



Canadian Health
Leadership Network

Le Réseau canadien
pour le leadership en santé

2016 *Annual Report*



Message from the Co-Chairs



Gillian Kernaghan

Annual reports provide one of the rare times in a year when one can be reflective of achievements rather than always strategizing on where you are going next. In the last year, there have been many accomplishments at the Canadian Health Leadership Network (CHLNet) through the efforts of our 40 Network Partners who extend coast to coast. We would like to welcome our new 2016 partners: Association des collèges et universités de la francophonie canadienne (ACUFC), Canada Health Infoway, Canadian Medical Protective Association (CMPA) and Canadian



Graham Sher

Partnership Against Cancer (CPAC). CHLNet's vision that a greater, collective effort is needed to engender the leadership needed for transformation to take place in Canada continues to be strengthened through our four value streams of: Research, Knowledge Mobilization and Evaluation; Dialogue and Engagement; LEADS Framework and Tools; and a Canadian Health Leadership Action Plan.

Our partners see that as reform initiatives unfold, leaders and the needed capabilities to facilitate innovation and large-scale change have been given limited profile and attention. Given this, CHLNet has been at the forefront in generating evidence that provides a better picture of the needed capabilities and has been partners on several related grants in the last year. Our Research and Evaluation Working Group continues its collaboration between researchers and decision-makers and has embarked on an ambitious project to look at the impact of health leadership and leadership development on our health system. Over \$50,000 in financial plus in-kind contributions have been generously provided from partners to provide an easy-to-use, cost-effective tool to measure impact of leadership development, including Return on Investment (ROI). In the fall of 2017, we hope to pilot test an automated toolkit for leadership development that would be made available to partners on our website. Collaboration continues through the Knowledge Mobilization (KM) Working Group under the directions established by CHLNet's first ever KM plan. Three briefs have been produced: one on the need for a [common leadership language](#); the second on [health leadership and large-scale reform](#); and a third on the development of a ROI tool for healthcare leadership development. The KM group also oversees our [webinar series](#) that occurs three times per year, and provides guidance on branding for our [Top Ten Reading Lists](#) and regular eblasts.

Our third working group (Health Leadership Action Plan) embarked on an environmental scanning process identifying the common elements of health system reform occurring across the country and the health leadership work being done to accompany that reform. The [environmental scan](#) provides a snapshot of work taking place at the more macro level of the health system. It has resulted in a roadmap for action and served as the foundation for our meeting with the Federal Deputy Minister of Health, Simon Kennedy in May 2016. We realize now that every province has a unique context and so will be re-examining how macro approaches to leadership development can be applied across varying contexts.

Canada's healthcare leaders are experiencing unprecedented change. With the new distributed/collective/shared leadership models arising across this country to deliver care and service, leadership now "sits in every chair". The health workforce needs to develop new skills and knowledge to carry

out the health reform initiatives required of them. Healthcare leaders at all levels must not only lead well, but must also lead differently if they are to achieve healthcare goals set by governments and strategic operational plans approved by governance boards. The LEADS Collaborative, formed by the founding partners of the Canadian College of Health Leaders, Royal Roads University (RRU), Dr. Graham Dickson and CHLNet, is now well established and works closely with LEADS Canada, the delivery arm of leadership development programs. CHLNet has seats both on the Framework Governance Group and the Operations Council to ensure LEADS offerings reflect the needs of partners to carry out this work. The LEADS Collaborative has been in place for three years and we are now evaluating our functions and structures to better serve Canadian healthcare. We are also in the midst of a “refresh/evergreen” of the LEADS framework with focus groups being held across the country and an annotated bibliography updating the literature that surrounds the LEADS framework being completed with RRU.

CHLNet continues to co-host semi-annual evening dialogue sessions where senior and emerging leaders come to chat openly on the health leadership issues of the day under Chatham House Rule. We were pleased to have Shelly Jamieson (Canadian Partnership Against Cancer) and David O’Toole (Canadian Institute for Health Information) at our May meeting, and Bonnie Brossart (Saskatchewan Medical Association) at our meeting in December. One of the most appreciated parts of the roundtables continue to be the session on “what inspires us as leaders” and the sharing of health leadership practices and evidence.

Our current strategic plan has served us well, however, in 2017 we will now focus on three value streams: Connecting People through Dialogue and Engagement; Advancing Health Leadership Research, Knowledge and Evaluation; and Accelerating Leadership Practices and Capabilities. We believe that these new strategic priorities will maximize value for our Network Partners while using our financial and in-kind resources efficiently. Our core team remains small (two part-time positions) but through our twin founding principles of “trust and reciprocity” we continue to be greater than the sum of our parts. Thank you for continuing on this exciting leadership journey with us.



Gillian Kernaghan
CHLNet Co-chair



Graham Sher
CHLNet Co-chair



Executive Director's Report

Our partner commitment remains high despite the extensive health reform occurring across the country. Many Canadians believe that Canada still leads the world in thinking about health, in measuring health and in delivering on healthcare. However, recent reports from the WHO and OECD indicate that Canada has been gradually drifting down the international league tables in terms of health system performance. Other studies suggest that Canada lags behind almost all comparable jurisdictions in engendering large-scale change. There is a growing consensus that Canada's 14 separate health systems need to move away from "innovation by accident" to "innovation by design." Strong leadership is being identified by many major policy reports as a critical success factor in stimulating innovation and the large-scale change required to improve performance. Yet, as reform initiatives unfold, leaders and the needed capabilities to facilitate innovation and large-scale change have been given limited profile and attention. CHLNet's role to bring a stronger focus to leadership and its requirements for the present and future thus remains relevant and of paramount importance.



Kelly Grimes

As Executive Director, I have the enviable position of being exposed to great leaders who are willing to give freely of their time to build new and different leaders for the future. When I knock on their doors very rarely do these leaders say no and instead they give freely to our many vehicles of exchange including the leadership dialogues, partner roundtables, our working groups, CHLNet Secretariat and so much more. I thank them so much for their generosity and support. The co-chair role at CHLNet exemplifies this devotion and my humble thanks go to Gillian and Graham. I marvel at how you run your large organizations and still respond so quickly and with great insight when I seek your input or advice!

Our organizational structure has evolved with the elimination of the West and East Champions (and more use of our working groups). Thank you so much to Dr. Chris Eagle (former CEO of Alberta Health Services) and Rachel Bard (former CEO of the Canadian Nurses Association) who continue to give their time and guidance to CHLNet in Emeritus positions (joining Wendy Nicklin and Hugh McLeod). Graham Dickson, our leadership expert, continues to generate lofty and noble ideas for CHLNet and has been instrumental in our ROI project to measure impact of leadership development. Wendy continues to chair the Knowledge Mobilization Working Group and Hugh chairs the Health Leadership Action Plan Working Group.

The Secretariat is also rounded out by two Network Partner liaisons: Frank Krupka (ED, Centre for Healthcare Innovation) and the newly-elected Alice Kennedy (Regional Vice President, Eastern Health, Newfoundland and Labrador). We will be looking for a third liaison person this year. In addition, the Secretariat includes the wisdom of our founding co-chairs, Elma Heidemann and Don Philippon, and founding ED, Bill Tholl. I mentioned great leaders and these are at the top of my list. As well, a big thanks to CCHL and Ray Racette, our host Secretariat, for supporting us not only with contributions regarding leadership but also with space, technology and accounting services.

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

Highlights and Achievements for 2016

I. Research, Knowledge Mobilization and Evaluation

- January, April and September meetings of the Research and Evaluation (R&E) Working Group.
- March, July, and November meetings of the Knowledge Mobilization (KM) Working Group.
- March, May, June and September meetings of the ROI Steering Group.
- March: Terms of Reference for the ROI Steering Group approved.
- April: Mitacs grant submission with the University of Ottawa for a post-doctoral student to help with ROI project. In July, notice that submission was unsuccessful.
- May to July: Manitoba Centre for Healthcare Innovation donates two PhD/MD researchers to undertake [ROI scoping review](#). Preliminary results presented at May Network Partners' Roundtable. Draft manuscript developed for submission to peer reviewed journal.
- June: CHLNet partner on successful \$150,000 grant (SSHRC-CIHR – *Healthy and Productive Work Partnership Development Grant*) to the University of Ottawa to look at policy, program and practice interventions to foster more equitable return to work of knowledge workers after absences for personal, mental health or cognitive impairment reasons. Leadership is a cross-cutting theme.
- July: Finalized two Evidence Briefs on [Health Leadership and Large-Scale Change](#) and on [Common Leadership Language](#).
- October: CIHR Training Modernization Grant submission with CHLNet, CFHI and Queen's University to develop leadership capacity in academic and health organization settings.
- December: Status of Women Grant submission with the University of Ottawa, CCHL and CFHI on *Empowering Women Leaders in Health Care, Health Sciences and Indigenous Health*.

II. Dialogue and Engagement

- March, May, September and November: Secretariat meetings.
- May: Network Partners' Leadership Dialogue with Shelly Jamieson (CPAC) and David O'Toole (CIHI) at Mill Street Brew Pub.
- May: Network Partners' Roundtable at Innovative Medicines Canada. Partner presentations from Mental Health Commission of Canada and HealthCareCAN to share leadership practices.
- May and December: [Leadership Top Ten Reading Lists](#) rebranded, prepared and circulated.
- May: Decision to discontinue West and East Champion roles and instead expand Emeritus positions. Rachel Bard and Chris Eagle were approved for Emeritus positions.
- July to December: Association des collèges et universités de la francophonie canadienne (ACUFC), Canada Health Infoway, Canadian Medical Protective Association (CMPA) and Canadian Partnership Against Cancer (CPAC) approved as CHLNet Network Partners.



David O'Toole and Shelly Jamieson



Bonnie Brossart

- August: Network Partners' summer survey on value add.
- October: Washington International Health Workforce Collaborative Conference Leadership Panel with Graham Dickson and Bill Tholl.
- December: Network Partners' Leadership Dialogue with Bonnie Brossart (Saskatchewan Medical Association) at the Canadian Museum of Nature.

- December: Network Partners' Roundtable at Canadian Blood Services. Partner presentations from Canadian Blood Services, Canadian Society of Physician Leaders and Canadian Nurses Association/Dorothy Wylie Health Leaders Institute.
- December: Strategic plan focus group held with partners to determine where CHLNet needs to go next.
- Ongoing: Regular MailChimp updates of CHLNet's work to partners of CHLNet.

III. LEADS Framework and Tools

- March: CHLNet/LEADS Collaborative Webinar on *Performance Management and the Use of LEADS* with Shauna Fenwick and Erna Hagge. Recorded and posted on CHLNet.ca.
- July: LEADS Business Unit name officially changed to LEADS Canada.
- June: LEADS Exchange Day in Ottawa.
- June: CHLNet/LEADS Collaborative Webinar on *Tri-namics™ and other coaching models*, with Erin Leith (CFHI) and Erna Hagge.
- August: Network Partners' summer survey with results fed into working groups for discussion.
- October: CHLNet/LEADS Collaborative Webinar on *Change Leadership – Because Management Isn't Enough* with Dale Schierbeck, Graham Dickson and Daniel Merritt.
- December: Contract awarded to Royal Roads University to begin work on annotated bibliography to guide the evergreening/refreshing of the LEADS framework.
- 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. CHLNet takes on Secretariat support for this.

IV. Canadian Health Leadership Action Plan

- March, May and October: Health Leadership Action Plan Working Group meetings.
- May: Brief and meeting with Deputy Minister Simon Kennedy on the action plan.
- June: [Panel Presentation – Scaling Up Innovation Together by Building Health Leadership Capacity](#) – National Health Leadership Conference (NHLC) in Ottawa.
- September: [Environmental Scan](#) on health reform by province and accompanying health leadership, talent management and organizational development strategies.
- October: [Building Canada's Health Leaders for Tomorrow: A Roadmap for Action](#).

Thanks to our long serving Lynda Becker who manages our office and provides the corporate memory since our inception in 2009. Our message of building leadership capacity to support health reform continues to resonate across the country with 39 partners participating in our unique value network (see page 9 for list) and achieving our vision of *Better Leadership, Better Health –Together!*



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.

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 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":

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 10-11). 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 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 bi-annual 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://chl.net.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 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 (2016)

Academy of Canadian Executive Nurses
Accreditation Canada
Alberta Health
Alberta Health Services
Association des collèges et universités de la francophonie canadienne
BC Health Leadership Development Engagement Collaborative (BCHLDEC)
BC Ministry of Health
BIOTECanada
CADTH
Canada Health Infoway
Canadian Blood Services
Canadian College of Health Leaders
Canadian Federation of Nurses Unions
Canadian Foundation for Healthcare Improvement
Canadian Institute for Health Information
Canadian Medical Association / Joule
Canadian Medical Protective Association
Canadian Nurses Association
Canadian Partnership Against Cancer
Canadian Patient Safety Institute
Canadian Society of Physician Executives
Centre for Healthcare Innovation (Manitoba)
College of Family Physicians of Canada
Eastern Health
Emerging Health Leaders
HealthCareCAN
Health PEI
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
Patients Canada
Royal College of Physicians and Surgeons of Canada
Royal Roads University
Société Santé en français
Victorian Order of Nurses

Financial Statements

Canadian Health Leadership Network (CHLNet) Balance Sheet (as at December 31, 2016)

	31 Dec 2016	31 Dec 2015
ASSETS		
Cash		
TD Bank - Operating	182,454.09	148,325.18
	182,454.09	148,325.18
Accounts receivable		
Accounts Receivable	6,845.00	30,380.00
Inter-Company with CCHL	5,264.33	6,083.94
	12,109.33	36,463.94
Prepaid expenses		
Pre-paid Expenses	580.00	645.65
	580.00	645.65
	195,143.42	185,434.77
Capital assets		
Computer	776.22	776.22
Accum Dep'n Computer	(776.22)	(776.22)
	-	-
	195,143.42	185,434.77
	195,143.42	185,434.77
LIABILITIES AND PARTNERS' EQUITY		
Accounts payable		
GST	(154.68)	-
Accounts Payable	6,677.82	-
Accrued Liabilities	6,488.60	2,737.51
	13,011.74	2,737.51
Deferred revenue		
Deferred Revenue	46,500.00	40,000.00
Deferred Revenue - LEADS Evergreen	13,867.48	13,867.48
	60,367.48	53,867.48
	73,379.22	56,604.99
Partners' Equity		
Retained Earnings	128,829.78	129,710.59
Net income	(7,065.58)	(880.81)
	121,764.20	128,829.78
	195,143.42	185,434.77

Canadian Health Leadership Network (CHLNet)
Income Statement
For the 12 month(s) ended December 31, 2016

	YTD		
	Actual	Budget	Variance
Revenue			
Partner Fees	150,750.00	161,250.00	(10,500.00)
Corporate Sponsorships	-	3,000.00	(3,000.00)
Event Revenue	3,610.34	4,000.00	(389.66)
LEADS Brokering/Consulting/Workshops	5,000.00	5,000.00	-
Project Revenue	6,000.00	52,500.00	(46,500.00)
	165,360.34	225,750.00	(60,389.66)
Operational costs			
Consultants - Secretariat	144,560.00	150,000.00	5,440.00
Contractors	6,000.00	52,500.00	46,500.00
Office Expenses	574.09	447.00	(127.09)
Communication	896.61	900.00	3.39
Marketing	2,900.31	2,000.00	(900.31)
Printing	131.77	100.00	(31.77)
Travel	11,091.54	14,500.00	3,408.46
Catering	6,211.97	5,000.00	(1,211.97)
Bank Fees	59.63	50.00	(9.63)
Translation	-	35.00	35.00
	172,425.92	225,532.00	53,106.08
	172,425.92	225,532.00	53,106.08
Net income (loss)	-7,065.58	218.00	-7,283.58



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