

It's Not Winning or Losing but How You Play: Our Most Impactful Lessons for Leaders in Health Reform

Canadian Health Leadership Network

NHLC (St. John's, NL)

June 4, 2018 at 7:15am

Canadian Health Leadership Network: *A case study in building Value Networks*

Founding Partners*

Canadian Nurses Association; Association of Canadian Academic Healthcare Organizations; Academy of Canadian Executive Nurses; Canadian Medical Association; Canadian Healthcare Association; Emerging Health Leaders; Accreditation Canada; **Canadian College of Health Service Executives** (Host Secretariat); Health Care Leaders' Association of British Columbia; Canadian Agency for Drugs and Technologies in Health; Canadian Society of Physician Executives; Canadian Patient Safety Institute



* Several of these organizations have merged or changed their name.

CHLNet Growth Continues

- **Government** – Alberta Health, BC Ministry of Health, Canadian Armed Forces, Health Canada, Manitoba Health, Yukon Health
- **Regional Health Authorities** – Alberta Health Services, Health PEI, Hôtel-Dieu Grace Healthcare, Nova Scotia Health Authority
- **National Health Organizations** – Academy of Canadian Executive Nurses, Accreditation Canada, Association des collèges et universités de la francophonie canadienne, CADTH, Canada Health Infoway, Canadian Association of Paediatric Health Centres, Canadian Blood Services, Canadian College of Health Leaders, Canadian Federation of Nurses Unions, Canadian Foundation for Healthcare Improvement, Canadian Institute for Health Information, Canadian Medical Association (Joule), Canadian Medical Protective Association, Canadian Nurses Association, Canadian Partnership Against Cancer, Canadian Patient Safety Institute, Canadian Society of Physician Leaders, College of Family Physicians of Canada, Emerging Health Leaders, HealthCareCAN, Mental Health Commission of Canada, Pallium Canada, Royal College of Physicians and Surgeons of Canada, Société Santé en français, Victorian Order of Nurses
- **Provincial Organizations** – BC Health Leadership Development and Engagement Collaborative, Manitoba Centre for Healthcare Innovation, Ontario Association of Community Care Access Centres, Ontario Hospital Association
- **Universities** – Royal Roads University
- **Patients** – Patients Canada
- **Private sector** – BIOTECanada, Innovative Medicines Canada, MEDEC

(Partners as of May 2018)

We need to build the leadership needed...

- We need to grow our own
- We need to lead differently:
all of us
- We are charged to provide
sophisticated leadership—and
management—to create reform



CHLNet Players

- Gillian Kernaghan,
St. Joseph's Health Care,
London, Moderator
- Sharon Bishop –
Saskatchewan Health
Authority
- Carmelle d'Entremont –
Nova Scotia Health
Authority
- Jude Udedibia – Alberta
Health Services



It's Not Winning or Losing but How You Play: *Saskatchewan Experience*

CHLNet Breakfast Session- June 4, 2018

Sharon Bishop

Director, Workforce Planning and Development

Transformational Journey



Advisory Panel Report: Key themes

- 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 First Nation and Metis health needs (governance, leadership, CANs)

Key Themes...Cont'd

- 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
- Primary healthcare is locally delivered through team based care

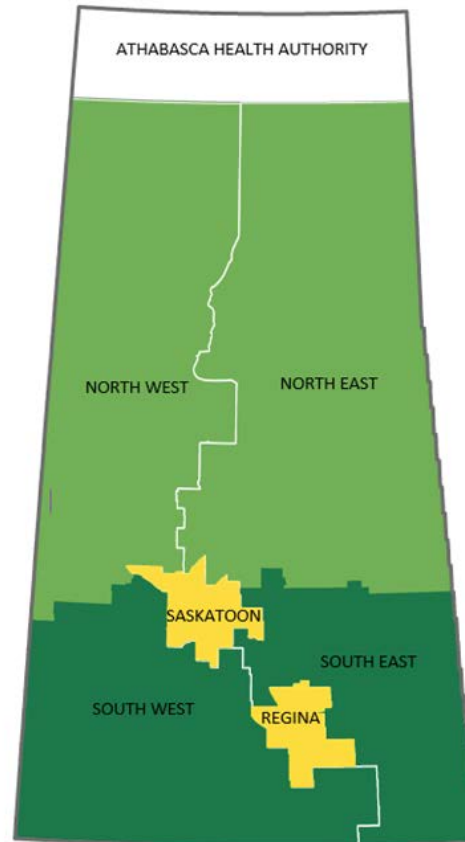
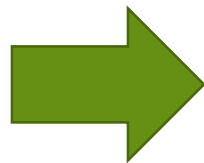
We know what we don't want!

- 4-6 regions within a Provincial Health Authority
- A fragmented system arranged around the convenience of the provider
- Siloed thinking (planning done in isolation)
- Siloed accountability for patients (service silos)
- A system that is hard to navigate

Pre-Dec 4, 2017



12 RHA's



SHA

6 Areas

- Local Administration
- Local Connections
- Local Reporting
- Central leadership
- Central Policy & Strategy
- **Seamless, consistent and coordinated care**

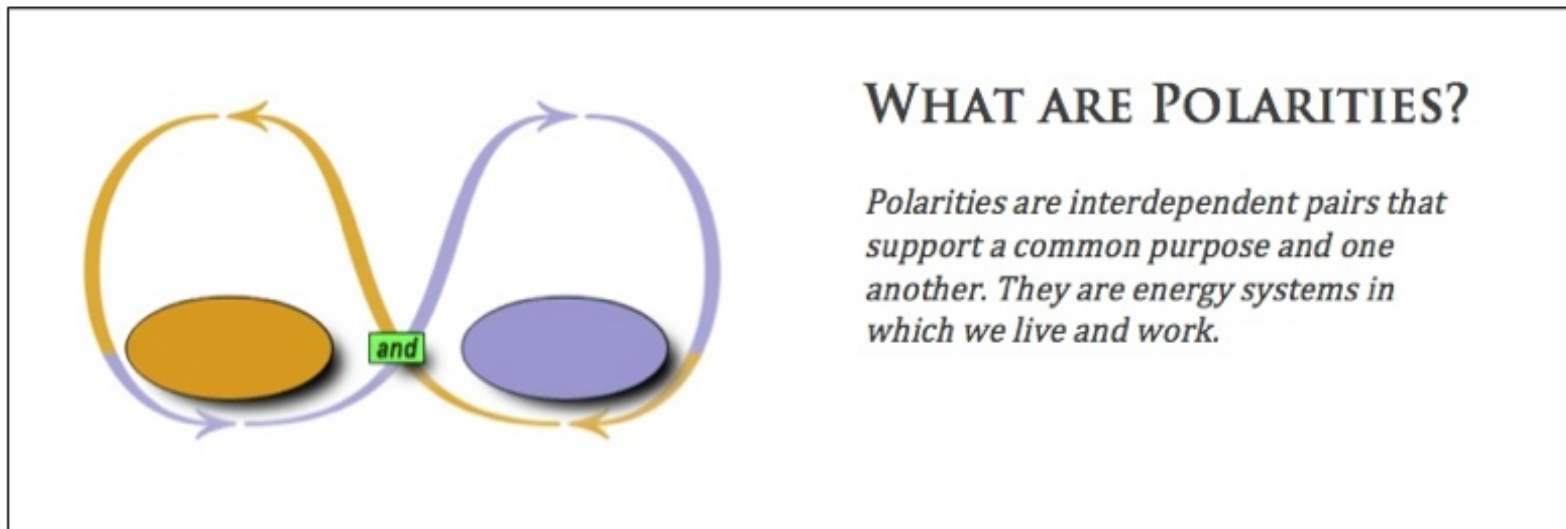
SHA Vision

One provincial health authority that is focused on better coordination of health services across the province will ensure patients receive high quality, timely health care, regardless of where they live in Saskatchewan

Current State: Leadership Challenges Abound

- 43,000 Employees, 2500 Physicians
- Largest employer in SK, 2nd largest provincial health system in Canada
- 82 different systems (finance, payroll, HR)
- 3 local and 2 provincial unions
 - 3 provider CBA's presently being negotiated
 - 2 Agreements presently in open period
- Transitioning the Roy Romanow Provincial Lab, PRAS, and SAHO to come under the SHA umbrella...not in two years...now
- Undertaking a significant organizational re-design – by many new to their positions and with newly formed teams
- And.....a provincial 'eliminate faxing initiative' to boot!

Tension - Creating Choices: Leveraging the Polarities



**“The greatest danger in times of turbulence is not the turbulence;
it is to act with yesterdays logic.”**

Peter Drucker

Leveraging Polarity Tensions: 'Both-And' Perspective

- Slow **AND** Fast
- Stabilize **AND** Innovate
- Physician **AND** Administrator
- Go Alone **AND** Go Together
- Competing with Others **AND** Collaborating with Others
- Talk **AND** Listen
- Fail **AND** Succeed
- Fear **AND** Excitement

Leadership Lesson

- S - See**
- M - Map**
- A - Assess**
- L - Learn**
- L - Leverage**



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Thank you!

Nova Scotia Experience Leading through Change

Carmelle d'Entremont

Vice President, People and Organizational
Development

Nova Scotia Context

Pre- 2015

- Small population and province (less than 1 million)
- Increasing health costs – 46% of provincial budget
- High burden of illness
- Poor health outcomes
- Lack of singular purpose, direction, culture and accountability for the health system results in variable patient/client experiences, quality of care and outcomes

April 2015

- Merger of nine separate District Health Authorities to create one provincial authority, Nova Scotia Health Authority
- IWK Health Centre remains as separate health authority

Challenges

- Formal leaders most impacted by change -maintaining operations and leading change while experiencing job security concerns and uncertainty
- Design implementation is multi-year, cascading process (layer by layer, program by program) – new policies, procedures, systems, etc
- Many new leaders in new roles, former leaders in new roles, leaders in same roles but different reporting structures, leaders in same role but broader geography, etc.
- More than nine ways of doing everything and different cultures
- Public, political and media scrutiny is intense; perception becomes reality. Risk-taking challenging in this environment
- Managers and physicians identify issues related to role clarity, communications and local decision-making

Lessons Learned

- Building trust in a new way – letting go of past and creating compelling vision of the now and the future
- Employee and physician engagement is critical - resiliency and accountability. Focus on middle managers is important
- Health care is personal and political. Navigating socio-political environments is critical capability for leaders as relationships with Government changes
- Role clarity and decision-making - less about 'who' has authority to make the decision, but 'how' is the decision made. Building teams, developing coalitions
- Balancing provincial planning and coordination, with visible local and site leadership
- Staging and pacing of change– system enablers required for organizational design and effectiveness can be disruptive and place additional pressures on leaders

Opportunities

- Common vision and strategic agenda for system, targeting resources to areas of most need, with consistent standards
- Value of LEADS as common language and platform for learning and managing change
- Optimizing leaders' excitement about realizing value of integration, deep caring for work we do, *making a difference*
- Engaging leaders in solutions or emergent practices -developing leaders focused on health system improvements, more on collective rather than individual leadership



Alberta Provincial Context

Jude Udedibia
Alberta Health Services



Outline

- Slide 1: Alberta provincial context
- Slide 2: Challenges
- Slide 3: Lessons learned
- Slide 4: Opportunities
- Slide 5: My research

Provincial Context

➤ May 15, 2008

- Rationale (Government): “in my view the purpose was to reverse the siloed and fragmented approach to the delivery of health care that had developed in Alberta — not by any devious means, **but by evolution...**” (Honourable Ron Liepert, Minister, Alberta Health and Wellness, 2009)
- Rationale (new AHS Administration): ““previous regional health authorities made local decisions, reflecting local priorities. Inevitably, the decisions differed. In turn, this meant different services were expanded (or existed) in different regions, and **Albertans had differential access to services depending on where they lived...**It is now the job of AHS to iron out these differences” (Duckett, 2011)

➤ May 3rd, 2011

- Rationale (AHS Administration): “a realignment of the organization’s leadership structure to transfer more decision-making to its five zones; hospitals and community care centres; and to increase direct physician engagement in planning and service delivery. ”(AHS, 2011).
- Rationale (Government): “restructuring to provide better physician involvement, more local decision-making, and to improve access for all Albertans. Gene Zwozdesky, Health and Wellness Minister)

➤ September 2013

- Rationale (Government): To “look at the organization and structure of AHS” (Janet Davidson, Official Administrator)

➤ 2015

- NDP Election
- Board Restoration (2015)

➤ 2018

- 2019 provincial election?

Challenges

- Sheer size
- Board Governance and CEO tenureship
- Number of AHS Leaders and Public Perception
- Leading through Dyads
- Perception of endless restructuring (revolution vs. evolution)
- Political: Change in Governing Party (PC, NDP, UCP)
- Operational Challenges:
 - Legacy entity-Leaders
 - Legacy organization cultures
 - Unions
 - Legacy Technology platforms (payroll, finance systems, email, learning/education, Clinical, etc.)

Lessons Learned

- Plan for the day AFTER the announcement
- Evolution follows “revolution” and changes will continue for sometime
- Leaders tasked with restructuring require support and “protection”
- “Understand errors as leaders go through learning as they lead”
- Understand issues of “Power”/”Fear” and their potential impacts
- Plan the restructuring as a vehicle/mechanism for leadership development for leaders
- Do evaluation of each major restructuring before the next one

Opportunities

- Change fatigue/organizational noise...opportunity for enduring/resilience
- Corporate Services Consolidation/Centralization – Takes advantage of Technology
- Local decision making on “how”
 - Governance vs Employee Reporting Structures vs Workflow Processes
- Standardization of Processes and Policies
 - Caution: Real change happens at the local level (example: quality/patient harm)



My Research

- 3 organizations (Two in Alberta and One in Saskatchewan)
- 24 leaders
- Focus on Leaders' Experience and Leaders' Learning

Experience	Learning
<ul style="list-style-type: none"> • Relative to Leaders as Individuals • Relative to the Organization and the Health System 	<ul style="list-style-type: none"> • New Learning • Pragmatic Learning • Deep Learning

- Methodology: Leaders' Narratives AND Causal Analysis

Questions and Thank you!



For more information:
www.chlnet.ca