



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



2008 PARTNERSHIPS REPORT

REPORT TO THE BOARD OF TRUSTEES

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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2008 HIGHLIGHTS

The many new and ongoing partnerships sustained through 2008 enabled the Foundation to make progress on its four strategic objectives:

- To create high-quality new research that is useful for health service managers and policy makers;
- To increase the number and nature of applied health services and nursing researchers;
- 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; and
- To help health system managers, policy makers and their organizations to routinely acquire, appraise, adapt and apply relevant research in their work.

2008 highlights include the following:

- As in previous years, partnerships with other organizations (including funders, health delivery organizations, governments, and professional associations) were created where there was mutual support for goals and interests specific to the strategic objective, event and/or program, and where collaboration would help to leverage resources (cash and in-kind) to bring the initiative to fruition. The result is greater capacity and resources available to respond to the needs of decision makers.
- The total amount of Foundation funds spent on programming in 2008 was \$5.47 million, of which \$4.85 million was partnership eligible. The total amount of partnership contributions (cash and in-kind) on eligible activities was \$7.36 million. In other words, for every dollar of Foundation funding spent, partners contributed \$1.52.
- The Research, Exchange, and Impact for System Support (REISS) program entered into its fourth year and funded five programs – one more than planned, made possible through a partnership with the Canadian Patient Safety Institute to support the quality and safety theme area. Each funded REISS program secured additional sponsorships from other agencies and incorporated direct decision-maker participation. For each dollar the Foundation spent on 2008 REISS competition program, partners spent \$1.50, exceeding the 1:1 co-sponsorship requirement.
- The Nursing Care Partnership program (funded through the Nursing Research Fund; managed by the Canadian Nurses Foundation) continued to leverage existing funding by creating new partnerships that support research on nursing care issues. Each Nursing Care Partnership dollar spent leveraged \$2.10 in partnership funding.
- New and existing partnerships continued to enhance the Foundation's efforts to increase the number of applied health services and nursing researchers through the Capacity for Applied and Developmental Research and Evaluation (CADRE) in Health Services and Nursing program as well as increase the recognition given to applied health services and nursing research.
- Strategic alliances and partnerships with key stakeholders and professional bodies continued to form an integral part of the Executive Training for Research Application (EXTRA) program, which successfully launched its fifth cohort in 2008.
- The Foundation partnered with a number of health research funders in order to fund several commissioned research projects and decision support syntheses on topics of interest to the Foundation's stakeholders and partners.

- Strategic alliances and partnerships with key stakeholders and professional bodies continued to form an integral part of the Executive Training for Research Application (EXTRA) program, which successfully launched its fourth cohort in 2007.
- In May 2007 Research Use Week – Northwestern Ontario was held in Sudbury, Ontario. Partners provided co-sponsorship in the amount of \$32,000 for this event.

The objectives of this Partnership Report are to:

- Highlight the Foundation's financial and non-financial partnerships; and
- Describe the benefits and impact of partnerships in achieving the Foundation's strategic objectives.

INTRODUCTION

In 2008, partnerships continued to play an important strategic role within 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. Benefits of partnerships include providing opportunities for mutual learning, gaining access to new audiences, and supplementing the financial and human resources of the Foundation.

This report emphasizes both the financial and the non-financial aspects of partnerships and the impact of partnerships in achieving the Foundation's strategic objectives. A list of all Foundation partners is provided in Appendix 2.

I. TO CREATE HIGH-QUALITY NEW RESEARCH THAT IS USEFUL FOR HEALTH SERVICE MANAGERS AND POLICY MAKERS

Programs under this strategic objective aim to strengthen the health system by creating high-quality new knowledge useful for managers and policy makers. Partnerships facilitate this in a number of ways.

(A) LISTENING FOR DIRECTION III

In February 2008, the final report from the national consultation process for the *Listening for Direction (LfD) III* priority-setting exercise was released. This process was started in 2007. This consultation is undertaken every three to four years to identify the immediate and longer-term priorities for health services and policy research across the country. The Foundation is the administrative lead for this exercise; CHSRF and CIHR-IHSPR are the co-strategic leads with six other national organizations: Statistics Canada, the Canadian Institute for Health Information, the Canadian Agency for Drugs and Technologies in Health, Health Canada, The Canadian Patient Safety Institute, and The Canadian Healthcare Association. The First Nations and Inuit Health Branch, Health Canada provided additional funds to support three additional consultations in the North. The final report from these consultations was submitted to Health Canada in October 2007. In 2008, the First Nations and Inuit Health Branch, Health Canada provided the Foundation with additional funds to enable the Foundation to print the final Northern Consultation report and promote a wider dissemination of the results.

The Foundation and its partners disseminated the final reports and began to incorporate the results of LfD III within their activities throughout 2008. The partners group – the Coordinating Committee on Health Services Research – also developed strategies for coordinating action on all 11 resultant priorities for health services and policy research. In addition, the partner group developed a plan for monitoring and evaluating the co-ordinated action plan.

The Foundation refreshed its priority themes for 2008-2011 in light of these results to ensure that programming continues to meet the needs of the health services decision-maker community. For example, the Foundation's calls for applications for the 2009 competitions, launched in fall 2008, focused on four of the 11 priority themes, two of which are content-related and two of which are process-related:

Content-related:

- Workforce and the Work Environment
- Quality and Patient Safety

Process-related:

- Values-Based Decision-Making and Public Engagement
- Change Management For Improved Practice and Improved Health.

(B) RESEARCH, EXCHANGE, AND IMPACT FOR SYSTEM SUPPORT (REISS)

The Foundation funded five programs in the 2008 Research, Exchange, and Impact for System Support (REISS) competition. Although originally intending to fund one program in each of the four previous Foundation theme areas (the themes were updated in 2008 – see above), the Foundation negotiated funds for an additional program in the managing for quality and safety theme through an equal partnership with the Canadian Patient Safety Institute. This second REISS program in the managing for quality and safety theme area specifically focused on patient safety.

Different partnership models arise from the REISS competition: co-sponsorship of REISS programs by local, provincial, or national agencies or organizations, facilitated or not by the Foundation; and direct decision-maker participation in and across specific programs.

Co-sponsorship for REISS programs – Each REISS team was required to seek 1:1 co-sponsor funding; however, the 2008 REISS competition programs exceeded these expectations. The \$1.93-million Foundation investment attracted \$2.89 million in partner contributions (cash and in-kind). Every Foundation dollar leveraged \$1.50 in partner commitments.

In addition, in late 2008, the Foundation and the Canadian Patient Safety Institute entered into an agreement concerning funding for the 2009 REISS competition. The two agencies have agreed to be equal partners on one program under the new “Quality and Patient Safety” theme if a proposal specifically focused on patient safety is recommended for funding through the merit review process.

(C) LINKING EVIDENCE TO ACTION ON DECISIONS (LEAD)

The Foundation launched a new granting competition – Linking Evidence to Action on Decisions (LEAD) – in the fall of 2008. 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. Each LEAD project will require 1:1 co-sponsorship funding 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.

(D) NURSING CARE PARTNERSHIP

The Nursing Care Partnership is a distinct program component of the Nursing Research Fund. Built upon a “delegated administration” structure, this partnership between the Foundation and the Canadian Nurses Foundation supports clinical knowledge creation on nursing care issues. The partnership was put in place in 2002 for a two-year period and was renewed for another three years in 2004 and again renewed for a final two years in 2007. The end date of the Nursing Care Partnership is now December 31, 2009, which is in alignment with the end-date for the 10-year Nursing Research Fund.

In 2008, the Canadian Nurses Foundation committed \$220,405 of Nursing Care Partnership funding to projects meeting criteria agreed upon by both foundations in January 2003. A further \$462,952 was leveraged through partnerships for a total investment of \$683,357 for newly funded projects. Over six years, the Canadian Nurses Foundation has funded 171 projects and committed \$2,442,462 to approved nursing care research projects and leveraged \$5,112,395 for a total investment of \$7,554,857.

The Nursing Care Partnership has been successful in recruiting regional partners in every province except New Brunswick. In addition, it has seven national/international level partners. In 2008, national partnerships dominated in Québec, while Ontario, the West and Atlantic Canada received predominantly regional partnership funding.

Not only has the Nursing Care Partnership fostered partnerships across and within provinces and regions, but it also supports research and partnerships across acute and non-acute healthcare sectors.

This unique partnership model has proved to be effective in building capacity within other funding organizations. Many partner funding organizations have adopted the Foundation’s linkage and exchange model in their funding programs and now use merit review panels. The “delegated administration” model also allows the Foundation to support clinical knowledge creation, an important capacity issue for nursing research.

(E) PARTNERSHIPS FOR HEALTH SYSTEM IMPROVEMENT

The Foundation is a co-sponsor in the nursing theme area for CIHR’s Partnerships for Health System Improvements competition. The purpose of this competition is to support teams of researchers and decision makers interested in conducting applied health services research useful to health system managers and/or policy makers over the next two to five years. This competition builds upon the Foundation’s highly successful Open Grants Competition project component that was transferred to CIHR in 2004.

In the 2008 competition, two nursing theme projects were co-sponsored by the Foundation:

- Heather Spence Laschinger, “Nurses’ Career Aspirations to Management Roles: Identifying the Next Generation of Nursing Leaders” (\$99,000 NRF)

- Ariella Lang, “Safety in Home Care: Focus on Medication Management” (\$100,000 NRF)

2008 was the final year that this co-sponsorship was available as a result of the wind-down of the Nursing Research Fund.

(F) PRIMARY HEALTHCARE INITIATIVE

In April 2008, the Foundation sponsored a national meeting of primary healthcare leaders in order to develop a national strategy for sustaining primary healthcare research and improvement. This meeting led to the creation of the “Canadian Working Group on Primary Healthcare Improvement,” which commissioned the following three working papers:

- Documented benefits of a high-quality primary healthcare (PHC) system: What works in a PHC system;
- The health and economic consequences of achieving a high-quality primary healthcare system in Canada: Applying what works in Canada – Closing the Gap; and
- Organizational models for national primary healthcare initiatives.

The overall aim of these working papers was to provide a knowledge synthesis to inform and support the development of a pan-Canadian approach to primary healthcare research and policy by the Canadian Working Group on Primary Healthcare Improvement. These working papers were commissioned by the Foundation in partnership with CIHR-IHSPR and will be completed in 2009.

The Foundation continued to act as secretariat for the working group, and through a partnership with Health Canada, will be hosting the second working group meeting in January 2009.

A new chair in primary healthcare reform began his award in September 2008 – Martin Fortin, a professor in the Department of family medicine at the University of Sherbrooke. In 2007, CHSRF entered into a partnership with CIHR-IHSPR to co-fund this new five-year chair. This is one of seven chairs created under the competition launched by CIHR in 2007 for *Applied Chairs in Health Services and Policy Research*.

(G) QUALITY WORKLIFE-QUALITY HEALTHCARE COLLABORATIVE

The Foundation remained one of the key partners on the steering committee for the Quality Worklife-Quality Healthcare Collaborative (QWQHC) in 2008. In addition, the Foundation played a large role in the planning for the QWQHC Summit, which took place in March 2008.

The Foundation and the QWQHC also formed a partnership with Health Canada’s First Nations and Inuit Health Branch in 2008. The three partners collaborated to develop the program for the first Annual Aboriginal Health Human Resources Initiative (AHHRI) Knowledge Exchange Workshop. This workshop was hosted by the three partners and took place prior to the 2008 QWQHC Summit. The workshop’s primary goal was to bring together individuals who have been involved in projects aimed at improving the healthcare workplace in aboriginal communities. The Foundation hosted a pre-summit reception in order to bring participants of the aboriginal workshop and the QWQHC summit together and provide networking opportunities.

(H) COMMISSIONED RESEARCH PROGRAM

i. Governance for Quality and Safety Improvement in Healthcare Organizations Commissioned Research Project

In September 2008, the Foundation hosted a national roundtable to review the preliminary report of a commissioned research project funded in late 2007 through a partnership with the Canadian Patient Safety Institute. The roundtable participants recommended an additional survey to support the research to be concluded in 2009. The final report from this project will be presented at a second roundtable in late 2009.

ii. Interprofessional Teams and Quality Primary Healthcare Decision Support Synthesis

In July 2007, the Foundation, in collaboration with the Health Council of Canada, commissioned a decision support research synthesis titled *Interprofessional Teams and Quality Primary Healthcare*. The final report of this synthesis was published in May 2008 and included a systematic review of peer-reviewed literature on interprofessional collaboration in primary healthcare outcomes and an environmental scan of Canadian stakeholders, and incorporated findings from initiatives and projects that involved primary healthcare providers.

iii. Roles of Clinical Nurse Specialists and Nurse Practitioners in Canada Decision Support Synthesis

The Foundation, in partnership with the Office of Nursing Policy, Health Canada began a decision support synthesis (DSS) project on the topic of "Roles of Clinical Nurse Specialists and Nurse Practitioners in Canada." The overall aim of this DSS is to develop evidence-informed recommendations for the individual (skills, experience, attitudes), organizational (culture, role definitions, incentives, community context), and system supports (scope of practice, regulatory definitions) that are required to better integrate clinical nurse specialist and nurse practitioner roles into the Canadian healthcare system and advance the delivery of nursing and patient care services in Canada. The final report from this DSS will be available in May 2009.

iv. Canadian Chartbook on Healthcare Quality Commissioned Research Project

In September 2008, the Foundation, in partnership with the Canadian Patient Safety Institute and the Canadian Institute for Health Information, commissioned a research project entitled "Canadian Chartbook on Healthcare Quality." The overall aim is to provide a portrait of the state of healthcare quality in Canada from existing data sources, focusing on a limited number of dimensions of quality, settings and jurisdictions across Canada. The research report will be in the format of a reader-friendly "chartbook" for policymakers, managers, clinicians and the public. The results will highlight what is known about the actual performance of the Canadian healthcare system in selected areas, including gaps between what is possible and what is currently delivered. The final report from this project will be available in late 2009.

v. Health Human Resources Productivity Scoping Exercise

The Foundation, in partnership with the Michael Smith Foundation for Health Research in British Columbia, funded a scoping exercise on "Health Human Resources Productivity" in late 2008. This was part of a broader initiative on HHR issues undertaken in partnership with the Western and Northern Health Human Resources Planning Forum.

The specific objective for this scoping exercise was to prepare a "state of the science" report that includes an overview of existing definitions and concepts from healthcare and from pertinent non-healthcare domains regarding human resource productivity.

The research team will present the results of this study to a national meeting of invited decision makers, to be convened and hosted by CHSRF in mid-2009. The aim is to provide advice and expertise for a subsequent decision support synthesis project.

vi. Effective Health Human Resource Strategies for Rural and Remote Communities and Defining “Effective Health Human Resource Productivity” in Healthcare in Canada Decision Support Syntheses

In 2008, the Foundation and the Western and Northern Health Human Resources Planning Forum (which is funded by the British Columbia Ministry of Health Services) agreed to co-fund two decision support syntheses. One will examine effective health human resource strategies for rural and remote health communities, and the other will explore the concept of “effective health human resource productivity” and examine the available research evidence regarding effective productivity in healthcare. The two agencies agree that additional information regarding these issues will assist in bridging the gap between health human resources need and availability.

vii. Citizen Engagement in Healthcare Decision-making Commissioned Research Project

The Foundation entered into preliminary discussions with the newly established New Brunswick Health Research Foundation in December 2008. The two agencies have expressed an interest in working together to fund a commissioned research project focusing on citizen engagement. In 2009, a project will be commissioned to synthesize the available evidence regarding effective citizen engagement in healthcare decision-making and provide recommendations to the New Brunswick government and the Foundation.

viii. Other

The Foundation, in partnership with the Ontario Health Quality Council, commissioned researchers at the Health Quality Council in Saskatchewan to undertake a research project titled *Public Reporting on the Quality of Healthcare: Evidence on Effective Strategies and Best Practices*. The final report was submitted to the Foundation in September 2007 and an article based on the report was written and published in the first 2008 edition of Healthcare Quarterly Papers.

In the fall of 2008, the Foundation was approached by the Department of Health and Social Services of the Government of Nunavut to discuss a partnership in which the Foundation would provide expert advice to the department regarding evidence-informed health services strategies. The Foundation will work with the Nunavut Government in order to articulate the scope of this project and its implementation in 2009.

(I) NETWORK OF APPLIED HEALTH SERVICES AND POLICY RESEARCH CENTRE DIRECTORS

In 2008, the Foundation and CIHR-IHSPR continued their support of the Network of Applied Health Services and Policy Research Centre Directors. The network enhances information sharing and collaboration across the member centres and delivers expert advice to CHSRF and IHSPR on key initiatives. The network is also able to articulate issues of concern to the researcher and decision-maker communities in the regions represented by the members. Three teleconferences and two face-to-face meetings were held in 2008.

In 2008, the network included representation from the centres based at McMaster University, University of British Columbia, l’Université de Montréal, University of Manitoba, University of Calgary, University of Toronto, Queen’s University, Laurentian University, the Newfoundland & Labrador Centre for Applied Health Research, and the Institute for Clinical and Evaluative Sciences.

II. TO INCREASE THE NUMBER AND NATURE OF APPLIED HEALTH SERVICES AND NURSING RESEARCHERS

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

The Capacity for Applied and Developmental Research and Evaluation (CADRE) in Health Services and Nursing program continues to be a very successful capacity-building partnership with its main partner, CIHR, as well as its regional co-sponsors.

CADRE Regional Co-sponsors

- Alberta Heritage Foundation for Medical Research
- Winnipeg Regional Health Authority
- Ontario Ministry of Health and Long-Term Care
- Nova Scotia Health Research Foundation
- Fonds de la recherche en santé du Québec
- Ministère de la Santé et des Services sociaux du Québec

The CADRE program is, in fact, based on a multi-partner funding model. Each funded chair and regional training centre has formed partnerships with local, provincial, or national decision makers. These partners provide financing and strategic advice, participate in education and mentoring through student internships/placements, serve as research partners, and provide graduate student co-supervision. The chairs and regional training centres continue to expand partnerships through enhanced linkage and exchange activities. In 2008, CIHR's Institute of Health Services and Policy Research, via the CHSRF, provided a \$60,000 supplement to each chair and regional training centre to be used for knowledge transfer training, resources, tools and related activities to benefit the existing programs and future trainees in applied health services and policy research.

To maximize CADRE trainees' exposure to important learning, networking, and linkage and exchange activities, the Foundation again partnered with CIHR to sponsor 38 trainees to attend the May 2008 Canadian Association for Health Services and Policy Research conference.

The CADRE program capacity-building network provides support for the EXTRA decision-maker capacity-building program. The regional training centres continue to co-ordinate the mentoring support for the EXTRA fellows in their regions, thus fostering and strengthening both networks. In addition, some of the EXTRA fellows have been linked with CADRE chairs who provide academic mentoring for their intervention projects.

In May 2008 a special edition of *Healthcare Policy* was published by Longwoods Publishing. This special edition described how the regional training centres applied the linkage and exchange model in the context of delivering interdisciplinary graduate training in applied health and nursing services research. The edition was co-funded by the Foundation and the four regional training centres, and was widely disseminated at the CAHSPR conference and on the Foundation, CIHR and Longwoods websites. The edition was also translated into French in order to further increase the dissemination possibilities.

In 2008, the CADRE chairs continued working on a book about their experiences with the CADRE chair program's linkage and exchange model and its impact on the training of health services and nursing researchers. The book will also examine the contribution of this program towards increasing the capacity for evidence-informed decision-making in the Canadian healthcare system. The planning process for this book began in 2007 and publication of the final product is planned for 2009.

The CADRE program also includes the CHSRF/CIHR Postdoctoral Awards. Each year, up to eight new postdoctoral awards are available and are jointly funded by the Foundation and CIHR. In 2008, one additional award from the pool of candidates recommended by the merit review panel was co-funded by CIHR's Institute of Health Services and Policy Research and Institute of Population and Public Health.

In 2008, negotiations with several agencies took place in order to increase the number of postdoctoral awards available in the 2009 competition (which was launched in August 2008). As a result of this work, two additional targeted postdoctoral awards will be offered in 2009 in addition to the eight usually available. One will be funded by the Mental Health Commission of Canada with a focus on homelessness, and one will be funded by Saint Elizabeth Health Care in Ontario with a focus on home care.

(B) CANADIAN ASSOCIATION FOR HEALTH SERVICES AND POLICY RESEARCH (CAHSPR)

The association held its annual conference in May 2008. The conference's theme was "Bridging Silos" and the feedback provided by participants was positive.

The conference continues to provide an important opportunity for new researchers, students, and decision makers to network, present their work, and catch up on developments and issues of interest. The association continues to be an important Foundation partner, providing a natural forum to promote the Foundation's programs and innovations.

The 2008 conference provided many opportunities for collaboration, and a number of add-on meetings were held during the conference period. These included a CADRE student reception in collaboration with CIHR-IHSPR which, for the first time, was open to all CAHSPR participants on the evening before the conference opened; a CADRE Regional Training Centre network meeting; a dinner with a group of CADRE postdoctoral award holders; and a meeting of the Network of Centre Directors in Health Services and Policy Research. The Foundation held two concurrent sessions entitled "Building bridges to enhance capacity in health and nursing services research: The Regional Training Centre Experience" and officially released the special issue of *Healthcare Policy* focused on the regional training centres. The recipient of the 2008 Health Services Research Advancement Award (Dr. Paula Goering) was also announced at a special conference reception. Foundation staff presented a number of papers and posters during the conference.

Planning for the 2009 conference began in the fall of 2008. The 2009 conference will be held in May 2009 in Calgary and through its participation in the planning process, the Foundation again identified several opportunities for collaboration, including a pre-conference reception for CADRE students and other participants; the announcement of the 2009 Health Services Research Advancement Award recipient at a prime time conference reception; and the announcement of the 2009 *Mythbusters* Student Award recipient at a plenary during the conference. As well, CHSRF staff will again be presenting papers and posters during the conference.

(C) HARKNESS FELLOWSHIPS IN HEALTH CARE POLICY PROGRAM

The Foundation and the U.S.-based Commonwealth Fund collaborated for the eighth year to support two 2008-09 Canadian associates in the Harkness Fellowships in Health Care Policy program. The Foundation hosted a Canadian health policy briefing tour for the Harkness fellows and associates in May 2008, visiting Toronto and Montreal. The purpose of the Canadian session was to provide the fellows with an overview of the Canadian healthcare system. Key policy issues were highlighted and the tour included sessions with 24 leading policy makers and researchers as well as a visit to St. Michael's Hospital where the fellows learned of the great work of the Li Ka Shing Knowledge Institute and the Centre for Research on Inner City Health.

Dr. Brian Postl, CEO of the Winnipeg Regional Health Authority, and Mr. John Horne, Adjunct Professor at the University of Victoria, co-hosted the 2008 tour. The fellows reported that the Canadian tour was the highlight of their year.

These activities are funded almost entirely by the Commonwealth Fund; the Foundation's contribution includes in-kind support for the marketing and administration of the recruitment of eligible candidates, organization of the Canadian briefing tour, and preparation of the annual briefing book on key Canadian healthcare system issues. The briefing book was made available on the Foundation's web site.

This partnership provides an opportunity to increase capacity, expand networking, and foster an understanding of the Canadian health policy context within a group of highly regarded, influential Canadian and international health policy researchers, decision makers, and journalists.

III. 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

(A) TARGETED DISSEMINATION ACTIVITIES

In 2008, the Foundation created a *Mythbusters* Teaching Resource in response to the requests of professors at several universities who contacted the Foundation to ask for guidance on how to teach summary writing to their students. The resource 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.

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

The *Mythbusters* series created opportunities for unexpected in-kind partnerships in 2008. PBS Frontline and Associated Press in the U.S. both requested *Mythbusters* for their election packages on healthcare issues and one issue of *Mythbusters* was translated into Spanish for the Madrid Public Health Agency.

The London School of Economics and Political Science again reprinted a *Mythbusters* in their *Eurohealth* journal in 2008. *Eurohealth* is a quarterly publication that provides a forum for researchers, policy-makers and experts to express their views on health policy issues in order to contribute to a constructive debate on health policy in Europe. The journal of Healthcare Policy also included reprints of several *Promising Practices* in their 2008 issues.

The Foundation also supports the ongoing publication of the journal of Healthcare Policy along with other sponsors: the Canadian Institutes of Health Research; the Saskatchewan Health Research Foundation; the Canadian Agency for Drugs and Technologies in Health; and the Canadian Association for Health Services and Policy Research.

IV. TO HELP HEALTH SYSTEM MANAGERS, POLICY MAKERS AND THEIR ORGANIZATIONS TO ROUTINELY ACQUIRE, APPRAISE, ADAPT AND APPLY RELEVANT RESEARCH IN THEIR WORK

(A) EXECUTIVE TRAINING FOR RESEARCH APPLICATION (EXTRA)

Strategic alliances and partnerships involving key stakeholders and professional bodies are the best way to build the capacity of decision-maker leaders to use research evidence in their decision-making. Through these partnerships, the Foundation was able to accomplish the following:

- Collaborate with Royal Roads University to offer an on-line component of a Graduate Certificate in Health Systems leadership consisting of two required courses adapted from the Executive Training for Research Application (EXTRA) Program, focusing on developing leaders who have the capacity to use research in decision-making.
- Secure high-level credentials for EXTRA, leading to university-partnered accreditation for the program. The program is formally recognized by the Université de Montréal, Royal Roads University, and the University of Toronto. Graduates of the EXTRA program can earn university credits toward a Diplôme d'études supérieures spécialisées in health services administration (DESS) or an MSc at Université de Montréal. The Royal Roads University offers credits towards a Graduate Diploma in Health Systems Leadership, and the University of Toronto offers credits toward the MSc Health Services Research from the Department of Health Policy, Management and Evaluation.
- Provide graduates of the EXTRA program with a diploma conferred by the program partners.
- Qualify EXTRA fellows for program credentials and continuing education credits through national professional bodies and other credit-granting partners and their programs, including the Royal College of Physicians and Surgeons of Canada and the Canadian College of Health Service Executives.
- Increase the EXTRA program's profile among its target audience through promotion and recruitment efforts with key national health professional associations including the Canadian Medical Association, the Canadian Nurses Association, the Association of Canadian Executive Nurses, the Canadian College of Health Service Executives, the Canadian Society of Physician Executives, and the Canadian Public Health Association.
- Reach the Quebec audience through the profiling, promotion, and recruitment efforts of the Quebec consortium of 11 partners:
 - Agences de développement de réseaux locaux de services de santé et de services sociaux du Québec
 - Association des directeurs généraux des services de santé et des services sociaux du Québec
 - Association des cadres supérieurs de la santé et des services sociaux
 - Association des gestionnaires des établissements de santé et de services sociaux
 - Association québécoise d'établissements de santé et de services sociaux
 - Collège des médecins du Québec
 - Fédération des médecins omnipraticiens du Québec
 - Fédération des médecins spécialistes du Québec
 - Institut national de santé publique du Québec
 - Ministère de la Santé et des Services sociaux du Québec
 - Ordre des infirmières et infirmiers du Québec.

- Build upon the networks of the CADRE program and the Canadian College of Health Service Executives to mentor EXTRA fellows.
- Share intellectual capital in the field of leadership, skills, and competency development.

Consequently, the establishment of the EXTRA program, as well as its future development and impact, rests on sustaining and further building its partnership dimension.

The program's success continues to garner international attention. Decision-making experts from the U.S. and Mexico are using the EXTRA program as a model to transform the health system in their own countries by adapting the EXTRA course content for teaching purposes. As well, the Australian Institute of Clinical Studies, an institute of the Australian National Health and Medical Research Council, established the NCIS Fellowship Program based on the experience and impact of the EXTRA program.

Currently, the Swift Efficient Application of Research in Community Health (SEARCH) Canada and the Foundation are jointly undertaking evaluation work to increase the understanding of organizational change related to research use, using six in-depth case studies, in organizations involved with the SEARCH and EXTRA programs. The commissioned research project team and case study sites were identified through two joint SEARCH Canada/CHSRF expert workshops and subsequent discussions between June 2007 and June 2008. Results from this partnership evaluative research effort will be available in late 2009.

(B) RESEARCHER ON CALL

Building on the success following its introduction in 2007, the "Researcher on Call" teleconferences continued to attract large audiences in 2008. "Researcher on Call," which was initially developed in partnership with the Quality Healthcare Network, is a series of interactive teleconference calls that brings researchers and decision makers together to discuss topics relevant to Canada's health system. The overall goal is to encourage participants to consider the benefits of using research in their practice.

Five teleconferences were held in 2008: three in partnership with the Quality Healthcare Network and one with the Health Council of Canada.

Participants report that the 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. One of the sessions in 2008 had over 450 participants.

Eight "Researcher on Call" sessions are scheduled to take place in 2009.

(C) THE TEAMWORK WORKSHOP

In December 2008, the Foundation held "The Teamwork Workshop" conference in Toronto. Over 150 decision makers, researchers, healthcare professionals, students, and patients participated in the two-day session that encouraged frank and open dialogue about strategies, tools, challenges, and tips for improving teamwork and interprofessional collaboration in healthcare.

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.

This event was highly successful and brokered \$35,000 in co-sponsorship from the Canadian Interprofessional Health Collaborative, the Canadian Society for Physician Executives/Canadian Medical Association, and the Health Council of Canada with an additional \$24,407 in registration fees.

V. FOUNDATION SPONSORED EVENTS

In 2008, the Foundation provided sponsorship support for 13 events that were led by other organizations. The events selected for sponsorship focused on topics that were relevant to the Foundation's strategic objectives and that involved participants who were relevant to the Foundation's community. The total Foundation contribution for these sponsorships was \$57,000 and in all cases, the Foundation received recognition as a sponsor at the event and in pre- and post-event literature. A list of all the events is found in Appendix 1.

VI. FINANCIAL ASPECTS

The financial contributions of partners consist of cash and in-kind contributions. Many of the commitments made to Foundation programs span several years. We can therefore speak of new commitments made in 2008 through our competitions and other projects as well as actual yearly leverage on current activities, expressed as yearly leverage dollars.

(A) NEW REISS COMMITMENTS IN 2008

The REISS program has a 1:1 co-sponsorship requirement. The 2008 REISS competition proved to be more successful than this target in leveraging cash and in-kind support from co-sponsors. The \$1.93-million Foundation investment attracted \$2.89 million in partner contributions. Every Foundation dollar leveraged \$1.50 in Foundation commitment. A list of all REISS partners is found in Appendix 2.

(B) 2008 ACTUAL PARTNERSHIP LEVERAGE

The total amount of Foundation funds spent on programming in 2008 was \$5.47 million, of which \$4.85 million was partnership eligible. This includes payments made towards ongoing multi-year activities as well as new activities for which 2008 payments were made. The total amount of partnership contributions (cash and in-kind) on these eligible activities was \$7.36 million. In other words, for every dollar of Foundation funding spent, \$1.52 was contributed by partners.

The average level of matching funding that the Foundation has leveraged from partners between 2001 and 2008 is 1:1.57. This means that on average, over this eight year period for every dollar of Foundation funding spent, \$1.57 was contributed by partners.

(C) LEVEL OF ACTIVITY

The Foundation partnered with 45 direct partners in 2008 (see Appendix 3) and entered into 24 new partnership agreements in 2008 with an additional 14 under negotiation at the end of the year. It is interesting to note that many of the Foundation's partners in 2008 were involved in several different Foundation activities.

The total amount of new commitments from direct partners in 2008 was \$1.91 million. This amount reflects all new partnership agreements signed in 2008 for Foundation-led activities. The Foundation's commitment to these activities was \$1.62 million. It should be noted that many of these activities span several years and these figures reflect the total value of the funding over the full activity timeframes.

VII. LOOKING AHEAD

Partnerships will continue to play an important role for the Foundation in achieving its mission, developing its niche opportunities, and exploring sustainability issues.

The tracking and reporting of partnerships continue to be imperative from both an accountability perspective and from an evaluation perspective, as the Foundation strives to evaluate the impact of its programs and the role that partnerships play. In the spring/summer of 2008, the Foundation implemented a new database that tracks financial, granting and partnership information in an integrated way. This new system allows the Foundation to better assess and present the added value that strategic partnerships bring to the work of promoting evidence-informed decision-making.

In working towards enhanced capacity of research use by decision makers, the Foundation will work with an array of partners, through ever-growing networks, to ensure there are more evidence-informed decision makers who are also champions for evidence-informed decision-making.

It is anticipated that pursuit of these objectives, combined with the exploration of partnerships that will enhance the Foundation's sustainability, will bring opportunities with new partners on the national and international scenes.

APPENDIX 1 — FOUNDATION SPONSORED EVENTS IN 2008

Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS)
– “Fifth Annual Meeting of Health Technology Assessment International (HTAi)”

Canadian Institutes of Health Research – “CIHR Health Information Summit 2008: Data, Data, Everywhere: Access and Accountability”

Canadian Medical Association – “Canadian Health Leadership Network Symposium: Leadership in Motion: Changing Systems, Creating Results”

Canadian Medical Association – “Taming of the Queue V Conference”

Canadian Patient Safety Institute – “Halifax 8: The Canadian Healthcare Safety Symposium”

Cape Breton Health Research Centre – “2008 Cape Breton Health Research Symposium: Chronic Illness, Prevention and Management: A Personal and Public Concern”

Health Quality Council – “2008 Exchange Event about the Saskatchewan Chronic Disease Management Collaborative”

Health Quality Council – “2008 Transparency Conference”

Newcastle University – “Priorities 2008: Conference of the International Society for Priorities in Health Care”

Public Policy Forum – “Forum on Health Reengineering”

Quality Worklife – Quality Healthcare Collaborative – “2008 QWQHC Summit”

University of Alberta – “Knowledge Translation 2008: Forum for the Future”

University of Ottawa – “Real World Safety and Effectiveness Knowledge Transfer Workshop: Knowledge Translation in the Post Market Evaluation of Drug Safety and Effectiveness Data”

APPENDIX 2 — REISS PARTNERS IN 2008

NATIONAL

- Canadian Patient Safety Institute

PROVINCIAL

British Columbia

- Vancouver Coastal Health

Alberta

- Alberta Health and Wellness
- Alberta Heritage Foundation for Medical Research (AHFMR)
- Capital Health Authority
- Shepherd's Care Foundation
- The Capital Care Group

Saskatchewan

- Saskatoon Health Region

Manitoba

- Winnipeg Regional Health Authority

Québec

- Agence de développement de réseaux locaux de services de santé et de services sociaux de la Montérégie
- Agence de la santé et des services sociaux de la Côte-Nord
- Centre hospitalier de l'Université de Montréal
- Hôpital Charles LeMoine
- Hôpital du Sacré-Coeur de Montréal
- Hôpital Sainte-Justine (Centre de réadaptation Marie Enfant)
- McGill University Health Centre
- Ministère de la recherche, de la science et de la technologie du Québec
- National Public Health Institute of Quebec
- Régie régionale de la santé et des services sociaux du Saguenay-Lac-Saint-Jean
- Université de Sherbrooke

APPENDIX 3 — FOUNDATION PARTNER ORGANIZATIONS IN 2008

INTERNATIONAL

- Commonwealth Fund (Harkness Associate Awards, Harkness Program Canadian Policy Briefing)

FEDERAL

- Canadian Institute for Health Information (Listening for Direction III, Commissioned Research)
- Canadian Institutes of Health Research (OGC Transfer, CADRE – Chairs, Career Reorientation Awards, Postdoctoral Awards, Regional Training Centres)
- Canadian Institutes of Health Research, Institute of Human Development, Child & Youth Health (REISS)
- Canadian Institutes of Health Research, Institute of Health Services and Policy Research (student support for CAHSPR, Regional Training Centres Directors' Network, Knowledge Transfer and Exchange Supplement for Chairs and Training Centres, Postdoctoral Award)
- Canadian Institutes of Health Research, Institute of Population and Public Health (Postdoctoral Award)
- Health Canada (EXTRA)
- Health Canada, Health Care System Division (Listening for Direction III)
- Health Canada, First Nations and Inuit Health Branch (Listening for Direction III, HHR initiative)
- Health Canada, Office of Nursing Policy (REISS, Decision Support Synthesis)
- Statistics Canada, Health Statistics Division (Listening for Direction III)

NATIONAL

- Canadian Agency for Drugs and Technologies in Health (Listening for Direction III)
- Canadian Association for Health Services and Policy Research (Conference)
- Canadian College of Health Service Executives (EXTRA)
- Canadian Healthcare Association (Listening for Direction III)
- Canadian Interprofessional Health Collaborative (Teamwork Workshop)
- Canadian Medical Association (EXTRA)
- Canadian Nurses Association (EXTRA)
- Canadian Nurses Foundation (Nursing Care Partnership)
- Canadian Patient Safety Institute (REISS, Listening for Direction III, Commissioned Research, Workshop)
- Canadian Society for Physician Executives (Teamwork Workshop)
- Health Council of Canada (Researcher on Call, Teamwork Workshop)
- Mental Health Commission of Canada (Postdoctoral Award)
- Quality Healthcare Network (Researcher on Call)
- Swift Efficient Application of Research in Community Health (SEARCH) Canada (Commissioned Research)

PROVINCIAL

British Columbia

- British Columbia Ministry of Health (Chairs)
- Michael Smith Foundation for Health Research (REISS, synthesis scoping)
- Vancouver Coastal Health (REISS)
- Western Regional Training Centre (Journal Special Edition)
- Western and Northern Health Human Resources Planning Forum – British Columbia Ministry of Health (Decision support synthesis)

Alberta

- Alberta Health and Wellness (REISS)
- Alberta Heritage Foundation for Medical Research (REISS, Regional Training Centre)

Manitoba

- Winnipeg Regional Health Authority (REISS, Chairs)

Ontario

- Ontario Health Quality Council (Commissioned Research)
- Ontario Ministry of Health and Long-Term Care (REISS, Chairs, Ontario Training Centre)
- Ontario Regional Training Centre (Journal Special Edition)
- Ontario Women's Health Council (Ontario Training Centre)
- Saint Elizabeth Health Care (Postdoctoral Award)

Québec

- FERASI Training Centre (Journal Special Edition)
- Fonds de la recherche en santé du Québec (REISS, Chairs)
- McGill University Health Centre (REISS)
- Ministère de la Santé et des Services sociaux (REISS, Chairs)
- Québec Consortium (EXTRA)

New Brunswick

- Atlantic Regional Training Centre (Journal Special Edition)

Nova Scotia

- Nova Scotia Health Research Foundation (REISS, Chairs)