



Fostering Leadership for Health System Renewal

A presentation to the
Institute of Health Services and Policy
Research Advisory Board

MAY 13, 2015



Intent

- ▶ Introduce **HealthCareCAN** and **CHLNet+**
- ▶ Profile results of **key studies, projects** (esp. CIHR/LHSR study).
- ▶ Outline proposed Canadian Health Leadership **Action Plan**.
- ▶ Spark conversation around: **where to from here?**



CHLNet Grows to 40

- **Government** – Alberta Health, BC Ministry of Health, Manitoba Health, Ontario Ministry of Health and Long-Term Care, Public Health Agency of Canada, Saskatchewan Health, Yukon Health and Social Services
- **Regional Health Authorities** – Alberta Health Services, Eastern Health, Health PEI
- **National Health Organizations** – Accreditation Canada, Academy of Canadian Executive Nurses, Canadian Blood Services, Canadian Agency for Drugs and Technologies in Health, Canadian Society of Physician Executives, Canadian Patient Safety Institute, Canadian College of Health Leaders, Canadian Dental Association, Canadian Medical Association, Canadian Nurses Association, Canadian Institute for Health Information, Canadian Pharmacists Association, College of Family Physicians of Canada, Canadian Foundation for Healthcare Improvement, Emerging Health Leaders, HealthCareCAN, Mental Health Commission of Canada, Royal College of Physicians and Surgeons of Canada, Société Santé en français, Victorian Order of Nurses
- **Provincial Organizations** – BC Health Leadership Development Collaborative, Centre for Healthcare Innovation (Manitoba), Ontario Association of Community Care Access Centres, Ontario Hospital Association
- **Universities** – Royal Roads University
- **Patients** – Patients Canada
- **Private sector** – Rx&D Canada, MEDEC, BIOTECanada

What Drives CHLNet ... Common Purpose

- **Our Vision:** Better Leadership, Better Health, Together
- **Our Approach:** Leadership without Ownership
- **Our Values:** Trust and Reciprocity

Research:

1. PHSI Grant

(Funded by CIHR and Michael Smith Foundation)

2. Benchmarking Study

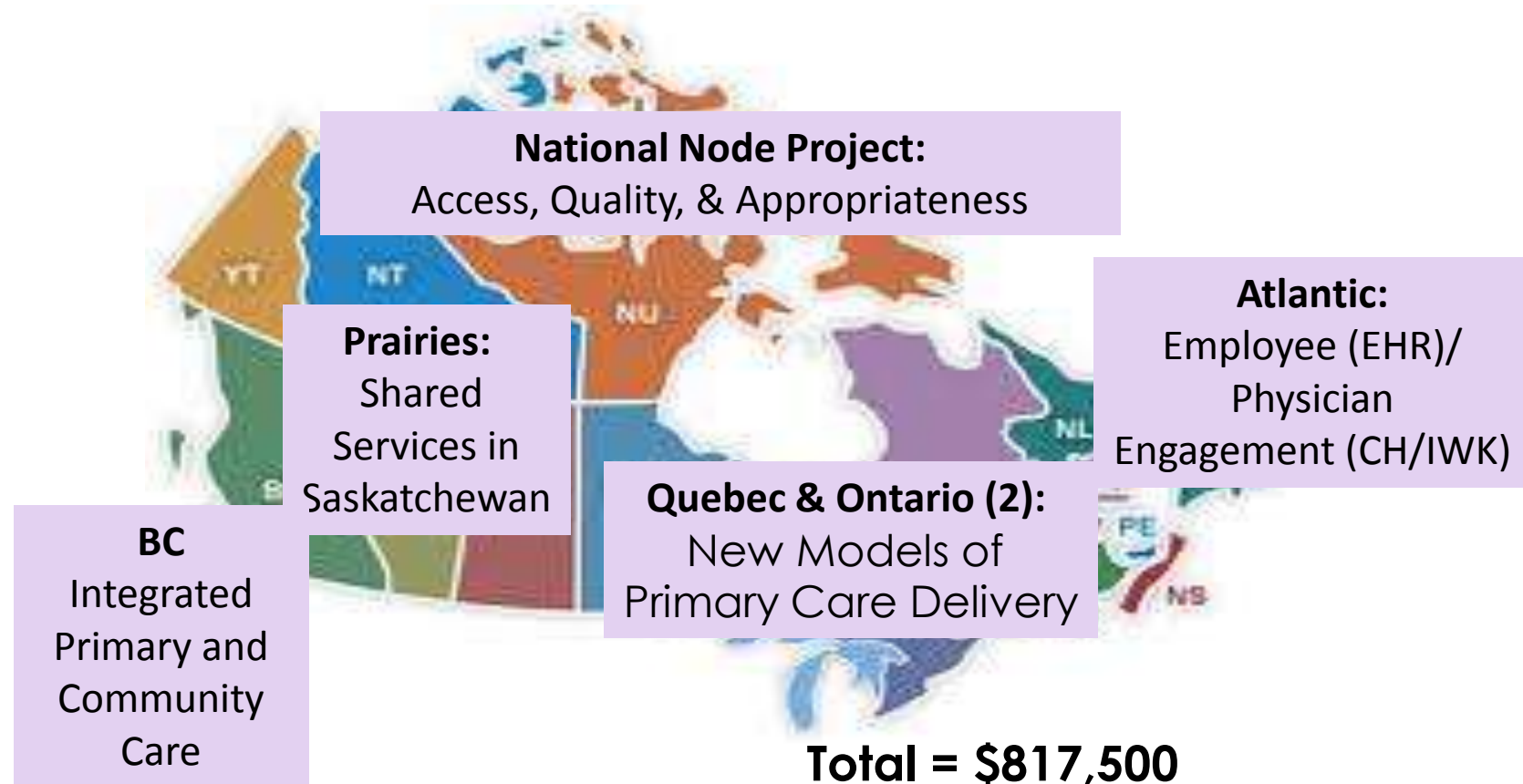
What is the current state of health leadership **capacity** in Canada?

PHSI Team

- ▶ 17 **researchers** from nine universities
- ▶ 14 **decision-makers** from 12 jurisdictions – policy-makers, CEOs, mid-level leaders
- ▶ 5 **knowledge mobilizers** (university and health organizations)

Participatory Action Research Projects Across Canada

7



Total = \$817,500

- **CIHR Grant (\$350,000),**
- **MSFHR Grant (\$100,000)**
- **In-kind contributions**

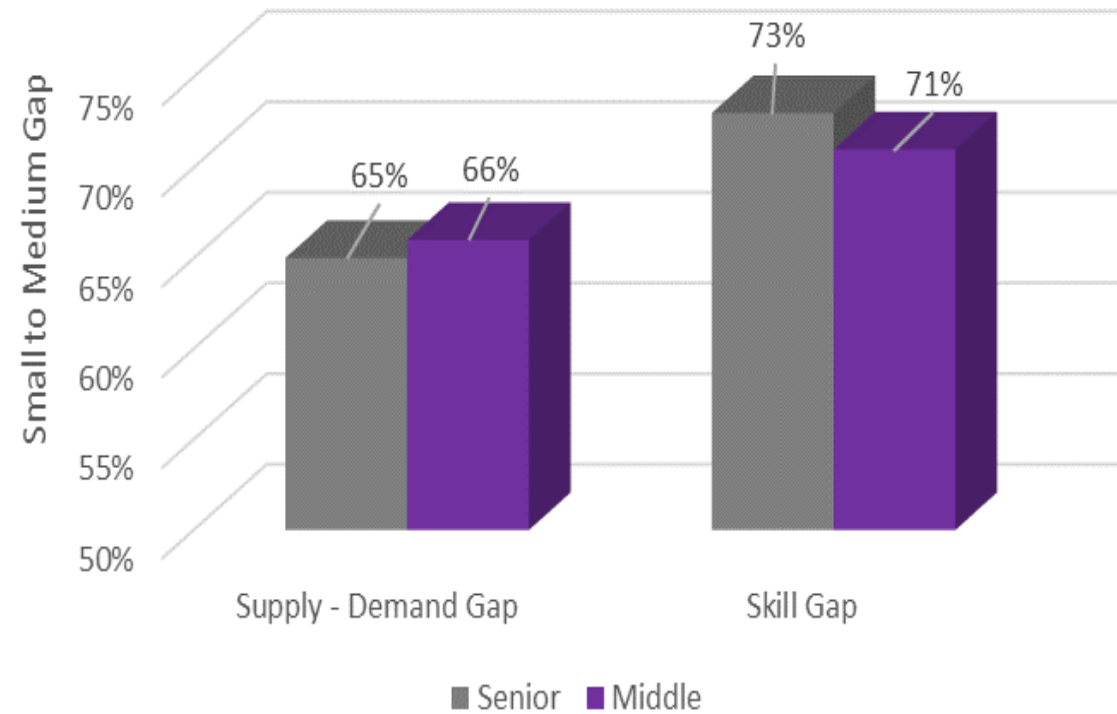
PHSI Results: What is the current state of health leadership capacity in Canada?

- **New capacities** required for reform – systems thinking, strategic thinking, and relationship development
- Quality **physician leadership** – at all levels is required
- Too much **churn** and **fragmentation**
- **Alignment** of thinking and action around collective leadership capacity: challenges convention notions of **autonomy**, **accountability**, and **collaboration**

Benchmarking Study: Size of the gap

CHLNet 2014

Figure 1: Size of Leadership Gap



PHSI Results: Where are the gaps between current practices and best practice?

- Gap between current practices of **heroic**, hierarchical leadership and requirement for **distributed** leadership
- Needs to be more emphasis on **complexity** approaches
- Methods available for **innovation and large scale** change are peripatetic in use
- **LEADS** is seen as a common language that expresses best practices

PHSI Results: How can knowledge of effective leadership be translated and mobilized ?

- The capacity problem is also a **KM problem**. We do not have a **coherent process** to move leadership and management knowledge into practice.
- There is a need for systematic **succession planning** and leadership development. National and regional conveners are missing.

Research Continues but Funding Is Scarce

- ▶ Understanding **Canadian Physician Leadership** (CMA & CPSE), April 2015
- ▶ International collaborations based on King's Fund report (UK, US, Australia, and Canada). Focus is **Return on Investment** from leadership programming.

The King's Fund 2015

“There is little robust evidence for the effectiveness of specific leadership development programs.”

“The development of capacity of groups and organizations is far less well explored and researched.”



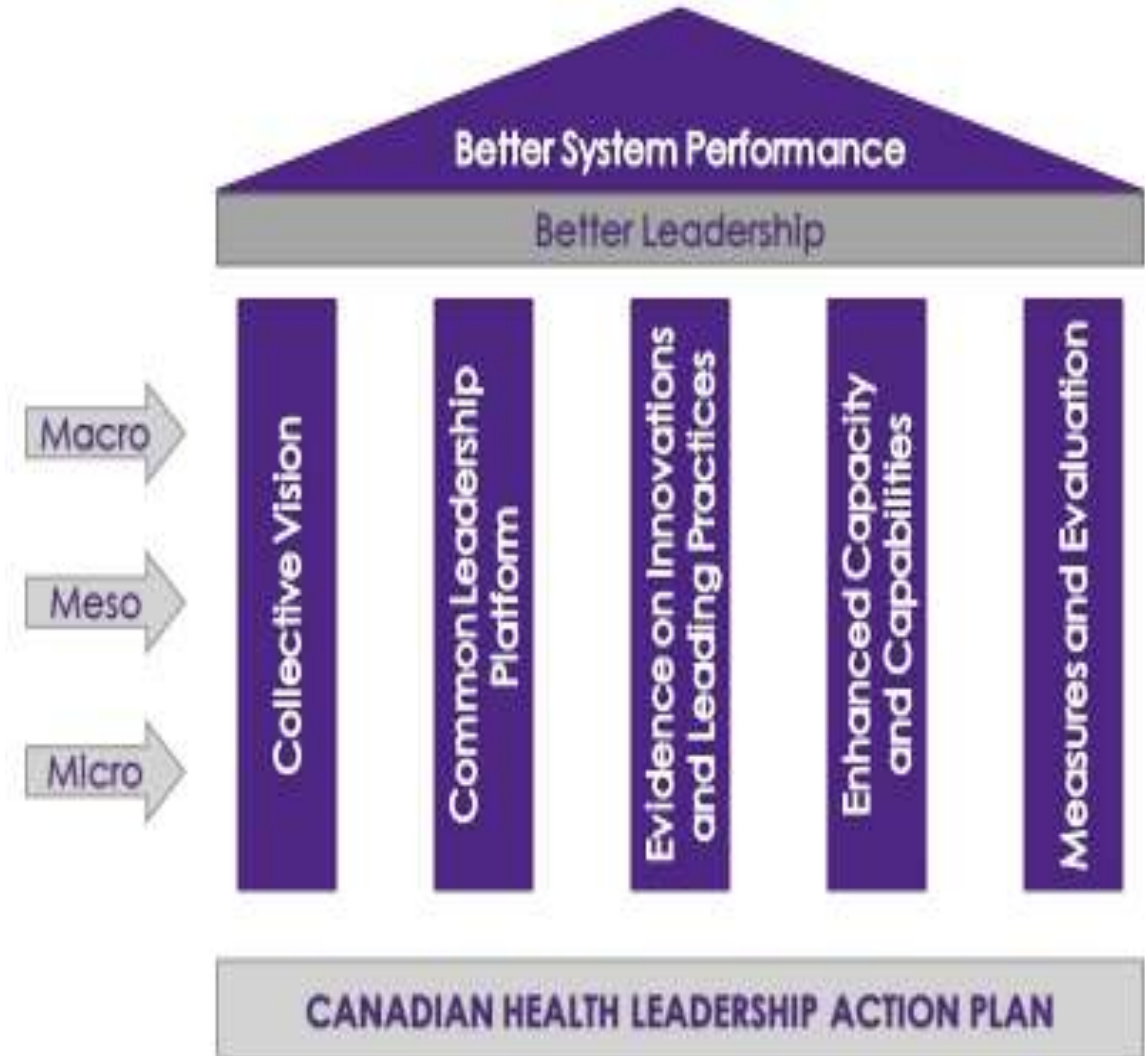
Leadership
and Leadership
Development
in Health Care:
The Evidence Base

CHLNet's Health Leadership Action Plan

CREATED BY A WORKING
GROUP WITH EXTENSIVE
CONSULTATION WITH
NETWORK PARTNERS

Action Plan

Key Elements



LEADS in a Caring Environment

Common leadership language



The Opportunity

To modernize health *leadership and management* through a research and knowledge mobilization strategy that creates *evidence-based leadership and management practice* in order to support the implementation of innovation and health renewal in Canada that is needed.



Some sample research questions – amongst many more



- Given the need for **collective leadership** – what models, approaches, and tools are most effective in distributing leadership responsibility for **health innovation and renewal**? What needs to be done to encourage both formal and informal leaders to embrace those models?
- Health care is described as a complex system. What leadership/management practices are effective in implementing **innovation and change in complex systems**? How can we differentiate practice accordingly?
- What **impact** do leadership and management development programs have on creating **innovation and renewal**? What “best practices” for development should be used?

Considerations

The Power of a Network

- Mobilize action:
 - Support the Canadian Health Leadership Action Plan
- Lobby:
 - Committee on Health Workforce, June 2014
 - Council of DMs, December 2014
- Share:
 - BC Regional Dialogue, December 2014
- Develop:
 - KM, Research, Best Practices
- Join:
 - Become a CHLNet Network Partner!

Dialogue:
where to
from here?

Questions?

