

March 31, 2022

Dear XXX,

The presence of COVID-19 in our communities has become the “new normal” for seasonal planning for the health system. The experience of the pandemic itself has taken a terrible toll on the health workforce and its leaders. Stress and burnout are rampant, and health workers are leaving in record number. With the ‘Great Resignation’, occurring across the country, the importance of building the next generation of leaders especially for the 21st century care that will be required in the recovery stages for our health system becomes paramount. We want to thank you as one of our 40+ network partners for your continued support of the Canadian Health Leadership Network (CHLNet) and our work. It is that time of the year again when we invoice partners but also provide an update on where your contributions have gone this past year to support this effort to build health leadership capacity and capabilities across Canada.

We continue our three value streams: *Connecting People through Dialogue and Engagement; Advancing Health Leadership Research, Knowledge and Evaluation; and Accelerating Leadership Practices and Capabilities*. However, with COVID we shifted our focus to be more impactful and supportive to our leaders on topics such as leading in times of uncertainty, health workforce wellness and Equity, Diversity, and Inclusion. In the Fall of 2021, *CHLNet Working Groups* (Research & Evaluation, Health Leadership Exchange & Acceleration) that were put on hold with the pandemic began again. Here are highlights of our efforts:

- Monthly [eblasts](#) (from quarterly) to provide a medley of tools, practices, and articles for leaders in dealing with COVID-19. We profiled partner responses as amazing and responsive work continues to be done from coast to coast. Leaders are constantly bombarded with information, so we culled tips and tools with the top 5 picks to share with organizational teams. As well, our semi-annual Top Ten leadership articles became a [Top Three](#) in each eblast, accompanied by regular [COVID Corners](#) on topics such the *Infodemic* and *Leading Viewed Through a Military Lens*.
- *Semi-Annual Network Partner Roundtables* were held virtually in May and November. Our May gathering welcomed the Canadian Psychology Association and the Good Samaritan Society as new partners. Our featured speaker, Dr Barry Rubin, Medical Director Peter Munk Cardiac Centre and a response panel began an engaging discussion on *Shaping the Health System of the Future: Wellness of the Health Workforce*. In November, we continued action on health workforce wellness/burnout and how leaders can support this effort through a design thinking approach with a fabulous session kicked off by CMA’s President Dr. Katherine Smart and CNA’s President Tim Guest. The Top 10 Takeaways from this session can be found [here](#). The *Towards Leadership Pathways for Health Workforce Wellness* project is assessing how leaders can best address worker burnout and distress at both a network and individual organizational level. An [Insights Summary](#) report is now complete and being used to develop an implementation plan by our Secretariat members. This plan and the findings of this research will be shared at our May 5th, 2022 Secretariat Roundtable.
- *National Health Leadership Huddles* evolved from a pilot project to quarterly sessions held in March, June, October and December 2021. Aimed at executive leaders within a health or care delivery organization, these will continue into 2022 with discussions on how to expand this to wider cohorts. A joint endeavour with [Healthcare Excellence Canada](#), and the [Canadian](#)

[College of Health Leaders](#) (CCHL), it uses [Chatham House Rule](#), on an identified leadership challenge to gain others perspectives and strategies. The intent is to offer a safe space to share effective leadership practices during these times of uncertainty.

- The *Leading Thru COVID Action Research Project* continues its research to surface leadership practices that have been effective (or ineffective) during the pandemic. Phase I gathered stories from leaders across the country summarized in a two-page [Executive Summary](#), and two peer reviewed articles: [The relevance of the LEADS framework during the COVID-19 pandemic](#) and [Leading through the First Wave of COVID: a Canadian Action Research Study](#). Last summer, our widened sample of Phase 2 interviews funded through a Social Sciences and Humanities Research Council (SSHRC) grant, through Royal Roads University, Healthcare Excellence Canada, Interior Health, with academic contributions from the Canadian Society of Physician Leaders were completed. Data analysis is underway to gather the challenges health leaders face, their observations of the change needed in our health system, and the leadership capabilities required for 21st century care. We send our gratitude to those Canadian health leaders on the front line of this pandemic who took the time to share their experiences with us but also to the dedicated Steering Group (comprised of academics and decision makers).
- The [Wise Practices](#) Project is done and provides an electronic toolkit of evidence/experience-based and emerging/innovative practices and resources to help organizations create a powerfully impactful leadership development (LD) program when they are able to build the next cadre of leaders in our health system's recovery stages. This is a free partner benefit, along with the [Leadership Development Impact Assessment Toolkit](#). Appreciation is expressed to the organizations who contributed financial or in-kind contributions to the creation of this toolkit: Healthcare Excellence Canada, Canadian Centre for Substance Use and Addiction, Canadian Society of Physician Leaders, and the Canadian College of Health Leaders. A special acknowledgement with gratitude to our Wise Practices Steering Group and Design Group for all their help in its design.
- CHLNet partnered on the *Empowering Women Leaders in Health* initiative led by uOttawa Chair in Gender, Diversity, and the Professions Ivy Bourgeault, PhD and her research team and launched three evidence-informed Equity, Diversity, and Inclusion (EDI) Toolkits last year: a LEADS-based toolkit; HeForShe Ally toolkit; and Ally for Diverse Leadership toolkit. All can be accessed at the LEADS Canada [Community for Practice](#), along with introductory webinars.

We hope that letter gives you a brief but informative overview. Please share our [Value Add](#) so we can be more impactful together. Thanks to CCHL for their ongoing Secretariat support (Finance and IT) and thank you again for your ongoing work in Canada's health system during the pandemic and into recovery. Your 2022/2023 Network Partner fee invoice is attached. We hope to see you May 5 at our next virtual roundtable. If you did not receive an invite, please contact our Executive Director, Kelly Grimes (kgrimes@chl.net.ca).

Sincerely,

Kathy MacNeil, President and CEO
Island Health and CHLNet Co Chair

Dr. Susan Moffatt-Bruce, CEO
Royal College of Physicians and Surgeons of
Canada and CHLNet Co Chair

c.c. Kelly Grimes, Executive Director

Appendix A

Current network partners include:

Alberta Health
Alberta Health Services
BIOTECanada
CADTH
Canada Health Infoway
Canadian Centre on Substance Use and Addiction
Canadian College of Health Leaders (Host Secretariat)
Canadian Forces Health Services Group
Canadian Health Workforce Network
Canadian Institute for Health Information
Canadian Medical Association/Joule Inc.
Canadian Nurses Association
Canadian Partnership Against Cancer
Canadian Psychological Association
Canadian Society of Physician Leaders
Children's Healthcare Canada
College of Family Physicians of Canada
Emerging Health Leaders
Good Samaritan Society
Health Canada
Health PEI
HealthCareCAN
Healthcare Excellence Canada
Healthcare Insurance Reciprocal of Canada
Hôtel-Dieu Grace Healthcare
Innovative Medicines Canada
Interior Health
Island Health
Mental Health Commission of Canada
Nova Scotia Health
Pallium Canada
Patients Canada
Provincial Health Services Authority (BC)
Royal College of Physicians and Surgeons of Canada
Royal Roads University
Saskatchewan Health Authority
Shared Health Manitoba
St. Joseph's Health Care London
Victorian Order of Nurses
Yukon Health and Social Services

Note: As of March 1st, 2022

Appendix B

CHLNet

Balance Sheet Summary

As of December 31, 2021

	TOTAL
Assets	
Current Assets	17,039.46
Cash and cash equivalents	126,101.13
Accounts receivable (A/R)	15,000.00
Total Current Assets	158,140.59
Total Assets	\$158,140.59
Liabilities and Equity	
Current Liabilities	-3.90
Accounts Payable	0.00
Credit Cards	619.44
Total Current Liabilities	615.54
Equity	157,525.05
Total Liabilities and Equity	\$158,140.59

CHLNet

Profit and Loss

January - December 2021

	TOTAL
INCOME	
400 Partner Fees	162,750.00
440 Wise Practices Project	10,000.00
490 Interest Income	29.30
Total Income	\$172,779.30
GROSS PROFIT	\$172,779.30
EXPENSES	
500 Consultants - Secretariat	123,900.00
505 Contractors	14,628.05
515 Conference Fees	477.78
520 Travel	20.36
530 Office/General Administrative Expenses	1,713.98
550 Bank Fees	5.04
565 Freight and Delivery	9.00
580 Translation	705.98
Total Expenses	\$141,460.19
PROFIT	\$31,319.11