

## Care Forward

# Primary and Community Care Models that Expand Access to Care and Ease Pressure on Emergency Departments

Call for Applications



# About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home and supporting the retention of the health workforce – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and caregivers, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit charity funded primarily by Health Canada.

Healthcare Excellence Canada is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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## Social Media

[X](#) | [LinkedIn](#) | [Instagram](#) | [Facebook](#)

Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today.

[Learn more](#)

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## What's the opportunity?

Across Canada, health and social care organizations are innovating to improve primary and community care. Care Forward is a pan-Canadian movement of people sharing knowledge, applying proven approaches and making healthcare better, faster.

At Healthcare Excellence Canada (HEC), we support organizations addressing similar challenges and striving to improve quality and safety. By joining this movement, you can help improve health outcomes, enhance care experiences for patients and providers and advance the value and equity of care — collectively making a difference in the lives of at least one million people across Canada.

If your organization is implementing innovative solutions in primary and community care — especially those expanding access and reducing pressure on emergency departments to ensure people receive the right care, at the right time, in the right place — we invite you to participate in HEC's new offerings designed to accelerate your impact.

## Why join?

Teams that have partnered with HEC describe the many benefits of participating, including:

- Connection and collaboration – Engage with like-minded healthcare leaders to share knowledge, celebrate successes and drive collective progress.
- Expert support – Receive coaching from experts to address challenges, sustain improvements and plan for long-term success.
- Visibility and recognition – Showcase your work through HEC's newsletter, website, social media, awards and networking opportunities.
- Tools for progress – Access resources and support to track and measure your impact over time.
- Funding opportunities – Apply for monetary awards and seed funding to enhance your initiatives.

By working together, we can improve healthcare for more people, ensuring safe, high-quality and timely care in every community.

## Choosing the offering that's right for you

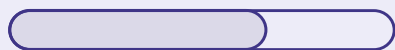
As part of [Care Forward](#), new offerings are being introduced to support four key priorities. Under the priority of expanding access to care and easing pressure on emergency departments, these offerings provide learning opportunities — such as webinars and activities — to build foundational knowledge and skills in areas including [equity, cultural safety, engagement-capable environments](#) and [Rethinking Patient Safety](#). Participants will also explore strategies for reducing avoidable emergency department visits, advancing quality improvement, and fostering meaningful partnerships with First Nations, Inuit, and Métis.

Choose the offering(s) that best align with your organization's innovative work, structure, and readiness to participate. You may apply for multiple offerings to deepen learning and support your improvement journey — whether for a single project or across different initiatives.

**The following icons indicate the level of effort required by participating teams.**



**Lower effort** – Teams are invited to opt-in/out of program activities.



**Moderate effort** – Teams are expected to participate in group coaching and learning activities with some additional optional activities.



**Higher effort** – Teams are expected to participate in individual/small group coaching and learning activities, both virtual and in-person.

# Right Care Challenge (RCC)

Register now



**Lower effort** – Teams are invited to opt-in/out of program activities.



## Description

[The Right Care Challenge](#) supports organizations implementing a recently started initiative or improving an existing initiative that, by expanding care, has the potential to reduce pressure on emergency departments.

Any eligible organization can register to be part of the Right Care Challenge program community. Challenge community members will be invited to submit reports describing their work in several [themed challenges](#) for a chance to win monetary awards. Challenge community members will also be invited to participate in expert coaching sessions to help tackle problems and plan for long-term success and sustainability.

HEC is also pleased to partner with the [Graham Boeckh Foundation](#), which will provide an award to support [Integrated Youth Service](#) (IYS) teams.

## What you'll receive

Organizations that register to be part of the Right Care Challenge community will be invited to participate in:

- award competitions with monetary prizes – over \$900,000 in prizes available to participating teams with a single team eligible to win up to \$34,250 (IYS teams also eligible to apply for one of 5 awards for an additional \$10,000.)
- live virtual coaching sessions
- virtual learning activities (for example, webinars)

## Timeline

This 12-month offering will take place from June 2025 to June 2026. [Learn more details about the timing of individual award challenges.](#)

## Who can register?

Primary and community care organizations providing health and/or social care can apply to the Right Care Challenge offering. Applicants must be actively engaged in making improvements that aim to provide the right care at the right time, in the right place and by the right team to reduce avoidable emergency department visits.

Types of initiatives could include:

- **community health promotion** – Initiatives that prevent diseases and promote health right where people live
- **primary care access** – Expanding robust team-based primary care services to ensure everyone gets the care they need
- **innovative care models** – Integrating services in groundbreaking ways to enhance and ensure appropriate, safe and quality care
- **workforce transformation** – Enable role substitution, improve the health workforce and redefine advanced practice roles

## Registration information:

- Registration opens May 12, 2025 via the [HEC Community Portal](#).
- Registration deadline is **October 31, 2025**.
- Award opportunities begin in June 2025.

## Eligibility and requirements

Participants in the Right Care Challenge must demonstrate:

- they have a new (already started) or existing initiative underway that has the potential to reduce pressure on emergency departments
- the initiative is supported by an [executive sponsor](#)

## Participation commitments

Selected teams must commit to collecting and sharing [simple metrics](#) with HEC every few months during participation.

For questions or to confirm eligibility, contact the HEC team [application-demande@hec-esc.ca](mailto:application-demande@hec-esc.ca).

# Enhancing Integrated Care (EIC)

Apply now



**Moderate effort** – Teams are expected to participate in group coaching and learning activities with some additional optional activities.

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## Description

[Enhancing Integrated Care](#) will support up to 100 primary and community care organizations working to enhance integrated team-based models of care, including virtual approaches to care, that help improve access to primary care and reduce pressure on emergency departments (see our glossary for the definition of integrated care).

## What you'll receive

Organizations selected to participate in Enhancing Integrated Care are eligible to receive:

- up to \$10,000 in seed funding (subject to [eligible expenses](#))
- individual and small-group coaching from experts with experience in team-based primary and community care and quality improvement practices
- virtual learning experiences and networking opportunities with peers and experts from across Canada
- measurement and evaluation support

During the application process, teams will be asked to specify the support they are requesting from the list of above. Applicants may select any combination.

## Timeline

This 12-month program will be delivered from July 2025 to July 2026.

## Who can apply?

Primary and community care organizations providing health and/or social care can apply to the Enhancing Integrated Care program.



Applicants must be actively engaged in starting or improving team-based models of care within a primary care setting and/or another setting connected with primary and community care (for example, hospitals, homecare, mental health, social/community care, rehabilitation, palliative care).

Additionally, eligible teams can include: Regional health authorities, and/or provincial/territorial governments, First Nations, Inuit or Métis health service delivery organizations, First Nations, Inuit or Métis governments/organizations, in partnership with organizations that deliver integrated team-based care, provided that each organization that delivers care identifies a team of people who will lead the improvement work.

Application details:

- Applications open May 12, 2025 via the [HEC Community Portal](#).
- Applications are due by **June 19, 2025**.

## Eligibility and requirements

Applicants to the Enhancing Integrated Care program must demonstrate:

- They have a new (already started) or existing team-based model of care initiative underway that has the potential to reduce pressure on emergency departments.
- The initiative includes providers from different professional backgrounds (for example, physicians, nurses, allied health professionals, mental health providers, pharmacists, community/social service providers).
  - The program team includes:
    - An executive sponsor
    - A program team lead
    - A measurement/evaluation lead
    - [A patient/caregiver/community partner](#) with lived/living experience receiving team-based primary care.

## Participation commitments

Selected teams must:

- participate in the program activities outlined in the [activities schedule](#)
- complete program deliverables, outlined in the [deliverables schedule](#)
- complete expenditure reporting related to seed funding spending
- measure and share data with HEC and assigned coaches on required indicators to guide improvements in your setting, as well as track, monitor and share data with your team and coach (see the [deliverables schedule](#) and [evaluation FAQ](#))

**For questions or to confirm eligibility, contact the HEC team**  
[application-demande@hec-esc.ca](mailto:application-demande@hec-esc.ca).

# Paramedics and Social Prescribing (PaSP)

Apply now



**Higher effort** – Teams are expected to participate in individual/small group coaching and learning activities, both virtual and in-person.

## Description

[Paramedics and Social Prescribing](#) will support paramedic services to improve, further embed and systematize [social prescribing](#) into their service models.

Social prescribing helps people by connecting them with support and services in their community to address non-medical needs that affect their health and well-being. It involves healthcare workers and community members working together with the person, empowering them to co-create a plan (the "social prescription") to improve their own health and connect them with others. This could be a connection to a food bank, senior centre, class, recreational activity, legal support, etc. Ideally, it also includes a way to track and measure the impacts of these social supports on the person's health experiences, health outcomes, and use of healthcare services.<sup>1</sup>

## What you'll receive

Teams that are selected to participate in PaSP are eligible to receive:

- Up to \$30,000 in seed funding (subject to [eligible expenses](#)) distributed in three separate payments
- Small-group coaching on the tools and skills needed to implement a social prescribing pathway and how to evaluate and sustain organizational and cultural changes. Coaching will be led by an expert in social prescribing and a paramedic leader with expertise in community paramedicine, change management and implementation.

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<sup>1</sup> C, Mulligan K, Bayoumi I, et al. Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study. *BMJ Open* 2023;13:e070184. doi: 10.1136/bmjopen-2022-070184

- Virtual and in-person\* learning experiences to promote learning and peer connection
- Curated resources and training opportunities

\*HEC will cover costs for travel, meals and accommodations for in-person events.

## Timeline

This 18-month program will be delivered from September 2025 – February 2027.

## Who can apply?

Eligible applicants can include, but are not limited to, paramedic services in Canada that are implementing, or wish to add, enhance or expand elements of social prescribing. Services must be able to deliver social prescribing within their regulatory framework.

- Priority may be given to paramedic services with established community paramedic programs to enable them to rapidly implement the intervention.
- Paramedic services without established community paramedic programs will also be considered in areas where no such program exists, if they are seeking to implement or enhance social prescribing to support their current referral process.

Eligible applicants may include:

- Private or public paramedic service organizations
- The following types of applicants:
  - a single organization with one improvement team
  - an organization with multiple sites, where each site has its own improvement team
  - an organization with multiple sites, but with only one improvement team (for example, a regional service)
  - a joint application team from a paramedic service and another service organization (for example, seniors centre)

Note: For multi-site or multi-organization applications, the lead organization must be the paramedic service, and this service will be required to sign a collaboration agreement.

### Application details:

- Applications open May 12, 2025 via [the HEC Community Portal](#).
- Applications are due by **June 27, 2025**.

## Eligibility and requirements

Beyond the [common selection criteria](#) for all HEC offerings, additional criteria may include:

- Teams at various stages of their social prescribing journey – from those new to the approach to those with established social prescribing systems seeking to sustain or expand their reach.

- A clearly articulated social prescribing pathway, following one of two models:
  - **Option A:** Partnering with an existing organization that has link workers/community connectors (individuals who connect people to community services and activities). The application should specify the partner organization – such as a municipal office, older adult center or non-profit – that will support the program.
  - **Option B:** Administering social prescribing through the paramedic service when no existing organization or link worker/community connector is available. The application must outline a plan for paramedics to take on this role and establish or strengthen partnerships with referral organizations.
- A clearly defined goal that social prescribing aims to address (the why/motivation)
- Identification of existing strengths and community relationships that will support program improvement
- A demonstrated commitment to sustaining the program beyond its initial lifespan and sharing learnings for potential spread to other services
- A dedicated program team that includes:
  - an executive sponsor
  - a program team lead
  - a measurement/evaluation lead (can be the same person as the program lead)
  - a link worker/community connector who will provide social prescribing (paramedic can play this role)
  - [a patient/caregiver/community partner](#) with lived/living experience receiving paramedic services and social supports

## Participation commitments

Selected teams must:

- participate in the program activities outlined in the [activities schedule](#)
- complete program deliverables, outlined in the [deliverables schedule](#)
- complete expenditure reporting related to seed funding spending
- measure and share data with HEC and assigned coaches on required indicators to guide improvements in your setting, as well as track, monitor and share data with your team and coach (see the [deliverables schedule](#) and [evaluation FAQ](#))

For questions or to confirm eligibility, contact the HEC team  
[application-demande@hec-esc.ca](mailto:application-demande@hec-esc.ca).

# Primary Care Access Improvement (PCAI)

Apply now



**Higher effort** – Teams are expected to participate in individual/small group coaching and learning activities, both virtual and in-person.

## Description

[Primary Care Access Improvement](#) will support 25 team-based primary care organizations to implement and evaluate [Advanced Access](#) – a quality improvement model that ensures timely, patient-centred access to primary care, regardless of urgency or demand, while maintaining continuity of care.

## What you'll receive

Team-based primary care organizations selected to participate are eligible to receive:

- up to \$15,000 in seed funding (subject to [eligible expenses](#))
- individual and small-group coaching from experts with experience implementing Advanced Access and quality improvement practices
- virtual and in-person\* learning experiences to promote social/peer learning
- measurement and evaluation support

\*HEC will cover costs for travel, meals and accommodations for in-person events.

## Program timeline

This 18-month program runs from September 2025 to February 2027.

## Who can apply?

- Organizations that deliver team-based primary care (primary care clinics). This team-based primary care model of health care involves health professionals of various disciplines working together to provide care to patients.

- Regional health authorities; provincial/territorial governments; First Nations, Inuit or Métis health service delivery organizations or governments in partnership with organizations that deliver team-based primary care. Each organization or clinic must designate a team to lead the improvement efforts and be actively engaged in the program.

For multi-site applications, a lead organization will be the main point of contact with HEC and manage funding for additional sites.

#### Application information:

- Applications open May 12, 2025 via the [HEC Community Portal](#).
- Application are due by **June 27, 2025**.

## Eligibility and requirements

Applicants to the PCAI program must demonstrate:

- A committed team to implement advanced access, including:
  - an executive sponsor
  - a program team lead
  - a measurement/evaluation lead
  - In addition to common selection criteria, additional criteria may include:
- a clearly identified challenge/problem that advanced access could help solve
- a clearly identified and achievable initial aim/goal that addresses the needs of the communities served
- strong commitment to collect improvement data to assess whether changes to embed Advanced Access are resulting in improvements are effective

## Participation commitments

Selected teams must:

- implement, evaluate and plan for the sustainability of Advanced Access.
- participate in the program activities outlined in the [activities schedule](#)
- complete program deliverables, outlined in the [deliverables schedule](#)
- complete expenditure reporting related to seed funding spending
- measure and share data with HEC and assigned coaches on required indicators to guide improvements in your setting, as well as track, monitor and share data with your team and coach (see the [deliverables schedule](#) and [evaluation FAQ](#))

For questions or to confirm eligibility, contact the HEC team  
[application-demande@hec-esc.ca](mailto:application-demande@hec-esc.ca).

## Common eligibility criteria

In addition to eligibility criteria for the individual offerings, all applicants must meet the following criteria:

- based in Canada and provide publicly funded health and/or social services in Canada
- private (for-profit), charitable or non-profit organizations based in Canada that provide health and social care related services as partners with organizations based in Canada providing publicly funded health and/or social services in Canada

Organizations not eligible:

- organizations located outside of Canada
- federal government departments or agencies
- organizations that do not satisfy the requirements set forth in these terms (as determined by HEC in its sole and absolute discretion)

Ineligible team members:

- directors, officers, employees, representatives or agents of HEC or its affiliated entities
- award suppliers, advertising/promotion agencies and other individual(s) or entities involved in the development, production, implementation, administration, judging or fulfillment of this program

## Common selection criteria

HEC, in collaboration with our partners, selects teams based on readiness for improvement and ensures a diverse group of participants. For offerings where participating organizations are selected from the group of applicants (not for a Challenge offering), HEC will seek to identify a diverse group of teams that:

- represent communities across Canada
- serve diverse, equity-deserving populations, including First Nations, Inuit and Métis individuals, families and communities, racially diverse communities, LGBTQ2S+ individuals, immigrants and refugees, people living in rural and remote communities and people experiencing homelessness or precarious housing
- demonstrate potential to improve access to safe, high-quality, culturally safe care for many patients and communities
- commit to collect and share HEC program evaluation data, including the number of ED visits reduced for conditions that could be managed by primary care and/or the number of ED visits reduced for primary care-sensitive conditions
- have the time to devote to the improvement work, program activities and deliverables
- are at various stages of the improvement journey

# How to apply and join our programs

**Step 1:** Register/apply to the offering(s) of interest via the [HEC Community Portal](#).

**Step 2:** Attend a one-hour informational [webinar](#) (optional) about these offerings. Some offerings will have individual Q&A sessions.

**Step 3.\*** Using the selection criteria outlined in this call for applications, HEC will select and invite teams to participate in the offering and notify you of the outcome of your application.

**Step 4.\*** Teams invited to join the offering will be invited to sign a letter of agreement covering seed funds and coaching supports (if applicable), expenditure reporting, and collection and sharing of common measures. Teams must also:

- complete an electronic funds transfer form to issue seed funding
- review and confirm understanding of [HEC's Conflict of Interest Policy](#), available in the application

\*not applicable for Right Care Challenge Program.

**Please read our [FAQ](#).**



# Glossary

## **Advanced Access**

Advanced Access is a widely endorsed quality improvement (QI) model that enables patients to access primary care services at a time convenient for them, regardless of urgency or demand, while ensuring continuity of care. It achieves this by creating efficiencies and optimizing team functioning in primary care settings, both in urban and rural, including northern and remote areas.

## **Executive sponsor**

This is the senior leader with the ability to legally bind an agreement. The executive sponsor is responsible for supporting and approving the team's involvement in the program, signaling strong endorsement of their participation. This individual actively advocates for the program's objectives, ensuring that it aligns with strategic priorities. Additionally, they make certain that the team has dedicated, protected time to focus on and contribute to the program's success.

## **Integrated care**

Integrated care refers to the system where health and social services are organized and managed across sectors and organizational boundaries, allowing patients to receive coordinated and comprehensive services ([HSO definition](#)).

## **Measurement/evaluation lead**

This individual is responsible for collecting data to assist team learning about whether the changes they are making are resulting in improvement. This lead also informs HEC of the team's progress.

## **Patient/caregiver/community partner**

This is an individual with lived or living experience relative to the services provided by the participating organization(s) who can act as an advisor on the activities of the program team.

## **Social prescribing**

Social prescribing helps people by connecting them with support and services in their community to address non-medical needs that affect their health and well-being. It involves healthcare workers and community members working together with the person, empowering them to co-create a plan (the "social prescription") to improve their own health and connect them with others.

## **Team lead**

This is an individual who has the time, resources and accountability to coordinate and oversee the day-to-day activities of the improvement journey, serve as a key coordinator and motivator of the team.

## Eligible and ineligible expenses

HEC is committed to contributing funds to help offset costs associated with staff replacement, travel and accommodations for education sessions and related to the program.

Category	Eligible expenses*	Ineligible expenses
Personnel	<ul style="list-style-type: none"> <li>• compensation/honorarium for involvement of patient/caregiver advisors</li> <li>• release time for team members whose regular job description will be amended so they can work on the quality improvement initiative</li> <li>• funds to hire additional staff to backfill team members being released to work on the quality improvement initiative</li> <li>• salary replacement costs to allow providers to participate in the quality improvement initiative</li> </ul>	<ul style="list-style-type: none"> <li>• eligible release time charged at rates above existing salary</li> <li>• service delivery costs (unless approved by HEC in advance)</li> <li>• release time related to the financial administration of seed funds</li> </ul>
Travel for educational purposes**	<ul style="list-style-type: none"> <li>• travel costs for team members between quality improvement initiative site(s)</li> <li>• travel, accommodation and meals for team members required to attend meetings, including the collaborative in-person workshops</li> </ul>	<ul style="list-style-type: none"> <li>• travel costs not directly related to delivery of the learning collaborative</li> </ul>
Equipment	<ul style="list-style-type: none"> <li>• cost of equipment directly required for the quality improvement initiative (all equipment requests must be reasonable and fully justified)</li> </ul>	<ul style="list-style-type: none"> <li>• large capital purchases</li> </ul>
Supplies and services	<ul style="list-style-type: none"> <li>• cost of producing materials required for the quality improvement initiative (photocopies, printing, office supplies, etc.)</li> <li>• costs related to communication of the quality improvement initiative results, such as meetings and video conferences</li> </ul>	<ul style="list-style-type: none"> <li>• cost of supplies and services not directly related to delivery of the quality improvement initiative</li> </ul>

\* If your organization recovers part of its costs due to your tax status, the recoverable portions must be deducted from your budget and expenditure reports.

\*\*Alcohol and cannabis are always ineligible expenses; the lowest economy fare must be selected for all travel; and reasonable rates must be sought for all travel related costs. Note, travelling expenses are subject to:

- the Services the National Joint Council Travel Directive, which may be amended from time to time and can be viewed at <https://www.njc-cnm.gc.ca/directive/d10/v238/en>
- HEC's corporate administrative policies