Changing Landscape of Leadership in Canada: Taking Stock

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HealthcareCAN
&
Founding Executive Director
Canadian Health Leadership Network
LEADS “Booster shot”: Then and Now?

➢ On the leadership front: COF and the HCIWG; HCC report.

➢ On the leadership policy front:
  Benchmarking study; Canadian Health Action Plan.

➢ On the research front: PHSI (1); PHSI (II)

➢ On the CHLNet front: New Strategic Plan & New ED;

➢ On the Leadership support front: LEADS Collaborative; LEADS 3.0...more to come from Dr. LEADS!

AND merger to create HealthcareCAN
BRINGING LEADS TO LIFE... from a gleam in the eye to reality!

Facilitated Session
Health PEI

Shauna Fenwick and Bill Tholl
leadersforlife consultants

December 1, 2010
National Leadership Front: Then and now

- “Strong leadership is an absolute necessity if meaningful transformation of our health system is to occur...it is the foundation for other key enablers.”
  
  Health Council of Canada, 2013

- Federal gov’t opts out (Dec.’12).
- CoF steps in (Jan’13). Creates HCIWG!
“We need to move from innovation by accident to innovation by design”

Premier Ghiz (July 2012)
On the Leadership Research front...
in search of a better understanding of the importance of leadership to system redesign...

PHSI (I) and (II)
Better Leadership, Better Health

Knowledge Mobilization & Next Steps

Timeline

Initiation of project, 2009

Cycles 1 & 2 of PAR 2011-13

Case selection, method, 2010

Complete Cycle 3 Fall 2013

Cross-Case Analysis, Fall 2013-March 2014

National Deliberative Dialogue, March 2014

Final Report September, 2014
Churn creates fragmentation of effort

“Someone gets excited about something and then they get fired or they move on and then the next new shiny thing comes up. (Clinicians)... have been disillusioned with this kind of approach for decades.”

“We have the leadership capacity, but politicization doesn’t allow us to row in the same direction.”
Leadership matters... key to organizational and system performance (esp. primary care reform).

Common leadership platform required... LEADS-preferred or LEADS-compatible.

Pan-Canadian Action Required... leadership without ownership opportunity (CHLNet).

Forces of fragmentation are winning... system more disjointed; performance lacking (cite: most recent Commonwealth study)

Missing Link... distributed leadership and designated responsibilities.

**Stay tuned for PHSI (2)**

On the Leadership Policy Front...
Toward a Canada Health Leadership Action Plan?

CHLNet...leadership without ownership
Creating large scale change requires high levels of systems thinking, strategic thinking, visioning, engagement and self-leadership.

“The strategy that is being employed is insufficient; (change) just moves at a snail’s pace”

84% of all respondents say there is a small to large “skill gap” in leadership.

CHLNet Benchmarking study
Benchmarking Results

Size of Leadership Gap

<table>
<thead>
<tr>
<th></th>
<th>Supply - Demand Gap</th>
<th>Skill Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior</td>
<td>47%</td>
<td>45%</td>
</tr>
<tr>
<td>Middle</td>
<td>40%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Benchmarking Results

Critical Leadership Capabilities

<table>
<thead>
<tr>
<th>Capability</th>
<th>Total</th>
<th>ACAHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commit to Customers</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Develop Others</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Strategic Orientation</td>
<td>47%</td>
<td></td>
</tr>
<tr>
<td>Build Teams</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Champion Change</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>Strategic Alignment</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>Self Development</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Encourage Innovation</td>
<td>29%</td>
<td></td>
</tr>
</tbody>
</table>

Bar chart showing the percentage of extremely critical capabilities for total and ACAHO.
Toward a National Health Leadership Action Plan

- CHLNet is promoting greater coordination of leadership succession planning & talent management.
- It should link to Canada’s reform agenda.
- Gone to CHW (June’14) Enroute to CDM (TBC)

“Current leadership culture needs a basic refresh. There is not a great value placed on health management and administration in this country.”
Activity
Plus ça change...

- What’s changed since Dec 2010?
  Much has changed!

- What hasn’t changed?
  Health PEI “Experiment” seems to be working
  Contrast with other jurisdictions (e.g. AHS)
Activity

LEADS as a Change Model:

Aligning action

- Aligns action through a focus on results
  - Achieve Results
- Aligns people and organizations through relationships
  - Engage Others
  - Develop Coalitions
- Outlines how to reassert alignment when change happens
  - Lead Self
  - Systems Transformation

From a Caring Perspective...
Activity: Sharing the secrets of success

Reflecting on your Health PEI experience over the past four years...

- What do you think have been the critical success factors in helping PEI succeed in the “Experiment”?
- What advice might you offer other jurisdictions?
- What remains to be done in terms of taking Health PEI to the next level of performance?
The Merger!

(1 + 1 = 3)
Investing in an Integrated LEADS-based Curriculum of Courses

- Developing Leadership at All Levels:
  - Modern Management Essentials
  - Quality and Patient Safety
  - Governance Development Program

- Integrated delivery channels:
  - Topical Webinars every 3-4 weeks
  - Flexible Learning Pathways
  - Online/distance education
Partnerships Bring Learning to Life

- CPSI and Atlantic Health Quality Patient Safety Collaborative (AHQPSC) → CPSO Hybrid
- IWK → creo™ “comprehensive research education online”
- Accreditation Canada → Integrated Quality Management
Thank you

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LEADS 3.0 - Leadership as the "Source Code" for System and Organizational Performance

Graham Dickson (PhD)
Research Advisor, Canadian Society of Physician Executives, and Policy Advisor, Canadian Health Leadership Network
Professor Emeritus, Royal Roads University
Approach

➢ A ‘refresh’ on LEADS.
➢ LEADS as source code.
➢ Current research that validates LEADS.
➢ Who is using LEADS?
➢ How is LEADS being used?
A Refresh on LEADS
What is its evidence-base?

- **Construct validity**
  - Two documented in-depth studies
  - PHSI (CIHR/MHSRF)

- **Face validity**
  - Appeal
  - Utility
When, and why was LEADS developed?

- Leadership gap
- Fragmentation of effort
- 2006-2014: Three stages of development
LEADS in a Caring Environment

L – Lead Self
E – Engage Others
A– Achieve Results
D– Develop Coalitions
S – Systems
Transformation
LEADS clarifies the priorities for change...

LEADS helps you answer these questions...in relation to your leadership challenge.

- R: What results do you want to achieve?
- R: What relationships do you have to build?
- C: What change challenges do you have to deal with?
You can influence the system...
LEADS as Source Code
LEADS as source code

• We see the five LEADS framework domains and twenty capabilities as the *source code of leadership*, a single common DNA base that allows for permutations and combinations that give expression to the individuals we are.
Being, Caring, Doing...

- Lead Self
- Engage Others
- Achieve Results
- Develop Coalitions
- Systems Transformation
LEADS as source code

LEADS takes expression in different situations and circumstances, contingent on the leadership needed.

It is an artful, thoughtful, and generative process.
Contingency Leadership
Leadership requires alignment...

- Alignment of *personal* leadership, *interpersonal* leadership, and *strategic* leadership creates “the sweet spot”—*change*. 
Activity: LEADS

Directions (Part 1):

1. Review all domains of LEADS.
2. Rate the progress of health reform in PEI from 1 (completely stalled) to 10 (couldn’t be progressing better).
3. If you had to choose one domain of LEADS that you would like to see you and all your colleagues emphasize to move your rating upwards, what would it be? Why?
Activity: LEADS

Directions (Part 2):

1. Get up from your seat.
2. Move around and introduce yourself to someone you don’t know. Share your ratings and the LEADS domain you have identified.
3. There will be three rounds of discussion, each 3 minutes long.
Current Research & LEADS
Recent Study: The importance of relationships

Physicians and hospital administrators

- Key to success
- Yet meaningful differences
- Sr. management more satisfied than mid-man
- Hospital admin more than physician leaders
- Mid-level physician leaders least satisfied

Engage others: Communication and teamwork

Atefeh, 2014 in press
The Value of LEADS

Common language:

“Leadership is the golden thread that runs through any discussion of NHS reform and improvement. This encompasses leadership by doctors and other clinicians; leadership by managers of NHS organizations, and leadership by politicians at a national level” (Ham, 2014)
Creating large scale change requires high levels of systems thinking, strategic thinking, visioning, engagement and self-leadership.

“*The strategy that is being employed is insufficient; (change) just moves at a snail’s pace*”

84% of all respondents say there is a small to large “skill gap” in leadership.

*CHLNet Benchmarking study*
We need more physician leadership

“(We need the)...courage to crack the clinical leadership ‘black box’. Go after those clinical leads. They are the wave of the future”

- Quality physician leadership—at all levels—is required; exemplary practices of ongoing, meaningful physician engagement are needed.
Churn creates fragmentation of effort

“Someone gets excited about something and then they get fired or they move on and then the next new shiny thing comes up. (Clinicians)... have been disillusioned with this kind of approach for decades.”

“We have the leadership capacity, but politicization doesn’t allow us to row in the same direction.”
Our mindsets will have to change...

- Change challenges conventional notions of autonomy, accountability, and collaboration.

“...if we can just park our collective egos and get out of this passive aggressive nature and work as a collaborative we could be stronger.”

NHS: First Patient Safety Ombudsman.
Many experience change
Fatigue

Some leaders report they don’t have the energy or stamina or stomach to do it ever again...they get “hammered” by the premier's office, the minister's office, the unions, local newspapers, the people who donate to the hospital, the foundation, the public. Everybody believes that change is for the worst.

- Canada’s leaders are having their energy drained and not refreshed.
Contradictions paralyze us...

- Contradictions exist within the system due to change itself and the conditions that both create and impede change.
Contradictions are differing perspectives, or “ways of seeing the world” that appear to be opposed to one another.
Contradictions (cont.)

• When entrenched as sides in a dispute, contradictions create negative conflict, which either stalls or mitigates concerted energy. When contradictions are not explicit, but real, they can lead to inconsistency of effort, and stalls personal or collective action.
Activity: Contradictions

Directions:

1. Think of a contradiction that exists within your leadership role.
2. Pair up with someone you don’t know.
3. Discuss those contradictions and how to deal with them productively.
But there is hope!

When it is dark enough, you can see the stars.

~ Ralph Waldo Emerson
“A national perspective on health matters could be exercised by the provinces acting in collaboration, possibly without a strong federal presence. To date, little...has been accomplished on health reform by the Council of the Federation, and under their organizational structure this shouldn’t be expected to change... Realistically, over the next several years, health policy reform will for the most part have to proceed with individual provinces. This may not be ideal, but it need not be a showstopper. It could, in fact, work quite well. (Drummond, 2014)
Who is using it?

Individuals:


Understanding leadership from the inside out was a journey that spanned a 40-year career in health care. This article describes an individual’s journey of becoming an effective executive leader using the LEADS in a caring environment—capabilities framework.
Who is using it?

Organizations:

- **Hamilton Health Sciences** (succession planning)
- **Horizon Health**: Leadership development (TTT)
- **Eastern Region of Newfoundland** (mid-management development)
- **Saskatchewan, Manitoba**: provincial leadership programs
- **Alberta**: Senior executive program in collaboration with U of A; ACFP for Primary Care Network implementation
- **BCHALDC**: BCHLDC created “Leadership LINX, a Provincial Pathway of Leadership Development” with 5 key areas: coaching, mentoring, new manager, experienced leader & senior leader.
Who is using it?

Nationally, Internationally

- LEADS Collaborative
- CHLNet members
- Australia
- Reviewed in Italy, Netherlands

Health LEADS Australia

New South Wales
The LEADS Collaborative

CORE BUSINESSES

CLIENTS

- Development
- Partnerships
- Knowledge Centre
- Framework
- Business Management

LEADS IN A CARING ENVIRONMENT
A Foundation for Professional Growth

CODE OF ETHICS
A Foundation for Ethical Behaviour
How is it being used?

Example: CMA Physician Management Institute’s Open Enrolment and In-house programs

PMI Physician Engagement: The LEADS framework is helping me to identify the capabilities necessary for leadership.

Percentage Count  Yes, 100.0%
Additional uses...

- Personal development Curriculum guide (e.g., BC HA entry-level program)
- Succession Planning
- Leadership development programs
- Guiding leadership of health reform
- 360s, coaching and personal growth
- Research
For more information on LEADS...
Courtyard Cafe
Directions

• One question for four tables (next slide).
• Three rounds of fifteen minutes each. You get to answer three questions. Pick the ones important to you!
• Move as individuals.
• Waiter (recorder) at each table. Record notes on sheets provided.
• Random debrief.
Questions

• LEADS can assist with leadership talent management (e.g., succession planning, broad organization-wide leadership development, performance expectations, etc.). **What guidance would you give about how it can be used effectively to support these initiatives? What pitfalls should be avoided? (Tables 1-4)**

• LEADS outlines leadership expectations for people in all leadership roles—from front-line supervisor to board member. **Are you clear on what those expectations are for your role? How might PEI Health make these expectations clear enough for you? Would doing so be helpful? (Tables 5—8)**

• Chris Ham, from the King’s Fund in the UK, states that: “Leadership is the golden thread that runs through any discussion of NHS reform and improvement. This encompasses leadership by doctors and other clinicians; leadership by managers of NHS organizations, and leadership by politicians at a national level.” **Do you agree with this statement, particularly in the sense of using LEADS as the “common language for leadership” for all partners in reform in PEI? Why or why not? (Tables 9—12)**

• The PHSI research and research by others suggests that health reform in Canada has progressed very little over the past 15 years, despite a strong public consensus that the system must change to be more ‘patient and family centred’ **From your perspective, can LEADS be used, realistically, to help you envisage and plan to do “patient-centred leadership of change” better, in your formal leadership role? If so, how? If not, why not? Explain. (Tables 13—16)**

• As part of PEI’s leadership development process, you may be asked to undertake a LEADS 360 assessment. **What are the reasons for doing a 360? How should it—and the debrief—be conducted so as to get the maximum benefit for your own development? What are the pitfalls of a 360 process that should be avoided? (Tables 17—20)**
Thank you

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A Role Dialogue

• Move to tables with people in the same role as you—board member, mid-manager, executive, etc.
• Discuss the questions on the next slide.
A Role Dialogue

• Is LEADS applicable to the leadership challenges you face in your role in PEI Health? Why or why not? To make it more applicable, what would have to happen?

• Is a common language valuable for leadership, for all different groups in the system, when it comes to implementing health reform?

• Would you recommend that different groups learn leadership together, or in separate groupings, based on their specific role?