

Knowledge Mobilization Plan

May 26, 2015

This document is based on work done by the Mental Health Commission of Canada (MHCC) for its practical guide to knowledge translation in health care. We would like to thank them for allowing us to use their KT Planning Template as a foundation.

Preface

Our Intention

Arising from the 2014 Network Partner survey, is the desire for CHLNet to share the emerging evidence on leadership and leadership development so changes to practice can be made to improve health system performance. In the fall of 2014, a working group of decision-makers and researchers gathered together to achieve this purpose.

The intention of this plan is to outline how CHLNet and its partners will mobilize knowledge for more effective action and integration into leadership practices especially in the context of health reform.

Knowledge Mobilization Defined

Knowledge mobilization will be used as the term to classify CHLNet's efforts in turning knowledge into action and for this endeavour is defined as: *the process of putting new knowledge and evidence into the head, hands and hearts of individuals in leadership roles.*

Step 1:

Purpose of CHLNet's KM Plan

What problems are you trying to address? What are your objectives?

Problem: Successful health reform requires new leadership skills, knowledge and practices. There exists a widening leadership gap that must be bridged to improve the performance of our health system to benefit the patients and citizens of Canada. We must role model the best practices in leadership for new leaders to achieve our desired future.

Objective: To share the skills, knowledge, and practices required for successful health system reform and performance.

What practice or policy are you targeting to improve?

Practices to be shared include:

1. Leadership models must be based on defined leadership capabilities/competencies such as LEADS.
2. Systematic succession planning and leadership development must be a key piece of broader people strategies.
3. Shared (or distributed) leadership approaches involve new skills and knowledge.
4. Large scale change (especially during health reform) requires new skills and knowledge for successful implementation.
5. Coaching and mentoring of emerging leaders is an essential practice for all organizations to embrace.

What are the desired outcomes? What would be different if this knowledge were translated successfully?

To mobilize the knowledge to transform leadership practices.

Step 2: Select the Priority Areas

What priority areas do you want your target audience to know about/use?

Five Priorities:

1. A **common leadership language** is needed for leadership development.
2. Skills and knowledge must be **sustained** throughout the leadership journey and integrated into a broader and collective people strategy.
3. New practices to better **engage** health professions as leaders are being generated and should be emulated (including coaching and mentoring).
4. **Shared leadership** models are on the rise challenging conventional notions of autonomy and heroic leaders, and requiring new skills and knowledge.
5. New skills, knowledge and behaviours are necessary for **large scale change** needs such as systems thinking, strategic thinking, relationship development, adaptive leadership, and self-leadership.

What is the knowledge base for these priorities?

- Partnership in Health System Improvement (PHSI) results: Leadership and Health System Redesign
- Bringing Leadership to Life in Health: LEADS in a Caring Environment
- CHLNet Benchmarking Study
- McMaster Deliberative Dialogue on Health Leadership
- CSPE physician leadership study
- Accreditation Canada study on leadership
- Kings Fund/NHS on Leadership Development evidence base
- Other studies and articles

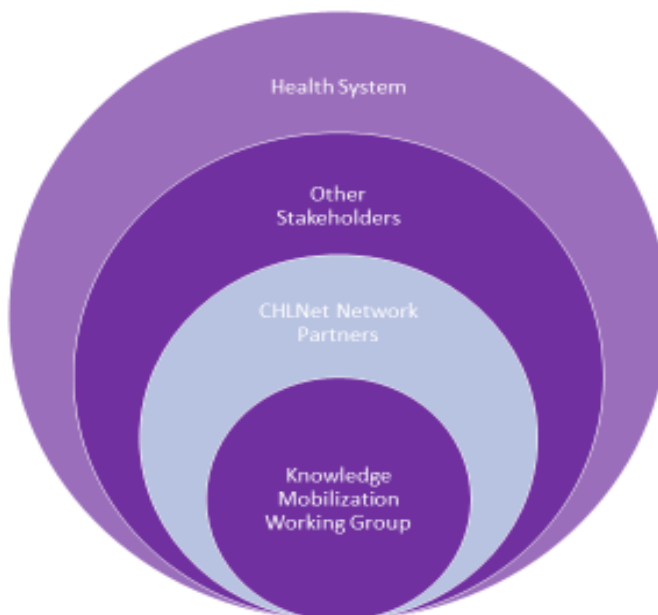


Figure 1: Stakeholder Groups

Step 3:

Specify Stakeholders and Actions

The priority areas taken up by CHLNet will need to be adopted by certain actors or stakeholders to adopt new behaviours (actions). CHLNet Network Partners as a core group play multiple roles in moving forward on actions. This step recognises the stakeholders or actors who need to change and the actions they need to adopt. It outlines what you want each to do. Figure 1 shows how knowledge would be moved out to the broader health system.

Stakeholders	Role and Actions
CHLNet Network Partners	Convenor, Advocate and Execute: <ul style="list-style-type: none"> • Endorse the need for a common leadership language such as LEADS or other LEADS-compatible leadership framework • Access for staff to leadership development programs especially new skills and knowledge that must be sustained throughout the leadership journey • Integrate health leadership into a broader and ongoing people strategy within their own organizations • Engage health professions in a more meaningful way in leadership • Role model best practices around health leadership based on evidence • Support a stronger link between the research community and decision-maker community to better understand the discipline of leadership
Patients and Care Givers	Advocate: <ul style="list-style-type: none"> • Develop skills to participate in teams to integrate patient and caregivers into decision making
Regional health authorities	Execute: <ul style="list-style-type: none"> • Use a common leadership language • Access for staff to leadership development programs especially new skills and knowledge that must be sustained throughout the leadership journey • Integrate health leadership into a broader and ongoing people strategy • Engage health professions in a more meaningful way in leadership • Role model best practices around health leadership • Become a CHLNet partner
Government	Convenor: <ul style="list-style-type: none"> • Integrate a collective approach to increasing health leadership capacity • Provide funding for system wide (small or large) leadership development • Disseminate tools to support leadership development based on provincial health reform priorities
National and provincial/territorial health organizations, and Service Providers (VON, CCACs, LHINs)	Execute: <ul style="list-style-type: none"> • Use a common leadership language

	<ul style="list-style-type: none"> • Access for staff to leadership development programs especially new skills and knowledge that must be sustained throughout the leadership journey • strategy • Engage health professions in a more meaningful way in leadership • Role model best practices around health leadership • Become a CHLNet partner
Colleges and Universities	<p>Execute:</p> <ul style="list-style-type: none"> • Curriculum shift to reflect new leadership skills, abilities and knowledge across health professions
Private Sector	<p>Negotiator:</p> <ul style="list-style-type: none"> • Support increasing health leadership capacity through funding and other resource commitments • Understand impact of health leadership on system performance • Ensure ongoing succession planning and skill/knowledge development within a broader people strategy
Research Community	<p>Advocate:</p> <ul style="list-style-type: none"> • Advocate for funding for research on health leadership especially around impact and ongoing metrics • Conduct research on health leadership and leadership development

Step 4:

Identify Agents of Change

An agent of change is someone who motivates stakeholders to adopt new actions. Agents of change include individuals or organizations that can effectively deliver knowledge and foster action.

Stakeholders	Agents of Change (Motivates to adopt new actions)
Health Professions, Regional health authorities organizational champions, national and provincial/territorial health organizations and service providers, Patients and Private Sector	CHLNet KM Working Group, CHLNet Network Partners, CEO and senior teams especially within regional health authorities
Government/policy makers	CHLNet Health Leadership Action Plan Working Group, CHLNet Network Partners
Researchers, colleges/universities	CHLNet Research and Evaluation Working Group, CHLNet Network Partners especially from the academic institutions

Step 5:

Design your KM Plan

Which KM methods are available to you? Which methods are appropriate for the particular actors who are meant to adopt this Innovation?

- Website
- Eblasts
- Webinars/podcasts
- NP Roundtables
- Liaison meetings
- Journals (peer review)
- Education outreach (brief engagement)
- Education materials
- Leadership panels and presentations
- Coaching/mentoring
- Social Media
- International sharing

Ensure that your KM Method is Interactive, Targeted and Tailored, Engaging, Endorsed, Championed, Action Oriented, and Persuasive.

KM ACTION PLAN					
TASK	WHO NEEDS TO BE INVOLVED?	RESOURCES NEEDED (FUNDING, PEOPLE, SKILLS)	POTENTIAL BARRIERS	POTENTIAL SOLUTIONS	MEASURES OF SUCCESS 2015/16
1. Develop and disseminate a brief on a common leadership language including rationale	KM Working Group, CHLNet NPs	People	Refreshing of the LEADS framework Translation of LEADS and tools	Seek funding and a broader steering community to refresh the framework	<ul style="list-style-type: none"> Brief completed Summer 2015 Disseminate brief and integrate into education material Fall 2015
2. Develop and conduct a series of presentations on the need to sustain skills and knowledge throughout the leadership journey and to integrate into a broader and collective people strategy	KM Working Group, CHLNet NPs, LEADS Collaborative	Funding, people and skills	Funding and leadership development program cuts	Work with government and stress importance in health reform priorities Build into curriculums of colleges and universities	To be developed further by KM Working Group once plan approved
3. Gather research and exchange leading practices around health leadership and leadership development. Share these practices with the broader community to better engage health professions as leaders (including coaching and mentoring). Ensure the inventory of leadership development programs	KM Working Group, CHLNet NPs	People	Partners willingness to provide	Summer network partner survey to gather in a more systematic way	To be developed further by KM Working Group once plan approved

and self-assessment, both on the CHLNet remain current and relevant.					
4. Through partnerships, develop and conduct an education series on innovation and leading practices around health leadership including shared leadership models and new skills and knowledge required. Consider various contexts. Different KM methods will be used	KM Working Group, CHLNet NPs, LEADS Collaborative	Funding, people and skills	Gathering of models, skills and knowledge	CHLNet partners and LEADS Collaborative	To be developed further by KM Working Group once plan approved
5. Through partnerships, develop and conduct an education series on new skills and knowledge are necessary for large scale change needs such as systems thinking, strategic thinking, relationship development, adaptive leadership, and self-leadership. Consider various contexts. Different KM methods will be used	KM Working Group, CHLNet NPs, LEADS Collaborative	Funding, people and skills	Gathering of models, skills and knowledge	CHLNet partners and LEADS Collaborative	To be developed further by KM Working Group once plan approved

**Step 6:
Implement the KM Plan**

**Step 7:
Evaluate Your Success**

A number of evaluation frameworks have been proposed – but we have chosen to apply the RE-AIM framework developed by Glasgow and colleagues, primarily due to its emphasis upon sustainable system-level changes.¹

Reach Did the target population receive the intervention?

Effectiveness Did the intervention have its intended effect?

Adoption Was the intervention adopted by its intended users?

¹ Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. American Journal of Public Health. 1999 Sep;89(9):1322-7.

Implementation

Was the intervention implemented with high fidelity to its essential features?

Maintenance

Was the intervention maintained in practice over long-term follow-up?