

1



Canadian Health Leadership Action Plan

JUNE 24, 2014

COMMITTEE ON HEALTH WORKFORCE

2



CHLNet

KELLY GRIMES,
EXECUTIVE DIRECTOR

3

Who We Are

- **Our Vision:** Better Leadership, Better Health – Together
- **Our Approach:** Leadership without Ownership
- **Our Values:** Trust and Reciprocity

4

Genesis of CHLNet



Formative Phase...(2005-2007)

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

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

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

Consolidation Phase...(2011-2012)

- 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

5

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

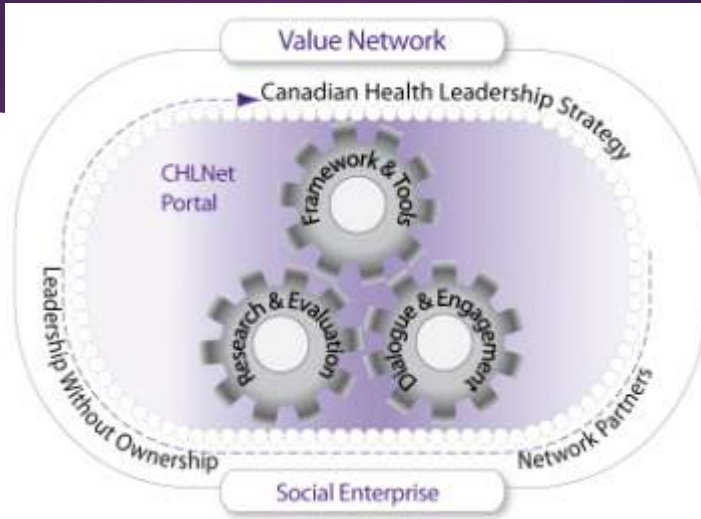
Success in Growing CHLNet

6

- **Government** – Alberta Health, Manitoba Health, Ontario Ministry of Health and Long-Term Care, Public Health Agency of Canada, Saskatchewan Health, Yukon Health and Social Services
- **Regional Health Authorities** – Alberta Health Services, Health PEI, Eastern Health
- **National Health Organizations** – Canadian Blood Services, Canadian Dental Association, Canadian Institute for Health Information, Canadian Pharmacists Association, Canadian Public Health Association, College of Family Physicians of Canada, Canadian Foundation for Healthcare Improvement, Mental Health Commission of Canada, Royal College of Physicians and Surgeons of Canada, Victorian Order of Nurses
- **Provincial Organizations** – BC Health Leadership Development Collaborative, Health Association Nova Scotia, Ontario Association of Community Care Access Centre, Ontario Hospital Association
- **Universities** – Royal Roads University, University of Manitoba (Centre for Healthcare Innovation)
- **Patients** – Patients Canada
- **Private sector** – Rx&D Canada, MEDEC, BIOTECanada

CHLNet Value Streams

7



8

Leadership
Research

9

CIHR PHSI Research Questions

1. What is the current state of health leadership **capacity** in Canada?
2. Where are the **gaps** between current practices and leading practices?
3. How can knowledge of effective leadership be **mobilized** by the network to enhance the development of quality health leaders?

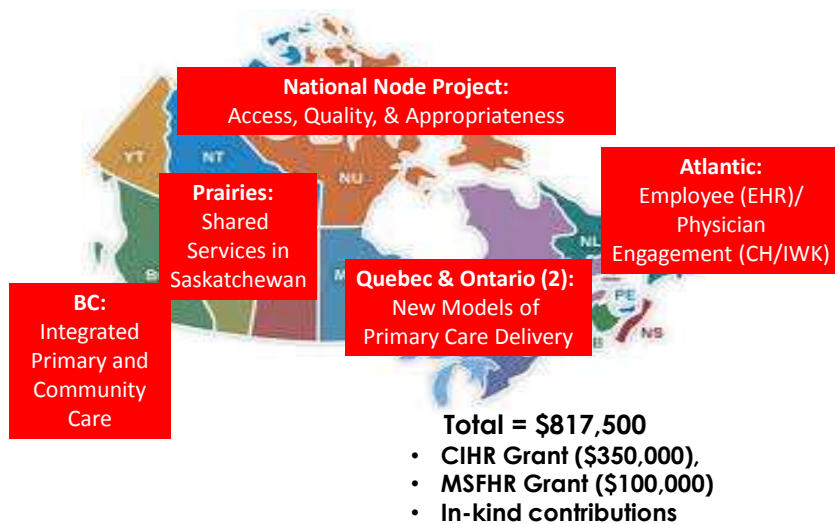
10

PHSI Team

- ▶ 17 **researchers** from nine universities
- ▶ 14 **decision-makers** from 12 jurisdictions – policy-makers, CEOs, mid-level leaders
- ▶ 5 **knowledge mobilizers** (university and health organizations)

Participatory Action Research Projects Across Canada

11



PHSI Results

12

- **New capacities** required – systems thinking, strategic thinking, and relationship development
- Quality **physician leadership** – at all levels is required
- Too much **churn**
- **Alignment** of thinking and action around collective leadership capacity
- **LEADS** as a common language
- Need for systematic **succession planning** and leadership development

13

Benchmarking Research Questions

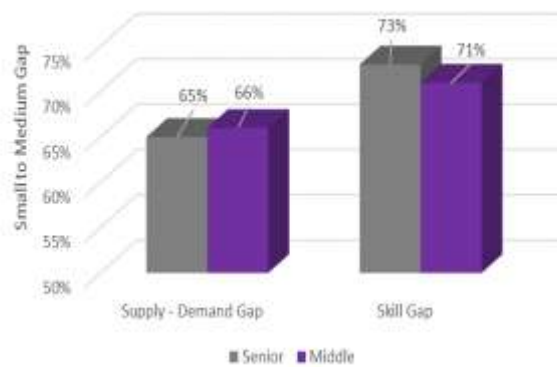
- ▶ 1. Is there a leadership gap in Canada?
- ▶ 2. What is the size of the gap?
- ▶ 3. How important is the gap?
- ▶ 4. What is being done to close the gap?

14

What is the size
of the gap?

Results

Figure 1: Size of Leadership Gap

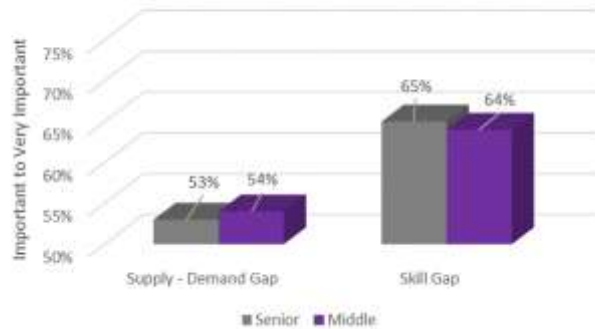


15

How important
is the gap?

Results

Figure 2: Importance of Leadership Gap



16

Benchmarking Results

- ▶ 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

17

Health Leadership Action Plan

DR. GILLIAN KERNAGHAN
CHAIR WORKING GROUP,
CSPE, CEO ST. JOSEPH'S
HEALTH CARE LONDON

18

“ 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



19

CHLNet Working Group

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

20

Process

- ▶ First meeting May 2, 2013
- ▶ June 10, 2013: NHLC Focus Group
- ▶ Summer 2013: First draft working paper
- ▶ October 2013: Consultation with NPs on working paper
- ▶ February 14, 2014: Montreal Health Leadership Forum
- ▶ March 4, 2014: McMaster Deliberative Dialogue
- ▶ May 14, 2014: NPs Roundtable final approval
- ▶ June 2, 2014: NHLC
- ▶ June 24, 2014: Committee on Health Workforce

21

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

22

Working Paper

International Experience

- ▶ Health Workforce Australia – adopted LEADS
- ▶ Tied to Health Reform
- ▶ Provided \$5M over 3 years for DM training, tool development and aboriginal leadership development
- ▶ Working with Canada to maximize developmental efforts

23

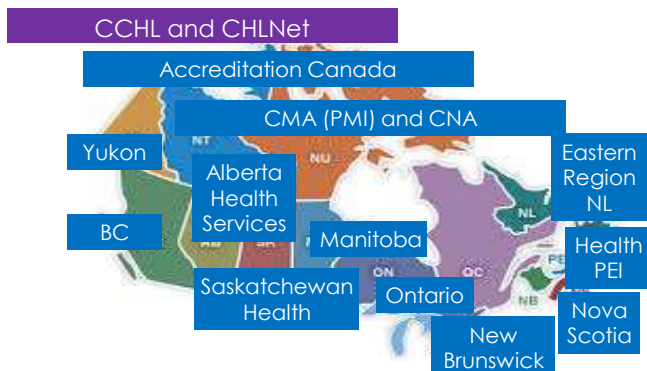
Working Paper

International
Experience

- ▶ NHS Leadership Academy – £50 M per year
- ▶ Tied to Health Reform
- ▶ Government rationale:
 - ▶ Too many high profile failures: Need to professionalize leadership and management
 - ▶ Can't compete for talent with corporate sector: need to grow own
 - ▶ Government changes require high quality leadership to implement: no different to Fortune 500 companies

24

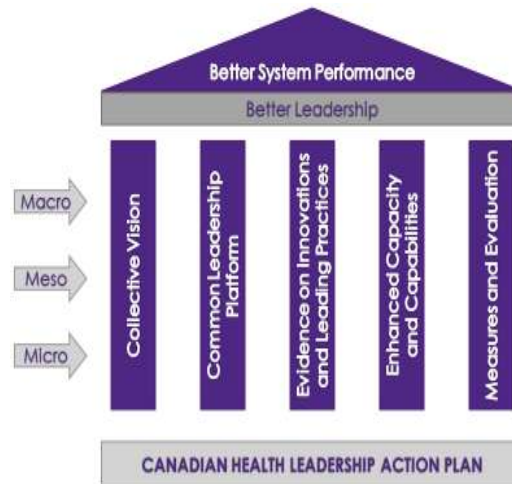
Working Paper

LEADS in a Caring
Environment

25

Action Plan

Key Elements



26

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.

27

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.

28

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 (or clearinghouse), as an ongoing collaboration between researchers, service providers and decision-makers.

29

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 *future leaders*.

30

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.

Committee on Health Workforce

- Support and advice in creating an evidence-based Canadian Health Leadership Action Plan
- Agreement to support forwarding to DMs
- Confirm provincial/territorial designate