

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

### **2013 Annual Report**

**Our Vision:  
Better Leadership,  
Better Health  
—Together**

## Message from the CHLNet Co-Chairs



This past year has been a very exciting one for CHLNet as we see leadership continuing to be cited as one of the key enablers of achieving better health system performance over and over again. Health care is a complex adaptive system and, as a result, new leadership skills are being required to lead ongoing health reform such as developing system coalitions. The importance of CHLNet as a value network has only grown and our bottom-up approach to implementing a national health leadership action plan is not seen in any other parts of



the world. CHLNet now numbers over 35 organizations representing government, national/provincial organizations, regional health authorities and universities. We are truly being leaders in improving the quality and quantity of leadership as a collective and in bringing together decision-makers and researchers to better understand the discipline of leadership.

Approved in May 2013, CHLNet's new three-year Strategic Plan outlines our four value streams moving forward: Research and Evaluation; Dialogue and Engagement; Canadian Health Leadership Strategy; and LEADS Framework and Tools. Under these streams, much has been accomplished and we could not have done this without our extensive partner participation and support. CHLNet is founded on the values of trust and reciprocity and we would like to thank all those individuals and organizations who have helped CHLNet, especially those members of our three working groups: one on a Canadian Health Leadership Strategy, another on benchmarking the extent of the leadership gap, and a third for our website. The results of their efforts can be found on our newly redesigned website [www.chlnet.ca](http://www.chlnet.ca).

The year 2013 also saw the creation of the LEADS Collaborative, formed by the Canadian College of Health Leaders, CHLNet, Royal Roads University and Dr. Graham Dickson. A memorandum of understanding now exists between these entities and the Collaborative is now up and running providing LEADS-based leadership development programs (see [www.leadscollaborative.ca](http://www.leadscollaborative.ca)). CHLNet sits both on the LEADS Operations Council and the LEADS Framework Governance Group representing the interests of partners as it evolves its new business model.

In closing, we want to say a few thanks. Firstly to Ray Racette and our host Secretariat (CCHL) who have been so welcoming to CHLNet over the last four years. And secondly to our outgoing and founding Executive Director, Bill Tholl, for his vision in bringing a better understanding to the discipline of health leadership and for promoting leaders as a cadre on its own. Bill leaves us to pursue a new leadership position and his dedication and spirit to CHLNet will be missed. However Bill will remain as the founding Executive Director on our Secretariat as we continue to grow our value network.

A handwritten signature in blue ink, appearing to read "B O'Rourke".

Brian O'Rourke  
Co-chair, CHLNet Secretariat

A handwritten signature in blue ink, appearing to read "H MacLeod".

Hugh MacLeod  
Co-chair, CHLNet Secretariat

## Executive Director's Report

This is my last and final year as the Founding Executive Director of CHLNet. It has been a pleasure growing this value network since 2009. I leave knowing we are firm in our roots and will continue to grow even further. With our new Strategic Plan and Business Plan firmly in place, I believe CHLNet is strategically placed to expand its mission of achieving *Better Leadership, Better Health – Together*.



Our four value streams will guide our work over the next few years. I invite you to visit our revamped CHLNet [website](#) for more detailed progress reports on key strategic initiatives. Outlined below is a high level overview of some of these.

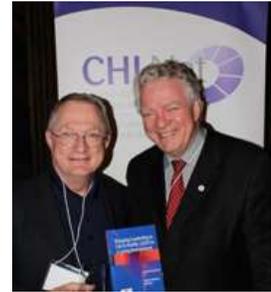
The new Strategic Plan placed a priority on working toward a Canadian Health Leadership Strategy. Last summer, an ad hoc, expert working group comprised of Network Partners began meeting to begin a national dialogue on what concerted steps are needed to enhance leadership capacity and capabilities across Canada and throughout the system. The resulting working paper will be distributed at an extraordinary invitational health leader's forum to be held in Montreal on February 14, 2014 (co-hosted with CAHSPR and CFHI) and we are in the midst of translating this into an action plan that will contain an overview of trends and themes in health leadership, and pillars for moving forward on a national approach. It will be the focus of discussion at a National Health Leadership Conference (NHLC) breakfast session in Banff on June 2, 2014. Our intention is to present the action plan to the Federal/Provincial/Territorial Committee on Health Workforce later in June 2014 and then to present the final proposal to the Conference of Deputy Ministers in the fall of 2014.

One of the key undertakings, in terms of research this past year, was to complete the *Leadership and Health System Redesign* research study. This four-year, \$850K study was co-funded by CIHR (Partnerships for Health System Improvement (PHSI) and the Michael Smith Foundation for Health Research. The study makes an important contribution to our understanding of how different forms of leadership are shaping health reform in Canada and the complex array of factors that make leadership of large scale reform very challenging. Results highlight the need for a more coordinated Canadian strategy for leadership talent management and succession planning and a more robust, systematic and comprehensive approach to research and knowledge mobilization on best practices of leadership. The final report will be available on our website. We have submitted a follow-up application through the Partnerships for Health System Improvement program and are awaiting a decision in late June 2014.

Our benchmarking study is now underway and results will be compiled shortly by a working group comprised of Network Partners and academic advisors. The study provides a baseline of key metrics against which to measure the impact of leadership programs. The survey also collected leadership development programs and tools from across the country. These programs will feed into a custom software module that will integrate a leadership development self-assessment and inventory on the password-protected side of our website (available in the summer of 2014). We thank Health Canada, the Association of Canadian Academic Healthcare Organizations and Canadian Healthcare Association for their financial support for this project.

Finally, CHLNet operates with a small budget with an even smaller team. A secretariat oversees the operations of CHLNet through quarterly teleconferences. We would like to especially thank our current co-chairs, Brian O'Rourke and Hugh MacLeod, our Network Partner liaison members, Brenda Rebman and Wendy Nicklin, our founding co-chairs, Elma Heidemann and Don Philippon, and our assiduous senior policy advisor, Graham Dickson. Actually Graham and I have written a new book on LEADS

entitled *Bringing Leadership to Life in Health* and I hope you will check it out (details on the CHLNet website). A special thanks to Ray Racette and CCHL who have taken on the Host Secretariat duties with such support and encouragement. And lastly to our core team of Lynda Becker and Kelly Grimes.



Bill Tholl  
Founding Executive Director

## About CHLNet

The Canadian Health Leadership Network (CHLNet) was formed in September 2009 as a not-for-profit, **Value Network**. We are unincorporated, with over 35 Network Partners (NPs) from across the country. The network facilitates or brokers joint work among and between its growing number of Network Partners. It also helps promote individual leaders through its "Friends of CHLNet" community of practice. The number of "Friends of CHLNet" has increased steadily, now approaching 250.

The health leadership challenges of the 21st 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 Health Workforce Australia, to better understand the emerging discipline of leadership as it applies to the unique circumstance that is health and health care.

**Leadership without Ownership:** Our overall philosophy remains that no one organization can own health leadership. Leadership is increasingly regarded as a *social enterprise* or quasi-public good in that good leadership by any one individual or organization benefits the whole system. Failure to recognize these "spillover effects" (of both good and bad 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 health care 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 over the past five years. It is known by its acronym "LEADS":

Lead Self; Engage Others; Achieve Results;  
Develop Coalitions and Systems 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. NP fees have not increased since CHLNet's inception in 2009. We also rely extensively on the in-kind support of NPs, especially the good offices of our host organization, the Canadian College of Health Leaders (CCHL), which provides excellent office and administrative support services (e.g. financial, legal, information technology). Other NPs provide in-kind support as necessary and upon request. This year funding provided by ACAHO and Health Canada helped to support our benchmarking study and revised leadership development inventory. 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. Special purpose contributions from our friends at Calian Technologies Ltd. assist in hosting our biannual dinner dialogue series. This *coalition of the willing* has really been the driving force behind our success to date.



Like all health organizations these days, CHLNet must refresh its value proposition on an ongoing basis. CHLNet receives no core support from government, although we gratefully acknowledge the important project funding we have received over the years from Health Canada, the Canadian Health Services Research Foundation (now CFHI) and the Canadian Institutes of Health Research.

The LEADS Collaborative, formed in 2013, is a partnership developed with the 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.

**Basic Value Proposition:** CHLNet exists to leverage up and extend the leadership capacity of individual Network Partners as well as to identify emerging leadership gaps and opportunities to work together. *Value networks* create synergy: they collate individual action 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. What follows is an effort to highlight our value adds as a value network. These value adds are organized along four value streams, as set out above, that serve as the keystones to the new Strategic Plan.

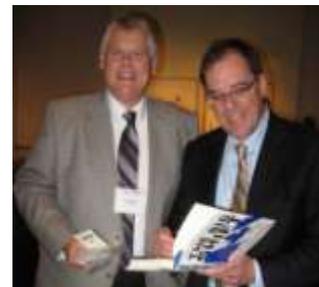
**Our Value Add:** CHLNet is a *Value Network*. It exists to leverage up and extend the leadership capacity of organizational Network Partners as well as to identify emerging leadership gaps and opportunities to work together. CHLNet exemplifies the "leadership without ownership" principle: no one organization can own leadership. A basic premise of the network is that leadership is fundamentally a social good: it is the *source code* for better performing health systems and organizations.



*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. What follows is an effort to highlight why the number of partners continues to grow and why the *LEADS in a Caring Environment* leadership capabilities framework continues to gain acceptance across Canada. Our value add is organized along the four value streams set out in the [2013-2016 Strategic Plan](#). They are:

**1. LEADS Framework and Tools.** No other country in the world has accomplished what CHLNet and its partners have accomplished in the past four years. We have gained agreement on a common set of standards for leadership – the *LEADS in a Caring Environment* leadership capabilities framework – that has been endorsed by multiple professions, provinces, national organizations and regional health authorities. CHLNet is dedicated to ensuring that, as LEADS grows as a foundation for personal and organizational leadership development, succession planning and talent management for health care leaders are an integral part of this. CHLNet's partner organizations can gain ready access to the best practices, tools and materials needed for successful implementation, and can do so in a cost-effective manner. As a *value network*, CHLNet does not have the infrastructure required to deliver programs or produce tools directly; but it can and has served as an important catalyst for their development and distribution. CHLNet is a founding partner in the LEADS Collaborative to coordinate the delivery of LEADS-based leadership programs by LEADS-qualified facilitators, consultants and executive coaches. CHLNet serves primarily as a knowledge mobilizer or "broker", driving traffic to our Network Partners, sharing LEADS knowledge and resources, and encouraging partnering organizations to use LEADS-based solutions for leadership development succession planning and talent management for their employees. CHLNet also plays a lead role in ever-greening the framework and expanding the range of LEADS-based tools available. We are exploring how these can be done through a webinar process to provide wider access.

**2. Dialogue and Engagement.** CHLNet hosts biannual *By Leaders, For Leaders* dialogue sessions that allow leaders to share – in an intimate and safe environment – their successes and challenges as leaders. To stimulate the dialogue, outstanding Canadians are invited to share their leadership journey. These sessions have recently featured: award-winning author and columnist, John Ibbitson; the Honourable Fred Horne, Alberta Health Minister; and Saäd Rafi, former Deputy Minister of Health and Long-Term Care in Ontario. CHLNet partners are entitled to a preferred price to attend these dinner dialogue sessions. Network Partners' meetings also feature a Leaders' Roundtable, where CEOs are invited to share their current leadership challenges and invite peers to share their experiences (under "Chatham House" rule). This is proving to be among the most valued CHLNet offering. In-between these face-to-face networking opportunities, CHLNet provides regular updates on the health leadership issues of the day across the country; recommended digests and readings from the rapidly developing literature on leadership (*Top Ten*); regular updates on the framework through [LEADSBytes](#); and hyperlinks to Network Partner leadership events or activities. CHLNet is now a network that spans many of the health professions and jurisdictions from coast to coast.



**3. Leadership Research and Evaluation.** CHLNet joined forces with senior decision-makers across Canada and with Royal Roads University and seven other universities to conduct an unprecedented research project entitled: "[Leadership and Health System Redesign](#)". This research is funded by a four-year, peer-reviewed grant from the Canadian Institutes of Health Research and the British Columbia Michael Smith Foundation for Health Research. The study features six case studies examining the importance of leadership to system change and overall system performance (see the final report on

[www.chlnet.ca](http://www.chlnet.ca)). A knowledge translation strategy in the fall of 2014 will disseminate further the results of these cutting edge insights into the exercising of leadership in real time system change. We will be applying for another grant to further this research. We are also in the midst of completing a CHLNet-led, nation-wide benchmarking study that will allow us to track some key leadership metrics over time and thereby allow us to evaluate leadership interventions, including the adopting of LEADS across the country. The benchmarking study is being supported by a number of organizations including: Health Canada, the Canadian Healthcare Association, the Association of Canadian Academic Healthcare Organizations, and the Canadian College of Health Leaders.

**4. Advocacy.** CHLNet's new mandate is to redouble its efforts to advocate for expanding quality leadership capacity across the country by serving as a catalyst for developing a consensus on a Canadian Health Leadership Strategy. Representing over 35 national and provincial health organizations, CHLNet has no vested interests in advancing the leadership agenda of any particular profession or jurisdiction. The network began by documenting the large and growing leadership gap across the country and identifying the need to work together to address the underinvestment in leadership. Gaining agreement on a common leadership framework – LEADS – has highlighted the willingness of health organizations to work together. We have now placed a priority on developing a Canadian Health Leadership Action Plan. The [draft working paper](#) will be distributed at an extraordinary invitational health leaders forum to be held in Montreal on February 14, 2014 (highlights to be posted on CHLNet's website). The draft action plan contains an overview of trends and themes in health leadership, and pillars for moving forward on a national strategy. It will be the focus of discussion at a [National Health Leadership Conference \(NHLC\)](#) breakfast session on June 2, 2014 in Banff. Our intention is to present a focused action plan to the Federal/Provincial/Territorial Committee on Health Workforce in June 2014 and then to present the final proposal to the Conference of Deputy Ministers in the fall of 2014.

**The "Bottom Line".** CHLNet unites leaders in a common cause: better leadership that leads to better health. For its continued success, it depends on Network Partner annual fees and the invaluable in-kind support of its partners. In return for \$5,000 per year, Network Partners have a unique opportunity to meet, to support one another and to work together in setting broad policy directions for expanding health leadership capacity in Canada.

## Priorities for 2014

With reference to the approved work plan for 2014, key activities will include:

- ensuring a sustainable governance structure and business strategy through the implementation of a new and more distributive organizational structure with East and West Champions and the recruitment of a new Executive Director;
- surveying Network Partners on CHLNet's continued value add;
- continuing to raise awareness around the importance of health leadership across Canada and abroad by advancing the concept of a Canadian Health Leadership Strategy. The action plan will be presented in June 2014 to the Committee on Health Workforce en route to Deputy Ministers in the fall of 2014;
- co-sponsoring, with CAHSPR and CFHI, a by invitation only Healthcare Leadership Forum in February to be held in Montreal;
- completing the benchmarking survey to measure the extent of the leadership gap in Canada;

- working with other co-founders and the LEADS Collaborative through participation on the Governance Framework Group and Operations Committee to represent the interests of Network Partners as it evolves its new business model and strategic plan;
- ensuring Network Partners are kept apprised of LEADS-based products, programs and services and providing periodic opportunities to exchange ideas such as a LEADS Exchange Day, e-blasts and webinars;
- showcasing exemplary leadership through participation on the selection committee for the MacNaught-Taillon Award (to be awarded at CAHSPR in May 2014);
- updating the leadership development inventory to include leadership development self-assessments;
- delivering on the current research program of work (CIHR/PHSI), including participating in the preparation of the final cross-case analysis in advance of the March 2014 final deliberative dialogue, and continuing to work to successfully apply for funding beyond 2014;
- developing a knowledge translation strategy to disseminate the results of the PHSI cross-case results to Network Partners; and
- continuing to build a better bridge to the future through and with Emerging Health Leaders including representation on the CHLNet Secretariat.

## Summing Up

CHLNet's journey continues to be a very exciting one, especially as we move forward in trying to achieve a collective 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 thank you for your dedication to date on this.



## **CHLNet Partners (2013)**

Academy of Canadian Executive Nurses  
Accreditation Canada  
Alberta Health  
Alberta Health Services  
Association of Canadian Academic Healthcare Organizations  
BC Health Leadership Development Collaborative (BCHLDC)  
BIOTECanada  
Canadian Agency for Drugs and Technologies in Health  
Canadian Blood Services  
Canadian College of Health Leaders  
Canadian Dental Association  
Canadian Foundation for Healthcare Improvement  
Canadian Healthcare Association  
Canadian Institute for Health Information  
Canadian Medical Association  
Canadian Nurses Association  
Canadian Patient Safety Institute  
Canadian Pharmacists Association  
Canadian Public Health Association  
Canadian Society of Physician Executives  
College of Family Physicians of Canada  
Emerging Health Leaders  
Health Association Nova Scotia  
Health PEI  
Manitoba Health  
MEDEC  
Mental Health Commission of Canada  
Ontario Association of Community Care Access Centres  
Ontario Hospital Association  
Ontario Ministry of Health and Long-Term Care  
Public Health Agency of Canada  
Royal College of Physicians and Surgeons of Canada  
Royal Roads University  
Rx&D Canada  
Saskatchewan Health  
Victorian Order of Nurses  
Yukon Health and Social Services

## Finance

CHLNet remains unincorporated, with the Canadian College of Health Leaders serving as the Host Secretariat, providing tremendous operational support and encouragement. We could not be better served. We rely on Network Partners annual contributions for the bulk of our operating revenues. We continue to have a positive balance sheet with a small operating surplus. Following are the financial statements for fiscal year 2013 (as prepared by the Canadian College of Health Leaders).

### Canadian Health Leadership Network (CHLNet) Balance Sheet

	<u>31 Dec 2013</u>	<u>31 Dec 2012</u>
<b>ASSETS</b>		
<b>Cash</b>		
TD Bank - Operating	182,440.43	149,587.59
	<u>182,440.43</u>	<u>149,587.59</u>
<b>Accounts receivable</b>		
Accounts Receivable	3,057.83	20,678.50
Inter-Company with CCHL	4,429.95	6,815.91
	<u>7,487.78</u>	<u>27,494.41</u>
<b>Prepaid expenses</b>		
Pre-paid Expenses	5,042.50	-
	<u>5,042.50</u>	<u>-</u>
	<u>194,970.71</u>	<u>177,082.00</u>
<b>Capital assets</b>		
Computer	776.22	776.22
Accum Dep'n Computer	(522.98)	(213.46)
	<u>253.24</u>	<u>562.76</u>
	<u>195,223.95</u>	<u>177,644.76</u>
<b>LIABILITIES AND PARTNERS' EQUITY</b>		
<b>Accounts payable</b>		
Accounts Payable	22,728.27	15,803.54
Accrued Liabilities	5,579.22	7,657.93
	<u>28,307.49</u>	<u>23,461.47</u>
<b>Deferred revenue</b>		
Deferred Revenue	25,000.00	31,000.00
Deferred Revenue - LEADS Evergreer	12,867.48	8,867.48
	<u>37,867.48</u>	<u>39,867.48</u>
	<u>66,174.97</u>	<u>63,328.95</u>
<b>Partners' Equity</b>		
Retained Earnings	114,315.81	81,842.84
<b>Net income</b>	14,733.17	32,472.97
	<u>129,048.98</u>	<u>114,315.81</u>
	<u>195,223.95</u>	<u>177,644.76</u>

**Canadian Health Leadership Network (CHLNet)**  
**Income Statement**  
**For the 12 month(s) ended December 31, 2013**

	<b>Current Period</b>	<b>YTD</b>
	<u>Actual</u>	<u>Actual</u>
<b>Revenue</b>		
Partner Fees	(500.00)	143,000.00
Corporate Sponsorships	-	10,000.00
Event Revenue	672.33	7,730.84
LEADS Brokering/Consulting/Workshops	-	2,500.00
LEADS Books and Supplies	-	375.00
Project Grants	-	5,000.00
	<u>172.33</u>	<u>168,605.84</u>
<b>Expenses</b>		
Contractors	13,903.33	120,997.84
LEADS Expenses	(2,250.00)	(475.00)
LEADS Travel	-	272.81
Office Expenses	199.72	2,330.12
Courier	-	81.23
Communication	104.42	1,073.71
Marketing	920.00	1,210.60
Printing	115.22	345.26
Travel	2,611.09	11,657.46
Catering	4,492.14	10,887.85
Conference Fees	-	2,005.54
Bank Fees	-	49.75
Translation	1,058.68	1,188.48
Speaker Fees	-	250.00
Project Expenses	1,687.50	1,687.50
Depreciation	51.52	309.52
	<u>22,893.62</u>	<u>153,872.67</u>
<b>Net income (loss)</b>	<u><u>-22,721.29</u></u>	<u><u>14,733.17</u></u>



**Canadian Health Leadership Network (CHLNet)**

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