

## CHLNet Health Leadership Action – Environmental Scan 2016

Federal/ Provincial/ Territorial	Initiatives	
	Health Reform	Health Leadership, Talent Management, Organizational Development Strategies <sup>1</sup>
Federal	<ul style="list-style-type: none"> <li>• <b>Health Accord and Health Transfer:</b> New federal government October 2015. Mandate letter indicates priorities of: new Health Accord and funding agreement (Health Transfer expires 2017/18) with provinces (emphasis on home care services, palliative care); innovation and digital health technology; prescription medications; mental health services; and public health. 14 separate health systems in federation.</li> <li>• <b>Funding:</b> Canadian Foundation for Healthcare Improvement \$39M over 3 years; Canada Health Infoway \$50M over 2 years; Nutrition North \$64.5M over 5 years, plus \$13.8M per year to expand program to isolated communities; Heart and Stroke foundation \$5M over 5 years for research into women’s health; Canadian Men’s Health Foundation \$4M over 4 years to help promote behavioral change; CIHR \$30M in new funding; Natural Sciences and Engineering Research Council \$30M in new funding; Social Sciences and Humanities Research Council \$16 M in new funding.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CFHI EXTRA Program:</b> 10 interprofessional teams of healthcare leaders chosen to participate in CFHI's Executive Training Program were announced on April 14, 2016. The 14-month bilingual improvement fellowship will see participating teams acquire skills and knowledge to help them design, implement and evaluate major quality improvement projects. Six of the teams in the latest EXTRA cohort hail from Quebec, and half of participating teams will focus on palliative care.</li> <li>• <b>The Dorothy Wylie Health Leaders Institute:</b> In its 17th year, the DWHLI is a highly-regarded health leadership development program which combines an intensive 5-day residential component and a year-long mentored team project component. With over 2600 alumni, the institute brings together health leaders from all disciplines and from across Canada for a concentrated study of leadership principles, models, skills and tools. In 2016, the DWHLI founders and CNA entered into a partnership to promote and sustain the program for the long term. The DWHLI uses the Kouzes and Posner Transformational Leadership model which maps to LEADS.</li> </ul>

<sup>1</sup> This is not an inclusive list of initiatives but rather provides a brief snapshot of work being done at the more macro level of the health system. It is recognized that is a great deal of work being done at the individual and organizational levels on leadership development. However due to brevity and time, this work could not be included and so is not an inclusive list.

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British Columbia	<ul style="list-style-type: none"> <li>• <b>Innovation and Change:</b> health sector transformation guiding framework focused on delivering patient centred culture across all health sector services and programs, while incrementally improving on the quality of service outcomes. Setting Priorities for the B.C. Health System and a subsequent document on B.C. Health System Strategy Implementation: A Collaborative and Focused Approach. Eight priorities: <ul style="list-style-type: none"> <li>○ Patient-centred care</li> <li>○ Primary prevention and health promotion</li> <li>○ Primary and community built around interprofessional teams</li> <li>○ Interface between primary and specialist care and treatment</li> <li>○ Timely access to quality diagnostics</li> <li>○ Evidence-informed access to clinically effective and cost-effective pharmaceuticals</li> <li>○ Role and functioning of acute care system, focused on driving inter-professional teams and functions with better linkages to community health care</li> <li>○ Access to an appropriate continuum of residential care services</li> </ul> </li> <li>• <b>HHR:</b> Series of policy papers on HHR commissioned including one for health leadership and management. Now a provincial governance model for HHR is in place and accountabilities are being assigned and linked with workforce engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS Clients:</b> BC Health Leadership Development &amp; Engagement Collaborative that includes 7 health regions. Menno Place.</li> <li>• <b>Provincial Leadership Development:</b> BC has worked on leadership development as a province through the BC Health Leadership Development and Engagement Collaborative. 7 BC health authorities formed a collaborative to focus on leadership development. Created Leadership LINX, a Provincial Pathway of Leadership Development, with 5 key areas: coaching, mentoring, new manager, experienced leader &amp; senior leader.</li> <li>• <b>Physician Engagement:</b> Doctors of BC and the Ministry of Health on physician leadership and how to increase the skills and competencies. They have identified 17 streams for physician leadership development so trying to rationalize each stream now. The Ministry is looking at organizational capacity of health authorities and the ministry to support transformational change and have brought an external consultant in to do this. Doug noted that it is difficult to get the leadership conversation near the top of the agenda but we won't transform a thing without engaged leadership with the right skills and capabilities.</li> </ul>
Alberta	<ul style="list-style-type: none"> <li>• <b>Sustainability:</b> High health spending, much higher than other provinces, on a per capita basis. Discussions with physicians on sustainability of the health system. Feb 2016 policy forum with O'Brien Institute for Public Health and Institute of Health Economics, inform decision-making at Alberta Health regarding the fiscal sustainability of the provincial healthcare system. Alberta Health and the AMA negotiating on issues</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS Clients</b> include: Alberta Health Services, Covenant Health, The Brenda Strafford Foundation, Alberta College of Family Physicians and Alberta Association of Clinic Managers.</li> <li>• <b>AHS LEARNING:</b> AHS provides focused and integrated leadership development based on the LEADS framework for all levels of leaders with a heavy focus on Front Line</li> </ul>

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	<p>affecting the fiscal state and sustainability of the system.</p> <ul style="list-style-type: none"> <li>• <b>Innovation and Research:</b> Ten Strategic Clinical Networks work within AHS specific areas of health, to find new and innovative ways of delivering care. Government consolidating existing agencies (Bio Solutions, Energy and Environment Solutions, Health Solutions and Technology Futures) into Alberta Innovates by end of 2016.</li> <li>• <b>Midwifery:</b> Sept 2015 increased funding for midwifery by \$1.8 million.</li> <li>• <b>Mental Health:</b> Report of the Alberta Mental Health Review committee to guide the actions to strengthen addiction and mental health care.</li> <li>• <b>Primary Care:</b> 2014 new strategy. 42 Primary Care Networks (PCNs) link groups of family physicians and other health care professionals, who work together to provide care specific to community/population needs. Three Family Care Clinics (FCCs) were not expanded but continue.</li> <li>• <b>Patient First Strategy:</b> May 2015 from AHS on principles and concepts.</li> </ul>	<p>Leaders recently piloting a year-long on-boarding program (the New Manager Prep Program) which includes a mentorship element. Additional learning is available to new leaders in the Front Line Leader certificate program (Creating Engaging Workplaces). Leadership programs also include the Mid-level leader certificate program (Achieving Collective Success), Director Level Leader certificate program (Leading Strategic Initiatives) and Executive Education Program. The executive education program is an integrated program that includes both physicians and operational leaders from AHS as well as leaders from AHS' health care provider partners (Covenant Health &amp; STARS). Also offer an employee development certificate (Living our Values) complementing the on-boarding program. Assessment resources are also available to all leaders and include LEADS self-assessment and LEADS 360 Assessment; EQi self-assessment and EQ360 assessment and Insights Discovery assessment. Coaching training offered to leaders to support them in developing the skills to coach. The program is procured from Blue Point leadership and AHS has several in-house certified trainers offering the program. This program is the first of many steps planned to embed a coaching culture in AHS.</p>
<b>Saskatchewan</b>	<ul style="list-style-type: none"> <li>• <b>Mental Health</b> – Reduce wait times for outpatient services and implement action plan recommendations. Integrated primary and mental health services.</li> <li>• <b>Seniors Care</b> – Home First/Quick Response Home Program being piloted. Purposeful Rounding in health regions for long term care residents. Reduce wait lists for home care.</li> <li>• <b>Emergency Wait</b> – Interdisciplinary team rounds and back to basics care initiatives. In 2012 Collaborative Emergency Centres (CECs) established and staffed by PHC team during</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS Clients:</b> Saskatchewan Health Region Leadership Program, Sun Country Health Region, Regina Qu'Appelle Health Region and Saskatoon Health Region.</li> </ul>

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	<p>the day and by a nurse or a paramedic with physician oversight at night. 8 Primary Health Care Innovation Sites established based on community need and include teams of family physicians, nurses, nurse practitioners, dieticians, and pharmacists.</p> <ul style="list-style-type: none"> <li>• <b>Innovation:</b> <i>Connecting to Care</i> hot spotting for complex care patients (high use, high cost patients).</li> <li>• <b>Lean:</b> SK Quality Council is the Provincial Kaizen Promotion Office so coordinate training and report on progress</li> </ul>	
<b>Manitoba</b>	<ul style="list-style-type: none"> <li>• <b>Centralization:</b> 5 regional health authorities</li> <li>• <b>Priorities:</b> <ul style="list-style-type: none"> <li>○ Capacity building</li> <li>○ Health system innovation</li> <li>○ Health system sustainability</li> <li>○ Improved access to care</li> <li>○ Improved service delivery</li> <li>○ Reduce health disparities and improve the health of Manitobans.</li> </ul> </li> <li>• <b>Innovation:</b> Centre for Healthcare Innovation (CHI) ensures research and evidence is translated into improved patient outcomes, enhanced patient experiences and improved access.</li> <li>• <b>Sustainability and capacity building:</b> revised HHR plan; evidenced based and service provider funding models; technology; prevention and promotion.</li> <li>• <b>Primary Care:</b> My Health Teams and team-based care will develop their care teams around needs of communities served by the team. Each team will be a bit different and will be unique.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS in a Caring Environment Provincial Leadership Initiative</b> includes: Manitoba Health Seniors and Active Living, Regional Health Authorities (Northern RHA, Prairie Mountain Health, Southern Health-Santé Sud, Interlake-Eastern RHA and the Winnipeg RHA), CancerCare Manitoba, Diagnostic Services Manitoba, and the University of Manitoba</li> <li>• Adopted a provincial health leadership initiative that links talent management with health reform. Four step process of needs assessment, focus groups, facilitator development and design and delivery phase. Its vision is to: <ul style="list-style-type: none"> <li>○ DEVELOP talent management approaches integrated with Manitoba’s health system performance and sustainability strategy</li> <li>○ ENHANCE leader innovation and employee engagement</li> <li>○ GROW leadership capacity (needs assessment, succession planning, mentoring/coaching)</li> <li>○ PROVIDE a forum to connect LEADS practitioners</li> <li>○ ENABLE shared learning within a common framework to support sustainable health system delivery</li> </ul> </li> <li>• Detailed actions have been developed for each piece of the</li> </ul>

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		vision including developing a provincial talent recruitment and succession plan program. 18 candidates participated in a five-day LEADS internal facilitator training program and will deliver LEADS workshops across the province beginning in the fall of 2016.
Ontario	<ul style="list-style-type: none"> <li>• <b>Patients First Initiative:</b> Blueprint for action to transform system to put needs of patients at centre. Four key objectives: <ul style="list-style-type: none"> <li>○ Increasing access</li> <li>○ Connecting services</li> <li>○ Informing patients</li> <li>○ Protecting our health care system.</li> </ul> </li> <li>• <b>Community Health Links</b> - expanded to 82 to provide coordinated care for patients with multiple, complex conditions.</li> <li>• <b>Centralized planning:</b> 14 Local Health Integration Networks (LHINs) plan, integrate and fund local health care. Community engagement to plan services.</li> <li>• <b>Home and Community Care</b> through Patients First: A Roadmap to Strengthen Home and Community Care — a 10-step plan over the next two years. Six teams in Ontario are now implementing bundled care to help patients transition more smoothly from hospital to home. 30 community paramedicine programs for in home care.</li> <li>• <b>Primary Care:</b> Outside of the LHINs. Since 2005, 184 Family Health Teams (FHTs) in 200 communities have been established.</li> <li>• <b>Innovation:</b> Recruited a Chief Health Innovation Strategist for new health technology.</li> <li>• New Patient Ombudsman in place.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS Clients:</b> Public Health Ontario, Baycrest, Bruyère Continuing Care, Children’s Hospital of Eastern Ontario, Community Care Access Centres (10), Hamilton Health Sciences, N’Mninoeyaa Aboriginal Health Access Centre, Local Health Integration Networks (LHINs) (4), Waypoint Centre for Mental Health Care, St Michael’s Hospital, Orillia Soldiers Memorial Hospital, Norfolk General Hospital, HANDS: The Family Health Network, North Bay Parry Sound District Health Unit, Joseph Brant Hospital, St. Joseph’s, Kingston General Hospital, Hotel Dieu Grace Healthcare, MICs Group of Health Services, Frontenac Community Mental Health and Addictions Centre, Sandy Hill Community Centre, Municipality of York: Finance (non-health).</li> <li>• <b>Learning:</b> IDEAS (Improving &amp; Driving Excellence Across Sectors), province-wide initiative to increase quality improvement, leadership and change management capacity across all health care sectors (funded by government). Consists of two accredited learning programs (an introductory and an advanced program), online resources (including ShareIDEAS, a resource of QI projects) and an active alumni program to build and sustain a vibrant QI culture and community within Ontario’s health system. Builds on Advanced Training Program pioneered by Intermountain Healthcare in the U.S. IDEAS was created and is delivered through a collaborative partnership with University of Toronto, Health Quality Ontario, ICES, and</li> </ul>

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		<p>seven other ON universities.</p> <ul style="list-style-type: none"> <li>• <b>Ontario Hospital Association:</b> offerings based on 12 to 13 competencies at four levels: CEO, Executive, Director, Manager, and Supervisor. Plus programs for physicians and governance. Tools/programs include 360s, a guide to assessing leadership potential, Mixture of elearning, classroom education, long distance learning, conferences and tools. Certification programs on coaching, competencies, etc.</li> <li>• <b>Rotman, University of Toronto:</b> Government had a partnership with Rotman for senior positions. Been doing strategic thinking about leadership development and focusing on long-term care and community sectors. Considering how to move upstream for emerging health leaders and defining what are the skills needed for the next five to ten years.</li> </ul>
<b>Quebec</b>	<ul style="list-style-type: none"> <li>• <b>Centralization:</b> Eighteen regional authorities (ASSS) responsible for the organization of services within their region. There were 94 CSSSs (also referred to as local services networks, or RLS) in Quebec, each responsible for developing services for a particular are and now have reduced to 35. Some hospitals, rehabilitation centres, and other institutes operate outside of the purview of a CSSS, and are responsible to their ASSS instead. Priority areas: <ul style="list-style-type: none"> <li>○ Taking action before problems occur, and reducing inequalities in health and welfare</li> <li>○ Primary care services in integrated services, and prioritizing services</li> <li>○ Reasonable access time to services</li> <li>○ Service quality and innovation</li> <li>○ Attracting, retaining, and getting optimal</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS Clients:</b> CSSS du Nord de Lanuadière. LEADS 360 currently being translated for Quebec so hoping it with market penetration. New French-speaking facilitators have been recruited.</li> </ul>

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	<ul style="list-style-type: none"> <li>○ contribution from human resource <ul style="list-style-type: none"> <li>○ Effective management and accountability</li> </ul> </li> <li>● <b>Primary Care:</b> 2009 merger of Family Medicine Groups (FMG) and traditional network clinics to forming multidisciplinary teams with patients rostered to these teams. Want 300 FMGs and to establish super clinics (open to the public 24/7).</li> </ul>	
<b>New Brunswick</b>	<ul style="list-style-type: none"> <li>● <b>Centralization:</b> since 2008 2 RHAs (Horizon Health Network and Vitalité Health Network) to deliver health services within the province.</li> <li>● <b>NB Health Council</b> mandated to promote the improvement of health service quality by engaging citizens in dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens of the health system's performance, and recommending improvements to the Minister of Health.</li> <li>● <b>Priorities:</b> provincial health plan (2013 to 2018) with blueprint for rebuilding the system through principled decision-making, benchmarks, and equitable delivery of services. Priorities based on a citizen centred approach: <ul style="list-style-type: none"> <li>○ Engaged and healthy population</li> <li>○ Improve health service quality</li> <li>○ Sustainable health system</li> </ul> </li> <li>● <b>Children and Youth:</b> integrated services with provincial governance.</li> <li>● <b>Mental Health Strategy:</b> agenda for action includes transforming service through collaboration, realizing potential through an individualized approach, responding to diversity, collaborating and belonging, enhancing knowledge, reducing stigma, improving MH of population.</li> <li>● <b>Primary Care:</b> Family Health Teams model adapted to the New Brunswick context. 33 communities identified by the NB</li> </ul>	<b>LEADS Clients:</b> Horizon Health

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	Health Council. New Brunswick primary care framework in place that includes integration of primary care services, community-specific team-based care, engagement, accountability, and leadership for system transformation.	
<b>Nova Scotia</b>	<ul style="list-style-type: none"> <li>• <b>Restructuring:</b> Transformation Office established to coordinate systematic restructuring and redesign of management structures, as well as provincial planning for health services redesign. Centralization from 9 DHAs to 2: IWK Health Centre and Nova Scotia Health Authority (NSHA). Four health system goals: health of the population, health system workforce, experience of care, and resource stewardship.</li> <li>• <b>Public Engagement:</b> new campaign called Talk about Health focusing on collective responsibility for health and wellness for healthier NS. Consultations with over 800 participants to date.</li> <li>• <b>Primary Care:</b> 42 CHCs staffed by physicians, nurses, and other health care professionals. Collaborative Emergency Centres (CECs) provide extended hours and access with 24-hour emergency service. Primary Health Clinics (PHCs) are available during the day, while nurse/paramedic teams with offsite physicians provide support at night. Earlier this year, Nova Scotia launched a single province wide electronic medical information system called One Person, One Record.</li> </ul>	<p><b>LEADS Clients:</b> NSHA incorporates LEADS into management job descriptions, performance planning and orientations.</p> <ul style="list-style-type: none"> <li>• <b>People Services</b> and HR portfolio with areas of focus of: Recruitment and Staffing; Workforce Planning; Performance, and Operations; Health, Safety and Wellness; Organizational Development; and Employee and Labour Relations</li> <li>• <b>Change Management:</b> Enterprise Change Management assessment and competency development underway. Change management support is included in all service reviews and restructuring activities. Change Assessment survey was completed this year with over 2900 respondents – to assess individual’s understanding and experiences of change and transitions at NSHA and to identify opportunities for improvement in areas like communication, leadership and change management. Focus groups being held with management, staff and physician to help assess the work of the organization and develop recommendations/solutions to identified communication and change issues.</li> <li>• <b>Leadership forums:</b> established in each zone to facilitate communication and leadership development.</li> </ul>
<b>Prince Edward Island</b>	<ul style="list-style-type: none"> <li>• <b>Centralization:</b> PEI public health system is operated by Health PEI, on behalf of the Department of Health and Wellness.</li> <li>• <b>Primary Care:</b> PEI has five Primary Care Networks, consisting of Health Centres alongside Collaborative Emergency Centres, which provide extended hours and access to care where 24-hour emergency services have been difficult to</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS Clients:</b> Health PEI. LEADS was adopted by Health PEI in 2011. LEADS provides the foundation for the HPEI Leadership Development framework and strategies. HPEI continues to refine and strengthen formal leadership development programming and supports. LEADS has been incorporated into leadership performance and development</li> </ul>



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	maintain. Teams of physicians, nurse practitioners, registered nurses, diabetes/chronic disease educators, and administrative/clerical staff work collaboratively within these Primary Care Networks.	planning and work is ongoing to integrate LEADS into leadership job descriptions. The governing board has received training on LEADS and has integrated LEADS into its policies as a resource to support CEO monitoring.
<b>Newfoundland</b>	<ul style="list-style-type: none"> <li>• <b>Decentralization:</b> four health regions responsible for delivering direct care to individuals in hospitals, long-term care facilities, and community-based offices and clinics, as well as through public health and community support. Some discussion of moving from 4 to 1 regions and shared services.</li> <li>• <b>Priority issue areas:</b> population health, access to priority service, quality care and efficiency.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LEADS Clients:</b> Eastern Health, Central Health and Western Health</li> </ul>
<b>Yukon</b>	<ul style="list-style-type: none"> <li>• <b>Centralization:</b> Department of Health and Social Services responsible for delivering health and social programs</li> <li>• <b>Primary Care:</b> Residents of most Yukon communities access primary care through community nurses in community health centres, with some services from visiting physicians.</li> </ul>	<ul style="list-style-type: none"> <li>• New Acting DM with initial conversation on leadership development</li> </ul>
<b>Northwest Territories</b>	<ul style="list-style-type: none"> <li>• <b>Centralization:</b> Department of Health and Social Services oversees the healthcare system. Priorities are: <ul style="list-style-type: none"> <li>○ Services for children and families</li> <li>○ Health status of the population</li> <li>○ Community health and social services through innovative service delivery</li> <li>○ Integrated system with local delivery</li> <li>○ Patient/client safety and system quality</li> <li>○ Annual performance reporting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Some discussions beginning with LEADS Business Unit</li> </ul>