

# CHLNet

Canadian Health  
Leadership Network



Le Réseau canadien  
pour le leadership en santé

2015  
*Annual Report*

## Vision

**Better Leadership  
Better Health  
—Together**

[www.chlnet.ca](http://www.chlnet.ca)



## Message from the Co-Chairs

Canada's federated health system is not just complicated but complex. Transforming service delivery requires a leadership approach consistent with complex systems. Strong leadership is being identified by many major policy reports as a critical success factor in stimulating innovation and the large-scale change required to improve performance. For example, the Health Council of Canada (2013) called health leadership as the foundation upon which the other key enablers of health system transformation are built. Yet as reform initiatives unfold, leaders and the needed capabilities to facilitate innovation and large-scale change have been given limited profile and attention. A much greater, collective effort is needed to engender the leadership needed for transformation to take place in Canada.



Brian O'Rourke

Canada's healthcare leaders are experiencing unprecedented change. With the new distributed/collective/shared leadership models arising across this country to deliver care and service, leadership now "sits in every chair". Nurses, physicians, pharmacists and the many other groups who comprise the health workforce need to develop new skills and knowledge to carry out the health reform initiatives, such as Triple AIM, required of them. Healthcare leaders at all levels must not only lead well, but lead differently if they are to achieve healthcare goals sets by governments and strategic operational plans approved by governance boards. Across the country, governments are searching for and promoting actions that are more integrated between healthcare sectors. We need to build collaborative leadership that crosses organizational boundaries and silos. Leaders throughout the system must look beyond their organizational and professional interests to promote the best interests of the public, as consumers of healthcare.



Gillian Kernaghan

The importance of CHLNet's vision of *Better Leadership, Better Health – Together* is foundational in building our leaders for a new tomorrow. The [2013-2016 Strategic Plan](#) continues to serve us well in achieving our four value streams of: Research and Evaluation; Dialogue and Engagement; Canadian Health Leadership Action Plan; and LEADS Framework and Tools. CHLNet has been at the forefront in generating evidence related to the current state of leadership in Canada. Recently, this has included the completion of a four-year, \$850K study co-funded by CIHR (Partnerships for Health System Improvement (PHSI)) and the Michael Smith Foundation for Health Research that examined how different forms of leadership are shaping health reform in Canada ([Cross-Case Analysis Report](#)); and the [Benchmarking Study](#), which corroborated our premise that there is a leadership gap in Canada, showing that the gap is more for skill than supply. To continue building evidence, CHLNet's Research and Evaluation Working Group (chaired by Graham Dickson), now in place for over a year, continues its collaboration between researchers and decision-makers. This group is now embarking on a Return on Investments (ROI) Study to look at what has been achieved from the resources that have been invested in health leadership and leadership development and how to assess this. Over \$50,000 in financial plus in-kind contributions have been provided from partners to provide an easy-to-use, cost effective tool to measure ROI.

We continue to see working groups as the most effective way to carry out our vision while also engaging partners. In addition to the Research and Evaluation Working Group, two other groups are in place. The Knowledge Mobilization (KM) Working Group, chaired by Wendy Nicklin (former CEO of Accreditation Canada) is working on CHLNet's first ever [KM plan](#) and a series of KM tools including a free webinar series. And lastly, a third working group has been very busy working on the

[Canadian Health Leadership Action Plan](#) and its accompanying work plan that outlines an approach to build leaders together. Over the last year, the working group (chaired by Dr. Gillian Kernaghan) has been reconstituted to include more geographical representation. A big thank you to all the working group chairs for their leadership and dedication.

The LEADS Collaborative, formed by the Canadian College of Health Leaders (CCHL), CHLNet, Royal Roads University and Graham Dickson, continues to develop and thrive. Its first [strategic plan](#) is in place to accompany the principles and structures for how the four partners will work together. Within the Collaborative structure, CHLNet sits both on the LEADS Operations Council and the LEADS Framework Governance Group representing the interests of partners in leadership development.

We thank all the CHLNet Partners for their continuing support and participation. A final big thank you to the CHLNet team comprised of only two part-time staff: Kelly Grimes, Executive Director, and Lynda Becker, Office Manager. We accomplish much with so little!



Brian O'Rourke  
CHLNet Co-chair



Gillian Kernaghan  
CHLNet Co-chair

### *Executive Director's Report*



*Kelly Grimes*

This second year as Executive Director (ED) of CHLNet continues to strengthen my own leadership skills especially around engaging others and developing coalitions. The reengagement by the federal government in healthcare brings new hope and promise to system reform from a pan-Canadian perspective. We hope the leadership needed to carry out this reform becomes part of all health organization agendas. I am also inspired daily by the great leaders I work with and who generously give of their time to be part of working groups, roundtables, CHLNet secretariat and more. Most of them have day jobs that are really “day and night” jobs but are always willing to take the time to provide advice and guidance to help build the leaders needed for a better tomorrow. My co-chairs have been so supportive as we continued the transition to a more distributed leadership model and many thanks for their inspiration and trust in this shift.

Our now two-year-old organizational structure includes West and East Champions: Dr. Chris Eagle (former CEO of Alberta Health Services) and Rachel Bard (former CEO of the Canadian Nurses Association). Their time and advice to CHLNet has been invaluable to us in carrying the voice of CHLNet around the country. Graham Dickson, our leadership expert, continues his pivotal role as our Senior Policy Advisor. At the December roundtable, a new Emeritus position was created to honour key individuals who have made a substantial contribution to advancing CHLNet's vision and mission. We welcome Wendy Nicklin, who stepped down as CEO from Accreditation Canada, and Hugh McLeod, former CEO of the Canadian Patient Safety Institute (CPSI) and CHLNet Co-Chair, as our new Emeritus representatives. Wendy has agreed to continue chairing the Knowledge Mobilization Working Group and Hugh will be taking on the duties of



*Rachel Bard*  
*East Champion*

chairing the Health Leadership Action Plan Working Group in mid 2016. After four and a half years, well beyond his two-year term, Brian O'Rourke stepped down as Co-Chair of CHLNet. Brian has been a key figure in the development of the LEADS Collaborative and we thank him for being so generous with his time.

We are thrilled that Dr. Graham Sher, CEO of Canadian Blood Services, has agreed to be our new co-chair alongside Dr. Gillian Kernaghan (CEO of St Joseph's Health Care London and Past President of the Canadian Society of Physician Leaders (CSPL)). The Secretariat is also rounded out by two Network Partner liaisons: Frank Krupka (ED, Centre for Healthcare Innovation) and newly-elected Alice Kennedy (Regional Vice President, Eastern Health, Newfoundland and Labrador). In addition, the secretariat includes the wisdom of our founding co-chairs, Elma Heidemann and Don Philippon, and founding ED, Bill Tholl. An amazing team is in place to help build health leadership capacity across this country. As well, a big thanks to CCHL and Ray Racette, our host Secretariat, for supporting us with space, technology and accounting services.

Outlined below are some of our major highlights and achievements, organized by our four value streams.

## *Highlights and Achievements for 2015*

### **I. Research, Knowledge Mobilization and Evaluation**

- March, April, June, September meetings of the Research & Evaluation (R&E) Working Group.
- February, April, June, September and December meetings of the Knowledge Mobilization (KM) Working Group.
- March: Terms of Reference for the R&E Working Group approved.
- March: R&E subgroup formed to look at funding opportunities such as NCE, CIHR, and SSHRC grant opportunities.
- April: Terms of Reference for KM Working Group approved.
- May: Presentation to the Institute of Health Services and Policy Research Advisory Board.
- May: CHLNet's first ever Knowledge Mobilization plan approved by partners.
- May: Return on Investments (ROI) proposal approved by CHLNet partners.
- June to December: Over \$50,000 in financial plus in-kind contributions provided from partners. Big thanks to Accreditation Canada, Alberta Health Services, Alberta Innovates – Health Solutions, Canadian College of Health Leaders, Canadian Foundation for Healthcare Improvement (CFHI), Canadian Nurses Association, Canadian Society of Physician Leaders, Manitoba Centre for Healthcare Innovation, HealthCareCAN, Joule Inc. (a CMA Company), Ontario Hospital Association and the University of Ottawa.
- June: Notice that CHLNet was unsuccessful with its PHSI application with Greg Marchildon. A decision was made not to apply again for extended PHSI work but rather to seek other grant opportunities.
- September: Development of two new KM tools – a brief on the need for a [common leadership language](#); and [leadership and large-scale change](#).
- December: Reformat and branding of CHLNet tools and products such as the Top Ten.



*Chris Eagle  
West Champion*

## II. Dialogue and Engagement

- May: Network Partners' Leadership Dialogue with Anne Snowdon, Academic Chair of the International Centre for Health Innovation at the Ivey Business School. Implemented a new format for the Dialogue sessions (i.e. no longer a dinner) and made them more accessible to emerging health leaders.
- May: Network Partners' Roundtable at Accreditation Canada. Partner presentations to share leadership practices began with Accreditation Canada, Canadian Patient Safety Institute, Canadian Society of Physician Leaders and Manitoba Centre for Healthcare Innovation.
- May and December: [Leadership Top Ten Reading Lists](#) prepared and circulated.
- May: CHLNet invited to sit on CPSI's Patient Safety Education Working Group.
- May to July: Société Santé en français, BC Ministry of Health, Canadian Federation of Nurses Unions and Nova Scotia Health Authority approved as CHLNet Network Partners.
- July: CHLNet first Twitter attempt.
- August: Network Partners' summer survey on value add.
- October: Presentation of *Innovation or Stagnation: Growing Our Health Leaders for Tomorrow – Together* at Royal Roads University (RRU) Leadership Conference.
- November: Recruitment of new co-chair and Network Partner liaison person.
- December: Network Partners' Leadership Dialogue with Simon Kennedy (Deputy Minister, Health Canada) and Krista Outhwaite (President, Public Health Association of Canada).
- December: Network Partners' Roundtable at CADTH. Partner presentations from BC Health Leadership Development and Engagement Collaborative, Health PEI and CFHI.
- December: Approval of revised terms of reference for Network Partners' Roundtable.
- December: CHLNet Emeritus position policy approved. Hugh MacLeod and Wendy Nicklin voted as first two individuals to hold this title given their substantial contributions to CHLNet.
- Ongoing: Regular MailChimp updates of CHLNet's work to partners and Friends of CHLNet.



*Brian O'Rourke and Anne Snowdon at the May reception*



*Krista Outhwaite and Simon Kennedy at the December reception*

## III. LEADS Framework and Tools

- January: CHLNet/LEADS Collaborative Webinar series begins with first one on building leadership capacity. Recorded and posted on [CHLNet.ca](#).
- May: LEADS Collaborative first-ever strategic plan approved by partners.
- May: Roles and responsibilities of the four founding partners of the LEADS Collaborative approved (CCHL, CHLNet, RRU and Graham Dickson).
- May: Process and guiding principles developed for evergreening/refreshing of LEADS framework.
- June: LEADS Exchange Day in Charlottetown, PEI.
- June: CHLNet/LEADS Collaborative Webinar on Lean and LEADS building on the discussion paper, *The Symbiotic Relationship between Lean and LEADS*.

- August: Network Partners' summer survey includes questions on their leadership development needs.
- September: CHLNet/LEADS Collaborative Webinar on Succession Management and the Use of LEADS.
- October: Three new knowledge experts recruited to LEADS Governance Group.
- Quarterly: Regular meetings of the LEADS Operations Council.
- Semi-annual: LEADS Framework Governance Group (chaired by CHLNet Founding Co-chair, Don Philippon), in addition to two joint meetings of both groups. CHLNet takes on secretariat support for this.

#### IV. Canadian Health Leadership Action Plan

- February, April, June, September and December: Health Leadership Action Plan Working Group meetings.
- February: Meeting with Western CEOs on building leadership capacity.
- March: [BC Health Leaders Regional Report](#) completed.
- June: *Health Leadership Performance and Sustainability: What's Leadership Got to Do with It?* – National Health Leadership Conference (NHLC) breakfast session in Charlottetown, PEI.
- June: *Innovation or Stagnation: Growing Our Health Leaders for Tomorrow – Together* – Concurrent Session in Charlottetown, PEI.
- June: CHLNet Focus Group Session at NHLC in Charlottetown, PEI.
- June: Presentation to Health Quality Councils on health leadership.
- November: Terms of Reference for the Health Leadership Action Plan approved with new representation from provinces.
- December: Canadian Health Leadership Action Plan work plan approved.

CHLNet's core team remains small (two part-time positions) but with your financial support along with the many volunteer hours of Network Partners (especially our working groups and Secretariat), CHLNet has been able to exceed what we have said we would do in our Strategic Plan (2013-2016). Thanks so much to the indomitable Lynda Becker who manages so well all the meetings, logistics, finances and more, to run the day-to-day activities of CHLNet. Our reach of 39 partners extends now across the country and represents a unique value network comprised of government, associations, patients, academics, regional health authorities and emerging health leaders, all working towards the vision of *Better Leadership, Better Health – Together*.



Kelly Grimes  
Executive Director

## About CHLNet

The Canadian Health Leadership Network (CHLNet) was formed in September 2009 as a not-for-profit Value Network. We have 39 Network Partners from across the country. The network facilitates and supports joint work among and between its growing numbers of Network Partners. It also helps promote individual leaders through its "Friends of CHLNet" community of practice, now approaching 350 in number.



*Graham Dickson, Senior Policy Advisor, and Bill Tholl, Founding Executive Director*

The health leadership challenges of the 21<sup>st</sup> century cut across jurisdictions, across health disciplines and across the lifecycle of leaders. CHLNet believes that leadership is not a function of position; it is a life-long pursuit and it is ever-changing. It is only through a concerted, joint effort that CHLNet is able to produce a unique "value add" in support of tackling the growing number of health leadership initiatives and to grow overall leadership capacity across Canada. The network now reaches from coast to coast to coast and across a growing spectrum of professions. We are also forging international ties, such as with the United Kingdom King's Fund and the Australia Health Education and Training Institute, to better understand the emerging discipline of leadership as it applies to the unique circumstance that is health and healthcare.

**Leadership without Ownership:** No one organization can own leadership. Instead, our philosophy is that leadership is fundamentally a social good, and thus a collective responsibility: it is the source code for better performing health systems and organizations. Failure to recognize these "spillover effects" of both good and poor leadership has historically led to a systematic underinvestment in leadership development. This underinvestment is especially concerning during times such as these when health budgets are being understandably curtailed.

**LEADS in a Caring Environment:** CHLNet recognized early on that "off-the-shelf" leadership solutions were not working for health. Health and healthcare is truly different, in part because of the "culture of caring" that is the hallmark of the system. A *By Health, For Health* leadership framework has been developed through a careful, step-by-step process. It is known by its acronym "LEADS":

**L**ead Self; **E**ngage Others; **A**chieve Results;  
**D**evelop Coalitions and **S**ystems Transformation

**Business Model:** CHLNet is an unincorporated, not-for-profit value network (see financial statements on pages 9-10). It depends primarily on the annual Network Partner fees of \$5,000 for core support. Network Partner fees have not increased since CHLNet's inception in 2009. We also rely extensively on the in-kind support of Network Partners, especially the good offices of our host organization, the Canadian College of Health Leaders, which provides excellent office and administrative support services (e.g. financial, legal, information technology). Other Network Partners provide in-kind support as necessary and upon request. Specialized funding for projects is sought and this year includes contributions from CIHR, the Michael Smith Foundation for Health Research, HealthCareCAN and Health Canada. CHLNet also relies on the volunteer efforts of health CEOs, academics and other health leaders who make up the CHLNet Secretariat and who actively participate in the biannual Network Partners' meetings and working groups. This *coalition of the willing* has really been the driving force behind our success to date. CHLNet does not offer leadership development offerings per se. Instead, this is done through the LEADS Collaborative, formed in 2013 as a partnership with CHLNet, Canadian College of Health Leaders, Royal Roads University and Graham Dickson. It supports the LEADS framework and the business unit provides one-stop shopping for the growing suite of LEADS offerings.

**Our Value Add:** CHLNet is a value network. It exists to leverage up and extend the leadership capacity of organizational Network Partners as well as to identify emerging leadership gaps and opportunities to work together to improve health leadership. Value networks create synergy: they coalesce individual actions in a whole that is greater than what any one entity can accomplish. Like leadership itself, it is difficult to ascribe a dollar value to what we do. Our value add can be found at <http://chl.net.ca/wp-content/uploads/CHLNet-Value-Add.pdf>.

## *Summing Up*

CHLNet's journey continues to be a very exciting one, especially as we move forward in trying to achieve a collective and collaborative health leadership action plan. Our bottom-up approach to the challenge of improving health system performance through enhanced leadership is setting us apart internationally. We will continue to build our network based on the values of trust and reciprocity and we thank all our partners, friends and staff for their dedication to date in creating and sustaining our values.

### **Our Vision**

***Better Leadership, Better Health – Together***

## *CHLNet Partners (2015)*

Academy of Canadian Executive Nurses  
Accreditation Canada  
Alberta Health  
Alberta Health Services  
BC Health Leadership Development Engagement Collaborative (BCHLDEC)  
BC Ministry of Health  
BIOTECanada  
Canadian Agency for Drugs and Technologies in Health (CADTH)  
Canadian Blood Services  
Canadian College of Health Leaders  
Canadian Federation of Nurses Unions  
Canadian Foundation for Healthcare Improvement  
Canadian Institute for Health Information  
Canadian Medical Association  
Canadian Nurses Association  
Canadian Patient Safety Institute  
Canadian Pharmacists Association  
Canadian Society of Physician Executives  
Centre for Healthcare Innovation (Manitoba)  
College of Family Physicians of Canada  
Eastern Health  
Emerging Health Leaders  
HealthCareCAN  
Health PEI  
Manitoba Health  
MEDEC  
Mental Health Commission of Canada  
Nova Scotia Health Authority  
Ontario Association of Community Care Access Centres  
Ontario Hospital Association  
Ontario Ministry of Health and Long-Term Care  
Patients Canada  
Public Health Agency of Canada  
Royal College of Physicians and Surgeons of Canada  
Royal Roads University  
Rx&D Canada  
Société Santé en français  
Victorian Order of Nurses  
Yukon Health and Social Services

## *Financial Statements*

### Canadian Health Leadership Network (CHLNet) Balance Sheet (as at December 31, 2015)

	31 Dec 2015	31 Dec 2014
<b>ASSETS</b>		
<b>Cash</b>		
TD Bank - Operating	148,325.18	131,420.85
	148,325.18	131,420.85
<b>Accounts receivable</b>		
Accounts Receivable	30,380.00	8,542.24
Inter-Company with CCHL	6,083.94	18,174.78
	36,463.94	26,717.02
<b>Prepaid expenses</b>		
Pre-paid Expenses	645.65	569.25
	645.65	569.25
	185,434.77	158,707.12
<b>Capital assets</b>		
Computer	776.22	776.22
Accum Dep'n Computer	(776.22)	(662.28)
	-	113.94
	185,434.77	158,821.06
<b>LIABILITIES AND PARTNERS' EQUITY</b>		
<b>Accounts payable</b>		
Accounts Payable	-	5,716.90
Accrued Liabilities	2,737.51	4,526.09
	2,737.51	10,242.99
<b>Deferred revenue</b>		
Deferred Revenue	40,000.00	5,000.00
Deferred Revenue - LEADS Evergreer	13,867.48	13,867.48
	53,867.48	18,867.48
	56,604.99	29,110.47
<b>Partners' Equity</b>		
Retained Earnings	129,710.59	129,048.98
<b>Net income</b>	(880.81)	661.61
	128,829.78	129,710.59
	185,434.77	158,821.06

**Canadian Health Leadership Network (CHLNet)**  
**Income Statement**  
**For the 12 month(s) ended December 31, 2015**

Current Period			YTD		
Actual	Budget	Variance	Actual	Budget	Variance
<b>Revenue</b>					
6,770.84	13,354.24	(6,583.40)	158,750.00	159,250.00	(500.00)
-	10,000.00	(10,000.00)	-	10,000.00	(10,000.00)
2,610.70	3,500.00	(889.30)	4,535.40	7,000.00	(2,464.60)
-	-	-	5,000.00	5,000.00	-
-	10,000.00	(10,000.00)	-	10,000.00	(10,000.00)
<u>9,381.54</u>	<u>36,854.24</u>	<u>(27,472.70)</u>	<u>168,285.40</u>	<u>191,250.00</u>	<u>(22,964.60)</u>
<b>Operational costs</b>					
14,200.00	12,083.37	(2,116.63)	144,900.00	145,000.00	100.00
-	1,000.00	1,000.00	725.00	7,500.00	6,775.00
153.75	166.63	12.88	507.58	2,000.00	1,492.42
-	-	-	57.84	-	(57.84)
86.12	-	(86.12)	796.74	900.00	103.26
-	-	-	615.90	1,700.00	1,084.10
3.62	14.28	10.66	111.43	100.00	(11.43)
2,216.19	4,702.34	2,486.15	14,589.99	20,000.00	5,410.01
2,504.75	4,848.32	2,343.57	5,422.09	12,000.00	6,577.91
-	-	-	1,246.00	100.00	(1,146.00)
-	-	-	50.00	50.00	-
-	120.30	120.30	29.70	150.00	120.30
51.30	11.63	(39.67)	113.94	140.00	26.06
<u>19,215.73</u>	<u>22,946.87</u>	<u>3,731.14</u>	<u>169,166.21</u>	<u>189,640.00</u>	<u>20,473.79</u>
<u>19,215.73</u>	<u>22,946.87</u>	<u>3,731.14</u>	<u>169,166.21</u>	<u>189,640.00</u>	<u>20,473.79</u>
<u><b>-9,834.19</b></u>	<u>13,907.37</u>	<u><b>-23,741.56</b></u>	<u><b>-880.81</b></u>	<u>1,610.00</u>	<u><b>-2,490.81</b></u>



## **Canadian Health Leadership Network (CHLNet)**

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