DRAFT: MEMBERSHIP AND DEVELOPMENT STRATEGY

CHLNet

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

CHLNet Fall 2024

CHLNet Membership and Partnership Board Subcommittee
www.chlnet.ca

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CHLNet Membership and Partnership Development Strategy

Fall 2024

Introduction

Over the Summer and Fall 2024, an ad hoc committee of CHLNet's newly incorporated Board met to advise on how to build and strengthen CHLNet's network of member partners and unique value proposition based on our purpose of:

By working together, better incorporate evidence and systems thinking into the practice of 21st century health leadership to improve health system performance and advance transformation

The Membership and Partnership Committee[1] had five responsibilities (Appendix A):

- Stratify and analyze CHLNet's current membership composition.
- Identify opportunities and advise on strategy to attract new members based on the new stratification.[2]
- Advise on customized strategies to optimize engagement and the network's value add.
- Recommend opportunities to build deeper strategic partnerships both within and externally to the member partners to enhance CHLNet's unique value proposition (Appendix Bo.
- Identify new revenue generating opportunities for the network.

This report overviews their efforts and will be presented at CHLNet's Board Retreat on October 30th with recommendations to be shared with member partners at the November 15th Network Partner Roundtable.

Background

To begin this endeavour, two definitions provided context:

"Network is a multiorganizational arrangement for solving problems that cannot be achieved or achieved easily by single organizations" (Tholl, Concept to Reality, HCMF, 2014).

[1] CHLNet's Board thanks the following members for their advice and insights over the last few months: Stephen Samis (Chair, CHLNet), Amy Riske (Yukon Strategy for Patient Oriented Research), Andrea Johnson (Nova Scotia Health, CHLNet Board Member), Brian O'Rourke (CHLNet Emeritus), Catherine Gaulton (HIROC), Graham Dickson (LEADS Global), Grace Gemin (CHLNet, Notetaker), Kelly Grimes (CHLNet), and Yvonne Mburu (Emerging Health Leaders, CHLNet Board Member).

[2] Membership in the Corporation shall be available to public, private, not-for-profit health and/or social, health-related or leadership-related organizations which are interested in furthering the Corporation's purposes" (CHLNet By-Law No.1).

"Leadership is the collective capacity of an individual or group to influence people to work together to achieve a common constructive purpose: the health and wellness of the population we serve" (Dickson and Tholl, Bringing Leadership to Life in Health, 2020).

CHLNet Organizational Development Phases

Since our inception 15 years ago, CHLNet's problem statement has evolved across three phases of organizational development:

- *CHLNet 1.0 (2009/10)* - How do we come work together to grow leadership capacity across Canada under the banner of 'leadership without ownership', respecting the autonomy of Network Partners while recognizing the need to support one another as leaders and better understand the discipline of leadership?
- *CHLNet 2.0 (2014)* - How do we grow the network to address the large and growing health leadership gaps across Canada, building on a common leadership framework and a better understanding of the research?
- *CHLNet 3.0 (2024)* - By working together, how do we better incorporate evidence and systems thinking into the practice of 21st century health leadership transformation (Appendix C)?

CHLNet 1.0 began in 2009/2010 with 12 founding partners with the network housed at the Canadian Medical Association. As a coalition of the willing, it formed to grow leadership capacity across the country. CHLNet 1.0 had three pieces of work that cemented it as a going concern during this time: 1. Semi-annual network partner roundtables conducted through Chatham House Rule; 2. Original Research$750K CIHR Partnership in Health Systems Improvement grant that brought together academics and decision makers in six case studies; and 3. A common leadership platform with adoption of LEADS (as dueling frameworks at the time) and the formation of the LEADS Collaborative to oversee the framework (Canadian College of Health Leaders/CCHL, Graham Dickson and CHLNet).

CHLNet 2.0 began in 2014 with CCHL as the host Secretariat providing in kind support to the network. Three new additions expanded our value proposition: 1. Creation of working and steering groups to better engage partners (Appendix D) such as the Research & Evaluation Working Group and Health Leadership Exchange and Acceleration Working Group; 2. Development of toolkits and tools such as Leadership Development Impact Assessment Toolkit, Wise Practices of Leadership Development, Leadership Development Inventory, Self Assessments and Eblasts; and 3. Original and collaborative research such as Benchmarking the Health Leadership in Canada (partner funded), Leading Thru COVID Action Research Project(SSHRC), Empowering Women Leaders in Health (Status of Women), and *Determining Pathways of Leadership and Developing and Testing a Mobile App Prototype* (Mitacs) (Appendix E Value Add).

CHLNet 3.0 has now begun with our January 2024 incorporation. We have evolved to be an *incorporated, interorganizational, community capacity building network*. There is no longer a host secretariat and instead the bookkeeping and office technology have been pulled inhouse with no paid office space. Secretariat support remains at two part time employees with revenue mainly derived from network partner membership fees with an annual budget of ~$200,000. This next iteration of CHLNet will build upon our current strengths while enhancing value to the network.

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Member Partner Stratification

In the past 10 years, new partner acquisition has been steady with overall size hovering around 40. Over time, Figure 1 highlights that 68 organizations have tested out our value network with 28 organizations either withdrawing or merging (e.g. Canadian Foundation for Healthcare Improvement and Canadian Patient Safety Institute).

Figure 1

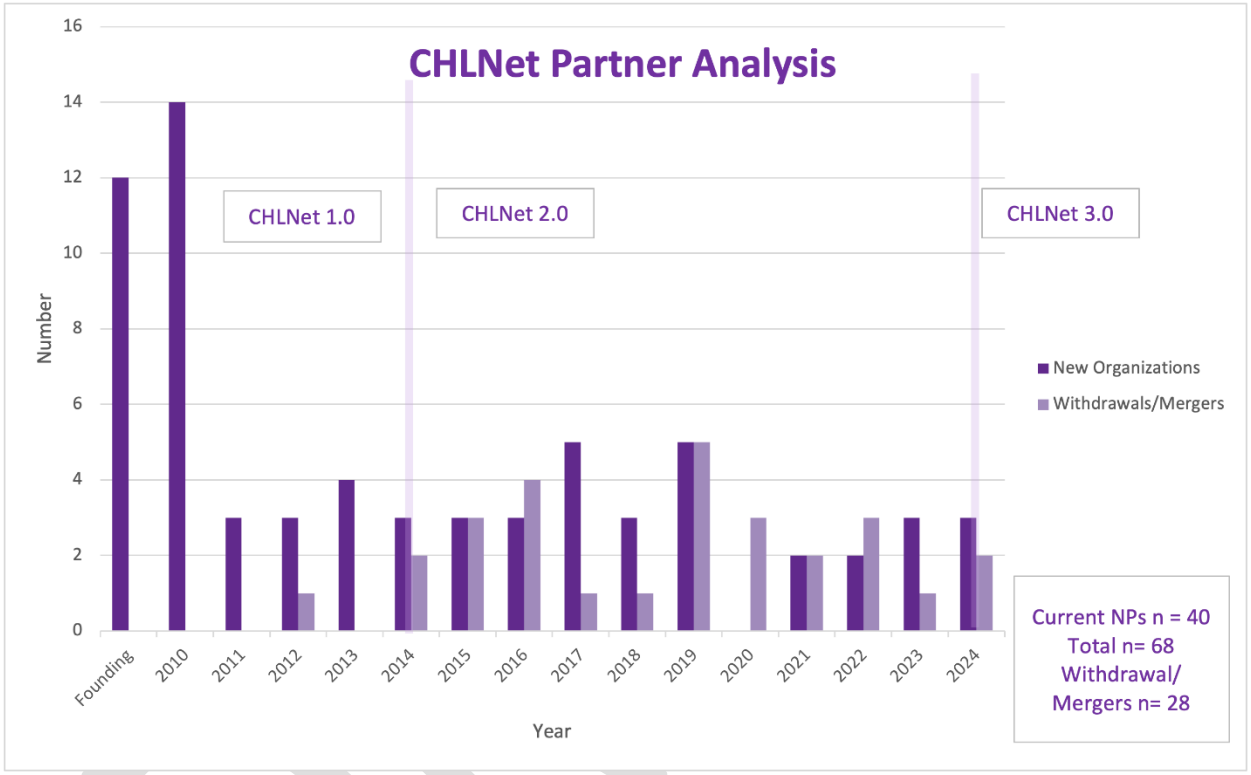


Figure 2 stratifies the membership (Appendix F) by 5 types: Academic, Health Service Delivery, Government, National and Other Non-Profit. Over the last 15 years, CHLNet total network members by type shows that 40% are/have been national, 22 % health service delivery, 17% other nonprofit, 12% government and 9% academics.

Figure 3 analysis of withdrawals/mergers by type reveals: 36% national, 25% other nonprofit, 18% health service delivery, 18% government and 3% academic.

Figure 2

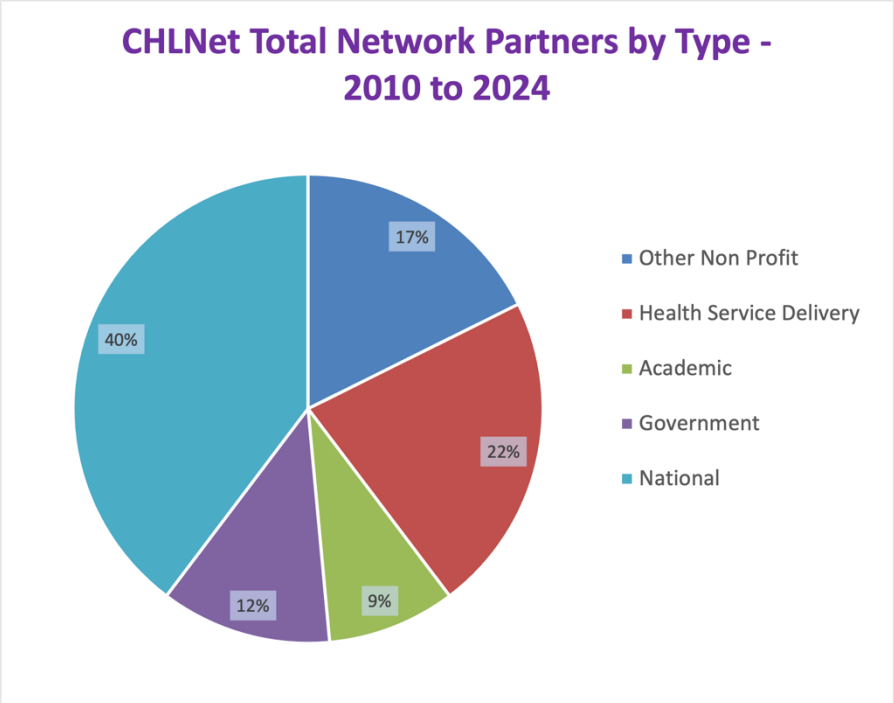
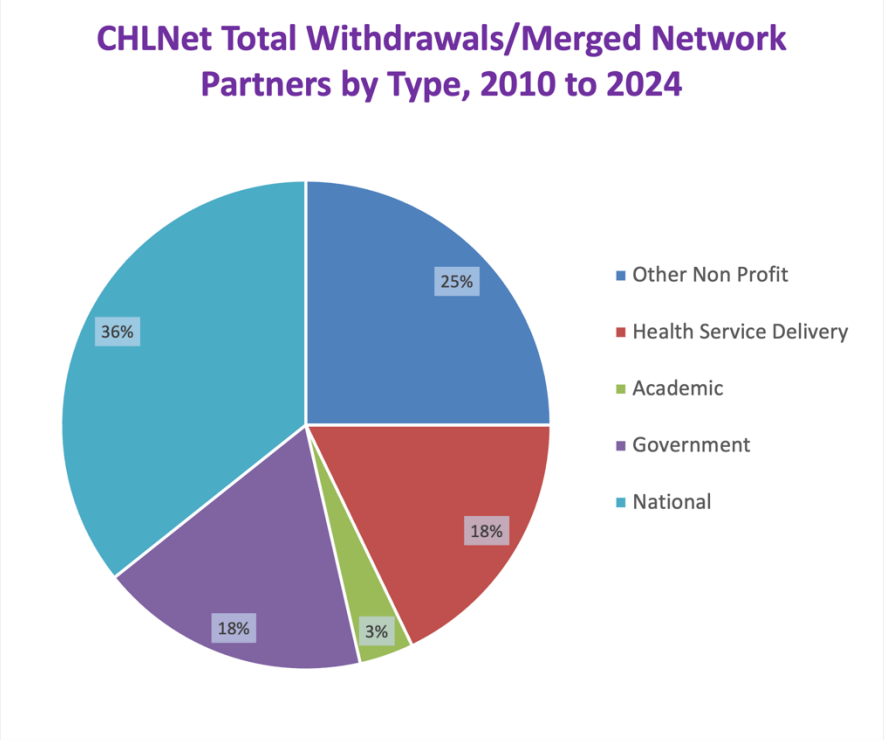
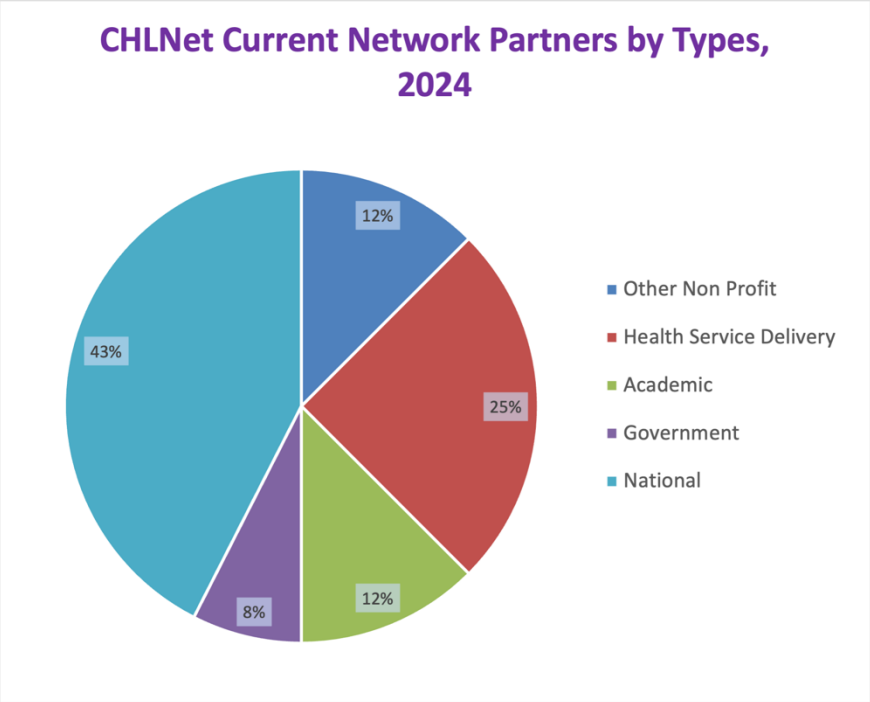


Figure 3



As of August 2024, our current network partners by type are 43% national, 25% health service delivery, 12% other nonprofit, 12% academic, and 8% government. In the last five years, government has been the hardest partner group to engage, but academics have become even more involved in the network with our evidence building focus.

Figure 4



Overview: Priorities and Strategy

CHLNet's new bylaws expanded membership to "Membership in the Corporation shall be available to public, private, not-for-profit health and/or social, health-related or leadership-related organizations which are interested in furthering the Corporation's purposes." This presents an opportunity to widen recruitment to more nontraditional organizations and tailor our value add to these new types. CHLNet has always been nonprofit with a health system and organization focus. In our early days, CHLNet did have a Friends of CHLNet membership category and did do some leadership development work. With the LEADS Collaborative creation, these two initiatives were discontinued to reduce overlap with CCHL.

Two years ago, a summer network partner survey (n=25 completed) unveiled the products and services of most value to the membership. Data showed high support for continuing the three current value streams: *Dialogue & Engagement* 100%; *Research & Evaluation* 76%; and *Accelerate Leadership Practices & Capabilities* 84%. Arising from this, the 2023-2025 strategic plan (Appendix C) added a fourth value stream *Champion Strategic Leadership Excellence*. In terms of specific deliverables, those deemed of high importance for partners were network partner roundtables (80%), toolkits and tools (68%), health leadership research and evidence (64%), working and steering

groups (60%), LEADS Framework Steering Group input (56%), Eblasts (54%), Top 3 articles (50%) and executive huddles (38%). The Secretariat (now Board) decided that going forward a focus group at a network partner roundtable might be a better way to collect member data.

Through the advice of the Membership & Partnership committee three themes have been generated to move forward to strengthen membership:

A. *Continue to Evolve Our Value Proposition to Existing Network Partners*
B. *Identify and Attract the Next Generation of Network Partners*
C. *Tailor our Value Proposition by Various Leader Types*

Each of these are outlined below with strategies defined and initial actions outlined.

A. Continue to Evolve Our Value Proposition for Existing Network Partners

Strategy	Actions
1. Engage network member partners in defining what matters to be future ready	• CHLNet 3.0 is under development and will be shared and discussed at the Nov 15th Network Partner Roundtable for partner input following a board retreat
2. Better understand our value proposition and communicate/tailor to network member segments	• Enhance and tailor our current value add by the 5 partner types outlined in the membership stratification
3. Expand ongoing retention and processes	• Ensure any change in membership is met with a tailored onboarding process so that our value add, and network values are shared • Begin to collect impact stories that share the value of the network

B. Identify and Attract the Next Generation of Network Partners

Strategy	Actions
4. Empower and engage emerging health leaders	• Discuss at Fall 2024 CHLNet Working Groups on bringing a protégé to the table and further involve emerging health leaders • Invite emerging health leaders to semi annual network partner roundtables • Guide and empower the emerging health leaders' network and leaders

Strategy	Actions
	• Support member partners in building stronger relationships with emerging health leaders
5. Recruitment and repatriation by member segments	• Review organizations who have left the network and re engage for possible rejoining (determine if partner contacts) • Recruit new members according to expanded membership outlined in new Bylaws • Develop partner framework that guides our recruitment • Ensure diversity and inclusion is a priority in building the next generation

C. Tailor Our Value Proposition to Various Leader Types

Strategy	Actions
6. Expand coalition building opportunities and sharing across the network by leader subgroups	• Discuss at network partner roundtable the further engagement of partners in the network by various leader subgroups within an organization i.e. OD/HR/LD, Executive, Emerging, middle managers, academics, clinical, etc. • Consider how to enhance our value proposition by each type of leader within an organization both in Canada and internationally • Use the learnings and connection from the Healthcare Excellence Canada EXTRA Indigenous health leadership team to build a community of practice • Discuss the relationship between CHLNet and the World Health Leadership Network and its international partners • Investigate the possibility of a francophone membership base
7. Enhance the human resource/leadership development and	• Through Health Leadership Exchange and Acceleration Working Group survey

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Strategy	Actions
organizational design community of practice	partner need on an expanded community of practice
8. Ensure executive leaders have safe spaces for dialogue and engagement	• Reinitiate executive leader dialogues at network partner roundtables using Chatham House Rule
9. Develop an Academic hub for scholars	• Business plan and evidence priorities developed with CHLNet Research & Evaluation Working Group • Assign coleads/dyads to ensure evidence generation to champion strategic leadership excellence by 4 themes: accelerate leadership practices for the 21st century to transform health systems; foster antiracism and social justice to achieve effective leadership; promote healthy and accountable workplaces that support individual and collective wellbeing; and address climate change for a sustainable health system • Recruit additional universities across the country and new researchers
10. Build deeper strategic partnerships for broader impact across leadership and membership based national organizations (Appendix G)	• Convene organizations to discuss a leadership commons, enhanced resource sharing and other opportunities for deeper partnership

Conclusion and Recommendations

Since its inception in 2009/2010, CHLNet has continued to evolve and expand its value proposition and value add. Its membership remains consistent at 40 network partners, equity position strong and engagement high. However, with its January 1st, 2024, new opportunities await to strengthen the network and its unique value proposition.

The Membership & Partnership subcommittee provides the following recommendations for CHLNet's Board's consideration:

1. Endorse and/or prioritize the actions contained within this report.
2. Empower the subcommittee to develop a phased in plan and further tactics based on board input at its October 30th retreat.
3. Decide whether to amend this committee's terms of reference or strike a new board subcommittee on business development to identify new revenue generating opportunities for the network while maintaining its nonprofit status.

Appendix A: Terms of Reference

CHLNet Membership and Partnership Ad hoc Committee of the Board Terms of Reference

Purpose

Advise on how to build and strengthen CHLNet's network of member partners and unique value proposition (see Appendix A) based on our purpose of:

> *By working together, better incorporate evidence and systems thinking into the practice of 21st century health leadership to improve health system performance and advance transformation.*

Values

- Trust and reciprocity in all our interactions
- Inclusivity and broad systems level partner engagement
- Share and convene based on a common leadership language and continuous learning
- Leverage the collective strengths of member partners

Duties and Responsibilities

- Stratify and analyze CHLNet's current membership composition.
- Identify opportunities and advise on strategy to attract new members based on the new stratification.[3]
- Advise on customized strategies to optimize engagement and the network's value add.
- Recommend opportunities to build deeper strategic partnerships both within and externally to the member partners to enhance CHLNet's unique value proposition.
- Identify new revenue generating opportunities for the network.

Terms of Operation [4]

- Meet virtually for 1 hour every one to two months beginning in July 2024 or at the call of the Chair until November 1st, 2024. Estimated that 4 meetings today would be required.
- Regular attendance is required. An attendance rate of at least 75% is desirable.
- Maintain quality records of meetings.
- Distribute agenda and materials one week ahead of the meeting (responsibility of the Chair, along with CEO).
- Establish quorum of at least 50% of the members at each meeting.

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[3] Membership in the Corporation shall be available to public, private, not-for-profit health and/or social, health-related or leadership-related organizations which are interested in furthering the Corporation's purposes" (CHLNet By-Law No.1).

[4] Committees of the Board are advisory in nature and have no authority other than that delegated by the Board.

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- Regular progress reports with a final report to the Board of directors by November 1st, 2024, for discussion at its Fall Retreat must be provided.

Membership

- Committee membership and terms of reference will be approved by the Board including selection of committee chair.
- Ensure the composition of the committee reflects the member partners and includes at least one Board Director.
- Vacancies will be filled by the Board as required.

Approved June 26, 2024

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Appendix B: CHLNet's Unique Value Proposition

Our Vision

Better Leadership, Better Health – Together

Purpose

By working together, better incorporate evidence and systems thinking into the practice of 21st century health leadership to improve health system performance and transformation.

Values

1. Trust and reciprocity in all our interactions.
2. Inclusivity and broad systems level partner engagement that is nonpartisan.
3. Open access to network generated assets.
4. Autonomy in decision making that reflects network need and priorities.
5. Emphasizes the collective impact of learning from one another to deal with current and future leadership opportunities and challenges for the health system i.e., maximizing resources and impact.

Value Network Guiding Principles

1. Build health leadership capacity and capabilities across the country at an organization and systems level.
2. Foster a leadership commons (leaders supporting leaders) that spans professions, generations, and health and care organizations that allows for a table with differing and different perspectives.
3. Co-create health leadership evidence, practices, and tools.
4. Link academics and knowledge users to integrate health leadership evidence into policy and practice.
5. Share and convene based on a common leadership language and continuous learning.
6. Grow, spread, and scale network assets.
7. Recognize the depth of individual organizational and network resources.
8. Align and integrate Secretariat operational functions (finance, IT support, communications) where possible to maximize network resources.
9. Improve access to both financial and in-kind resources such as grants, endowments, government/organizational funding, etc.
10. Reinforce network partner composition and stability.

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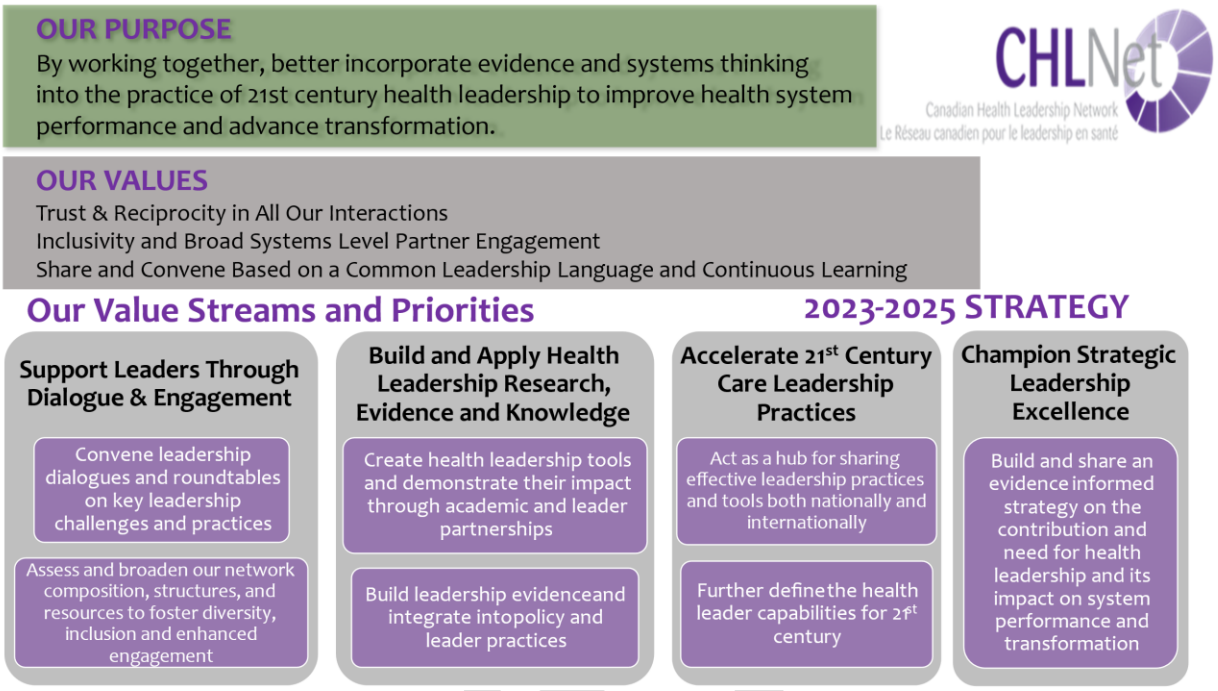
Appendix C: CHLNet Strategic Plan



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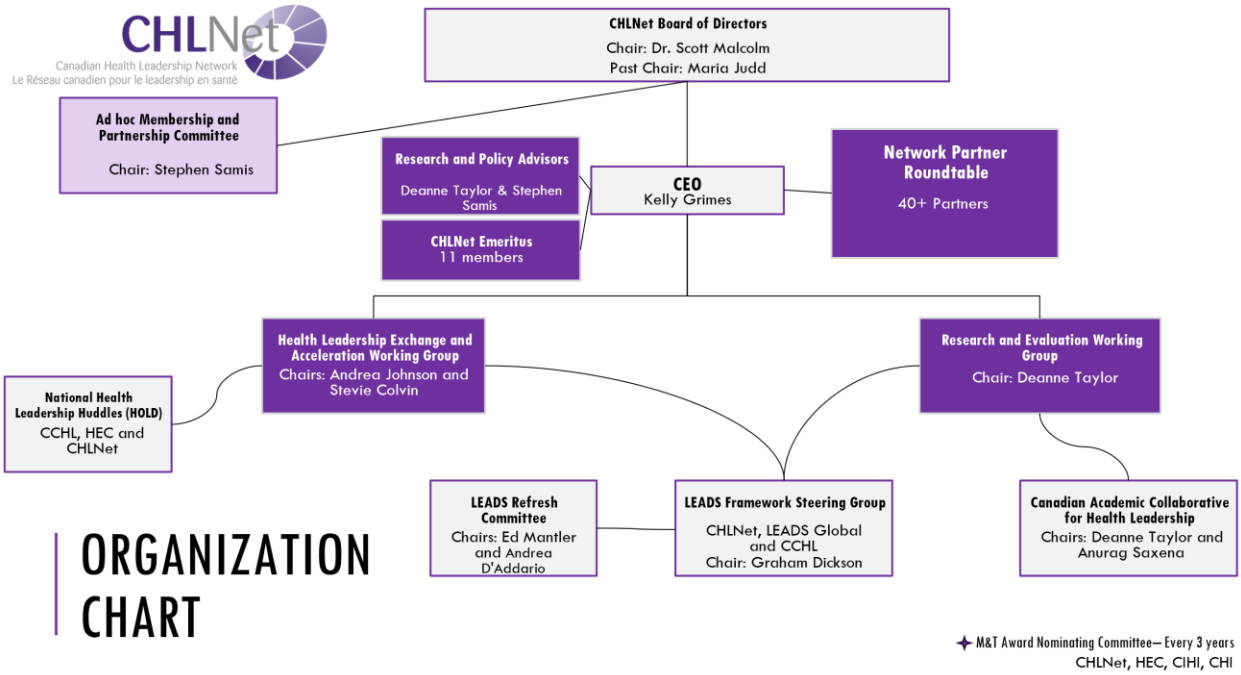
Appendix D: CHLNet Organizational Chart



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Appendix E: Value Add

CHLNet's Value Add: Better Leadership, Better Health – Together

Who We Are

Created in the fall of 2009 with 12 founding partners, the Canadian Health Leadership Network (CHLNet) is a not-for-profit, purpose-built coalition of 40+ organizations (called Network Partners)[5] who gather to build health leadership capacity and capabilities across Canada. Members cut across jurisdictions, policymakers, academics, health associations, regional health authorities, patients, and health disciplines. Through its new strategic plan, CHLNet conducts its work in building health leadership via four value streams: *Support Leaders Through Dialogue & Engagement; Build and Apply Health Leadership Research, Evidence and Knowledge; Accelerate 21st Century Care Leadership Practices;* and *Champion Strategic Leadership Excellence*[6]. Tools are free to network partners as outlined below.

What We Do

Working and steering groups comprised of network partners guide our work based on partner needs. Their efforts include under our value streams of:

Support Leaders through Dialogue and Engagement

- Quarterly Eblasts provide a medley of tools, practices, and articles for leaders. Each eblast contains a *Top Three*, accompanied by regular *blogs* on topics such as evidence-informed hope.
- Network Partner Roundtables occur twice a year where leaders gather at a national level on their leadership challenges (using Chatham House Rule), opportunities and hear project updates.

Build and Apply Health Leadership Research, Evidence and Knowledge

- Benchmarking the Health Leadership in Canada gives organizations comparative data on the leadership gap. The most recent survey shows we still lag in the supply/demand, diversity, and capabilities gaps (especially on Innovation, a key leadership capability for 21st century care).
- Leading Thru COVID Action Research Project surfaces the leadership practices that have been effective during the pandemic and beyond. See our final Infographic summarizing findings.
- Empowering Women Leaders in Health initiative led by Dr. Ivy Bourgeault offers a newly updated evidence-informed Equity, Diversity, and Inclusive Leadership in Health Toolkit.
- Mitacs Grant with McMaster University and LEADS Global on "Accelerating the Healthcare Leader's Career Pathways: Determining pathways of leadership and developing and testing a mobile app prototype."

Accelerate 21st Century Care Leadership Practices

- LEADS as a common leadership language provides a foundation for sharing practices and tools across our network. CHLNet, along with CCHL and LEADS Global, are stewarding the 2025 LEADS Refresh.

[5] We are often asked how we differ from the Canadian College of Health Leaders. The basic answer is our membership is comprised of organizations, whereas the College is aimed at individuals.
[6] Started Spring 2023.

- Leadership Development Inventory contains over 80 leadership programs across the country that can be sorted by your leadership role, location and duration.
- Leadership Development Self Assessment is a LEADS based tool that provides a unique profile outlining the domains and capabilities to focus ones' learning on.
- The Wise Practices Toolkit provides a centralized resource of evidence/experience-based and emerging/innovative practices to help organizations create a powerfully impactful leadership development program.
- The newly updated Leadership Development Impact Assessment Toolkit measures return on investment and build the case for leadership development.

CHLNet's core team remains small but with partner financial support ($5K per partner) along with the many volunteer hours of partners (working/steering groups and Secretariat), we believe we have been very impactful in our 10-year journey of *Better Leadership, Better Health - Together*.

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Appendix F: Current Network Partners (August 2024)

CHLNet Network Partner Analysis 2024

Current Partners

Name of Partner	Date Joined	Type of Organization	Location
Canadian Health Workforce Network (University of Ottawa)	2019	Academic	Ontario
McMaster University - Department of Medicine Leadership	2023	Academic	Ontario
Royal Roads University (RRU)	2010	Academic	BC
University of Alberta, Health Technology and Policy Unit	2023	Academic	Alberta
University of Saskatchewan, College of Medicine	2023	Academic	Saskatchewan
Canadian Coalition of Green Health Care	2024	Other Non-Profit	Canada
Healthcare Insurance Reciprocal of Canada (HIROC)	2019	Other Non-Profit	Canada
Innovative Medicines Canada (formerly Rx&D Canada)	2010	Other Non-Profit	Canada
LEADS Global	2024	Other Non-Profit	Canada
SWITCH BC	2022	Other Non-Profit	BC
Canadian Forces Health Services Group	2018	Government	Canada
Health Canada	2018	Government	Canada
Yukon Health and Social Services	2018	Government	Yukon
Alberta Health Services (AHS)	2012	Health service delivery	Alberta
Good Samaritan Society	2021	Health service delivery	Alberta
Health PEI	2010	Health service delivery	PEI
Hôtel-Dieu Grace Healthcare ON	2017	Health service delivery	Ontario
Interior Health	2022	Health service delivery	BC
Island Health BC	2019	Health service delivery	BC
Nova Scotia Health Authority (NHSA)	2015	Health service delivery	Nova Scotia
Provincial Health Services Authority (formerly BCHLDEC)	2012	Health service delivery	BC
Saskatchewan Health Authority (SHA)	2017	Health service delivery	Saskatchewan
Shared Health Manitoba (formerly Manitoba Health)	2010	Health service delivery	Manitoba
Canada Health Infoway	2016	National association	Canada
Canada's Drug Agency (Previously CADTH (Canadian Agency for Dı	2009	National association	Canada
Canadian Centre on Substance Use and Addiction	2019	National association	Canada
Canadian College of Health Leaders (CCHL)	2009	National association	Canada
Canadian Federation of Nurses Unions	2024	National association	Canada
Canadian Institute for Health Information (CIHI)	2010	National association	Canada
Canadian Medical Association (CMA) - Joule	2009	National association	Canada
Canadian Partnership Against Cancer (CPAC)	2016	National association	Canada
Canadian Psychological Association	2021	National association	Canada
Canadian Society of Physician Leaders (CSPL)	2009	National association	Canada
College of Family Physicians of Canada	2013	National association	Canada
Emerging Health Leaders	2009	National association	Canada
Healthcare Excellence Canada (previously CFHI)	2011	National association	Canada
HealthCareCAN	2009	National association	Canada
Mental Health Commission of Canada (MHCC)	2013	National association	Canada
Pallium Canada	2017	National association	Canada
Royal College of Physicians and Surgeons of Canada (RCPSC)	2010	National association	Canada

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Appendix G: Leadership and Member Based National Organizations

Organization	Purpose	Year of Incorporation	Strategic Priorities	Leadership Initiatives	Membership
CHLNet	Byworking together, better incorporate evidence and systems thinking into the practice of 21st centuryhealth leadership to improve health system performance and advance transformation.	2024 (in existence since 2009/2010)	Support leaders through Dialogue & Engagement; Build and Apply Health Leadership Research, Evidence and Knowledge, Accelerate 21st CenturyCare Leadership Practices; and Champion Strategic Leadership Excellence.	Tools and Toolkits, Newsletters, Network sharing, Dialogue, Working Groups, Research & Evidence, Knowledge Translation	40+ organizations across Canada https://chlnet.ca/network-partners
CCHL	The college is the connected community that develops, supports, and inspires health leaders across Canada.	1970 (Canadian College of Health Service Executives) 2015 (as CCHL)	Your connected community; your nationalvoice; and your career journey.	Certification, CCHL Circle, Organizational Diagnositic, Conferences and Events, Corporate Services, Chapters, Professional Development, Journals/Publications, Awards	4,300 individual members (discounts for students), 80+ corporate member organizations, and 20 chapters across Canada https://cchl-ccls.ca/membership/
CSPL	To develop and support physicians to be successful in healthcare leadeship and management roles.	2013	Seeks out opportunities and partnerships to provide Canadian physician leaders with forums for education and networking, to expose them to quality leadership development programs, to recognize physicians in the healthcare system, and to provide membership-valued tools.	CCPE Credential, Conference, Journals/Publications, Podcasts, Education/Coaching, Job opportunity list	Individual members (physician only; practicing, student, and retired) https://physicianleaders.ca/members-benefits/
HealthCare*CAN*	To unite and empower healthcare and health research leaders to build a better, more equitable health system for the people of Canada.	2014 (resulted from a merger of CHA and ACAHO)	Champion the Canadian Health Research Ecosystem; Advocate for a sustainable and equitable health system; empower leadership and professional development; unite, support and serve members.	CHA Learning Programs (LEADS focused leadership, change leadership, management, systems thinking and transformation, people-centred care, long-term care, mental health, etc.), Health System Leadership Academy, Engagement and Representation, Research & Policy Advocacy, Professional Development, Webinars, Policy development, CEO forums, HHR Committee	60+ member organizations (full, affiliate and associate memberships based on eligibility) https://www.healthcarecan.ca/membership/
Healthcare Excellence Canada	To shape a future where everyone in Canada has safe adn high-quality healthcare.	2020 (resulted from the merger of CFHI and CPSI)	Care of older adults with health and social needs; care closer to home and community with safe transitions; health workforce retention and support; lived experience of patients, caregivers, and communities; people in the workforce; cultural safety and equitable care; reconciliation.	EXTRA Fellowship (team-based bilingual leadership development program to help address complex problems, evidence based solutions), TeamSTEPPS Canada, Tools and Toolkits, Patient Safety, Webinars, Staff retention, truth and reconciliation, Policy guidance	Various partnerships with individuals and groups https://www.healthcareexcellence.ca/en/partnerships/
Emerging Health Leaders	To develop emerging health system leaders across Canada.	2023 (in existence since 2010)	Encourage and promote personal leadership competencies and development; engage in strategic partnerships; and strengthen the EHL network.	Networking, Educational Events, Nodes, mentorship and coaching, interview series	Nodes of members in Vancouver, Edmonton, Calgary, Hamilton, Toronto, and National https://www.linkedin.com/company/emerginghealthleaders/about/
Physician Leadership Institute (CMA)	The Physician Leadership Institute (PLI) supports physicians and healthcare organizations to strengthen their leadership to create a better future of care.	1909 (CMA)	Communication and collaboration; team leadership; and influence and advocacy, systems leadership and medical culture.	CMA - Organizational collaboration, networking, workplace wellness, knowledge mobilization, policy advocacy, CMA Awards, Journals, Tools, Espace leadership, CMA Foundation Physician Leadership Institiute - aligned with CANMEDS and LEADS, medical leadership development, interdisciplinary team development	Organizations and individuals, https://www.cma.ca/resources/learning/physician-leadership-institute