

Canadian Health Leadership Network (CHLNet)

2014 Annual Report

Bill Tholl
CHLNet Founding Executive Director
(2009-2014)

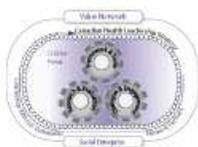


Canadian Health Leadership Network
Le Réseau canadien pour le leadership en santé

Better Health, Better Leadership – Together



Leadership without Ownership



If you want to go fast, travel alone, but if you want to go far, travel together.
African Proverb



Message from the CHLNet Co-Chairs



Evidence is showing that we still have far to go to improving health system performance. In fact the 2014 Commonwealth Fund study showed Canada ranking 10th out of 11 countries, only slightly ahead of the United States. Strong leadership has been identified by many major policy reports as a critical success factor in improving the quality of our health system. As we struggle to keep our health system sustainable, the importance of CHLNet's vision of *Better Leadership, Better Health – Together* is foundational in getting us to a desired new future that is patient-centred, considers the health of the whole population and involves all of us working collectively through teams. CHLNet now numbers 39 organizations representing the continuum of leadership from emerging to executive leaders and across jurisdictions including government, national/provincial organizations, regional health authorities, patients and universities.



To support this vision, CHLNet has been at the forefront in generating evidence that provides a better picture of the leadership gap in Canada and in 2014 two major pieces of research were released. The first is a four-year, \$850K collaborative study, [Leadership and Health System Redesign](#), co-funded by CIHR (Partnerships for Health System Improvement (PHSI)) and the Michael Smith Foundation for Health Research. Finalized in November 2014, 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. The second is the [Benchmarking Study](#), which corroborated our premise that there is a leadership gap in Canada. However, the study indicated that the gap is one of skills rather than supply. The [final report](#) released in May 2014 showed that only 42% of academic health organizations believe they have the leadership capacity to respond to future challenges. As worrisome is that only 39% of total respondents have a formal approach to succession planning. The report provides a baseline of metrics to measure the impact of leadership programs over time and we will update the study in another few years.

Overall, CHLNet's [2013-2016 Strategic Plan](#) continues to serve us well in achieving our four value streams of: Research and Evaluation; Dialogue and Engagement; Canadian Health Leadership Action Plan; and LEADS Framework and Tools. Under these streams, much has been accomplished and we could not have done this without our extensive partner participation in our working groups who have embraced the twin principles of trust and reciprocity. Partnership participation is how we get the work of CHLNet accomplished. A special thanks to the working groups participants and especially their chairs: Dr. Gillian Kernaghan (CEO of St Joseph's Health Care London and Past President of Canadian Society of Physician Executives) for the [Health Leadership Action Plan Working Group](#); Dr. Graham Dickson (CHLNet Senior Policy Advisor) for the [Research and Evaluation Working Group](#); and Wendy Nicklin (CEO of Accreditation Canada) for the [Knowledge Mobilization Working Group](#).

The second year of the [LEADS Collaborative](#), formed by the Canadian College of Health Leaders (CCHL), CHLNet, Royal Roads University and Dr. Graham Dickson, has been thriving. Its first strategic plan is almost complete and accompanies principles and structures for how the four partners will work together. Within the Collaborative, CHLNet sits both on the LEADS Operations Council and the LEADS Framework Governance Group representing the interests of partners in leadership development.

Also two final big thanks to CCHL and Ray Racette who have agreed to host CHLNet for another three years and as well to our new Executive Director, Kelly Grimes!

Brian O'Rourke
CHLNet Co-chair

Hugh MacLeod
CHLNet Co-chair

Executive Director's Report

This first year as Executive Director (ED) of CHLNet has been filled with exciting moments, great achievements and those ever-present challenges to keep me on my toes as a leader. Our value network continues the legacy and vision that Bill Tholl, my predecessor and Founding Executive Director, set out for CHLNet. With Bill's departure to HealthCareCAN in spring 2014, CHLNet partners approved a new, more distributive [organizational structure](#) that now includes West and East Champions: Dr. Chris Eagle (former CEO of Alberta Health Services) and Rachel Bard (former CEO of the Canadian Nurses Association). We are excited to have these two senior and path-breaking leaders to carry the voice of CHLNet around the country. Dr. Graham Dickson, our leadership expert, continues his pivotal role as our Senior Policy Advisor. We now have a representative from Emerging Health Leaders on the Secretariat as we realize they are our future. The Secretariat is also rounded out by our two co-chairs (Brian O'Rourke, CEO, CADTH, and Hugh MacLeod, CEO, CPSI), along with two Network Partner liaisons: Wendy Nicklin (CEO, Accreditation Canada) and Frank Krupka (ED, Centre for Healthcare Innovation). In addition, Bill Tholl has agreed to stay on the secretariat as founding ED, accompanying the wisdom of our founding co-chairs, Elma Heidemann and Don Philippon. Ray Racette also represents as host secretariat. What a team we have put together to create the momentum to move health leadership forward in Canada. I thank them all in being so supportive to me during CHLNet's leadership transition. Outlined below are some of our major highlights and achievements, organized by our four value streams.



Highlights and Achievements for 2014

I. Research, Knowledge Mobilization and Evaluation

- March: [McMaster Deliberative Dialogue](#) on health leadership with CHLNet presentation to Network Partners in May.
- May: Finalized [Benchmarking Study](#) on extent of leadership gap in Canada which showed more of a skills gap than supply gap.
- November: Four-year, \$850K Canadian Institutes of Health Research PHSI study completed with final [Cross-Case Analysis Report](#) on health leadership in the context of health reform.
- June: NHLC Breakfast Session in Banff.
- June: Canadian Institutes of Health Research PHSI second application in 2013 denied so resubmitted complete application in October 2014 with CHLNet and Greg Marchildon as co-principal investigators with many letters of support from Network Partners.
- October: First meeting of new [Research and Evaluation Working Group](#) comprised of academics and knowledge users.
- November: CIHR brief on areas of leadership research for possible funding.
- November: First meeting of [Knowledge Mobilization Working Group](#).



II. Dialogue and Engagement

- February: Montreal [Healthcare Leadership Forum](#) co-hosted with Canadian Association for Health Services and Policy Research (CAHSPR) and Canadian Foundation for Healthcare Improvement.
- May: New organizational structure approved with defined roles.
- April: New Executive Director recruited (Kelly Grimes).
- May: [MacNaught-Taillon Award](#) awarded to Leslie Roos at CAHSPR annual conference.
- May: Network Partners' Dinner Dialogue with Chris Eagle (former CEO of Alberta Health Services) and Jack Kitts (CEO of The Ottawa Hospital).

- May and September: New West (Chris Eagle) and East (Rachel Bard) Champions recruited.
- May and December: [Leadership Top Ten Reading Lists](#) prepared and circulated.
- August: Network Partners' summer survey on value add.
- October: [Health Management Forum article](#) on CHLNet as a network (by Bill Tholl).
- October: Health Workforce Conference panel presentation.
- November: Recruitment of new co-chair (Gillian Kernaghan) and guidelines developed for co-chair duties.
- December: Network Partners' Dinner Dialogue with Vickie Kaminski (CEO of Alberta Health Services).
- December: CCHL renews another secretariat host agreement for a third term.
- December: [Leadership inventory](#) updated as part of benchmarking study. Custom WordPress module for inventory also includes [self-assessment](#) tool. Partners agree to allow wider public access to both tools.
- Ongoing: Regular MailChimp updates of CHLNet's work.



III. LEADS Framework and Tools

- January: Release of Graham Dickson and Bill Tholl's book, [Bringing Leadership to Life in Health: LEADS in a Caring Environment](#).
- June: LEADS Exchange Day in Banff.
- August: Network Partners' summer survey includes questions on their leadership development needs.
- October: [LEADS Collaborative](#) strategic planning begins with two-day planning retreat.
- Quarterly: Regular meetings of the LEADS Operations Council.
- Semi-annual: LEADS Framework Governance Group (chaired by CHLNet Founding Co-chair, Don Philippon), in addition to two joint meetings of both groups.
- March, May and September: Release of the remainder of the [LEADS Bytes](#): #18, #19, and #20.

IV. Canadian Health Leadership Action Plan

- February, April, June: Health Leadership Action Plan Working Group meetings.
- February: [Health Leadership Action Plan working paper](#) finalized and translated for discussion at the Montreal Health Leadership Forum.
- February: Letter to Deputy Ministers to garner support.
- May: [Health Leadership Action Plan](#) approved by Network Partners.
- June: Presentation to Committee on Health Workforce.
- October: [Canadian Society of Physician Executive article](#) (by Gillian Kernaghan and Kelly Grimes) on action plan.
- December: [BC Deliberative Dialogue](#) (on advancing a provincial strategy) in Victoria, co-hosted by Royal Roads University, CHLNet and Institute for Health System Transformation and Sustainability.
- December: Briefing to the Conference of Deputy Ministers on the need to look at health leadership.

CHLNet has achieved its planned activities and more in each of the four value streams that support our vision. The streams will continue and be expanded for 2015 to have further impact. Exciting work continues around the implementation of CHLNet's first-ever knowledge mobilization plan and the development of a study on return on investment in leadership development.

Our successes have been many, especially given CHLNet operates with a small budget and an even smaller team. Many thanks to Lynda Becker, our part-time office manager, who has persevered through the trials and tribulations of moving to a new organization structure. Without her historical insights, helpful reminders and editing skills, we would not have been so successful.

In closing, we say a sad good-bye to our Co-Chair, Hugh MacLeod, as he steps down as CEO of the Canadian Patient Safety Institute to pursue new leadership opportunities internationally. We thank him for his excellent advice and support of CHLNet over the years. Gillian Kernaghan has generously agreed to be our new incoming co-chair.



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 39 Network Partners from across the country. The network facilitates and supports joint work among and between its growing numbers of Network Partners. It also helps promote individual leaders through its "Friends of CHLNet" community of practice, now approaching 350 in number.



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 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 health care.

Leadership without Ownership: No one organization can own leadership. Instead, our philosophy is that leadership is fundamentally a social good: it is the source code for better performing health systems and organizations. 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 six years. It is known by its acronym "LEADS":

Lead Self; **E**ngage Others; **A**chieve Results;
Develop Coalitions and **S**ystems Transformation

Business Model: CHLNet is an unincorporated, not-for-profit value network (see financial statements on pages 7-8). 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. Specialized funding for projects is sought and includes this year from CIHR, the Michael Smith Foundation for Health Research, HealthCareCAN and Health Canada. 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. Our value add can be found at <http://chlnet.ca/wp-content/uploads/CHLNet-Value-Add.pdf>.

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 you for your dedication to date on this.

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

CHLNet Partners (2014)

Academy of Canadian Executive Nurses
Accreditation Canada
Alberta Health
Alberta Health Services
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 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
Centre for Healthcare Innovation (Manitoba)
College of Family Physicians of Canada
Eastern Health
Emerging Health Leaders
Health Association Nova Scotia
HealthCareCAN
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
Patients Canada
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

Financial Statements

Canadian Health Leadership Network (CHLNet) Balance Sheet (as at December 31, 2014)

	31 Dec 2014	31 Dec 2013
ASSETS		
Cash		
TD Bank - Operating	131,420.85	182,440.43
	<u>131,420.85</u>	<u>182,440.43</u>
Accounts receivable		
Accounts Receivable	8,542.24	3,057.83
Inter-Company with CCHL	18,174.78	4,429.95
	<u>26,717.02</u>	<u>7,487.78</u>
Prepaid expenses		
Pre-paid Expenses	569.25	5,042.50
	<u>569.25</u>	<u>5,042.50</u>
	158,707.12	194,970.71
Capital assets		
Computer	776.22	776.22
Accum Dep'n Computer	(662.28)	(522.98)
	<u>113.94</u>	<u>253.24</u>
	158,821.06	195,223.95
LIABILITIES AND PARTNERS' EQUITY		
Accounts payable		
Accounts Payable	5,716.90	22,728.27
Accrued Liabilities	4,526.09	5,579.22
	<u>10,242.99</u>	<u>28,307.49</u>
Deferred revenue		
Deferred Revenue	5,000.00	25,000.00
Deferred Revenue - LEADS		
Evergreen Fund	13,867.48	12,867.48
	<u>18,867.48</u>	<u>37,867.48</u>
	29,110.47	66,174.97
Partners' Equity		
Retained Earnings	129,048.98	114,315.81
Net income	661.61	14,733.17
	<u>129,710.59</u>	<u>129,048.98</u>
	158,821.06	195,223.95

Canadian Health Leadership Network (CHLNet)
Income Statement
For the 12 month(s) ended December 31, 2014

	Actual	Budget	Variance
Revenue			
Partner Fees	154,250.00	156,750.00	(2,500.00)
Corporate Sponsorships	7,000.00	15,000.00	(8,000.00)
Event Revenue	6,073.02	8,000.00	(1,926.98)
LEADS Brokering/Consulting/Workshops	6,425.00	5,000.00	1,425.00
LEADS Books and Supplies	990.40	-	990.40
Project Grants	21,000.00	31,000.00	(10,000.00)
	<u>195,738.42</u>	<u>215,750.00</u>	<u>(20,011.58)</u>
Operational costs			
Consultants - Secretariat	130,589.27	158,000.00	27,410.73
Contractors	23,765.00	20,000.00	(3,765.00)
LEADS Consulting	1,500.00	5,000.00	3,500.00
LEADS Printing	1,074.85	-	(1,074.85)
LEADS Travel	1,044.67	-	(1,044.67)
Office Expenses	419.96	1,058.00	638.04
Courier	76.36	-	(76.36)
Communication	841.89	1,200.00	358.11
Marketing	905.95	1,000.00	94.05
Printing	856.79	3,500.00	2,643.21
Travel	13,251.13	11,860.00	(1,391.13)
Catering	11,995.29	11,000.00	(995.29)
Conference Fees	900.87	-	(900.87)
Bank Fees	62.50	500.00	437.50
Legal	3,820.33	-	(3,820.33)
Sponsorship	2,500.00	-	(2,500.00)
Translation	1,332.65	1,000.00	(332.65)
Depreciation	139.30	140.00	0.70
	<u>195,076.81</u>	<u>214,258.00</u>	<u>19,181.19</u>
	<u>195,076.81</u>	<u>214,258.00</u>	<u>19,181.19</u>
Net income (loss)	<u>661.61</u>	<u>1,492.00</u>	<u>-830.39</u>



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