

AS DELIVERED

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CAPHC Annual Meeting
October 21, 2013

FROM INSPIRATION TO ACTION: Innovation in Children's Health

Thank you Susan for that very generous introduction, and thank you to CAPHC for inviting me to speak about the one thing I believe we all *must* do advance the healthcare of Canada's 7 million children.

The good news is, it's something we *can* do. We have the tools. We have the experience and we have the passion.

My question is, *will* we do it? Will we embrace the spirit of innovation rather than passively accept it? Will we push innovation on ourselves as well as on others? Will we treat innovation not as something separate and apart from our mission and work, but as the central focus of all our efforts? And ultimately, will we use innovation to turn inspiration into action?

Today, I want to argue the case for doing just that. As soon and as much as possible. I want to lay out the challenges in as clear and stark terms as reality demands. Then I'll try to map out some of the

things we can do to bring a new urgency to innovation, no matter where we work or what our work is.

I'll refer often to SickKids because that's where I've been for the last 30 years and because SickKids may look like a hospital for sick children, but it's actually an innovation organization that has sick children as its focus.

Finally, I want to spell out the promise that innovation holds for all of us. How it can create a future that may be as hard to imagine today as CT scans, MRIs and PETs were to pediatric healthcare 25 years ago. But most of all, I want to engage you in thinking about innovation in your own organization, and enlist you in embracing it not as one of many values and qualities you aspire to, but as the driving force in your organization and in your career.

What I won't spare you is the reality of the crisis that awaits all of us if we don't work to change some of the basic assumptions that have got us where we are today.

But hold on: Canada has one of the most advanced pediatric healthcare systems in the world – in the history of the world! So where's the crisis here?

It's in the fact that very little of what's built our child healthcare system is....sustainable for much longer.

The fact is, this generation of Canadian children could be the first in some time to be less healthy and live shorter lives than their parents.

Bad eating habits and declining exercise – both largely preventable – are at the root of much of this self-induced epidemic-in-the-making.

What's more, healthcare dollars are being quickly re-allocated to care for the fastest growing -- and inevitably, the sickest segment – of our population, Canadians over 65.

When SickKids was founded in 1883, only 5% of Canadians lived beyond the age of 65. When I joined a century later, that percentage had crept slowly.....very slowly.... upwards to 7%. But by 2003 when I became CEO, it had risen to 12%. This year, it will be 16% and ten years from now, 20% of Canadians will be 65 or older. So from one in 10 Canadians being over 65 ten years ago to one in five being over 65 ten years from now . . . we face a huge challenge. Clearly, the need for complex, continuous and often long-term care will put huge pressures on government to divert funds to this rampaging cohort.

But while pediatric healthcare is threatened with underfunding, the lack of funds threatens our entire health-care system. Someone asked me recently what the difference is between the British model of healthcare and the Canadian model. I replied: "Ours hasn't gone broke ...yet."

But we all know the reality. Each year, more and more of the province's budgets are eaten up by health care. Ten years ago, it took up a third of our provincial tax dollars in Ontario. This year, it will take 40%, and by the year 2030, well, as the Drummond Report said last year "if left unchecked, health-care costs are set to reach

between 70 and 80 per cent of total program spending in Ontario.” As Don Drummond said: “There’s no way you could run a civic society in which 80 per cent of your budget goes to one thing.” That’s on its way to happening right now. Every year, as health takes up more and more, less and less is available for highways, education, policing, arts and culture. True, many people are working valiantly to make our system more efficient. We hear continuously of cost-savings, some in the hundreds of millions of dollars. But the reality is that in the decade between 1990 and 1999, health-care costs rose 3.7% each year, and between 2000 and 2010, that average annual increase rose to 6.9%. True, in the past three years, the rate of increase has fallen, but we’re still sprinting faster than yesterday towards the cliff.

It’s not that the provinces, and especially Ontario, can find big new sources of revenue to offset those rising costs. Many have deficits running into the billions and are struggling to fend off even larger cutbacks and layoffs.

But lack of funds isn’t all that’s making our system unsustainable.

When expert systems and artificial intelligence arrive to revolutionize the practice of medicine in the next five years, they will come with a hefty price tag. Today, the only source of funding for these innovations is private donors; the government simply can’t afford to fund anything but operating costs. While wealthy donors have never been more generous to hospitals than in the past five years, they will have to step up in ways our Foundations can barely imagine in order to meet the funding shortfall on new medical technology...and the

competition for donor dollars across all sectors has never been greater.

Lack of funding also means lack of access to healthcare. We know this is true because when wait times for popular surgeries grew intolerably long, the Ontario government began shortening those lines in 2005 by expanding the funding in those areas; directly causing longer wait times in other areas.

So in a perverse way it's true: money *can* get you to the front of the line in our health care system. The trouble is, that additional funding is unsustainable over the long-haul, and when you realize chronic diseases like cancer, heart disease and diabetes that can require substantial in-patient and surgical treatment, will account for 75% of deaths worldwide within the next seven years.....well, this creates an additional funding burden our governments are ill-prepared to afford.

Unsustainable costs may be the major factor in creating an environment of unsustainability. But they're far from the only one. Many of us work at big hospitals. Many of these are the hub of an academic health science centre affiliated with a faculty of medicine, a research institute, various colleges and professional schools, regional health authorities and rehab and specialty care centres. The brilliance of the Canadian health system is that it can do everything, and academic health science centres are at the heart of that ability. When they work, and every year they're working better and better, patients receive a quality of care unequalled anywhere in the world. Leading-edge research makes breakthroughs; that research gets translated

from the bench to the bedside as soon as possible; and the next generation of health-care professionals gets first-class training.

But we all know, we can do better.

We still need to knock down the silos that inevitably rise in academic health centres. We need to ensure that, in moving towards more diverse community health models, we do not move our attention away from the model that makes community health viable in the first place.

We also need to ensure that Canada can continue to produce and attract the top medical practitioners from around the world. Nurses, lab managers, surgeons. The competition for human capital is global. We live in the world's most diverse nation. We trumpet our diversity as a competitive advantage. But if we're really going to invite the best in the world to practice here, we need to remove some of the barriers to entry they face.

The same can be said for investment capital which our health care system needs to attract more of. It seems Canadians are absolutely brilliant at inventing things, but not so much when it comes to turning those discoveries into businesses, industries and jobs. That's changing, to be sure. Our governments are now investing in commercialization. But Canada's venture capital industry has nowhere near the \$1 billion that Canada's life sciences companies need to grow. I will say it's too little; I won't say it's too late. But we definitely have to step up our game in order to compete with other

countries. Remember, 10 years ago, LinkedIn, FaceBook and Twitter didn't exist. Today, they are all major companies and social media is an entire sector of the world's technology economy.

So where does pediatric health-care in Canada stand in terms of its sustainability? In terms of funding, of organization, of people, and of capital, it seems we have a system that's fundamentally unsustainable.

What's the answer? Is there an answer?

Of course there's an answer! It's the same answer that's always held whenever institutions and people face a future that's unworkable.

For me Steve Jobs put it best in 1999 when his fledgling company, Apple, was on the ropes. Said Jobs: "We're going to have to innovate our way out of this."

We. Are. Going. To. Have. To. *Innovate*. Our. Way. Out. Of. This.

I can't speak to how we're going to change the funding model for healthcare in Canada, or the regulation of healthcare professionals, or investments in new discoveries. But I can speak with authority about innovation in the institution I've been proud to lead over the past 10 years.

I hope the spirit of innovation I'm now going to share with you –will spark a similar spirit in you and your organization. Or get you to thinking: "Hey, we can do that." Or better yet, "We can do better than that. And our doing better will make everyone better."

And like at Apple, the biggest change of all has to come from our attitude towards change and towards ourselves. [When I arrived at SickKids 30 years ago,] 98% of children diagnosed with leukemia didn't survive. Today, that's all changed, and our treatments have changed accordingly.

Remember the days when children presented with signs of sepsis, we took blood samples three separate times, all very painful and frightening. We would isolate the kids from their family and visitors. Then we discovered that the risk of infection could be diminished not so much by isolation, but by hand-washing. Today, we are still battling how to improve hand washing compliance but tremendous gains have been made, and innovation has been a part of it.

We may think a little smugly how backwards things were then, how naïve even the best hospitals were. We lacked the evidence to guide change.

But we tend to forget that 30 years from now, doctors and nurses and administrators will be looking back on us – the pediatric medicine of 2013 and wonder how wrong-headed and inefficient we all were. Did patients really have to come to a diagnostic imaging department in a hospital for tests? They couldn't just do the tests at home on their SmartPhone? Did individual doctors still care for patients? Or did every Canadian family have an assigned care team no matter how healthy they were? Didn't everyone get genotyped from birth and have a chip inserted under their skin instead of an electronic medical

record? Did children still get diseases like chicken pox and meningitis?

What's crucial is not to think that these changes happen as a matter of course. They happen because someone asks "Why?" and believes: "We can do better than this tomorrow." And then she goes out and enlists the right people to make improvement happen.

That's my definition of innovation. More formally, innovation means "new ways of thinking and doing that imagine a better future and create value for patients, families, funders and staff." What's different today is the incredible urgency around generating new and better ways of doing things.

It's tempting to think the financial urgency, the people in silos urgency and the commercialization urgency will be solved with more money and the removal of barriers. Not true. Or at least they're not the only solution, or even the biggest part of it. The real answer was first spelled out for me by management consultant, Jim Collins, who wrote in *Good to Great*: "The ultimate throttle on growth for any company is not markets, or technology, or competition or products. It is one thing above all others: the ability to get and keep enough of the right people." Collins was talking about for-profit businesses, of course, and it's tempting to say that non-profit health care centres have different drivers. Not true. If anything, in Canada when we don't need to search for market share, we have an obligation to serve the families who turn to us for help all that much better.

At SickKids, we don't view innovation as something to call on only when times get tough.

It doesn't just happen because we're strategic. Its deliberate, focused, structured and most of all, it takes courage.

It takes guts to go against the status quo, and yet that's the essence of innovation and the answer to the storm we find ourselves in on funding and access.

I found that holding true to your vision can also answer other things as well. Back in 2008, Canada was entering a recession. We and most other hospitals were laying off staff. Worse still, our confidence about the future was low and falling. It was time to hunker down, cut your risk, hoard your cash and your goodwill.

A great challenge for leaders – Leaders can stifle innovation. Often unknowingly or can enable it.

I was convinced the only thing that would really secure SickKids future was research, and the important link to clinical care. But our research efforts were scattered and inefficient – both corporately and physically. So I proposed that we build a single research tower that would house all that potential discovery. That tower would be committed to doing research differently. Oh, and it would cost \$400 million to build. So the first and hardest thing I had to do was share my vision and engage my Board to convince them that we needed to be bold and courageous. We needed to find an innovative approach to financing our dream. We raised \$200 million through financial,

model innovation. SickKids issued a series of unsecured public debentures – rated Double A-One. That issue sold out in a few hours. Our Foundation, energized by our vision for the future, engage our community and our government believed in our goal and together we raised the \$400M.

The Research Tower was a dream that came true because of innovative thinking and structuring a team to focus on execution – and the absolute determination to put innovation first. And as you'll hear soon, the new Tower changes everything, certainly for SickKids, absolutely for pediatric research in Canada, and hopefully for the health of millions of children around the world.

In fact, SickKids today gives such importance to the spirit of innovation that it leads our mission statement: Let me quote: “As innovators in child health, we lead and partner to improve the health of children provincially, nationally and internationally through the integration of care, research and education.”

Today, we're at the midpoint of a five year strategic plan called Avenues to Excellence. That plan has the goals you see here. While innovation is one of those goals, the spirit of innovation is what drives us to reach all the others as well. I won't attempt to give you a full report card on our progress.

But I do want to focus on some major initiatives that are living proof that both courage and creativity are essential to innovation. Neither is easy to sustain. But the rewards are...well, they range from taking

better care of more children and families, which is our business, to making it easier the next time to use your creativity and courage to create a kind of spin cycle of innovation, and of course, a big reward for innovation these days is.....you can accelerate your career, your contribution and your impact.

You may get to do a new job and help create other new jobs because, for those of you in your 20s and 30s, I can assure you pediatric health care will be practiced much differently by the time you're in your 50s and 60s.

Now, some innovations are ones you can make on your own or with one or two colleagues. They're not going to change Canada's health-care system. But they will make things better – today – in your job or place of work. Then if you and your colleagues and their colleagues come up with more new ideas tomorrow and the day after.....well, what I'm describing here is called by the consultants "process" improvements. A thousand small advances over time lead eventually to something that's not a tiny bit different. It's so different that it's almost unrecognizable. It's as if the last time you visited Toronto was in 2003. Then you arrived back for the CAPHC Conference this week and – well, the skyline has changed, almost beyond recognition.

Here are just a few of the innovations we've put in place at SickKids recently.

One of our nurse practitioners, Carrie McDonald, thought if families wore noise-cancelling headphones plugged into iPods in the neonatal

intensive care unit, they wouldn't have to leave the room and their babies while doctors and nurses talked to other families. As a result the NICU is receiving sets of earphones for every parent, more screens and reclining chairs. As simple idea, a new way of thinking, and a small investment and improvement to care!

Another nurse practitioner, Krista Keilty, suggested that families be included in the conversations that outgoing and incoming nurses have at shift change. A few years ago, that idea would have seemed preposterous. Then time passed and it became revolutionary. And today, it's clearly an idea whose time has come. Phase 1 of this project is currently in process and early indicators are sharing positive change management and engagement results with nurses and families. This is an innovation service model that is resulting in improvements in family-centred-care.

Carling Cheung is a Neurosurgery Lab Research Project Manager. She's leading a team that's created a realistic neurosurgery simulator. It's made from coloured rubber, looks and feels like a real brain and is encased in a plaster-based 3D skull that can be cut and drilled like a real skull.

Process innovations like these often spill over and become product innovation. You've heard of 3-D printing. We can now print a 3-D model of the heart of a child with congenital heart disease. Our surgeons can practice their surgery on the model which contains the actual pathology of the child's heart, before they operate on the real

thing in the operating room. This innovation is revolutionizing outcomes for children with congenital heart disease.

SickKids's innovation not only saves lives but creates companies and jobs. One of our senior scientists, Dr. Chris Parshuram, developed a software called Bedside Pediatric Early Warning System. Bedside PEWS drastically reduces the 5,000 code blues that children endure each year in hospitals across Canada and the U.S., with one quarter of them resulting in death. It tracks a child's vital signs and provides an objective score and rate of change that indicates when doctors should intervene to ensure children who are getting progressively ill receive the right level of care. In 2011, BedsidePEWS was being used across 14 centres worldwide. Last year, it was cleared for sale in Canada. And this year, with \$600,000 in funding and in-kind support from MaRS Innovation and the Ontario Centres of Excellence, BedsidePEWS is refining its software as an enterprise solution, supporting future development and taking advantage of new science in neonatal and emergency care and supporting the translation and dissemination of other SickKids innovation into practice.

Many of these innovations were eligible for assistance from a hospital-wide Innovation Fund for staff to seed new ideas and evaluate them. Not all the ideas work. Failure is okay; in fact in an institution like ours that is *driven* to innovate, we have to fail in order to succeed. So we don't mind "smart" failures. We just ask when you fail, you fail fast and fail cheap – and most important of all, never compromise quality or safety and learn from your experience!

But the fact is, every day at SickKids, our people are working with their colleagues – and there are 8,000 of us -- and with other institutions and with children and families to deliver a quality and a quantity of care that's more and better than the day before.

Many years ago, Jennifer Stinson was one of our oncology nurses. She decided to get her Ph.D. and now Dr. Stinson, one of our Nurse Clinician-Scientists, was struck at the low compliance rates among children battling cancer in recording their pain. If it's not done daily, the data are virtually worthless. Filling in charts by hand is annoying at the best of times for kids, and it's no surprise that kids with cancer aren't motivated to do it. The result was poor reporting and far-from-optimal pain management.

So Jennifer asked the question: why not use technology that kids love to turn the pain-reporting chore into a game? As you can already guess, Jennifer is both determined and optimistic. She scratched together the funds to develop and test a pain diary you can create on an iPhone and iPad. She found a design firm to donate \$80,000 in services to develop an app. Together, they recruited the actors from two of Canada's most popular police shows, *Rookie Blue* and *Flashpoint*. Jennifer called the new app Pain Squad and this single innovation has boosted compliance from below 50% to above 90%. SickKids is now making Pain Squad a standard part of care throughout the Hospital, and other hospitals are adopting it too.

Dozens of innovation projects are making their way through the SickKids pipeline with the assistance of “a dedicated innovation

acceleration team”. By unleashing the creativity of front-line providers, SickKids has rapidly introduced low-cost innovations with big impacts. It's a model that's been formalized at SickKids and adopted elsewhere. Recently we were thrilled to work with the Harvard Business Review on a published article about our innovation journey.

I have been so energized by the great ideas that come from staff. We use the highly effective concept of crowdsourcing to get as much input from as many people as possible about bright ideas. We partnered with a vendor to create a customized management system – software – called Wikidea. It started two years ago when we asked all 8,000 of our employees to help us generate ideas that either save money or generate new revenues. We had over 1,000 submissions. This reaffirms our staff are fully engaged and that there's a huge appetite to collaborate and improve on each other's ideas.

Since then, under the banner of Wikidea, we've internalized the idea of crowd-sourcing into our daily operations.

So let's take a problem many hospitals in North America face – finding your way around. Do we need more signs? Usually, and in SickKids' case, no! So through Wikidea, we put out a challenge to the organization and through this we've introduced the idea of a volunteer greeter at the entrances to the hospital. They not only make it easier to find where you're going, they set a tone of friendliness and caring so critical to the hospital experience. We're also piloting a mobile phone app that shows you the most direct route to where you're

headed in the Hospital. But it also notifies you when your next clinic is. Our greeters will be carrying tablets with the new app in the New Year to assist families in finding their way.

While all hospitals face wait-time issues, pediatric hospitals face even more: antsy children and frustrated parents. So through suggestions provided by Wikidea, through a “making time fly” challenge, we hope to provide families with beepers that will let them know when they’re at the front of the line much like you have in popular restaurants. We’re also creating wall mural scavenger hunts so kids can engage with art on the wall and make the time fly by.

Wikidea works not just because we can draw on the collected wisdom of our 8,000 employees, but because for a good idea to get to the implementation stage, the opinion of employees who are expert in the field carry more weight. What’s more, a leader has to take personal responsibility for moving the idea forward and to ensure that everyone involved with implementing the idea gets the recognition they deserve.

I’ve said that our Mission begins with the words, “As innovators in child health.....” Well, our entire Vision is summed up in the same number of words: “Healthier Children. A Better World.” But how, exactly, are we creating a better world beyond the tens of thousands of families who come to the Hospital itself? We take SickKids to the world beyond our doors, beyond Canada’s borders, and beyond how the world currently looks after its sick young people.

In 2006 we established SickKids International to unlock our expertise in children's healthcare and advise governments and institutions outside Canada on how they can improve their own pediatric services. This type of innovation, a business model innovation, provides us with a new revenue stream, enables us to call on teams from SickKids and other Canadian institutions, and let's us leverage Toronto's advantage as one of the world's most multicultural cities.

Already, SickKids International is creating a better world in worlds beyond our own. We have a partnership with the Hamad Medical Corporation, which manages eight hospitals in Qatar, to improve children's healthcare there and in India, we have provided the information technology strategy to a Children's Hospital in Mumbai. And this past June, as part of our relationship with Hamad Medical in Qatar, SickKids and the Bloomberg Faculty of Nursing at the University of Toronto, we accredited 706 pediatric nurses from Qatar.

In establishing SickKids International, we're doing what thousands of Canadian organizations do every day: export our products and services beyond our local and national market.

The more work we do abroad, the more people we can hire at home. The more expert those people are, the more SickKids can have an impact on child health globally.

We're certainly not the only health-care organization to make its expertise available to the world at large. And I can see a world of innovation opening up to Canadians who partner with other

organizations around the world. We do this in research all the time; it's time we open our minds to other possibilities. And it's high time we created new and growing revenue streams to make up for the plateau in revenues that we experienced and foresee from cash-strapped governments who must cope with the demographic challenge presented by aging boomers.

No pediatric health care centre in Canada can be blind to the rising obesity of our children. In the 30 years that I've been at SickKids, obesity rates among children and youth have nearly tripled.

Sure, we can expand our programs that treat obese children. We can work with them and their families. But when we're dealing with what some experts call an epidemic of obesity, Canada's paediatric health care centres must be involved in the policy debate. Hospitals have traditionally stayed away from these kinds of debates. But it's time we became more innovative and raise our collective voices to advocate more loudly around health policy. We have enormous credibility with Canadian families; we should use some of it to help tackle a public health issue that will sap our resources and divert our efforts into treating the effects of a situation that is largely preventable.

The best place to see SickKids' commitment to process innovation, product innovation, business model innovation and policy innovation is the new Peter Gilgan Centre for Research and Learning opened just 4 weeks ago, and there is no more obvious sign of SickKids' commitment to innovation than this 750 thousand square foot tower at the gateway to the MaRS Discovery District here in Toronto.

Some of you may have the opportunity to tour this state-of-the-art facility, its dozens of labs, its multi-floor neighbourhoods that take people out of their offices, their specialties and their assumptions to find new answers to health issues through new collaborations.

From the minute the ribbon was cut, the research Tower became the largest gathering of research scientists of any pediatric healthcare centre in the world. And there is not a pediatric health centre in Canada that will not benefit from its presence, its collaborations and the spirit of innovation.

Back in 1954, when the SickKids Research Institute began, it had 22 scientists. Today, there are 244 scientists and they will create the next generation of breakthrough clinician-scientists who have one foot in the world of clinical practice and the other in the world of research.

This superlative is a reflection of our commitment to bring the bedside closer to the lab; to accelerate the application of medical discoveries to real-world diagnosis, treatment and cure; and to create systems of working together that enforce innovation as a normal course of business.

We want our physicians and surgeons to look at clinical challenges and ask how research can provide an answer. As a first step, we want to make it quick and easy for them to ask someone for help. Is it a molecular issue? A genetic issue? A social issue? Can expertise in one area possibly create answers in another?

It's not just doctors we're asking to work with others.

Let's take the huge issue of pain management, a concern in the traditional care model, but particularly important with children. Yes, doctors can offer their expertise. But often, it's the nurses who are on the front-lines when it comes to knowing about pain-management. I speak here as a former nurse in welcoming so many SickKids nurses to pain-management teams, with a matching voice of expertise.

It used to be that researchers would rather share their toothbrushes than share their discoveries. But, no longer! The proliferation of authors attached to a single journal article, plus the piling on of different labs and institutes from around the world attached to a discovery confirms that the age of the single genius working alone in a lab is long gone, if it ever existed.

Does collaboration work? I think you'd agree that the lifeblood of much research today is grants. Win them and our work proceeds; don't and it withers and dies. The success-rate for grant applications can also make or break the reputation of a research hospital. The success rate for research funding at the SickKids Institute is high. One application in four for external research funding gets that funding. There are many reasons for this, but one of the keys to success is in the fact that two of your peers must review a grant application before it's submitted.

I remember when we started internal peer review. Many researchers said they barely have time to do their own work, let alone approving

the work of others. And they were right. But they made the time, and now it's astounding how much the silos from one area of enquiry have been knocked down by input from another.

I opened my remarks on awell, let's call it a realistic note. I claimed that our health-care system, as currently practiced, is unsustainable. I don't think I'll get much objection to that view from you today.

But as daunting as our fiscal and demographic environments are, they too will succumb to the one medicine that cures even the most daunting challenge – and that medicine is called innovation. But it's not something you take only when you're ill or in crisis; you have to take innovation all the time, in sickness and in health. What I've tried to show you today is that sustained innovation is only possible when you're committed to it, when it's an attitude so internalized into the culture thatwell, that you couldn't think of it any other way.

From that attitude – and only from it – will come sustainable acceleration improvements in processes, products, business models, basic research, drug and device development -- that we need to sustain our own organizations and the health care system we all work under. Ultimately, though, the real goal of innovation is to create a future free from many of the diseases and challenges childhood faces today, and to deepen the health-care system that defines us as a nation and differentiates us from other nations.

I said earlier that I would map out some of the things we can all do to bring a new urgency to innovation in our work. I hope I've done that. That urgency is the burning platform we're all standing on.

I said earlier as well that I would spell out the promise that innovation holds for all of us.

I hope you've heard that and seen that in my examples of innovation from my own organization.

I believe, I know, ...I insist [!] that working deep in the Gilgan Centre or in one of the thousands of laboratories, hospitals, clinical units or operating rooms around the world, there are innovations just waiting to be uncovered and turned into discoveries that advance child health.

After all, back in 1998, Microsoft delivered a product that had been in research and development since 1962. It was called the Internet, and can you possibly imagine what our world, what medicine and care, would be like without it?

What turned the Internet from an idea into something that is transforming the entire world in ways we could barely imagine even 10 years ago, is the spirit of innovation that's grown around it.

It's that spirit that I have always tried to foster at the Hospital I've been so proud to lead over the past decade and to the organization - - CAPHC -- that -- I've been so proud to be a part of for most of my career.

I want to leave you with what we believe are the key ingredients for any successful, innovative organization.

7 Point Innovation Framework

- Define innovation for your organization
- Identify innovation as a key strategic priority
- Communicate what your innovation goals are (eg. improved processes, new products, new services, new business models etc.)
- Develop structures and processes to facilitate innovation
 - **People** - Human resources (eg. Innovation “team”) – dedicated people to support and drive innovation, accelerate progress
 - **Finances** - Financial resources (eg. Innovation “fund”) – demonstrates that the organization is putting its money where its mouth (or strategy) is
 - **Policies** - Policies (eg. Clinical innovation “policy”) – provide frameworks to manage risk
 - **Technology** - IT resources (eg. Crowdsourcing tool “WIKIDEA”)
- Take smart risks! Learn from them – “you don’t know unless you try” is an old adage so relevant to innovation
- Measure, monitor and manage process – demonstrating success needs excitement and creates sustainability
- Engage everyone in the organization – sometimes the brightest ideas come from hidden stars in your organization

- Celebrate your success and failures

My hope and dream is that someday we will truly have a system of care for Canada's children that is the best in the world. Collectively, we can get there. There's a lesson the past five years have taught us: if you want to go fast, go alone. But if you want to go far, go together.

We have so far to go in reaching our dreams --- clinically, technologically, politically innovating our way to a bright future.

I am absolutely convinced that innovation is strengthened through collaboration, leadership and determination.