



CHLNet Strategic Plan 2017-2020



Strategic Plan, 2017-2020

CHLNet's Vision and Mission...

We believe that the transformation of our health system(s) can only be accomplished through a commitment to *Better Leadership, Better Health—Together*.

This resonates in all our work to achieve our mission of *advancing exemplary health leadership¹ in Canada through the efforts of a network of organizations and leaders*.

We will know we are successful when all ten strategic priorities set out in this plan have been accomplished and Canada is one of the top performing health systems in the world.

CHLNet's Values...

- *Trust*: Trust is demonstrated through mutual respect for the leadership expertise of our Network Partners and for the relationships between these partners and their respective individual members.
- *Reciprocity*: Reciprocity is represented through mutual sharing and interdependence among our partners; putting in as much, or more than you take out.
- *Transparency*: Transparency is exemplified through open and honest dialogues and being clear about what we are doing for our Network Partners and for growing leadership capacity throughout the health system.

Where We Have Been...

In September 2009, the Canadian Health Leadership Network (CHLNet) was formed by 12 founding partners. We had little infrastructure but a bold vision, *enhancing health leadership capacity across Canada*. Since our inception, our value network has grown to over 40 healthcare organizations from across Canada.² Together, we:

- Raise awareness through a collective voice about the critical importance of quality leadership to health system performance and reform to pan-Canadian dialogues;
- Act as a national convenor spawning a "leadership commons" spanning professions and generations where organizations can share experiences, successes, evidence and lessons learned to fuel new innovations;



Graham Dickson, Senior Policy Advisor, and Bill Tholl, Founding Executive Director

¹ Health 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, 2014).

² Value networks form when no one organization has the capacity to address a large and growing strategic challenge and where there is a significant benefit from working together. The early history of CHLNet is set out in *From Concept to Reality* and can be found on chlnet.ca under "About Us: CHLNet History".

- Create a better bridge between researchers and decision-makers to advocate for further research and funding on the impact of quality leadership in health and health reform;
- Stimulate application of the best evidence, research and knowledge to leadership development and to the practice of leadership; and
- Through partnerships, make *LEADS in a Caring Environment* the most dominant health leadership platform in the country.



*Brian O'Rourke, Former Co-Chair,
and Gillian Kernaghan, Co-Chair*

Where We Are Going...Our "Value Streams"

Strong leadership is being identified by many major policy reports as a critical success factor in stimulating innovation and the large-scale change required to improve performance in Canada's complex health system(s). As provinces and territories engage in reform efforts, including a new multi-year Health Accord, building health leadership capacity is an essential piece to modernizing our health workforce to tackle some of Canada's top priorities such as: home care services; mental health services; indigenous health; and health technology to improve access, efficiency and outcomes for patients. *Yet as reform initiatives unfold, leaders and the needed capabilities to facilitate innovation and large-scale change have been given limited profile and attention.*

Given this, in 2016 CHLNet undertook an [*environmental scan*](#) looking at health leadership, talent management and organizational development strategies supporting health reform. The scan provided a snapshot of work being done at the more macro level of the health system. New ideas to enhance CHLNet's value add were then generated through an extensive partner consultation process that included an online survey, a December 2016 focus group at our Network Partners' Roundtable and an additional survey of the Secretariat.

As a result, this strategic plan now builds on the three key result areas or "value streams"³ first identified in our inaugural 2009-2012 strategic plan and then further refined in our 2013-2016 plan. Our value streams now reflect new changes in context and policy, as identified in the environmental scan, and extends some of the key concepts implicit in the [*Canadian Health Leadership Action Plan*](#) developed in 2014 by partners.

Our new three-year strategic plan (2017 to 2020) carries forward and builds on three value streams:

- *Connecting People through Dialogue and Engagement;*
- *Advancing Health Leadership Research, Knowledge and Evaluation; and*
- *Accelerating Leadership Practices and Capabilities.*

We believe that these new strategic priorities will maximize value for our Network Partners⁴ while using our financial and in-kind resources efficiently.

³ Value streams are used in lean organizations as a technique to optimize the flow of products and services to create more value for customers while using resources efficiently.

⁴ The full list of partners can be found on chlnet.ca under "About Us: Current Network Partners". Individuals can follow CHLNet activities by becoming (for free) a "[Friend of CHLNet](#)". Friends receive regular electronic communication.

Value Stream I – Connecting People through Dialogue and Engagement

A decade ago, leadership was not on the policy landscape. Leadership was assumed; long-serving health leaders taken for granted. However, with declining relative performance and new reform efforts heightening, leadership is now seen as an integral ingredient to move to our desired future. Better, stronger, more supportive health leadership is required to put Canada back atop the best performing health systems in the world. But it will take collective action that cuts across jurisdictions and disciplines. Strong leadership must become both a strategic and operational priority.

We believe such action should be focused on our future leaders and be built with an evidence-based approach, tailored to each jurisdiction but tied together nationally. Enhancing leadership capacity and capabilities requires both collective and individual approaches at the macro, meso and micro levels of the system. Many are travelling the leadership road but journeying together is increasingly recognized as essential to achieve better, stronger, more supportive health leadership. We believe engaging Network Partners in meaningful dialogue around quality health leadership in the context of reform challenges will contribute to the development of exemplary health leadership across the country. Our network is uniquely positioned, given the national scope of the partners, to provide opportunities for open and frank dialogue as exemplified by the Canadian Society of Physician Leaders white paper [Accepting Our Responsibility](#), in which they seek a dialogue with other partners with respect to a series of recommendations about how to grow and engage physician leadership in health reform.



Danielle Martin (guest speaker) and Graham Sher, Co-Chair

We will...

1. Share and advocate for our collective vision of better, stronger, more supportive health leadership to both policy-makers and decision-makers across the country.
2. Convene and promote fora to share and learn from each other about good leadership and innovative practices, such as at our semi-annual Network Partners' roundtables, leadership dialogues, webinars and at designated conferences.
3. Ensure CHLNet has viable governance, management and funding structures to support our value streams.

Value Stream II – Advancing Health Leadership Research, Knowledge and Evaluation

Change and innovation in a systems context (macro to micro) requires sophisticated leadership capability. Large-scale change requires levels of systems thinking, strategic thinking, relationship development and self-leadership that supersede the current capacity of many formal leaders (see [CHLNet Benchmarking study](#) and a [Canadian Institutes of Health Research study](#)). New models of health leadership are required to generate health workplaces with greater employee/physician engagement that are able and willing to move to a more patient/family-centred approach. A healthy and resilient workforce is key to successful reform efforts and better results.

To support this, best practices of organizational leadership need to be employed. Internationally, organizations such as the United Kingdom's The King's Fund, the United States Institute for Healthcare Improvement (IHI) and the Centre for Creative Leadership (CCL), and Australia's Health Education and Training Institute (HETI) have made leadership and organizational development integral pieces to further

nurture leaders who can engage employees/physicians/patients and citizens in changing health systems. Canada must do the same.

We will:

4. Create a network of researchers and decision-makers to generate new evidence on the capabilities required to create a future in which providers, patients and communities are more engaged, and to advocate for more funding to research and document leadership best practices for doing so.
5. Pursue grants and other funding sources in partnership with academics and other Network Partners to build health leadership evidence, monitor the leadership gap in Canada and evaluate the impact of leadership development.
6. Enhance knowledge mobilization efforts to share knowledge on innovations in health leadership to accelerate practice; e.g. through continuing mechanisms such as our semi-annual Top Ten articles, quarterly eblasts, evidence briefs, website enhancements, social media, and the MacNaught-Taillon award; as well as new ways of engaging education and training programs across the country.

Value Stream III – Accelerating Leadership Practices and Capabilities

Canada's healthcare leaders are experiencing unprecedented change. With the new distributed/collective/shared leadership models arising across this country to deliver care and service, leadership now "sits in every chair". The health workforce needs to develop new skills and knowledge to carry out the health reform initiatives required of them. Healthcare leaders at all levels must not only lead well, but must also lead differently if they are to achieve healthcare goals set by governments and strategic operational plans approved by governance boards. New developmental opportunities at the local level that are action research oriented (e.g. workshopping real life challenges; coaching; peer assessment; mentoring) are needed. Such programs would embellish current leadership offerings and could be modelled after programs such as offered by LEADS Canada, the Dorothy Wylie Institute or the Canadian Foundation for Healthcare Improvement's EXTRA Program.



Embracing a common leadership platform allows better sharing of practices, tools and resources. There are many leadership platforms used by health organizations in Canada however *LEADS in a Caring Environment* has become Canada's preferred health leadership learning platform as it provides a common language and focus. CHLNet will continue to champion LEADS while respecting those who choose to use another platform.

We will:

7. Create strategic partnerships to generate a community for practice aimed at enhancing the capacity and capabilities leaders need for tomorrow; such as with LEADS Canada, the Canadian Foundation for Healthcare Improvement, and others.

8. Work with the LEADS founding partners (CHLNet, Canadian College of Health Leaders, Graham Dickson and Royal Roads University) and Network Partners to refresh the LEADS framework and ensure leadership development programs and tools use innovative approaches based on current evidence.
9. Create opportunities for senior leaders to mentor and network with the next generation of leaders including integrating emerging leaders into ongoing CHLNet fora and also building on our Emeritus positions.
10. Explore the potential to leverage the power of partner mandates and resources by generating more collaborative approaches to leadership development, and to catalyze the use of leadership development to create health reform.

How Will We Get There? The Power of Partnering...

There is a growing consensus that as part of an integrated talent management plan, a pan-Canadian and collaborative approach to developing excellence in health leadership is required to achieve the desired vision of *Better Leadership, Better Health—Together*. Successful coalitions or collaboratives must purposefully build partnerships to create results, mobilize knowledge, demonstrate a commitment to customers and service, and navigate socio-political environments. Value networks are facilitated, not managed or administered.



*Kelly Grimes,
Executive Director*

CHLNet is only as strong as the network of partners that it brings together. For our network to succeed, we must continuously reinvent the value proposition around the twin founding principles of "trust and reciprocity". By working together, we are greater than the sum of our parts. Our network will continue to evolve as context changes but will continue to operate on the premise of health leadership as a shared, social enterprise. We will work with partners to translate this plan into concrete action through a more detailed multi-year work plan that will set out specific objectives and funding/in-kind contributions.

In Conclusion...

Ten years ago, our health system did not recognize the importance of quality leadership in addressing the pressing challenges facing this country. Today, our network is collaborating in new and innovative ways to share our ideas and innovative practices enhancing our value proposition. Our vision requires a renewed commitment by our Network Partners to continue this journey to create enduring change making our Canadian health system not only a world leader once again but also a system that sees the patient as the centre of all that it does. Join us!

*"If you want to go fast, travel alone, but if you
want to go far, travel together."*

African Proverb



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