Best Brains Exchange (BBE) Program

Application Form

Instructions:
Please provide detailed responses to each of the questions below. Word limit suggestions are provided as a guide.

After you submit your application, it will be assessed for eligibility and feasibility. It is CIHR's goal to have all applications reviewed and feedback provided to the applicant within two weeks of receipt.

If your application is approved, the information you have shared below will be used to develop a two-page document to communicate to potential presenters and meeting participants the policy context, the need for evidence and how it will be used.

Part I: General Information
Topic / Title of BBE
Building leadership practices for the 21st Century to transform health systems
Contact Information ** Please provide Name, Title, Email and Phone Number*
Lead Partner Organization(s): Nova Scotia Health, IWK Health and the Health System Leadership Academy **Primary Contact(s):** Andrea Johnson Director, Health System Leadership Academy Andrea.johnson@nshealth.ca 902 599 0821 **Other Planning Partner Organization:** Canadian Health Leadership Network (CHLNet) **Contact(s):** Kelly Grimes CEO, CHLNet KGrimes@chlnet.ca 613.612.5810

Desired Meeting Date (~week/month) & Number of proposed participants: *BBEs are meant to engage participants and encourage discussion. It is therefore advised to limit the number of participants to a maximum of 50 people.*
Desired Date: Week of May 26 **Number of participants: 40 – 50**
Do you have a budget available to support the operationalization of the BBE? ***Please note that this is NOT a requirement to apply to host a BBE.*** *CIHR will contribute funds toward speaker and facilitator fees. Other costs are the responsibility of the applicant.*
YES ☐ **NO** ☒
If yes, please describe what funds are available:
In-kind contributions from the following: CHLNet - Agenda development, securing speakers, report writing – $20 K Innovation HUB – Space to host, technology, knowledge capture, day of support - $10K Health System Leadership Academy -planning, co-ordination, hosting, report writing - $2-5 K
Have you completed or considered completing a literature review to inform the policy issue and solutions? ***Please note that this is NOT a requirement to apply to host a BBE.*** *CIHR encourages and may recommend that policy partners conduct a rapid review as part of their evidence-gathering process.* **YES** ☒ **NO** ☐
If yes, please describe:

Health leadership is viewed as paramount to productivity, capacity, and meeting new or emerging challenges. Healthcare leaders must be equipped with the appropriate set of competencies and education to meet the challenges of a dynamic, rapid changing, and sometimes chaotic health care environment of the 21st century. The context of healthcare leadership is specific to an individual's practice and setting. Therefore, adopting a set of leadership standards to guide development and accountability is essential.

Earlier scoping reviews by both CHLNet and NS Health Implementation Science Teams suggested that effective leaders can have a strong impact on healthcare outcomes and the quality of care provided by healthcare organizations. Since then, research has identified important health-care outcomes and return-on-investment indicators linked to leadership quality, leadership development, and transformative leadership.

References:

1. Tholl, B., Grimes, K., & Dickson, G. (2023, April). Does Health Leadership Really Matter? *Canadian Health Leadership Network*. https://chlnet.ca/april-2023-does-health-leadership-really-matter
2. Grimes, K., Matlow, A., Tholl, B., Dickson, G., Taylor, D., & Chan, M. K. (2022, July). Leaders supporting leaders: Leaders' role in building resilience and psychologically healthy workplaces during the pandemic and beyond. In *Healthcare Management Forum* (Vol. 35, No. 4, pp. 213-217). Sage CA: Los Angeles, CA: SAGE Publications.
3. Udod, S., Baxter, P., Gagnon, S., Charski, V., & Raja, S. (2023). Embracing relational competencies in applying the LEADS framework for health-care leaders in transformational change and the COVID-19 pandemic. *Leadership in Health Services*. DOI 10.1108/LHS-12-2022-0117
4. Kakemam, E., Liang, Z., Janati, A., Arab-Zozani, M., Mohaghegh, B., & Gholizadeh, M. (2020). Leadership and management competencies for hospital managers: a systematic review and best-fit framework synthesis. *Journal of Healthcare Leadership*, 59-68.
5. Smith, K. A., Morassaei, S., Ruco, A., Bola, R., Currie, K. L., Cooper, N., & Di Prospero, L. (2022). An evaluation of the impact for healthcare professionals after a leadership innovation fellowship program. *Journal of Medical Imaging and Radiation Sciences*, *53*(4), S137-S144.
6. Hartney, E., Melis, E., Taylor, D., Dickson, G., Tholl, B., Grimes, K., ... & Horsley, T. (2022). Leading through the first wave of COVID: a Canadian action research study. *Leadership in Health Services*, *35*(1), 30-45.
7. CHLNet. Accelerating 21st Century Leadership Practices. Evidence Brief. Canadian Health Leadership Network. https://chlnet.ca/wp-content/uploads/Evidence-Brief-2023-Draft-Sept-28-formatted.pdf
8. NSHealth. 70-20-10 Approach for Leadership Learning: A Rapid Review (2023)
9. NSHealth. Leadership Opportunities for Health System Transformation Rapid Review (2022)
10. NSHealth: Rapid Review of Implementation Considerations for Leadership and Co-Leadership Strategies (2021)

1) What is the policy issue and how is it relevant to your Ministry/Department/Portfolio's current policy agenda? *Response should be between 250-400 words.*

Nova Scotia Health, IWK Health, in partnership with the Canadian Institutes of Health Research (CIHR), Canadian Health Leadership Network (CHLNet), and Nova Scotia Health's Innovation Hub, proposes to host a Best Brains Exchange (BBE) centered on transformational health leadership. Using Nova Scotia's Health System Leadership Academy (HSLA) as a case study, this exchange will explore how innovative environments and leadership development programs can equip healthcare leaders to navigate and address 21st-century health system challenges.

In 2022, as the *Action for Health* strategic plan (Nova Scotia's roadmap to fix health care) was being launched, the Health Leadership Team (HLT) recognized the urgent need for leadership development to truly transform the health system and made capability building for health system leaders a priority.

The health system was beginning its path of health transformation through the design and delivery of new and innovative health care programs and services, and, at the same time, HLT prioritized a system-wide LEADS-based educational program designed to retain and develop system leaders. The program encourages innovation, instructs leaders to create the conditions to drive change, remove barriers and achieve system-wide outcomes designed to facilitate communication and collaboration. This program provides a common leadership language and the knowledge, skills and mindset to embrace and drive the required system change needed to support an efficient, modern, equitable and respectful healthcare system. Cohort 1 is nearing completion and undergoing a rigorous evaluation by members of the Innovation Hub's Implementation Science team.

Leaders drive organizational culture and play an integral role in developing and implementing policies and procedures. By focussing on leadership development, we build the capability that creates and sustains a positive and effective work environment, a culture of respect, collaboration and trust which, in turn, benefits the entire health system – patients, leaders and team members.

The Best Brains Exchange is an opportunity to work together with CHLNet, using the province of Nova Scotia's leadership program experience of building LEADS-based capabilities across three levels of leadership – Emerging, Experienced and Executive, to gather and share evidence on the 21st century health leadership practices required to champion strategic leadership excellence. As a knowledge mobilization opportunity, we will focus on linking evidence to leadership practices and health policy to drive transformation. By leveraging the Innovation Hub's role in fostering "leadership through doing" alongside HSLA's curriculum, the BBE will provide a platform to refine best practices and create a national dialogue on leadership excellence.

Such a knowledge mobilization opportunity would link evidence to the leadership practices and health policy required to transform health systems. The Best Brains Exchange would be a unique and innovative case study of policy makers, leaders and scholars working together to improve health system performance.

2) What specific policy questions or objectives do you wish to address through the BBE? *Please list 2-3 [draft] questions or objectives.*

Questions:

1. What leadership capabilities are required to transform health systems and meet future challenges?

2. How can organizations create effective and sustainable opportunities to apply learnings from leadership capability-building programs?

3. How can innovative spaces like Nova Scotia's Innovation Hub enable leaders to experiment, fail forward, and drive change?

3) What are the anticipated outcomes of the BBE? *Response should be between 100-200 words.*

The province of Nova Scotia is increasingly being recognized as a leader in health system transformation. The HSLA was custom-designed to support this transformation across health system partners (NS Health, IWK Health, Gov NS, Seniors and Long Term Care, EHS), and the BBE will ensure that its curriculum remains future-proofed and evidence-based. Additionally, the Innovation Hub represents a new paradigm in leadership development— "leading through doing"—offering a complementary approach to leadership development programming. Together, the HSLA and the Innovation Hub exemplify a continuum of health leadership innovation, fostering both structured learning and practical application. This BBE will be a significant step forward in positioning Nova Scotia as a beacon for transformational leadership, benefiting NSHealth, IWK Health and the broader health system.

Outcomes anticipated:

1. Expert input into the HSLA curriculum as Cohort Two planning begins.

2. Evidence-based refinements to ensure the HSLA program remains relevant and impactful to leader growth, development and overall leader retention.

3. Strengthened ties with the broader health leadership community and networks.

4. Enhanced health system performance through improved leadership practices to implement Nova Scotia's health system transformation agenda.

5. Reinforced leadership role in healthcare transformation at a system level.

6. Strengthened network and partnerships with policymakers, researchers and leaders linking evidence to policy and practice.

4) Following the BBE, how do you propose to advance the policy issue identified above? *Response should be between 100-200 words.*

Focus will be on disseminating and implementing insights through the following key actions:

1. **Knowledge Mobilization:**
    - Creating learning reports and to share findings with the leadership team at Nova Scotia Health and IWK Health to inform ongoing leadership conversations
    - Leveraging CHLNet's extensive network of partners to disseminate evidence-informed tools and learnings at macro/meso levels across jurisdictions. This broad reach will support scaling and spreading best practices in strategic leadership excellence.
2. **HLSA Program Refinement:**
    - Incorporating BBE findings into the HSLA curriculum and ensuring its alignment with evidence-based leadership capabilities required for transformational change.
3. **Learning and Leadership Vision:**
    - BBE outputs will serve as an important input to the development of a learning and leadership strategy focused on leader recruitment, retention and succession management.
4. **Collaboration and Application:**
    - Engaging policymakers, researchers, and leaders to integrate BBE-informed strategies into ongoing health system transformation initiatives, with practical application opportunities through the Nova Scotia Health Innovation Hub.

By combining Nova Scotia Health and IWK Health's leadership efforts with CHLNet's established knowledge-sharing infrastructure, this BBE will foster sustainable improvements in health system performance and position Nova Scotia as a national leader in transformational health leadership.

Part III: Identified Need for Research Evidence on the Policy Issue

5) How would research/implementation evidence help to inform the policy issue/questions identified above? *Response should be between 200-400 words.*

Year One of the Health System Leadership Academy will be completed in January, 2025 with the next intake planned for September, 2025.

Investments in leadership development have demonstrated positive returns by improving individual and team performance in complex situations. Investing in the development of all members of the care team throughout their career trajectory are opportunities to explore.

Effective leadership in a health care organization correlates with improved job satisfaction, retention, and quality of care. Those in supervisory positions are encouraged to reflect upon their leadership style because it has the potential to improve workforce mental health and health worker retention.

Leadership practices that leaders should embrace include adopting a relational approach to improve teamwork and decrease emotional strain; promoting greater interprofessional collaboration; cultivating leadership development in education and practice; and disrupting entrenched structures by including diverse perspectives in decision making.

Insights from the BBE will provide valuable input as Cohort One transitions from the learning phase to the application phase and planning for Cohort Two begins. Rich conversations and valuable insights from colleagues in academia and the larger health sector community will position the Health System Leadership Academy as a transformative program, aligned with the evolving needs of healthcare leadership.

Additionally, the BBE will reinforce the pivotal role of the Nova Scotia Health Innovation Hub in fostering a culture of innovation. By connecting leaders across silos and supporting them to test and try transformative solutions, the Nova Scotia Health Innovation Hub serves as a dynamic platform for leading through doing. The research and implementation evidence generated through the BBE will further bolster the Hub's mission to empower leaders to build solutions from within and connect with larger networks, driving systemic change.

The sharing of evidence between researchers, policy makers and leaders will ensure that future health leadership evidence is built based on the needs of the health system. Leader's toolboxes will be updated to address the priorities of the health transformation agenda, equipping leaders with the skills to navigate complex challenges and advance meaningful change.

6) Why is the proposed topic/policy issue suited for a BBE (as opposed to a standard workshop or conference)? Please refer to the BBE Program Overview when responding.

Effective leadership is critical to the performance of a health system and essential for achieving quality, person-centred care. Effective leaders can shape the culture and values of a health system, build trust, and motivate employees to work toward common goals. Staying abreast of, and building, future-focused transformational leadership capabilities and 21st century leadership practices is essential for such a transformational leadership development program.

The BBE would bring together Researchers (who have the knowledge but often do not have opportunities to share beyond peer reviewed journals and conferences) with Academics and Healthcare Leaders and would provide a unique opportunity for policy makers and leaders to pause, reflect and dialogue on the fast-faced environment that leaders currently face. The BBE would be an ideal venue to learn from each others expertise and experience.

The BBE would also create the ideal opportunity to interact with Academics to ensure that leadership development programs build the needed practices to transform health systems. Practices such as the use of technology/AI, systems leadership, evidence informed/data driven decision making, complexity, creativity, belonging and inclusivity, and effective ways to partner that cross boundaries and sectors. Four high level areas have been identified in the evidence to champion strategic leadership excellence:

1. Leadership Practices for the 21st Century to Transform Health Systems.
2. Anti-Racism and Social Justice to Achieve Effective, Diverse and Inclusive Leadership.
3. Leadership Styles and Practices and Promote Supportive Workplaces and Workforce Wellness.
4. Climate Conscious Leadership Practices for a Sustainable Health System.

A lifelong learning approach and engagement in networks to share knowledge and ideas must be embraced. This effort would do this and could be emulated going forward and in other contexts across the country.

Part IV: Key Participants / Presenters

CIHR is committed to equitable representation of speakers and participants at the BBEs as CIHR continues to build meaningful relationships founded on equity, diversity and inclusion and respectful of Indigenous (First Nations, Inuit and Métis) Peoples as rights-holders.

7) Indicate the key senior policy/decision makers and stakeholders who should be engaged in the BBE in order to move this policy issue forward.
Explain how you propose to involve them on the day of and beyond the BBE?

The BBE will engage senior policy and decision-makers integral to health system transformation in Nova Scotia and beyond. These stakeholders include leaders in health policy, workforce development, innovation, and leadership education, representing key organizations such as the Department of Health and Wellness, Nova Scotia Health (NSH), the IWK Women and Children's Hospital, and various external partners including CHLNet and academic partners.

Key NS participants include Vanessa Chouinard (Associate Deputy Minister, Dept. of Health and Wellness) and Madonna MacDonald (Vice President, Primary Care and Co-Lead, Health Transformation Office), who will anchor discussions on aligning leadership development with Nova Scotia's broader health transformation goals. Other essential contributors, such as Anna Marenick (VP, People Services, NSH), Steve Ashton (VP, People Services, IWK), and Margaret Palmeter (Senior Director, NS Health Innovation Hub), will provide operational insights into fostering leadership development and internal innovation across health organizations.

Day of the BBE: Participants will explore pivotal changes needed, at a systems level, to create an environment where leaders can effectively apply their learnings. Discussions will center on prioritizing reflective practice, carving out protected time for learning, and embedding leadership development into everyday work to build leadership capacity and improve organizational culture. Participants will also focus on innovative solutions for creating conditions where internal innovation thrives, addressing barriers and enablers to systemic change.

Beyond the BBE: To drive continued impact, senior leaders will participate in follow-up sessions to discuss possible opportunities for implementation, refine the Health System Leadership Academy (HSLA) curriculum, and support the development of system-wide structures that prioritize leadership, learning and innovation. Key insights will be shared nationally through CHLNet's network to influence broader adoption of leadership best practices. Locally, knowledge mobilization will include tailored reports and presentations for Nova Scotia Health's leadership teams to ensure sustained focus on leadership excellence as a cornerstone of health system transformation.

This collaborative approach ensures that the BBE becomes a launching point for long-term, evidence-informed leadership excellence, driving transformation across Nova Scotia's health system and beyond.

8) Please identify any researchers or implementation experts who you would like to see present and/or participate in this BBE. Please indicate their area of expertise as it relates to the policy context.

CHLNet has created and convened a *Canadian Learning Collaborative for Health Leadership* with co-leads comprised of academic and health system leaders. These leaders will share their work in their evidence around the four priorities to champion strategic leadership:

1. Leadership Practices for the 21st Century to Transform Health Systems.
2. Anti-Racism and Social Justice to Achieve Effective, Diverse and Inclusive Leadership.
3. Leadership Styles and Practices and Promote Supportive Workplaces and Workforce Wellness.
4. Climate Conscious Leadership Practices for a Sustainable Health System.

Their work cultivates, gathers and shares leadership practices that make a difference. The Collaborative is in the midst of assigning co-leads and currently include:
Dr. Deanne Taylor (Interior Health and CHLNet) Dr. Bob Woollard (University of British Columbia)
Dr. Graham Dickson (LEADS Global)
Dr. Ming-Ka Chan (Max Rady College of Medicine University of Manitoba, and Sanokondu)
Dr. Myles Sergeant (Canadian Coalition of Green Health Care)
Dr. Anurag Saxena (University of Saskatchewan)
Dr. Ivy Bourgeault (University of Ottawa)
Dr. Phil Cady (Royal Roads University)

In addition, Dr. Joshua Edward, Manager, Research Development of the Innovation Hub will be actively engaged in the BBE alongside the Innovation Team.

To *facilitate* the BBE event, Dr. Erik Lockhart, Associate Director of the Queen's Executive Decision Centre and the Founder of Lockhart Facilitation Inc. will be employed. Mr. Lockhart designs and facilitates meetings using group decision support technology and other more traditional meeting processes in both face to face and virtual modes. He has led over 3450 sessions for multi-stakeholder groups undertaking strategic plans, community consultations, environmental scans, budgets, risk planning, stakeholder analysis, organization redesign, and focus groups. His facilitation solution is a powerful technology for supporting meetings - Group Decision Support Software (GDSS). Their research and experience show that this technology provides a number of important advantages compared to traditional approaches:

•Richness: More ideas can be generated and evaluated in a shorter period of time;

•Discipline: The meeting is better kept on time and on topic;

•Collaboration equity and engagement: There is greater and more equal participation in an inclusive and empowering way;

•Everything gets said: Contentious ideas and opinions can be put forward anonymously;

•Energized group: It is a fun, innovative, pain-free way to focus a team;

•Efficiency: The deliberations and results are automatically captured electronically and immediately available for review.

Signature of Signing Authority, Lead Partner Organization
Name:  Vanessa Chouinard Associate Deputy Minister Department of Health and Wellness