

CHLNet Newsletter – Spring 2011

Overview

With the help of a growing number of Network Partners from across Canada, the Canadian Health Leadership Network (CHLNet) continues to make progress as a *value network* in terms of its overall mission. Our mission is to enhance health leadership capacity across Canada by better understanding the discipline of leadership in health through research; by supporting the development and promotion of “*By Health, For Health*” leadership tools; and by convening “*By Leaders, For Leaders*” dialogue sessions. Central to the work of CHLNet has been our collaboration with the Canadian College of Health Leaders (CCHL), **leadersforlife** and Royal Roads University in advancing the *LEADS in a Caring Environment* leadership capabilities framework.

Whereas a few years ago leadership was either taken for granted or simply ignored as a critical success factor for Canada’s health and health care systems, today we sit atop a “rocketship of leadership”. In less than 18 months, the number of Network Partners has grown from the founding 12 to over 30. Over the same period an ever-increasing number of regional and provincial jurisdictions from Eastern Health Region (Newfoundland and Labrador) through Ontario Association of Community Care Access Centres to Manitoba Health to the birthplace of LEADS...British Columbia, have adopted *LEADS in a Caring Environment* as a leadership development platform. The Canadian Medical Association recently joined with the Canadian College of Health Leaders in adopting LEADS as the base for its national credentialing program (Physician Managers Institute (PMI)). As one Network Partner CEO recently remarked: “LEADS is going viral...how did that happen?” I would add, isn’t this a good thing, even if we can’t quite figure it out!

Awareness-Raising

One of the most important roles CHLNet plays is to raise the level of awareness and understanding around *LEADS in a Caring Environment*. The Co-chairs and Executive Director of CHLNet have been invited to present to a number of local, regional, national and international organizations. Activities include:

- presenting to Network Partner Board meetings;
- holding joint webinars around LEADS for Network Partners;
- invitation to present to national medical affairs officers (Ottawa, September 2011);
- presenting to local chapters of the Canadian College of Health Leaders;
- facilitating sessions with provincial regional authorities;
- holding regional and province-wide *Bringing LEADS to Life* workshops (n=10+);

- co-sponsoring week-long advancing leadership training opportunities (with Royal Roads University);
- participating in Accreditation Canada's Expert Working Group toward developing LEADS-based leadership and governance guidelines;
- providing briefings to senior federal and provincial officials;
- meeting with Ontario Hospital Association to explore shared opportunities; and
- presenting to a number of international organizations including, most recently, the Harkness Fellows.

In addition, Dr. Graham Dickson and I have just received notification of acceptance from the International Leaders Association (ILA) of a joint paper "*BRINGING LEADS TO LIFE: A "By Health, For Health Leadership Development Framework for Canada"*" (UK, October). We have also been invited by ILA to work with representatives of several other countries to develop an international health leadership stream around *LEADS in a Caring Environment*.

Perhaps most exciting of all, the Canadian Healthcare Association and the Canadian College of Health Leaders elected to make *LEADS in a Caring Environment* the unifying theme for this year's National Healthcare Leadership Conference (Whistler, June 6-7, 2011). CHLNet will be hosting a breakfast session to kick off the conference and to bring everyone up-to-date with the exciting developments around health leadership.

Research Activities

All leadership is a function of time, place and circumstance. One of the foundation stones for CHLNet is recognition of the need to better understand the emerging discipline of leadership and how it applies to the unique, complex circumstance that is health and health care. Health leadership development can no longer be seen as a "line extension" of a standard masters in Business Administration (MBA) or Health Administration (MHA).

CHLNet partnered with the academic community (led by Royal Roads University) and with our senior decision-making partners to apply for and be awarded a peer-reviewed grant in the "dynamics of leadership in health system redesign across Canada". This \$850,000 (cash and in-kind) three-year research study, funded by the Canadian Institutes of Health Research under its Partnership in Health System Improvement or "PHSI" program and the Michael Smith Health Research Foundation of BC, is now into its second year. Case studies have been selected for each of the five regional nodes (covering leadership challenges such as shared services, physician/employee engagement and integrated community health practices). An overarching, national node case study is being finalized around "Quality and Access". Collectively these projects will serve as a framework for the development of an "Issue Brief" that will tie the key leadership lessons learned as the project concludes (March 2012). More detailed information on each of the case studies can be found on www.CHLNet.ca.

“For Health, By Health” Leadership Tools

Working through and with our partners (CCHL and HealthCare Leaders Association of British Columbia), we have an impressive lineup of customized tools. The “*LEADS Leadership Toolbox*” includes:

- Pedagogical tools: 1-3-25 page descriptors of the five LEADS domains (available in booklet or PDF formats); Dr. LEADS (aka Graham Dickson) “voice overs” for each of the five domains; “canned” *Bringing LEADS to Life* powerpoints.
- Leadership capacity development tools: for organizations (the LEADS-based Leadership Diagnostic and the LEADS-based inventory of leadership development programs across Canada); and for individuals (LEADS-based self assessment tools; customized 360s and psychometric tools; certified coaching; and LEADS-based learning plans).

The rolling out of these tools has been aided and abetted by the addition of a group of LEADS-certified consultants, facilitators and certified coaches (n=24). This has significantly enhanced capacity to respond to the increasing number of requests. Note: CHLNet’s role is to serve as a broker for LEADS-based tools and to assist in relation to organizational capacity enhancement. CHLNet partners are entitled to preferred pricing with our **leadersforlife** partners (10%).

The continued development and application of the *LEADS-based Leadership Toolbox* has been slowed by three factors:

- first, the overall environment of constraint as many jurisdictions across the country do not have the resources necessary to purchase leadership tools (even at the not-for-profit; not-for-losses LEADS rates);
- second, some transitional issues relating to the status of **leadersforlife** as a subsidiary of HealthCare Leaders Association of BC (these should be resolved shortly); and
- third, the fact that Health Canada has not yet been able to approve a modest (\$450,000 over two years) contribution agreement to help CHLNet update its LEADS inventory; to accelerate the roll-out of LEADS (in both official languages); and to support the rapidly developing Emerging Health Leaders group. (Note: the federal general election froze the decision-making process and we are now still hopeful that HC funding will be available.)

Other LEADS-based leadership development tools are under active development (e.g. LEADS-based interview and performance appraisal tools; and LEADS-based change management tools). Please stay tuned!

“By Leaders, For Leaders” Dialogue Sessions

Given the complex, rapidly changing leadership environment, and the disconcertingly high turnover rate among senior health leaders across Canada, it is imperative to find ways to provide the opportunities (on-line and face-to-face) to share notes and provide peer support among senior health leaders.

In terms of on-line support for the emerging community of practice of health leaders, despite a series of efforts, CHLNet is still looking for a functional and sustainable means of providing real time confidential sharing of information among and between Network Partners leaders. To date the costs of providing this service have been prohibitive (again looking to Health Canada support

for this). CHLNet has, however, recently updated its “Top Ten” suggested readings on health leadership (with hotlinks to original articles where possible) and will be starting to release its long-awaited “LEADS Seeds” series.

In terms of face-to-face opportunities for leadership development and support, we held our first Network Partners’ Roundtable last December, which featured a keynote luncheon address by Dr. Darrell Bricker (President and COO of Ipsos-Reid, Public Affairs) who spoke about the growing Leadership Gap in Canada. His presentation was very well received and served as a springboard for a facilitated leadership development session. Note: his powerpoint presentation is posted on www.CHLNet.ca.

Our second such roundtable will be held on June 14/15 in Ottawa, beginning with a keynote dinner address by Jeffrey Simpson (*Globe and Mail* reporter) on “Big Canada, Little Canada... the Iconic Status of the Canada Health Act?” This will be followed by a facilitated leadership development session the following day around the evolving role of the federal government in health and health care in the wake of the May 2nd federal general election.

Governance

CHLNet operates as an unincorporated, not-for-profit (not-for-loss) *value network*. Value networks work on the premise of adding value for organizations with shared interests and values. Value networks are enabled, not administered. They work from the twin pillars of trust and reciprocity...putting in more than what you take out.

Given that the Network has now been in formal operation for over a year, the first (but not the last) on-line survey of Network Partners is now being conducted.

Following several months of careful research and discussion, CHLNet is now proposing to move its governance structure from the more traditional, founding Board approach to embrace a “hybrid model”. This model combines the attributes of a small oversight committee of partners with the concept of all Network Partners sharing in the benefits and setting strategic directions. This revised governance model is being recommended by the current (transition) Board to the Network Partners on June 15, 2011.

In closing, CHLNet seems to be the right formula at the right time to enhance leadership capacity across Canada. It operates on the basis of a very limited budget (\$150,000 p.a.), with extraordinary in-kind support from the Canadian College of Health Leaders. Thank you CCHL!

If you have any comments or suggests, please do not hesitate to contact us at Secretariat@CHLNet.ca.



Bill Tholl
Founding Executive Director
Canadian Health Leadership Network (CHLNet)