

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

Canada has historically led the world in thinking about health, in measuring health and, until relatively recently, in delivering on health care. However, reports from a variety of organizations indicate that Canada has been gradually drifting down the international league tables in terms of health system performance. There is a growing consensus that Canada's 14 separate health systems need to move away from "innovation by accident to innovation by design" and that leadership is the number one enabler of health system innovation. Widespread leadership initiatives are in evidence such as Triple Aim, Lean, Ontario Ideas initiative and Community Health Links. Yet evidence shows that 70 percent of improvement initiatives will fail, with poor leadership being a key ingredient in the lack of sustained success. Leaders must be present, adaptive and responsive to each unique situation in creating the "winning conditions" for system redesign, including creating a compelling vision, sustaining a culture for innovation, intentional mentoring, and building trust throughout the system. But these fundamentals rarely occur or are sustained in the current environment. The old models of leadership are impeding our better tomorrow. In fact, in a system as complex as health care, "heroic" leadership models are at best time limited. We need a more coherent, concerted and distributed approach to support the emergence of the next generation of high impact health leaders. CHLNet and its member partners have taken on this bold challenge to address this need for leadership.

Our Value Add: Created in 2009, CHLNet is a *Value Network* of 40 organizations comprised of government, academics, patients, associations and health regions extending coast to coast. It exists to leverage up and extend the leadership capacity of organizational Network Partners as well as to identify emerging leadership gaps and opportunities to work together. CHLNet exemplifies the "leadership without ownership" principle: no one organization can own leadership. A basic premise of the network is that leadership is fundamentally a social good: it is the *source code* for better performing health systems and organizations. Our vision is *Better Leadership, Better Health – Together*. *Value Networks* create synergy: they coalesce individual actions in a whole that is greater than what any one entity can accomplish. Our value add is organized along the four value streams set out in the [2013-2016 Strategic Plan](#). These are:

1. LEADS Framework and Tools. No other country in the world has accomplished what CHLNet and its partners have accomplished in the past few years. We have gained agreement on a common set of standards for leadership – the *LEADS in a Caring Environment* leadership capabilities framework – that has been endorsed by multiple professions, provinces, national organizations and regional health authorities. CHLNet is dedicated to ensuring that, as LEADS grows as a foundation for personal and organizational leadership development, talent management for health care leaders is an integral part of this. CHLNet's partner organizations can gain ready access to the best practices, tools and materials needed for successful implementation, and can do so in a cost-effective manner. As a *value network*, CHLNet does not have the infrastructure required to deliver programs or produce tools directly; but it can and has served as an important catalyst for their development and distribution. On our website, we now have an inventory of Canadian leadership programs and a self-assessment tool that allows individuals to choose the best program for them. CHLNet is also a founding partner in the LEADS Collaborative to coordinate the delivery of LEADS-based leadership programs by LEADS-qualified facilitators, consultants and executive coaches. We serve primarily as a "broker", driving traffic to our partners, sharing LEADS knowledge and resources, and encouraging partnering organizations to use LEADS-based solutions for leadership development succession planning and talent management. CHLNet also plays a lead role in evergreening the framework and expanding the range of LEADS-based tools available. The annual LEADS Exchange Day provides a venue to exchange these practical tools. Quarterly webinars, free to CHLNet Network Partners, are now being used to provide wider access.

2. Dialogue and Engagement. CHLNet hosts biannual *By Leaders, For Leaders* dialogue sessions that allow them to share – in an intimate and safe environment – their successes and challenges as leaders. To stimulate the dialogue, outstanding Canadians are invited to share their leadership journey. These sessions have

featured Simon Kennedy, Deputy Minister of Health Canada, and Krista Outhwaite, President of the Public Health Agency of Canada; Anne Snowdon, Academic Chair of the International Centre for Health Innovation at the Ivey Business School; Vickie Kaminski, former CEO, Alberta Health Services; physician leaders Jack Kitts (CEO of the Ottawa Hospital) and Chris Eagle (former CEO of Alberta Health Services); Saäd Rafi, former Deputy Minister of Health in Ontario; award-winning author and columnist, John Ibbitson; Fred Horne, former Alberta Health Minister; the Honourable Michael Kirby, former member of the Senate of Canada; the Honourable Preston Manning, founder of the Reform Party of Canada; Jeffrey Simpson, national columnist for the *Globe and Mail* and award-winning author; and Darrell Bricker, CEO, Ipsos Public Affairs. CHLNet partners are entitled to a preferred price to attend these leadership dialogue sessions. Network Partners' meetings also feature a Leaders' Roundtable, where CEOs are invited to share their current leadership challenges and invite peers to share their experiences (under "Chatham House" rule). This is proving to be among the most valued CHLNet offerings. In-between these face-to-face networking opportunities, CHLNet provides regular updates on the health leadership issues of the day across the country; recommended readings from the rapidly developing literature on leadership (including the semiannual [Top Ten](#)); and hyperlinks to Network Partner leadership events or activities.

3. Leadership Research and Evaluation. CHLNet joined forces with senior decision-makers across Canada and with universities to conduct an unprecedented research project entitled "[Leadership and Health System Redesign](#)". This research was funded by a four-year, peer-reviewed grant from the Canadian Institutes of Health Research (Partnerships for Health System Improvement (PHSI) program) and the Michael Smith Foundation for Health Research (British Columbia). The [Cross-Case Analysis Final Report](#) is a synthesis of the [six case studies](#), which examine the importance of leadership to system change and overall system performance. In 2014, we also completed a CHLNet-led, nation-wide [benchmarking study](#) that allow us now to track key leadership metrics over time and to evaluate leadership interventions, including the adoption of LEADS across the country. It will be repeated every two to three years. Late in the fall of 2014, a knowledge mobilization working group began meeting to further disseminate the results of these cutting edge insights and other current leadership evidence in real time system change. It is developing a series of briefs to bridge the gap between evidence and practice such as why we need a common leadership language. Another working group is also now in place to oversee CHLNet's research and evaluation activities to further build evidence. Over the next two years, its work will focus on a pan-Canadian and international Return on Investment study that will develop a cost-effective and easy to use tool for partners to use in their leadership development efforts.

4. Advocacy. CHLNet's new mandate is to redouble its efforts to advocate for expanding quality leadership capacity across the country by serving as a catalyst for developing a consensus on a Canadian Health Leadership Action Plan. The network began by documenting the large and growing leadership gap across the country and identifying the need to work together to address the underinvestment in leadership. Gaining agreement on a common leadership framework – LEADS – has highlighted the willingness of health organizations to work together. Through the enormous efforts of a third working group, we have now developed a Canadian Health Leadership Action Plan which is being circulated and discussed across the country through forums such as the Federal/Provincial/Territorial Committee on Health Workforce, a BC Regional Dialogue Session, and the Conference of Deputy Ministers. This pan-Canadian action plan contains an overview of trends and themes in health leadership, and pillars for moving forward.

The "Bottom Line". CHLNet unites leaders in a common cause: better leadership that leads to better health. For its continued success, it depends on Network Partner annual fees and the invaluable in-kind support of its partners. In return for \$5,000 per year, Network Partners have a unique opportunity to meet, to support one another and to work together in setting broad policy directions for expanding health leadership capacity in Canada. As a Network Partner, you receive access to LEADS education and tools; an early warning system on key leadership issues/challenges emerging across the country; access to the latest research in health leadership, leadership development and talent management; the opportunity to share tools and experiences in growing leadership capacity; participation in leading edge working groups; preferred pricing on all CHLNet events (e.g. Leadership Dialogue series); and access to CHLNet learning tools. Join us!