



Closing the Gap: A Canadian Health Leadership Action Plan

June 12, 2014

Preface

The Canadian Health Leadership Network (CHLNet), a purpose-built coalition of 40 organizations (called Network Partners), has initiated this consultative process on a Canadian Health Leadership Strategy. CHLNet's vision, **Better Leadership, Better Health—Together**, will be achieved only through new and more innovative ways of working together to grow leadership capacity, as outlined in detail in its new strategic plan (see www.CHLNet.ca).

CHLNet created an ad hoc, expert working group to put the working paper and subsequent action plan together. The working group, chaired by Dr. Gillian Kernaghan (representing the Canadian Society of Physician Executives and CEO, St. Joseph's Health Care London) guided this effort over the last year. Its members include: Carla Anglehart (Health Association Nova Scotia), Graham Dickson (CHLNet Policy Advisor), Jocelyn Chisamore (Emerging Health Leaders), Emily Gruenwoldt Carkner/Joshua Hambleton (Canadian Medical Association), Frank Krupka (University of Manitoba and Winnipeg RHA/Centre for Healthcare Innovation), Suzanne McGurn (Ontario Ministry of Health and Long-Term Care), Paddy Meade (Yukon Health), Brenda Rebman (Alberta Health Services), June Webber/Anne Sutherland Boal (Canadian Nurses Association), Bill Tholl (CHA/ACAHO and CHLNet), and Kelly Grimes (CHLNet).

This action plan begins a national dialogue on what concerted steps are needed to enhance leadership capacity and capabilities across Canada and throughout the system, one of CHLNet's four new strategic directions. It builds on a previous working paper (see www.chlnet.ca) and is intended to form a foundation for an evidence-informed conversation among Canada's health care leaders. It includes data from two recently released leadership studies: a four-year, longitudinal series of six case studies spearheaded by CHLNet and Royal Roads University that examine the crucial role of leadership in health system reform (funded by the Canadian Institutes of Health Research and the Michael Smith Foundation for Health Research); and CHLNet's Canadian Health Leadership Benchmarking Study (funded by contributions from Health Canada, the Association of Canadian Academic Healthcare Organizations, the Canadian Healthcare Association and the Canadian College of Health Leaders).

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Problem Statement

Strong leadership is being identified by most major policy reports as a critical success factor in improving performance and quality of our health system. Yet a leadership gap exists across Canada. A recently released Canadian Health Leadership Benchmarking Study shows 84% of health care leaders are concerned about the overall leadership gap, with 42% of Canadian Academic Health Sciences Centres reporting they do not have the leadership they need to meet the challenges of the future.¹

Canada is also still feeling the results of one of the deepest and most long-lasting economic downturns in its history in the wake of the 2008 recession. Health system performance continues its decline when compared internationally. Recent research shows that leadership, especially quality physician leadership, is a key enabler of health system performance and health reform and that new leadership skills are needed for formal and informal leaders.^{2,3} Aging and increased scrutiny and public accountability of our leaders are making it difficult to attract and retain talent.

We view leadership as the foundation for the other key enablers (of health system transformation) because it supports and provides momentum to move actions towards attaining health system goals.

Health Council of Canada, 2013.

Statement of Purpose

This action plan proposes to address this new policy paradigm, to build and strengthen Canada's health leadership capacity through a collective approach that cuts across jurisdictions and health disciplines and over the life cycle of leadership, from emerging health leaders to senior executive leaders. CHLNet, a purpose-built coalition of 40 organizations (called Network Partners), has initiated this consultative process to begin a national dialogue to identify concrete actions needed to initiate and sustain a *Canadian Health Leadership Strategy*.

¹ CHLNet. (2014). *Canadian Health Leadership Benchmarking Study*. Funded by Health Canada, the Association of Canadian Academic Healthcare Organizations, the Canadian Healthcare Association and the Canadian College of Health Leaders.

² Welbourn D, Ghate D, and Lewis J. (2013). *Systems Leadership: Exceptional Leadership for Exceptional Times – Literature Review*. Colebrooke Centre for Evidence and Implementation.

³ Dickson G, Tholl B, Baker R, Blais R, et al. (2014). *Partnerships for Health System Improvement, Leadership and Health System Redesign: Cross Case Analysis*. Canadian Institutes of Health Research/Michael Smith Foundation for Health Research.

It serves as a companion document to a working paper that went through broad Canada-wide consultations including: a fall 2013 consultation with CHLNet’s 40 Network Partners; a co-sponsored Healthcare Leadership Forum (Canadian Association for Health Services and Policy Research, Canadian Foundation for Healthcare Improvement and CHLNet) held in Montreal on February 14, 2014; and a Deliberative Dialogue session hosted by McMaster University on March 4, 2014.

What is being proposed is an ambitious, forward-looking, pan-Canadian plan of action to increase overall leadership capacity across the system and with a particular focus on middle management and emerging leaders’ LEADS-based skill development. This proposal is being brought forward to the Committee of Health Workforce en route to the Council of Deputy Ministers on the understanding that it will form an integral part of an overarching, needs-based and pan-Canadian, integrated health human resource strategy.

Key Elements of a Health Leadership Action Plan

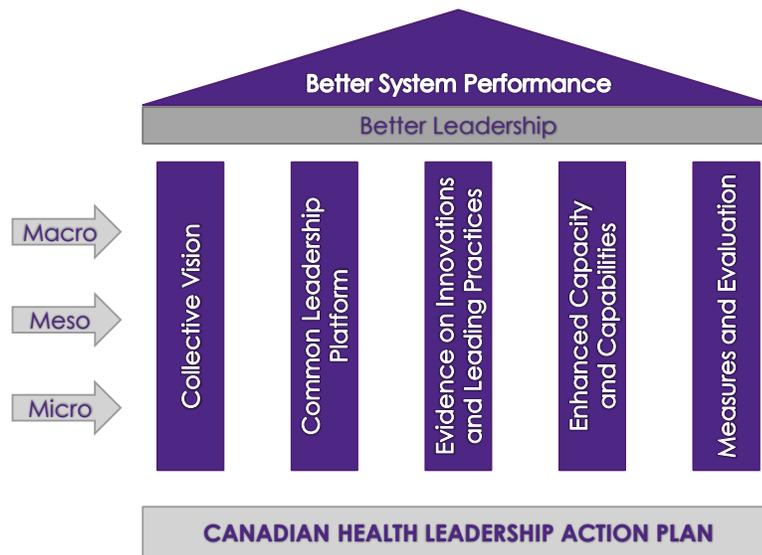
Recent research and expert opinion⁴ shows that growing quality leadership requires a multi-pronged and collaborative strategy to achieve large scale, transformational change. The above-mentioned benchmarking study confirms the qualitative findings of a four-year CIHR funded project on the importance of leadership in terms of system redesign and the concern about the waning leadership capacity across Canada. Further evidence comes in the fact that 90% of attendees at the invitational Montreal Healthcare Leadership Forum (February 14, 2014) who responded to the evaluation survey agree that a national health leadership strategy is required.

Based on the evidence gathered to date, a five pillar action plan is proposed that reflects this innovative, collaborative and evidence-based approach (Figure 1). Each pillar represents the elements of an integrated action plan and would be applied at macro, meso and micro levels of the health system, with the overall objective of improving organizational and health system performance. However, for the purposes of this action plan only a **macro** level approach is discussed here.

Expanding health leadership capacity (at the individual, organization and system levels) is a challenging task if not undertaken in a planned or orchestrated way. Many are travelling the leadership road but journeying together is increasingly recognized as essential to achieve the shared vision of better leadership, better health, together. A multi-pronged, evidence-based concerted national action plan is required to realize individual leadership potential (especially at the middle management levels) while building overall system capacity. Shared objectives and priorities need to become explicit but linked to policy imperatives such as “Triple Aim” (better health, better care, and better value) and other desired outcomes.

⁴ Dickson G, and Tholl B. (2014). *Bringing Leadership to Life in Health: LEADS in a Caring Environment*. London: Springer.

Figure 1: Health Leadership Action Plan



Given the evidence gathered to date, key elements for moving the leadership agenda forward would include:

1. Confirm a Collective Vision

Leadership is an enabler for health system reform. A common vision with clear and compelling shared goals for a *Canadian Health Leadership Action Plan* with measureable outputs and outcomes is essential to provide a reference point for a collective approach to building the distributed leadership capacity⁵ to realize Canada’s leadership potential. Countries such as the United Kingdom (NHS Leadership Academy)⁶ and Australia (Health Workforce Australia)⁷ have created national strategies linked to their national health reform agendas. Each country has invested substantially in leadership development, for example Australia has invested \$5M over 3 years for Deputy Minister training, tool development and aboriginal leadership development. The NHS Leadership Academy spends £50 M per year.

Proposed Action: Identify the common elements of health system reform occurring across the country. Based on these commonalities, confirm a collective vision for health leadership.

⁵ The literature is increasingly reporting on the importance of "distributed leadership" or "shared leadership". Distributed leadership is that "some of the functions of leadership can be delegated or embedded in other persons or roles in an organizations" (English, 2008).

⁶ NHS (2014). *Healthcare Leadership Model: Nine Dimensions of Leadership Behaviour*. www.leadershipacademy.nhs.uk/discover/leadershipmodel

⁷ Health Workforce Australia. (2011). *National Health Workforce Innovation and Reform Strategy Framework for Action, 2011-2015*.

2. Establish a Common Leadership Platform

There are many leadership platforms used by health organizations in Canada but *LEADS in a Caring Environment* (LEADS) has become Canada's preferred health leadership learning platform and provides a common language and focus for health leadership. In fact, the CHLNet benchmarking study showed 63% of Academic Health Sciences Centers have adopted LEADS or another LEADS-compatible capability framework.⁸ Created in 2006, and validated in British Columbia and across Canada,⁹ it provides a useful basic building block for leadership in a complex adaptive system with distributed leadership at its core. BC's Deputy Minister at the time provided the initial \$3M (over three years) earmarked for a "proof of concept" provincial leadership development talent strategy. Adoption has been accelerated by pioneering organizations such as CHLNet, the Canadian College of Health Leaders, Accreditation Canada, the Canadian Medical Association, provincial governments (BC Health Leadership Development Collaborative, Alberta, Saskatchewan, Manitoba, Yukon, Nova Scotia, and PEI) and numerous health regions (Alberta Health Services, Eastern Health and others) from across Canada. Even the country of Australia has adapted it for its own context, with many other countries expressing interest.

Proposed Action: Endorse LEADS or LEADS-compatible health leadership capabilities framework to establish a common leadership platform in Canada.

3. Gather More Evidence on Innovation and Leading Practices

Evidence and leading practices must continue to be gathered from a variety of sources and this information used to influence action in a purposeful way even though significant research has been undertaken on health leadership in the last decade.^{10,11} Evidence-based decision-making is key, yet it is vital that research is well interpreted so sense can be made of the data and applied to everyday health care settings through knowledge mobilization strategies. The just completed four-year *Partnerships for Health System Improvement* (PHSI) project on health leadership and system redesign has provided some important initial insights and "leadership" momentum. This action research project clearly demonstrated the value of creating and sustaining a cross-national team of researchers and decision-makers to guide the effect of leadership as changes are made to the health system.

⁸ CHLNet. (2014). *Canadian Health Leadership Benchmarking Study*. Funded by Health Canada, the Association of Canadian Academic Healthcare Organizations, the Canadian Healthcare Association and the Canadian College of Health Leaders.

⁹ Dickson G, Briscoe D, Fenwick S, Romilly L, and MacLeod Z. (2007). *The Pan-Canadian Health Leadership Capability Framework Project: A collaborative research initiative to develop a leadership capability framework for healthcare in Canada*. A final report submitted to Canadian Health Services Research Foundation, Ottawa, Ontario.

¹⁰ Avolio B, Walumbwa F, and Weber T. (2009). Leadership: Current theories, research, and future directions. *Annu Rev Psychol*. Vol. 60: 421-449.

¹¹ Swensen S, Pugh M, McMullan C, and Kabcenell A. (2013). *High-Impact Leadership: Improve Care, Improve the Health of Populations and Reduce Costs*. IHI White Paper.

Proposed Action: Fund and coordinate research and knowledge mobilization efforts that focus on health leadership including its return on investment, leading practices, and impact on system performance. Sustain a Canadian Health Leadership Research Network (or clearinghouse) as an ongoing collaboration between researchers, service providers and decision-makers.

4. Enhance Capacity and Capabilities

Enhancing leadership capacity and capabilities requires both collective and individual approaches at the macro, meso and micro levels of the system. The cross-national PHSI study identified gaps in leadership capacity in Canada especially for large-scale health system redesign. The Canadian Benchmarking Study supported the premise that there is a leadership gap in Canada (but the gap is more of a skills gap than a supply-demand one). Large-scale change requires new or enhanced capabilities for our formal leaders around systems thinking, strategic thinking, relationship development, and self-leadership.¹² It seems that leadership development programs are not letting us get to where we need to be¹³ and are often the first items to be decreased with budget constraints. A better inventory of what is available at the various levels of the health system and across jurisdictions around leadership development is needed.

Planning and coordination for health leadership is also required as part of a broader health human resource or talent management¹⁴ strategies. The system counts many other health professionals (typically regulated) but health leaders throughout the system are not recognized as a collective. Evidence is showing that Canada has not fully embraced a distributed or shared leadership approach (balanced with designated leadership) and that quality leadership, especially physician leadership, is required for reform to be successful.¹⁵ Health care organizations must help build capacity but governments must encourage and promote capacity and the new capabilities required through funding and other incentives. New programs to support future leaders that are action research oriented and occur in-situ (at the local level) are showing to be needed. Such programs would not replace other leadership offerings and could be built on existing leadership programs such as EXTRA fellows being used as mentors to future leaders.

Proposed Action: Recognize the importance of health leaders as a collective and in health system transformation. Governments must enhance investments in leadership development and talent management strategies to focus on the needs of future leaders.

¹² Dickson G, Tholl B, Baker R, Blais R, et al. (2014). *Partnerships for Health System Improvement, Leadership and Health System Redesign: Cross Case Analysis*. Canadian Institutes of Health Research/Michael Smith Foundation for Health Research.

¹³ Lavis J, Moat K, and Rizvi Z. (2014). *Issue Brief: Fostering Leadership for Health System Redesign in Canada*. McMaster University.

¹⁴ Talent management uses a lens of acquire, engage and retain, lead and manage performance, reward, and learn and develop.

¹⁵ Best et al. (2012). Large System Transformation in Health Care: A Practical Review. *Milbank Quarterly*. Vol. 9(3).

5. Measure and Evaluate Success

A clear and compelling vision must be supported with key measures of success; these are the book ends of any initiative. What are the expected results or desired outcomes and how will the system know when these have been reached? And if results are not met, and evidence validates the need to change, how will corrective action be taken? Targets and benchmarks need to be defined around: succession planning; access to coaching and mentoring; turnover needs to be monitored (voluntary vs. imposed); return on investment in leadership development needs to be measured; and the needs of emerging leaders defined and addressed. These targets and their impact on outcomes and performance should be monitored on an ongoing basis. The Canadian Health Leadership Benchmarking Study now provides some of these metrics; such as 39% of total respondents and 63% of Canadian Academic Health Sciences Centres now have a formal approach to succession planning. Australia Health Workforce has expressed an interest in developing a joint project on metrics.

Proposed Action: Through national dialogue, agree on and use leadership metrics to monitor pan-Canadian health leadership and its effect on health system performance on an ongoing basis.

Summing Up

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, leadership is now seen as an integral ingredient to move to our desired future. With an aging cohort of senior leaders, succession planning is a top priority. 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. 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.

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.

Leadership Element	Proposed Action	CHLNet and its 40 Network Partners Approach
Create a Collective Vision	Identify the common elements of health system reform occurring across the country. Based on these commonalities, create a collective vision for health leadership.	<ul style="list-style-type: none"> ➤ Seek advice from Committee on Health Workforce and Council of Deputy Ministers. ➤ Seek system-wide funding (\$5M over 3 years).
Establish a Common Leadership Platform	Endorse LEADS and/or LEADS - compatible health leadership capabilities framework as a common leadership learning platform across Canada.	<ul style="list-style-type: none"> ➤ Endorsement and use of LEADS by CHLNet and partners. Seek further endorsement by Deputy Ministers. ➤ Create ongoing crucial conversations such as: Feb. 14 Healthcare Leaders Policy Forum; March 4 McMaster Deliberative Dialogue Session; May Network Partners Roundtable and June National Health Leadership Conference.
Gather More Evidence on Innovation and Leading Practices	Fund and coordinate research and knowledge mobilization efforts that focus on health leadership including its return on investment, leading practices, and impact on system performance. Sustain a Canadian Health Leadership Research Network (or clearinghouse) as an ongoing collaboration between researchers, service providers and decision-makers.	<ul style="list-style-type: none"> ➤ CIHR Partnerships for Health System Improvement (PHSI) project on health leadership completed March 2014. ➤ Application for PHSI II with June 2014 confirmation. If no funding then additional method required. ➤ CHLNet Inventory of Leadership Development programs updated June 2014 (original Health Canada grant).
Enhance Capacity and Capabilities	Recognize the importance of health leaders as a collective and in health system transformation. Governments must enhance investments in leadership development and talent management strategies to focus on the needs of future leaders.	<ul style="list-style-type: none"> ➤ Seek advice from Committee on Health Workforce and Council of Deputy Ministers. ➤ LEADS Collaborative established 2013. ➤ Collaborate with CCHL, HealthCareCAN and others on new capabilities required for future leaders.
Measure and Evaluate Success	Through national dialogue, agree on and use leadership metrics to monitor pan-Canadian health leadership and its effect on health system performance on an ongoing basis.	<ul style="list-style-type: none"> ➤ CHLNet benchmarking study complete. ➤ Dissemination of PHSI results. ➤ Evaluate outcomes with use of LEADS framework. ➤ Explore joint project with Health Workforce Australia.