

## *LEADerShip at a Glance*

### CHLNet's "Top Three" Suggested LEADS Readings for COVID-19

#### **Introduction:**

This month's *Top Three* focuses on the issue of leadership and transformation.

The rationale for this focus is a result of the regular use of the term 'transformation' to describe what needs to happen to health care in the future. Yet many of the demands for transformation emerge in discreet elements of the health care system: i.e., digital transformation; transformation of the long-term care system; transformation of mental health service delivery; public health transformation: or supply chain transformation, healthy workforce transformation. Yet all of these sub-elements of the larger health system are interconnected and are often pursued as if the changes desired in them are isolated from the impact of the other sub-systems. When they impact patients, families or citizens, the impact is cumulative—i.e., in terms of their demands on behaviour change.

These three articles have been chosen to illustrate the true challenge of transformation, and the need for leaders to see it not as simply a cumulation of changes, reforms, innovations, or PDSA continuous improvement cycles; but as a process of collective people change, regardless of the role one plays in health care itself. The importance of leading from a place of recognizing the changes demanded of followers is key to success.

The three articles contribute to this discourse in the following ways:

Article one defines transformation as "the emergence of an entirely new state, prompted by a shift in what is considered possible or necessary, which results in a profoundly different structure, culture or level of performance". The implication of that definition suggests a scope and breadth of change that is often not the focus on individual sub-system changes. It also requires—according to those authors—a broad organizational and individual leadership capability of large system change often lacking in health care today.

Article 2 is an editorial from a particular edition of the *Healthcare Policy Journal* in 2021 that outlines policy changes in health care facing federal, provincial, and territorial healthcare budgets in Canada. It is notable in that it discusses the policy making environment as a consequence of COVID and some of the challenges inherent in it for policy makers. Germane to the transformation theme it describes – non-exclusively – a multiplicity of desired arenas for policy change. Notably, one that CHLNet has identified as 'fundamental' to the survival of the health system—a psychologically healthy workforce—is not one of them.

Article 3 applies a third lens to transformation: what I would call a 'people systems' leadership viewpoint. Using the example of the need to 'transform' national and international food systems, it states as a premise—analogous to health system transformation—that a people-systems leadership approach is needed, because "Systems thinking is usually applied in situations where we deal with complex wholes that comprise of multiple entities, processes and interactions, that result in a range of outcomes which we may consider more and less desirable...(there is)...diversity between actors in the way they view the system and the different purposes and interests they have for participating in it."

### Article 1:

Smith IM, Bayliss E, Mukoro F. Capability building for large-scale transformational change: learning from an evaluation of a national programme. [BMJ Open Quality](#). 2021 Jan 1;10(1): e000980.

### Summary:

This article presents an evaluation of the *Virtual Academy of Large-Scale Change* (VALSC) established to support the NHS in implementing the NHS Long Term Plan, which presents an ambitious vision for England's National Health Service, and which will require a sustained programme of transformational change. This will require leaders and staff with the capability to deliver change and improvement on a scale perhaps not hitherto seen in the NHS.

VALSC was developed to build capability in health and care system teams involved in transformation or redesign programmes. Results suggest that it has helped build capability for large-scale change in terms of learning, behaviour change and impact.

### Article 2:

Sutherland JM. Post-Pandemic Transformation of Healthcare Delivery in Provinces and Territories. [Healthcare Policy](#). 2021 Aug 1;17(1):6-16.

### Summary:

This editorial is written at a time when the author saw positive signs regarding the pandemic beginning to emerge. Interestingly enough, that was prior to the Omicron wave of late 2021 and 2022: so, it's remarkable to see the relevance of the challenges he articulates for health care in this volume in the spring of 2022.

In that context, the author argues that many new policies, procedures, and physical spaces were used to deliver healthcare during the COVID-19 pandemic in order to provide critical care and lessen the risks of transmission within healthcare organizations and among providers, patients, their families and the community. He asks the questions: "As reopening unfolds, some of the significant challenges facing the federal government, provinces and territories are these: What new practices and behaviours should be retained in the post-pandemic era? How will the changes be paid for?"

The editorial then outlines his answer to those questions, supported by the individual articles in this edition of the journal. Included in terms of new challenges, he identifies short term challenges such as trade-offs between say, supporting changes in long-term care, or reducing surgical backlogs? He argues that "the public voice will be particularly raw", suggesting that health policy makers will have to pay greater attention to citizens and families as well as advocacy groups with their unique demands. He also suggests, amongst other things, that governments that have nurtured in-house expertise in health systems analysis—compared to those who have hollowed them out—will be in a much better place to respond to post-pandemic challenges. Two key ingredients are needed: data and the expertise to make sense of the data.

Additional articles he summarizes refer to behavioural and budgetary challenges in "the COVID-19-induced challenges of engaging with patients". These include: medical malpractice insurance and required reform; the challenge of aggregating family physician data across provinces and territories; the challenge of reforming specialist physician incentives and payment models; the rapid adoption of telehealth in primary care; the alternative level of care or "ALC" challenges in Ontario; and finally, the

implementation of coordinated and integrated care for medically complex children in the same province.

These challenges—and a myriad of others—comprise the landscape of the many dimensions of health care transformation in Canada.

### Article 3:

**Leeuwis C, Boogaard BK, Atta-Krah K. How food systems change (or not): governance implications for system transformation processes. [Food Security](#). 2021 Aug;13(4):761-80.**

### Summary:

This paper argues that supporting food system transformation requires more than obtaining science-based understanding and analysis of how components in the system interact. The authors argue that changing the emergent properties of food systems (what we call food system synthesis) is a socio-political challenge that is affected by competing views regarding system boundaries and purposes, and limited possibilities for central steering and control. They point to different traditions of ‘systems thinking’ that each emphasize particular types of interventions for achieving system change and argue that food systems are best looked at as complex multi-dimensional systems.

This implies that leaders need to move beyond rational engineering approaches to system change and look for approaches that anticipate and accommodate inherent social tensions and struggles in processes of changing food system dynamics and outcomes. Through a case study on the persistence of an undesired emergent property of food systems (i.e., poverty) they demonstrate that a multi-level perspective (MLP) on system transformation is useful in understanding both how food system transformation has happened in the past, and how desirable transformations is prevented from happening today.

Based on such insights they point to key governance strategies and principles that may be used to influence food system transformation as a non-linear and long-term process of competition, negotiation, and reconfiguration. Such strategies include the creation and nurturing of diversity in the system, as well as process interventions aimed at visioning, destabilization, and formation of discourse coalitions. Such governance interventions imply a considerable re-orientation of investments in food system transformation as well as a rethinking of the role that policymakers may play in either altering or reproducing undesirable system outcomes.

### Link to LEADS:

The LEADS link is implicit in all three articles in that LEADS is a framework of leadership capabilities derived from the point of view of leadership for change—and transformation—inherent in people-systems like health care. If we do not have the capabilities to facilitate, or at least guide our actions with an inherent appreciation for the demands they put on people to ‘transform’ their component of the system, we are not dignifying the challenge of health care transformation in its true meaning.