthcare in Canada the best in the world. I have too many fond memories to even begin to share but I would like to give a heartfelt shout out to all the big birds, little birds, patient partners and the whole Patient Engagement Team for so generously and enthusiastically learning and sharing with me over the years. I look forward to our paths continuing to cross as they lead us to our common goal.

Thank you for all you do and for all you will do to improve the patient experience. We are Better Together!

- Angela Morin

Former Patient Partner at CFHI
Patient Partner and Lead, PFCC Kingston Health Sciences Centre

I want to celebrate the incredible work we led in spreading and scaling remote consult and COPD care in Canada. From the 1.0 collabs, to the 2.0 ones, to the Momentum Challenge...We have built long-term relationships with these teams and regions, and can really see the impact the projects have had on patients, providers, and the healthcare system.

- Dina Kutziubas

Improvement Lead
At CFHI since 2017

Celebrating our journey from CHSRF to CFHI and now to Amalco. We've always been an organization that was not afraid to change course to stay relevant. Within CHSRF, we adjusted our work according to the needs of the healthcare system. Our first 5 years was responding to the need to fund applied health services and nursing research, our second 5 years was identifying how we could support the healthcare leaders make better and informed decisions to affect change and when we moved to CFHI, we were ready to work shoulder-to-shoulder with the healthcare leaders to implement innovations to improve patient care. That journey has made us resilient and responsive to the system and put us in a great place to create something new as we head into Amalco. I've been lucky and blessed to have seen the very beginnings of CHSRF and to see how it has flourished over the years. I've had the pleasure of helping to create the visions and to see how we have evolved. I'm so proud of what we've accomplished and seeing how our work has influenced decisions in the healthcare system. From our flagship program of EXTRA to our collaboratives to our initiatives, we've always been leading edge. We are now seeing that our credible reputation as being the "honest broker" has meant that healthcare stakeholders are now reaching out to us and asking us to help them. A sign of success that we can take into Amalco.

- Nancy Quattrocchi

Vice-President: Corporate Services
At CHSRF-CFHI Since 1998

ONE THING TO CELEBRATE

The first time we hosted a sharing circle with CFHI staff together with three coaches from the PLT, I felt immense gratitude that we were on a journey of reconciliation together.

- **Carol Fancott**

Director

At CFHI Since 2017

Taking steps as an organization towards reconciliation through workshops, online courses, and non-judgmental group discussions.

- **John Handal**

Improvement Lead

At CFHI Since 2019

I want to celebrate the smart, thoughtful, caring, fun, action orientated people (staff and externals) I've had the opportunity of working with.

- Maria Judd

Vice-President: Programs
At CHSRF/CFHI Since 2005

Like so many others, my career and ways of thinking have been shaped by having the opportunity to participate in a CFHI (then CHSRF) supported Fellowship, in my case the Harkness. The transformations in care that the new connections, ways of thinking, and skills that the Fellowships introduce participants to make possible are just one of the enduring legacies of the organization's work.

- Jennifer Zelmer

President & Chief Executive Officer
At CFHI Since 2018

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