

CHLNet Benchmarking Study and Health Leadership Action Plan

JUNE 2014 NHLC

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CHLNet – Who We Are

BRIAN O'ROURKE

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Our Vision:

Better Leadership, Better Health - Together

Our Approach:

Leadership without Ownership

Our Values:

Trust. Reciprocity

Genesis of CHLNet

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Formative Phase...(2005-2007)

- Consensus building/workshops
- Market research (Conference Board Study)

Start-Up Phase...(2008-2010)

- "Montebello Summit"
- CCHL assumes Secretariat role
- Merge "5Cs" and LEADS

Consolidation Phase...(2010-2012)

- Adopt "value network" governance model
- Grow NPs (12-40, across Canada; across professions)
- Host/co-host over 25 "Bringing LEADS to Life" sessions

Renewal Phase....(2013-2016)

- New 3-year strategic plan and business strategy
- Founding partner with LEADS Collaborative...

Canadian Health Leadership Network: A case study in building Value Networks

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Founding Partners (n=12):

Canadian Nurses Association; Association of Canadian Academic Healthcare Organizations; Academy of Canadian Executive Nurses; Canadian Medical Association; Canadian Healthcare Association; Emerging Health Leaders; Accreditation Canada; Canadian College of Health Leaders (Host Secretariat); Health Care Leaders Association of British Columbia; Canadian Agency for Drugs and Technologies in Health; Canadian Society of Physician Executives; Canadian Patient Safety Institute.



Car pool

Success: CHLNet (cont.)

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Growing the Network: Canadian Pharmacists Association; Canadian Blood Services; Public Health Agency of Canada; Canadian Public Health Association; Victorian Order of Nurses; Rx&D Canada; Canadian Dental Association; Canadian Institute for Health Information; Royal Roads University; Royal College of Physicians and Surgeons of Canada; Manitoba Health; Health PEI; Ontario Association of Community Care Access Centres; Health Association Nova Scotia; MEDEC; BIOTECanada; Saskatchewan Health; Alberta Health; Alberta Health Services; College of Family Physicians of Canada; Yukon Health and Social Services; Mental Health Commission of Canada; BC Health Leadership Development Collaborative; Canadian Foundation for Healthcare Improvement; Ontario Hospital Association; Ontario Ministry of Health and Long-Term Care; Canada Health Infoway, Patients Canada, Centre for Healthcare Innovation (Manitoba).

CHLNet Value Streams

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Benchmarking Study

KELLY GRIMES

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Background and Purpose

- ▶ Follow-up to 2007 CHLNet sponsored CBoC (low response rate 10%)
- ▶ Baseline assessment of leadership capacity and capabilities required
- ▶ Four Questions framed the survey:
 - ▶ 1. Is there a leadership gap in Canada?
 - ▶ 2. What is the size of the gap?
 - ▶ 3. How important is the gap?
 - ▶ 4. What is being done to close the gap?

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Process

- ▶ Eight months with ad hoc working Group: Owen Adams, Ivy Bourgeault, Graham Dickson, Beatrice Keleher Raffoul, David Williams, Bill Tholl and Kelly Grimes
- ▶ Survey December to February 2014
- ▶ Three sample frames: CHLNet/HEAL, ACAHO and others (CHA Guide)
- ▶ Pretest
- ▶ 10 to 15 minutes to complete
- ▶ Leadership development inventory updated

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Is there a leadership gap in Canada?

Results

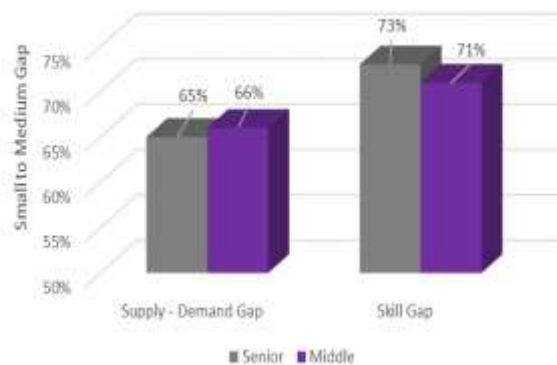
- ▶ Yes. But results are divided.
- ▶ ACAHO Members responded "No" more often than Total Respondents with respect to its future leadership's capacity when asked: "Do you believe your organization has the leadership capacity to respond to future challenges and reforms?"
- ▶ (ACAHO 42.1% vs. Total 32.2%).

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What is the size of the gap?

Results

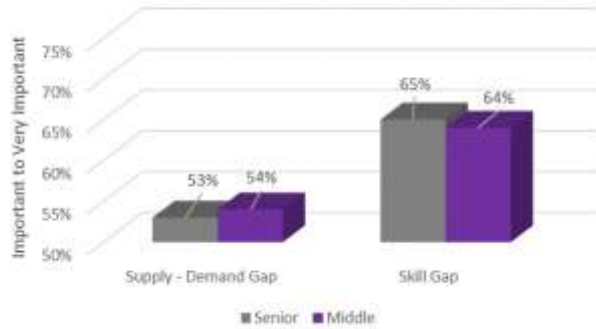
Figure 1: Size of Leadership Gap



How important is the gap?

Results

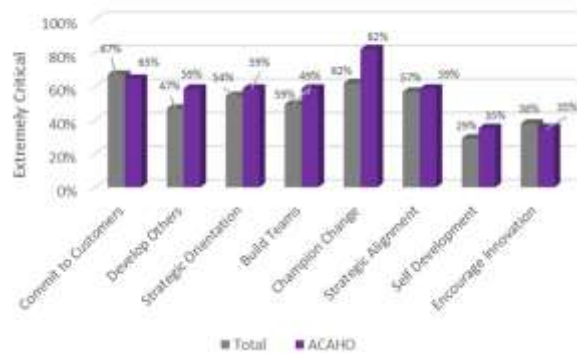
Figure 2: Importance of Leadership Gap



Critical Leadership Capabilities

Results

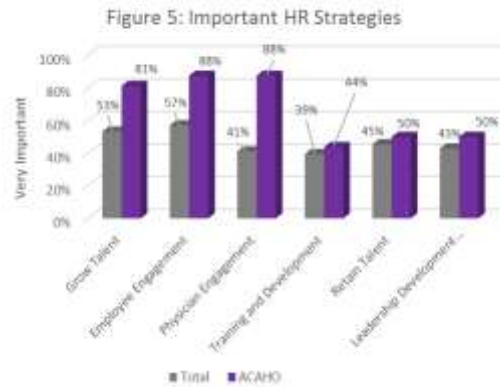
Figure 3: Critical Leadership Capabilities



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Important HR Strategies

Results



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What is being done?

Results

- ▶ Time for leadership development (38% Total vs 56% ACAHO)
- ▶ Leadership development budget increases (1.04% 2007 to 1.65% 2014)
- ▶ Leadership development programs more formal programs but 29% only rated satisfied/very satisfied with programs (ACAHO higher 44%)
- ▶ Leadership capabilities framework – 47% Total vs 63% ACAHO
- ▶ Succession planning – 39% Total vs 63% ACAHO
- ▶ Emerging leaders identified – 38% Total vs 75% ACAHO

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Conclusion

- ▶ Some truth to perception there is a leadership gap in Canada although half see as same as five years ago
- ▶ ACAHO more concerned about extent of gap and how strong their leaders are on critical leadership capabilities
- ▶ More skills gap than supply-demand
- ▶ Not protecting time for leadership development and low satisfaction with budgets and programs
- ▶ Leadership a key foundational enabler of system performance and health reform

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“ We view leadership as the foundation for the other key enablers (of health system transformation) because it supports and provides momentum to move actions towards attaining health system goals. ”

HEALTH COUNCIL OF CANADA, 2013

BETTER LEADERSHIP, BETTER HEALTH, TOGETHER



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Health Leadership Action Plan

DR. GRAHAM DICKSON

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Background and Purpose

- ▶ Canadian health system performance is not improving
- ▶ Rapid change, aging demographics, system complexity, public accountability.....need for stronger leadership by major reports
- ▶ To build and strengthen Canada's health leadership pool through a collective approach that crosses jurisdictions and disciplines

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CHLNet Working Group

- ▶ Chaired by Dr. Gillian Kernaghan (Past President CSPE, CEO St. Joseph's Health Care London) guided this effort over the last 8 months.
- ▶ Member include: Carla Anglehart (Health Assoc NS), Graham Dickson (CHLNet Advisor), Jocelyn Chisamore (CADTH), Emily Gruenwoldt Carkner (CMA), Frank Krupka (Winnipeg RHA/Centre for Healthcare Innovation), Suzanne McGurn (MOHLTC), Paddy Meade (Yukon Health), Brenda Rebman (former AHS), June Webber (CNA), Bill Tholl (CHA/CHLNet), and Kelly Grimes (CHLNet).

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Process

- ▶ First meeting May 2, 2013
- ▶ NHLC Focus Group June 2013
- ▶ Summer 2013 first draft working paper
- ▶ October 2013 Consultation with NPs on working paper
- ▶ February 14th Montreal Health Leadership Forum
- ▶ March 4th McMaster Deliberative Dialogue
- ▶ May 2014 NP Roundtable final approval
- ▶ June 2014 NHLC
- ▶ June 24 Committee on Health Workforce
- ▶ Fall 2014 Council of DMs

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Working Paper

Issues and Trends

- ▶ Emergence as a discipline
- ▶ Being seen as a social good
- ▶ Rise of distributed leadership
- ▶ Continued rapid turnover
- ▶ Function of time, place and circumstance
- ▶ Acquired skill

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Action Plan

Key Elements



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Element 1: Create a Collective Vision

Identify the common elements of health system reform occurring across the country. Based on these commonalities, create a collective vision for health leadership.

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Element 2: Establish a Common Leadership Platform

Endorse LEADS and/or LEADS -compatible health leadership capabilities framework as a common leadership learning platform across Canada.

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Element 3: Gather More Evidence on Innovation and Leading Practices

Fund and coordinate research and knowledge mobilization efforts that focus on health leadership including its return on investment, leading practices, and impact on system performance. Sustain a Canadian Health Leadership Research Network, as an ongoing collaboration between researchers, service providers and decision makers.

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Element 4: Enhance Capacity and Capabilities

Recognize the importance of health leaders as a collective and in health system transformation. Governments must enhance investments in leadership development and talent management strategies to focus on the needs of the future.

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Element 5: Measure and Evaluate Success

Through national dialogue agree on and use leadership metrics to monitor pan-Canadian health leadership and its effect on health system performance on an ongoing basis.

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Where to Next?

Feedback

- ▶ Do the findings and/or approach resonate with you?
- ▶ Are you seeing a leadership gap within your organization?
- ▶ If yes, what type?
- ▶ How are you dealing with it?

Actions

- ▶ Are these the right actions?
- ▶ Would should CHLNet be asking of governments to move this forward?

Thank you!

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of CHLNet

www.chlnet.ca

