

The Change Foundation
Annual Report 2008/2009

Aiming at Change



THE CHANGE
FOUNDATION
HEALTH CARE DESERVES
OUR FINEST THOUGHT

“The Change Foundation helps get us prepared for the thinking that is going on.”

“I don’t know what I’d do without them.”

Comments about The Change Foundation from Ontario health-care stakeholders during interviews and focus group discussions, June 2009

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About The Change Foundation

The Change Foundation is a health policy think tank that generates research, analysis and informed discussion about health system integration and quality improvement in home and community care in Ontario.

Located in Toronto, The Change Foundation is governed by a 12-member board of directors, led by President and CEO Cathy Fooks and supported by a small professional staff. Established in 1996 through an endowment by The Ontario Hospital Association, The Change Foundation is an independent charitable foundation with a mandate to promote, support and improve health and the delivery of health care in Ontario.

www.changefoundation.com

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A Premise from the President & Chair
Cathy Fooks, President & CEO
Gail Donner, Chair of the Board of Directors
(June 2007–June 2009)

The patient experience emerges as key priority for The Change Foundation – and our followers

This report is both a look back at The Change Foundation’s work, capturing highlights from April 2008 to April 2009, and a look forward, providing links to our website to let you track our progress since then.

The Change Foundation’s 2007–2010 strategic plan, *Contemplating the way we change/ Changing the way we think*, launched our shift from granting agency to think tank. It carved out a new and narrower set of strategic directions and laid out expectations for what we wanted to achieve under each of them. We’ve worked steadily to meet those expectations as we rolled out the products, projects, partnerships and activities tied to our health integration, quality improvement and engagement themes. Our 2007/2008 annual report, *On Track*, highlighted them, showing early signs that suggest our work is timely, relevant – and required.

The Change Foundation is clearly in its formative years as an independent health policy think tank. Despite our relative youth – or perhaps because of it – we’ve seen a heartening hankering for collaboration and great interest from an array of audiences in what we do, how we do it, and where we aim our attention. We redirected our focus, function and funding to Ontario’s health integration and quality improvement agenda just as the

→ Ontario appears to need a place where people can turn to for disinterested – but not dispassionate – health policy analysis, advice and discussion ... The Change Foundation is striving to provide that space and support.

Local Health Integration Networks (LHINs) got underway and in the mix of emerging opportunities for health-care change, growing economic anxiety, and uncertainty about the future of health-care reform.

Ontario appears to need a place where people can turn to for disinterested – but not dispassionate – health policy analysis, advice and discussion grounded in solid evidence and geared towards making timely change that aligns with system goals and improves the patient experience. The Change Foundation is striving to provide that space and support, not on our own of course, but engaging with fine minds and dedicated doers who want to accelerate the pace of health-care reform and close the gap between what we know and what we do in health care.

We acquired an enormous asset to help us achieve that when the **Centre for Healthcare Quality Improvement (CHQI)** joined The Change Foundation July 1, 2008. This welcome development has bolstered our **quality improvement capacity**, cemented relationships with the LHINs and health-care providers, and opened the door to health-care organizations interested in using our expertise to enrich their quality improvement know-how and initiatives. Whether it is leading the charge on making the Institute of Healthcare Improvement's Triple Aim framework[®] part of health planning, working as part of the provincial team to reduce Emergency Department Wait Times, or bringing the renowned UK Releasing Time to Care[®] program to Ontario, CHQI at The Change Foundation is walking our talk. We don't just analyse health care, we work to improve it.

As we implement our strategic plan, we continue to engage and partner with LHINs, government, agencies, providers, and health-care associations from across the sectors, the country, and the continent, including the likes of **The Commonwealth Fund** and the **Canadian Patient Safety Institute**. We have collaborated with academics and respected health-care thinkers and senior leaders inside and outside Canada, and we have drawn from and shared the wisdom and experience of patients and caregivers as well as health-care experts.

→ Along the way, our emphasis has evolved as we developed an inclination to look at our work not just from a systems perspective, but also from the vantage point of the patient experience.

Along the way, our emphasis has evolved as we developed an inclination to look at our work not just from a systems perspective, but also from the vantage point of the patient experience. This isn't a radical notion, but we think it's a refreshing departure given that health-care reform often revolves around the needs of providers. It's also not a notion that's gone unnoticed. In addition to a desire to tackle the difficult policy questions – for instance, how to offer integrated care across sectors and providers within a fragmented system that leaves primary care isolated and too often unaligned with system goals – we've observed an abiding interest in our efforts to examine and improve the patient and caregiver experience in Ontario, in particular during transitions between providers and parts of the system.

You can see that interest reflected in the 18,700 downloads of our report, *Who is the Puzzle maker? Patient/Caregiver Perspectives on Navigating Health Services in Ontario*, which in turn elicited many speaking engagements from organizations across the province. Our examination of what patients and caregivers experienced when moving from hospital to home or long-term care – and what health-care organizations are doing to improve that experience for them – has also resonated with providers, the **media**, and the public. As you read this report and learn about our new projects, you'll see the Foundation's patient experience lens clearly at work, along with an eye to building stronger quality improvement capacity in Ontario's health-care community.

Our premise is that Ontario needs us to help bring the imperative of the patient experience to the fore; our challenge is to find the best ways and wisdom to do that. So please give us your collective feedback; we need to hear from you and we want to learn from you. After all, as our tagline says: health care deserves our finest thought.



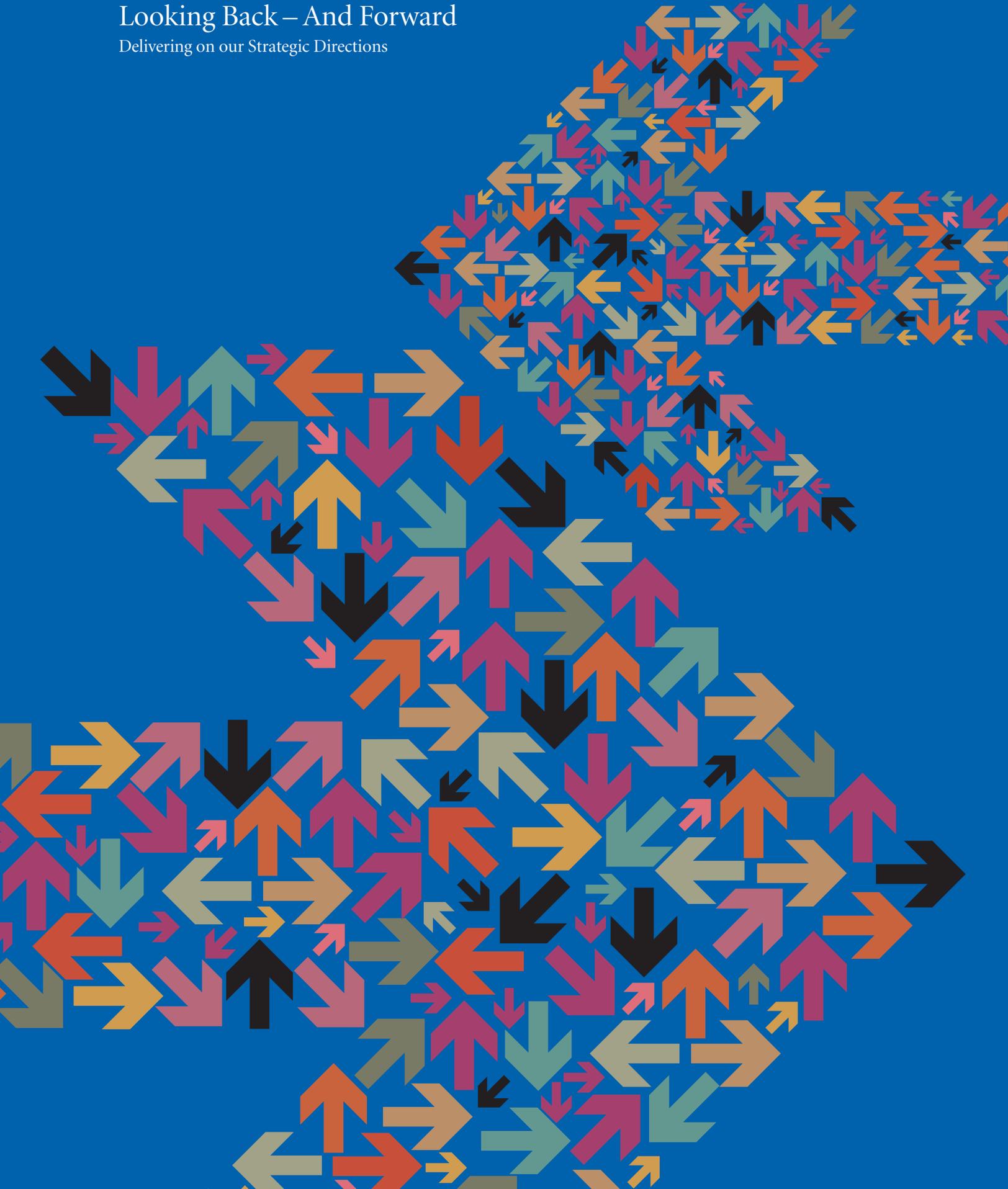
Cathy Fooks
President and CEO



Gail Donner
Chair, Board of Directors
(June 2007-June 2009)

Looking Back – And Forward

Delivering on our Strategic Directions





STRATEGIC DIRECTION NUMBER ONE

To support the implementation of an integrated health system in Ontario through evidence-based policy and research.

In the first year of our strategic plan, we focused on building a body of knowledge to draw upon as we formulated our analysis and advice to government and others. We began at the conceptual level, identifying evidence about what supports and hinders successful integration efforts. In year two, we shifted from the conceptual to the practical as we concentrated on understanding whether and how integration of care is unfolding in Ontario. Our advice was informed by evidence from other jurisdictions, the views of Ontario patients and caregivers about integrated care, and the experience of leaders in regional health systems.

“The work that The Change Foundation has done to date is excellent and very much appreciated by the LHINs.”

Comment from a participant evaluating a 2009 Change Foundation event

Looking Back

→ Released first health integration report, *Who is the Puzzle maker? Patient / Caregiver Perspectives on Navigating Health Services in Ontario*, June 2008

“With great interest did I read your recent report ‘Who is the puzzle maker’? It gives a good sense of the experience of patients and health service providers in navigating the system and ideas on how to improve it which is very helpful in our effort to create an integrated system.”

– Thomas Custers, Senior Manager Health System Design, Waterloo Wellington Local Health Integration Network

The Change Foundation focused its first health integration report on patient and caregiver experiences navigating the health-care system in Ontario. The report drew on three research projects we undertook on patient perspectives: (1) a literature review on patient and family views on navigating the system (2) a general population survey about information flow and communication across transition points; and (3) 10 focus groups with regular users of the health-care system and their caregivers. The title of the report came directly from one of them.

Released at our annual general meeting, *Who is the Puzzle maker? Patient/Caregiver Perspectives on Navigating Health Services in Ontario*, has been downloaded 18,700 times since it was first posted. *The Puzzle Maker* remains one of our most popular reports and has led to many speaking

engagements with LHINs and service networks. It was the focus of our AGM panel discussion with SE LHIN CEO Paul Huras and Central CCAC Executive Director Cathy Szabo who responded to the coordination and communication issues raised by the patients and caregivers.

Read [related research](#) (June 2008 Literature Review on Public Expectation and Patient Experience of Integration of Health Care) and [focus group and polling summary](#), *Exploring Patient and Caregiver Perspectives on Integration in the Ontario Health-care System*. View [panel discussion](#), [Q&A](#), [video news release](#) and [a longer video montage](#) of patient and caregiver voices.

→ Issued a user-friendly guide to LHIN legislation, *Structure, Powers and Accountability of Local Health Integration Networks*, October 2008

Given that much of the legislation governing the LHINs is untested, it’s not surprising that questions – and confusion – about roles, rules, and authority abound. To help decode the legislation, we commissioned Health Law & Policy firm Osborne Margo to produce a [plain-language guide](#) to the key elements of the statute, with a concluding section on things to look for in the future. The resource has been shared widely, and downloaded from our website thousands of times.

“The Change Foundation has the opportunity to position themselves as where the discussion is taking place.”

Comment from health-care stakeholder during interviews/focus group discussions, 2009

→ **Launched the first in a series of International Case Studies, *Integrated Health Care in England: Lessons for Ontario*, May 2009**

“I congratulate The Change Foundation on an excellent report. It covers a lot of ground and history and truly reflects the challenges that both jurisdictions face which are very similar,”

– Tony Woolgar, former CEO of an NHS hospital and a former LHIN CEO.

Given that many other countries have more developed models of integrated care than Ontario, we studied the specific elements of their system design and performance seeking insights for Ontario. We started with the English National Health Service for a number of reasons: it is intentional in its integration; it takes risks, makes mistakes, and learns from them; it keeps the patient at the centre of its efforts; and it publishes everything.

Integrated Health Care in England: Lessons for Ontario is the first in our series of international case studies. In it, we learn that Ontario needs to expand public voice and choice, engage physicians and other providers in reform and e-health, and develop funding and incentive models to better integrate primary and secondary care. It has been downloaded 9,000 in the first seven months of its posting.

We also released:

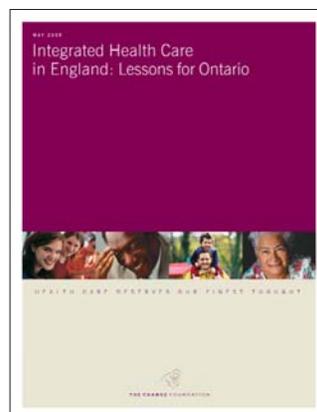
- a **commentary** on the report by former NHS CEO and former LHIN CEO Tony Woolgar along with a **Q&A video podcast**;
- a provocative **Q&A** by UK Policy Exchange researcher Jamie Burn: Health System Reforms in NHS England: Context, Culture, Power;
- charts (1 & 2) summarizing key components/ characteristics of NHS England and comparing how England and Ontario have fared in achieving key elements of integrated health systems.

Looking Forward

→ **Conducting Community Health Provider Surveys: Understanding the views and experiences of community providers in providing integrated care, Dec. 2009–early 2010**

To complement our June 2008 survey probing the perceptions of patients and caregivers about how integrated their health system is, we are surveying 2200 community health providers to generate provider-focused experiential information about integrated care in Ontario. We felt it would be interesting to see if providers had views on whether or not the system was integrated; and if so, whether they differed from the views of patients.

Working with the Community Provider Associations Committee and the Ontario Association of Community Care Access Centres, we are conducting four separate surveys targeted to case managers and service coordinators, regulated health professionals (including registered nurses, nurse practitioners, advanced practice nurses, registered practical nurses, therapists, dietitians, social workers, pharmacists), personal support workers, and medical supplies and equipment personnel. The survey was pilot tested in the fall, and will be in the field in December and January. We will release the findings and analysis later in 2010.



“I also appreciate that The Change Foundation seems to be politically astute with their information so they can draw connections between political trends and the evidence.”

Comment from health-care stakeholder during interviews/focus group discussions, 2009

→ **Examining Funding Incentives for Integrating Patient Care in Ontario Symposium, April 26, 2010, Toronto**

The purpose of this project, supported by the Ministry of Health and Long-Term Care, is to understand the funding levers/incentive supports and policy/regulatory barriers that impact the provision of integrated, coordinated care for patients as they move across the care continuum.

The project will produce:

- a framework to look at how funding for clinical services in Ontario may encourage or discourage integrated services;
- six case studies from the UK, US, and Ontario, focused on the funding mechanisms and financial incentives within and across sectors along the continuum of care;
- a symposium to discuss how innovative strategies and tactics have been used to manage barriers and improve care integration and how they could be applied in Ontario to improve care integration. The symposium is for front-line planners, health policy thinkers and decision-makers and will have an international and Ontario focus.

→ **Offering our best advice: The Change Foundation's 2nd Health Integration Report: *Integrated Health Care in Ontario: Where Do We Stand?* 2010**

After several years of research, analysis, and discussion about what it takes to create an integrated health-care system, The Change Foundation intends to sum it all up in its second health integration report, *Integrated Health Care in Ontario: Where Do We Stand?* The report will assess where we are in Ontario today under the LHINS and offer options for improvement that we hope will make it onto the public policy agenda. The report will call for changes, commitments, and investments to shift our health-care system from a (still) siloed,

provider-centric series of health-care interactions into a more integrated system built around the patient and the public. It will draw lessons not only from the LHINS' early years, but also from what we've learned about regionalization in the rest of Canada and in other countries. It is intended to put the discussion of Ontario's current circumstances into a wider context. The report will be released in 2010, possibly in partnership with a peer-reviewed publication.

→ ***International Integration Case Study – What can we learn from Denmark?* Fall 2010**

The second in our series of international case studies drawing instructive lessons from other systems, this paper will focus on what lessons Ontario can learn from how Denmark emphasizes patient-centred primary care with strong links to secondary care, and uses interoperable information technology and information management to help integrate client services.





STRATEGIC DIRECTION NUMBER TWO

To improve patient outcomes through integration-related quality improvement (QI) projects.

This area of focus was designed deliberately to complement our policy work at the system level. The Change Foundation also invests in thinking – and doing – to improve care processes and patient outcomes on the ground. We've chosen projects to improve patient transitions from hospital to home, to support improved continuity of care for seniors, to identify, analyse and act on home-care utilization trends, the needs of informal caregivers in Ontario, and the rate of adverse health events in the community.

“The Change Foundation, a think-tank specializing in health policy, has just completed a much-needed examination of the uneasy passage from hospital to long-term care. Its 44-page report, *Having their Say and Choosing their Way*, should be required reading for every health administrator in the province.”

Columnist Carol Goar, *The Toronto Star*, Nov. 4, 2009

Looking Back

→ Announced the Centre for Healthcare Quality Improvement (CHQI) at The Change Foundation, July 2008

When the Ministry of Health and Long-Term Care went looking for an organization to complement and strengthen the work of its fledgling Ontario Health Performance Initiative, it chose to partner with The Change Foundation because of a common commitment to accelerate the pace and widen the scope of quality improvement across all health-care sectors in Ontario, keeping the patient at the centre. Since the creation of the **Centre for Healthcare Quality Improvement (CHQI) at The Change Foundation** July 1, 2008, CHQI hasn't looked back. It has worked on the ground, training, coaching and supporting quality improvement processes in health-care organizations across Ontario. It has spread its early work on the successful **Flo Collaboratives** throughout entire organizations, supported the province's priority program to improve the flow of patients through Emergency Departments, and with additional support from The Change Foundation, provided the LHINs with hands-on expertise on how to use the respected Institute of Healthcare Improvement's **Triple Aim framework**® to enhance their planning.

CHQI has also created the **Leadership for Performance Excellence** program, brought the UK's **Releasing Time to Care**® model to Ontario, and established a QI community of practice in the province. Learn more in CHQI's 2008 annual report, **Stepping Stones**, and visit www.chqi.ca to see where it's headed.

→ Undertook QI project to improve transitions from hospital to home/long-term care, launched February 2008, Final reports October 2009

The Change Foundation partnered with the Ontario Association of Community Care Access Centres (OACCAC) on a project to improve the patient transition from hospital to home or long-term care. Called *Having Their Say and Choosing Their Way: helping patients and caregivers move from hospital to 'home'*, the project captured the views and experiences of patients and caregivers in two regions of the province (South East and Toronto Central) who've recently moved through these transitions, shadowed key hospital and CCAC staff involved and mapped all the steps taken in the process using quality improvement methodologies. The hospitals – Quinte Health Care's Trenton Memorial and Toronto Western – and CCACs are using the findings to help prompt improvements. **Read Report 1** “People's experience receiving home care after being hospitalized” and **Report 2** “People's experience going to long-term care after being hospitalized” and **a commentary** by The Change Foundation, and **media coverage** on the work.

“We shared a common interest with The Change Foundation in taking a systems-level approach – that’s very attractive to us as researchers. You can’t understand the needs of someone with congestive heart failure if you don’t think about home care, primary care and acute care and other sectors of the health-care system. The other dimension we found important is that the Foundation is a bit different from other organizations that support research in that they have a clear interest in a collaborative working relationship.”

John Hirdes, University of Waterloo Professor & Ontario Home Care Research and Knowledge Exchange Chair

→ **Partnered with University of Waterloo Home Care Research Chair; released data revealing LHIN-by-LHIN data on home-care use among seniors with chronic health conditions**

The role of home care in chronic disease management is missing in most research, despite an aging population and growing chronic disease rates and demand for home care. That’s why The Change Foundation contracted with University of Waterloo Professor and Home Care Research Chair Prof. **John Hirdes** to use his impressive knowledge and home-care data to provide a descriptive analysis of the users of home care in Ontario by disease grouping. Who are Ontario’s Alternate-Level-of-Care (ALC) patients and what do we need to ensure smoother transitions for patients moving from hospital to home to community care? How do we better support and care for people who are at home managing their own complex chronic diseases like congestive heart failure? Results revealed who is using which type of home-care service, LHIN by LHIN, to manage congestive heart failure in the frail elderly. The project also examines how home-care use by this group affects hospital re-admissions, emergency room use, quality of life, and mortality. Read a [research summary](#), watch a [video Q&A](#) with Dr. Hirdes, and stay tuned for his work on informal caregiving.

→ **Hosted workshop to identify research topics on quality/safety in community care**

To move the patient safety focus beyond the hospital to the community, we sponsored a workshop in the spring of 2008 that brought together researchers, home-care managers and providers, and CCAC and LHIN representatives at Queen’s Centre for Health Services and Policy Research. Led by researcher Paul Masotti working in conjunction with the South East CCAC, the workshop participants used electronic voting to zero in on the need to identify and understand the level of adverse events in the community. **“Adverse Events in Community Care: Implications for Practice, Policy and Research”**, a paper written by Paul Masotti, Michael Green and Mary Ann McColl based on results from the workshop, was published in Longwoods’ *Healthcare Quarterly* January 13, 2009.

The Change Foundation followed up on the findings of this workshop by pursuing a partnership with The Canadian Patient Safety Institute to launch a national study on adverse events in the community setting.



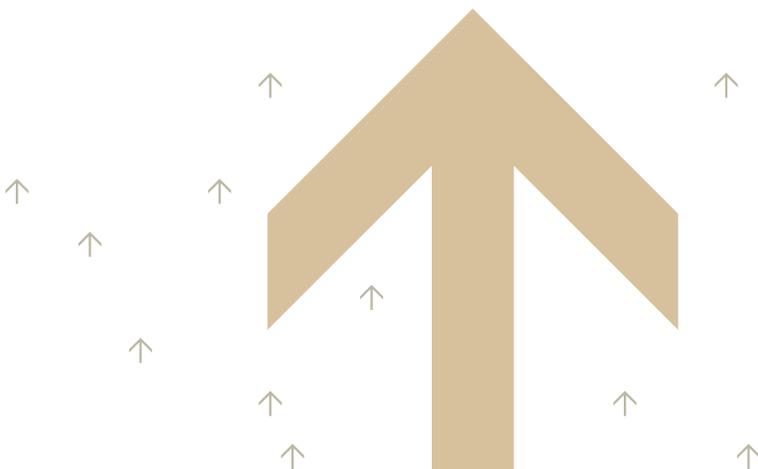
Looking Forward

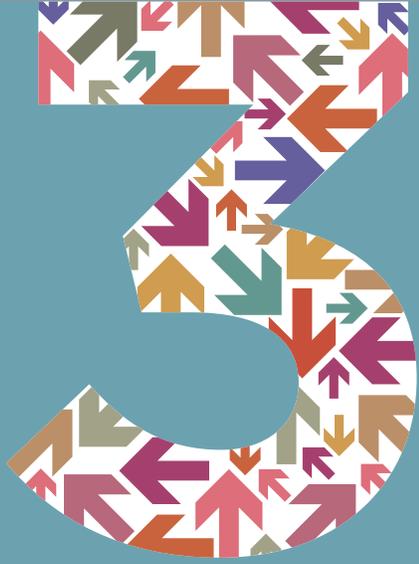
- Second prong of research project to create profile of caregivers looking after elderly Ontarians with congestive heart failure who use home-care services – symposium to discuss policy implications, April 1, 2010

In addition to his research findings on the LHIN-by-LHIN use of home-care services by seniors with congestive heart failure, Home Care Research Chair John Hirdes is creating a rich profile of the needs and issues of caregivers of mental health, palliative and home care clients in Ontario. The results from this second prong of The Change Foundation's partnership with the University of Waterloo will be discussed along with their policy implications and conclusions from his earlier work during a symposium in Toronto April 1st. {Note: The Change Foundation will also produce a paper on what research exists on the link between informal caregiving and quality of care to help us determine whether there are enough gaps in information/research to sustain a grants competition.}

- Joining forces with The Innovation Cell to probe whether listening to patient conversations on social media can help organizations improve patient-centred care

The Change Foundation and the **Health Strategy Innovation Cell** will be working with Providence Healthcare and other health-care delivery organizations on a leading-edge project to explore how providers could look (and listen) to online patient conversations to improve the quality and delivery of health care in Ontario. The project, called *Using on-line patient dialogue to drive health-care improvement*, will involve several Ontario health-care organizations interested in determining the feasibility and desirability of tapping online patient and caregiver perspectives to better understand and improve the quality of the patient experience. The project will develop and test emerging best practice guidelines on using open-source social media to enhance quality improvement and patient-centred care, and will produce an e-toolkit of best practices, case studies, and informed discussion about the potential and limitations of social media to improve health care. The partnership was struck in November 2009; the project is expected to wrap up in 2011. Give us your input, read: **We want to take your social media pulse.**





STRATEGIC DIRECTION NUMBER THREE

To drive informed public dialogue through active engagement with decisions-makers and health-care leaders.

Our third strategic direction is a commitment to bring health-care leaders together to engage in solution-seeking discussions around timely and complex health-care issues and emerging possibilities for change. Our intent is to arm audiences with the latest evidence and analysis—including ours—and to add to health-care discourse insightful intelligence from those in the know and in the field. Our objective is to use the product of this thinking and engagement to help inform and influence health-care change in Ontario.

“I thoroughly enjoyed the open discussion and frankness with which the presenters explained the benefits and pitfalls of the approaches taken. This was one of the best sessions I have ever attended in terms of directly applicable learning and networking.”

2008 *Meeting of the Minds* participant

Looking Back

- Launched *Meeting of the Minds* with big think on Canadian health-care regionalization, May 2008
“It is very helpful to hear about other experiences and to reflect on the transition occurring in health care. Thank you for letting me participate and keep it up. There is much too little reflection at the level you are providing.”

We designed our signature invitational exchange series, *Meeting of the Minds*, to offer select members of Ontario’s health-care community a facilitated forum for frank and substantive discussion where they can hear, deliberate – and perhaps heed – the evidence, experience, and insights presented by proven health-care leaders and thinkers across the country and beyond.

We successfully launched *Meeting of the Minds* in May 2008 with *Lessons & Confessions from the Regionalized Health-care Front: Where can they lead Ontario?* Senior health-care leaders engaged with a stellar line-up of speakers who’ve led health-care regionalization across the country: current/former CEOs of Regional Health Authorities and hospitals, deputy ministers, a past royal commissioner of health and leading authorities on health regionalization. The issues and experts from the session generated high-profile media coverage and informed panel discussions. Evaluations indicated more than 92% of respondents found the session valuable and 100% expressed interest in attending subsequent sessions. In October 2008, we disseminated a [summary report](#) from the inaugural *Meeting of the Minds* and it has since been downloaded 8,500 times.

- Co-hosted Roundtable on Integrated Care for Seniors with CPRN, February 2009
“Great presentations that led to though-provoking dialogue.”
 – participant evaluation

We partnered with the Canadian Policy Research Network (CPRN) to cohost a roundtable on Implementing Integrated Care for Seniors on February 25th, offering participants fresh survey findings on how provinces are measuring up in providing integrated seniors’ services, examples of models of care in British Columbia and Quebec, and an opportunity to discuss policy options and solutions to improve continuity of care for the elderly in Ontario.

Leading home-care researcher Margaret MacAdam framed the day’s discussions with LHINs, CCACs, provincial policy makers, health sector associations and others by sharing the results of her survey of provincial progress in implementing features of integrated care systems based on the Hollander Framework for organizing continuing care services. Read the [paper](#) that compares the cross-country results and a [commentary](#) about where Ontario stands in relation to the rest of the country. Listen to [MacAdam’s Q&A](#) to hear that while every province has publicly committed to providing integrated care, progress is uneven, and some features are not well developed by any jurisdiction. And hear what’s on offer in [BC](#) and [Quebec](#).

“What you are proposing is very timely as LHINs turn “three”...we are now taking stock to see how we can take our engagement to the next level... so that it is meaningful, builds the confidence of our stakeholders and adds value to our system transformation agenda...we would be extremely interested in such an event... and in hearing from experts to begin to apply frameworks and a bit more rigour to our engagement strategies and tactics.”

Participant in symposium/workshop, Community Engagement & the LHINs: Truth and Consequences, March 2009

→ **Collaborated with LHINs to host symposium & workshop, *Community Engagement & the LHINs: Truth and Consequences*, March 11, 2009**

“Great Topic – Great Work. Congratulations Change Foundation and organizers in putting this event together. Relevant and timely topic. Thank you.”
– Evaluation comments from *Community Engagement and the LHINs: Truth and Consequences*

“Continue to bridge the gaps (between LHINs, HSPs, publics, etc.) I appreciate how everything you do ties into system integration – you didn’t sway too far from your strategic direction.”
– Evaluation comments from *Community Engagement & the LHINs: Truth and Consequences*

In the fall of 2008, we approached the LHINs to explore whether a session on community engagement would be of use to them. The answer was a resounding yes, and the result was a sold-out symposium and workshop, ***Community Engagement & the LHINs: Truth and Consequences***, held in Toronto March 11, 2009.

All 14 LHINs were represented at the over-capacity event, which drew nine CEOs and 11 Chairs as well as senior LHIN staff and community engagement leads for an intense program that featured experts in CE research and practice, a panel of LHIN CEOs, and time for talk back and group discussion. The event, designed to elicit strategic discussion about how to maximize the opportunity to engage the public to enhance planning, services and health, also drew upon LHIN engagement experiences to date. Offered at an opportune time – as the LHINs were planning how to engage their communities in the development of their 2nd Integrated Health Service

Plans – the day produced positive evaluations and a wealth of community engagement resources including a **summary, commentary and audio & powerpoint presentations** which have been collectively downloaded approximately 2700 times the first two months and picked up by health-care stakeholders across the province.

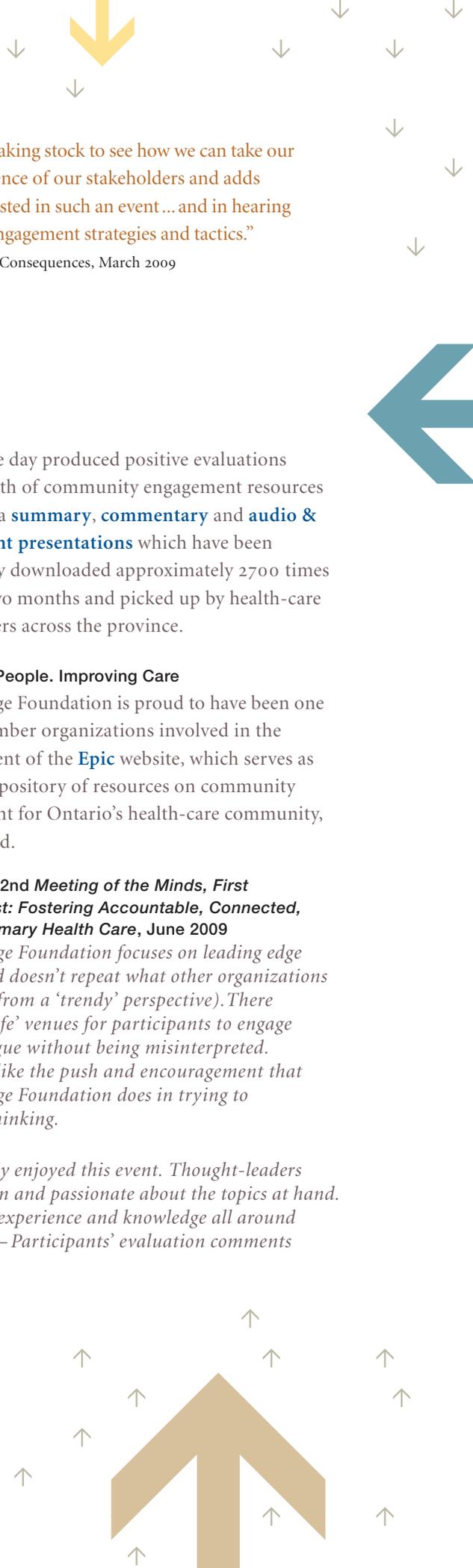
→ **Engaging People. Improving Care**

The Change Foundation is proud to have been one of the member organizations involved in the development of the **Epic** website, which serves as a useful repository of resources on community engagement for Ontario’s health-care community, and beyond.

→ **Presented 2nd Meeting of the Minds, *First Things First: Fostering Accountable, Connected, Quality Primary Health Care*, June 2009**

The Change Foundation focuses on leading edge issues (and doesn’t repeat what other organizations are doing from a ‘trendy’ perspective). There are few ‘safe’ venues for participants to engage in a dialogue without being misinterpreted. As well, I like the push and encouragement that The Change Foundation does in trying to advance thinking.

Thoroughly enjoyed this event. Thought-leaders well-chosen and passionate about the topics at hand. Wealth of experience and knowledge all around the room. – Participants’ evaluation comments



“I was thrilled to be part of this experience and found it very stimulating. I think it is terrific that the Change Foundation is creating this kind of opportunity for deliberation.”

Comment from a participant in the 2009 *Meeting of the Minds: First Things First. Fostering Accountable, Connected, Quality Primary Health Care*

Our second annual *Meeting of the Minds*, held June 16–17 in Toronto, tackled a tough topic identified at last year’s exchange as foundational to improving health care – how to make primary health care more integrated with other parts of the system, better aligned with system goals, and more accountable for improving patient outcomes? You can see from the [program](#) and [participant list](#) that we put some fine minds to it.

The issues and questions for the day were framed in a [background paper](#) prepared for the event, which opened with an evening debate (and much discussion afterwards) between emergency physician and broadcaster Brian Goldman and Champlain LHIN CEO Robert Cushman about the relative merits of giving the LHINs authority over primary health care. The next day featured presentations and discussions about how jurisdictions inside (BC/QC) and outside (UK/AU/US) Canada have brought primary health care into the fold to good effect. While there were differences about the best route to drive changes to primary care, there was no disagreement that this should be job one.

A report from the 2009 *Meeting of the Minds*, to be released in early 2010, will capture and continue the conversations that began at the meeting and will lay out some options for making new primary care connections in Ontario.

→ **Hosted Knowledge Translation symposium to probe how research can be used to influence health-care decision making and improve practice, September 2009**

When decision makers gather to tackle a difficult health-care issue – whether around the Cabinet table, in a health-care board room, or at a legislative committee – how does the latest policy research shine amid a crowd of competing influences? And how do you ensure that the latest evidence will be shared and embedded into practice at the point of care? The Change Foundation held a symposium, [Bridging the “Know-Do” gap](#), featuring Canada’s Research Chair in Knowledge Translation and Uptake John Lavis ([Powerpoint 1](#)) and Dr. Paula Goering ([Powerpoint 2](#)), Director of Health Systems Research and Consulting Unit, CAMH.



2009 *Meeting of the Minds* participants

“This inaugural collaboration with The Commonwealth Fund can help establish a cross-national dialogue on primary care, looking at the challenges each system faces to identify policies and strategies to transform primary care to more integrated care, to compare the range of available policy levers, and to consider overall implications for quality and costs. We appreciate the confidence The Commonwealth Fund has shown in The Change Foundation, and we look forward to fostering our relationship over the years to advance solutions to improve the quality of our health-care system.”

Cathy Fooks, President & CEO, The Change Foundation

Looking Forward

→ Making the (business) case for Community Engagement

As a direct result of a question – What difference does community engagement make to an organization? – raised at our March 11th symposium on **Community Engagement & the LHINs** The Change Foundation decided to articulate an answer, with the help of a LHIN steering committee. Over the summer, we started a project to research, analyze and argue the advantages of sound community engagement practice from a corporate, financial, strategic and operational point of view. The business case for community engagement will contain three cases of successful community engagement that demonstrate clear incremental value for achieving organizational objectives (particularly in health-care planning for integrating services across the continuum of care) and/or securing downstream return on investment, including the avoidance and/or mitigation of future costs. It will be released in the first half of 2010.

→ Launching a Canada-US Policy Exchange with The Commonwealth Fund, starting with Innovations in Primary Care Policy and Delivery Systems, New York, March 11-12, 2010

In the summer of 2009, The Change Foundation established a partnership with the prestigious American health policy think tank, **The Commonwealth Fund**, to co-sponsor a series of Canada-US health policy conferences. The first forum, slated for March 11-12, 2010 in New York, will concentrate on “Innovations in Primary Care Policy and Delivery Systems.” The meeting will convene two dozen American and Canadian

senior policy leaders to compare health system performance in the two countries, analyze shared challenges, and provide a platform for cross-national exchange of ideas on strategies to achieve a high performing health-care system.

Papers and case studies commissioned for the meeting will be prepared and revised for publication. It is expected that insights gained from the meeting will inform and help catalyze US and Canadian thinking on health-care reform.

→ Introducing Change Foundation Speaks

The Change Foundation will be launching a Speakers Series in 2010 to supplement and complement our annual *Meeting of the Minds* and offer a wider audience a chance to learn and engage on timely and targeted health-care issues. Look for an announcement in the new year.



Action, Traction and Reaction

As we implement our strategic plan, there are signs we are finding a growing following interested in what we do and say; signs we are offering analysis, insights and opportunities useful to them; and signs we are successful in enticing them to turn to – or join – us.

Marking progress

- Strategic partnerships struck with the respected US health policy think tank, The Commonwealth Fund, and the Canadian Patient Safety Institute
- Government confidence in us to lead the Centre for Healthcare Quality Improvement
- LHIN support, collaboration and participation in Foundation events, and invitations to participate in LHIN board retreats, and speak at LHIN events
- Government requests for the Foundation to broker discussions on challenging health-care issues
- Invitations to speak to a range of health sector associations and organizations
- Demonstrable increase in requests for Foundation products and presence
- Positive response from respected senior health leaders who've participated in our events

Making good use of our website – and our work

Website traffic and downloads continue to grow. We launched our website in November 2007 and by May 2009 had reached the over 100,000 downloads mark. As of the end of November 2009, there had been almost 150,000 downloads of our products.

Earning an e-following

Top of Mind e-newsletter garners good growth, loyalty and interest. Subscribe.

- Ongoing loyalty of e-news audience: still reading and engaged after two years

- Both our open and click-through rates are well above the highest rates in any industry based on the US survey statistics published by Mailer Mailer
- The number of e-newsletters opened is up by 66% over the course of the year
- 132% increase in subscriptions over same period

Getting cited

We're showing up in a variety of health-care reports and presentations. Examples:

- Early evidence from our collaborative partnership with Dr. John Hirdes probing ALC population and chronic disease management cited in Ontario's ER-ALC strategy tour
- The Canadian Healthcare Association used our *Home Care in Ontario* graph in its *Home Care in Canada 2008* report
- The Change Foundation's *Integrated Health Care in England* case study highlighted at HealthAchieve 2009
- The South West LHIN thanked us for facilitating learning about the Triple Aim model in its 2010-13 IHSP

Introducing new features

We've introduced a number of new on-line features over the past year which appear to be popular. We've offered more audio and video podcasts, including **Q&As** with a range of people – from cabinet ministers to researchers to health-care executives to policy wonks. There has been excellent uptake – 4,200 downloads – on our two dozen or so **Chart Packs** offering data related to a range of health-care areas. And we've installed a search function to make it easier to find our growing body of work.

We began a website improvement project in May, working with a consultant to assess our site,

“The Change Foundation’s intent was not to design a visionary overhaul, but to identify affordable improvements that could be made now. Its blueprint won’t satisfy distraught families or seniors’ advocates. But it would rebalance a system that serves bureaucrats better than vulnerable elderly people.”

Carol Goar, *The Toronto Star*, November 6, 2009, commenting on The Change Foundation’s project on improving patient transitions from hospital to home

to recommend strategic changes to make it more interactive and engaging. We conducted focus groups and interviews, and will be rolling out more improvements in the coming year to phase-in social media to allow more opportunities to engage on our work and with each other.

After the website’s first year, we asked our online audience how we were doing: 89% of those who responded told us they use our work in their work: citing our resources in their reports, scanning our materials to learn more about Ontario health care or turning to us for ideas to help plan or propose health-care projects. Over 80% of respondents rated our content and design as good or excellent. We will be following up with another survey in 2010.

Spreading our views/Getting in the news

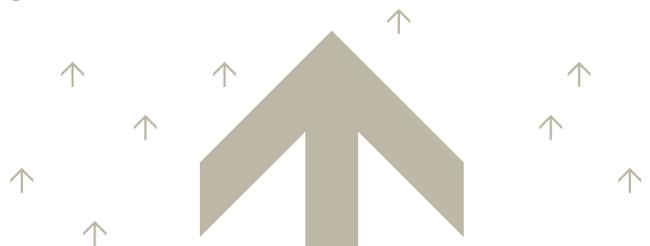
You’ll see The Change Foundation’s work posted on many popular health stakeholder news platforms such as *Canadian Health Reference Guide*, *Health Edition*, the province’s *Health Horizon*, *Longwoods Publishing*, *OHA’s Executive Update*, *OACCAC News*, *Reports Canada*, and *Laval’s E-Watch on Innovation in Health Services*. You might have noticed profiles on The Change Foundation’s CEO on the Canadian Healthcare Network or in the widely read *Inside Queen’s Park* e-newsletter. Or you might have read columns by the Toronto Star’s Carol Goar’s on The Change Foundation’s work on health-care regionalization and patient transitions from hospital to home or long-term care. Read stakeholder and [media coverage](#).

That exposure has helped elicit interest, invitations, letters to the editor and online comments (and occasionally eyebrows) from a good array of

organizations and individuals interested in engaging with us – whether it’s to join forces in trying to prompt a change in thinking, in policy, or in practice, to seek an independent player to bring disparate parties together around difficult issues, to suggest new areas or inquiry or just to encourage us to keep working on issues that will make a difference to the health-care system and the people it serves.

Organizations have pulled on different threads from our work, in particular the patient experience, the elements of health integration and the transitions between parts of the health-care system. We took the *Who is the Puzzle maker?* report on the road, accepting invitations to speak to the North Simcoe Muskoka LHIN, Mississauga Halton LHIN, the Hamilton Niagara Haldimand Brant (HNHB) Palliative Care Network and the Waterloo-Wellington LHIN. We’ve also presented to the Ontario College of Family Physicians, the Ontario Homecare Association, the Annual Hospice Palliative Care Conference, and the 2nd annual Triprofessional Conference. [Read presentations](#).

We look to our partners as well to share the results of our funded research. Home Care Research Chair [John Hirdes](#) has presented data from our research on home-care use by seniors with chronic health conditions around the province, providing a profile of alternate-level-of-care patients and their care placement patterns to many audiences as well as to the province’s expert panel on ALC issues. It is expected his and his team’s final research, which will include caregiver profiles and needs, will also reach many more through peer-reviewed journal publications.



Meet our leadership

Board of Directors

June 2008-June 2009

Tom Closson
Gail Donner, Chair
Renato Discenza
W. Scott Dudgeon, Chair Elect*
John Hudson, Treasurer
Sheila Jarvis
Louise Lemieux-Charles
Kevin P.D. Smith
Neil Stuart
David M.C. Walker
Glenda Yeates

**Scott Dudgeon took over as Chair of The Change Foundation Board of Directors June 10, 2009 from Gail Donner who completed a two-year term (2007-2009) in this role.*

Staff

The Change Foundation
CHQI at The Change Foundation

Follow our money

Audited Financial Statements 2008-2009

Looking to the future – and to the 2010-2013 Strategic Plan

The Change Foundation's 2007-2010 strategic plan, *Contemplating the way we change, Changing the way we think* set up the Foundation to shift from a granting agency to an independent health policy think tank. It carved out a new and narrower set of strategic directions and laid out expectations for what we wanted to achieve under each of them. And now the Foundation is asking itself – and the health-care community – how it can best build on that plan to precipitate change that improves health policy, practice and the patient experience in Ontario.

Change Foundation Chair Scott Dudgeon is chairing a Strategic Plan Renewal Working Group which will be tapping the experience and acumen of an impressive sounding board pulled together to test the Board's thinking as it deliberates on the development of its 2010-2013 strategic plan, targeted for delivery June 2010.

The Foundation will be conducting interviews and stakeholder discussions in late 2009, early 2010 before it tests some directions with a wider audience survey. CEO Cathy Fooks encourages you to add your voice and views to help refine our strategic directions.

Vision

To be Ontario's trusted advisor advancing innovative health policy and practice.

Mission

To promote independent analysis and informed debate of current and emerging health issues.

To support outstanding research and policy analysis about health system integration.

To improve patient outcomes through innovative approaches to quality improvement and knowledge transfer.

Mandate

To promote, support and improve health and the delivery of health care in Ontario.

Values

EXCELLENCE. We strive for excellence in all we do.

INNOVATION. We take innovative approaches in developing new ideas.

COLLABORATION. We work in partnership with others to achieve success.

Contact us

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