

CHLNet Health Leadership Action – Environmental Scan 2019

Federal/ Provincial/ Territorial	Initiatives	
	Health Reform	Health Leadership, Talent Management, Organizational Development Strategies ¹
Federal	<ul style="list-style-type: none"> • Minister’s Mandate Letter: Next federal election Oct 21, 2019. Process of developing bilateral agreements with each province and territory that will set out details of how each jurisdiction will use federal funding in future years, based on the priority areas of action outlined in the Common Statement of Principles for Shared Health Priorities (9/13 agreements signed). In 2018 budget, new advisory Council on the Implementation of National Pharmacare (the Council) was announced: preliminary report submitted to Minister; final report due no later than June. Priorities: health innovation to encourage the adoption of digital health technology; access to necessary prescription medications; long-term vision for blood services; organ and tissues donation and transplantation system and opioid crisis. • PCHO Review: March 2018, report of the external review of the federally funded pan-Canadian health organizations (PCHOs) was released by PG Forest and Danielle Martin with 4 scenarios for 8 PCHO’s in 5 themes: drugs and pharmaceutical policy; data, information, reporting and digital health; quality, innovation and system transformation; partnerships for health; and process improvements. Health Canada established an 	<ul style="list-style-type: none"> • CFHI EXTRA Program: 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. Cohort 15 (2019-20) launched with teams to be announced in June of 2019. Cohorts 12, 13 and 14 (2016 to 2019) have seen teams created as follows: 16 QC, 4 ON, 4 NS, 2 BC, 2 PEI, and 1 YK. • Nursing Leadership: Four teaching and learning programs including the Dorothy Wylie Health Leaders Institute, Walk this Way, McMaster U Leadership and Admin Program, and Indigenous Leaders Program. Two leadership affiliation and recognition programs: Canadian Academy of Nursing and Nursing Leadership Association. • Physician Leadership: since 2002, the Canadian Society of Physician Leaders has been partnering with the CMA’s (now Joule’s) Physician Leadership Institute in designing customized professional development programs for physicians pursuing health care leadership. 175 physician leaders have been awarded the Canadian Certified Physician Executive (CCPE) designation.

¹ 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 as of April 16, 2019. 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. Thanks to CHLNet’s Health Leadership Acceleration and Exchange Working Group and CCHL’s Board of Directors for their insights.

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	<p>Implementation Steering Group (ISG) of three: Leslee Thompson, Jean-Louis Denis, and Stéphane Robichaud. Final report was submitted to Minister in December with expectation that the Minister would announce a decision in early 2019.</p> <ul style="list-style-type: none"> • Indigenous Health: widening health inequities and quality of care and now working to implement the recommendations of the Truth and Reconciliation Calls to Action for Health (Dec 2015). Dissolution of Indigenous and Northern Affairs Canada (INAC) and the creation of two new departments: Indigenous Services Canada (ISC) (which now includes responsibility for what used to be the First Nations and Inuit Health Branch of Health Canada) and Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC). • Canadian Armed Forces: priority to support health and wellness of military members including mental health. Facilitating transition to civilian life post-service also important focus. DND has had to manage some reductions in resources. Addressing Auditor General report that military members pay up to 5 times the provincial rates for external referrals. 	<ul style="list-style-type: none"> • Indigenous Health: First Nations Health Managers (2010), Association and Indigenous Health Alliance. HealthCareCAN with Aboriginal Nurses Association of Canada offers Cultural Competence and Cultural Safety in Health Services program.
British Columbia	<ul style="list-style-type: none"> • Structure: Provincial Health Services Authority (PHSA) works with the five regional health authorities to plan and co-ordinate the delivery of programs. In addition, BC has a First Nations Health Authority, the first in Canada to be province wide. Island Health is now responsible for all residential care facilities on Vancouver Island. • Priorities: Provincial priorities include high child poverty rates and housing. Minister’s July 2017 mandate letter priorities include: the provision of team-based primary care by establishing urgent family-care centres across the province; improve rural health services and expand the 	<ul style="list-style-type: none"> • LEADS Clients: Louis Brier Home and Hospital, Providence Health Care/St. Paul’s Hospital and SafeCare BC. • Provincial Leadership Development: BC Health Leadership Development & Engagement Collaborative ended in March 2018. PHSA Leadership Development Portfolio for 7 health regions and Menno Place. Created Leadership LINX, a Provincial Pathway of Leadership Development, with 5 key areas: coaching, mentoring, new manager, experienced leader & senior leader. In 2018/2019 highlights: leadership development program impacted 492 leaders with 508 hours of facilitation; coaching services impacted 282

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	<p>medical travel allowance for those who must travel for care; work with the Parliamentary Secretary for Seniors to improve and strengthen services to ensure seniors receive dignified and quality care; invest in more paramedics; work to reduce wait times and implement province-wide co-ordination to manage and actively monitor waitlists; provide the Therapeutics Initiative with the resources it needs to do its job effectively; work with the federal government towards a national Pharmacare program and work with the B.C; and green caucus to develop a proposal to implement an essential drugs program.</p> <ul style="list-style-type: none"> • In July 2017, Ministry of MH and Addictions created to improve access to services. 	<p>leaders with 1,014 hours of facilitation. Have not been offering enough leadership development programming to meet the needs of their organization. Given this, will be completing a full needs analysis to identify gaps in current programming with plans to expand offerings in the following year.</p>
Alberta	<ul style="list-style-type: none"> • Election: April 15 with United Conservative Party winning a majority. • Centralization: Alberta initiated Canada’s first province wide regional health authority which was announced in 2008 (Alberta Health Services) with over 110,000 employees (excluding Covenant Health who provides faith-based services). Since then Alberta has continued to integrate health services under the AHS umbrella, the most recent being that all publicly-funded laboratory services in Alberta are to be delivered by one wholly-owned subsidiary of AHS. • Planning: Alberta Health Services in working in the 2nd year of a 3-year health and business plan. A key feature of the plan is ensuring that mechanisms for measuring and monitoring results and achievements are identified. These objectives and outcomes will propel us toward our vision and outline our commitments: <ul style="list-style-type: none"> ○ Improve Patient and Family experiences ○ Improve Patient and Population health outcomes ○ Improve the experience and safety of our people 	<ul style="list-style-type: none"> • LEADS Clients include: Alberta Health Services, Covenant Health, Alberta College of Family Physicians, Bethany Care Society, The Brenda Strafford Foundation, and Alberta Association of Clinic Managers. • University of Alberta, School of Public Health: Offers a five-module, LEADS-based Fellowship in Health System Improvement program for mid-level/ senior leaders from across the country. • University of Alberta, School of Business: Offers a residency based Executive Education program with and for Alberta Health Services Mid and Senior Leader development. This program has been running since 2012. In 2019 the program is expanding to include executive leaders. • AHS LEARNING: AHS provides focused and integrated leadership development based on the LEADS framework for all members of the workforce through open enrollment course offerings aligned with the 20 LEADS capabilities. Content is being created and offered through a topical

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	<ul style="list-style-type: none"> ○ Improve financial health and value for money Details are available on the AHS website. ● ConnectCare project with Alberta health to implement a shared provincial clinical information system for access by all healthcare team (from current 1,300 information systems), with a phased rollout by 2023. 	<p>approach across a learning continuum (beginner to mastery). We continue to recognize the shift from individual contributor to leader can be difficult and as a result focus on Front Line Leaders with the year-long New Manager Prep Program, and leadership essentials workshop. AHS also offers course content continuum that support living our values and new core competency framework in the same. 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. In 2018 began to focus more efforts in bringing a coaching mindset into the organization supplementing the coaching training offered to leaders to support them in developing the skills to coach. Team coaching is embedded in the executive education program in alignment with the action learning projects ensuring executive leaders get a flavour of how coaching enhances team performance. An Executive Coaching bench has been established and eligible individuals can engage an executive coach for a finite period of time. In addition AHS has begun to embed expectations of coaching into standard practices such as our performance system.</p> <ul style="list-style-type: none"> ● In 2019 Medical Affairs (a division of AHS) will pilot a New Physician Leadership Prep Program and two physician leadership fellowship programs.
Saskatchewan	<ul style="list-style-type: none"> ● Centralization: Dec 2016 <i>Advisory Panel on Health Systems Structure Report</i> resulted in key themes to optimize and integrate patient-centred care: singular system; seamless, integrated and coordinated care; remove barriers and spread innovative models; deliver services that address local care needs/tailored to the needs of our patients; address 	<ul style="list-style-type: none"> ● LEADS Clients: Saskatchewan Health Leadership Program (SLP) and Saskatchewan Health Region. ● SLP is an 8-month blended learning program for Saskatchewan healthcare leaders. LEADS is the common model for program development across the province. The blended learning occurs through classroom-based sessions,

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	<p>First Nation and Metis health needs. Reduce duplication and variation (clinical and corporate service lines); physicians active in planning, management and governance; capacity to monitor, improve and report on health system performance; and primary healthcare is locally delivered through team-based care. Dec 2017 shifted from 12 Regional Health Authorities to single organization with six areas of focus: local administration, local connections, central leadership, central policy and strategy, seamless, consistent and coordinated care. Heavy investment in IT. Jim Pattison Children’s Hospital to open Fall 2019.</p>	<p>e-Learning, triad learning, action learning projects, and online collaborative virtual platforms.</p>
Manitoba	<ul style="list-style-type: none"> • Centralization: A significant health system transformation is underway throughout Manitoba. Provincial election in Fall 2019. • Planning: numerous studies of Manitoba's health system are informing the transformation, including The Provincial Clinical and Preventive Services Planning for Manitoba report (also known as the Peachey Report), the Health Sustainability and Innovation Review undertaken by KPMG and the findings of the Wait Times Reduction Task Force. • Restructure: The role of Manitoba Health, Seniors and Active Living (MHSAL) has been refocused in Wave One of Manitoba’s Health System Transformation. The MHSAL’s new role focuses on policy, planning, commissioning and oversight, with a greater emphasis on evaluating how the health system can best meet the needs of Manitobans. MHSAL will create the Manitoba’s Clinical and Preventive Services Plan to outline “preferred models of care”, integrated services and patient pathways along the health continuum. Between September and November 2018, Provincial Clinical Teams (PCTs) participated in planning meetings and workshops, applying their clinical expertise 	<ul style="list-style-type: none"> • LEADS Clients: Winnipeg Regional Health Authority, University of Manitoba: Centre for Health Innovation, Northern Health Region, Prairie Mountain Health, Southern Health-Santé Sud, Interlake-Eastern Regional Health Authority, Diagnostic Services Manitoba, CancerCare Manitoba, Manitoba Health, and Healthy Living Seniors. LEADS has been formally adopted by health care organizations in Manitoba as the common leadership capabilities framework. There is variability in the leadership development, talent management, and organization development activities and resources among the five health regions and three health organizations. The following is a summary of key activities and is not intended to be a comprehensive listing. • Training on LEADS – Manitoba has 14 certified in-house LEADS facilitators with another 13 individuals scheduled to complete their certification by the end of January 2019. Several health regions and organizations are delivering in-person LEADS training to their leaders. Various online LEADS resources have been developed including two videos and an online course (in development). See one

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	<p>and knowledge of Manitoba's health system, population, and areas of greatest need to the development of new models of care.</p> <ul style="list-style-type: none"> • A Health System Transformation roadmap has been developed as an integrated program plan with six workstreams: Manitoba Health, Seniors and Active Living Refocusing; Service Delivery Transformation; Provincial Clinical and Preventive Services Planning; Shared Services; Workforce; and Strategic Systems Planning. Each workstream is comprised of defined projects with detailed roadmaps that will direct work over three waves, each anticipated to be one year in length. Wave One began in April 2018. • Shared Health: A provincial health organization, called Shared Health, has been created (as of April 5, 2019) with existing resources to provide centralized clinical and business services for the regional health authorities. This includes clinical governance, such as strategic planning for services like surgery, mental health, orthopedics and primary care and the development and provision of consistent clinical standards and support for health human resources and labour relations. 	<p>video here: https://www.youtube.com/watch?v=rev4F5hmlel</p> <ul style="list-style-type: none"> • Management Pro / LEADS Assessment – The Winnipeg Regional Health Authority (WRHA) initiated the mapping of the Management Pro psychometric assessment with the LEADS capabilities and are offering leaders a comprehensive interpretation of their assessment results. The assessment is used for leadership development, selection of senior leaders, succession planning, career development, and team development. The tool has been socialized with other regions and health organizations with the likelihood that it will be used throughout the province. • Talent Pool Mapping Process – A provincial working team has developed and socialized a talent pool mapping process to create talent pool maps which provide a high-level view of the strengths and gaps in the organization's workforce and support other talent management functions including leadership development, succession planning, recruitment and retention. The talent pool mapping process includes assessing talent, holding talent review sessions and creating talent pool maps. The process is designed to yield talent pool maps at the site and organizational level that can be compiled for a provincial talent pool map to facilitate sharing talent between health care organizations and regions throughout the province. • Provincial Leadership Development Pathway – A working group with representation from all health regions and organizations is being formed to advance leadership development throughout health care in Manitoba. The group will assess needs, inventory existing resources, and design and develop consistent learning paths and experiences for leaders. The LEADS framework will

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		<p>continue to be the foundation of leadership development in healthcare in Manitoba.</p> <ul style="list-style-type: none"> • Academic Health Sciences Leadership Program – Offered through the Centre for Healthcare Innovation, this program assists individuals to prepare for leadership roles while understanding the dynamics of the healthcare system and academic environment. The program is targeted towards mid-career health care professionals in the Health Sciences faculties, Regional Health Authorities, and Government interested in progressing to senior level leadership. Content is delivered using a small group discussion format featuring selected experts and University, Health Authority and Government senior leaders. • Health Services Leadership and Management Certificate – Through a partnership with health regions and Red River College, this certificate program provides current and future health sector managers with the opportunity to acquire a broad conceptual knowledge base regarding management practice. This program, which is comprised of ten courses, is intended to be completed over a period of approximately 3 years of evening and weekend study. The LEADS framework is integrated into the program.
Ontario	<ul style="list-style-type: none"> • Restructure: In Oct 2018, newly elected provincial government creates <i>Premier’s Council on Improving Healthcare and Ending Hallway Medicine</i>. Its aim: to create a long-term vision for health care in Ontario and examine critical issues and identify solutions, develop a capacity plan and long-term funding approach and identify measurable outcomes. As a result, the system is in flux. If Bill 74 (People’s Health Care Act) passes, Ontario Health Teams would connect health care providers and services around 	<ul style="list-style-type: none"> • LEADS Clients: Public Health Ontario, Glengarry Memorial Hospital, Montfort, SE LHIN, Bruyère Continuing Care, • Children’s Hospital of Eastern Ontario, Sandy Hill Community Centre, Peterborough Regional Health Centre, Municipality of York: Finance (non-health), Quinte Health Care, Waypoint Centre for Mental Health Care, Kingston General Hospital, Orillia Soldiers Memorial Hospital, Joseph Brant Hospital, Guelph General Hospital, Markham Stouffville Hospital, Baycrest, St. Joseph’s, St. Michael’s,

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	<p>patients and families in the community. It would integrate multiple provincial agencies and specialized provincial programs such as Cancer Care Ontario. These changes would take several years.</p> <ul style="list-style-type: none"> • Centralized planning: The 14 Local Health Integration Networks (LHINs) who plan, integrate and fund local health care have been disbanded to create a single agency “Ontario Health”. The 12 members of the board have been named. • Community Health Links - expanded to 82 to provide coordinated care for patients with multiple, complex conditions. 	<p>Providence, Central West LHIN, Hamilton Health Sciences, Norfolk General Hospital, Bluewater Health Services, CMHA Waterloo Wellington, Hotel Dieu Grace Healthcare, Chatham Kent Health Alliance, CMHA Lambton Kent, South West LHIN, Erie St Clair LHIN, HANDS: The Family Health Network, Health Sciences North, N’Mninoeyaa Aboriginal Health Access Centre, MICs Group of Health Services, North Bay Parry Sound District Health Unit, and North West LHIN.</p> <ul style="list-style-type: none"> • LeaderShift: Cross sector leadership initiative (Jan 2018 to March 2020) for current and emerging leaders in team & community-based primary care, home care and community support services and community mental health & addictions. Funded by Ontario Ministry of Health and LTC. Overseen by Ontario Community Support Agencies/CMHA Ontario/Association of Family Health Teams Ontario/Ontario Association of Community Health Centres. Project features: 4 foundation sector knowledge webinars, core leadership development program (LEADS Canada), 24 webinars on applied leadership topics, community for practice, leadership conference 2019, and career pathways and compensation modelling. 212 graduates. • Learning: IDEAS (Improving & Driving Excellence Across Sectors), province-wide initiative with Health Quality Ontario, ICES, IHPME and seven Ontario universities. 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

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		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 seven other ON universities.
Quebec	<ul style="list-style-type: none"> • Leadership Change: new government (October 2018), new party, new health minister, new deputy minister of health, new deputy minister of human resources and director of finance. Promises for more health care by new government. Quebec physicians have a renewed contract. \$3.3B spent on elder care. • Centralization: April 1, 2015, Québec’s health and social services systems were reformed with the abolishing of the previous Health and Social Services Agencies. All service providers were grouped within 22 integrated health and social services centres (CISSS) and integrated university health and social services centres (CIUSSS) to ensure accessibility, continuity and quality of services for people in their territory. Other institutions are 4 university hospital centres and 3 university institutes which provide specialized and highly specialized services beyond their health region border. Certain other public institutions also offer services to a northern and aboriginal population. 	<ul style="list-style-type: none"> • LEADS Clients: CIUSSS de la Mauricie-et-du-Centre-du-Québec, Université du Québec à Trois Rivières, McGill University School of Nursing, and CIUSSS du Nord de Lanaudière.
New Brunswick	<ul style="list-style-type: none"> • Election: September 2018 with People’s Alliance entering the legislature for first time in close to 30 years so now 4 parties with representation (Liberal, PC, Green and PA). NDP didn’t win a single seat. In November, close election with Blaine Higgs sworn in as Premier with a minority government. • Centralization: since 2008 2 RHAs (Horizon Health Network and Vitalité Health Network) to deliver health services within the province. Ambulance New Brunswick, the Extra-Mural 	LEADS Clients: Horizon Health

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	<p>Program and Tele-Care 811 were integrated to help manage primary health-care needs. Extra-Mural Program oversight transferred from RHA to a private not-for-profit (Medavie) with huge amount of logistics involved; although transition is not quite complete. Capital budget has been significantly cut for the upcoming year deferring a number of projects approved by previous government. NB Health Council engages citizens and reports on health system performance.</p> <ul style="list-style-type: none"> • Priorities: Alternative Levels of Care (ALC) continues to occupy significant amount of acute care beds leading to overcrowding in ERs. Part of issue is separation of nursing home sector (under Dept of Social Development) and hospitals (under Dept of Health). Shortage of nursing home, transitional care and assisted living complexes for aging population. • Innovation: Jan 2019 new provincial electronic health record will be implemented and include community to improve management of vaccines, immunizations and potential disease outbreaks. • Primary Care: Family Medicine New Brunswick, a new model for family medicine meant to provide patients with enhanced access to family physicians was established in partnership with the New Brunswick Medical Society. 	
Nova Scotia	<ul style="list-style-type: none"> • Centralization: Nova Scotia has two health authorities – Nova Scotia Health Authority (NSHA) and IWK Health Centre. NSHA is completing its fourth year since of the merger of nine former district health authorities. NSHA CEO is retiring in August. • Key systems priorities include: 	<p>LEADS Clients: NSHA and NS Speech and Hearing Centres. LEADS: incorporates LEADS into management job descriptions, performance planning and employee orientations.</p> <ul style="list-style-type: none"> • NSHA has trained a number of facilitators. • Work is underway in the design and development of a three-tier formal Leadership Program, shaped by the LEADS philosophy and grounded in LEADS-related competency building.

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	<ul style="list-style-type: none"> ○ increase access to primary care for unattached patients, and create new and strengthening existing collaborative family practice teams; ○ work with partners to develop a robust provincial physician recruitment service to address vacancies across the province; ○ in Mental Health and addictions, implement a new service model for promoting positive mental health, care and support, using a stepped care model; ○ implement province-wide approach to access and navigation, and foster collaboration within primary care, emergency departments and inpatient units; ○ in perioperative and surgical services, implement a multi-year plan in orthopedics to reduce wait times, and develop plan for sub-specialties such as general surgery; ear, nose and throat; thoracic and urology; in pathology laboratory, medicine and diagnostic imaging; ○ implement a new provincial service model, with a focus on appropriateness of care, quality, access and sustainability; ○ In continuing care, foster a home first philosophy and support Government as it finalizes a Continuing Care Strategic plan; ○ implement a multi-year quality improvement plan for patient flow; engage in pre-implementation readiness for the future implementation of one common patient information system (One Patient/One Record); 	<ul style="list-style-type: none"> ● A new Succession Planning model and approach is also planned and will serve as an input to the leadership program. ● Operational Managers now have access and opportunity for in-house development through an internally built, online Manager Fundamentals program. Design team currently exploring the second phase of topics and delivery. ● NSHA supports applications to the Extra program under the Canadian Foundation for Health Improvement. 4 teams have been selected over the past three years

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	<ul style="list-style-type: none"> ○ advance major infrastructure projects such as the QEII New Generation project in Halifax and the Cape Breton redevelopment that will see the major new construction, the eventual de-commissioning of buildings and a re-design of where and how health services are being delivered. . 	
Prince Edward Island	<ul style="list-style-type: none"> ● Election: April 23, 2019. ● Centralization: PEI public health system is operated by Health PEI, on behalf of the Department of Health and Wellness. Significant turnover at the board governance and executive levels including a new chair and CEO. Key challenge is leadership development and operational capacity. In particular, scope/spans of central are extensive making coaching and mentorship difficult especially in front-line leadership roles. ● Primary Care: 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 maintain. Teams of physicians, nurse practitioners, registered nurses, diabetes/chronic disease educators, and administrative/clerical staff work collaboratively within these Primary Care Networks. 	<ul style="list-style-type: none"> ● LEADS Clients: 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 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.
Newfoundland	<ul style="list-style-type: none"> ● Election: October 8, 2019. ● Decentralization: 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. There has been limited engagement of leaders to plan at a systems level. New Deputy Minister in place. Significant turnover in leadership positions in health authorities and government. 	<ul style="list-style-type: none"> ● LEADS Clients: Eastern Health, Central Health, Western Health and Labrador-Grenfell Health.

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	<ul style="list-style-type: none"> • Scopes of Practice: broad review by Department of Health. Initiatives to expand scope of practice for some health disciplines. • Priority issue areas: population health, access to priority service, quality care and efficiency. 	
Yukon	<ul style="list-style-type: none"> • Centralization: Department of Health and Social Services responsible for delivering health and social programs. New Deputy Minister in 2017. The Hospitals in Dawson City, Watson Lake, and Whitehorse are managed by the Yukon Hospital Corporation. • Primary Care: Residents of most Yukon communities' access primary care through community nurses in community health centres, with some services from visiting physicians. 	
Northwest Territories/Nunavut	<ul style="list-style-type: none"> • Centralization: In 2016, new Northwest Territories Health and Social Services Authority created. Six Regional Wellness Councils (RWCs) are composed of a group of residents within one of the geographic regions of the Northwest Territories. Their purpose is to serve as an advisory body to the Territorial Health and Social Services Authority. • Nunavut: new Deputy Minister 	