

CAPHC



ACCSP

CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES

2009 ANNUAL REPORT

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Executive Summary

The Canadian Association of Paediatric Hospitals (CAPH) was co-founded in 1968 by the leaders of the Children's Hospitals in Canada. Over the subsequent three decades, many child and youth healthcare organizations across Canada underwent fundamental operational and structural changes creating a new landscape of healthcare delivery for children, youth and families.

To better respond to these emerging healthcare challenges, CAPHC was established and incorporated in 2001 through a transformative process of organizational renewal of the Canadian Association of Paediatric Hospitals.

Since 2001, CAPHC has diversified its membership, partnerships and programs, to reflect its focus on health service delivery across the continuum of care. In the eight years post transformation (from CAPH), CAPHC has experienced significant growth, has achieved success in the implementation of a number of national programs, and has acted to coalesce the child and youth health service delivery community in Canada.

Today, CAPHC is proud to support forty-three member organizations that include tertiary, quaternary, community and regional hospitals, rehabilitation centres and home care provider agencies across Canada. All children's hospitals in Canada and their respective Children's Hospital Foundations are members of CAPHC, providing strong linkages to clinical care, education and research.

The 2009 Annual Report provides an overview of CAPHC's vision, mission, organizational goals; strategic priorities; national programs; milestones to date; future directions; and specific activities achieved over the past 12 months.

Included in this year's Annual Report is an overview of CAPHC's program enablers and key external partnerships, in relationship to each of CAPHC's national programs. CAPHC would like to thank all our external partners for their tremendous support and commitment to child and youth health.

CAPHC would also like to recognize and thank The SickKids Foundation National Grants Program, The Stollery Children's Hospital Foundation, The Children's Hospital of Eastern Ontario and MEDBUY Corporation for their ongoing support of CAPHC's infrastructure and organizational development.

All CAPHC activities and programs are based on a mandate provided to CAPHC by its member organizations. CAPHC would like to acknowledge the leadership and expertise of the many child and youth health experts who have contributed to many of the programs and activities described in this year's annual report.



CAPHC 2009 Annual Report

The 2009 Annual Report provides details on CAPHC's mission, strategic priorities and specific national programs falling under each of CAPHC's four *Organizational Goals*. Several links to the [CAPHC web site](#) have been provided to allow access to additional content and program information.

CAPHC's Mission

The mission of the Canadian Association of Paediatric Health Centres is to support member and partner organizations through education, research, and quality improvement initiatives to improve health service delivery for Canadian children and youth.

We do this by:

- Advocating for the unique character and importance of the health of children and youth;
- Identifying and responding to emerging issues and trends that impact our communities;
- Building a community of practice to share research, knowledge and expertise;
- Building strategic partnerships and facilitating collaboration;
- Leveraging opportunities to advance health service delivery priorities through education, research and improved healthcare; and
- Promoting best practices in quality improvement and patient safety.

CAPHC's Strategic Priorities 2009–2014

- 1** Establish programs and activities that address current and emerging child and youth healthcare priorities;
- 2** Advocate for transforming health service delivery for children and youth in Canada;
- 3** Connect service providers and key stakeholders to realize shared child and youth healthcare goals;
- 4** Foster research, broker knowledge, facilitate educational opportunities and enhance information exchange for members and stakeholders, within the child and youth healthcare community, as well as with external partners; and
- 5** Build capacity and enhance organizational health to ensure that CAPHC can realize organizational objectives and meet the needs of member organizations.



CAPHC's Organizational Goals

CAPHC's strategic priorities are organized within four overarching organizational goals:

- 1. Organization Development;**
- 2. National Priorities/Advocacy;**
- 3. Patient Safety & Quality Improvement programs/initiatives; and**
- 4. Knowledge Creation and Transfer.**

The status of each organizational goal is reported on the following pages.

1. Organization Development

Building Capacity

Investment and ongoing support in CAPHC's infrastructure has enabled the Association to expand its human resources within the National Office in Ottawa. In 2007 CAPHC created the position of Associate Director, which has provided the opportunity to develop, implement and sustain several new national programs deemed as key child and youth healthcare priorities by CAPHC's member organizations. In addition, the infrastructure support permitted CAPHC to create an additional administrative assistant position to support the Executive Assistant and the Association's activities and related goals and objectives.

Since 2001, CAPHC's human resources have grown from two full time positions (CEO and Executive Assistant), to five FTEs (CEO, Executive Assistant; Associate Director, Administrative Assistant and CAPHC-CPDSN National Coordinator); and five part-time positions supported primarily by a variety of programs grants and contracts.

Membership Outreach <http://www.caphc.org/membership.html>

CAPHC has expanded its membership base and partnerships to reflect the Association's focus on health service delivery across the continuum of care. Since 2001, our member organizations have grown from the sixteen children's hospitals in Canada in 2001, to forty-three member organizations to include many community and regional hospitals, rehabilitation centres and home care provider agencies, all providing in-patient and/or out-patient healthcare services to children, youth and families.

Over the past 12 months, CAPHC has welcomed the Prince George Regional Hospital and the Regina Qu'Appelle Region to our Association and is currently reaching out and developing formal linkages with Health Regions in New Brunswick and British Columbia. A complete list of our member organizations can be viewed on the CAPHC website.



The leadership and knowledge contributed by the sixteen children's hospitals in Canada continues to provide integral links to research, education, quality Improvement and clinical care.

In partnership with the sixteen children's hospitals in Canada, CAPHC will continue to reach out to the many regional and community hospitals and home care provider agencies across these sixteen referral communities.

2. National Priorities/Advocacy

Partnering to Influence Change

- As part of a memorandum of understanding between CAPHC and **Accreditation Canada** (formerly the Canadian Council on Health Services Accreditation), CAPHC is working with Accreditation Canada to refine the accreditation program to promote the uptake of appropriate indicators and standards that are specific and sensitive to the unique characteristics of the child and youth population.
http://www.caphc.org/programs_standards.html
- CAPHC has formalized a unique partnership with the **Canadian Institute for Health Information** resulting in the creation of a unique "Paediatric Community of Practice". Its primary purpose is national data sharing and benchmarking across all children's hospitals in Canada, with future plans to expand the network to community-based and rehabilitation healthcare organizations.
http://www.caphc.org/programs_benchmarking.html
- CAPHC, in partnership with the **Canadian Patient Safety Institute, Canada's Research-Based Pharmaceutical Companies (Rx&D), The Canadian Medical Protective Association, MEDBUY and Baxter Corporations**, continues to facilitate several national quality improvement and patient safety programs. These programs have engaged all children's hospitals, many community hospitals, as well as other healthcare agencies across Canada providing services to children and youth. http://www.caphc.org/programs_safety.html
- As one of the founding members of the **Canadian Child and Youth Health Coalition** (CCYHC), CAPHC is engaged in a research initiative in partnership with the **Canadian Institutes for Health Research – Institute of Human Development, Child and Youth Health**, to develop and validate national indicators in the following areas: mental health; chronic illnesses; injury prevention; patient safety; childhood disabilities; and primary care. This research program has also obtained the commitment and financial support of multiple provincial and national organizations and government departments who are playing key leadership roles as uptake partners.

Going forward, CAPHC will continue to support the CCYHC and key stakeholders in the development and uptake of national child and youth healthcare indicators.

http://www.caphc.org/programs_indicators.html;
http://www.ccyhc.org/work_indicators_about.html



- On March 1, 2005, the Fetal Alcohol Spectrum Disorder (FASD) Canadian Guidelines for Diagnosis were published in the *Canadian Medical Association Journal* (CMAJ) www.cmaj.ca/cgi/reprint/172/5/S1.pdf

To address this need for valid and reliable screening tools, CAPHC has developed an important collaboration with **The Public Health Agency of Canada (PHAC) and Health Canada First National Inuit Health Branch (FNIHB)** to develop, pilot and implement an FASD Screening Tool Kit. A process for extensive consultation and development began in 2007.

http://www.caphc.org/documents_programs/fasd/final_fasd_lit_review.pdf;

http://www.caphc.org/documents_programs/fasd/workshop_proceedings_oct_2007.pdf;

http://www.caphc.org/documents_programs/fasd/workshop_proceedings_march_2008.pdf

CAPHC-Canadian Paediatric Decision Support Network (CPDSN)

http://www.caphc.org/programs_benchmarking.html#what

What is CAPHC-CPDSN?

- Originally established in 1995 as the “Paediatric Data Share Project”, CAPHC-CPDSN has been designed to facilitate the access of comparative clinical information for hospitals specializing in paediatric care.
- Established as a collaborative partnership in 2005; CAPHC-CPDSN is now a network of the 16 children’s hospitals committed to advancing paediatric empirical decision support and best practices in Canada with the goal of improving health care and the health of Canadian children, youth and their families.

CAPHC-CPDSN Goals and Objectives

- Seamlessly benchmark through the sharing of clinical, operational, patient satisfaction and patient safety information through a central and consistent resource;
- Create and sustain a coordinated & integrated approach, using technological sophistication, for data sharing and national collaborative initiatives;
- Enhance opportunities in order to continually identify and monitor core measures of hospital performance for paediatric services in the country and enhance efficiencies organizationally and system-wide;
- Improved data quality and standardization of coding and documentation practices;
- Knowledge transfer and sharing of CAPHC-CPDSN expertise with all facilities that provide paediatric care in Canada; and
- Promote innovative partnerships that enhance our capacity to make a difference.



2008 Milestones

- Annual Benchmarking Report
- Childhood Asthma – Special Project on Variations in Length of stay and clinical practice; http://www.caphc.org/documents_annual/2008/conference_ppts/19_10_2008/cpdsn/l_boon.pdf
- Annual CAPHC-CPDSN Symposium, October 19, 2008, in conjunction with CAPHC’s Annual Meeting; http://www.caphc.org/annual_2008_presentations.html

Looking Ahead to 2009–2010

- Annual Benchmarking Report;
- Childhood Asthma Project - Phase 2;
- CAPHC–CPDSN 5 Year Strategic Planning aligned to CAPHC Strategic Directions and Priorities; and
- Expanding beyond the sixteen children’s hospitals in Canada to explore benchmarking opportunities with community hospitals and rehabilitation centres.

Program Enabler & Key External Partnerships

- The majority of CAPHC–CPDSN activities are collectively supported by the CAPHC–CPDSN membership (currently the sixteen Children’s Hospitals in Canada). Expenditures are related to a full-time national coordinator; part-time analyst; part-time statistician; and operating costs of the national program.
- CAPHC–CPDSN is the recognized Canadian Institute for Health Information (CIHI) “Paediatric Community of Practice”; Through the CIHI Portal Product (released in 2005), this formal partnership provides all CAPHC–CPDSN members with access to analytical software used for reporting and sharing of Pan-Canadian paediatric data housed within CIHI’s national data warehouses.

Canadian Network for Child and Youth Rehabilitation (CN-CYR)

http://www.caphc.org/partnerships_cncy.html

What is CN-CYR?

- Established in 2004 to increase awareness and promote excellence in the provision of rehabilitation services for children, youth and their families:
- CN-CYR serves as an advisory body to the CAPHC Board of Directors and to the membership of CAPHC as a whole, on issues related to Child and Youth Rehabilitation.



CN-CYR Goals and Objectives:

- Provide a mechanism for promoting best practices, knowledge transfer and bringing research to practice;
- Create awareness and a forum for communication and networking with Children's Rehabilitation organizations and associated partners;
- Assist with effective service and systems planning by providing a mechanism for information sharing, including identifying emerging trends and changes in the environment; and
- Provide a mechanism for benchmarking with like organizations, as well as advancing the development of outcome indicators specific to child and youth rehabilitation.

2004–2008 Milestones

- A dedicated steering committee of 17 inter-provincial members;
- Sponsorship of four annual rehab workshops in conjunction with the CAPHC conference which have been increasingly well attended and have received very positive evaluations; http://www.caphc.org/partnerships_cncyr.html#2008annual;
- Partnership with CanChild focused on Knowledge Translation; and
- Representation at a number of national forums (i.e. Wait Times, Research, Data Sharing and Benchmarking).

2009 Milestones

- Revision of CN-CYR Terms of Reference to accommodate new organizational structure; http://www.caphc.org/documents_partnerships_cncyr/terms_reference.pdf
- Implementation of new organizational structure – Executive, Operations, and National Advisory Committees;
- Established and operationalized four working groups in the following areas: Communications, Research/Knowledge Translation, Outcomes/Benchmarking, and Conference Planning; and
- CN-CYR Symposium, October 18, 2009, "*The Changing Face of Disability*", in conjunction with the 2009 CAPHC Annual Meeting; http://www.caphc.org/documents_annual/2009/program_english.pdf.

Looking Ahead to 2010

- Initiate discussions with CIHI to identify currently available paediatric rehab data within CIHI databases – the long term goal, to produce a minimum data set for paediatric rehab;



- Develop and implement a process to achieve national consensus, on a set of indicators to evaluate the landscape of inpatient, outpatient, and community based rehab services to determine whether a single set of indicators, or single minimum data set would accommodate all service delivery settings; and
- Solicit new members and increase the national representation within the rehabilitation community.

Program Enablers – Key External Partnership

- Support for CN-CYR's various activities since its conception in 2004 have been achieved through in-kind services and support provided by CAPHC; combined with sponsorship support from member organizations and private industry,

3. Patient Safety & Quality Improvement Programs/Initiatives http://www.caphc.org/programs_safety.html

CAPHC National Patient Safety Collaborative

Patient Safety and Quality Improvement is one of CAPHC's national priorities. Established in 2003, CAPHC's Patient Safety Collaborative provides a framework for partnership development and communication that supports national paediatric patient safety and quality improvement programs.

Purpose: To provide a national forum to unite individuals, groups, and organizations to facilitate partnerships, improve communication and, when appropriate, undertake collective action to improve patient safety for children and youth.

Mandate: To promote and enhance patient safety for children and youth nationally and internationally.

Membership: Membership is open to all members of CAPHC, and other provincial and national agencies and organizations with a specific expertise and/or interest in patient safety and Quality Improvement. Membership represents child and youth health centres/ organizations from coast to coast with multidisciplinary representation.

The 2009 Annual Report will focus on the goals and objectives; milestones to date and future direction of the following three CAPHC Patient Safety and Quality Improvement Programs:

- The CAPHC Safer Healthcare Now! (SHN) Paediatric Medication Reconciliation Intervention;
- Development of CAPHC – Web-Based Paediatric Trigger Tool (CPTT); and
- Advancing Medication Safety in the Delivery of High Alert Medication in Paediatrics – Phase 1.



CAPHC Safer Healthcare Now! (SHN) Paediatric Medication Reconciliation Intervention

What is the CAPHC Paediatric Medication Reconciliation (PMRC) Intervention?

http://www.caphc.org/programs_patient_safety_pmrc.html

- In June 2005, CAPHC established an important patient safety partnership with the Canadian Patient Safety Institute and the Safer Healthcare Now! Campaign;
- Among the six SHN! Campaign interventions, CAPHC's Patient Safety Collaborative selected Medication Reconciliation (PMRC) as a national focus;
- PMRC was initiated in August 2005; and
- Since 2005, the PMRC has been working in partnership with SHN, ISMP Canada and 23 implementation teams across the country to expedite change and quality improvement in medication reconciliation at all paediatric centres and other related organizations across Canada.

2005–2009 Milestones

- Medication Reconciliation is now recognized as an essential and leading patient safety practice – Accreditation Canada implemented medication reconciliation as part of the Required Organizational Practices (ROPs) in 2006;
- Across the country, 23 paediatric teams at 17 healthcare facilities have implemented Paediatric MedRec practices;
- The patient populations that were chosen to pilot MedRec varied from children admitted to paediatric wards in community hospitals to complex populations, including but not limited to nephrology, mental health and respiratory medicine within acute care settings; and
- There has been overwhelming support between teams in the sharing of information and a strong commitment to continue this collaborative effort beyond the Safer HealthCare Now Campaign.

Looking Ahead to 2010 – Uptake and Practice Change

- CAPHC is currently facilitating the creation of a Paediatric MedRec Resource Document entitled "*Key Strategies and Essential Success Elements*". This document will be available at the CAPHC 2009 Annual Meeting. Broad dissemination across all member organizations will follow the 2009 annual meeting.
- **Accreditation Canada Requirements 2008** – Going forward healthcare organizations will be asked to collect and submit data on the following performance measure (indicator): Medication Reconciliation at Admission.



Program Enablers – Key External Partnership

- The CAPHC–PMRC program has been largely supported through multiple grants provided to CAPHC from CPSI, MEDBUY and Baxter Corporations. Expenditures are related to project coordination; multiple national webinars and teleconferences; national workshops and operating expenses related to this project.

Advancing Medication Safety in the Delivery of High Alert Medication in Paediatrics – Phase 1

About the High Alert Medication in Paediatrics Program

- It is well known that medication errors and adverse events are among the most common patient safety problems in paediatrics and that certain high-risk medications pose particular risks;
- Non-standardized practices are a recognized challenge across the majority of child and youth health centres in Canada across the continuum of care;
- CAPHC and ISMP Canada have established an important partnership intended to advance medication system safety in the delivery of high alert medications in Canadian paediatric facilities.
- An Advisory Committee, with representation from across Canada, is providing direction to the project and assisting with the interpretation of results.

Goals and Objectives

High Alert Medication Practices Phase 1: January–December, 2008

- To identify the top medications reported as causing harm or potential harm in Canadian paediatric healthcare settings, based on frequency and severity of reported medication incidents;
- To identify existing leading practices associated with the delivery of high alert medications in Canadian paediatric health care facilities; and
- To analyze the information obtained to develop solutions and tactics that will form the basis of a paediatric medication safety intervention.

These goals and objectives were addressed in part by the completion of two distinct projects:

- An analysis of medication incident data submitted to ISMP Canada by selected paediatric healthcare facilities across the CAPHC network to determine the medications most commonly associated with harmful medication incidents; and
- A survey of selected paediatric healthcare facilities to obtain information on current leading practices.



Phase 1 Results

http://www.caphc.org/documents_programs/patient_safety/final_phase_1_report.pdf

- Two of the top five reported medications causing significant harm were of the opioid classification;
- These two drugs, morphine and fentanyl, represented approximately 50% of the reported errors within the top five medications reported as causing significant harm; and
- Further analysis of all opioid incidents showed that, for this class, the vast majority of the reported incidents were as a result of “wrong dose” errors, arising from a variety of causes.

Canadian Paediatric High Alert Medication Delivery: Opioid Safety – Development of a Paediatric Interventional Resource Kit of Leading Practices – Phase 2 January–December 2009

- The overall goal of this phase is to reduce the probability of opioid-related medication harm within paediatric institutional settings, by surrounding the use of these medications with a multi-layered environment of safety;
- To achieve this goal, our National Advisory Committee adopted the following objectives has been implemented:
 1. The development of a Paediatric Opioid Safety “Resource Guide Toolkit”;
 2. The development of a comprehensive set of intervention recommendations and tools to ensure safe opioid medication practice including, but not limited to, methods of standardization of prescribing and administration, calculation tools, contracting and storage;
 3. Utilization of human factors expertise and theory to design strategies for health-care professionals; and
 4. Coordinate and host training session/ workshop in December 2009 to engage our Pan-Canadian paediatric community.

Looking Ahead to Phase 3, 2010–2012

- A Pan-Canadian Paediatric Quality Improvement and Patient Safety Intervention.

Program Enablers – Key External Partnerships

- The High Alert Medication in Paediatrics program has been largely supported through grants provided to CAPHC from CPSI, MEDBUY and Baxter Corporations. Expenditures are related to the paediatric medication safety specialist/project co-ordinator; psychological/behavioural expertise; human factors expertise; part-time pharmacist; part-time analyst; part-time statistician; multiple national webinars and teleconferences; one national workshop and operating expenses related to this project.



CAPHC Paediatric Trigger Tool (CPTT)

http://www.caphc.org/programs_safety_cppt.html

What is the CAPHC-Paediatric Trigger Tool?

- Trigger Tools are considered to be sensitive and efficient strategies for detecting adverse events and have been widely used in adult studies such as the *Baker-Norton Canadian Adverse Event Study*;
- The CAPHC Paediatric Trigger Tool (CPTT) is a patient safety improvement tool that has been developed in collaboration with patient safety and quality improvement experts from across Canada; http://www.caphc.org/documents_annual/2007/conference_ppts/14_10_2007/patient_safety/matlow_cronin.pdf

CPTT Primary Goal and Objective

- To reduce the incidence of harm in children and youth hospitalized in Canada.

2005–2009 Milestones

- Feasibility Study in 2005: Matlow A, Flintoft V, Orrbine E, Brady-Fryer B, Cronin CM, Nijssen-Jordan C, Fleming M, Hiltz MA, Lahey M, Zimmerman M, Baker GR. *The development of the Canadian paediatric trigger tool for identifying potential adverse events. Healthc Q.* 2005;8 Spec No:90-3.
- Validation Study: 2006–2007 – *Reducing Harm in Paediatric Care: Evaluation of the Canadian Association of Paediatric Health Centres – Paediatric Trigger Tool*, Anne G. Matlow et. al. (manuscript in preparation); and
- Development of the CAPHC Paediatric Trigger Tool (CPTT) Web based Tool.

Looking Ahead to 2009–2010

- The Web-based CPTT is in its final stages of development and will be available in the coming weeks to all CAPHC acute care paediatric hospitals as a quality assurance tool to promote quality improvement and safer care;
- The tool will be available for download from the CAPHC website at no charge to all CAPHC member and non-member organizations, for noncommercial use; http://www.caphc.org/programs_safety_cppt.html
- Throughout 2009–2010, CAPHC will host several education and training webinars to ensure appropriate uptake and utilization of the CPTT; and
- Several on-line symposia will also be held, providing an opportunity for CAPHC organizations to provide feedback and evaluation of the tool.



Program Enablers and Key External Partners

The CAPHC-Paediatric Trigger Tool program has been largely supported through grants provided to CAPHC from CMPA; Rx&D; and other partner organizations. Expenditures are related to project coordination; part-time analyst; part-time statistician; web-based tool development; two annual workshops and all operating costs. Generous in-kind contributions were also made to this program by all health centres who participated in the validation study.

4. Knowledge Creation and Transfer

The CAPHC Knowledge Exchange Network (KEN)

<http://www.caphc.org/ken/bin/view/Main/>

What is The CAPHC Knowledge Exchange Network (KEN)?

- A wiki-based, interactive, online community, focused on sharing, growing, expanding and creating knowledge for the child and youth health community;
- Initially focused on continuity and coordination of care for children and youth with complex care needs.

KEN Goals and Objectives

http://www.caphc.org/programs_continuity_ken.html

- Facilitate the identification and sharing of leading practices;
- Provide the community with simple tools to share this knowledge, and encourage the community to maintain a dynamic repository of knowledge with many levels of interaction from a variety of stakeholder groups from within the community;
- Avoid the pitfalls of a static website that does not encourage or allow the timely revision of content and interaction with the content and its creators; and
- Provide the community with tools to not only share content, but to solicit feedback, and collaboratively improve content related to health service delivery.

2008–2009 Milestones

- Interactive on-line learning sessions, engaging child and youth practitioners; administrators; policy makers; researchers and patients/families from across the country. http://www.caphc.org/programs_continuity_webinars.html;
- 2008 National Symposium on Continuity and Coordination of Care – October 22, 2008; http://www.caphc.org/programs_continuity.html; and
- Online repository of content, community driven & Interactive.



Looking Ahead to 2009–2010

- Facilitation of multiple on-line learning sessions, engaging child and youth practitioners; administrators; policy makers; researchers and patients/families from across the country; and
- Continued development of the KEN, to include Continuity and Coordination of Care, as well as other content areas such as but not limited to – Mental Health; Patient Safety; Pandemic Planning; Transport Systems etc; particularly in the area of policy guidelines such as processes to evaluate various regional practices.

Program Enablers – Key External Partnership

- Majority of these activities were supported through a program grant provided to CAPHC by Bell Canada. Expenditures are related to project coordination, web based tool development, multiple regional webinars and national workshops and operating expenses related to this project.

Other CAPHC Activities and Programs

Knowledge creation and knowledge transfer serve as cross cutting themes and commitment of all CAPHC activities and national programs. The following links will provide details and additional information on other CAPHC activities that are not detailed in this report:

Benchmarking and Sharing Best Practices

http://www.caphc.org/membership_benchmarking.html

Childhood Obesity and Health Active Living

http://www.caphc.org/programs_obesity.html

Mental Health

http://www.caphc.org/programs_mentalhealth.html

Pandemic Planning & Emergency Preparedness

http://www.caphc.org/programs_pandemic.html



Recognizing Our Member and Partner Organizations

This Annual Report has been written for CAPHC's member and partner organizations. As we close on the activities of the past 12 months and look to the next several years, we would like to express our gratitude to each of our member organizations and the many dedicated healthcare professionals who work within our hospitals and healthcare organizations. We are most grateful for your leadership, as well as your continued support and collaboration!

CAPHC would also like to recognize the leadership and collaboration of the many families from the Canadian Family Advisory Network (CFAN) who participate and provide tremendous insight to many of CAPHC's national programs.

Respectfully submitted to the CAPHC Membership by:

Elaine Orrbine
President and CEO, CAPHC