



ANNUAL REPORT 2008



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



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

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ABOUT THE CANADIAN HEALTH SERVICES RESEARCH FOUNDATION

WHO WE ARE

For more than a decade, the Foundation has brought researchers and decision makers together to create and apply knowledge to improve health services for Canadians.

The Foundation is an independent, not-for-profit corporation, established with endowed funds from the federal government and its agencies. Together with our partners, we have helped Canada to become an international leader in evidence-informed decision-making.

As an incubator of innovation, we strive to find new ways to use the results of research to improve the Canadian healthcare system, and to be a national resource for change.

WHAT WE DO

We work with our partners to fund research that will explore solutions to problems. We provide opportunities for healthcare decision makers to shape, and then use, the knowledge generated by that research. To do this, we:

- provide research funding opportunities
- offer training opportunities for senior decision makers
- support training and personal development
- create user-friendly research results
- organize innovative skill-building events and activities
- recognize excellence and achievement

OUR VISION

A strong healthcare system driven by solid, research-informed management and policy decisions.

OUR MISSION

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

Governance

The Foundation's governance structure includes up to 14 trustees on its Board: one ex-officio representative (the deputy minister of Health Canada) and others representing researchers, decision makers, and organizations in the health sector. Trustees oversee more than \$85 million in the endowment and an annual operating budget of \$15–\$16 million, and they set policies and program directions for the Foundation. Trustees are elected for three-year terms by the ordinary members of the Foundation at the March annual general meeting.

In 2008 the Foundation unveiled a new five-year strategic plan. The process to develop the plan included extensive consultation with partners and stakeholders, and the plan itself highlights the three strategic priorities that the Foundation will be pursuing in the next five years: engaging the public, accelerating change, and promoting public policy dialogue. Endorsed by of the Board of Trustees, the 2009–2013 strategic plan highlights the importance of the Foundation building on its past successes to move more strategically into the implementation of research.



2008-2009 Board of Trustees and Committee Members

2008-2009 Board of Trustees

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Vancouver, British Columbia

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Dalhousie University
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2008-2009 Board of Trustees and Committee Members

2008-2009 Board Committees

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- Robert Smith, Chair
- Jean-Yves Savoie, Vice-Chair
- Malcolm Maxwell
- Brian Postl (Board Vice-Chair, voting ex officio)
- Elizabeth Davis (Board Chair, non-voting ex officio)
- Maureen O'Neil (President & CEO, non-voting ex officio)

Governance Committee

- Jeanne Besner, Chair
- Réjean Hébert, Vice-Chair
- Morris Barer
- Chris Ham
- John Malcom
- Elizabeth Davis (Board Chair, non-voting ex officio)
- Brian Postl (Board Vice-Chair, non-voting ex officio)
- Maureen O'Neil (President & CEO, non-voting ex officio)

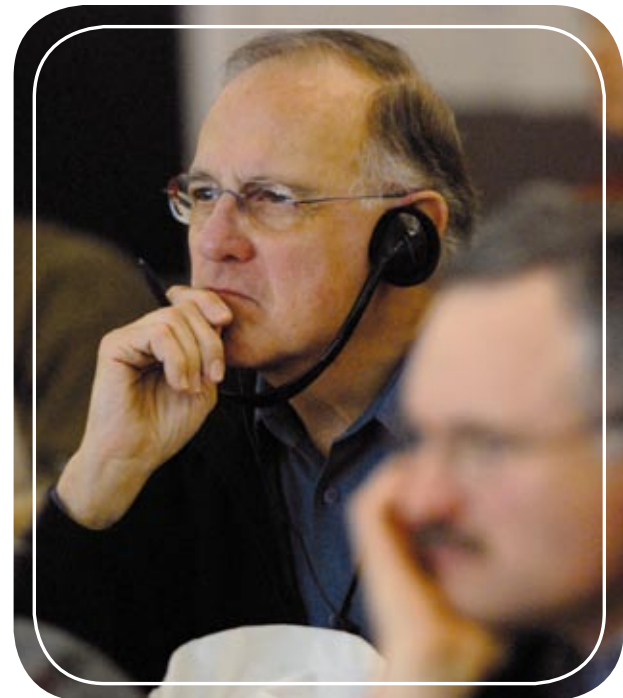
Investment Committee

- Paul Pugh, Chair (2006-2009)
- Dennis Kendel, Vice-Chair (2006-2009)
- David Fanning* (2006-2009)
- Robert Smith (2006-2009)
- Bonita Then* (2006-2009)
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- Brian Postl (Board Vice-Chair, non-voting ex officio)
- Maureen O'Neil (President & CEO, non-voting ex officio)

* external member

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- Sue Matthews* (Ontario)
- Malcolm Maxwell
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- Elizabeth Davis (Board Chair, non-voting ex officio)
- Brian Postl (Board Vice-Chair, non-voting ex officio)
- Maureen O'Neil (President & CEO, non-voting ex officio)



Letter from the Chair, Board of Trustees



It is with a mix of joy and sadness that I write this letter for the Foundation's 2008 annual report. The joy comes from my reflecting on the year's highlights and recognizing the tremendous progress the Foundation has made, and continues to make, on advancing its mission and vision. The sadness comes from knowing that this is my last year as a member and chair of the Board of Trustees.

Therefore, in this report, I find myself thinking about what the Foundation has accomplished. Rarely have I seen such an unwavering devotion to a cause!

The Foundation, through its staff members, volunteers, external partners and Board members, has demonstrated a relentless commitment to finding innovative ways to honour its mission: to foster knowledge transfer and exchange, provide funding, encourage partnerships, build capacity, and promote the use of research evidence.

If you have been to some CHSRF events, you may have heard me recount the story of the inuksuk. Created by the Inuit people, the inuksuk is a carefully balanced formation of rocks and stones that forms the image of a person. Although an inuksuk is often perceived as an art form, it was originally envisioned as a valuable communication tool used by nomadic tribes to tell a story or to provide practical information to those who come upon it. Through the inuksuk, a sense of community is cultivated. And the inukshuk can only be built with broken stones.

The construction of the inuksuk reminds me of CHSRF. The Foundation was originally presented with "piles of stones" from the Canadian health system. Instead of viewing those stones as obstacles, the Foundation has used them to build something constructive and powerful. Showing true leadership, it has consistently risen to the challenge of promoting and supporting evidence-informed decision-making through its many and diverse activities. It is a true innovator in finding new ways to ensure that Canada's health system is driven by solid policy and management decisions. Like the inuksuk, the Foundation has encouraged the creation of a community devoted to a vision.

The Foundation's "inuksuk" was not built by one person, but rather, by a team of devoted staff members and exceptional

leaders. In 2008, we were blessed to have George Tilley as interim President and Chief Executive Officer. Although we knew he would lead the Foundation for only a short time, we are delighted that his wisdom and guidance have proven to be far-reaching, and for that we are very grateful. He made certain that the commitment to “making research work” was steadfast as we searched for a permanent CEO who would embrace the Foundation’s vision and continue to build on its successes.

We have found such a person in Maureen O’Neil. With her exceptional experience in forging partnerships and leading several high-profile organizations, we knew she would be ideally suited for the role. Ms. O’Neil became our Chief Executive Officer in September, and in her few short months with us has already risen to the challenge of leading the Foundation in using evidence-informed decision-making to improve the quality of Canada’s healthcare services.

As my time as Chair nears its conclusion, I am moved by a deep pride in our organization and a deep gratitude for all those who make the Foundation a vital part of Canada’s health system. Though I will miss actively contributing through such an innovative and exciting organization, as a citizen I am content in knowing that the Foundation’s staff members, Board of Trustees, and partners will remain focused in their commitment to improving our health system. They will continue to build their inuksuk.

It has been a privilege and a blessing for me to have been a part of the Foundation for 10 tremendous years. May all of you who continue to be part of this great organization be blessed as you live the vision and mission of the Canadian Health Services Research Foundation.

A handwritten signature in cursive script that reads "Elizabeth M. Davis". The signature is written in dark ink on a light-colored background.

Elizabeth M. Davis, RSM
Chair, Board of Trustees
Canadian Health Services
Research Foundation

Letter from the President and Chief Executive Officer

I am pleased to present the Canadian Health Services Research Foundation's highlights and financials for 2008.

The Foundation has made great strides in the past 12 years in forging a well-earned international reputation for innovation, collaboration and leadership in promoting evidence-informed decision-making. Even so, there is still work to be done. The Canadian



healthcare system is facing an increasing amount of scrutiny as it struggles with a volatile economic climate, an aging population, and a shrinking workforce. Now, perhaps more than ever, there is a need to implement effective strategies, and to adopt new ways of working and thinking.

The changing landscape of Canadian healthcare challenges the Foundation to maximize its resources, its creativity, and its contribution. We are grateful that the groundwork has been well-laid, sustained by the exemplary leadership and vision of Sister Elizabeth Davis and many others. Inspired by a renewed strategic direction, and supported by the continued energy and expertise of the Board of Trustees, our partners and our staff, the Foundation is well-positioned to confidently meet the challenges before us.

A handwritten signature in black ink that reads "Maureen O'Neil". The signature is fluid and cursive.

Maureen O'Neil
President and Chief Executive Officer

The Cornerstones of Innovation Incubation

Strategic Objectives and Operating Principles

The Canadian Health Services Research Foundation is an innovation incubator. We pride ourselves on finding new ways to promote evidence-informed decision-making in the Canadian healthcare system, and on being a national resource for change.

This is an ambitious goal; it requires a comprehensive strategy to stay on course.

The Foundation's strategic plan, supported by our operating principles, forms the cornerstone of our activities. Defining strategic objectives allows us to focus our efforts. Putting the objectives into action and building on their successes helps propel us towards our overall goal: to improve the interaction, collaboration, and exchange of ideas between those who study how to improve health and those who make decisions.

Strategic Objectives

1. To create high-quality new research that is useful for health service managers and policy makers, especially in the Foundation's priority theme areas
2. To increase the number and nature of applied health services and nursing researchers
3. 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
4. To help health system managers, policy makers and their organizations to routinely acquire, appraise, adapt and apply relevant research in their work

Operating Principles

- Innovation: Committed to creative ideas and solutions
- Collaboration: Dedicated to working with others to share knowledge, achieve goals, and create effective partnerships
- Transparency: Making decisions openly and accepting responsibility for their outcomes
- Flexibility: Adapting thinking and approaches to meet changing needs and expectations

Priority Research Themes

- Workforce and the work environment
- Quality and patient safety
- Values-based decision-making and public engagement
- Change management for improved practice and improved health

Strategic Objective #1

To create high-quality new research that is useful for health service managers and policy makers

An Incubator of New Knowledge

The Foundation is committed to providing useful research information to those who make decisions that affect Canada's health system. We strive to find innovative ways to support researchers to create new knowledge and to apply it through effective collaboration with decision makers.



Linking Evidence to Action on Decisions (LEAD)

In 2008, the Foundation launched a new granting competition – Linking Evidence to Action on Decisions (LEAD). Designed to support evidence-informed change within healthcare organizations, LEAD fosters the generation of new knowledge about factors affecting the successful implementation of evidence-informed management and policy decisions.

The Foundation will fund up to three LEAD initiatives in 2009-10, with a maximum contribution to each project of \$250,000 over two years. Matched funding is required from the host organization and other co-sponsors.

LEAD initiatives aim to contribute to a better alignment between the best available evidence, decisions to act on that evidence, and actual change within the healthcare system.

Other milestones...

- Five four-year grants were awarded in 2008 under the Research, Exchange, and Impact for System Support (REISS) program. One grant was awarded in each priority theme: nursing; health human resources; primary healthcare; and managing for quality and safety, where two grants were made possible via a partnership with the Canadian Patient Safety Institute. The total value of the REISS funding program in 2008 was \$4.8 million, with the Foundation contributing \$1.9 million.
- In the commissioned research program, the Foundation launched a number of new projects: a review of health human resources productivity; a Canadian chartbook on the quality of healthcare, which aims to provide a summary of the state of healthcare quality in Canada; and three background papers to support the work of the Canadian Working Group on Primary Healthcare Improvement.
- The Foundation continues to function as the secretariat for the abovementioned Canadian primary healthcare initiative, with the aim to secure funding for a co-ordinating body.
- The Foundation, in collaboration with the Health Council of Canada, commissioned a synthesis through its Decision Support Synthesis program on “Interprofessional Collaboration and Quality Primary Healthcare,” published in May 2008. The report presents the potential of interprofessional collaboration for patients and healthcare providers in primary healthcare.
- In 2008 the Foundation contributed to the major research assessment “*Making an Impact: a Preferred Framework and Indicators to Measure Returns on Investment in Health Research*,” led by the Canadian Academy of Health Sciences.
- New decision support syntheses were commissioned in 2008 on teamwork in rural and remote settings, and on advanced practice nursing. It is anticipated that these reports will be available in the fall of 2009.
- The Foundation continued its support for the Network of Applied Health Services Policy Research Directors, an initiative developed in partnership with the Canadian Institutes of Health Research (CIHR). Designed to strengthen alliances within the research community, the network held several informative face-to-face meetings and teleconferences throughout 2008.
- The Nursing Research Fund (NRF) began its official wind-down in 2008; the 10-year agreement with Health Canada will end in 2009. The Nursing Care Partnership, which is built on a collaborative model, funded by the NRF and administered by the Canadian Nurses Foundation, was renewed with terms consistent with the program’s wind-down. The Foundation consulted with nursing stakeholders and opinion leaders throughout the year to communicate the wind-down of the program, and has been actively engaged with the nursing community to discuss next steps.

Strategic Objective #2

To increase the number and nature of applied health services and nursing researchers

A Champion of Capacity-Building

Research evidence plays a crucial role in helping health system decision-making. However, applying research successfully requires a specific set of skills. Through its committed approach to capacity-building, the Foundation supports and enables the growth, training and development of applied health services and nursing researchers.

Recognizing Talent: The Harkness Associate Award

The Foundation, in partnership with the U.S. Commonwealth Fund, offers two Canadian Harkness Associate Awards annually. Recipients are usually mid-career health services or health policy researchers, decision makers or journalists. Award winners gain an in-depth understanding of the U.S. healthcare system, develop broader international health policy expertise through interaction with international peers, and establish an international network with leading health policy experts.

The 2008-09 Canadian Harkness Award was given to two well-deserving recipients.

Patricia O'Connor is associate director of nursing, neurosciences, and co-director of the best practices program in the department of nursing at the McGill University Health Centre. She is also an assistant professor in the school of nursing at McGill University

and a guest faculty member of the Canadian Patient Safety Institute's *Safer Healthcare Now!* campaign. Ms. O'Connor's primary research focuses on safety issues in health care delivery, particularly in patient, practitioner, and system level outcomes. She was a member of the first cohort of the EXTRA program.

Mark Dobrow is a scientist at Cancer Care Ontario, where he leads the Cancer Services and Policy Research Unit. He is also an assistant professor in the department of health policy, management and evaluation at the University of Toronto. Mr. Dobrow is examining the role of deliberative methods in the development of health policy guidance. His current research interests focus on optimizing decision-making by organizations that manage, organize, finance, and/or deliver health services, especially in the area of cancer care.



*Mark
Dobrow*



*Patricia
O'Connor*

Other milestones...

- As the 10-year CHSRF/CIHR Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing (CADRE) program moves through the last part of its term, the Foundation is working with the Chairs and Regional Training Centres to plan for sustainability, transition, and/or wind-down of various aspects of individual programs. The CADRE program will undergo a final evaluation in 2009-10.
- 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, with 10 more to be granted in 2009.
- The CADRE Regional Training Centres along with a number of other key participants, funders, decision makers, students and faculty, collaborated in a special issue of *Healthcare Policy*. The journal articulates the experiences, successes, challenges and lessons learned in the RTC journey, 2001-2007. The CADRE Chairs have embarked on a similar journey, to create a book describing the experiences of their various programs.

“Engaged scholarship” milestones.....

- The 9th annual Health Services Research Advancement Award went to Dr. Paula Goering, Director of Health Systems Research at the Toronto-based Centre for Addiction and Mental Health. This award is presented annually to an individual, team or organization that has



contributed significantly to the Canadian health services research community and to advancing evidence-informed decision-making.

- A special project was launched by the Foundation to examine the experiences of junior and senior faculty working in applied health services and policy research in Canadian academic settings. A similar project is being conducted by AcademyHealth in the U.S.

Strategic Objective #3

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

An Innovator of Research Dissemination

All the informative research evidence in the world can't make a difference unless it gets into the hands of the people who make decisions. Beyond disseminating evidence, the Foundation also promotes innovative ways to ensure the evidence is presented to decision makers in a format that is easily-understood and useful, and that it is delivered in a timely way.

Taking the Mystery Out of *Mythbusters*: The *Mythbusters* Teaching Resource

The Foundation has long been lauded for its novel series of research summaries. One of the Foundation's flagship publications, *Mythbusters*, reveals research evidence that is contrary to accepted wisdom in Canadian healthcare debates.

Inspired by the series, professors at several universities have contacted the Foundation to ask for guidance on how to teach summary-writing to their students. These requests, coupled with the ever-increasing popularity of the *Mythbusters* series, drove the creation of the *Mythbusters* Teaching Resource in 2008. The resource, a 30-page document available on the Foundation's website, provides a step-by-step breakdown of the *Mythbusters* model. It helps instructors teach students how to acquire the skills needed to produce actionable summaries for policy makers, planners, managers, and providers.

Yukiko Asada is one of the professors who embraced the *Mythbusters* model. She developed a *Mythbusters* assignment for the health services systems course offered at Dalhousie University's master's program in community health and epidemiology.

"The assignment is designed to help students understand what it means to say evidence exists, and how to communicate their knowledge with a bright, interested, but not necessarily research-trained person," says Prof. Asada. "The *Mythbusters* Teaching Resource is a learning and teaching package containing various skills that we currently value in the Canadian health services research and policy community."

Together with Prof. Asada and her Dalhousie University graduate students, the Foundation in 2008 launched a social networking pilot – a private website designed to complement the *Mythbusters* Teaching Resource.



Other milestones...

- The *Mythbusters* series continues to be the Foundation's most popular and influential knowledge summaries. Both PBS Frontline and Associated Press in the U.S. requested *Mythbusters* for their election packages on healthcare issues. As well, information reflected in the series was presented at two international conferences, in the Netherlands and in Ireland, and one issue of *Mythbusters* was translated into Spanish for the Madrid Public Health Agency.
- *Mythbusters* also remains a valuable tool in classrooms, used in a number of graduate courses. Two issues of *Mythbusters* were released in 2008.
- Two issues of the *Mythbusters* companion piece, *Evidence Boost*, were published in 2008. One of these issues was reprinted in the Canadian journal, *Healthcare Policy*
- In 2008, the Foundation launched the first-ever *Mythbusters* Award, open to students of Canadian universities. The award is designed to provide students with the opportunity to prepare a user-friendly summary of the research evidence behind some of today's major debates in Canadian health services management and policy. The first award will be presented in May 2009 at the Canadian Association for Health Services and Policy Research conference.
- *Insight and Action*, a digest that aims to share knowledge about knowledge exchange, was re-launched to provide a more comprehensive summary. Twenty-one issues were produced in 2008, with new issues addressing such hard-hitting questions as: *Is the News Media a Reliable Source for Sharing Research Results?* and *Measuring the Impact of Research: What do we know?* The new *Insight and Action* undergoes an expert review and is widely distributed across Canada, Australia, and the U.K.
- *Promising Practices in Research Use* issued a call for nominations of potential "promising practices" to be profiled. The call attracted many applications and resulted in four new installments of the series in 2008. The series highlights healthcare organizations that have invested time, energy, and resources to improve their ability to use research. To date, the series has 19 stories and continues to enjoy a steady growth in distribution. Over the past two years, select issues of the series have also been reprinted in *Healthcare Policy*.
- The *Building the Case for Quality* initiative, launched in 2007, provides an ideal opportunity to disseminate evidence on quality in new ways, using contemporary tactics. Several online video podcasts and stories have been featured on the Foundation's website. Materials were presented at a number of key conferences in 2008.
- Foundation staff published four columns in *Healthcare Quarterly* in 2008:
 - Healthy Healthcare Workplaces: Improving the Health and Work Environments of Professionals
 - Myths, "Zombies" and "Damned Lies" Plague Canadian Healthcare Systems: What's a Researcher to Do?
 - Ready, Set . . . Collaborate? The Evidence Says 'Go,' So What's Slowing Adoption of Inter-professional Collaboration in Primary Healthcare?
 - Public Reporting: One Piece of the Quality Improvement Puzzle

Strategic Objective #4

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



A Leader in Effective Decision-Making

Research evidence serves its most useful purpose when it is considered – and used extensively – in the decision-making process. We are constantly seeking innovative ways to help health system managers, policy makers, and their organizations to routinely acquire, appraise, adapt and apply relevant research in their work.

Tearing Down Boundaries: The Teamwork Workshop

Over 150 decision makers, researchers, healthcare professionals, students, and patients participated in a new type of conference organized by the Foundation, held in December 2008 in Toronto. Dubbed *The Teamwork Workshop*, the two-day session encouraged frank and open dialogue about strategies, tools, challenges, and tips for improving teamwork and interprofessional collaboration in healthcare.

The Teamwork Workshop aimed to be different from traditional conferences. Through a combination of large group discussions, agenda-building exercises, and lightning success stories (short snapshots of case studies), participants explored unconventional ways to tackle teamwork issues.

The event drew high praise from John Gilbert, Project Lead and Chair at the Canadian Interprofessional Health Collaborative. “The Teamwork Workshop provided a unique forum for discussing ideas directly related to our work,” he says. “The use of innovative concepts promoted learning in a wonderfully collaborative environment.”

An evaluation of *The Teamwork Workshop* showed that participants enjoyed and benefited from the event, and that there was a clear desire for further interaction. The Foundation sees this as an opportunity to build on the momentum generated from the event. More activities to further support health systems teams across Canada are being planned for 2009 and beyond.

Executive Training for Research Application (EXTRA)



- In 2008, the program welcomed a new cohort of 28 fellows including five interdisciplinary teams and four fellows from government ministries. For the first time, the cohort included four policy fellows approved by Health Canada. This brought the total number of fellows to 128 within five cohorts. Since EXTRA's inception in 2003, three cohorts of fellows have graduated.
- EXTRA fellows presented three calls in the 2008 *Researcher on Call* series, and, on average, five EXTRA fellows participated in each call. Twenty EXTRA Fellows participated in major national conference panels including The Canadian Society of Physician Executives (CSPE), the National Healthcare Leadership Conference (NHLC), the Canadian Association for Health Services and Policy

Research (CAHSPR), and the Saint Elizabeth Health Care centenary conference.

- The EXTRA Community of Practice hosted its annual meeting at the National Healthcare Leadership Conference, held in Saskatoon in June 2008. As a result of consultations, a strategic paper was developed to explore how the regional mentoring centres can best provide mentoring and relationship-building support to the fellows, post-program.
- In 2008 the EXTRA program embarked on a five-year milestone project: the publishing of a book (tentatively titled) *Implementing Evidence: Building Better Healthcare Leadership for Canada*. This book will share the knowledge and experience of the EXTRA program and present some early results in improving decision-making in Canada's healthcare system. McGill-Queen's University Press will publish both English and French editions in 2010.
- The 2008 CEO Forum, held in Hôtel Le Chantecler, Sainte-Adèle, Québec, attracted 20 chief executives from across Canada and the United Kingdom. The forum focused on issues and opportunities related to mandates for access and quality. An annual event, the EXTRA CEO Forum provides a unique opportunity for knowledge exchange.
- EXTRA and Swift Efficient Application of Research in Community Health (SEARCH) Canada concluded a partnership in 2008 to jointly undertake evaluative research to deepen our understanding of the nature of change, and of the intra-organizational mechanisms by which change occurs.

Researcher on Call

Building on the overwhelming success following its introduction in 2007, *Researcher on Call* continued to attract large audiences in 2008.

Researcher on Call is a series of interactive teleconference calls that bring researchers and decision makers together to discuss timely and interesting topics relevant to Canada's health system. The overall goal is to encourage participants to consider the benefits of using research in their practice.

Each session focuses on a specific topic and sessions are open to all interested participants. In addition to being a source of valuable information, the sessions provide an opportunity for participants to ask questions of the experts and engage in meaningful dialogue.

Researcher on Call, which was initially developed in partnership with the Quality Healthcare Network, has quickly established itself as a unique and helpful activity. Participants, who call in from across the country, report that the objective and interactive approach of the sessions is extremely beneficial, and that they appreciate the opportunity to hear how other organizations have been successful in applying research findings.

Based on its continued success, *Researcher on Call* will continue with more sessions in 2009.

Researcher on Call topics offered in 2008:

- Leadership and staff empowerment
- Interprofessional collaboration and quality primary healthcare
- Optimizing the management of the healthcare workplace
- In healthcare, is more always better?
- Public reporting on the quality of healthcare



A Model of Organizational Excellence

Beyond its external activities and accomplishments, the Foundation has consistently sought ways to be a model of organizational excellence within its own walls. From human resources and corporate communication, to information technology and finance and administration, the Foundation is dedicated to conducting evaluation and audit strategies to build and sustain an effective and balanced workplace.

Milestones

- The Foundation continued to explore strategies for the long-run integrity of the endowment, and implemented further cost-saving measures in administration to extend the life of the organization and/or to make monies available to the programming areas.
- The Foundation welcomed a new President and Chief Executive Officer, Maureen O'Neil, on September 1, 2008. Ms. O'Neil brings a wealth of experience to the position, including 11 years as president of the International Development Research Council.
- Continuing its commitment to create partnerships with like-minded organizations, the Foundation secured over 20 new partnership agreements in 2008. These partnerships help the Foundation define its niche in the growing landscape of health-related knowledge organizations.
- All CHSRF human resources policies were reviewed, revised, and implemented in 2008 to ensure the Foundation remains competitive and an "employer of choice."
- The Foundation prides itself on creating a learning environment for students of health services research and decision-making. In 2008, the Foundation welcomed four student interns.
- Improvements to the Foundation's web site were in full swing in 2008. A new home page was launched in December, while the rest of the site will see marked development in 2009. New features will include significant content and structure improvements, RSS feeds, electronic alerts, and interactive registration forms.
- The Foundation launched a new intranet site for staff. Dubbed "The Incubator," the site includes a lively, well-used staff blog, and is a go-to place for internal resources.



Accountability

The Foundation is responsible to the groups it serves: health services decision makers, researchers, and their organizations. It is accountable to funders, partners, and the Canadian public who, through their taxes, created the Foundation's original endowment in 1997.

The responsible use of resources and the evaluation of our programs are crucial to ensuring the Foundation remains transparent. That's why we are devoted to developing evaluation strategies and to implementing sound accountability structures and procedures. Reporting on the performance of our programs and disclosing our use of resources ensures that decisions are transparent and that programs are driven by the best available evidence.

2008 evaluation activities

In Health Canada's Audit and Accountability Bureau 2008 audit report, the Foundation received high praise for its sound management and investment frameworks. Along with the audits of the Foundation's financials, pension plan, information technology, and other reviews, the report reinforces the Foundation's commitment to a strong accountability framework.

- The Foundation welcomed its new Director, Strategic Evaluation in November 2008. A key member of the Senior Management Team, the director is responsible for leading and supporting evaluation activities across all Foundation programs and at the organizational level. This responsibility includes developing a new corporate evaluation strategy that incorporates work to define

and measure outcomes relevant to each of the Foundation's strategic objectives.

- An evaluation of the Nursing Research Fund was completed in 2008. The report represented collective feedback from several nursing stakeholders and noted the fund's many successes in improving the quality of nursing-related research.
- Established in 2000, the Career Reorientation Awards, an initiative of CADRE, supported established researchers to work with a mentor for one year to reorient their research. The Award achieved its objective of successfully shifting the focus of award holders to applied health services and nursing research. Given the declining number of applications, it appears that its purpose has been served and no further Awards will be granted.
- The knowledge brokering demonstration sites pilot project ran its course in 2008. The project, set up in 2004, aimed to support organizations in their efforts to link researchers with decision makers. There were six sites set up across Canada. The overall objectives of the demonstration site program – to stimulate interaction between researchers and decision makers and to increase the use of quality research in decision-making – were successfully met, and much was learned from this pilot project.

Endowment and Financial Management

The Foundation relies heavily on the returns of its endowment to ensure the delivery of its programs. As a result of a volatile market in 2008, the Foundation, like many other organizations, experienced a difficult year in the markets. Even so, the Foundation's investment performance in 2008 was in the first quartile compared to similar trends, despite market volatility; although the endowment lost 6.5 percent based on market value, it did not lose as much as other similar funds.

Many of the Foundation's programs are carried out with contributions from partners. The support of these

partners, coupled with the investment returns, actual operating expenses and market losses, means that the Foundation achieved its activities with a \$19 million draw on the endowment this year.

In 2008, the Foundation's direct contributions to research and training grants and awards were slightly more than \$4.7 million without accounting for partner contributions.

Auditors' Report

To the Members

The accompanying summarized statement of financial position and summarized statement of operations are derived from the complete financial statements of Canadian Health Services Research Foundation as at December 31, 2008 and for the year then ended on which we expressed an opinion without reservation in our report dated February 11, 2009. 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 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
Licensed Public Accountants

Ottawa, Ontario
February 11, 2009.

Statement of Financial Position

DECEMBER 31, 2008
(In Thousands of Dollars)

| | 2008 | 2007 |
|------------------------------------------|------------------|-------------------|
| ASSETS | | |
| Cash | \$ 2,064 | \$ 2,740 |
| Investments (at market value) | 86,248 | 104,465 |
| Accounts receivable | 1,346 | 1,643 |
| Capital assets | 451 | 622 |
| Other assets | 328 | 317 |
| | \$ 90,437 | \$ 109,787 |
| LIABILITIES AND NET ASSETS | | |
| Accounts payable and accrued liabilities | \$ 631 | \$ 1,479 |
| Deferred revenue | 2,091 | 1,543 |
| Obligations under capital lease | | 28 |
| Deferred lease inducement | 120 | 143 |
| Net assets General Fund | 67,676 | 81,699 |
| Net assets Nursing Research Fund | 3,102 | 6,450 |
| Net assets EXTRA Fund | 16,366 | 17,852 |
| Invested in capital assets | 451 | 593 |
| | \$ 90,437 | \$ 109,787 |

Note: Complete audited financial statements are available upon request.

Statement of Operations

YEAR ENDED DECEMBER 31, 2008
(In Thousands of Dollars)

| | Core Fund | Nursing Research Fund | EXTRA Fund | Total 2008 | Total 2007 |
|-------------------------------------------------------------------------------|-----------|-----------------------------|---------------|---------------|---------------|
| REVENUE | | | | | |
| Revenue from co-sponsors | \$ 1,933 | \$ 1,110 | \$ | \$ 3,043 | \$ 3,429 |
| Other revenue | 131 | | 140 | 271 | 403 |
| Amortization of deferred contributions relating to operations of current year | 6,590 | 3,011 | 3,001 | 12,602 | 13,854 |
| Amortization of deferred contributions relating to capital assets | 206 | | | 206 | 288 |
| | 8,860 | 4,121 | 3,141 | 16,122 | 17,974 |
| EXPENSES | | | | | |
| Strategic Objective 1.0 - Creating New Knowledge | 1,903 | 1,014 | | 2,917 | 3,219 |
| Strategic Objective 2.0 - Capacity Development | 1,848 | 1,322 | | 3,170 | 2,232 |
| Strategic Objective 3.0 - Dissemination | 1,089 | 10 | | 1,099 | 2,089 |
| Strategic Objective 4.0 - Research Use | 550 | | 2,393 | 2,943 | 3,388 |
| Administration | 2,643 | | | 2,643 | 3,056 |
| | 8,033 | 2,346 | 2,393 | 12,772 | 13,984 |
| Amortization of capital assets | 206 | | | 206 | 288 |
| Investment management fees | 105 | 5 | 75 | 185 | 273 |
| Share of indirect costs | (1,333) | 660 | 673 | | |
| Total expenses of the Foundation | 7,011 | 3,011 | 3,141 | 13,163 | 14,545 |
| Co-sponsors' programs expenses | 1,849 | 1,110 | | 2,959 | 3,429 |
| | 8,860 | 4,121 | 3,141 | 16,122 | 17,974 |
| EXCESS 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.

