CHLNet Network Partner Virtual Roundtable DRAFT Minutes
May 16th 2025 1130 to 1500 Hours Eastern Time

Secretariat
Kelly Grimes, CEO, CHLNet
Grace Gemin, Program Coordinator, CHLNet
Deanne Taylor, Research Advisor
Stephen Samis, Policy Advisor

Board Members
Scott Malcolm, Canadian Armed Forces, Chair
Andrea Johnson, Nova Scotia Health
Carolyn Pullen, Canadian Cardiovascular Society
Jean-Louis Denis, University of Toronto
Katherine Chubbs, The Good Samaritan Society
Kathy MacNeil, Island Health

Network Partners
Anurag Saxena, University of Saskatchewan
Carmen Chinchilla Pleitez, Alberta Health Services
Caroline Heick, Canadian Institute for Health Information
Catherine Gaulton, Health Insurance Reciprocal of Canada
Chris Watling, Royal College of Physicians and Surgeons of Canada
Christopher Gillis, Health PEI
Colleen Galasso, Canadian Society of Physician Leaders
Denise McCuaig/Jérôme Ouellet, Healthcare Excellence Canada
Diana Verrier, Island Health
Graham Dickson, LEADS Global
Ivy Bourgeault, Canadian Health Workforce Network
Jaason Geerts/ Sue Owen, Canadian College of Health Leaders
Janice Cooney, Stephanie Coquette, Canadian Medical Association
Jennifer Buckley, Innovative Medicines Canada
Lisa Votter-Bleeker, Canadian Psychological Association
Ming-Ka Chan, Sheila Betker, Shared Health Manitoba/University of Manitoba
Otisha Joseph-Halley, Canada Health Infoway
Rhowena Martin, Canadian Centre on Substance Use and Addiction
Myles Sergeant, Canadian Coalition of Green Health Care
Phil Cady, Royal Roads University
Susannah Taylor, Health Canada
Victoria Schmid, SWITCH BC

Emeritus
Bill Tholl, CHLNet Emeritus
Don Philippon, CHLNet Emeritus
Elma Heidemann, CHLNet Emeritus
Wendy Nicklin, CHLNet Emeritus

Observers and Speakers
Alice Muirhead, Rural Coordinating Center of BC, Observer
Aranka Anema, KPMG, Observer
Dr. Debashis Basu, WHO Collaborating Center for SDH and Promoting Health and Well-being, Speaker
Jodi Hall, Canadian Association for Long-Term Care, Observer
Lynn McNeely, Health Workforce Canada, Observer
Marcia Anderson, University of Manitoba, Speaker
Neil Grunberg, Uniformed Services University of the Health Sciences USA, Speaker
Peter Lachman, Patient Safety Movement Foundation Global Patient Safety Fellowship Programme, Speaker

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Valerie Grdisa, Canadian Nurses Association, Observer
Valerie Lukac, KPMG, Observer

Partner Regrets

Amy Riske, Yukon Health
Arni Ahronson, Canada's Drug Agency
Barrett Blue, Saskatchewan Health Authority
Dale Schierbeck, HealthCareCAN
Devidas Menon, University of Alberta
Karla Thorpe, Mental Health Commission of Canada
Linda Silas, Canadian Federation of Nurses Unions
Sarah Scott, College of Family Physicians of Canada
Susana Josipovic, McMaster University
Yvonne Mburu, Fraser Health and Emerging Health Leaders

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Introductions and Approval of Minutes/Motions

Scott Malcolm, Board Chair of CHLNet, began by sharing a land acknowledgment and welcoming all including our observers Tiffany Boyd, Yukon Hospital Corporation; Valerie Grdisa, Canadian Nurses Association; Alice Muirhead, Rural Coordinating Center of BC; Jodi Hall, Canadian Association for Long Term Care; and Aranka Anema, KPMG.

The partners used to convene face-to-face in Ottawa twice per annum to set policy directions; appoint members of the CHLNet secretariat (now Board); to set network partner fees; and to conduct such other CHLNet business that will, from time to time, be required. Since the COVID-19 pandemic, the roundtable has shifted to virtual and hybrid gatherings. The agenda has been divided into three sections; the Leadership Dialogue, Network Partner Roundtable, and Annual General Meeting.

Motion put forward for approval:

Motion by Carolyn Pullen, seconded by Kathy MacNeil and carried to approve the Minutes of the November 2024 Network Partner Roundtable.

Partners were encouraged to reach out to Kelly Grimes if they are interested in any of the working and steering groups or know of other leaders interested in being part of this network. The roundtable began with a leadership dialogue as outlined below.

Leadership Dialogue: Leadership Development: A Crisis in the Time of Crisis.

Chatham House Rule were employed for the leadership dialogue. High level takeaways are included below.

The COVID-19 pandemic reinforced the importance for health leadership and its pivotal role in health system performance and transformation. However, during this time, a dramatic decline in leadership development investments occurred accompanied by an increase engagement in networks and communities of practice. The current socio-political context has meant leading again during times of uncertainty and crisis.

Health leaders must develop and use 21st century leadership capabilities to tackle both the large "P" politics (i.e. government policies, elections, tariffs, social justice and antiracism, economics, future of WHO and AID programs) and small "p" politics (i.e. organizational and community dynamics, deficits, value systems).

Four health leaders discussed the following two questions:

1. What are the current socio-political context and challenges you are facing as a health leader?

2. What 21st century leadership practices are you employing/developing so that you can survive and hopefully thrive through these evolving challenges?

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The leaders provided a global perspective (Canada, South Africa, United Kingdom/Ireland and United States). Speaker bios were shared ahead of time.

1. *Dr. Marcia Anderson*, Vice-Dean, Indigenous Health, Social Justice and Anti-Racism Rady Faculty of Health Sciences University of Manitoba
2. *Dr. Debashis Basu*, Director WHO Collaborating Center for SDH and Promoting Health and Well-being, Academic and Clinical Health Department of Public Health Medicine, Steve Biko Academic Hospital and University of Pretoria, Director WHO Collaborating centre for Social Determinants of Health (SDH) and Promoting Health and Well-being
3. *Dr. Peter Lachman*, Director Patient Safety Movement Foundation Global Patient Safety Fellowship Programme, Former CEO of International Society for Quality in Healthcare
4. *Dr. Neil Grunberg*, Director of Faculty Development, Military and Emergency Medicine, Director Leadership Research & Development, Professor, Military and Emergency Medicine, School of Medicine Professor, Neuroscience, School of Medicine Professor, Graduate School of Nursing Uniformed Services University of the Health Sciences USA

Presentation Highlights:

1. *Protecting Rights Amid Rising Political Extremism*: Political polarization is creating concerns around rights rollbacks. Efforts toward justice and equity, especially for Indigenous, trans, and women's rights, must shift to active safeguarding strategies as opposed to fighting for more to ensure existing rights remain. How can we best listen and collaborate with marginalized groups who aren't always at the table?
2. *Equity Over Equality in Health Systems:* Health systems around the world show that offering the same services to everyone does not eliminate disparities—particularly when geography, wealth, race, or legal status dictate the quality of care. Systems need to prioritize and design services around need, not uniformity.
3. *Leadership for Uncertainty and Complexity:* Leaders today must learn to operate in complex, fast-changing environments. Rather than resisting uncertainty, effective leadership involves creating safety for experimentation, admitting not having all the answers, and guiding teams through ambiguity with compassion, trust, and clarity.
4. *Health Workforce Strain and Sustainability:* Health systems globally are facing deep workforce crises such as burnout, underinvestment, migration of skilled professionals, and poor working conditions. Without major reinvestment in workforce development, retention, and well-being, the quality and sustainability of care are at risk.
5. *Values-Based, Inclusive Leadership:* True leadership is about values, humility, and purpose. Leaders are called to create inclusive environments, share power, and ground their actions in justice and compassion. Leadership is collective, evolving, and built on trust rather than authority.
6. *Countering Misinformation and Polarization:* Misinformation and ideological polarization are undermining public trust, policy decisions, and community cohesion. Navigating this terrain requires clear, honest, and strategic communication that builds understanding across divides. There is a need to proactively engage with complexity rather than retreat into echo chambers.

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7. *Listening as Leadership Communication:* Communication is about speaking effectively and listening with intention. Leaders must suspend their biases, understand what others truly mean, and invite shared ownership in decision-making. Communication grounded in empathy and clarity strengthens collaboration and unlocks collective potential. Ensuring that the patient and citizen voices are also heard.
8. *Reimagining Outdated Health Systems:* Many health systems were designed for past generations and are no longer fit for current realities. As needs evolve systems must be redesigned with community care, prevention, and equity at the core. Reactive, hospital-centric models are no longer sufficient.
9. *Global Learning and Technology as Catalysts:* Lessons from other countries and global partnerships offer valuable insights for reform. Legal structures, health financing, and service models must evolve through informed learning. Technological advances, especially AI, hold transformative potential, but must be implemented with ethics and equity in mind.
10. *Hopeful Action Over Passive Resilience:* A forward-looking approach requires hopeful, strategic, and collective action. Change is not linear or guaranteed, and progress requires persistence. This kind of action-oriented hope builds momentum even in challenging times, turning intention into impact.

Thank you to the speakers for their inspiring perspectives. We all need to be both good followers and good leaders and remember to command hope; hoping to do something versus hoping for something.

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CHLNet 3.0 Incorporation Progress

Board Succession Planning - CHLNet incorporated in January 2024. At the March 5, 2024, meeting of Members a motion passed whereas the previous Secretariat would become the new inaugural Board of Directors. Succession planning then began in the Fall 2024. At its August 28, 2024, meeting, the Board agreed that Carolyn Pullen and Jean-Louis Denis be invited as new directors increasing the board size to 8. Today at our Annual General Meeting, Kathy and Andrea's terms as directors will be complete. An email sent to all CHLNet Network Partners and to CHLNet's Board specifically, generated additional names for recommendations. At the Board's April 9th meeting, the board decided to invite two leaders as members. Firstly, we want to thank Kathy and Andrea for their outstanding contributions to the network. Kathy served as cochair of CHLNet for almost five years and Andrea remains as cochair of the Health Leadership Exchange and Accelerations Working Group. We are pleased to present two new board members: Valerie Grdisa, CEO of the Canadian Nurses Association and Tiffany Boyd, CEO of Yukon Hospital Corporation. There will be a formal motion to approve at the upcoming Annual General Meeting.

CHLNet Value Streams/Project Updates

This portion of the agenda is an update and input into a few of CHLNet's working groups and projects given by each project's chair(s) and/or researcher under the network's value streams:

i. *2025 Benchmarking Study*

This is our 3rd iteration of the study undertaken every 5 years looking at the supply/demand gap, but also capabilities gap. Two surveys were done last time: Survey A to senior executives in organization and Survey B to individuals (physicians, nurses and administrators). To date expressions of interest to support Bench III both in kind and financially have been expressed by Canadian College of Health Leaders, Canadian Medical Association, Canadian Society of Physician Leaders, HealthCareCAN, Emerging Health Leaders, Canadian Nurses Association, Healthcare Excellence Canada, University of Ottawa, HealthCareCAN and LEADS Global. Kevin Kelloway at Saint Mary's University has a PhD student who was successful in obtaining a Mitacs Grant to support this work. Data collection will begin over the summer with the first Steering Group meeting on May 27th. CHLNet asked that partners keep an eye out for and complete the survey when it is received. This work will also inform the LEADS Refresh. If interested in joining the efforts, then please email Kelly.

ii. *Canadian Learning Collaborative for Health Leadership (Hub)*

The hub's intention is to link evidence to policy and practice. Eight universities are involved to champion strategic leadership excellence in four areas: 21st century leadership practices, antiracism and social justice, wellness and psychologically supportive workplaces, and climate change for a sustainable health system. The climate change co leads have met a few times and developed a workplan with others to follow. Conversations are ongoing on how to fund/host the hub with a few universities and the cochairs meeting in person in Vancouver at the end of June to discuss. There is a joint meeting in the Fall of the Health Leadership Exchange & Acceleration and Research & Evaluation Working groups to discuss how best to integrate evidence into leadership development

work. As well in early 2025, CHLNet and Nova Scotia Health (NSH) were successfully in obtaining a CIHR Best Brains Exchange (BBE) Grant looking at 21st century leadership practices and linking it to policy and practice in the province at a virtual session on October 20th. It will build on leadership development work being done at the NSH Leadership Academy with HealthCareCAN. BBEs are intended as Knowledge Mobilization activities so 'expert' speakers would be brought in. If you are interested in attending, just email Kelly.

iii. *Indigenous Health Leadership EXTRA Fellowship Team Update*

Focus on this work is "what are the wise leadership practices to address Indigenous-specific racism and create safe spaces to attract and retain Indigenous health leaders?" An advisory Meeting was held on April 14th. The team has met twice in person each time for a week. A Royal Roads University student is doing a literature review with the good offices of Island Health. Katherine Chubbs is the Executive Sponsor with the Good Samaritan Society being the site visit for this work. Will share more at the Fall Network Partner Roundtable. Key informant interviews will be underway this summer with the goal of a toolkit being the product.

iv. *LEADS Framework Refresh Update*

Graham Dickson and Phil Cady (Mitacs Fellow from Royal Roads University) presented this collaborative effort between CCHL, CHLNet and LEADS Global to refresh the LEADS Framework. A Steering Group and a Working Group are in place to guide this effort. Highlights included:

- Purpose of the grant is to refresh the LEADS Framework to address the 21st century care practices and address emergent and ongoing challenges leaders face.
- Using a variety of different methods; literature review, key-informant interviews, focus groups, and surveys.
- The huge team which continues to grow each day with an abundance of enthusiasm.
- Literature review looked at over 18,000 sources, moving to full text review of about 400 articles.
- Referrals from colleagues for focus groups/interviews participants and truly appreciate the constant collaboration.
- Target of sharing beginning results in Fall 2025.
- Special thank you to Kelly Kay, Diana Verrier, Darren Sandbeck, and Sheena Howard for their efforts thus far.
- You can be involved through interviews, written submissions and online surveys, just contact Phil Cady.

Comments and Questions:

- Many individuals are engaged with the products that come out of CCHL; what is the timeline for updating those?
- People want interpretive documents and knowledge mobilization products and are planning to engage partners to help with these efforts with the steering committee taking the lead on this.

Next Meeting Date and Evaluation

November 7th, 2025 10-3pm EST, Virtual.

Thank you to all the partners for attending. Our network is built on reciprocity so if you have ideas for improvement, please let us know.

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