

ANNUAL REPORT 2004

Canadian Health Services Research Foundation



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



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Fondation canadienne de la recherche sur les services de santé

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ANNUAL REPORT 2004

Canadian Health Services Research Foundation

VISION

Our vision is a strong Canadian healthcare system that is guided by solid, research-based management and policy decisions.

MISSION

To support evidence-based decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

STRATEGY

To establish and foster linkages between decision makers (managers and policy makers) and researchers in the governance of the foundation and in the design and implementation of programs to support research, develop researchers and transfer knowledge.

OBJECTIVES

To enhance the quality and quantity of research that responds to the needs of health system decision makers.

To get needed research into the hands of health system managers and policy makers in the right format, at the right time, through the right channels.

To help health system managers, policy makers and their organizations to routinely acquire, appraise, adapt and apply relevant research in their work.

To bring researchers and decision makers together regularly to understand each other's goals and professional culture, influence each other's work, and forge new partnerships.

OPERATING PRINCIPLES

- **Innovation**
- **Transparency**
- **Collaboration**
- **Flexibility**

TABLE OF CONTENTS

Foundation Governance and Accountability	2
2004 – 2005 Board of Trustees	3
Report of the Chair, Board of Trustees	4
Report of the Chief Executive Officer	5
About the Canadian Health Services Research Foundation	6
CHSRF – 2004 – A Year in Review	7
Financial Statements – December 31, 2004	19



FOUNDATION GOVERNANCE AND ACCOUNTABILITY

The foundation recognizes the importance of reporting on its performance and its responsible use of resources.

Governance and accountability structures and processes are in place to ensure organizational decisions are transparent and programs are based on the best available evidence.

The foundation is responsible to the groups it serves: health services decision makers, researchers, and their organizations. It is accountable to its funders and partners and to the Canadian public who, through their taxes, created the foundation's original endowment.

Up to 15 trustees govern the foundation, including two ex-officio representatives (the deputy minister of Health Canada and the president of the Canadian Institutes of Health Research) and others representing researchers, decision makers, and their organizations in the health sector. Trustees oversee more than \$100 million in the endowment and an annual operating budget of \$15 to \$16 million, and they set policies and program directions for the foundation. Trustees are elected for three-year renewable terms by the ordinary members of the foundation at the March annual general meeting.

As a publicly funded foundation, it is committed to demonstrating that established objectives are met and activities are in line with its mission. This accountability requires monitoring and assessing results at two levels: the extent to which the foundation is having a system-wide impact by carrying out its overall mission; and the extent to which the specific objectives are achieved for each of the foundation's programs.

To achieve this, the foundation undertakes ongoing routine program-level evaluation every five years and an overall foundation-level evaluation.

2004-2005 BOARD OF TRUSTEES

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Regina, Saskatchewan

**Chief Executive Officer,
Canadian Health Services Research Foundation**
Jonathan Lomas

* became president and chief executive officer of the Canadian Institute for Health Information in summer 2004

ANNUAL REPORT 2004

Canadian Health Services Research Foundation

REPORT OF THE CHAIR, BOARD OF TRUSTEES



"The core of leadership must be the act of making conversation real. The conversations of captaincy and leadership are the conversations that forge real relationships between the inside of a human being and their outer world, or between an organization and the world it serves." This quote from David Whyte captures for me the leader-

ship role that the Canadian Health Services Research Foundation has taken in the Canadian healthcare system.

Although this was my first year as chair of the board of trustees for the foundation, I have been working with the foundation and its staff since its early days in the late 1990s. Over the years, we have established innovative new programs and amended existing ones to meet the evolving challenges inherent in enabling two very different communities – researchers and decision makers – to understand each other, build on each other's strengths, and work together to create a better health system.

The foundation has done and continues to do this by making conversation real between the two communities. With the implementation in 2004 of the Executive Training for Research Application (EXTRA) program, the foundation is moving to increase the decision-making community's capacity to communicate with researchers and find and use the fruits of their labour.

EXTRA is just one example of the innovative world of the foundation. This annual report details many others, as well as the significant progress that has been made on existing programs. I am confident that the programming, both new and evolving, will continue to build the bridges that are needed to ensure both communities work together to inform important decisions in the healthcare system in Canada.

Elizabeth M. Davis, RSM
Chair, Board of Trustees, CHSRF

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Brian Postl
Jonathan Lomas (*ex-officio*)

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Lise Denis
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Sheila Marie Gallagher (Alberta)
Sue Matthews (Ontario)
Marlene Smadu (Saskatchewan)
Jonathan Lomas (*ex-officio*)

REPORT OF THE CHIEF EXECUTIVE OFFICER



In 2004 the foundation pursued new, innovative ways to both create and use applied health services research. By continuing to make a name for ourself as a leader in linkage and exchange – the process of bringing together the producers and users of research – and by exploiting the symmetries between our programs for researchers and

decision makers, the foundation contributed to increasing the amount of evidence-based decision-making in the Canadian healthcare system.

We built on our previous work to increase the capacity of the decision-making community not only to use research, but to seek out and in fact participate in shaping it.

As part of consolidating our research grants, we successfully transferred our interactive model Open Grants Competition to the Canadian Institutes of Health Research. Having incubated, monitored, and successfully transferred this innovation, we designed and launched a new flagship competition, Research, Exchange, and Impact for System Support (REISS). REISS funds programs which include capacity development and knowledge transfer and exchange to create new high-quality research knowledge in the areas most useful to decision makers.

Developing decision makers' capacity and skills to use this new research is the focus of our Executive Training for Research Application (EXTRA) program. The inaugural cohort attended its first residency session in 2004, and initial evaluations showed more than 90 percent of the fellows enhanced their understanding of research and how to appraise and apply it in their decision-making settings. The foundation linked EXTRA with the capacity development program for researchers we created in partnership with the Canadian Institutes of Health Research – Capacity for Applied and Developmental Research and Evaluation (CADRE) in Health Services and Nursing – by establishing a mentoring program which connects EXTRA fellows with mentors from the academic and decision-maker contexts.

Building the capacity of the applied health services and nursing research communities remains a key element of the foundation's work. Our main initiative in this area, CADRE, continues to be a great success. More than 100 students enrolled in the program in 2004, and 98 graduated, far exceeding our original expectations.

We continued to expand our knowledge brokering community across Canada, bringing brokers together through national and regional workshops and other venues. We launched our evaluation of knowledge brokering through implementing six demonstration sites in three different provinces, which will test our theory that knowledge brokering is an effective way to optimize knowledge transfer and exchange.

We also developed a number of concrete tools to help researchers and decision makers work with one another. For example, we launched Knowledge Exchange Yields Success (KEYS), a 'how to' guide for researchers that provides information and tips on knowledge exchange and working with decision makers. As well, using our highly successful *Communication Notes* as a model, we planned for a series of *Network Notes* that takes the reader through the often complex but highly effective world of networks and how to use them.

Finally, we further expanded our partnerships, which continue to be key to our success. We leveraged more than 65 percent of our program awards with partnership funds. But our partners provide us with much more than money; they are champions who help us promote linkage and exchange and communicate ideas, give us new ones, and take some of ours with them and give them new life.

Building bridges between the research and decision-making worlds, helping each to understand the other better and work with one another to develop a better health system, is what the foundation is all about. I am pleased to present this year's annual report that details our endeavours and achievements for 2004.



Jonathan Lomas

Chief Executive Officer

Canadian Health Services Research Foundation

ABOUT THE CANADIAN HEALTH SERVICES RESEARCH FOUNDATION

The foundation was established in 1997 to strengthen the scientific basis for decisions made by people running health services in Canada. From the beginning, the foundation knew that to do this effectively, it had to engage the participation both of those who generate new knowledge through research and those who apply new knowledge in making decisions. Our overall operating philosophy is to build bridges between applied health services researchers and decision makers in the health system. This approach underpins all our activities – from governance, through program design and delivery, and on to dissemination and evaluation.

The foundation routinely brings together people who do research on the health system with those who run it. In fact, our own priorities and programs are established in consultation with managers and policy makers, as well as researchers, across Canada to ensure they meet the needs of the health system.

The foundation makes it easier for health system managers to use research-based evidence by:

- summarizing research results and presenting them in ways that managers and policy makers in the health system can understand and use;
- providing tools and experts that help decision makers find and use the best available research; and

- training senior-level executives, physicians, and nurses in the health system to use research and become leaders for evidence-based decision-making.

The foundation creates capacity in the research community to respond to the health system's needs by:

- supporting a national network of training programs and faculty that graduate specially trained applied researchers;
- providing tools and funding that facilitate the research community's capacity to produce and communicate relevant research results to transform them into health policy and practice; and
- working with universities to improve the climate for applied research and the rewards for applied researchers.

The foundation continues to play a leadership role as a bridge builder in Canada's healthcare system. In our pursuit of excellence we constantly adapt our programs based on results from routine program evaluations and international reviews. Finally, the foundation increases the scope of our work far beyond our own resources, through extensive partnerships with others in the health system in Canada and abroad.

CHSRF – 2004 – A YEAR IN REVIEW

BUILDING BRIDGES BETWEEN RESEARCHERS AND DECISION MAKERS

KEY ACHIEVEMENTS

In 2004, the foundation:

- increased support for decision makers through the successful launch of the Executive Training for Research Application (EXTRA) program;
- hosted the fifth Invited Exchange for Deputy Ministers – *Three Faces of Sustainability* – with session leaders from Australia, the U.S., and Canada;
- surpassed the expected number of enrolled and graduated master's and PhD students in the Capacity for Applied and Developmental Research and Evaluation (CADRE) in Health Services and Nursing program, the foundation training program for researchers funded in partnership with the Canadian Institutes of Health Research (CIHR);
- led a national priority assessment exercise, *Listening for Direction II*, on health services priorities for 2004-2007 through a series of workshops held across Canada with key decision makers and researchers, in partnership with five other organizations;
- 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;
- launched the first knowledge brokering demonstration sites competition which tests the foundation's hypothesis that knowledge brokering is an effective way to optimize knowledge transfer and exchange activities;
- developed a new research summary product, *Evidence Boost*, as a companion to our popular *Mythbusters* series. *Evidence Boost* looks at healthcare issues where research indicates a preferred course of action in health services management and policy; and
- in recognition of its organizational excellence, the foundation's chief administrative officer was awarded the Hicks Morley Vision Award for outstanding contributions to the strategic goals of an organization.



ANNUAL REPORT 2004

Canadian Health Services Research Foundation

CREATING CAPACITY TO RESPOND TO THE RESEARCH NEEDS OF THE HEALTH SYSTEM

The foundation recognizes the importance of maintaining strong and active links with the researchers who create applied health services research.

The impact of research on the healthcare system is enhanced when the research community and health system decision makers work together, creating effective “linkage and exchange.” The foundation has looked and continues to look for innovative ways to promote linkages between the two communities. We strive to strengthen the health services community by creating high-quality new knowledge that is useful for health service managers and policy makers, and by supporting an increase in the number of applied health services and nursing researchers.

HIGHLIGHTS

- The foundation’s priority themes were adjusted based on *Listening for Direction II*, the national consultations led by the foundation in partnership with five other organizations. Four priority themes – managing for quality and safety, management of the healthcare workplace, primary healthcare, and nursing leadership, organization, and policy – were defined from these consultations.
- Research, Exchange, and Impact for System Support (REISS), the foundation’s new flagship program funding competition, was launched in 2004 with a focus on programs oriented to decision makers in each of the foundation’s priority theme areas. REISS incorporates four components: research, capacity development, knowledge transfer and exchange, and interim deliverables relevant to the healthcare system. In 2004, the foundation received 41 letters of intent for REISS for the four awards that will be made in 2005.
- The final Open Grants Competition (OGC) was held and surpassed planned performance. Nineteen new high-quality research projects and two programs of research were funded through this competition. The administration of these and most previously funded OGC projects was transferred to the Canadian Institutes of Health Research (CIHR).
- Knowledge Exchange Yields Success (KEYS) was launched on the foundation’s web site. KEYS includes a comprehensive guide for researchers on how to conduct effective knowledge exchange with decision makers.
- Two new knowledge networks of active researchers and decision makers were created in the nursing and primary healthcare priority theme areas.
- The number of enrolled and graduated master’s and PhD students in the CADRE program surpassed the original projection. More than 100 new students enrolled, including 54 master’s students and 31 doctoral students. Ninety-eight students graduated from various elements of the program.
- Three new Career Reorientation Awards were given by the end of 2004, including one in nursing.
- Nine Postdoctoral Awards, two of which were in nursing, were funded in the 2004 competition. A new postdoctoral call was launched in October resulting in 16 applications, five of which were in nursing.
- The foundation identified a number of disincentives for applied research in universities and completed a study of the promotion practices of universities as they relate to incentives for applied research. The results of the study appeared in *University Affairs*.
- A network of Canadian university-related health services and nursing research centre directors was established. The network, supported by the foundation and funded in partnership with CIHR’s Institute of Health Services and Policy Research, will act as a think-tank and advocacy group to raise awareness of the capacity needs for applied health services research.

FOUNDATION PRIORITY THEMES AND LISTENING FOR DIRECTION

The priority themes for the foundation are identified through a triennial national consultation process. The first was conducted in 1998, followed by one in conjunction with four national partners in 2001.

The second partnered priority-setting process, *Listening for Direction II*, was held in 2004, again under the leadership of the foundation and with five national partners. The process, which included cross-Canada face-to-face workshops with decision makers and some researchers, evaluated previous themes and identified the themes that reflect the emerging priority issues for the next two to five years. Four new themes were derived from the process for the foundation and were launched in summer 2004. These will underpin the foundation's activities for the next two to five years:

- managing for quality and safety;
- management of the healthcare workplace;
- primary healthcare; and
- nursing leadership, organization, and policy.

The *Listening for Direction II* partners are:

- Canadian Health Services Research Foundation
- Institute of Health Services and Policy Research, Canadian Institutes of Health Research
- Canadian Institute for Health Information
- Canadian Coordinating Office for Health Technology Assessment
- Advisory Committee on Governance and Accountability of the Federal/Provincial/Territorial Conference of Deputy Ministers of Health
- Health Statistics Division, Statistics Canada



ANNUAL REPORT 2004

Canadian Health Services Research Foundation



NEW GRANTING COMPETITION – RESEARCH, EXCHANGE, AND IMPACT FOR SYSTEM SUPPORT (REISS)

In 2004, the foundation launched Research, Exchange, and Impact for System Support (REISS), a new flagship program funding competition.

Developed in consultation with researchers, decision makers, and funders across Canada, the REISS competition is a unique model that goes beyond traditional research funding. REISS has an increased focus on programs oriented to decision makers and:

- combines elements designed to encourage collaborative, evidence-based support for the organization, management, and policies of the Canadian healthcare system;
- promotes high-impact research, capacity-building initiatives, and effective dissemination and implementation of results; and
- features several components, such as funding for four programs in 2005, with a maximum contribution to each of \$500,000 over four years.

The funded programs will span four years and will include components in research, capacity development, and knowledge transfer and exchange, as well as periodic deliverables over the course the program.

CAPACITY FOR APPLIED AND DEVELOPMENTAL RESEARCH AND EVALUATION (CADRE) IN HEALTH SERVICES AND NURSING

The CADRE program is interdisciplinary and has been designed to develop increased capacity in applied health services and policy research, including nursing management and organization issues. This program, which is an innovative partnership between the foundation and the Canadian Institutes of Health Research (CIHR):

- focuses on the need for more health services and policy research capacity in Canada;
- generates improved, ongoing interaction between researchers and decision makers and enhances the awareness in the research community of decision-maker needs;
- promotes an increase in the orientation of existing and developing health services and policy researchers toward the application and use of research and supports a training program in knowledge transfer and exchange;
- consists of innovative programs, namely the CHSRF/CIHR Chair Awards, whose primary commitment is to provide strong mentoring environments for trainees in applied health services and nursing research; the CHSRF/CIHR Regional Training Centres; the Career Reorientation Awards, for individuals interested in re-orienting their careers in the direction of applied health services research; and the Postdoctoral Awards;
- links with EXTRA fellows through a mentoring program connecting the fellows with mentors from the academic and decision-maker communities; and
- attracted more than 100 new graduate students to the program last year. Notably, the program was also nominated for the Canadian Institutes of Health Research 2004 Partnership Award.

GETTING THE RIGHT RESEARCH INTO THE HANDS OF THE RIGHT PEOPLE AT THE RIGHT TIME

The foundation prides itself on making research available in appropriate formats for decision makers, and it recognizes the need for effective dissemination and exchange vehicles.

HIGHLIGHTS

- In 2004, 23 new final reports from previously funded Open Grants Competition projects and programs were posted on the foundation's web site.
- The foundation initiated targeted dissemination activities which provided timely research information to specific audiences to address both regional and subject-specific issues in the decision-maker community.
- A co-ordinated research summaries series was designed in 2004 with a view to implementing the program in early 2005. The new *Evidence Boost* acts as a companion piece to the ever-popular *Mythbusters* series, which released four new or revised topics in 2004.
- The high impact of a foundation policy synthesis on decision-making was determined through an independent evaluation of the primary healthcare policy synthesis. Eighty percent of respondents could identify a specific instance in which information from the report was used to support one of their decisions.



MYTHBUSTERS

The *Mythbusters* series, produced since 2000, is one of the foundation's premier knowledge transfer tools. *Mythbusters* are two-page research summaries which use plain language to give research evidence and expose the truth behind some of Canada's most persistent health policy myths.

Fifteen of these summaries have been produced since 2000, and they have proven to be extremely popular both in Canada and abroad. The series is being reprinted in the British *Journal of Health Services Research and Policy*, and it has been translated into Italian and Chinese.

The foundation has developed a complementary new series of summaries, *Evidence Boost*. *Evidence Boost* looks at healthcare issues where research indicates a preferred course of action in health services management and policy. This series is slated for launch in 2005.

MAKING IT EASIER FOR THE HEALTH SYSTEM TO USE RESEARCH-BASED EVIDENCE

The foundation recognizes the symmetry between developing the research community's capacity to produce relevant research and enhancing decision makers' capacity to use the research. It has developed unique programs to equip decision makers and their organizations to find and use research information to support evidence-based decision-making.

HIGHLIGHTS

- The launch of the first cohort of 24 Executive Training for Research Application (EXTRA) fellows (selected from 69 applications) included the full engagement of the partners, the advisory council, and the faculty. Evaluation results from these fellows following the completion of their first two residency sessions indicated that more than 90 percent of them had enhanced their understanding of how research is conceived and conducted, their knowledge of health services research, and their skills to appraise research relevance and apply it in their home organizations.
- A new partnership with the Ontario Ministry of Health and Long-Term Care's Nursing Secretariat sponsored four additional nursing fellows for 2005 with a contribution of \$320,000 to the program.
- The foundation established four regional mentoring centres to enlist, match, and train the mentors for the EXTRA program fellows, who were successfully linked with mentors from the academic and decision-maker contexts.
- The third national knowledge brokering workshop attracted 98 registrants, five of whom were from abroad. The call for regional workshops yielded 14 applications with three funded: one each in Prince Edward Island, British Columbia, and Quebec.

- The first knowledge brokering demonstration sites competition was held with 29 applications and funding awarded to six demonstration sites located in Alberta, Quebec, and Ontario. The sites test the foundation's hypothesis that knowledge brokering is an effective way to optimize knowledge transfer and exchange activities.
- The foundation identified approximately 600 decision makers from across Canada whose involvement with the foundation over the last seven years enables them to act as ambassadors for evidence-based decision-making and as sponsors for activities in each province.
- A national inventory of promising practices in evidence-based decision-making has been developed. A peer-review process identified seven of these best suited for further dissemination.
- A regional workshop on research use for rural and northern Saskatchewan was held, as was one regional workshop in Ontario on best practices in knowledge transfer.

EXECUTIVE TRAINING FOR RESEARCH APPLICATION (EXTRA)

The EXTRA program, launched in 2004 with funds from Health Canada*, is a 10-year investment designed to develop senior managers' capacity to use research-based evidence in Canadian healthcare organizations. Developed in consultation with decision makers, EXTRA will produce a significant number of health service professionals who are motivated and equipped with the skills to improve the quality and effectiveness of the health system through their leadership in the use of research. The program encourages the increasingly important collaboration between health services executives, nurses, and physicians in managing the health system.

EXTRA represents a partnership with the Canadian College of Health Service Executives, the Canadian Medical Association, the Canadian Nurses Association, and a consortium of Quebec partners.

* The EXTRA program was set up with a grant from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



EXTRA ADVISORY COUNCIL

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ANNUAL REPORT 2004

Canadian Health Services Research Foundation



BRINGING RESEARCHERS AND DECISION MAKERS TOGETHER

The foundation has built an international reputation for championing ongoing linkage and exchange between researchers and decision makers. Our activities, from governance through program design and delivery, and on to dissemination and evaluation, are based on this philosophy – building bridges between the two historically separated communities.

HIGHLIGHTS

- The foundation's annual workshop brought together 150 attendees – 50 percent of whom were decision makers – to discuss differing understandings of evidence-based decision-making.
- The report from the foundation's 2003 workshop on storytelling was highlighted through a targeted e-mail to senior decision makers.
- The fifth annual Invited Exchange for Deputy Ministers explored the topic of *Three Faces of Sustainability*. It included leaders from Australia, the U.S., and Canada, and provided a forum for exchange and debate with senior decision makers from across Canada.
- The foundation supported two Canadian associates for the Harkness Fellowships program, including the first Canadian journalist ever selected, and organized the Canadian policy briefing for all fellows in the program.
- The foundation was nominated for the Canadian Institutes of Health Research Knowledge Translation Award by the University of Toronto's dean of medicine for its work in linkage and exchange between researchers and decision makers.

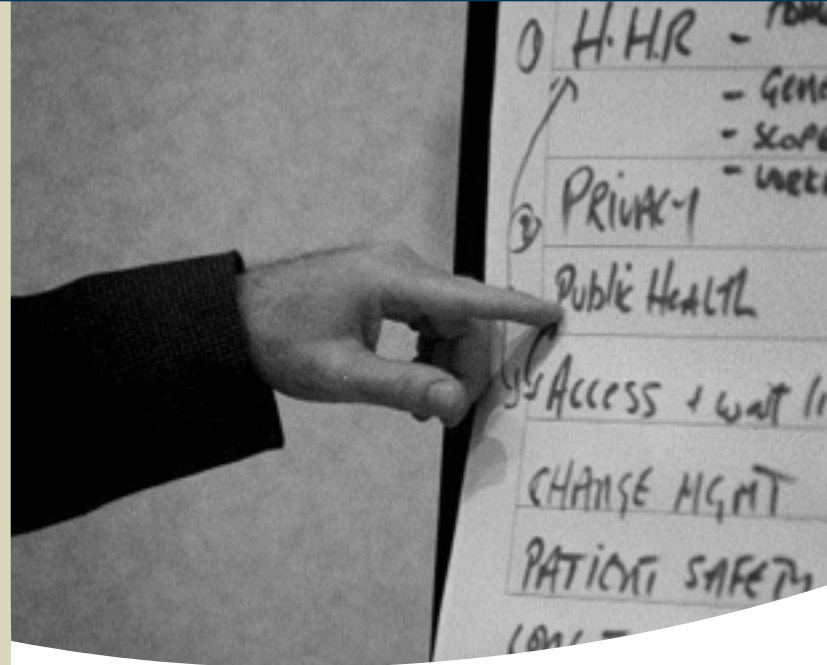
KNOWLEDGE BROKERING

The foundation's highly successful and internationally recognized model of knowledge brokering links decision makers and researchers so that they are able to better understand each other's goals and professional cultures, influence each other's work, forge new partnerships, and promote the use of research-based evidence in decision-making.

The foundation supports and promotes knowledge brokering through the three pillars that form its program: networking, professional development, and evaluation. It does this by:

- providing tools and professional development opportunities;
- offering many well-attended national networking and professional development events; and
- featuring a demonstration sites competition, which tests the foundation's hypothesis that knowledge brokering can be an effective way to optimize knowledge transfer and exchange activities.

In 2004, the foundation's knowledge brokering work was extended as senior foundation staff members were assigned to each of the foundation's four priority theme areas to link researchers and decision makers working in a specific theme. In concert with the foundation's knowledge transfer and exchange staff, these officers create learning opportunities and products to support evidence-based decision-making in the four theme areas.



ANNUAL REPORT 2004

Canadian Health Services Research Foundation

INVITED EXCHANGE

The foundation's Invited Exchange is an annual event that brings together deputy ministers of health, experts from Canada and abroad, senior bureaucrats, health system administrators, and researchers to discuss an emerging policy issue in healthcare. It provides an opportunity to bring the most senior health system decision makers face-to-face with researchers to exchange needs and evidence on priority health system issues.

Past topics were:

- Three Faces of Sustainability (2004)
- Finding the Fulcrum: What are effective levers for change in healthcare? (2003)
- Depoliticizing Healthcare: Achievable or even desirable? (2002)
- At the Boundaries of Medicare: What do we cover? Who decides? And how do they decide? (2001)
- Facing the Challenge: Medicare in 2010 (2000)

INTERNATIONAL RECOGNITION

The foundation's work is increasingly acknowledged and utilized in other countries, which is a testament to the foundation's international impact. Some examples include:

- In 2004, a number of our past *Mythbusters* were translated into Italian by the Regional Agency for Health and Healthcare of Emilia-Romagna in Italy.
- The organizational self-assessment tool *Is Research Working for You?*, which underwent external validation in 2004, will be rolled out in 2005. Although it has not been officially launched, it is already being used by various stakeholders and, most recently, it was adapted in the United Kingdom for decision makers in that country.
- In a December 2004 report to the Australian government on health research titled *Sustaining the Virtuous Cycle for a Healthy, Competitive Australia*, the foundation is identified in a case study as a leading example of building research capacity in the health system.
- The foundation's initiative on knowledge brokering was adopted by the Institute for Health Research in New South Wales, Australia.
- The Pan American Health Organization's web site, among others, quoted the foundation's work in knowledge brokering.
- The foundation's linkage and exchange work was quoted by the World Health Organization's director general at the November 2004 World Health Ministers Summit on Health Research in Mexico City.
- The U.K. government's web site dedicated to evidence-based policy-making, *Policy Hub*, cited the foundation's 1:3:25 approach to report writing as a best practice and linked directly to the foundation's web site.
- For the fourth year, the Harkness fellows and associates rated the Canadian policy briefing tour hosted by the foundation for the Commonwealth Fund as their top event of the year.

PARTNERSHIPS

Collaborating with partners is key to the success of the foundation. By linking with like-minded organizations, the foundation fosters mutually-beneficial relationships to augment one another's strengths, reduce duplication, and complement one another's programs. Partnerships provide the opportunity for mutual learning, gaining access to new audiences, and delegating administration.

HIGHLIGHTS

- In 2004, the foundation leveraged more than \$6.5 million, or 65 percent, of its program award funding with partnership funds.
- The Nursing Care Partnership with the Canadian Nurses Foundation was reviewed and renewed for at least three more years.
- The foundation made a successful submission for funding to the Ontario Ministry of Health and Long-Term Care for a program of activities in synthesis, knowledge exchange, and brokering workshops, additional EXTRA funding, and a Postdoctoral Award.
- The CADRE program was nominated for a partnership award in 2004 by the scientific director of the Institute of Health Services and Policy Research, Canadian Institutes of Health Research.

ENDOWMENT AND FINANCIAL MANAGEMENT

The foundation's endowment returned more than nine percent on its investments in 2004. In return for a drawdown of \$1.5 million on the endowment in 2004, \$14.8 million was spent on achieving the foundation's objectives. Partner contributions are \$6.5 million, comprised of \$3.98 million that the foundation administers on behalf of co-sponsoring partners and \$2.52 million directly administered by our partners. When one includes the \$6.5 million in partner contributions, the \$1.5 million draw actually produced more than \$21 million of activities focused on achieving the foundation's objectives, a leverage ratio of 1:14.



ANNUAL REPORT 2004

Canadian Health Services Research Foundation

AUDITORS' REPORT TO THE MEMBERS

The accompanying summarized balance sheet and summarized statement of operations are derived from the complete financial statements of Canadian Health Services Research Foundation as at December 31, 2004 and for the year then ended on which we expressed an opinion without reservation in our report dated February 3, 2005. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.



Chartered Accountants

Ottawa, Canada

February 3, 2005

BALANCE SHEET

For the year ended December 31, 2004 (In Thousands of Dollars)

	2004	2003
Assets		
Cash	\$ 2,554	\$ 262
Investments	117,048	120,264
Accounts receivable	598	1,447
Capital assets	921	736
Other assets	272	165
	\$ 121,393	\$ 122,874
Liabilities and Net Assets		
Accounts payable and accrued liabilities	\$ 4,357	\$ 787
Deferred revenue	785	914
Obligations under capital lease	132	164
Deferred lease inducement	211	118
Net assets General Fund	80,953	82,455
Net assets Nursing Research Fund	11,174	13,634
Net assets EXTRA Fund	22,992	24,230
Invested in capital assets	789	572
	\$ 121,393	\$ 122,874

Note: Complete audited financial statements are available upon request.

ANNUAL REPORT 2004

Canadian Health Services Research Foundation

STATEMENT OF OPERATIONS

For the year ended December 31, 2004 (In Thousands of Dollars)

	General Fund	Nursing Research Fund	Extra Fund	Total 2004	Total 2003
Revenue					
Revenue from co-sponsors	\$ 2,236	\$ 1,744	\$ –	\$ 3,980	\$ 3,316
Amortization of deferred contributions	8,165	3,161	2,411	13,737	12,882
	10,401	4,905	2,411	17,717	16,198
Expenses					
<i>Research:</i>					
Open Grants Competition	1,239	850	–	2,089	2,853
Commissioned research	87	–	–	87	50
Special program fund	17	12	–	29	183
CHSRF/CIHR Chair Awards	508	538	–	1,046	737
Career Reorientation Awards	51	1	–	52	87
Postdoctoral Awards	265	125	–	390	445
Regional training centres	400	400	–	800	800
Nursing Care Partnership	–	520	–	520	500
	2,567	2,446	–	5,013	5,655
<i>Linkage and exchange:</i>					
Knowledge Transfer	1,600	49	–	1,649	1,536
Interactions	252	8	–	260	209
	1,852	57	–	1,909	1,745
Program support and development:	2,005	120	1,896	4,021	3,204
Administration:	2,343	–	–	2,343	1,810
	8,767	2,623	1,896	13,286	12,414
Share of indirect costs	(966)	508	458	–	–
Amortization of capital assets	178	–	–	178	191
Investment management fees	215	30	57	302	272
Total CHSRF expenses	8,194	3,161	2,411	13,766	12,877
Co-sponsors' activities	2,207	1,744	–	3,951	3,321
Excess of revenue over expenses	\$ –	\$ –	\$ –	\$ –	\$ –

Note: Co-sponsors' Activities figures do not include all co-sponsor contributions but represent only those co-sponsor funds administered by CHSRF.