

Scaling Up Innovation Together By Building Health Leadership Capacity

June 6, 2016 NHLC

Moderator: Chris Eagle

Panelists: Gillian Kernaghan, Graham Dickson and Kelly Grimes

Agenda

- ▶ Leadership is **the lubricant** for meaningful innovation and transformation.
- ▶ Better Leadership, better health: together. The Health Leadership **Action Plan**.
- ▶ Roadmap for action to scale up **innovation**: your contribution.



Canadian Health System

- ▶ Federated complex system (n=14).
- ▶ Canada lags behind in terms of making reform happen.
- ▶ Reversing the trend: building on the Federal Minister's Mandate letter and Health Accord.
- ▶ Modernizing leadership.



Some Evidence...

- ▶ *Canada's healthcare systems appeared to be ill-prepared to respond to various shifts in their context...(and there is)...the need for fundamental changes in how healthcare is organized, financed, and delivered.*



Major health care players unite to accelerate transformation of US health care system.

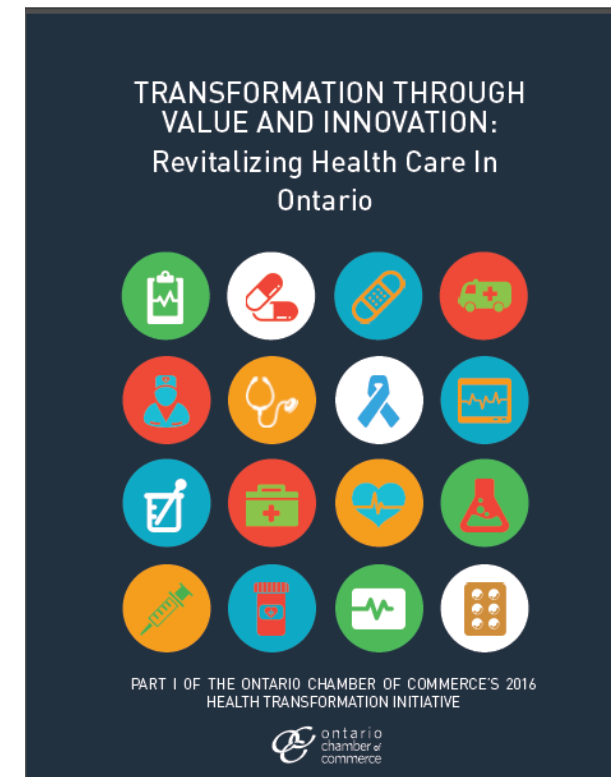
Some Evidence...

- *In Canada, change is “stuck”... The openness to try innovative solutions is the “most striking difference” between the health care systems of European countries and Canada” (Pellegrini, 2014).*

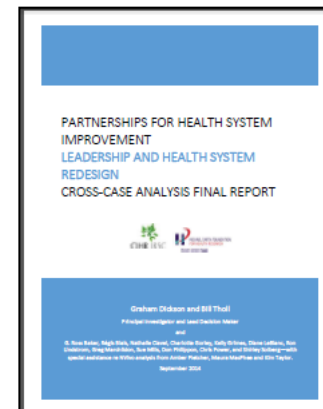
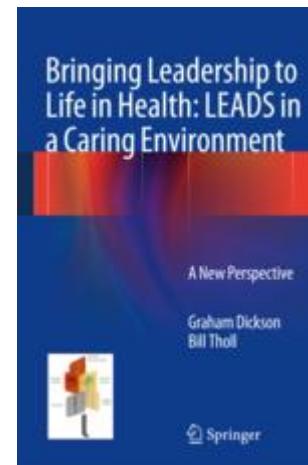
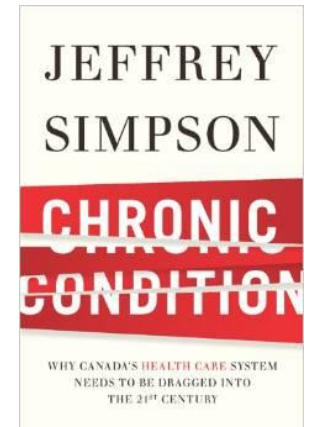
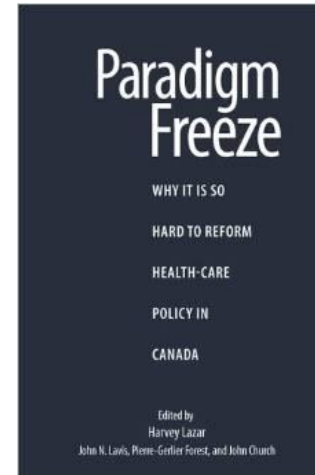


A 20th century system for 21st century problems

- ▶ Polling conducted by the Ontario Chamber of Commerce (OCC) has found that **77 percent of Ontarians are concerned about the sustainability** of the health care system....
- ▶ The OCC believes that now is the right time to enter the health reform conversation.



FURTHER DEMAND FOR CHANGE...



Some hopeful developments...

- ▶ *Can Meds shift: leader*
- ▶ *CSPL White Paper*
- ▶ *BC physician engagement*
- ▶ *TISLEP*
- ▶ *CHLNet ROI Project*
- ▶ *Growth and impact of LEADS*




Are we satisfied with this? Is this us?

WHO Rankings

22 Colombia
 23 Sweden
 24 Cyprus
 25 Germany
 26 Saudi Arabia
 27 United Arab Emirates
 28 Israel
 29 Morocco
30 Canada
 31 Finland
 32 Australia
 33 Chile
 34 Denmark
 35 Dominica
 36 Costa Rica
37 USA

COMMONWEALTH RANKINGS

| | | | | | | | | | | | |
|------------------------|--|---|---|---|---|---|---|---|---|---|---|
| Middle |  |  |  |  |  |  |  |  |  |  |  |
| Bottom 2* | AUS | CAN | FRA | GER | NETH | NZ | NOR | SWE | SWIZ | UK | US |
| OVERALL RANKING (2013) | 4 | 10 | 9 | 5 | 5 | 7 | 7 | 3 | 2 | 1 | 11 |

Canada gets a “B” for its overall health performance...the results also reveal a disturbing fact showing that relative to its peer countries, **Canada's performance is weak on key indicators**. Although Canada has no “D” grades, its “C”s for mortality due to cancer, mortality due to diabetes, mortality due to musculoskeletal diseases, and infant mortality point to areas that require focus to improve the overall health of Canadians and to increase Canada's standing in relation to its peers.

Are we satisfied with this? Is this us?

- *In threes, discuss:*
 - *Is this what you want the Canadian health system to be? For you, or your kids or grandkids?*
 - *What do you think should be done about it? By whom?*



The logo for CHLNet is displayed on a dark purple background. It features the text "CHLNet" in a white, sans-serif font. To the left of the text are two overlapping circles of different shades of purple, creating a layered effect.

CHLNet

What CHLNet is doing to
grow health leadership...

CHLNet Growth Continues

- **Government** – Alberta Health, BC Ministry of Health, Manitoba Health, Ontario Ministry of Health and Long-Term Care, Public Health Agency of Canada, Yukon Health and Social Services
- **Regional Health Authorities** – Alberta Health Services, Eastern Health, Health PEI, Nova Scotia Health Authority
- **National Health Organizations** – Accreditation Canada, Academy of Canadian Executive Nurses, Canadian Blood Services, CADTH, Canadian Society of Physician Executives, Canadian Patient Safety Institute, Canadian College of Health Leaders, Canadian Medical Association, Canadian Nurses Association, Canadian Institute for Health Information, Canadian Pharmacists Association, College of Family Physicians of Canada, Canadian Federation of Nurses Unions, 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 and Engagement Collaborative, Ontario Association of Community Care Access Centres, Ontario Hospital Association.
- **Universities** – Royal Roads University, University of Manitoba (Centre for Health Innovation)
- **Patients** – Patients Canada
- **Private sector** – Innovative Medicines Canada, MEDEC, BIOTECCanada

What Drives CHLNet ... Common Purpose

- **Our Vision:** Better Leadership, Better Health, Together
- **Our Approach:** Leadership without Ownership
- **Our Values:** Trust and Reciprocity
- **Four Value Streams:** Dialogue and Engagement, Research and Evaluation, LEADS, ***Canadian Health Leadership Action Plan.***

We need to build the leadership needed...

- ▶ We need to grow our own.
- ▶ We need to lead differently: all of us.
- ▶ We are charged to provide sophisticated leadership—and management—to create reform.

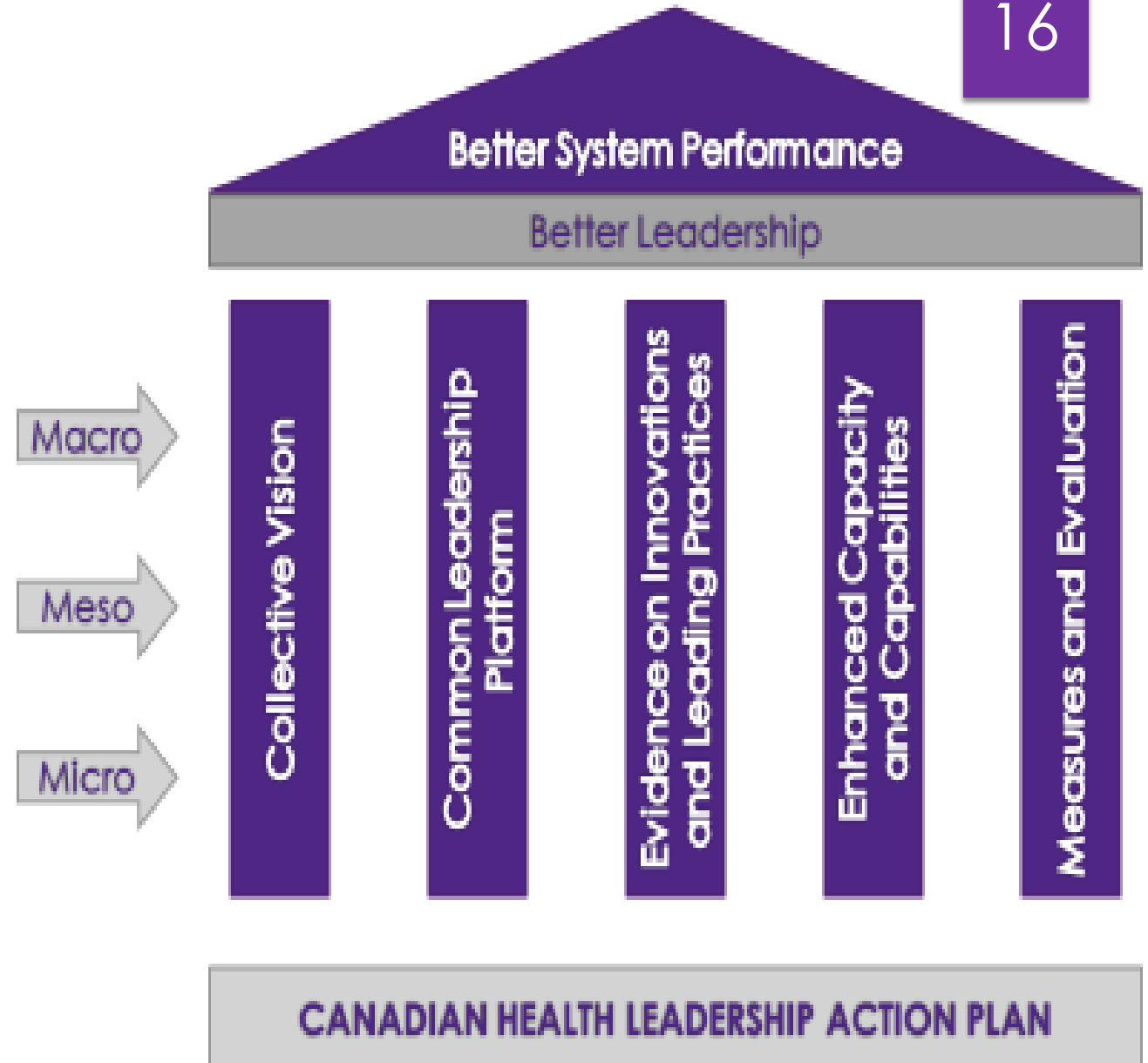


CHLNet: Health Leadership Action Plan

Created by a working group with extensive consultation with network partners

Canadian Health Leadership Action Plan


Key Elements



Common leadership platform...

Common Leadership Platform

- Common language
- **LEADS**, or **LEADS** compatible capabilities framework



LEAD SELF
Self-motivated leaders...

Are self aware
They are aware of their own assumptions, values, principles, strengths and limitations

Develop themselves
They actively seek opportunities and challenges for personal learning, character building and growth

Manage themselves
They take responsibility for their own performance and health

Demonstrate character
They model qualities such as honesty, integrity, resilience, and confidence




ACHIEVE RESULTS
Goal-oriented leaders...

Set direction
They inspire vision by identifying, establishing and communicating clear and meaningful expectations and outcomes

Take action to implement decisions
They act in a manner consistent with the organizational values to yield effective, efficient public-centred service

Strategically align decisions with vision, values, and evidence
They integrate organizational missions and values with reliable, valid evidence to make decisions

Assess and evaluate
They measure and evaluate outcomes, compare the results against established benchmarks, and correct the course as appropriate



SYSTEMS TRANSFORMATION
Successful leaders...

Demonstrate systems / critical thinking
They think analytically and conceptually, questioning and challenging the status quo, to identify issues, solve problems and design, and implement effective processes across systems and stakeholders

Encourage and support innovation
They create a climate of continuous improvement and creativity aimed at systemic change

Orient themselves strategically to the future
They scan the environment for ideas, best practices, and emerging trends that will shape the system

Champion and orchestrate change
They actively contribute to change processes that improve health service delivery



ENGAGE OTHERS
Engaging leaders...

Foster development of others
They support and challenge others to achieve professional and personal goals

Communicate effectively
They listen well and encourage open exchange of information and ideas using appropriate communication media

Contribute to the creation of healthy organizations
They create engaging environments where others have meaningful opportunities to contribute and ensure that resources are available to fulfill their expected responsibilities

Build teams
They facilitate environments of collaboration and cooperation to achieve results



DEVELOP COALITIONS
Collaborative leaders...

Purposefully build partnerships and networks to create results
They create connections, trust and shared meaning with individuals and groups

Mobilize knowledge
They employ methods to gather intelligence, encourage open exchange of information, and use quality evidence to influence action across the system

Navigate socio-political environments
They are politically astute, and can negotiate through conflict and mobilize support

Demonstrate a commitment to customers and service
They facilitate collaboration, cooperation and coalitions among diverse groups and perspectives aimed at learning to improve service

DISTRIBUTED LEADERSHIP

Do these capabilities apply to all leaders regardless of role or formal position?

Yes... All leaders – regardless of their role, or position in the health system – must be able to lead themselves, engage others, achieve results, develop coalitions, and conduct systems transformation in order to create the Canadian health system of the future.

and No... For each of the five LEADS domains, "leader effectiveness" differs, depending on the context in which an individual exerts influence. In different contexts, capabilities differ in expression.

To create a leadership culture, each person in the system, regardless of position or title, must exercise leadership when it is required. This is distributed leadership.

"Existing roles and functions of decision-makers need to be evaluated to ensure they meet the leadership needs of the new and emerging healthcare paradigms."
- Don Briscoe

"The mastery of the art of leadership comes with the mastery of the self. Ultimately, leadership development is a process of self-development."
- James Kouzes & Barry Posner, The Leadership Challenge

CHLNet Working Groups – Bridging the Gap to Innovation and Transformation

- Research and Evaluation (ROI, Grants)
- Knowledge Mobilization (Briefs, Top Ten, Webinars)
- Health Leadership Action Plan



“Implementation and operation of an integrated health system requires leadership with vision as a well as an organizational culture that is congruent with the vision.”

Environmental Scan Results

- ▶ Snapshot at system level
- ▶ Across provinces/ territories: patients first, mental health, primary care, seniors care and home care
- ▶ Federally: Mandate Letter and Health Accord



Common Elements of Canadian Health Reform

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Building Canada's Health Leaders for Tomorrow: A Roadmap for Action

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Aspiration

Health leadership is a *key enabler* of health system performance and transformation

Collective Vision

- **DEVELOP** people strategies to build the leaders needed for tomorrow
- **BUILD** collaborative leadership that crosses organizational boundaries and silos
- **CREATE** shared purpose across the leadership group including governance

Common Leadership Language

- **EMBRACE** a common leadership language to better share practices, tools and resources
- **MAKE** leadership excellence a strategic and ongoing endeavour
- **COMBINE** resources to build leaders through networks and partnerships

Evidence on Innovation and Leading Practices

- **ENSURE** collaboration between researchers and decision-makers to generate new evidence on the capabilities and models required of leaders for the future
- **CREATE** an inventory and communities of practice around innovation and health leadership
- **LIAISE** with granting agencies for more funding and research to build health leadership evidence

Enhanced Capacity and Capabilities

- **UNDERTAKE** needs assessments and then build a recruitment and succession plan to grow and maximize the health workforce
- **TEACH** skills and knowledge required throughout an individual's leadership journey using a multipronged approach that evidence suggests include: performance feedback, job rotations/shadowing (especially across silos), coaching/mentoring, networking, peer support, action learning and classroom teaching

Measure and Evaluate

- **MAKE** the case by measuring return on investment
- **MONITOR** the leadership gap in Canada
- **EVALUATE** success in achieving reform priorities

Activity

- ▶ Are these the foundation pieces that will give us the edge for success to scale up innovation?
- ▶ How can we use our collective resources for leadership development better?
- ▶ What do we need to do to make leadership programs available to all?



ROI Study Partners

- ▶ Twelve Partners: Manitoba Centre for Healthcare Innovation, Canadian College of Health Leaders, HealthCareCAN, Canadian Nurses Association, Canadian Society of Physician Leaders, CMA/Joule, Accreditation Canada, University of Ottawa, Ontario Hospital Association, Alberta Health Services, Alberta Innovates - Health Solutions, and Canadian Foundation for Healthcare Improvement.
- ▶ Looking for More Partners!

ROI Study Objectives

- ▶ Simple
- ▶ Reliable
- ▶ Valid
- ▶ Cost-effective



ROI Study Preliminary Results



ROI Study Preliminary Results

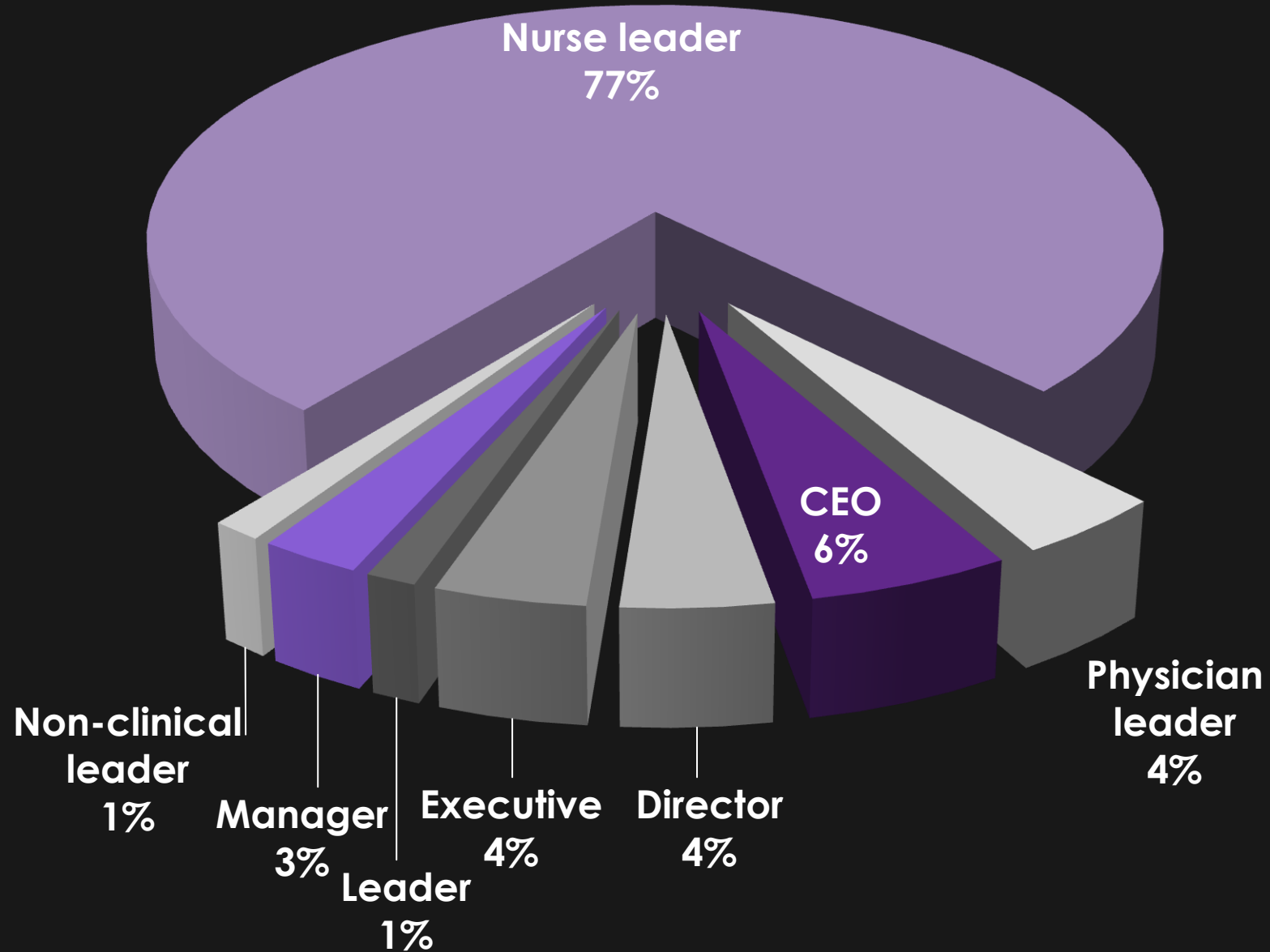
- ▶ Three objectives:
 1. ROI determinants associated with healthcare leadership quality/style
 2. ROI determinants associated with leadership development programs/tactics
 3. ROI determinants associated with existing ROI tools



LEADERS

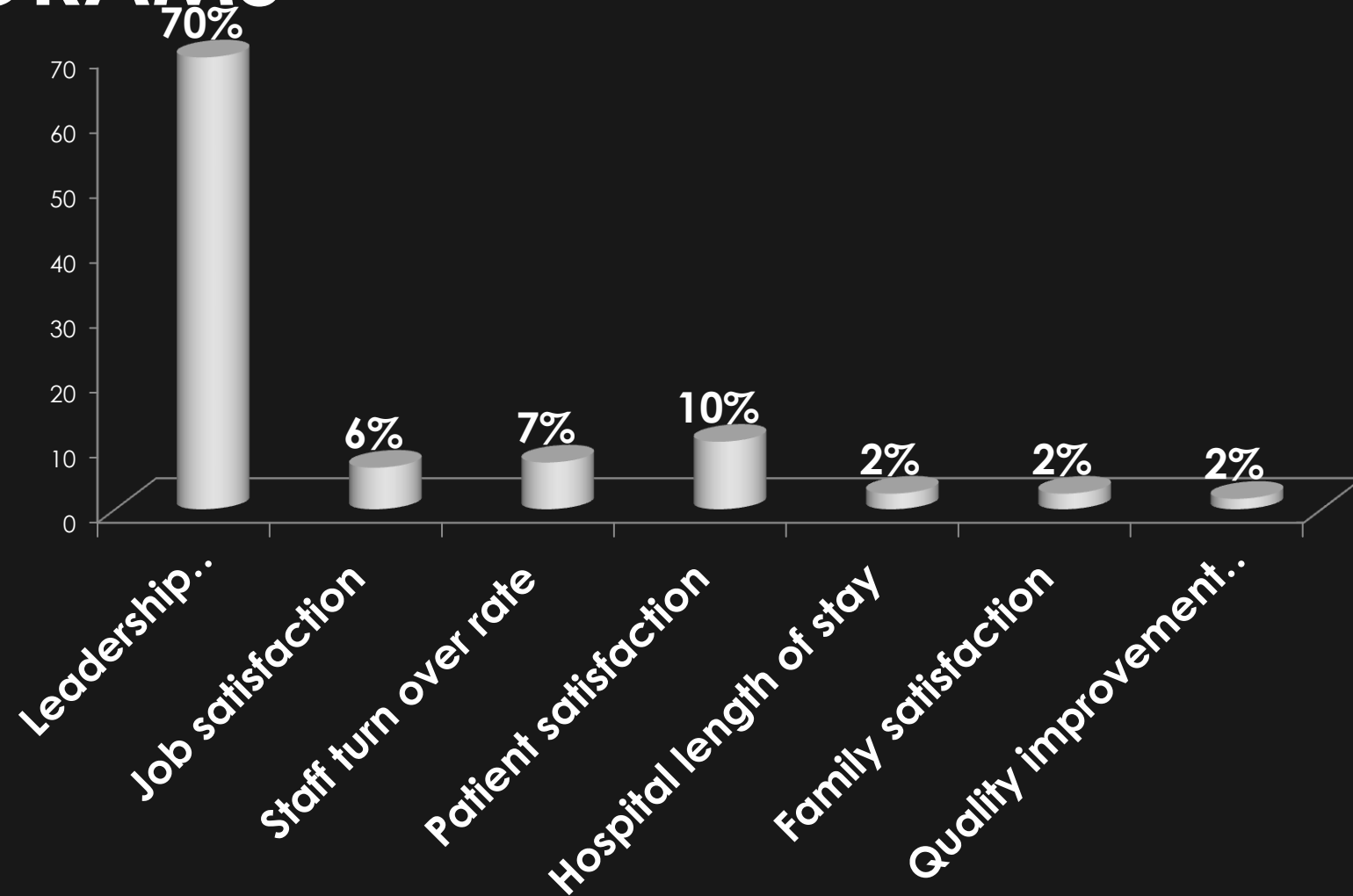
~ 80% of studies focused on Nurse leadership

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OUTCOMES REPORTED BY PROGRAMS

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Thank you

Dr. Chris Eagle
Dr. Gillian Kernaghan
Graham Dickson (PhD)
Kelly Grimes
kgrimes@chlnet.ca

