



# Draft Business Plan: *Canadian Academic Collaborative for Health Leadership*

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OF BRITISH COLUMBIA



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# Executive Summary



Write last!

## The Opportunity

*Unmet need statement. Size of the problem. Population impacted. Equity concerns. Outcome of the problem and how relevant to health leadership.*

Currently, the building of health leadership evidence and research occurs in a peripatetic way of academics, academic health centers, organizations, and others. Since 2014, the [Canadian Health Leadership Network \(CHLNet\)](#) through its Research & Evaluation Working Group has tried to stimulate and grow applied and academic health leadership research to better understand the discipline of health leadership and how it impacts system performance. This group of academics and knowledge users together have begun to build a body of evidence around health leadership to integrate into policy and leader practices. Its overseen and/or contributor in initiatives that include multiple benchmarking studies on the health leadership gap in Canada, Return on Investment in Health Leadership, Leading Through the COVID-19 pandemic, CIHR Leadership and Health System Redesign (PHSI) Study, Empowering Women Leaders and much more (see Appendix A: CHLNet Value Add).



The COVID-19 pandemic showed the importance of leadership. There is clearly an ongoing need to undertake and monitor research into the pivotal role health leadership plays in health system performance and transformation. Conveniently, there is a ‘natural experiment’ both nationally and internationally providing a ripe opportunity for applied health leadership research.

A *Canadian Academic Collaborative for Health Leadership* would be the first of its kind in Canada, bringing together a diverse community of academics and academic health science centers with an interest in advancing the discipline of health leadership, together with health leaders from across Canada (and potentially globally) to better understand the critical enabling role health leadership plays in improving health system performance and advancing transformation. It would explicitly link evidence to policy and practice.

# Context



*Story of where, how, why and for whom the problem exists. Who are the decision makers in this space?*

Leadership to create learning health systems is seen as an antidote to the volatile and uncertain current health and care environment. We know there is a robust and growing body of research relative to wise practices clinically, to educational processes to creating high functioning health teams, and to support effective organizational administration and management processes. The importance of leadership development is well established in business and the military, for example. Health systems, for one reason or another, have not valued leadership in the same way it is valued in other sectors with leadership development budgets declining and less time given to health leaders to participate. In fast changing and complex environments such as healthcare, in which ‘learning health systems’ are the goal, there is growing recognition that this deficiency needs to be addressed.

But how do we define leadership? CHLNet and its 40+ network partners have agreed, since the inception of the network in 2009, to support the [LEADS in a Caring Environment capabilities framework](#) (or any compatible leadership framework) as a prerequisite of membership. The framework has been adopted by others including many universities across the country. The Network’s [2020 Benchmarking Study](#) indicated that LEADS is now recognized as the preferred leadership framework of 80% of health organizations across Canada that have adopted a leadership framework. LEADS is also garnering increased interest internationally (Belgium, India, Australia). This is due in large measure to both its construct and face validity with a refresh of the framework to be conducted in 2024/2025. This same study conducted pre pandemic already showed an increasing concern about the lack of diversity in senior leadership positions, low investment in leadership development, a growing concern about the supply/demand gap for senior leaders and that innovation as a key leadership capability for 21<sup>st</sup> century care remains low for health leaders. Initiatives such as the federal governments work and toolkit on the [50-30 Challenge: Your Diversity Advantage](#) are moving this work forward.

It’s time to build evidence and the next generation of health leaders through championing strategic leadership excellence in themes of action including:

## 1. [Fostering Diversity, Equity, Inclusion and Belonging to Achieve Effective Leadership](#)

Co-championing and co-creating incremental change and strategies that foster open dialogue, trust and safe spaces are key to more meaningful systemic change. Building Indigenous health leadership and practices (such as two-eyed seeing) are essential in an all-encompassing path forward.

## 2. [Accelerating Leadership Practices for the 21st Century to Transform Health Systems](#)

Leaders and leadership must be part of any transformation strategy. Leader toolboxes need constant updating to accelerate the development of 21<sup>st</sup> century leadership 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. A lifelong learning approach and engagement in networks to share knowledge and ideas must be embraced.

### 3. Promoting Wellness and Psychologically Supportive Workplaces

Relational leaders and psychologically supportive workplaces shape the culture and values of the workplace vital to employee retention, satisfaction and restoring a sense of joy, humanity, and compassion in the workforce. Leaders must role model behaviours such as work-life balance, authentic two-way communication and listening, but also use evidence informed interpersonal leadership styles, such as affiliative and coaching.

### 4. Addressing Climate Change for a Sustainable Health System

Leaders must initiate vital conversations to drive improvements, reduce waste, and prioritize sustainability and local sourcing in health system decision-making and supply chains. The idea of resource sharing among institutions and countries should be tied to principles of social justice, and the ethical dimensions of health system decisions on a global scale.

## Keys to Success

*Describe unique or distinguishing factors that will help your business plan succeed.*

- Virtual, multi jurisdiction, pan-Canadian partnerships. To date, the following universities/academic centers have expressed interest in this work: Rural Coordinating Center of BC/UBC, Royal Roads University, University of Alberta, University of Saskatchewan, University of Manitoba, University of Ottawa, Toronto Metropolitan University and McMaster University.
- Values: trust & reciprocity in all our interactions; inclusivity and broad systems level partner engagement; share and convene based on a common leadership language and continuous learning.
- Linkages and reporting to CHLNet's Research & Evaluation Working Group (academics and decision makers) and Health Leadership Exchange and Acceleration Working Group (knowledge users) to ensure health leadership evidence is integrated into policy and practice.
- Principled and adaptable approach that supports ongoing relevant and new work when relevant with our themes of action and builds feedback loops.

# Proposed Solution

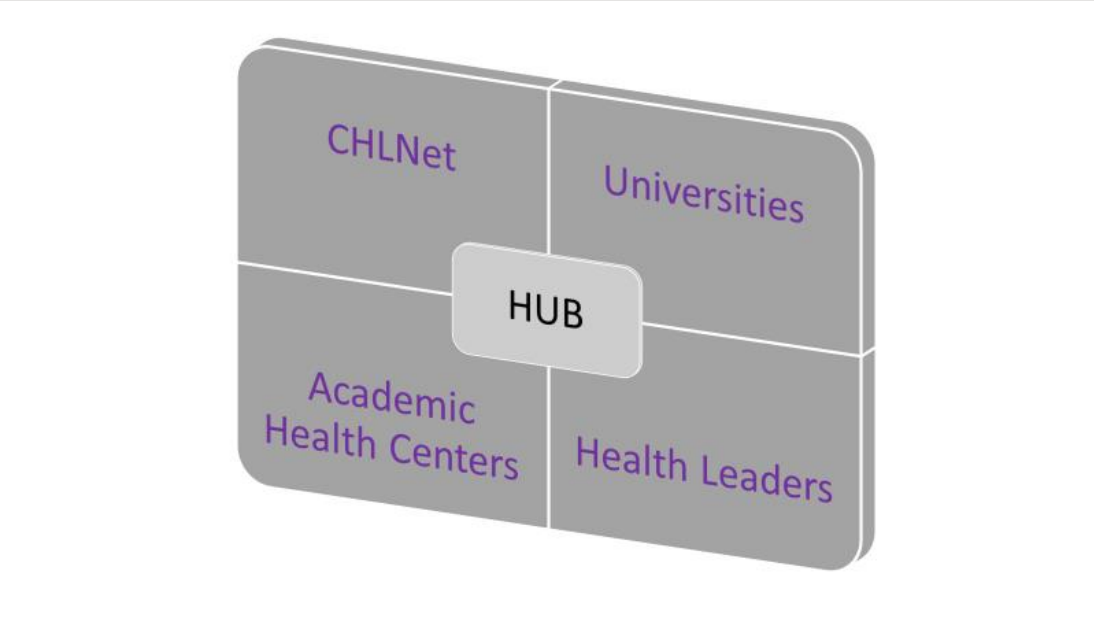
**i** What is the solution being proposed to address the opportunity?

A Canadian Academic Collaborative for Health Leadership would be the first of its kind in Canada, bringing together a diverse community of academics and academic health science centers with an interest in advancing the discipline of health leadership at a systems level, together with health leaders from across Canada (and potentially globally) to better understand the critical enabling role health leadership plays in improving health system performance and advancing transformation. It would explicitly link evidence to policy and practice.

# Hub Structure

**i** Structure and processes for the hub.

One university would act as the virtual hub host. This would be an unincorporated academic hub based at a Canadian University (under a faculty of health sciences or medicine) that would embrace an interdisciplinary approach. A governance board representing the partners would need to be established with a direct reporting linkage with CHLNet and its working groups to ensure evidence, practice and policy are linked. Chairs would rotate among the universities. A Research Assistant would be required to support the board but also to oversee the products and services outlined below. Given that universities have longer timelines for approval of new expenditures, Phase 1 will include stretch assignments for scholars and practitioners already in the system who might be interested in providing ~5 hours a week.



## Products and Services



*Describe your products or services and why there is a demand for them. What is the potential market? How do they benefit customers? What about your products or services that gives you a competitive edge?*

- *Collaborative research/scholarship platform:* Given the increased competition and tight timelines for submitting research grants in the health and social sciences, the ‘hub’ would help enhanced opportunities for securing research funding by: (a) providing an early warning system for identifying shared research funding opportunities; (b) enabling currently disconnected scholars within/across universities to work together to increase likelihood of funding, and (c) creating pathways to collaborate with practitioner organizations (through the good auspices of the Canadian Health Leadership Network). The overall objective would be to seek research funding dedicated to identifying, on a research and scholarly basis, the leadership capabilities and practices that contribute to learning health systems.
- *Venue for Successful Innovation Diffusion:* exploring successful innovations in health leadership using an appreciative inquiry approach and communicating to the broad network both the innovations and reasons for success. The hub would be action oriented and link to and amplify national/international efforts. Adaptability would be based on principles set out.
- *Expand common understanding and language of health leadership:* Most Canadian health enterprises now use the LEADS in a Caring Environment capabilities framework to articulate leadership expectations. It may make sense to think about using the framework to help curate the growing leadership in health literature (see (1) above). Key learnings from the literature in terms of how the LEADS framework is being put to work in practice could continue to be incorporated. This would, for example, support the development of a more practical “Hitchhiker’s Guide to Better Health Leadership in the 21st Century” which could be updated periodically and provide a centralized reference.
- *Mutual support network and relationship building:* Those working in academic health centers often have multiple roles and responsibilities. Each is on their own leadership journey and experiencing their own leadership challenges. The ‘hub’ could serve as a safe meeting place to provide mentorship and other forms of support. Expanding connections would also include building relationships with scholars and practitioners of leadership internationally through the good auspices of CHLNet and LEADS Global currently (with the proposed World Health Leadership Network prospectively).
- *Creating/supporting a national health leadership common:* Growing health leadership capacity through evidence and education is fundamentally a public good. “A rising tide raises all ships”. Publishing articles, books, and conducting other knowledge

mobilization efforts, in concert with partners such as CHLNet to connect the world of academia with the world of practice.

- *Health leader's incubator:* Enabling health science professional schools and practitioner agencies to prepare their current and future members to participate in meaningful change relative to the three functions mentioned above, by identifying the leadership development needs and wise practices of creating change that are required on an ongoing basis and throughout the career trajectory.
- *Support needs-based leadership planning and development:* Addressing the need to understand the level of leadership capability currently within the health system—in multiple contexts—required to create learning health systems, and to identify supports needed to improve that capability. For example, there are a multiplicity of reports that suggest leadership practices will enhance psychological health in the workplace (most prominent the CSA Standard). However, there are few if any studies dedicated to knowing whether they are functioning well in practice.
- *Clearinghouse:* The body of research specific to health leadership continues to grow rapidly. There is a concomitant need to curate this literature (building and expanding work currently done for and with the Canadian Health Leadership Network). Helping practicing leaders in health systems with the research and scholarly foundations for the identification of and behaviours associated with productive leadership—micro to macro specific—aimed at creating learning health systems. Regular bulletins, podcasts and more would be generated for partners. The idea a journal or special issue on health leadership such as with BMJ leader or [Cureus channel](#) will be explored.

## Management and Resources



*What are the people, financial, equipment, software/tools, spaces needed to get this done. What start up capital is required of each partner or others to get the academic hub going*

Hosting the 'hub' would require an assigned part-time research coordinator (.5 FTE) with access to back-office support (bookkeeping, IT) by the host university. All participants in the network would be expected to contribute to its function either through cash or in-kind contributions. The hub would operate virtually.

The research coordinator job responsibilities might include for the collaborative: setting up a virtual platform for sharing; meeting planning; branding and communication (internally and externally); reviewing grant opportunities; coordinating grant submissions on behalf of the collaborative; etc.

Grants, partner contributions, and foundation funding would be sought to fund pan-Canadian scholarship and evidence that would be developed into knowledge translation tools to integrate into policy and leader practices. It is anticipated that 2024 would be the year to set up and 2025 would begin with a larger pilot/demonstration project.

# Call to Action/The Ask



Develop an ask of potential partners and funders. Try not to ask for more than 3 things.

1. Join a collaborative scholar platform and commons for health leadership that links evidence to practice.
2. Participate in a mutual support network and relationship building for scholarly health leadership.
3. Contribute to the generation of a health leader’s incubator to foster future health leaders.

# Deliverables and Timeline



What are the high-level steps to achieve the academic hub. Use the Kotter change model framework to guide thinking <https://www.mindtools.com/a8nu5v5/kotters-8-step-change-model>. Gantt chart can help.

<b>Phase 1</b>	
Each partner identifies possible individuals for stretch assignments	Spring 2024
Further defines resources required for the center	Spring 2024
Identification of point person and pledges funding or other resources for start up	Spring 2024
Define priorities for scholarly action that will be most impactful	Spring 2024
Initiates demonstration project	Summer 2024
Explore the concept of a journal	Summer 2024
<b>Phase 2</b>	
One university agrees to act as hub	Fall 2024
Governance structure determined and convened with regular meeting schedule	Fall 2024
Recruit research assistant	Fall 2024
Create branding and communications	Fall 2024
Establish a virtual platform for interactions	Fall 2024
Determine research agenda setting mechanism to ensure long term sustainability and relevance	Fall 2024
<b>Phase 3</b>	

Initiate a pilot/demonstration project	January 2025
Begin rollout of products and services	Spring 2025
Develop long term plan for the hub	Fall 2025

## Risks and Limitations



What might the anticipated problems be and how should they be mitigated. List at least 3-5 key risks you anticipate. What could go wrong, how likely the risk, impact it could have. <https://bit.ly/3BICq3n>

- Funding for the hub itself to support its work.
- Stakeholder involvement if no demonstration project occurs early in our work to show the potential impact and successes that could be generated.
- Proper linkage of health leadership evidence building to policy and practice to show impact.

# Appendix A

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## CHLNet's Value Add

### Who We Are

Created in the fall of 2009 with 12 founding partners, the Canadian Health Leadership Network (CHLNet) is a not-for-profit, purpose-built coalition of 40+ organizations (called [Network Partners](#)) who gather to build health leadership capacity and capabilities across Canada. Members cut across jurisdictions, policymakers, academics, health associations, regional health authorities, patients, and health disciplines. Through its [strategic plan](#), CHLNet conducts its work in building health leadership via four value streams: *Support Leaders Through Dialogue & Engagement*; *Build and Apply Health Leadership Research, Evidence and Knowledge*; *Accelerate 21<sup>st</sup> Century Care Leadership Practices*; and *Champion Strategic Leadership Excellence*. Tools are free to network partners as outlined below.

### What We Do

Working and steering groups comprised of network partners guide our work based on partner needs. Their efforts include under our value streams of:

#### *Support Leaders Through Dialogue & Engagement*

- [Bimonthly Eblasts](#) provide a medley of tools, practices, and articles for leaders. Each eblast contains a *Top Three*, accompanied by regular *blogs* on topics such as polarity management and building resiliency.
- [Network Partner Roundtables](#) occur twice a year where leaders gather at a national level on their leadership challenges (using Chatham House Rule), opportunities and hear project updates.

#### *Build and Apply Health Leadership Research, Evidence and Knowledge*

- [Benchmarking the Health Leadership in Canada](#) gives organizations comparative data on the leadership gap. The most recent survey shows we still lag in the supply/demand, diversity, and capabilities gaps (especially on Innovation, a key leadership capability for 21st century care).
- [Leading Thru COVID Action Research Project](#) surfaces the leadership practices that have been effective during the pandemic and beyond. See our final [Infographic](#) summarizing findings.
- [Empowering Women Leaders in Health](#) initiative led by Dr. Ivy Bourgeault offers three evidence-informed EDI Toolkits (LEADS-based, HeForShe Ally, and Ally for Diverse Leadership).
- Mitacs Grant with McMaster University and LEADS Global on “Accelerating the Healthcare Leader’s Career Pathways: Determining pathways of leadership and developing and testing a mobile app prototype.”

#### *Accelerate 21<sup>st</sup> Century Care Leadership Practices*

- [LEADS](#) as a common leadership language provides a foundation for sharing practices and tools across our network. CHLNet is a founding partner of the LEADS Framework Steering Group that continues to oversee refreshing of the framework.
- [Leadership Development Inventory](#) contains over 50 leadership programs across the country that can be sorted by your leadership role, location and duration.
- [Leadership Development Self Assessment](#) is a LEADS based tool that provides a unique profile outlining the domains and capabilities to focus ones’ learning on.
- The [Wise Practices Toolkit](#) provides a centralized resource of evidence/experience-based and emerging/innovative practices to help organizations create a powerfully impactful leadership development program.
- The newly updated [Leadership Development Impact Assessment Toolkit](#) measures return on investment and build the case for leadership development.

