



Canadian Health  
Leadership Network

Le Réseau canadien  
pour le leadership en santé

# 2017 Annual Report



## Message from the Co-Chairs



Gillian Kernaghan

Annual reports are a time of reflection of where we have been and relishing where we might go next in building health leadership capacity in Canada. The Canadian Health Leadership Network (CHLNet), through the efforts of our 42 network partners who extend coast to coast, has created a movement of organizations who believe that the key to health reform and system innovation is creating new leaders and enhancing the capabilities of our current one. In 2017, we have had the privilege to add four new partners in our efforts:

Saskatchewan Health Authority, Pallium Canada, Hôtel-Dieu Grace Healthcare and the Canadian Association of Paediatric Health Centres.



Chris Power

Our new three-year [strategic plan](#) (2017 to 2020) carries forward and builds on three value streams:

- Connecting People through Dialogue and Engagement;
- Advancing Health Leadership Research, Knowledge and Evaluation; and
- Accelerating Leadership Practices and Capabilities.

CHLNet operationalizes these streams through working groups comprised of its Network Partners (which meet quarterly via one-hour teleconferences). A new group, Canadian Health Leadership Exchange and Acceleration, will gather provincial leaders to stimulate and grow health leadership capacity and capabilities in their respective jurisdictions in the context of current and future reform activities and challenges. Our inaugural meeting (chaired by Hugh MacLeod) will be held in February 2018 with Australia's Health Education and Training Institute sharing their approach to leadership country wide. This working group will also create opportunities to mentor and network with the next generation of leaders.

Our other major working group is the Research and Evaluation Working Group (chaired by Graham Dickson), which gathers a mixture of researchers and decision makers. Change and innovation in a systems context (macro to micro) requires sophisticated leadership capability and we are helping to build evidence to show this. Funded by 15 partners including the [ROI Institute Canada](#), our current efforts have been in measuring the impact of leadership development through the creation of a toolkit. A separate ROI Steering Group has guided this effort (Leadership Development Impact Assessment Toolkit). To begin this effort, the Manitoba Centre for Healthcare Innovation funded a scoping review on *Return on Investment* that was finally published in November 2017 that showed important health care outcomes/ROI indicators and metrics linked to leadership quality and leadership development programs that could be used to assess the impact of health leadership in health care organizations.

CHLNet, in collaboration with the University of Ottawa, secured an 8 month (full time) \$30,000 MITACS Accelerate Internship for a Postdoctoral Fellow. Our Mitacs Fellow begins work in 2018 with our three pilot sites (British Columbia's Provincial Health Authority, Saskatchewan Health Authority and Joule with Doctors Nova Scotia) to evaluate the LDI toolkit. Our target is to have the toolkit ready for free partner access early in 2019. CHLNet is also a key partner with the University of Ottawa on an [Empowering Women Leaders in Health](#) (Status of Women, 2017 to 2019). Gillian

Kernaghan, our Network Co-Chair, is one of the three women leaders for this project, heading up the health care stream.

The Knowledge Mobilization Working Group is our third working group. The group is led by Wendy Nicklin and oversees our webinar series with the LEADS Collaborative. All webinars are recorded and [made available on our website](#) including any background material. Our 2017 webinars included: *How to Measure Impact of Health Leadership Development* (ROI Institute Canada and Graham Dickson); *LEADS Impact: CADTH's Case Study*; and *From Theory to Practice, Creating Learning that Sticks* (Alberta Health Services). Our quarterly e-blasts contain many more leadership pearls and events including the [Top Ten Reading Lists](#) that contain what we believe are the best leadership articles for partners to read

The health workforce needs to develop new skills and knowledge to carry out the health reform initiatives required of them. CHLNet is a founding partner of the [LEADS Collaborative](#) along with the Canadian College of Health Leaders (which houses LEADS Canada), Royal Roads University, and Dr. Graham Dickson. CHLNet Network Partners believe there is a need for a common leadership language. LEADS in a Caring Environment (LEADS) has become Canada's preferred, common leadership learning platform and adoption has been widespread. We are in the midst of a refresh/evergreen of the LEADS Framework. Focus groups have been held across the country and an annotated bibliography that updated the literature that surrounds the LEADS Framework has just been completed in partnership with Royal Roads University and LEADS Canada.

Main partner involvement comes at CHLNet's semi-annual evening dialogue sessions where senior leaders come to chat openly on their leadership journey and health leadership issues of the day under Chatham House Rule. Last year, we welcomed the Public Policy Forum as our new co-host and featured Alike Lafontaine and Danielle Martin. The evening dialogue then continues into the next day at our partner roundtables. In 2017, we had partner presentations from Joule/Canadian Medical Association, Canadian Medical Protective Association, St. Joseph's Health Care London, Health Standards Organization, Alberta Health Services and the Alberta College of Family Physicians. All past presentations can be found on [CHLNet.ca](#).

We believe that these new value streams are impacting our Canadian health system while using CHLNet's limited financial and in-kind resources efficiently. Thank you in being part of our effort to achieve our vision of *Better Leadership, Better Health, Together!*



Gillian Kernaghan  
CHLNet Co-chair



Chris Power  
CHLNet Co-chair

## *Executive Director's Report*

Created in the fall of 2009 with 12 founding network partners, the Canadian Health Leadership Network (CHLNet) now comprises 42 organizations that cut across jurisdictions, policymakers, academics, health associations, regional health authorities, patients and health disciplines. (See attached list of partners.) It is especially noteworthy that a majority of provinces and territories or their agencies are now partners. In May 2017, CHLNet partners approved a new Strategic Plan and it outlines that together, we:



*Kelly Grimes*

- Raise awareness through a collective voice about the critical importance of quality leadership to health system performance and reform to pan-Canadian dialogues;
- Act as a national convenor spawning a "leadership commons" spanning professions and leadership generations where organizations can share experiences, successes, evidence and lessons learned to fuel new innovations;
- Create a better bridge between researchers and decision-makers to advocate for further research and funding on the impact of quality leadership in health and health reform;
- Stimulate application of the best evidence, research and knowledge to leadership development and to the practice of leadership; and
- Through partnerships, make LEADS in a Caring Environment the most dominant health leadership platform in the country.

We are so appreciative and thankful to have Gillian Kernaghan (CEO of St Joseph's Health Care London and Past President of Canadian Society of Physician Leaders) and Chris Power (CEO of Canadian Patient Safety Institute) as our co-chairs. Dr. Graham Dickson, our leadership expert, continues his pivotal role as our Senior Policy Advisor. The Secretariat is also rounded out by: three Network Partner liaisons (Louise Ogilvie from the Canadian Institute for Health Information, Maria



*Elma Heidemann  
and Don Philippon*

Judd of Canadian Foundation for Healthcare Improvement and Emily Gruenwoldt, Canadian Association of Paediatric Health Centres), Emerging Health Leaders, Founding Co-Chairs (Elma Heidemann and Don Philippon), Founding Executive Director (Bill Tholl), Chairs of our Working Groups (Hugh MacLeod and Wendy Nicklin) and our host Secretariat (CCHL). These individuals give so much of their time, wisdom and advice and it is so appreciated. As well, many thanks to Canadian College of Health Leaders (CCHL), our host Secretariat, for supporting us with space, technology and accounting services.

CHLNet's core team remains small (two part-time positions) but with partner 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. We believe our value add is immense and growing; however, CHLNet is only as strong as the network of partners that it brings together. For our network to succeed, we must continuously reinvent our value proposition around the twin founding principles of "trust and reciprocity".

As always, we want to hear your ideas to extend our influence and value so please contact me to dialogue and share. Outlined below are some of our major highlights and achievements, organized by our three value streams.

## Highlights and Achievements for 2017

### I. Research, Knowledge Mobilization and Evaluation

- Research and Evaluation Working Group meets quarterly (chaired by Graham Dickson) and comprised of researchers and decision makers
- Status of Women Grant: CHLNet and CCHL, working with the University of Ottawa Telfer School of Management, and others on *Empowering Women Leaders*, received \$400,000 (June 2017) to advance gender equality in health care, health sciences and indigenous health
- SSHRC-CIHR Healthy and Productive Knowledge Workers Grant: partner organization with University of Ottawa that includes an analysis on health leadership
- New grant opportunities and research strategies undertaken so now partners on many other CIHR, NCE and SSHRC grants. Continue to liaise with CIHR, Health Canada and other grant agencies for opportunities on areas of leadership research
- Secured funding (\$55K) and conducting an ROI study (now called Leadership Development Impact/LDI Assessment Toolkit) with three phased approach (scoping review, pilot test and implementation). Now pilot testing toolkit in BC, AB and NS (Joule/A CMA Subsidiary)
- Scoping review completed by Manitoba Centre for Healthcare Innovation and published (Nov 2017) in *Leadership in Health Services Journal*.
- Mitacs Grant received for post-doctoral student to develop the ROI/LDI tool and pilot test throughout Canada (awarded Nov 2017)
- Knowledge Mobilization Working Group (chaired by Wendy Nicklin) and comprised of researchers and decision makers who meet quarterly to implement work plan

### II. Dialogue and Engagement

- New *emeritus positions* created for senior leaders just retired from full time positions and now include: Wendy Nicklin, Hugh MacLeod, Chris Eagle and Rachel Bard
- Semi-annual *leadership dialogues* with recent speakers in the last year of Alike Lafontaine, Danielle Martin and Bonnie Brossart
- Semi-annual *Network Partner Roundtables* in Ottawa where partners meet face to face to discuss health leadership issues of the day and share best practices
- *National Health Leadership Conference* breakfast session on [“secret sauce for leadership development”](#)
- *Communities of Practice* and includes LEADS Exchange day June in Vancouver to share access as well to an online portal of LEADS based tools
- [Leadership Top Ten Reading Lists](#) provided twice a year of most relevant health leadership articles
- [Free webinars](#) (three times per year) for network partners and LEADs clients on leadership topics of the day. This year’s offerings were from Alberta Health Services, CADTH and ROI Institute Canada
- Series of plain language briefs developed that succinctly summarizes evidence from health leadership research such as CHLNet’s four-year CIHR Partnership in Health System Improvement work. Briefs include: [need for a common leadership language](#); [leadership and large-scale reform](#); and [ROI in healthcare leadership development programs](#)



Gillian Kerghan and Dr. Alike Lafontaine

- Leadership inventory on leadership development programs across the country (needs updating)
- Leadership self-assessment tool developed and accessible online at CHLNet website for partners
- Share Network Partner efforts on exemplary programs and evidence around health leadership at semi-annual leadership dialogues and through other mechanisms such as eblasts and webinars. Recent practices include those from Canadian Medical Protective Association, Joule/Canadian Medical Association, St Joseph's Healthcare London, Alberta Health Services, Health Standards Organization and Alberta College of Family Physicians
- Quarterly Mail Chimp updates of CHLNet and partner health leadership research and activities. Twitter account.

### III. Building Leadership Capacity

- CHLNet sits on the LEADS Operations Committee and LEADS Framework Governance Group representing the needs of network partners through quarterly meetings
- Work with LEADS Collaborative (four founding partners: CHLNet, CCHL, RRU and Graham Dickson) on tangible benefits for Network Partners including: webinars; LEADS Exchange Day; and LEADS Community for Practice
- Research funded at Royal Roads University to look at health leadership evidence in last ten years and to examine need to evergreen the LEADS framework
- Health Leadership Action Plan Working group meetings quarterly (chaired by Gillian Kernaghan)
- Implement workplan for five pillars of Canadian Health Leadership Action Plan: [environmental scan](#) of health system priorities and leadership development work at a macro level; identify common elements of health system reform and relate to health leadership; and share collective vision.
- Roadmap for action to be used by each partner to increase capacity and capabilities across Canada. Patients and health workforce center of the action plan. In January created new working group called Health Leadership Exchange and Acceleration to look at more macro approaches.
- Submission to [external review](#) of pan-Canadian health organizations commissioned by Health Canada.



*Graham Dickson and  
Bill Tholl*

A final thanks to our long serving Lynda Becker who manages our office and provides the corporate memory since our inception in 2009. Lynda retired this year and has been replaced by Melanie Abdelnour. Our message of building leadership capacity to support health reform continues to resonate across the country with 42 partners participating in our unique value network.

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 42 Network Partners from across the country. The network facilitates and supports joint work among and between its growing numbers of Network Partners.

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 especially for our ROI/LDI Project that is underway. 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.

## *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 (2017)*

*Academy of Canadian Executive Nurses  
Accreditation Canada  
Alberta Health  
Alberta Health Services  
Association des collèges et universités de la francophonie canadienne (ACUFC)  
BC Health Leadership Development and Engagement Collaborative (BCHLDEC)  
BC Ministry of Health  
BIOTECanada  
CADTH  
Canadian Association of Paediatric Health Centres  
Canada Health Infoway  
Canadian Blood Services  
Canadian College of Health Leaders (Host Secretariat)  
Canadian Federation of Nurses Unions  
Canadian Foundation for Healthcare Improvement  
Canadian Institute for Health Information  
Canadian Medical Protective Association  
Canadian Medical Association/ Joule Inc. (a CMA Company)  
Canadian Nurses Association  
Canadian Partnership Against Cancer  
Canadian Patient Safety Institute  
Canadian Society of Physician Leaders  
College of Family Physicians of Canada  
Emerging Health Leaders  
Manitoba George and Fay Yee Centre for Healthcare Innovation  
HealthCareCAN  
Health PEI  
Hôtel-Dieu Grace Healthcare  
Innovative Medicines Canada  
Manitoba Health  
MEDEC  
Mental Health Commission of Canada  
Nova Scotia Health Authority  
Ontario Association of Community Care Access Centres  
Ontario Hospital Association  
Pallium Canada  
Patients Canada  
Royal College of Physicians and Surgeons of Canada  
Royal Roads University  
Saskatchewan Health Authority  
Société Santé en français  
Victorian Order of Nurses*

# Financial Statements

## Canadian Health Leadership Network (CHLNet) Balance Sheet (as at December 31, 2017)

<b>CHLNet - Canadian Health Leadership Network</b>		<b>Balance Sheet</b>	
		<u>31 Dec 2017</u>	<u>31 Dec 2016</u>
<b>ASSETS</b>			
<b>Cash</b>			
TD Bank - Operating	137,916.06	182,454.09	
	<u>137,916.06</u>	<u>182,454.09</u>	
<b>Accounts receivable</b>			
Accounts Receivable	8,110.40	6,845.00	
Inter-Company with CCHL	6,998.60	5,264.33	
	<u>15,109.00</u>	<u>12,109.33</u>	
<b>Prepaid expenses</b>			
Pre-paid Expenses	7,500.00	580.00	
	<u>7,500.00</u>	<u>580.00</u>	
	160,525.06	195,143.42	
<b>Capital assets</b>			
Computer	776.22	776.22	
Accum Dep'n Computer	(776.22)	(776.22)	
	<u>-</u>	<u>-</u>	
	160,525.06	195,143.42	
	<u>160,525.06</u>	<u>195,143.42</u>	
<b>LIABILITIES AND PARTNERS' EQUITY</b>			
<b>Accounts payable</b>			
GST	-	(154.68)	
Accounts Payable	11,111.04	6,677.82	
Accrued Liabilities	602.58	6,488.60	
	<u>11,713.62</u>	<u>13,011.74</u>	
<b>Deferred revenue</b>			
Deferred Revenue - ROI	21,744.86	46,500.00	
Deferred Revenue - LEADS Evergreen	8,867.48	13,867.48	
	<u>30,612.34</u>	<u>60,367.48</u>	
	42,325.96	73,379.22	
<b>Partners' Equity</b>			
Retained Earnings	121,764.20	128,829.78	
<b>Net income</b>	(3,565.10)	(7,065.58)	
	<u>118,199.10</u>	<u>121,764.20</u>	
	160,525.06	195,143.42	
	<u>160,525.06</u>	<u>195,143.42</u>	

**Canadian Health Leadership Network (CHLNet)**  
**Income Statement**  
**For the 12 month(s) ended December 31, 2017**



**CHLNet - Canadian Health Leadership Network**  
**Income Statement - Detailed**  
**For the 12 month(s) ended December 31, 2017**

Current Period			YTD		
Actual	Budget	Variance	Actual	Budget	Variance
<b>Revenue</b>					
9,782.75	13,437.50	(3,654.75)	167,750.00	161,250.00	6,500.00
(35.40)	2,000.00	(2,035.40)	3,840.83	4,000.00	(159.17)
-	-	-	10,000.00	10,000.00	-
1,000.00	22,744.86	(21,744.86)	24,755.14	46,500.00	(21,744.86)
<u>10,747.35</u>	<u>38,182.36</u>	<u>(27,435.01)</u>	<u>206,345.97</u>	<u>221,750.00</u>	<u>(15,404.03)</u>
<b>Operational costs</b>					
15,750.00	12,813.37	(2,936.63)	162,600.00	153,760.00	(8,840.00)
-	-	-	5,000.00	5,000.00	-
29.59	-	(29.59)	1,268.93	875.00	(393.93)
54.97	448.21	393.24	772.06	900.00	127.94
580.00	1,808.82	1,228.82	1,321.18	2,550.00	1,228.82
-	93.15	93.15	6.85	100.00	93.15
3,596.79	3,272.34	(324.45)	6,993.19	5,997.00	(996.19)
2,478.91	1,149.15	(1,329.76)	7,095.30	5,965.00	(1,130.30)
-	-	-	54.42	50.00	(4.42)
-	-	-	44.00	50.00	6.00
1,000.00	22,744.86	21,744.86	24,755.14	46,500.00	21,744.86
<u>23,490.26</u>	<u>42,329.90</u>	<u>18,839.64</u>	<u>209,911.07</u>	<u>221,747.00</u>	<u>11,835.93</u>
<u>23,490.26</u>	<u>42,329.90</u>	<u>18,839.64</u>	<u>209,911.07</u>	<u>221,747.00</u>	<u>11,835.93</u>
<u>-12,742.91</u>	<u>-4,147.54</u>	<u>-8,595.37</u>	<u>-3,565.10</u>	<u>3.00</u>	<u>-3,568.10</u>
<b>Net income (loss)</b>					



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

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