College
Vision, Mission, Values

Vision
Our vision is to be the professional association of choice for Canada’s health leaders.

Mission
Our mission is to develop, promote, advance and recognize excellence in health leadership.

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

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

Integrity - We are committed to inclusive, respectful and ethical practices.

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

Collaboration - We believe that the best results are achieved through collaboration and teamwork.

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

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

College
Strategic Goals

We will fulfill our mandate and achieve our potential by pursuing five strategic directions. These directions will guide us as we make choices about our priorities and the allocation of our resources.

We will:

1. Position the College as a ‘must belong to’ organization, responsive to its members.

2. Raise the profile of health leaders and their contribution to public policy, the health system, and the health of Canadians.

3. Raise the stature of the College so that it is recognized as a resource and source of solutions in addressing health leadership issues.

4. Position the College as responsive to all health leaders, regardless of their professional background.

5. Promote evidence-based practices for health leaders across the public, corporate, voluntary and university sectors.
Evolving through Collaborative Leadership, the theme for the 2008 Annual Report reflects a realization by the College Board and its leadership, that in order to achieve our Mission and execute strategy successfully, we must improve our Membership and Chapter engagement and develop stronger relationships with our key partners.

In order to improve engagement with our Chapters and Members, expand service delivery and create efficiencies for new opportunities, a decision was made to restructure the College under two portfolios. One focused on Membership and Corporate Services and the other focused on Professional Standards and Leadership Development. The combination of more focus, collaboration and a realignment of roles, along with the recruitment of new talent has proven successful in rejuvenating the College’s National Office.

Partnerships were strengthened on many fronts. A new Master Agreement with the Canadian Healthcare Association for the National Health Leadership Conference Secretariat (NHLC) was negotiated which establishes a virtual secretariat for NHLC using the strengths of each organization for support. With efficiencies gained from restructuring, the College was able to commit resources and negotiate with the CHLNet Partners approval to become the Host Secretariat for CHLNet. In order to develop new learning opportunities for members, discussions were initiated with the Institute of Healthcare Management (IHM) in the UK for a learning partnership to be established between the College and IHM for international sharing. The College Board also met with board members of the Healthcare Leaders’ Association of BC (HCLABC) to initiate discussions on a stronger collaboration on leadership development. Collaboration with the Emerging Health Leaders was enhanced at both the national and chapter levels through engagement on strategy as well as involvement in professional development activities.

The College strategic direction was enhanced with the development of two key position papers:

The ‘White Paper on Tomorrow’s Health Leaders’ which identified strategies and service mix the College will need to incorporate in order to attract young leaders as members; and

The ‘Chapter Advisory Council Position Paper’ which identified key directions the College must take to strengthen its service offerings and value-add to members.

These position papers were both approved in principle by the College Board in October and will strongly influence the College’s strategic focus.

Join us in 2009 as we continue to improve our member support and leadership development through service and partnership opportunities.
Board of Directors

The College’s Board of Directors is comprised of respected senior health leaders from across Canada. All volunteer their time to help guide the College’s staff by setting policy and making pivotal decisions. Their dedication has helped make the College the professional association of choice for Canada’s health leaders.
Board Committee Chairs

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<thead>
<tr>
<th>Chairs</th>
<th>Committees</th>
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<tr>
<td>John Borody, FCCHSE</td>
<td>Executive Committee</td>
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<tr>
<td>B.Gen Hilary Jaeger, CHE</td>
<td>Ethics Committee</td>
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<tr>
<td>Mark Neskar, CHE</td>
<td>Audit &amp; Finance</td>
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<tr>
<td>Mimi Lowi-Young, FCCHSE, FACHE</td>
<td>Fellows Council</td>
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<tr>
<td>Stephen Dibert, CHE (co-chair)</td>
<td>Corporate Advisory Committee</td>
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<tr>
<td>Robert Zed, CHE (co-chair)</td>
<td>Chapter Advisory Council</td>
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<td>Susan Owen, CHE (co-chair)</td>
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<td>Akos Hoffer, CHE (co-chair)</td>
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<tr>
<td>Marcy Saxe-Braithwaite, CHE (co-chair)</td>
<td>Professional Standards Council</td>
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<tr>
<td>Paula Rozanski, CHE (co-chair)</td>
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<td>Cheryl Harrison, CHE</td>
<td>National Awards Advisory Committee</td>
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Chapter Chairs

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<tr>
<th>Chapter Chairs</th>
<th>Chapters</th>
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<tbody>
<tr>
<td>Alan B Chapple</td>
<td>Assiniboia (SK)</td>
</tr>
<tr>
<td>Nancy Serwo</td>
<td>BC Interior</td>
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<tr>
<td>Ingrid Kandal</td>
<td>BC Lower Mainland</td>
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<tr>
<td>Pauline E MacDonald, CHE</td>
<td>Bluenose (NS &amp; PEI)</td>
</tr>
<tr>
<td>Akos M Hoffer, CHE</td>
<td>Eastern Ontario</td>
</tr>
<tr>
<td>Susan M Owen, CHE</td>
<td>Greater Toronto Area</td>
</tr>
<tr>
<td>Peter S Szota, CHE</td>
<td>Hamilton and Area</td>
</tr>
<tr>
<td>Patrick L Munoz</td>
<td>Manitoba</td>
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<tr>
<td>Dianna M Korol, CHE</td>
<td>Midnight Sun</td>
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<tr>
<td>Jo-Anne M Palkovits, CHE</td>
<td>NEON Lights</td>
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<tr>
<td>Jeff J. Carter, CHE</td>
<td>New Brunswick</td>
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<tr>
<td>Albert P Croke, CHE</td>
<td>Newfoundland and Labrador</td>
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<tr>
<td>Robert M Skrypnek</td>
<td>Northern Alberta</td>
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<tr>
<td>Sandra J Blevins, CHE</td>
<td>Northern and Central Saskatchewan</td>
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<tr>
<td>Michael A Leisinger, CHE</td>
<td>Northern BC</td>
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<tr>
<td>VACANT</td>
<td>Northwestern Ontario</td>
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<tr>
<td>Lucie Tremblay, CHE, AdmA</td>
<td>Quebec</td>
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<tr>
<td>Nancy C. Guebert</td>
<td>Southern Alberta</td>
</tr>
<tr>
<td>Rosilee Peto, CHE</td>
<td>Southwestern Ontario</td>
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<tr>
<td>LCol Murray R Crawford, CHE</td>
<td>Starlight Chapter (Canadian Forces Health Services Group)</td>
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<tr>
<td>Ryan Taylor</td>
<td>Vancouver Island</td>
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“College involvement emphasizes the importance of treating health administration as a profession. As a Chapter Chair, I have had the opportunity to learn from my fellow professionals, while connecting national issues to local activities. Getting involved with the Chapter multiplies the benefits of membership and helps build meaningful, long-term relationships.”

Akos Hoffer, MHSc, CHE
Chair of the Eastern Ontario Chapter
Co-Chair of the Chapter Advisory Council
Ottawa, ON

“Active participation in the Bluenose Chapter has provided an opportunity to network, to stay current on system changes and challenges and to develop my leadership capabilities. As Chapter Chair, participation on CAC Committees has enhanced my appreciation of the National direction. What a wonderful opportunity to grow as a health leader!”

Pauline E. MacDonald, MHSA, CHE
Performance Excellence Program
Capital Health, VG Site
Halifax, NS
Collaborative Leadership

Educational Events

In 2008, the College hosted a number of highly successful educational events some of which were a collaborative effort with some of our key partners.

The 2008 National Healthcare Leadership Conference (NHLC) was held for the first time in Saskatoon with 811 attendees including 118 presenters. Registration and sponsorship revenue exceeded expectations. This is a joint partnered event with the Canadian Healthcare Association (CHA) and the National Secretariat is housed at the College. The theme was “Regionalization: Lessons Learned or Lessons Lost?” and featured topics included: Challenges in Health Care; Care Outside of Hospitals; Health and the Environment; and the Politics of Regionalization. The overall feedback was very positive. Plans are underway for an exciting leadership conference in St John’s, Newfoundland and Labrador in 2009. Future sites include: Winnipeg, 2010; Whistler, 2011; Halifax 2012; Niagara Falls, 2013 and Alberta in 2014.

Another successful event held in partnership with some of our corporate members was Executive Forum with over 100 health leaders. This educational forum provided an opportunity for senior systems leaders, mentees and corporate leaders to discuss and explore key issues on transformational leadership. Featured speakers included political commentator Allan Gregg; Dr. Phil Cass, CEO of the Columbus Medical Association; John Clark, Director of the NHS Institute of Innovation and Improvement; and Greg Nelson of the Studer Group.

In a return to a long-standing tradition, the College hosted a luncheon in conjunction with OHA HealthAchieve as well as the afternoon session featuring Linda Deering from the Studer Group who presented on the topics: Employee Engagement: Driving Organization Performance and A Roadmap to Excellence.

The College’s partnership with the American College of Healthcare Executives (ACHE) continued in 2008 with a special seminar on “Enhancing Your Ability to Think Strategically: The Skill That Differentiates the Best Leaders” presented by Dr. Ellen Goldman in Niagara Falls. This session was a sell out with an even number of participants from Canada and the US. We also held a joint ACHE session at the OHA’s Health Achieve and we hosted a reception at the ACHE Congress in Chicago.

“The College provides a variety of opportunities for professional development and supports continuous lifelong learning through stimulating, high quality education events and collegial networking. It provides a forum for alliances and partnerships which enhance the health care system and improve the health of Canadians. I find that my membership continually challenges me to look for opportunities which will improve the services I provide in a population health model. The College broadens my horizons to look farther than my organization, region or province for ideas.”

Karen L. Baillie, CHE
Executive Director
Laurel Place
Surrey, BC

4 - Evolving Through Collaborative Leadership
International Exchange Programs

On November 5, 2008 a number of UK and Canadian health leaders met to discuss a possible partnership between the College and the Institute of Healthcare Management (IHM) to expand the learning opportunities for health leaders in both countries as well as add value to members in both organizations. By sharing knowledge on leading practices, exchanging ideas and linking with leaders facing similar issues, the College’s mission of developing, promoting and advancing and recognizing excellence in health leadership will be supported. The IHM delegates had an opportunity to visit a number of hospital sites with presentations on pediatric networks and partnership, ambulatory referral management system, and a special presentation on SARS, and the LHINs. Plans are underway for an exchange program in the UK next year.

We have forged a number of valuable relationships with Sweden and Norway over the past few years and we offered once again a study tour in these two countries. This highly successful international exchange provides a forum for a meaningful dialogue and exchange of ideas, experiences as well as best practices.

Healthcare Management FORUM

Last year was a banner year for Healthcare Management Forum. With a record number of submissions from a broad range of leadership professionals, the journal continued to offer its readers informative articles that directly relate to their everyday work lives. With a fresh vision, to provide innovative solutions and leading practices related to health leadership, Forum featured articles on important topics such as advancing leadership through partnerships with industry, engaging the public in health care issues and an exploration of key issues related to workplace wellness programs. The ethics committee also answered readers’ questions on conflict of interest and how to hire the right people.

“The CCHSE provides a standard of excellence for health service managers by ensuring members maintain an ongoing learning philosophy and an evidence-based decision-making approach. It also offers an opportunity for members to network with fellow professionals and provides a myriad of resources to support managers in their growth as leaders. As a new member, I am looking forward to getting involved with the College and hope I can contribute my skills and expertise in return!”

Debra Carson, CHE
Managing Director of Rehabilitation Operations
Sunnybrook Health Sciences Centre
Mississauga, ON
Membership

In 2008, the College welcomed 269 new members. This brought the organization to maintain a total of 3,016 members. These new members reflect the following categories:

- Active Members (209)
- Corporate Members (8)
- Active-Reduce Members (9)
- Student members (39)
- Associate Members (4)

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“I became a full-time manager in 2007 after many years in the healthcare field. The support and encouragement I have received from the College to complete my CHE designation was a wonderful introduction to the CCHSE. I know they will provide me with the opportunities, guidance and direction I need to work within the standard of excellence promoted by the College.”

Darlene Callan, CHE
Manager, Five Counties Children’s Centre
Lindsay, ON

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### College Members by Province/Territory

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<thead>
<tr>
<th>Province/Territory</th>
<th>Members</th>
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<tbody>
<tr>
<td>Yukon</td>
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<tr>
<td>Northwest Territories</td>
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<tr>
<td>Nunavut</td>
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<tr>
<td>British Columbia</td>
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<td>Alberta</td>
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<tr>
<td>Saskatchewan</td>
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<td>Manitoba</td>
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<td>Ontario</td>
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<td>Quebec</td>
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<tr>
<td>New Brunswick</td>
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<td>Nova Scotia</td>
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<td>Prince Edward Island</td>
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<td>Newfoundland and Labrador</td>
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<td>Overseas</td>
<td>50</td>
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<td><strong>Total</strong></td>
<td><strong>3,016</strong></td>
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### College Members by Sector

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<th>Sector</th>
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<tr>
<td>Aboriginal/Multi-cultural Health Agency</td>
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<tr>
<td>Academic</td>
<td>73</td>
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<tr>
<td>Community Health/Ambulatory Care</td>
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<tr>
<td>Consulting</td>
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<tr>
<td>Corporate/Industry</td>
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<tr>
<td>Government</td>
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<tr>
<td>Health Agency/Association</td>
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<tr>
<td>Health Charity / Foundation</td>
<td>16</td>
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<tr>
<td>Hospital</td>
<td>770</td>
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<tr>
<td>Local Health Integration Network</td>
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<tr>
<td>Long Term/Chronic Care</td>
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<tr>
<td>Military</td>
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<tr>
<td>Multi-level Care Facility</td>
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<tr>
<td>Regional/District Health Authority</td>
<td>422</td>
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<tr>
<td>Other</td>
<td>271</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,016</strong></td>
</tr>
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“For me, CCHSE is synonymous with excellence in healthcare leadership. Their ability to leverage leadership from across the country contributes to the health of Canadians. I value continuous development for health professionals and am impressed with CCHSE’s commitment to programs and services that address the dynamic nature of health care.”

Jennifer MacKenzie  
Vice President  
Strategic Planning, Transformation Support & Innovation  
Provincial Health Services Authority  
Vancouver, BC

“For me personally, participation in College activities has deepened my understanding of the many challenges facing health leaders in Canada. And I have met some truly inspiring people! For the Canadian Forces Health Services Group, our partnership has provided valuable professional development tools, exposure to influential thinkers, and the chance to contribute to the profession.”

Hilary F. Jaeger, CHE  
Brigadier-General  
CF Health Services Group  
National Defence  
Ottawa, ON
Professional Designations

CCHSE values and upholds the high standard of life-long learning and offers Canadian health leaders two designations. These designations – the CHE (Certified Health Executive) and the FCCHSE (Fellow of the Canadian College of Health Service Executives) – signify the commitment to health leadership that our members possess. We also provide continuous learning opportunities through the “Maintenance of Certification” program which is a mainstay for all members. Over 50% of College members are currently certified.

Members can earn the CHE designation through the College's flexible e-learning program, which includes an on-line based program, a three-year completion time, a flexible, self-driven schedule and peer reviewed papers. For those who have received it, the CHE designation demonstrates dedication to the profession; indicates knowledge of the latest health care leadership practices; exemplifies commitment to life-long learning; is a mark of professionalism; and is one of the most preferred criteria used in the recruitment of health leaders by an increasing number of employers.

The Fellowship Program of the College is the pinnacle of our educational structure. The FCCHSE designation reflects excellence in the field of Healthcare leadership and a commitment to the field. A renewed interest in the Fellowship designation is evident and applications are increasing. Currently there are 59 Fellows of the College.

In 2008, eighty-seven (87) members obtained the CHE designation and six members the FCCHSE designation. These new fellows are also successful graduates of the EXTRA program.

The College is continuously striving to improve the quality of the professional designation programs and the caliber of candidates enrolling in the programs. To this end, the staff and certified member volunteers review the programs and processes on an annual basis. Of note: the new Interview with a CHE Guidelines; CHE exam revision cycle; revisions to the CHE practice exams; exam study material; the self-directed learning paper topics; and new marking guidelines.
All CHEs and Fellows are required to complete 40 Maintenance of Certification credits over a 5 year block in order to continue to hold the designations. The current 5-year block is ending in December 2009 and therefore our members are utilizing the exceptional educational opportunities offered by our Chapters and beyond to comply with our requirements. These offerings enable our members to maintain their “cutting-edge” professional competencies. In 2008, the College offered 86 educational programs totaling 251.75 MOC I credits. In addition, the College assessed 32 events for a total of 219 MOC II credits from other organizations.

The College’s reciprocity with the American College of Healthcare Executives (ACHE) was reviewed by the Fellows Council and since the ACHE has modified its certification program to one designation it was recommended that the College no longer offer the reciprocity. The College’s fellowship program will be reviewed in 2009.

The Professional Standards Council as well as members of the Fellows Council met in the Fall to review the recent developments within Canada with respect to competency or capability frameworks such as the Pan-Canadian Capabilities Framework; HCLABC’s LEADS framework and the OHA Leadership Institute’s competency framework.

The consensus is to develop a competency framework which is College-wide, covering the transition from membership, to CHE, to Fellowship to:
• Provide the leadership development tools that young leaders are looking for;
• Increase membership in the College;
• Support health care executives in their advancement planning; and,
• Increase the number of candidates moving on to the Fellowship program.

Growth and The Future of Professional Programs

2008 saw a renewed vigor within Professional Designations. Planning began for an expansion of the Strategic Alliance partnerships and with a redevelopment of the Leadership Competencies Framework upon which the CHE program is based. Significant work has been done to update the Professional Programs and to ensure that they are aligned with current trends in Health Leadership. …and interest is growing.

This work and new initiatives are being pursued and developed to ensure that the College’s reputation of excellence is kept strong, and that CCHSE continues to be the organization of choice for Canadian Health Leaders.
**Strategic Alliances**

The College has a number of strategic partners linked to the CHE and Fellowship professional designation programs. Alliances with universities and professional organizations that offer high quality programs provides a mutually beneficial opportunity to engage new candidates to our respective programs and to provide an enabling environment for managers and young leaders to qualify for the College's professional designation programs. It also provides a mechanism for health service executives to obtain the necessary knowledge and health management experience to become a certified member of the College.

**Professional Designation Partners**

**University Programs**
- Athabasca University (MBA Program)
- Atlantic Regional Training Centre (4 universities – Dalhousie/Memorial/UNB/UPEI)
- Dalhousie University (MHA Program)
- McMaster University (DeGroote School of Business)
- University of British Columbia (Sauder School of Business – MBA Program)
- University of British Columbia (MHA Program)
- University of Ottawa (Telfer School of Business – MHA Program)
- Université de Montréal (MHA Program)
- University of Toronto (Health Policy Management and Evaluation - HPME)

**Certificate Programs**
- Canadian Healthcare Association – LTCM & HSM
- Canadian Medical Association - PMI
- Dorothy M. Wylie Nursing Leadership Institute (affiliated with U of T)
- Health Leaders Institute (affiliated with U of T)
- Fraser Health Authority – Leading for Engagement
- Royal Roads University – Health Systems Leadership
- St. Michael’s Hospital (affiliated with Rotman School of Management)

**Other Agreements with the CHE Program**
- Canadian Armed Forces
- Accreditation Canada
- EXTRA Program

**Leadership Partners**
- Academy of Canadian Executive Nurses (ACEN)
- Accreditation Canada
- American College of Healthcare Executives (ACHE)
- Association of Canadian Academic Healthcare Organizations (ACAHO)
- Canadian Agency of Drugs and Technologies in Health (CADTH)
- Canadian Association of Health Services and Policy Research (CAHSPR)
- Canadian Health Leadership Network (CHLNet)
- Canadian Health Services Research Foundation (CHSRF)
- Canadian Institute for Health Information (CIHI)
- Canadian Institutes of Health Research (CIHR)
- Canadian Nurses Association (CNA)
- Canadian Patient Safety Institute (CPSI)
- Canadian Society of Physician Executives (CSPE)
- Emerging Health Leaders (EHL)
- Health Action Lobby (HEAL)
- Health Canada
- Healthcare Insurance Reciprocal of Canada (HIROC)
- Health Care Leaders’ Association of BC
- Health Council of Canada
- Ontario Hospital Association (OHA)
- The Quality Worklife — Quality Healthcare Collaborative (QWQHC)
- UK Institute of Healthcare Management (IHM)

**CHLNet**

In October 2008, the College Board of Directors and the CHLNet Partners gave approval for CCHSE to become the CHLNet Host Secretariat for a 3 year period beginning in 2009.
Our members benefit from the valuable business contacts and partnerships they develop with the College's corporate members. Together, members have continued to collaborate, strengthening the private and public partnerships in health care on a number of important initiatives this past year.

The College continued to expand its corporate membership in 2008 and welcomed eight new corporate members, increasing our total corporate representatives to 433.

Our corporate members are made up of private sector and association-agency leaders dedicated and committed to changing the face of health leadership across the country. The on-going support towards the College's professional development programs has been outstanding once again this year including support towards our National Healthcare Leadership Conference, Executive Forum, OHA workshop and the Sweden Study Tour as well as sponsorship of Chapter events.

As a continuous learning organization, the College provided opportunities through our Health Professional’s Roundtable for Strategy (HPRS) Program, for 12 of our corporate members to meet face-to-face with 102 of our senior health leaders on both a regional and national level to discuss a variety of health system challenges and to establish potential future health care initiatives across the country. These corporate members included:

- 3M Health Care
- Advanced Medical Optics
- ARAMARK Healthcare
- Baxter Corporation
- BD Canada
- Compass Group Canada
- Hoffmann-La Roche Ltd.
- Hospira Healthcare Corporation
- Honeywell
- Johnson & Johnson Medical Products
- Medtronic of Canada
- Smith & Nephew Inc.

The College continued to refine and further improve our HPRS program addressing our members concerns regarding respective Code of Ethics. A number of modifications were made to the formatting and delivery of our HPRS program to meet our member’s needs.

The College was pleased to recognize Brigadier-General Hilary F. Jaeger, corporate representative of the Canadian Forces Health Services Group who obtained her Certified Health Executive (CHE) designation in 2008.

The College’s Corporate Advisory Committee is comprised of long standing dedicated corporate members of the College along with individual members who come together to discuss the most pressing issues related to the public and private partnerships in the health care industry. The committee met four times in 2008 and made a number of recommendations to the College’s National Board of Directors in furthering the delivery of College corporate programs. These members are committed to the College’s Vision, Mission, Values and Strategic Directions.

“Our company has participated in close to twenty HPRS sessions over the past few years, both at a National and Regional level. We have found each session to be extremely valuable, we have received clear direction from health care experts across the country, we have a much better understanding of the challenges facing our healthcare community, and this has allowed us to best position our value proposition.”

Don Desjardins
National Strategic Partnerships Manager,
Smith & Nephew Inc.
St. Laurent, QC

“The HPRS event allowed us to further understand the pressures faced by healthcare leaders so that we can refine our offering to better address those challenges. We respected the extensive experience in the room and the valuable input we received.”

Luis Rodrigues
Vice President, Energy Solutions, Honeywell
Markham, ON
Corporate Members

Our corporate membership is comprised of over 80 leading corporations and organizations (made up of 433 individual corporate members) that supply products and services to the health care industry in Canada. Providers of products and services to hospitals and health facilities need access to the right people to reach the right market. The College represents a nation-wide membership of approximately 3,000 leading decision-makers from all sectors of health care. Our members work closely with these leading innovators to share valuable information about emerging trends, conduct cutting-edge research and explore collaborative solutions to real issues that affect the health of Canadians.

Corporates Members

“BD Canada has benefited greatly through our long association with the CCHSE. In particular, the various forums that have provided the opportunity to have meaningful dialogues with College members have helped us understand the challenging dynamics faced by our customers and have been instrumental in helping us build strategies to serve our customers better.”

Jeff Spence
Director, Strategic Account Management and Sales Operations - BD Canada

“Compass Group Canada, has been privileged to be a contributing Founders’ Circle partner for the last five years and the first organization to be recognized as the Chairman’s Circle member. This relationship has provided opportunities in the delivery and recognition of various initiatives through the College. We believe our support of the College is fundamental to its purpose in providing services within the healthcare industry and our clients, many of who are members of the CCHSE. Through the Founders’ Circle initiatives, Compass continues to look forward to working with the College in supporting research, education and professional development while sharing a common goal of providing excellence in health care for the communities we serve.”

Sharon McDonald, RD, MSA
President, Compass Group Canada Healthcare

Founders’ Circle Members

In October 2003, the College introduced the Founders’ Circle Program, to assist the College in supporting and promoting professional leadership activities related to our profession, educational programs across the country and leading edge research.

“Baxter Corporation is pleased to be a corporate member with CCHSE to ensure that we know and understand the needs of our healthcare executive customer segment and how we can better meet those needs today and in the future.”

Barbara M. Leavitt
President
Baxter Corporation Canada

“The College provides value to me on two levels. It is a valuable professional association, as well as a key partner of my industry association.”

Stephen Dibert, CHE
President, MEDEC Corporate Representative

“CCHSE’s dedication to developing, promoting and recognizing excellence in health leadership is critical to the future of our health system. We therefore value our long term partnership with CCHSE.”

Ian Mackay
Executive Vice President & General Manager, ARAMARK Healthcare
Corporate Members

As of Dec 31, 2008

3M Canada Company
Advanced Medical Optics
AGFA HealthCare
Alcon Canada Inc. NEW
Amgen Canada Inc.
ARAMARK Healthcare
ArjoHuntleigh
Athabasca University
Baxter Corporation
BD Canada
Beckman Coulter Canada Inc.
BOKA Powell, LLC NEW
Borden Ladner Gervais LLP
Boston Scientific
Boyden Global Executive Search NEW
Canada Health Infoway
Canada’s Research-Based Pharmaceutical Companies
Canadian Agency for Drugs & Technologies in Health
Canadian Health Services Research Foundation
Canadian Institute for Health Information
Canadian Institutes of Health Research
Canadian Patient Safety Institute
Canadian Pharmaceutical Distribution Network
Cardinal Health Canada
Carestream Health
Casey House Hospice
Closing the Gap Healthcare Group
Compass Group Canada
ConvaTec
COOK Canada Inc.
Covidien
Deloitte & Touche LLP
Extendicare Canada Inc.
Fresenius Medical Care Canada
GE Healthcare
Hamilton Niagara Haldimand Brant - CCAC
Hay Group Health Care Consulting
Health Care Projects (Canada) Ltd.
Health Leaders Institute - Dorothy M. Wylie Nursing Healthcare Insurance Reciprocal of Canada
HealthPRO Procurement Services Inc
Hill-Rom Canada
Hoffmann-La Roche Ltd.
Honeywell Limited
Hospira Healthcare Corporation
Johnson & Johnson Medical Products
Johnson Controls, L.P.
Jonathan Bailey Associates
Lean Innovations Inc.
Life Labs
Medavie Blue Cross
Medbuy Corporation
MEDEC - Canada’s Medical Device Technology Companies
MedEmerg Inc.
Medfall Group, The
MEDITECH, Medical (Information Technology Inc.)
Medtronic of Canada Ltd
Merck Frosst Canada Ltd.
North East Community Care Access Centre (NECCAC)
Ontario Hospital Association NEW
Ortho Biotech (A division of Janssen-Ortho Inc.)
Osler, Hoskin & Harcourt LLP
Philips Healthcare
RANA Respiratory Care Group NEW
Ray & Berndtson
Roche Diagnostics
Services de santé des forces canadiennes
Siemens Canada Limited
Smith & Nephew Inc
Sodexo Canada Ltd.
St. Jude Medical NEW
Stevens Company Limited, The NEW
Stryker Canada LP
TDL Group Ltd, The
Telus Communications Inc. NEW
Toshiba of Canada Limited
Trudell Medical Marketing Limited
Venture Healthcare
VFA Canada Corporation
Xwave Healthcare, a Division of Bell Aliant

“The College should proudly flex its strongest muscle: membership. As current co-Chair of the Corporate Advisory Committee and past Chair of the National Board of Directors, I can say with confidence that our organization has been, and continues to be a significant and career-enhancing influence for its members, who are steadfast in their advancement of the Canadian health care system.”

Robert Zed, CHE
Chair
Compass Group Canada
Mississauga, ON

“Hoffmann-La Roche Ltd. is proud to be a corporate member of the Canadian College of Health Service Executives. CCHSE offers a unique gateway into the perceptions, challenges, and strategies of the leaders of Canada’s health care system. CCHSE helps us forge genuine partnerships with Canadian hospitals and meet their needs for innovative products and solutions, both today and in the future”.

Paul Castonguay
Director, Strategic Accounts
Hoffmann-La Roche Ltd.
Mississauga, ON
Through the National Awards Program the College continues to build on its rich history of showcasing the success of exemplary individuals and teams, encouraging knowledge exchange and sharing best practices across the industry. The National Awards Program provide us the opportunity to recognize outstanding achievement in health care leadership.

2008 saw the addition of two new awards to the College’s National Awards program, which is comprised of the following awards:

- 3M Health Care Quality Team Awards, sponsored by 3M Health Care
- Canada’s Outstanding Young Health Leader Award, sponsored by Compass Group Canada Healthcare
- CCHSE Honorary Life Member Award
- Chair’s Award for Distinguished Service
- Chapters’ Award for Distinguished Service
- CHE Self-directed Learning Paper Award
- Energy and Environmental Stewardship Award, sponsored by Honeywell
- Health Care Safety Award, sponsored by BD Canada
- Nursing Leadership Award, sponsored by Baxter Corporation (Canada)
- President’s Award for Outstanding Corporate Membership in the CCHSE
- Quality of Life Award, sponsored by Smith & Nephew Inc.
- The Robert Wood Johnson Award, sponsored by Johnson & Johnson Medical Products

Our annual publication, the CCHSE Leading Practices Booklet, profiles the deserving award recipients and also provides the opportunity to share their accomplishments with the College membership and beyond. The booklet delivers valuable insights and learnings that others can apply within their own organizations. The booklet is available for free download from the College’s web site.
National Awards Recipients

CHE Self-directed Leaning Paper Award
Toby A. Kirshin, CHE

Energy and Environmental Stewardship Award
Facilities Management Team, London Health Sciences Centre & St. Joseph’s Health Care

Health Care Safety Award
Client Safety and Quality Management Team, Saint Elizabeth Health Care

Nursing Leadership Award
Lynn Stevenson, FCCHSE

President’s Award for Outstanding Corporate Membership in the CCHSE
BD Canada

Quality of Life Award
Loch Lomond Villa, Connecting Seniors’ Dreams Program

The Robert Wood Johnson Award
Monica Beaulieu, University of British Columbia
Amie Dowell, University of Alberta
Graham Gaylord, University of Ottawa
Kimberly Heilpern, University of Montreal
Michael Murray, University of Toronto
Joshua O’Hagan, Dalhousie University

Congratulations to the 2008 National Awards Program Recipients!

“We are honoured to have won the 3M Health Care Quality Team Award in 2002 and 2006 and the Quality of Life Award in 2007. National recognition from our peers has motivated and inspired our teams to excel and go even further in developing and presenting new and avant-garde programs.”
Barbra Gold
Executive Director,
Maimonides Geriatric Centre
Montréal, QC

3M Health Care Quality Team Awards
North York General Hospital - *Programs and Processes in an Acute Care Hospital*
Capital Health - *Programs and Processes in a Non-acute Care Environment*

Canada's Outstanding Young Health Leader Award
Jennifer MacKenzie

CCHSE Honorary Life Member Award
Tony Dagnone, FCCHSE, FACHE

Chair’s Award for Distinguished Service
Robert G. Zed, CHE

Chapter’s Award for Distinguished Service
Theresa Fillatre, CHE, Bluenose Chapter
Michel A. Gagné, Eastern Ontario Chapter
D. Brock Hovey, CHE, Greater Toronto Area Chapter
Sandra Hamner, CHE, Hamilton and Area Chapter
Mark Neskar, CHE, Manitoba Chapter
Lynda Dukacz, CHE, NEON Lights Chapter
Donna Towers, CHE, Northern Alberta Chapter
Janice Blair, CHE, Southern Alberta Chapter
Alice Kennedy, CHE, Newfoundland and Labrador Chapter

Tony Dagnone, FCCHSE, FACHE - Leadership Address, 2008 Annual Awards Ceremony.
Financial Statements - December 31, 2008

AUDITORS’ REPORT

We have audited the statement of financial position of the CANADIAN COLLEGE OF HEALTH SERVICE EXECUTIVES as at December 31, 2008 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College’s management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2008 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The comparative figures were audited by another firm of Chartered Accountants.

Chartered Accountants
Licensed Public Accountants

Ottawa, Ontario
May 26, 2009

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CANADIAN COLLEGE OF HEALTH SERVICE EXECUTIVES

Incorporated under the laws of Canada without Share Capital

STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 31, 2008

ASSETS

Current
Cash and cash equivalents $ 983,843 $ 710,521
Accounts receivable 424,764 576,662
Prepaid expenses 22,793 45,509
1,431,400 1,332,692

Capital assets (note 4) 821,683 880,492

$ 2,253,083 $ 2,213,184

LIABILITIES

Current
Accounts payable and accrued liabilities $ 115,231 $ 237,259
Deferred revenue (note 5) 1,100,355 1,030,987
Current portion of long-term debt (note 6) 418,153 53,498
1,633,739 1,731,744

Long-term debt (note 6) - 418,042

1,633,739 1,739,786

NET ASSETS

Net assets
Invested in capital assets 403,351 408,773
Internally restricted (note 11) 25,000 25,000
Unrestricted 190,993 39,625
619,344 473,398

$ 2,253,083 $ 2,213,184

APPROVED ON BEHALF OF THE BOARD:

John A. Borody, FCCHSE
Board Chair

Mark Neskar, CHE
Treasurer
### Financial Statements - December 31, 2008

#### STATEMENT OF OPERATIONS
FOR THE YEAR ENDED DECEMBER 31, 2008 2007

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees</td>
<td>$1,048,351</td>
<td>$1,035,933</td>
</tr>
<tr>
<td>Registration</td>
<td>535,133</td>
<td>479,281</td>
</tr>
<tr>
<td>Advertising</td>
<td>288,043</td>
<td>308,297</td>
</tr>
<tr>
<td>Administration fees - project (note 7)</td>
<td>241,334</td>
<td>281,764</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>192,076</td>
<td>207,234</td>
</tr>
<tr>
<td>Other</td>
<td>73,070</td>
<td>8,726</td>
</tr>
<tr>
<td>Interest</td>
<td>39,782</td>
<td>28,921</td>
</tr>
<tr>
<td>Publications and forum</td>
<td>33,913</td>
<td>28,645</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$2,451,702</td>
<td>$2,378,801</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and contractors</td>
<td>$1,416,203</td>
<td>$1,431,050</td>
</tr>
<tr>
<td>Office and miscellaneous</td>
<td>216,852</td>
<td>213,141</td>
</tr>
<tr>
<td>Travel</td>
<td>140,126</td>
<td>118,241</td>
</tr>
<tr>
<td>Panelists and speakers</td>
<td>103,730</td>
<td>195,091</td>
</tr>
<tr>
<td>Occupancy</td>
<td>94,006</td>
<td>88,441</td>
</tr>
<tr>
<td>Catering</td>
<td>68,605</td>
<td>82,968</td>
</tr>
<tr>
<td>Amortization</td>
<td>61,086</td>
<td>65,088</td>
</tr>
<tr>
<td>Printing</td>
<td>57,844</td>
<td>54,611</td>
</tr>
<tr>
<td>Bank charges and interest</td>
<td>44,514</td>
<td>53,590</td>
</tr>
<tr>
<td>HCLABC membership</td>
<td>40,000</td>
<td>40,000</td>
</tr>
<tr>
<td>Audio and visual rental</td>
<td>17,141</td>
<td>7,667</td>
</tr>
<tr>
<td>Translation</td>
<td>17,052</td>
<td>19,292</td>
</tr>
<tr>
<td>Professional fees</td>
<td>18,954</td>
<td>8,000</td>
</tr>
<tr>
<td>Chapter incentives</td>
<td>5,880</td>
<td>4,185</td>
</tr>
<tr>
<td>Room and facility rental</td>
<td>3,249</td>
<td>3,065</td>
</tr>
<tr>
<td>Recruitment</td>
<td>514</td>
<td>4,237</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>-</td>
<td>9,505</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$2,305,756</td>
<td>$2,398,172</td>
</tr>
</tbody>
</table>

| Excess of revenue over expenses (expenses over revenue) for the year | $145,946 | $(19,371) |

#### STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2008 2007

**INVESTED IN CAPITAL ASSETS**

<table>
<thead>
<tr>
<th>Balance, January 1</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additions to capital assets</td>
<td>$2,277</td>
<td>13,076</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>(61,086)</td>
<td>(65,088)</td>
</tr>
<tr>
<td>Repayment of long-term debt</td>
<td>53,387</td>
<td>52,139</td>
</tr>
<tr>
<td><strong>Balance, December 31</strong></td>
<td>$403,351</td>
<td>$408,773</td>
</tr>
</tbody>
</table>

**INTERNALLY RESTRICTED**

| Balance beginning and end of year | $25,000 | $25,000 |

**UNRESTRICTED**

<table>
<thead>
<tr>
<th>Balance, January 1</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues over expenses (expenses over revenues)</td>
<td>145,946</td>
<td>(19,371)</td>
</tr>
<tr>
<td>Additions to capital assets</td>
<td>(2,277)</td>
<td>(13,076)</td>
</tr>
<tr>
<td>Amortization of capital assets</td>
<td>61,086</td>
<td>65,088</td>
</tr>
<tr>
<td>Repayment of long-term debt</td>
<td>(53,387)</td>
<td>(52,139)</td>
</tr>
<tr>
<td><strong>Balance, December 31</strong></td>
<td>$190,993</td>
<td>$39,625</td>
</tr>
</tbody>
</table>
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED DECEMBER 31, 2008  

Cash provided by (used for):  

Operating Activities  
Operations  
Excess of revenues over expenditures (expenditures over revenues) $145,946 $(19,371)  
Add back amortization, a non-cash outlay 61,086 65,088  
Net change in non-cash working capital balances related to operations (note 8) 121,954 672,138  
328,986 717,855  

Financing Activities  
Repayment of long-term debt (53,387) (52,318)  

Investing Activities  
Purchase of capital assets (2,277) (13,076)  
Increase in cash and cash equivalents 273,322 652,461  
Cash and cash equivalents, January 1 710,521 58,060  
Cash and cash equivalents, December 31 $983,843 $710,521  

NOTES TO FINANCIAL STATEMENTS  
FOR THE YEAR ENDED DECEMBER 31, 2008  

1. OPERATIONS  
The Canadian College of Health Service Executives (the “College”) is incorporated without share capital under Part II of the Canada Corporations Act. The College is committed to leadership in improving the health of Canadians through excellence in health service management. The College is a not for profit organization and is exempt from income taxes under Section 149 of the Income Tax Act (Canada).  

2. SIGNIFICANT ACCOUNTING POLICIES  
Recently adopted accounting pronouncements  
Effective January 1, 2008 the College adopted CICA Handbook Section 1506 “Accounting Changes”. This pronouncement establishes criteria for changing accounting policies, together with the accounting treatment and disclosure of changes in accounting policies and estimates, and correction of errors. Under the new standard, accounting changes should be applied retroactively unless otherwise permitted or where impracticable to determine. As well, voluntary changes in accounting policies are made only when required by a primary source of GAAP or the change results in more relevant and reliable information. The adoption of this pronouncement did not have an effect on the financial statements of the College.  

Basis of Presentation  
These financial statements do not include the operations of the College’s affiliated chapters.  

Cash and cash equivalents  
Cash and cash equivalents include deposits with financial institutions that can be withdrawn without prior notice or penalty and short-term investments with an original maturity of 90 days or less.  

Revenue Recognition  
Membership fees are assessed annually on continuing members of the College. These revenues are recognized in year of membership. Fees received in advance of the membership year are deferred. Sponsorship revenue and registration fees are recorded using the deferral method and are recognized as revenue in the period in which the related event occurs. Other income is recognized as revenue in the period in which it is received.
Financial Statements - December 31, 2008

2. SIGNIFICANT ACCOUNTING POLICIES (cont’d)

Financial Instruments

Financial assets and financial liabilities are initially recognized at fair value and their subsequent measurement is dependent on their classification as described below. Their classification depends on the purpose for which the financial instruments were acquired or issued, their characteristics and the College’s designation of such instruments. Settlement date accounting is used.

The College has classified its financial instruments as follows:

<table>
<thead>
<tr>
<th>Asset/Liability</th>
<th>Category</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>Held-for-trading</td>
<td>Fair value</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>Loans and receivables</td>
<td>Amortized cost</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>Other financial liabilities</td>
<td>Amortized cost</td>
</tr>
</tbody>
</table>

The carrying amount of these financial assets and financial liabilities approximates their fair values unless otherwise disclosed.

Capital Assets

Capital assets are recorded at cost. Amortization is recorded on a straight-line basis over the anticipated useful life of the assets, which is estimated as follows:

- Land: Not amortized
- Building: 25 years
- Building improvements: 5 years
- Office equipment: 5 years
- Computer equipment: 5 years

Use of Estimates

The preparation of the financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty and the effect on the financial statements of changes in such estimates in future periods could be significant.

Capital Disclosures

In December 2007, the Canadian Institute of Chartered Accountants CICA issued Section 1535 “Capital Disclosures”. On January 1, 2008, the College adopted the requirements of this section.

3. FINANCIAL INSTRUMENTS

Credit risk refers to the risk resulting from the possibility that parties may default on their financial obligations to the College. Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. It is the opinion of management, given the nature of the College’s financial instruments, that the College is not exposed to significant credit risk or interest rate risk arising from these financial instruments.

4. CAPITAL ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Accumulated Amortization</td>
<td>Net Carrying Amount</td>
</tr>
<tr>
<td>Land</td>
<td>$323,550</td>
<td>$ -</td>
</tr>
<tr>
<td>Building</td>
<td>560,047</td>
<td>113,876</td>
</tr>
<tr>
<td>Building improvements</td>
<td>112,122</td>
<td>99,178</td>
</tr>
<tr>
<td>Office equipment</td>
<td>315,972</td>
<td>291,503</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>319,511</td>
<td>304,962</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,631,202</strong></td>
<td><strong>$809,519</strong></td>
</tr>
</tbody>
</table>

5. DEFERRED REVENUE

Deferred revenue consists of $740,102 (2007 - $767,570) in membership fees for 2009, $31,000 (2007 - $34,164) in deposits from event participants and sponsors, and $329,253 (2007 - $229,253) for the Founders’ Circle. Founders’ Circle funds are shown as deferred revenue pending recommendations from a task force of the College’s Board of Directors on how to best allocate these resources.
6. LONG-TERM DEBT

Loan payable, bearing interest of 6.00%, principal and interest payable in monthly instalments of $2,322, due November 20, 2008. $ - $ 26,860

Mortgage payable, bearing interest of 6.75%, principal and interest payable in monthly instalments of $4,828, due November 20, 2018. - 444,680

Mortgage payable, bearing interest of 5.75%, principal and interest payable in monthly instalments of $4,618, due November 20, 2009. 418,153 -

Less current portion

418,153 471,540

418,153 53,498

$ - $ 418,042

7. CONFERENCE

Accounts for the National Leadership Conference, a partnership between the College and the Canadian Healthcare Association, are not included in these financial statements. The College acts as the conference secretariat and the net conference income or loss is shared equally between the partners. The College’s share is included in the revenue line “Administration fees-project” on the Statement of Operations.

Conference results were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$ 680,162</td>
<td>$ 747,320</td>
</tr>
<tr>
<td>Expenses</td>
<td>354,088</td>
<td>584,918</td>
</tr>
<tr>
<td></td>
<td>$ 326,074</td>
<td>$ 162,402</td>
</tr>
</tbody>
</table>

8. STATEMENT OF CASH FLOWS

The net change in non-cash working capital balances consists of the following changes in current assets and liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts receivable</td>
<td>$ 151,898</td>
<td>$ (136,905)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>22,716</td>
<td>37,210</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>(122,028)</td>
<td>7,785</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>69,368</td>
<td>764,048</td>
</tr>
<tr>
<td></td>
<td>$ 121,954</td>
<td>$ 672,138</td>
</tr>
</tbody>
</table>

9. DEFINED BENEFIT PENSION PLAN

Substantially all of the employees of the College are members of the Hospitals of Ontario Pension Plan (the “Plan”), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospitals Association.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by placing assets in trust and through the Plan investment policy.

Pension expense is based on the Plan management’s best estimates, in consultation with its actuaries, of the amount, together with the amounts contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees’ contributions.

Variance between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by employers and employees. As at December 31, 2008, there exists a small unfunded liability (3%) in the Plan. The Plan’s administrators believe that the Plan is fully funded on a solvency basis. Contributions to the Plan made during the year by the College on behalf of its employees totaled $94,400 and are included in the expense line “Salaries and contractors” on the Statement of Operations.

10. DEFINED CONTRIBUTION PENSION PLAN

Some of the employees of the College are members of a defined contribution pension plan. A College employee can contribute up to 6% of their annual base salary and the College will match it. Contributions to the Plan made during the year on behalf of College employees totaled $3,303 and are included in the expense line “Salaries and contractors” on the Statement of Operations.

11. NET ASSETS INTERNALLY RESTRICTED FOR BUILDING MAINTENANCE

The Board has set aside an amount of $25,000 as a building fund in order to defray future unforeseen maintenance costs for the office building owned by the College.
12. CAPITAL MANAGEMENT

As a not for profit entity, the College’s operations are reliant on revenues generated annually. The College has accumulated unrestricted net assets over its history. A portion of the accumulated net assets is retained as working capital which may be required from time to time due to timing delays in receiving external funding. The remaining surplus is available for the use of the College at the Board’s discretion. The College maintains three Funds; the three funds are not externally restricted.

13. CONTINGENCY

The College has received notice of a claim by a former employee relating to the termination of their employment with the Canadian College of Health Service Executives. The claim has been submitted to binding arbitration pursuant to the employment contract between the former employee and the College. The ultimate result of the pending claim cannot be ascertained at this time. The College has made a provision of $18,500 for this claim in the financial statements. The College believes that the resolution of this claim will not have a material adverse effect on liquidity, financial position or results of operations.
<table>
<thead>
<tr>
<th>Department</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Inquiries</td>
<td><a href="mailto:cchse@cchse.org">cchse@cchse.org</a></td>
</tr>
<tr>
<td>Office of the President - Ray J. Racette, CHE</td>
<td><a href="mailto:cchsepresident@cchse.org">cchsepresident@cchse.org</a></td>
</tr>
<tr>
<td>Membership Services</td>
<td><a href="mailto:membership@cchse.org">membership@cchse.org</a></td>
</tr>
<tr>
<td>Corporate Services</td>
<td><a href="mailto:corporate@cchse.org">corporate@cchse.org</a></td>
</tr>
<tr>
<td>Chapter Liaison</td>
<td><a href="mailto:chapters@cchse.org">chapters@cchse.org</a></td>
</tr>
<tr>
<td>CHE Program</td>
<td><a href="mailto:che@cchse.org">che@cchse.org</a></td>
</tr>
<tr>
<td>Fellowship Program</td>
<td><a href="mailto:fellowship@cchse.org">fellowship@cchse.org</a></td>
</tr>
<tr>
<td>Professional Programs</td>
<td><a href="mailto:profprograms@cchse.org">profprograms@cchse.org</a></td>
</tr>
<tr>
<td>Conferences</td>
<td><a href="mailto:conferences@cchse.org">conferences@cchse.org</a></td>
</tr>
<tr>
<td>Sponsorships</td>
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