

## CHLNet Network Partner Virtual Roundtable DRAFT Minutes November 1<sup>st</sup>, 2022 – 1200 to 1400 Eastern Time

### Secretariat

Kathy MacNeil, Island Health  
Susan Moffatt-Bruce, Royal College of Physicians and Surgeons of Canada  
Alain Doucet, CCHL  
Bill Tholl, CHLNet  
Doran Walker, Emerging Health Leaders  
Emily Gruenwoltdt, Children's Healthcare Canada  
Graham Dickson, CHLNet  
Kelly Grimes, CHLNet  
Maria Judd, Healthcare Excellence Canada  
BGen Scott Malcolm, Canadian Armed Forces  
Stephen Samis, CHLNet  
Wendy Nicklin, CHLNet Emeritus

### Network Partners

Andrea Johnson, NHTA  
Andrew Davidson/Roy Butler, St. Joseph's Health Care London  
Brent Fraser, CADTH  
Brian O'Rourke, CHLNet Emeritus  
Brigitte Belanger, Health Canada  
Chris Power, CHLNet Emeritus  
Colleen Galasso/Johny Van Aerde, CSPL  
Deanna Taylor, Interior Health  
Don Philippon, CHLNet Emeritus  
Ed Mantler, MHCC  
Elma Heidemann, CHLNet Emeritus  
Emily Follwell/Johnathan Mitchell/ Paul Émile-Cloutier, HealthCareCAN  
Gillian Kernaghan, CHLNet Emeritus  
Grace Gemin, CHLNet  
Ivy Bourgeault, CHWN  
Janice Cooney/Jeff Blackmer, CMA  
Karen Cohen, CPA  
Katherine Chubbs, Good Samaritan Society  
Lily Bale-Feldman, Winnipeg Regional Health Authority  
Michael Gardem/Tracy Wolbaum, Health PEI  
Michelle Penney, PHSA  
Polly Stevens, HIROC

Rachel Maillet (Bard), CHLNet Emeritus  
Rhowena Martin, CCSA  
Sharon Bishop, Saskatchewan Health Authority  
Sheila Betker, Shared Health Manitoba  
Shelagh Maloney, Canada Health Infoway  
Sheri McGeen, Hôtel-Dieu Grace Healthcare  
Stevie Colvin, Alberta Health Services  
Victoria Schmid, Switch BC  
Wendy?

### Observers, Panelists, and Emerging Leaders

Alisha Pauling/Carly Mann/Donald Coleman/Tasha Mckelvey/Tricia Sinclair, Island Health, EL  
Dr. Daljit Hothi (Dal), UK, Panelist  
Dr. Jamiu Busari, Aruba/Netherlands, Panelist  
Capt Marie-Anne Roy, Canadian Armed Forces, EL  
Nicole McKenna, NHTA, EL  
Dr. Oren Tavor, Israel, Panelist  
Pooyeh Graili, University of Toronto, EL  
Dr. Suzanna Fitzpatrick, USA, Panelist  
Teresa Chan, McMaster, Observer  
Tracy Murphy, Canadian Midwifery Regulators Council, Observer

### Regrets

Andrew Casey, BIOTECH  
Caroline Heick, CIHI  
Cheryl Heykoop, RRU  
Chris Eagle, CHLNet Emeritus  
Coreen Everington, Alberta Health  
Devidas Menon, University of Alberta  
Hugh MacLeod, CHLNet Emeritus  
Hugh Scott/Pamela Fralick, Innovative Medicines Canada  
Jeff Moat, Pallium  
Lawrence Loh, CFPC  
Michael Hale, Yukon Health  
Cat Pieri, CPAC ?? Wendy?

On November 1<sup>st</sup> and 2<sup>nd</sup> CHLNet held its Network Partner Roundtable virtually again due to the COVID-19 pandemic. 62 participants zoomed in on November 1<sup>st</sup> to represent almost all our partners.

### **Introductions and Approval of Minutes**

Kathy MacNeil, Co-Chair of CHLNet began by welcoming all as well as sharing a land acknowledgement. She welcomed today's observers which included Teresa Chan, and Tracy Murphy.

Several motions were put forward for approval:

*Motion by Wendy Nicklin, seconded by Johny Van Aerde and carried to approve the Minutes of the May Network Partner Roundtable.*

*Motion by Ed Mantler, seconded Stephen Samis and carried to approve Chris Power, Gillian Kernaghan, and Brian O'Rourke as CHLNet Emeritus.*

*Motion by Johny Van Aerde, seconded by Wendy Nicklin to ratify the approval of SWITCH BC as Network Partners.*

*Motion by Scott Malcolm, seconded by Don Philippon and carried to approve Maria Judd as CHLNet Cochair.*

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. Partners were also encouraged to share CHLNet's value add (included in the package, 1h) to other organizations who may wish to be a partner of the value network. Victoria shared SWITCH BC's website: <https://switchbc.ca/>.

Dr. Susan Moffatt-Bruce, Co-Chair of CHLNet, took over leading the meeting. Congratulations to her on her appointment as the President of the Lahey Hospital & Medical Centre in Boston, Massachusetts (learn more [here](#)).

### **Leadership Roundtable: Shaping the Health System of the Future – Evidence-Informed Hope Globally**

COVID-19 has caused the reconceptualization of how health and care system(s) are working and our view of health leadership, including the capabilities required for 21<sup>st</sup> century care. As the COVID-19 pandemic continues to unveil Canada's shortcomings (i.e., health workforce wellness and shortages, lack of data, etc.), we continue to be stuck in a rigidity trap. These 'wicked' problems ("class of social system problems which are ill-formulated, where the information is confusing, where there are many clients and decision makers with conflicting values, and where the ramifications in the whole system are thoroughly confusing") require a 'systems' lens to understand and potentially address them. Many of these wicked problems are global in scope and we can learn from other countries. Now is window of opportunity to leverage up key lessons learned.

CHLNet's 40+ network partners gather to discuss recovery of the health system and its leaders through the lens of 'evidence informed hope' (see attached COVID Corner) using a global lens. What are the areas of hope occurring internationally, grounded in reality, that can inspire, validate and

educate our current and future health leaders? Partners were encouraged to bring an emerging health leader with them.

Our panel members were:

**Dr. Suzanna Fitzpatrick**, a Senior Nurse Practitioner at the University of Maryland Medical Center, and an adjunct professor at the University of Maryland in Baltimore, USA.

**Dr. Jamiu Busari**, an Associate Professor of Medical Education, Maastricht University, Netherlands & Dean of Health Professions Education (and a consultant pediatrician) at Horacio Oduber Hospital, Aruba. He is a well-known advocate for diversity, equity and inclusivity.

**Dr. Oren Tavor**, a Pediatric Emergency Physician, Tel Aviv Medical Center in Israel.

**Dr. Daljit Hothi (Dal)**, a consultant paediatric nephrologist and Associate Medical Director in Wellbeing, Leadership and Improvement at Great Ormond Street Hospital for Children NHS Foundation Trust in the UK. She is a fellow of the Faculty of Medical Leadership and Management.

Before the panel members began, participants were asked on a scale of 1 to 10, how much hope they had that health leaders can address the wicked problems of health care. Their aggregate answers were 6.5/10 for **hope** and 6/10 for **trust**.

Three questions were posed to the panel:

1. Reflecting on your country's experience with COVID-19, what are the major leadership challenges health care leaders experienced? And what remain!
2. What lessons have you learned about leadership to address the wicked problems of health care (i.e., health workforce wellness and shortages, lack of data, etc.) —either by observing yourself or others—as a consequence of the above? (i.e., with reference to whatever framework you might be using to characterize leadership; something emphasized; or missing).
3. Based on what you have experienced, what are the areas of hope, grounded in reality, that can inspire, validate and educate our current and future health leaders to solve the wicked problems that society faces globally?

**Panel Highlights:** Questions 1 & 2:

- No relief staff available for addressing working burnout of the existing staff and no emphasis on learning throughout COVID so no student nurses to help relieve staffing issues
- Lacking in unity in leadership
- Lasting trauma now leading to staff retention issues
- Challenges with balancing public health and economy throughout COVID
- Importance of decisive decision making even in the face of pushback
- Distributive leadership, spread out and give people more autonomy with a centre collaborative point
- Self-care is so important
- The impact the pandemic had for the staff of the hospital psychologically
  - o Published data from this <https://www.mdpi.com/2227-9032/10/7/1263>

- <https://bmjleader.bmj.com/content/leader/early/2021/04/06/leader-2020-000280.full.pdf>
- External sources, such as the media, politics, and more, invaded the decision-making system of healthcare leading to faster, more skewed decisions
- Need for international collaboration
- Better infrastructure to support greater scale clinical trials
- Free healthcare at point of delivery also meant that prioritization is more difficult
- Focus brought back to disease instead of overall health and wellbeing
- Staffing challenges and burnout from feeling undervalued especially with the high level of personal sacrifice required, no new workers coming in due to pauses on education, overall decline in mental health and wellbeing
- Individualism – want to protect own interests and self, seem to be moving away from the space of community
- Mindset – framework Cynefin, complex and chaotic system of COVID and we don't need to look for solutions but need to experiment on what can work and adapting
  - Dave Snowden's explanation of the Cynefin framework:
    - <https://www.youtube.com/watch?v=N7oz366Xo-8>

*Questions/comments after Questions 1 & 2:*

- What is the role of organizational leadership in ensuring healthcare workers experience meaning in their work? As a leader, helping decide what is prioritized in our organizations and can direct energy there. Needing experience to be able to support a variety of roles (digital work, education, etc.). So important to be realistic, most of the systems have been based on frameworks that aren't designed to handle pandemic or the current political climate. Leaders who are emotionally capable and compassionate to inspire employees to work hard and go the extra mile.
- How do you think Networks may be able to support getting momentum on dealing with some of these challenges? Amplifying concerns, magnify issues and draw action, reduce repetition of work through sharing of efforts.
- Meaning in work and feeling that skills are being used effectively, how can leaders help in managing workloads that are causing burnout? Need to ensure that as leaders, we are sharing what is working and what isn't. Leaders should have lived experiences so that they can advocate for their team and make informed decisions.
- One of the challenges is that health care leaders see the solutions from their frame of reference and there is not often cohesiveness to the advice given. If we collectively could agree on solutions and priorities that are cost neutral, we could have great influence. This is exacerbated by our 14 systems across Canada, but these systems can be more connected and collaborate better. The lack of a true arm's length relationship between the political and delivery levels, does mean that these 14 systems are driven by political considerations, ideologies, and priorities.

**Panel Highlights: Question 3:**

- Need a sense of humility, authenticity, and emotional intelligence to make positive changes as leaders
- Level 5 leadership <https://hbr.org/2001/01/level-5-leadership-the-triumph-of-humility-and-fierce-resolve-2>
- Inequality is not complete, but it is more about inequity. “Diversity is being invited to the party and equity is everyone can get on the dance floor, but inclusion is being able to dance and participate.”
- Joy comes from connectivity with other people and during COVID there were many opportunities to bond with patients
- The medical system has improved throughout COVID with vaccines and medicines being developed faster, an inclusion of all disciplines to the table, improvement to problem-solving processes, improved global and international communications, etc.
- There is a need for a sense of safety and to eradicate fears
- Wellbeing is a personal journey as well as an organizational responsibility
- Shift workers to other sections of healthcare (technology, etc.) instead of losing them

*Questions/comments after Question 3:*

- Lost the joy in learning these important skills sets however when talking to students, there is still a joy for learning so have hope for the future generation of healthcare workers. There is also more of an EDI focus engrained in the younger generations.
- This roundtable itself is evidence for hope when we consider the conversations and how we all come together.
- How can we consider the patient/citizens perspective? Trying to consider the learning instead of the target, how do we support innovation and think about risk aversion in a different way? Citizen perspective in a health systems transformation? Working with those who are affected and those within the community can have a big positive impact on the delivery and quality of mental health services. The patients should be at the decision-making table, and we as healthcare workers need to make it easy for them to come to that table and understand it when there. Citizen engagement can also be an antidote for the rise in individualism we have been seeing and a way to cut down on the spread of mal- and misinformation.
- Need to make sure we aren't viewing health as a pendulum, swinging between health and disease since a pendulum will always swing back.
- We are all citizens and all patients, but we are not all experts, we shouldn't forget that we are all involved, it is not the individual groups on their own solving this issue, but all of us together. Co design is a model that can bring the voices together to see if there is congruence in the key priorities.
- Society is based on the principle of the 'reasonable person'. We need to find ways for our 'reasonable people' to be part of the solutions going forward, i.e., systems tools--such as reconciliation town halls in South Africa--to give them voice. Need to engage the public in a structure dialogue which could be part of the solution moving forward.

- There are great engagement tools such as IAP2, Snowden has a crowdsourcing tool called Sensemaker, there are many other engagement platforms that are important to assist us in moving toward quadruple aim.
- Need to expand and reframe what we consider to be evidence.

After the panel, participants were again asked on a scale of 1 to 10, how much hope they had that health leaders can address the wicked problems of health care. Their aggregate answers were 6.7/10 for **hope** and 6.4/10 for **trust**. We did have some participants drop off between the surveys so there is a small difference in subject pool.

**Adjourned at 1345 EST.**

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## CHLNet Network Partner Virtual Roundtable DRAFT Minutes November 2<sup>nd</sup>, 2022 – 1200 to 1400 Eastern Time

### Secretariat

Kathy MacNeil, Island Health  
Alain Doucet, CCHL  
Doran Walker, Emerging Health Leaders  
Graham Dickson, CHLNet  
Kelly Grimes, CHLNet  
Maria Judd, Healthcare Excellence Canada  
BGen Scott Malcolm, Canadian Armed Forces  
Stephen Samis, CHLNet  
Wendy Nicklin, CHLNet Emeritus

### Network Partners

Andrea Johnson, NNSA  
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Brian O'Rourke, CHLNet Emeritus  
Brigitte Belanger, Health Canada  
Colleen Galasso/Johny Van Aerde, CSPL  
Deanna Taylor, Interior Health  
Don Philippon, CHLNet Emeritus  
Emily Follwell, HealthCareCAN  
Gillian Kernaghan, CHLNet Emeritus  
Grace Gemin, CHLNet  
Ivy Bourgeault, CHWN  
Janice Cooney, CMA  
Karen Cohen, CPA  
Lily Bale-Feldman, Winnipeg Regional Health Authority  
Michelle Penney, PHSA  
Rachel Maillet (Bard), CHLNet Emeritus  
Roy Butler, St. Joseph's Health Care London  
Stevie Colvin, Alberta Health Services  
Victoria Schmid, Switch BC

### Observers, and Emerging Leaders

Alisha Pauling/Carly Mann/Donald Coleman/Tasha Mckelvey/Trisha Sinclair, Island Health, EL  
Capt Marie-Anne Roy, Canadian Armed Forces, EL  
Pooyeh Graili, University of Toronto, EL  
Teresa Chan, McMaster, Observer

Tracy Murphy, Canadian Midwifery Regulators Council, Observer

### Regrets

Andrew Casey, BIOTECH  
Bill Marra, Hôtel-Dieu Grace Healthcare  
Bill Tholl, CHLNet  
Caroline Heick, CIHI  
Catherine Gaulton, HIROC  
Cheryl Heykoop, RRU  
Chris Eagle, CHLNet Emeritus  
Chris Power, CHLNet Emeritus  
Coreen Everington, Alberta Health  
Devidas Menon, University of Alberta  
Ed Mantler, MHCC  
Elma Heidemann, CHLNet Emeritus  
Emily Gruenwoldt, Children's Healthcare Canada  
Hugh MacLeod, CHLNet Emeritus  
Jeff Moat, Pallium  
Katherine Chubbs, Good Samaritan Society  
Lawrence Loh, CFPC  
Michael Gardam, Health PEI  
Michael Hale, Yukon Health  
Ming-Ka Chan/Sheila Betker, Shared Health Manitoba  
Pamela Fralick, Innovative Medicines Canada  
Rhowena Martin, Canadian Centre for Substance Use and Addiction  
Sharon Bishop, Saskatchewan Health Authority  
Shelagh Maloney, Canada Health Infoway  
Susan Moffatt-Bruce, Royal College of Physicians and Surgeons of Canada  
Tim Guest, CNA, Observer  
Wendy Sullivan, CPAC

On November 2nd CHLNet held its part 2 of its virtual Network Partner Roundtable due to the COVID-19 pandemic. 38 participants zoomed in to represent our partners.

### **Introductions and Approval of Minutes**

Kathy MacNeil, Co-Chair of CHLNet began by welcoming all to the virtual CHLNet Network Partner Roundtable as well as a land acknowledgement. Participants were encouraged to reflect on where they were coming from and acknowledging the land they reside on. Kathy reflected on the learnings from Day 1 session and outlined the agenda for Day 2.

### **Leadership Roundtable: Small Groups on Shaping the Health System of the Future – Evidenced Informed Hope Globally**

Kathy moderated the breakout groups and report back, along with the project updates for partners. Over the years, one of the most valued reasons for getting together as health leaders is to share leadership challenges in a "safe" environment especially important during these uncertain times. Only high-level takeaways noted (i.e., Chatham House Rule).

Question posed:

1. *Based on what you have heard, what are the leadership capabilities for 21st century care that will allow us to lead most effectively?*

#### **Breakout Room Highlights:**

- Themes emerged, leading in ambiguity, no consistent vision of what the future of the healthcare system will look like, need to lead despite this
- Innovations and leadership skills to make a culture of innovation and how do you onboard and spread innovation in a way that is cohesive.
- Change management skills, EDI in the workplace, compassionate leadership.
- Systems thinking and system awareness that connects health care with other societal issues, education, social services, climate issues, economics
- Resist urged to oversimplify when addressing complex issues
- Visible diversity in CHLNet and others. How can we introduce cultural humility into LEADS
- Recognize changes needed for emerging leaders and if the best thing to do is stepping out of the way, then doing so.
- Being your authentic self
- Myth of Normal book by Daniel Maté and Gabor Maté – excellent look at understanding behaviour

#### **CHLNet Project Updates**

- a. **CHLNet New Strategic Planning Process:** CHLNet's Secretariat has held several virtual retreats over the last six months to develop CHLNet 3.0 and our networks' strategic priorities for 2023 to 2025 (2 year long, calendar years, 5a, b). An Environmental Scan (5c), Network Partner Summer Survey (5d), along with May's Network Partner Roundtable (1a) data fed into this work and are attached for reference. We are remaining an unincorporated value network and are looking to

adopt a 4<sup>th</sup> value stream. We want to share best practices nationally and internationally as well as learning how to best provide allyship to Indigenous partners.

Motion for approval:

*Motion by Graham Dickson, seconded by Don Philippon and carried to approve the 2023-2025 Strategic Plan, with the change to the 4<sup>th</sup> value stream of Champion for strategic leadership excellence.*

**b. Research & Evaluation Working Group**

The academics and decision makers from this working group meet 3 times a year to share their work in building evidence around health leadership. Two projects discussed:

**a. Workplace Wellness Project**

CHLNet has partnered with CHWN investigators in the creation of an online portal of evidence informed leading practices to promote resilience, prevent burnout and address other factors causing workplace mental health challenges. This includes a dedicated set of resources for those in leadership, management, and supervisory positions. A beta version of the portal is in development which will be workshopped with a range of stakeholders this fall, including health leaders, with an official launch in January 2023.

Ivy Bourgeault asked for feedback on: 1) what are the items you'd like to see in a leader/manager focused toolkit to support health worker burnout 2) what types of commentary would you like us to include - the evidence, the applicability to Canada and specific sectors, implicit/explicit attention to EDIA? Anyone interested in beta testing this, were asked to email [ivy.bourgeault@uottawa.ca](mailto:ivy.bourgeault@uottawa.ca).

**b. Building Capabilities Project**

CHLNet was successful in obtaining a 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*. Teresa Chan presented the project that starts with a literature review to create a prototype/wireframe with the intention to obtain for an App. Teresa asked network partners to share any literature or program etc. that might be insightful for the literature review.

**c. Health Leadership Exchange and Acceleration Working Group:**

A few updates on new tools:

- *LEADS Self-Assessment* – CHLNet has partnered with LEADS Global to provide free online access to a LEADS Based Self-Assessment. An interpretation guide is included.
- *Leadership Development Inventory* – CHLNet has updated this inventory that can be sorted via leader type, geographical area, and program duration. If you have a program and don't see it listed, please let us know. It contains 80 entries currently.

- *CHLNet New Website and Eblast* – our new website is live that contains all our tools and toolkits plus work from our working and steering groups.

**Next Meeting Date and Evaluation**

May and November 2023, TBD.

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