



# ANNUAL REPORT 2007



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

1565 Carling Avenue, Suite 700  
Ottawa, Ontario, Canada  
K1Z 8R1

Tel.: 613-728-2238  
Fax: 613-728-3527  
Web: [www.chsrf.ca](http://www.chsrf.ca)



## Vision

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

## Mission

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

## Strategy

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

## 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

> Collaboration

> Transparency

> Flexibility



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# About the Canadian Health Services Research Foundation

The foundation was established in 1997 to strengthen the scientific basis for decisions made by people running Canada's health services. From the beginning, the Foundation knew that to do this effectively, it needed 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 by routinely bringing these two communities together.

This approach underpins all our activities – from governance, through program design and delivery, and on to dissemination and evaluation. In fact, we consult regularly with managers and policy makers, as well as researchers, from across Canada to establish our priorities and programs, to ensure that they meet the needs of this country's health systems.

The Foundation makes it easier for health system managers to use research 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 resources 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-informed decision making.

The Foundation helps the research community 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 systems. 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 in Canada and abroad.





## Governance and Accountability

**The Foundation is committed to reporting on its performance and its responsible use of resources. To that end, we put governance and accountability structures and processes in place to ensure that our decisions are transparent and our programs are driven by the best available evidence to meet the needs of health services in Canada — an ever-changing landscape.**

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

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 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, we are committed to demonstrating that we meet our established objectives and perform activities in line with our mission. This accountability requires us to monitor and assess 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 continues to expand its evaluation efforts, both at the program and organization wide levels.

- > The second quinquennial international review of the Foundation was completed in 2007. The international review panel's final report was presented to and discussed by the Board of Trustees.
- > A second compliance audit report of funded projects and programs was completed in 2007 which showed that all files selected were in compliance with grants, awards, partnership, and finance policies and procedures, and that recommendations from the first compliance audit had been implemented.
- > A three-month and a six-month evaluation of the managed payroll system were conducted in 2007 to ensure that the system addressed segregation of duties and other related objectives.
- > The overall evaluation of all CADRE components and final report was completed in 2007.
- > Evaluations of the Nursing Research Fund and the Knowledge Brokering demonstration sites were initiated in 2007.





## 2007-2008 Board of Trustees

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Susan Law, Vice-President, Research and Evaluation

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Corporate Services



# Letter from the Chair, Board of Trustees and the Interim President & CEO

*April 2, 2008*

The year 2007 truly marked a watershed for the Foundation – celebrating what we have achieved in our first decade, planning for our next 10 years, and undergoing the kinds of changes characteristic of a maturing organization repositioning itself for its next phase.

In March, we formally celebrated the Foundation's 10 years of accomplishments. These celebrations also provided an opportunity for discussion and consideration of the CHSRF's future directions. The second International Review of the Foundation, along with the third national Listening for Direction consultations, provided additional valuable guidance.

We heard very clearly that stakeholders remain convinced of the value and ongoing need for the CHSRF, our mission to support evidence-informed decision making in the health sector and our role as an innovation incubator. In terms of future directions, we are interested in assisting the health care system as an enabler of research use in Canada's health systems. To do so, we will continue to develop partnerships, particularly those which can help us reach target audiences more effectively. We have also selected four priority research themes to focus the Foundation's work over the next three years – change management; the workforce and the work environment; quality and patient safety; values-based decision-making, and public engagement.

The Foundation devoted much time and effort this year to putting in place the building blocks needed to pursue these new directions.

These included adjustments to our organizational structure and program spending, in order to maximize the Foundation's ability to achieve its vision into the next decade. Fundamental and important changes are never easy, but the Foundation's staff have consistently demonstrated their commitment to the bigger picture during this time. We thank them for their dedication, their flexibility and their extraordinary professionalism and good humour throughout this time.

We look forward to the year ahead with a sense of excitement and renewed direction. We believe the Foundation is well positioned to meet the future needs of Canada's health systems and drawing on the leadership of our Board of Trustees, support from our many partners and the strength of our employees, we will make progress in our mission to support evidence-informed decision making in the organization, management and delivery of health services.



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



**George Tilley**  
Interim President & Chief Executive Officer  
Canadian Health Services Research Foundation

# International Recognition as an Incubator of New Knowledge...

A prerequisite for moving evidence-informed decision making from a great concept to established practice in the healthcare sector is the availability of a solid body of useful research evidence. The Foundation's international reputation continued to grow in 2007 as a generator of such new knowledge, with its focused research themes tailored to the expressed needs of decision makers.

## Grant competitions and commissioned research

- > The 2007 Research, Exchange, and Impact for System Support (REISS) program grant competition attracted 33 percent more letters of intent than anticipated, indicating growing awareness of this unique program that emphasizes partnerships with decision makers to maximize the potential impact of research. From the 12 proposals invited to full-scale applications, four new REISS grants were awarded (one for each priority research theme), all featuring the REISS signature aspects of original research together with high quality capacity-building initiatives and effective dissemination and implementation of results.
- > The Foundation's merit-based grant review process is attracting attention from granting bodies in Canada and abroad, as well as requests for the Foundation to administer the review process for other organizations. In 2007, the Foundation administered, for the second time, the review processes for the Canadian Patient Safety Institute's annual grant competition and fielded inquiries from several other organizations.
- > In addition to its grant programs, the Foundation also works with health system decision makers and researchers to commission research and related projects that summarize research or forge new exchange networks or processes between decision makers and researchers in a priority area. In 2007, five such commissioned research projects were initiated and/or completed, including topics such as deliberative processes, governance for quality improvement, and healthcare leadership competencies.

## Theme-based knowledge networks

- > Foundation staff played a leadership role in the Quality Worklife Quality Healthcare Collaborative in 2007. This national partnership focuses on worklife quality in healthcare organizations to meet human resources challenges and improve healthcare delivery and patient safety. A senior staff member co-chaired the Collaborative's Knowledge Exchange Working Group.
- > CHSRF staff was active in the primary healthcare network again this year, participating in two national meetings to discuss a Foundation-commissioned report on the future of primary

healthcare research capacity in the post-Primary Health Care Transition Fund era. The Foundation also conducted widespread consultations as part of development of a strategic plan for the Foundation's work in primary health care.

- > In the quality and safety theme, the Foundation continued to build collaboration, through partnerships with the Canadian Patient Safety



Institute, provincial healthcare quality councils and the Health Council of Canada. CHSRF staff also led network meetings to develop priorities for quality improvement activities and to consult on Foundation-commissioned research on public reporting on quality.

- > The Nurse Staffing Patient Safety knowledge network, a partnership with the Canadian Patient Safety Institute, continued to hold successful meetings in its second year, including a popular and over-subscribed *Researcher-on-Call* teleconference.

### ***Listening for Direction III***

*Listening for Direction* is a consultation process first undertaken in 2001 that seeks to identify priority research themes for future applied health services and policy research. In 2007, working with its co-strategic lead the CIHR-IHSPR and six other national organizations, the Foundation organized the third *Listening for Direction* consultation. Nine workshops were held across Canada – including for the first time, in Northern Canada – attracting more than 200 attendees in total.

The workshops identified several short- and longer-term priority issues from a systems perspective. A group of health services research experts then clustered these issues under 11 research themes and undertook a translation exercise to formulate researchable questions for synthesis and primary research. A final report has been prepared, in addition to a report on the northern dialogues and will be distributed at the 2008 CAHSPR conference as

a resource for funders, researchers and decision makers to use in their respective strategic planning processes.

For its part, the Foundation has selected the following four priority themes to guide research and knowledge exchange programming for the next three to five years:

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

In addition to the selection of these new themes, CHSRF will continue to support existing work commitments in the nursing and primary healthcare theme areas.

## A Decade of Developing Researchers...

Another pillar of the Foundation's approach is to build capacity for applied health services and nursing research, and shift the orientation of existing researchers toward research application and use. What is unique about the Foundation's model is its emphasis on exposing researchers to the decision-making environment. Foundation programs have helped develop hundreds of post-graduate and career researchers since 1997, a tradition that continued in 2007.

### The Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing (CADRE) Program

- > A comprehensive evaluation of the CADRE program was completed in 2007, including reviews of the CHSRF/CIHR Chairs, the Regional Training Centres and the Post-doctoral and Career Reorientation Awards. As a result of the evaluation, some program changes are being made, including the decision to discontinue the Career Reorientation Awards due to the lack of uptake in recent years. The CADRE evaluation report will be released in 2008.
- > In the seventh competition for the CHSRF/CIHR Postdoctoral Awards, 17 applications were reviewed and seven Postdoctoral Awards were granted, bringing the total number of awards to 60 since the program's inception in 2001.
- > In 2007, the CHSRF/CIHR Chairs launched a major book project. The publication will document the experience, contributions and impact of the Chairs' training programs and various approaches to capacity development in applied health services policy research.

- > The four CADRE training centres also launched a writing project, this one to prepare a special issue of a *Healthcare Policy* journal in time for the 2008 Canadian Association for Health Services and Policy Research conference, focusing on the training centres' experience, impact and learning.

### Harkness Program

- > Two Canadian Harkness Associates were selected for 2007 (see box on page 10).
- > In 2007, the Foundation organized the seventh annual Harkness Canadian Policy Briefing Tour for the 2006-07 Harkness International Fellows and Canadian Associates. This was a four-day event split between Winnipeg and Saskatoon, co-hosted by Dr Brian Postl, CEO of Winnipeg Regional Health Authority, and Dr Penny Ballem, former Deputy Minister of Health in British Columbia. This event continues to be one of the highest ranked Harkness events by participants, where fellows have the opportunity to engage with leading policy makers, executives and academics in Canada about current issues in our healthcare system.

## Applied Scholarship in Health Services Research

- > The 2007 Health Services Research Advancement Award was presented to l'Agence de la santé et des services sociaux de la Montérégie. This award recognizes the regional health authority's bold steps to take advantage of restructuring to reorient its culture, putting knowledge and research at the centre of decision making throughout the organization.
- > The network of research centre directors, supported by CHSRF and CIHR-IHSPR funding, met twice in 2007. This network continues to be highly valued not only by its member centres as a forum for sharing developments and challenges, but also by funders, who consider it an excellent source of advice on specific programs and activities.

For this reason, a three-year funding agreement was completed to support twice-yearly meetings of the network.



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

## Canadian Harkness Associate Awards

Since 2001, the U.S. Commonwealth Fund, in partnership with the CHSRF, has offered two Canadian Harkness Associate Awards annually, giving mid-career health services or health policy researchers, decision makers or journalists the opportunity to 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 2007-08 competition for the Canadian Harkness Associates was successful in selecting the following highly qualified candidates:

- > Neil MacKinnon, *Associate Professor and Associate Director for Research, College of Pharmacy, Dalhousie University;*
- > Claudia Sanmartin, *Senior Research Analyst, Health Analysis and Measurement Group, Statistics Canada.*

As part of its Harkness Associates activities, CHSRF sponsors an annual Canadian Harkness Policy Briefing Tour to provide the fellows with an overview of the Canadian healthcare system highlighting key policy issues and featuring sessions with leading policy makers and researchers. This year's event took place in Winnipeg and Regina, with feedback indicating another highly successful program.

# A Talent for Innovation in Research Dissemination...

From its inception, the Foundation has created new and effective ways to make research available to decision makers in a format that is understandable and useful to them. From its widely copied 1:3:25 reader-friendly report-writing format developed in the early years, to the electronic video documentaries launched in 2007, the Foundation's methods have been innovative, but the guiding principles of ease of understanding and ease and timeliness of access have remained constant.

## Publications

- > As in previous years, the Foundation released four new instalments of its popular and widely cited *Mythbusters* series, and published these in the *Journal of Health Services Research and Policy*. The Foundation took the series to a new level this year, developing a teaching resource for teaching graduate-level students in health service administration and nursing how to deliver plain-language research summaries that increase the uptake of evidence. The resource will be formally launched in 2008.
- > *Evidence Boost*, the *Mythbusters* sister publication, also received many citations this year, including by the McGill University Health Centre, the Canadian Coalition for Global Health Research, the Canadian Coalition for Immunization Awareness & Promotion, and the *British Medical Journal*. Four summaries were produced in the new *Evidence Boost for Quality* sub-series, focusing on patient decision aids for “grey zone” decisions; self-management education for the chronically ill; lay health workers; and visiting-specialist services for isolated populations.

- > CHSRF staff expanded the audiences for both *Mythbusters* and *Evidence Boost* in 2007 by distributing copies at relevant events and forums, and through focused dissemination efforts that targeted healthcare opinion leaders and Canadian health reporters.

## Targeted dissemination

- > The Foundation published four columns in *Healthcare Quarterly* and produced special issues on EXTRA intervention projects for three journals – *Journal of Health Services Research & Policy*, *Healthcare Management FORUM* and *Le Point en administration de la santé et des services sociaux*.
- > Always looking for more effective ways to reach decision makers, CHSRF launched two Electronic Video Documentaries (EVD) in 2007, one titled “Nurse Staffing and Patient Safety: Research and Resources”, and the other “A short film about the benefits of teamwork in healthcare.” The Foundation also wrapped up the final phase of the Nurse Staffing and Patient Safety initiative by disseminating 700 copies of the interactive CD-ROM that bundled products developed earlier.

## Building the Case for Quality

- > Although Canadians remain concerned about access to healthcare, more and more studies are highlighting the need for attention to the quality of care in Canada. For example, the Commonwealth Fund, a U.S. health-research organization, ranked Canada sixth among six Western countries for the quality of its healthcare.
- > Improving the quality of healthcare can seem overwhelming. Yet individuals, organizations and governments across Canada are all tackling quality issues. To assist in, build on and share these efforts, the Foundation launched its *Building the Case for Quality Initiative* in 2007. *Building the Case for Quality* aims to raise awareness among healthcare managers, policy makers and others about the evidence on healthcare quality and ways to improve it, by showcasing

experiences and providing quality-related evidence, resources and events.

- > The initiative has hit the ground running. Already, it has launched a new series – *Evidence Boost for Quality* – summarizing research related to quality improvement in healthcare delivery, and produced six podcasts featuring leading quality researchers and decision makers, as well as six Quality Improvement stories profiling leading organizations across Canada. In addition, quality-related summaries and bundled products have been distributed to healthcare leaders, health quality councils, regional health authorities and other relevant contacts. The Foundation also produced a quality-related research matrix, which includes in-house and external research related to quality across the spectrum of care.



# A Commitment to Decision-Maker Training in the Four “As” of Research Use...

While much of the Foundation's efforts are aimed at promoting the creation and dissemination of research useful to decision makers, it also looks to the receiving end of research — helping ensure that decision makers know how to acquire relevant research evidence, and then, how to assess, adapt, and apply it in their work. Several new initiatives were launched in this area in 2007.

## Executive Training for Research Application (EXTRA) Program

- > 2007 saw an increase in applications for the EXTRA program, whose goal is to increase evidence-informed decision making in the health system by developing the skills of senior managers to better use research in their daily work. In addition to 38 individual applications, the newly revised admission criteria allowing for interdisciplinary teams attracted five organizational applications. From these applications, 24 new fellows were selected
- > This year, CHSRF formalized a Community of Practice for the post-program fellows. A face-to-face meeting of the community was held in March, focusing on the sustainability of intervention projects and organizational EIDM culture change. In addition, a workshop report outlining ideas for future direction was completed and plans developed for future community activities.
- > The evaluation report on the second EXTRA cohort revealed a continued high level of satisfaction from fellows, and confirmed that

the program is highly valued by the fellows and their organizations. In another indication of the program's growing success, EXTRA was formally accredited by the Université de Montréal and Royal Roads University.

## Encouraging Research Use

- > Our Research Use Week program bundles research use tools and approaches, tailored to a particular region, and brings them directly to health system managers and policy makers in their own communities to encourage and improve evidence-informed decision making. In May 2007, Research Use Week (Northeastern Ontario) attracted 110 policy makers and health services managers from across northeastern Ontario. Feedback indicated a high degree of satisfaction with the event and with the tools, strategies and stories provided on using evidence in rural and remote health services delivery and policy development. Three participants have since applied to the EXTRA program.
- > The Foundation's new series – *Insight and Action* – debuted in 2007. *Insight and Action* helps make linkages between those doing knowledge

exchange with evidence-informed resources. It became an instant hit and one of the most read resources on the CHSRF website with more than 1,000 subscribers.

- > *Tools to Help Organizations Create, Share and Use Knowledge* was launched in March with 47 resources and another 70 new resources under review. In addition, the *Promising Practices in Research Use* inventory grew to include 16 stories about organizations that have invested in improving their ability to incorporate research evidence in their work. Five of the articles

showcased intervention projects by fellows in the EXTRA program.

- > This year the Foundation funded five exchanges bringing together researchers and decision makers around issues such as knowledge transfer, new practices in nursing, translating information into action and healthy workplaces.
- > In 2007, the Foundation launched “Researcher on Call” – a one-hour teleconference series that links participants by teleconference with researchers and decision makers who are making progress in improving healthcare.

## **EXTRA, EXTRA, Read all about it**

Two years spent learning about, leading and implementing evidence-informed change in their organizations effectively equips the Foundation’s EXTRA fellows to share their experiences and expertise with other health system managers. To capitalize on this, CHSRF facilitated opportunities for fellows to publish articles about their hands-on intervention projects – evidence-informed change management or implementation projects addressing a recognized need in their organizations – in the following peer-reviewed journals.

- > *Le Point en administration de la santé et des services sociaux*, a Quebec-based professional journal, published a 32-page EXTRA supplement in its September 2007 issue. The guest editorial was written by Juan Roberto Iglesias, president and chief executive officer of *l’Agence d’évaluation des technologies et des modes d’intervention en santé (AETMIS)*, an EXTRA partner, and Jean Rochon, chair of EXTRA’s advisory council and an expert associate at *l’Institut national de santé publique du Québec*.

- > *Healthcare Management FORUM*, which serves the needs of a diverse and changing health leadership community, showcased seven EXTRA projects in its fall 2007 issue. The guest editorial was written by Maura Davies, CEO of the Saskatoon Regional Health Authority and member of the Foundation’s board of trustees, while Kevin Mercer, the editor-in-chief of the journal and a graduate of the EXTRA program, used his column to describe the EXTRA program and its legacy.

- > *The Journal of Health Services Research & Policy*, a UK-based publication that includes scientific research from a wide variety of disciplines and rigorous policy analysis, will publish its special 63-page EXTRA supplement in January 2008, featuring 10 articles on EXTRA intervention projects. The supplement begins with an editorial written by Jonathan Lomas, inaugural and former President & CEO of the Foundation, Nina Stipich, director of the EXTRA program and Jean-Louis Denis, former academic co-ordinator of EXTRA and CHSRF/CIHR chair on governance and transformation of healthcare organizations.

# ...All Made Possible by 10 Years of Organizational Excellence

**CHSRF's external activities and accomplishments** continue to garner recognition here in Canada and around the world. But the Foundation, its trustees, members, partners and colleagues also know that the work and dedication of corporate services employees in finance and administration, human resources and information systems merit equal recognition.

## Internal Accomplishments

- > For the second year in a row, the Foundation was named by *Canadian Business* magazine as one of the "Best Workplaces in Canada", recognizing the organization's commitment to a healthy work-life balance and family-friendly policies that promote a work environment that focuses on the quality of the work done, positive performance management and a culture of respect.
- > Existing Foundation policies, procedures and information systems in financial, human resources and governance areas were reviewed and revised, and new ones developed and implemented to streamline operations, ensure strong accountability, and position the Foundation for continued longevity beyond 2018. This year also saw internal restructuring to ensure the Foundation's sustainability and better align portfolios and accountabilities.
- > The Foundation signed the Healthy Healthcare Leadership Charter from the Quality Worklife – Quality Healthcare Collaborative in October 2007 at the Management of the Healthcare Workplace Networks meeting. As a founding

partner in the collaborative, the Foundation agreed to continue to make quality worklife a priority within its mandate. By signing the Charter, the Foundation is committed to:

- monitoring quality of worklife based on indicators developed by the collaborative;
- identifying and implementing at least one activity to improve quality of worklife; and
- building and exchanging knowledge on what makes a workplace healthy.

Within the Foundation, the human resources team has already begun to monitor quality worklife indicators such as absenteeism, overtime, training and professional development opportunities, and turnover as part of its commitment to the collaborative.

## International Recognition

- > In March 2007, the Foundation received the results of the second quinquennial international review panel, and met with panel chair Gilles Dussault and panelist Jack Davis on March 23, 2007 to discuss the results.

## 10th Anniversary Celebrations

To mark its 10th anniversary, the Foundation hosted an invitational conference and gala in March. The “Past, Present, and Future of Evidence-informed Decision Making: 1997-2017” conference celebrated a decade of supporting evidence-informed decision making. Interactive and creative sessions offered participants time to reflect on the progress made over the last decade and to look to the future, mapping a vision for the next 10 years. The “Celebration of Leadership in Linkage and Exchange” gala celebrated the Foundation and its collaborative efforts with others in ongoing linkage and exchange. The conference and gala also featured a farewell tribute to the CHSRF’s founding President & CEO, Jonathan Lomas.

In preparation for the conference, the Foundation commissioned renowned Australian health journalists Ray Moynihan and Melissa Sweet to prepare case studies illustrating the highs and

lows of implementing evidence-informed decision making in health systems. The draft of this 10th anniversary document was launched at the event and released later in the fall in its final form with supplemental material from the conference.

In addition, an electronic video documentary by award-winning journalists and filmmakers Ray Moynihan and Miranda Burne was commissioned to showcase l’Agence de la santé et des services sociaux de la Montérégie, whose leaders have tapped into Foundation tools, resources and programs to bring together researchers and decision makers and better equip decision makers to use research evidence to inform their clinical and managerial decisions.

Participants left the 10th anniversary events feeling pleased and invigorated with what has been accomplished in the past 10 years, energized by new ideas, and equipped with a new sense of direction for the future of evidence-informed decision making.



- > In March 2007, the Foundation’s 10th anniversary, “Past, Present and Future of Evidence-informed Decision Making” events in Montreal attracted over 400 registrants, including 19 international delegates from the Netherlands, Kenya, Australia, England and the United States.
- > The Foundation received a number of delegations and visitors from other countries in 2007, including the United States, Australia, Scotland and China.
- > A curriculum module of the Executive Training for Research Application (EXTRA) program by the National Institute of Public Health in Mexico.

- > The Foundation continues to receive inquiries from international parties interested in its “1:3:25” format and other principles of reader-friendly writing. This year, kudos came from other research agencies in England, Scotland and Australia.
- > In June 2007, the Foundation’s Director of Knowledge Transfer and Exchange presented on knowledge networks at the HTAi annual meeting in Barcelona, Spain.

- > In summer 2007, the Foundation’s inaugural President & CEO spent his final study leave in New Zealand, where he completed a report and recommendations for the New Zealand Department of Health, *Formalised Informality: An action plan to spread proven health innovations*.

## Second international panel review

CHSRF underwent its second international panel review in 2007 to evaluate the Foundation’s progress in achieving its mission and recommend program and delivery improvements.

The panel concluded that the Foundation has made a remarkable and highly praised contribution to health services research and healthcare, and has become a national and international reference for those working in this area. But, there is still much to do.

In its opinion, CHSRF has done very well in developing research capacity in health services in general and in nursing services in particular. The panel believes that meeting decision-maker needs is the primary focus of the Foundation’s work and that this message needs to be expressed clearly to both communities and reflected in the Foundation’s activities.

The panel recommended that CHSRF’s role as an innovation incubator remain central to its identity and noted that the Foundation can go beyond being a broker and become more of an enabler. It suggested that the Foundation consider broadening

its decision-maker audience to include clinical leaders, middle managers and policy makers outside healthcare who have an impact on health. It also suggested that CHSRF continue to develop partnerships, particularly with professional associations which can be useful channels to reach target audiences more effectively.

The international panel counselled caution in two areas: including the general public as an audience for dissemination due to the extensive resources required for effective work in this area; and involvement with low- and middle-income countries due to the potential for diverting CHSRF from its mission.

Finally, the panel noted that CHSRF could benefit from three things: better communication of the unique nature of its mission; routine external evaluation of its programs and more resources for internal organizational and program evaluation; and the use of accomplished decision makers and researchers as advisors to link as peers with their senior colleagues in the health system and the academic world.



## Partnerships – 2007

Collaborating with partners is key to the Foundation's success. 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 with local, regional, provincial, national and international organizations provide the opportunity for mutual learning, gaining access to new audiences, and delegating administration. Partnerships also helped the Foundation define its niche in the growing landscape of health-related knowledge organizations and at the national level.

In 2007, the Foundation:

- > Put 42 new partnerships in place, with nine more pending at the end of the year;
- > Received \$100,000 in co-sponsorship funding from 16 partners for the 10th Anniversary Conference and Gala;
- > For every \$1 in core funds committed by the Foundation \$1.36 was received in cash and in-kind funding for the Research, Exchange and Impact for System Support (REISS) competition from its partners. The partnerships established between academic and health system organizations through this program form the basis for ongoing linkage and exchange activities around research and knowledge transfer initiatives relevant to the system;
- > Received \$32,000 in co-sponsorship funding from eight partners for Research Use Week – Northeastern Ontario;
- > Created a partnership with the Health Council of Canada for the funding of a decision-support synthesis: *Interprofessional Teams and Quality Primary Healthcare*;
- > Created a partnership with the Ontario Health Quality Council to fund a Commissioned Research Project: *Public Reporting in the Quality of Healthcare Evidence on Effective Strategies and Best Practices*;
- > Created a partnership with the Canadian Patient Safety Institute to fund a Commissioned Research Project: *Governance for Quality and Safety Improvements in Healthcare Organizations*;
- > Created a partnership with the Canadian Patient Safety Institute to fund a knowledge and exchange workshop on public reporting strategies;
- > Negotiated an agreement extension with the Ontario Ministry of Health and Long-Term Care for continued co-funding of the Ontario-based CADRE chairs for years five to 10;
- > Negotiated an amendment to the agreement with the Canadian Institutes of Health Research – Institute of Health Services and Policy Research to share the cost-of-living increases for CADRE chairs and regional training centres;
- > Created an agreement with the Alberta Heritage Foundation for Medical Research to fund a new Alberta-based node of the Western Regional Training Centre;
- > Created an agreement with the Canadian Patient Safety Institute to co-sponsor the 2008 REISS competition in the managing for quality and safety theme.



## Endowment and Financial Management

**The Foundation's endowment earned 3.9 percent on its investments in 2007** based on market value. This was a composite of the segregated fund that supports the EXTRA program, which had a return of 4.3 percent, and the Foundation's core fund, which had a return of 3.8 percent.

Many of the Foundation's programs and projects are carried out in collaboration with or through contributions from partners. These partner contributions and the investment return meant that the Foundation's activities were achieved with a \$9.5 million draw on the endowment.

In addition, the Foundation's direct contributions to research and training grants and awards were

slightly more than \$3.7 million. When one includes the additional \$650,000 that the Foundation has committed to CIHR to fund the Open Grants Competition projects transferred to them in 2004, the Foundation's direct contribution to research and training, without accounting for partner contributions, would be approximately \$4.3 million.





## 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/Fondation canadienne de la recherche sur les services de santé as at December 31, 2007 and for the year then ended on which we expressed an opinion without reservation in our report dated February 13, 2008. 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 13, 2008.



# Statement of Financial Position

DECEMBER 31, 2007  
(In Thousands of Dollars)

	2007	2006
<b>ASSETS</b>		
Cash	\$ 2,740	\$ 1,930
Investments (at market value; 2006 - at cost, market \$115,130)	104,465	104,368
Accounts receivable	1,643	1,853
Capital assets	622	830
Other assets	317	382
	<b>\$ 109,787</b>	<b>\$ 109,363</b>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts payable and accrued liabilities	\$ 1,479	\$ 2,581
Deferred revenue	1,543	1,230
Obligations under capital lease	28	64
Deferred lease inducement	143	166
Net assets General Fund	81,699	77,220
Net assets Nursing Research Fund	6,450	7,563
Net assets EXTRA Fund	17,852	19,774
Invested in capital assets	593	765
	<b>\$ 109,787</b>	<b>\$ 109,363</b>

Note: Complete audited financial statements are available upon request.



# Statement of Operations

YEAR ENDED DECEMBER 31, 2007  
(In Thousands of Dollars)

	Core Fund	Nursing Research Fund	EXTRA Fund	Total 2007	Total 2006
<b>REVENUE</b>					
Revenue from co-sponsors	\$ 2,079	\$ 1,350	\$	\$ 3,429	\$ 3,349
Other revenue	276		127	403	578
Amortization of deferred contributions relating to operations of current year	8,369	2,299	3,186	13,854	14,176
Amortization of deferred contributions relating to capital assets	288			288	175
	11,012	3,649	3,313	17,974	18,278
<b>EXPENSES</b>					
Strategic Objective 1.0 - Creating New Knowledge	1,772	1,212		2,984	2,750
Strategic Objective 2.0 - Capacity Development	1,409	732		2,141	3,025
Strategic Objective 3.0 - Dissemination	1,780			1,780	1,553
Strategic Objective 4.0 - Research Use	753		2,635	3,388	3,536
Program Support	1,334			1,334	1,488
Administration	2,356	1		2,357	2,160
	9,404	1,945	2,635	13,984	14,512
Amortization of capital assets	288			288	175
Investment management fees	207	16	50	273	282
Share of indirect costs	(966)	338	628		
Total expenses of the Foundation	8,933	2,299	3,313	14,545	14,969
Co-sponsors' programs expenses	2,079	1,350		3,429	3,309
	11,012	3,649	3,313	17,974	18,278
<b>EXCESS REVENUE OVER EXPENSES</b>	\$ -	\$ -	\$ -	\$ -	\$ -

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

