The Canadian College of Health Leaders is a national, member-driven, non-profit association dedicated to ensuring that the country’s health system benefits from capable, competent and effective leadership.

With 21 chapters across the country, representing thousands of individual and corporate members, the College offers capabilities-based credentialling, professional development opportunities, and an extensive career network. Guided by a Code of Ethics and the LEADS in a Caring Environment framework, we help individuals acquire the skills they need to change their own organizations and, ultimately, the health system.

The College’s vision, mission and values can be found at www.cchl-ccls.ca
This was a pivotal year as we remodelled the College to better address the diverse needs of our members. We successfully completed our five-year strategic plan, culminating in the launch of two major initiatives: the first national mentorship program for health leaders in Canada promoting knowledge exchange and skill development; and the new web site and association management system strengthening member engagement and the use of social media and mobile technologies. This was accomplished while restoring financial health to the College.

Equally as significant, and building on our previous work to align the College’s core programs with the LEADS framework, we negotiated an agreement with Royal Roads University, the Canadian Health Leadership Network and Dr. Graham Dickson to create the LEADS Collaborative and operate the LEADS Business Unit. This unit is designed to respond to the growing interest in LEADS by creating a client-centred team that supports the use of the framework nationally.

Partnerships are vital to tackling common problems as the national health agenda undergoes significant transformation. In 2013, we benefitted from existing relationships with our corporate members, association partners and academic alliances as well as reached out to new communities of practice with whom we have similar goals. The College is pleased to partner with the Canadian Healthcare Engineering Society, the Canadian Health Information Management Association and the Emerging Health Leaders to share leadership development activities.

On an international scale, we held our very first study tour to Italy in close collaboration with Closing the Gap Healthcare Group Inc. and the Italian Chamber of Commerce of Ontario. Thirteen health leaders exchanged knowledge with their counterparts about a variety of subjects including effectively integrating palliative care into the health system.

As we think about the future and our new strategic plan, we remain focused on creating value for our members and are committed to positioning the College to reach four generations of health leaders. We would also like to thank our members, volunteers, partners and staff for their dedication to making our continued success possible. Your commitment allows us to deliver member-centred services and to focus on those that advance capable, competent leadership.

Ray J. Racette, CHE  |  President and CEO

Alice Kennedy, FCCHL  |  Chair, Board of Directors
The Board of Directors is comprised of the most senior, respected leaders in healthcare. All volunteer their time to guide staff in setting policy and making pivotal decisions.

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National Awards Advisory Committee

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Lucie Tremblay, CHE
Ethics Council

Arlene Gallant-Bernard, CHE
Professional Standards Council

Alice Kennedy, FCCHL
Fellows Council

Pamela Winsor, CHE
Corporate Advisory Council

Grace Bole-Campbell, CHE (co-Chair)
Chapter Advisory Council

Heather Wolfe, CHE (co-Chair)
Chapter Advisory Council

Brian Schmidt, FCCHL
LEADS Operations Council
Excellence

We are dedicated to the pursuit of excellence in health leadership and in the programs and services we offer.

During the College’s awards ceremony, Rob Jacome, Vice President and General Manager of Stericycle, presents Verna MacDonald from Guysborough Antigonish Strait Health Authority with the Quality of Life Award for her work with The Park Bench Players, mental health consumers who educate the public about living with a chronic mental illness.

Photo by Baldini and Vandersluys Photographers
In healthcare, leaders demonstrate excellence by embracing many of the same high-level qualities that those in other fields need: a self-awareness of their strengths and boundaries, imagination and the know-how to achieve what they imagine, and the potential to empower people around them to share their vision. What makes Canadian health leaders truly excellent is that they care about improving the health of each and every one of us and have the ability to actively orchestrate change in the environments in which they work.

Through the National Awards Program, the College celebrates senior executives, emerging leaders, administrative and operational teams, nurses, students and others who do exactly that. Fourteen awards were granted this year to people who improved emergency room congestion, used evidence in a different way to help families make decisions about palliative care, reduced their health authority’s carbon footprint, and created a multidisciplinary infrastructure to share and apply practice innovations related to “smart pumps.” Award winners mentored numerous young health leaders to achieve their full potential, strengthened nursing capacity throughout the country, promoted ethical decision-making in relation to resources allocation, and educated health providers and the public about chronic mental illness. Recipients demonstrated achievements as students, and championed health initiatives for aging Canadians. Awards were also bestowed on senior leaders who have advanced the College’s mission, contributed significantly to our operations as long-standing members, made innovations that create high-impact results, committed corporate resources and expertise to our programs over several years, and advanced their chapter locally and nationally. Their work is inspiring.

More than 100 health leaders from North America, India, Great Britain, Germany, Australia, France, Switzerland, Iran and Jamaica submitted articles to Healthcare Management Forum, our quarterly peer-reviewed journal. With a rejection rate of 70%, only the best articles are published, making it a trusted resource on evidence-informed leadership for over twenty years. Editions this year included articles on community engagement, values-based leadership, building organizational capacity for evidence use, increasing revenue generation, organizational ethics practices, health human resource planning, executive compensation, health technology assessment, change management, risk monitoring, corporate social responsibility, and integrated care for frail seniors. This vehicle for knowledge exchange continues to help readers change the way they apply their skills.

new awards were introduced, one that celebrates diversity and inclusion sponsored by Sodexo, and the other that praises excellence in mental health quality improvement sponsored by Janssen Inc.
Commitment

We are committed to the growth and recognition of our profession and the College.

Maura Davies, CHE, President and CEO of the Saskatoon Health Region, leads her senior team through the weekly “wall walk” designed to track progress in relation to the strategic plan and key performance metrics.

Photo by Phyllis Goertz
The long-standing success of our 21 chapters hinges on their members’ ability to be effective agents of change. They’re personally committed to and involved in growing the profession through education, public outreach and professional networking. They work diligently to promote the importance of capable leadership in health system transformation. This year alone, more than 2,700 participants registered for chapter events—more than any other year in the College’s history.

Leaders from multiple professions came together through College events and webinars to discuss successful learning strategies, the future of technology in healthcare, health human resources policy, methods to improve patient experiences, workplace mental health, operational efficiencies, ethics, and clinically-led change. Some took initiative in their own provinces by knocking on the doors of policy-makers, volunteering to speak all over the country about leadership, and serving on boards and committees in their communities. Others connected with senior leaders and mid-careerists to share knowledge at chapter meetings and published papers in our journal highlighting new research. All lived the values of the College in their own daily work.

National events such as the National Health Leadership Conference, co-hosted with the Canadian Healthcare Association, present opportunities for people to join a wider network and generate visibility for the champions of improvement. This conference, which boasted 690 delegates, was headlined by Margaret Trudeau who spoke candidly about the mental illness that profoundly affected her life. It offered insights into 100 different topics, including community-led primary healthcare services in rural and remote areas of British Columbia, information about cross-cultural relationship building and its role in transforming the Afghan health system, how to advance nursing leadership and patient care planning in specialized care settings, and drawing on ethics and economics to inform practice.

The BC Health Leaders Conference, hosted by the College for the first time, attracted almost 300 leaders including those at the frontlines. Keynote speakers emphasized the importance of adaptive leadership and creating capacity. They explored how to raise awareness about the attributes that make good leaders and derail others, the value of placing people at the forefront of all decisions, and the challenges of aligning leaders’ values and goals with transparent actions. Delegates walked away with the potential to translate what they’d learned into their own practice settings.

"Working with the College is a natural fit for Studer Group. We joined because it's widely recognized as the ‘go-to’ association for health leaders in Canada, and because we’re committed to the same things. The Studer Group mission is to make healthcare a better place for employees to work, physicians to practice medicine and patients and families to receive care. The College’s work can help us make that a reality.”

Mitch Hagins, corporate member and General Manager, Studer Group Canada
Integrity

We are committed to inclusive, respectful and ethical practices.

Nancy Sears, CHE, Professor and Forum Editorial Board member, teaches future health leaders in the health sciences program at St. Lawrence College about how to understand and use literature responsibly and in an ethical way.

Photo by Heidi Wallace
Mounting pressure is on health leaders to set priorities and balance their budgets while providing quality, accessible care to everyone. For years, they’ve strived to do so with transparency and create a health system informed by those who use its services. The element that keeps changing is the skill set they require to maintain accountable relationships and make good decisions. Dr. Eric Wasylenko, in his article in the summer 2013 edition of Healthcare Management Forum, likened the role of health leaders to “jugglers, tightrope walkers, and ringmasters.” Always walking a fine line and managing competing priorities.

Informed by the LEADS framework and building on the principles outlined in the College’s Code of Ethics, our members benefitted this year from a detailed self-assessment which promotes the advancement of knowledge and skills as the way to foster principled organizational practices. Developed in collaboration with chapter representatives and experts in the field of ethics, the tool pulls from the American College of Healthcare Executives and the US Department of Veterans Affairs National Centre for Ethics in Health Care resources. Unlike others, it does not have a formal scoring mechanism, taking the emphasis away from quantitative measures and instead placing the onus on leaders to personally reflect on their ethical behaviours.

Registration for the ethics webinar delivered by Don Juzwishin, member of the Ethics Council and Director of Health Technology and Innovation at Alberta Health Services, filled to capacity in less than 24 hours. Members learned about how to solidify their organization’s ethical culture and build employee and public trust by using specific tools to make ethical principles a key factor in everyday decision-making. He provided timely examples of leaders who have publicly, and in some cases poorly, dealt with ethical issues, such as those related to access to vaccines or the quality of children’s cardiac surgery, and talked about relevant and timely topics such as information disclosure, medical tourism and whistleblower protection.

Plans are underway to refresh the Code of Ethics and create an ethical leadership assessment tool to help leaders balance the interests of all stakeholders while maintaining their organizations’ competitive advantages.

“As a CEO, I believe there should always be a focus on ‘leaderful’ leadership. This means demonstrating integrity by listening to the many voices and ideas of our people and having thoughtful discussion about the work we do every day. It means understanding the evidence that informs our work, and inspiring a collective passion for the delivery of safe, quality, and patient driven services.”

Dianne Calvert Simms, CHE, and CEO of the Cape Breton District Health Authority

85% of participants in the exploratory organizational ethics study consult with their internal colleagues when addressing difficult ethics issues, making the importance of capable health leadership all the more crucial.
Life-long Learning

We value life-long learning and recognize the importance of continuous development of professional skills and knowledge.

Louise Paquette, CEO of the North East LHIN, Richard Joly, CHE, Chapter Chair and CEO of the North East CCAC, and Danielle Belanger-Corbin, Vice Chair of the Board for the North East LHIN, pose during an educational event held by the NEON Lights Chapter.

Photo by Roxanne LaCroix
Good leaders know that ongoing learning gives them the ability to identify solutions to challenging issues—they can better handle the changing expectations and responsibilities of their jobs. Through a growing array of programs, College members actively seek out new knowledge so that the result of their work resonates with the people around them.

The most visible way that they demonstrate their commitment to life-long learning is through the Certified Health Executive (CHE™) and Fellowship programs. The CHE program was recently revamped to align with the LEADS framework. It now includes a LEADS self-assessment, a career development plan, an on-line exam that covers system-wide issues and all sectors, and a LEADS in Action project that allows candidates to contribute knowledge to the field while learning practical skills that benefit their organizations.

The list of organizations that recognize the importance of the CHE credential for career advancement continues to grow. This year’s agreement with the North East Community Care Access Centre represents another important milestone in partnering with employers to view the CHE as a preferred designation.

Academic partnerships help to advance applied learning and research and promote evidence-informed leadership. We value our partnerships with over 15 university programs across Canada. Students obtain the ability to apply knowledge in ways that demonstrate enhanced leadership capabilities.

Learning is showcased in a real-world environment through the five-part LEADS learning series. For example, different leadership teams at the Canadian Institute for Health Information participated in the leadership series and focused on organizational challenges and opportunities facing their leadership group.

The National Mentorship Program, launched in November, is another way that the College supports skill development and the ongoing maintenance of certification. Mentees forge one-to-one relationships with mentors who act as coaches, career guides, and positive role models. Sixty-one leaders have already started to meet. This program is in addition to the flourishing mentorship programs in the BC Lower Mainland, Hamilton and Area, Southern Alberta and Northern Alberta chapters.

“The Sweden Study Tour was an amazing learning experience. The College provided the opportunity of a lifetime to meet senior health leaders across Canada and examine the excellent Swedish healthcare system. My takeaway is to clearly define the healthcare business we are in, emphasize quality, and better align services for different patient populations. I now think more outside the box with Sweden as another reference point.”

Goldie Luong, Director of Special Projects at Vancouver Coastal Health
Collaboration
We believe that the best results are achieved through collaboration and teamwork.

Tour participants stand outside of the San Pietro Residence with their Italian collaborators during the College’s first study tour to Italy.

Photo by Joanne Greco, CHE
Collaborative relationships contribute to the professional growth of our members, promote cooperative decision-making and generate shared successes. They allow the College to deliver valuable and timely services, tailored to the unique needs of health leaders, under one umbrella. The new LEADS Collaborative and associated business unit, which will support the framework nationally, is one such example.

But several kinds of partnerships make our work possible. The College represents a nation-wide membership of more than 80 private sector and association agency leaders who are all specialists in their own areas. This year, we are pleased to welcome Healthtech Consultants, Paladin Security Group Ltd., Ikaria Canada, Minogue Medical Inc., the Canadian Mental Health Association, GS1 Canada, and Studer Group to the growing number of companies who share the College’s vision of health leadership in Canada.

Specific agreements, with results-oriented deliverables, were also established with the Canadian Healthcare Engineering Society, the Canadian Health Information Management Association, the Emerging Health Leaders, the Saskatchewan Union of Nurses, The Clemmer Group, and Legacy Mastery. Our collective members become mutually accountable for sharing the resources and rewards associated with these relationships.

Moving planning into the field as part of the Health Professionals’ Roundtable for Strategy (HPRS™) program, 16 corporate members and 96 health leaders from across Canada held meetings over several days in a variety of cities to identify solutions to health system challenges and open two-way communication. As a result of this program, the College established an agreement with Wound Alliance Canada to provide support for developing a national wound management strategy. This year also marked the very first international HPRS session held in the UK, during which 10 Canadian health leaders deliberated with their counterparts abroad to introduce emerging technologies to Canada.

Further expanding the College’s global reach, study tours were held in Sweden and, for the first time, Italy. Sweden’s participants were offered a unique look at how that health system and country’s cultural values translate into a healthier population. Italy delegates learned how the increased specialization of hospitals and established volume controls can help Canadian hospitals balance hospital activity with hospital and physician performance management.

“As we introduce and more widely use electronic health records, collaborative relationships like the one we have with the College become integral to making the transition successful. Experienced health leadership is essential in engaging frontline staff to use health information in a meaningful way to manage patient care across the continuum.”

Gail F. Crook, CHE, and CEO of the Canadian Health Information Management Association

College members volunteer their time as part of governance and advisory boards, councils, committees, working groups and chapter executives.
Accountability

We believe in being accountable to our membership, our profession, and the publics we serve.

Dan Levitt, CHE, Executive Director of Tabor Village and College mentorship program participant, meets his mentee Georgiana Preutu over coffee to discuss the LEADS framework.
The College only exists to serve the needs of our members and we believe that every action we take must safeguard that interest, be transparent and, most importantly, involve their input. Our success is built on their trust. That’s why we regularly tap into their collective intelligence as part of committees, councils, boards and working groups to provide guidance and perspective to our operations. Hundreds of dedicated members volunteer their time to programs related to chapters, awards, events and certification and provide advice to staff on governance, finances, the journal, professional standards and ethics.

Members mobilized this year to provide a unified voice about the adoption of a paperless approach to publishing Healthcare Management Forum. Over the past several years, they suggested the need for improved ability to access the journal anywhere on any device, and reduce its environmental impact by decreasing ink and paper consumption. To address their concerns, and after careful analysis of industry publishing trends and collaboration with other health sector journals, a formal survey was conducted of all College members. An overwhelming 90% of respondents supported the move to paperless publishing; a message heard loud and clear. Starting in 2015, the journal will be available exclusively on-line.

Efforts are underway to develop a performance dashboard for the College that sets targets, measures performance, reports on outcomes, and proposes and implements improvement strategies to our operations. When completed in 2014, it will be the first of its kind for non-profit membership associations in Canada.

As part of a long-standing relationship, we worked closely with Accreditation Canada to create two new Required Organizational Practices as part of the leadership and governance standards. One is related to accountability for quality and the other to preventing emergency department overcrowding. Both will increase leadership accountability and promote sustainable results.

More than 30 webinars are now available as part of the professional development library and 1,000 registrants took advantage of the live webinars. With no shortage of resources related to accountability, sessions offered information about public engagement in decision-making, intimidation in the workplace and privacy laws and consent.

The American College of Healthcare Executives and the College also jointly delivered programming on managing conflict and holding people accountable for their actions.

“The College continuously realigns its work to meet the demands faced by today’s healthcare leaders. The advances made to the LEADS framework, educational opportunities, chapter level support and now the introduction of the new mentorship program, help me be more accountable in my own professional setting by ensuring as leaders we reach our full potential.”

Arlene Gallant-Bernard, CHE, Chair of the Professional Standards Council and Chief Administrative Officer of Prince County Hospital and Community Hospitals West

chapter events were held in 2013 and more than 1/3 of those included a webinar
Public Service

We value our contribution to the health of Canadians and the health system through the leadership excellence of our members.


Photo by Stéphanie Girard
The College is preparing tomorrow’s leaders to transform the health system into one that the public can trust, one that promotes the good health of all Canadians. The LEADS framework gives leaders the tools to do their jobs with integrity, and create supportive resources that are consistent with their organizational values. It’s a new way to think about leadership focused on capability and not the traditional measures of performance. We believe that, if the health sector employs competent and caring leaders who all speak the same “leadership language,” improvements will translate to care at the bedside.

For example, hundreds of managers and directors at Horizon Health in New Brunswick and Baycrest in Ontario completed the LEADS learning series. Within their respective work environments, they initiated multidisciplinary conversations about issues such as how to improve the quality of care in environments where the allocation of funding is constantly scrutinized. Leaders from each of these organizations report that they now have effective tools and processes to identify solutions to real problems related to access, quality of care and information transparency.

Six of the participants of the train-the-trainer program at Horizon Health also completed the learning and mentoring program. They’re helping to build internal expertise and, by creating leadership capacity, they’re actually investing in the care of the thousands of people who need the services of numerous hospitals, extra mural programs, public health programs, veterans units, community programs, and health centres in their region.

The delivery of the Saskatchewan Leadership Program was a collaborative effort between LEADS faculty and local experts in the Saskatoon Health Region. It offered a nine-month professional development opportunity for leaders from the 13 regional health authorities and the Saskatchewan Cancer Agency. Self-awareness and feedback from the LEADS 360 tool, combined with ongoing coaching and training, allowed the 150 participants to manage change in support of the provincial strategic directions.

The senior team at Bruyère Continuing Care in Ontario completed the LEADS learning series with the distinct intent to shift the organizational culture to focus on succession planning and grow future leaders. By identifying their own opportunities for personal learning, leaders at this large, multi-site continuing care organization expanded their knowledge and role as champions of aging Canadians and those who require continuing care.

“The LEADS capabilities within the LEADS 360s have provided a common language for leadership development at all levels of our organization. By embedding these foundational skills into our leadership development program, our employees are empowered to consistently look for innovative approaches to quality patient care – a direct benefit to families in the North East.”

Richard C. Joly, CHE, and CEO of the North East Community Care Access Centre

3,152 individual members are dedicated to efficient, public-centred service achieved through collaboration and cooperation
3M Canada Company
Abbott Medical Optics
Alcon Canada Inc.
Amgen Canada Inc.
Aramark Canada Ltd.
Athabasca University
Baxter Corporation
BD Canada
Beckman Coulter Canada Inc.
Borden Ladner Gervais
Boston Scientific
Canada Health Infoway
Canada’s Research-Based Pharmaceutical Companies (RX&D)
Canadian Agency for Drugs and Technologies in Health
Canadian Foundation for Healthcare Improvement
Canadian Institute for Health Information
Canadian Mental Health Association
Cardinal Health Canada
Carillion Canada Inc.
Cisco Systems
Closing the Gap Healthcare Group-Rehab Express Inc.
Compass Group Canada
ConvaTec
COOK Canada Inc.
Covidien
Deloitte & Touche
DIALOG
Dorothy M. Wylie Nursing Leadership Institute
Field Law
Fresenius Medical Care Canada
Gambro
GE Healthcare
Getinge Canada Limited
GS1 Canada
Niagara Haldimand Brant Community Care Access Centre
Hay Group Health Care Consulting
HCP Social Infrastructure (Canada) Ltd.
Healthcare Insurance Reciprocal of Canada
HealthPRO Procurement Services Inc.
Healthtech Consultants
Herman Miller Healthcare
Hill-Rom Canada
Honeywell Limited
Hospira Healthcare Corporation
Ikaria Canada
Janssen Inc.
Johnson & Johnson Medical Companies
Johnson Controls
KPMG Canada
LEO Pharma Inc.
LifeLabs
McKesson Canada
Medbuy Corporation
MEDEC
Medela Canada
Medtronic of Canada Ltd.
Merck Canada Inc.
Minogue Medical Inc.
Molnlycke Health Care
NRC Picker Canada
North East Community Care Access Centre
North Simcoe Muskoka Community Care Access Centre
Novartis Pharmaceuticals Canada Inc.
Odgers Berndtson
Ontario Hospital Association
Osler, Hoskin & Harcourt
Paladin Security Group Ltd.
Pendopharm, A division of Pharmascience Inc.
RANA Respiratory Care Group
Roche Canada
Siemens Canada Limited
Smith & Nephew Inc.
Sodexo Canada Ltd.
St. Jude Medical
Stericycle Inc.
Stryker Canada
Studer Group
The Canadian Medical Protective Association
The Medfall Group
Trane Canada
Venture Healthcare
Virox Technologies Inc.
Academy of Canadian Executive Nurses (ACEN)
Accreditation Canada (AC)
American College of Healthcare Executives (ACHE)
Athabasca University (MBA Program)
Australasian College of Health Service Management (ACHSM)
Canadian Agency for Drugs and Technologies in Health (CADTH)
Canadian Association of Health Services and Policy Research (CAHSPR)
Canadian Coalition for Green Health Care (CCGHC)
Canadian Health Information Management Association (CHIMA)
Canadian Foundation for Healthcare Improvement (CFHI)
Canadian Health Leadership Network (CHLNet)
Canadian Healthcare Association and the Association of Canadian Academic Healthcare Organizations (CHA/ACAHO)
Canadian Healthcare Engineering Society (CHES)
Canadian Institute for Health Information (CIHI)
Canadian Institutes of Health Research (CIHR)
Canadian Medical Association (CMA)
Canadian Nurses Association (CNA)
Canadian Patient Safety Institute (CPSI)
Canadian Society of Physician Executives (CSPE)
Dalhousie University (School of Health Administration, MHA Program)
Dorothy M. Wylie Nursing Leadership Institute (DMW-NLI)
Emerging Health Leaders (EHL)
Fraser Health Authority
Goodlife Fitness
Health Action Lobby (HEAL)

Health Canada
Healthcare Insurance Reciprocal of Canada (HIROC)
Health Council of Canada
McMaster University (DeGroote School of Business, MBA Program, and DeGroote School of Business and School of Rehabilitation Science, MHM Program)
Morneau Shepell Inc.
Ontario Hospital Association (OHA)
PBL Insurance Limited
Royal Roads University (MA in Leadership Program)
St. Michael’s Hospital (affiliated with Rotman School of Management)
The Art of Productions
The Clemmer Group Inc.
The Conference Board of Canada
The Personal Insurance Company
UK Institute of Healthcare Management (IHM)
University of Alberta (School of Public Health, MPH Program)
University of British Columbia (Sauder School of Business, EMBA Program, and School of Public Health, MHA Program)
University of Ottawa (Telfer School of Management, MHA Program)
Université de Montréal (Mâtrise en administration des services de santé)
University of Saskatchewan (School of Public Health, MPH Program)
University of Toronto (Institute of Health Policy Management and Evaluation, MHS Program)
University of Western Ontario (Richard Ivey School of Business, MBA Program)
VIA Rail Canada
To the members, Canadian College of Health Leaders
We have audited the accompanying financial statements of the Canadian College of Health Leaders, which comprise the statement of financial position at December 31, 2013 and the statements of changes in net assets, operations and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management’s responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of the Canadian College of Health Leaders at December 31, 2013, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Supplementary financial information
Our audit was performed to form an opinion on the financial statements of the Canadian College of Health Leaders as a whole. The supplementary information included in the Financial Schedules is presented for the purpose of additional analysis and is not a required part of the financial statements. Such supplementary information is the responsibility of management and was derived from the underlying accounting and other records used to prepare the financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such supplementary information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves.

Ouseley Hanvey Clipsham Deep LLP, Licensed Public Accountants
Ottawa, Ontario
March 28, 2014

This information has been extracted and summarized from the 2013 audited financial statements. A complete set of the audited financial statements is available on the College’s web site at www.cchl-ccls.ca.
## Statement of Operations

**For the year ended December 31, 2013**

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<th>2012</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and contractors</td>
<td>1,434,101</td>
<td>1,467,160</td>
</tr>
<tr>
<td>Travel</td>
<td>199,458</td>
<td>246,509</td>
</tr>
<tr>
<td>Panelists and speakers</td>
<td>148,546</td>
<td>152,465</td>
</tr>
<tr>
<td>Catering</td>
<td>210,361</td>
<td>114,378</td>
</tr>
<tr>
<td>Office and miscellaneous</td>
<td>97,961</td>
<td>108,607</td>
</tr>
<tr>
<td>Occupancy</td>
<td>84,350</td>
<td>84,534</td>
</tr>
<tr>
<td>Leads Collaborative -</td>
<td>323,866</td>
<td>47,998</td>
</tr>
<tr>
<td>salaries and contractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership fees</td>
<td>16,177</td>
<td>47,000</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>66,395</td>
<td>44,569</td>
</tr>
<tr>
<td>Translation</td>
<td>38,785</td>
<td>44,223</td>
</tr>
<tr>
<td>Bank charges</td>
<td>38,822</td>
<td>37,165</td>
</tr>
<tr>
<td>Printing</td>
<td>21,535</td>
<td>31,246</td>
</tr>
<tr>
<td>Leads Collaborative -</td>
<td>150,738</td>
<td>21,593</td>
</tr>
<tr>
<td>operating costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio and visual rental</td>
<td>52,087</td>
<td>18,909</td>
</tr>
<tr>
<td>Interest on long-term debt</td>
<td>14,548</td>
<td>17,306</td>
</tr>
<tr>
<td>Acquisition cost</td>
<td>–</td>
<td>17,149</td>
</tr>
<tr>
<td>Professional fees</td>
<td>12,994</td>
<td>16,735</td>
</tr>
<tr>
<td>Room and facility rental</td>
<td>16,590</td>
<td>6,716</td>
</tr>
<tr>
<td>Chapter incentives</td>
<td>4,842</td>
<td>3,618</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>2,933,156</strong></td>
<td><strong>2,527,880</strong></td>
</tr>
</tbody>
</table>

**Net revenue for the year**  
$88,066  $142,238

---

## Statement of Financial Position

**For the year ended December 31, 2013**

<table>
<thead>
<tr>
<th>Current assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$842,174</td>
<td>$1,152,023</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>250,839</td>
<td>403,584</td>
</tr>
<tr>
<td>Due from related party</td>
<td>58,272</td>
<td>63,933</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>34,604</td>
<td>29,537</td>
</tr>
<tr>
<td><strong>Total Current assets</strong></td>
<td><strong>1,185,899</strong></td>
<td><strong>1,649,077</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trust assets</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds held in trust</td>
<td>–</td>
<td>15,039</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>873,024</td>
<td>795,762</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intangible asset</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>873,025</td>
<td>795,763</td>
</tr>
</tbody>
</table>

| **Total Current Liabilities**       | **2,058,914**| **2,459,879**|

<table>
<thead>
<tr>
<th>Current liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$208,479</td>
<td>$155,367</td>
</tr>
<tr>
<td>Government remittances payable</td>
<td>–</td>
<td>7,755</td>
</tr>
<tr>
<td>Due to related party</td>
<td>4,430</td>
<td>6,816</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>50,048</td>
<td>58,739</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,018,259</td>
<td>1,483,649</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>1,281,216</strong></td>
<td><strong>1,712,326</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-term debt</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds held in trust</td>
<td>–</td>
<td>15,039</td>
</tr>
<tr>
<td><strong>Total Long-term Debt</strong></td>
<td><strong>191,586</strong></td>
<td><strong>234,467</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trust assets</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds held in trust</td>
<td>–</td>
<td>15,039</td>
</tr>
<tr>
<td><strong>Total Trust Assets</strong></td>
<td><strong>1,472,802</strong></td>
<td><strong>1,961,832</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Invested in capital assets</td>
<td>631,211</td>
<td>502,377</td>
</tr>
<tr>
<td>Internally restricted</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>(70,099)</td>
<td>(29,330)</td>
</tr>
<tr>
<td><strong>Unrestricted</strong></td>
<td><strong>586,112</strong></td>
<td><strong>498,047</strong></td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>2,058,914</strong></td>
<td><strong>2,459,879</strong></td>
</tr>
</tbody>
</table>

---

**On behalf of the Board:**

Alice Kennedy, FCCHL  
Chair, Board of Directors

Pat Coish-Snow, CHE  
Treasurer
Member milestones

93% of members renewed in 2013, surpassing all previous renewal records

136 members are students, more than any other year in our history

79 members upgraded to more senior positions, exceeding the number of transitions last year

461 people have been College members for 25 years or more

450 different organizations, now spanning all sectors in healthcare, are represented by College members

273 members joined this year, most to take advantage of our professional development offerings