

# The Problem with Distributed Leadership... and Our Solution



June 4, 2024

**Dr. Jaason Geerts**

Vice-President, Research & Leadership Development  
The Canadian College of Health Leaders

CANADIAN COLLEGE OF  
HEALTH LEADERS



COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ

# Optimizing Health Care...

## The Way to Come Together

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# Optimizing Healthcare - Informing



CIHR IRSC

Canadian Institutes of Health Research / Instituts de recherche en santé du Canada



World Health Organization



Consensus Statement | Global Health  
Guidance for Health Care Leaders During the Recovery Stage of the COVID-19 Pandemic  
A Consensus Statement



## LE LEADERSHIP EN TEMPS DE CRISE

Jason Goerts, PhD, LEADS Canada

Il faut travailler tous ensemble

- Il faut comprendre que cette situation est VUCA (Volatile, Incertaine, Complexe et Ambigüe), ce qui influe sur toutes les autres mesures. Le général John Galvin, ancien commandant suprême des forces alliées en Europe, a dit un jour : « Vous n'aurez jamais toutes les informations que vous aimeriez avoir. Votre travail consiste à recueillir suffisamment d'informations, puis à prendre une décision. »
- Inspirez un sentiment de **CONFIANCE** dans :
  - l'information fiable;
  - la stratégie, malgré les revers auxquels il faut s'attendre;
  - l'équipe et ses membres;
  - le but ultime – nous allons nous en sortir ensemble.
- Assurez une **DÉLÉGATION** claire des tâches clés et désignez les **RESPONSABLES**.
- Commencez les **PRIORITÉS**, dans l'ordre, et prenez et communiquez des **DÉCISIONS CLAIRES** en vous fondant sur les meilleures informations disponibles, y compris celles des experts.
- PERMETTEZ** aux gens d'agir sans restrictions inutiles et **FAITES-LEUR CONFIANCE** pour prendre des décisions en tenant compte des priorités, des informations fiables et de la stratégie.
- Déterminez la meilleure **STRATÉGIE**, en vous fondant sur les avis des intervenants, notamment les experts ainsi que les personnes qui seront chargées de mettre la stratégie en œuvre. La stratégie doit indiquer clairement la première étape et les étapes suivantes, tout en tenant compte du fait que les choses peuvent changer soudainement, ce qui exige un **leadership adaptatif**. Deux termes militaires sont pertinents dans cette situation : « la préparation et la planification préalables préviennent une mauvaise exécution » et « simplicité, flexibilité et activité simultanée ».
- FAITES PREUVE D'EMPATHIE** et **PRENEZ SOIN** des autres, en les **VISITANT** (en personne ou virtuellement), en prenant de leurs nouvelles, en **VALORISANT** leur travail et en gardant le **MORAL**.
- Assurez-vous de maintenir un **RYTHME VIABLE** sauf pendant de courtes périodes et prévoyez du temps pour le **REPOS ET LA RÉCUPÉRATION**, car il est impossible de supporter longtemps une forte tension sans aucun répit. Cela inclut des pauses, du temps pour « décrocher », des changements d'horaires, l'alimentation, l'humour, les conseils pour gérer le stress et la satisfaction de besoins non liés au travail, comme du temps pour communiquer avec ses proches. Les leaders doivent aussi **PRENDRE SOIN D'EUX-MÊMES**.
- COMMUNIQUEZ** souvent et soyez **TRANSPARENT** et **AUTHENTIQUE** concernant :
  - la nature de la situation VUCA, notamment l'incertitude relative aux futurs détails;
  - les renseignements fiables les plus récents (pour écarter toutes les « informations » fausses ou non confirmées);
  - les priorités opérationnelles;
  - la stratégie qui évolue.
- « Dans les moments difficiles, les leaders doivent puiser dans leurs forces internes et externes et trouver de l'ESPOIR. »

Contributeurs : David Little Brown Bear (directeur des services autochtones, Hôpital Michael Garron), le brigadier (retraité) Gerald Bibby, CBE, le Dr Michael Gaudin, (médecin-chef, Hôpital Hamilton River, CHÉ), le Dr Gillian Kenyon (PDG, St. Joseph's, London), Dr Erwin Loh (professeur d'hygiène et de chef fédéral, Australie), le général S.M. Poirier (commandant, Service de santé des Forces canadiennes, CHÉ), Dr Anshu Sagarwanam (enseignante, Brighton & Sussex University NHS Trust), le général (retraité) Peter Williams, CBE.

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# Optimizing Healthcare pt. 1

## Leadership Integration – Why?

Pandemic **experience**

**Evidence:** leaders and outcomes

**Evidence:** leadership **development** and outcomes

Increased **engagement**, creativity, innovation, **performance**

Increased **retention** (*Globe* + National Conversation)

Next **emergency** response

**Leader** – who **counts?**

# Optimizing Healthcare pt. 1

**Leadership** defined

- then – leadership **development** – what **counts** as LD
  - then – **integration** (importance?)
  - then - **accountability**
- = **Organizational** resilience, agility, adaptability, performance

**Yours?**

# Optimizing Healthcare pt. 1: Integration



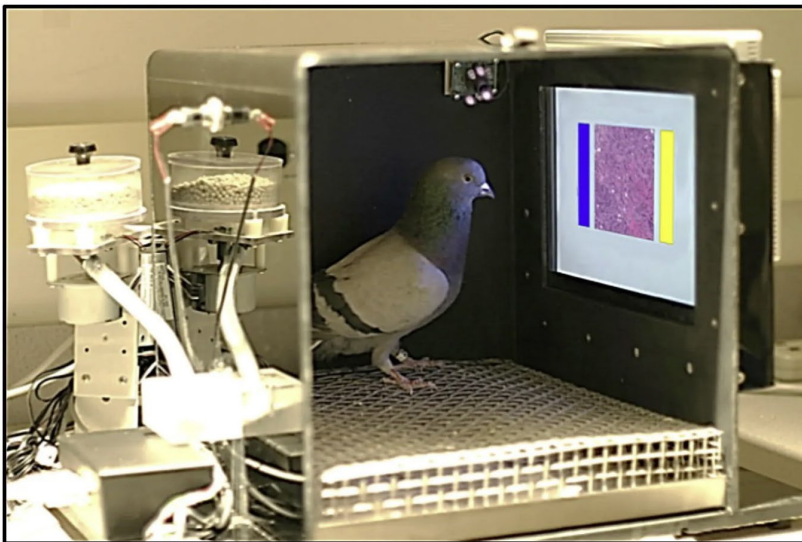
“This is the **only way** we can meet our demands and achieve strategic priorities”

# Optimizing Healthcare pt. 2: Funding

The New York Times

## *Paging Dr. Pigeon; You're Needed in Radiology*

Share full article



The pigeons' training environment at the University of Iowa included a food pellet dispenser, a touch-sensitive screen that projected medical images, and blue and yellow choice buttons on either side. University of Iowa/Wassermann Lab

## Abstract

“**Pigeons** (*Columba livia*)—which share **many** visual system properties with humans—can serve as **promising surrogate** observers of medical images, a capability [**somehow**] not previously documented”

Levenson RM, Krupinski EA, Navarro VM, Wasserman EA. Pigeons (*Columba livia*) as trainable observers of pathology and radiology breast cancer images. *PLoS One*. 2015;10(11):e0141357. doi:[10.1371/journal.pone.0141357](https://doi.org/10.1371/journal.pone.0141357)

# Optimizing Healthcare pt. 2: Funding

## Conclusion

**Of course**, pigeons are **not the only** animals to have shown abilities relevant to medical diagnoses. Other animals with **special** perceptual skills have been proposed as front-line diagnosticians, for example:



→ **dogs** sniffing out prostate or ovarian cancer [[42](#), [43](#)] or



→ **giant African pouched rats** detecting tuberculosis [[44](#)]. We are not (yet) proposing such a role for pigeons



# Optimizing Healthcare

Pt. 1: leadership integration



Pt. 2: funding



Pt. 3: last

= Back to the beginning

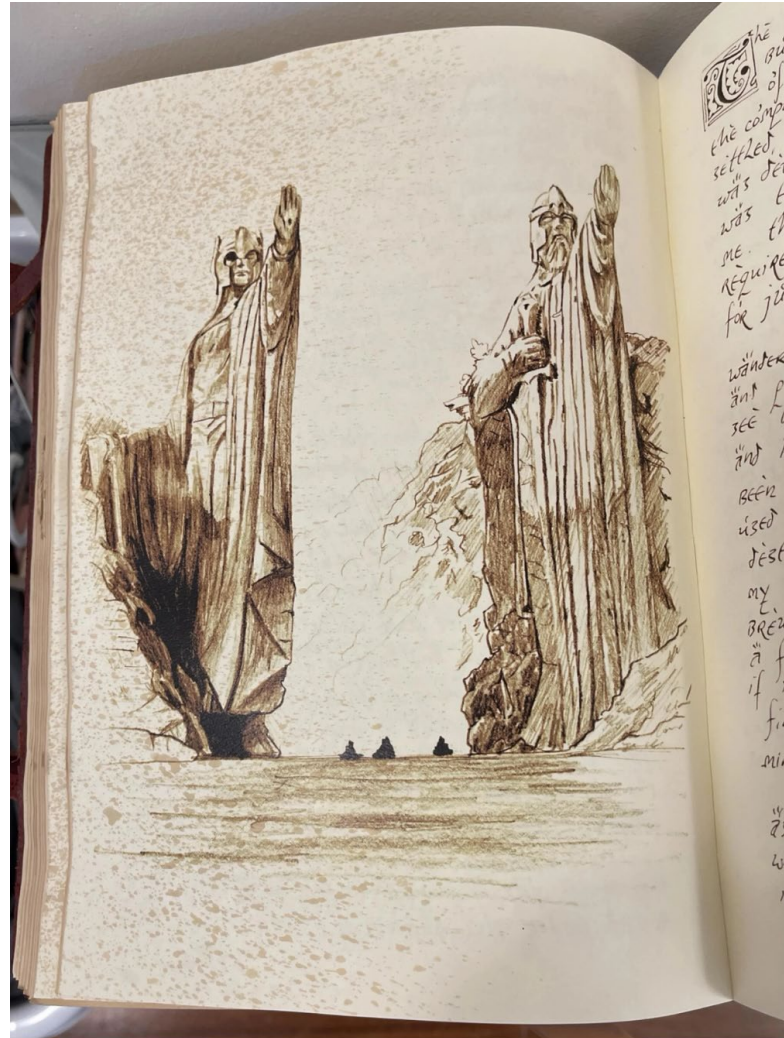
# We Care



# The Story of Healthcare Leadership

## CNC 2023:

The great  
epic of our  
generation



Argonath (Frodo)

# The Story of Healthcare Leadership

**Canada West 2023:**

Stage 4 of a Crisis

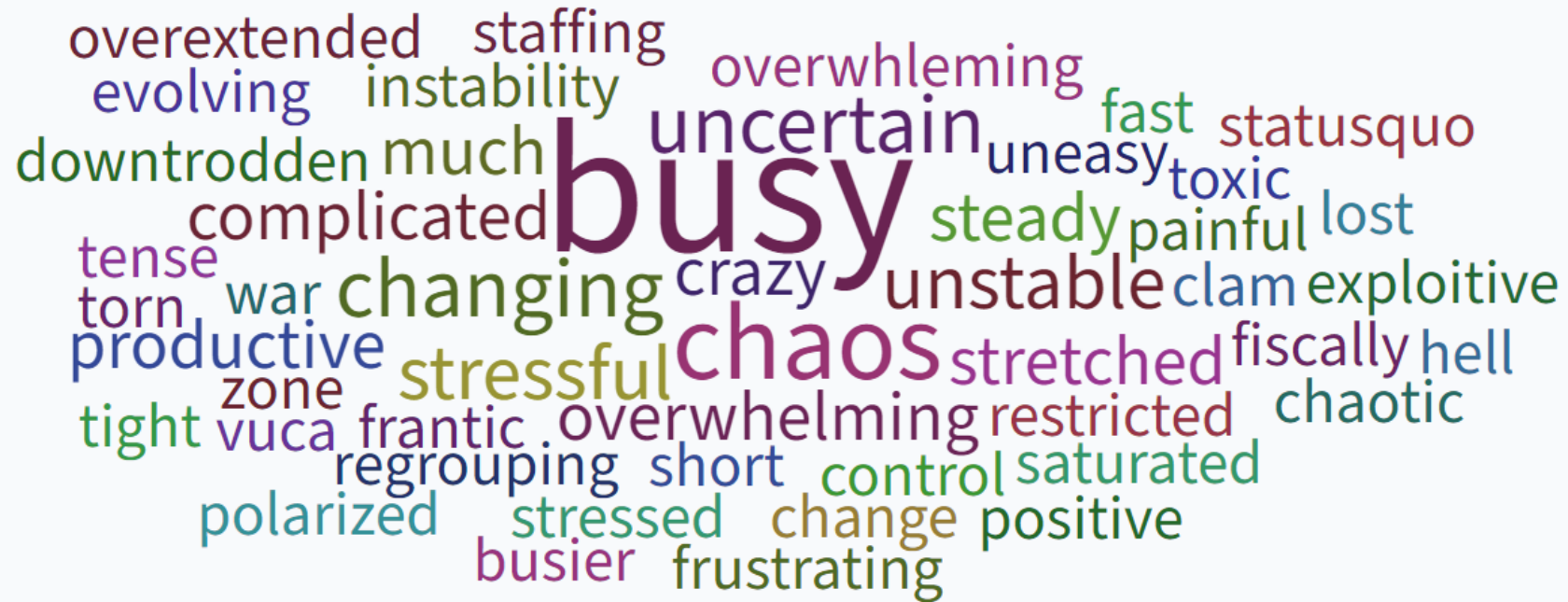


Halifax, 1945

# The Story of Healthcare Leadership

Strategic Alliance Webinar (April 2024):

In one word, please describe the current climate in your organization



Agree?

👍 5M | 🗨️

# The Story of Healthcare Leadership

**Stability** and **capacity** – SA webinar, turnover subsiding, younger leaders + expectations

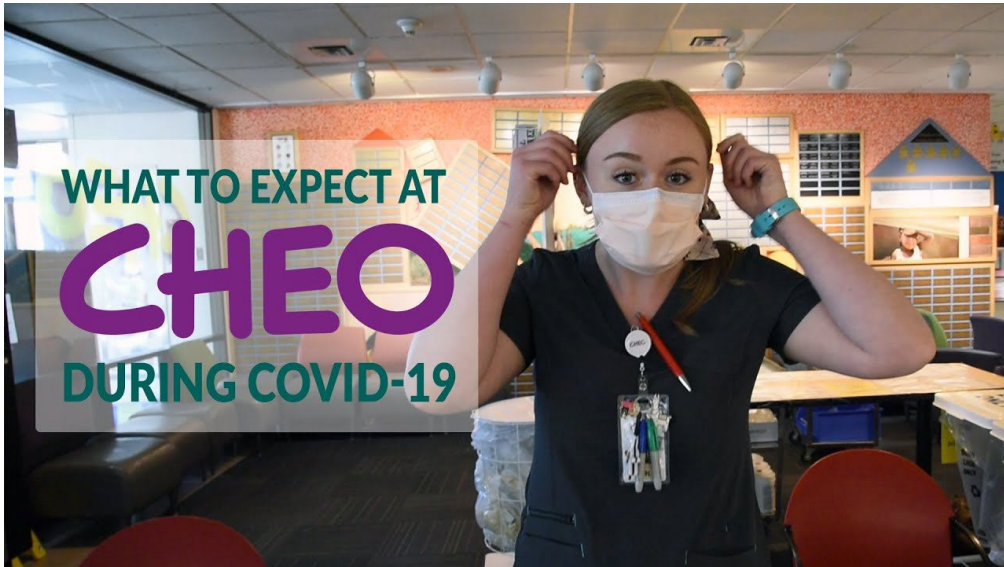
⇒ HR/OD Think Tanks new

⇒ **Investment** in leadership

⇒ Melancholy



# The Story of Healthcare Leadership



5 – 0 – 2 – 3

Where to land?

# The Story of Healthcare Leadership

Now: **disruption** and **opportunity** =

**Optimization** &  
Need to **distribute** leadership





# The 3 Problems with Distributed Lead



# Problem 1

The belief that **it's happening**  
... when it's **not**

Disconnect or sporadic

2019 Research Study



# Integration – Self-Assessment

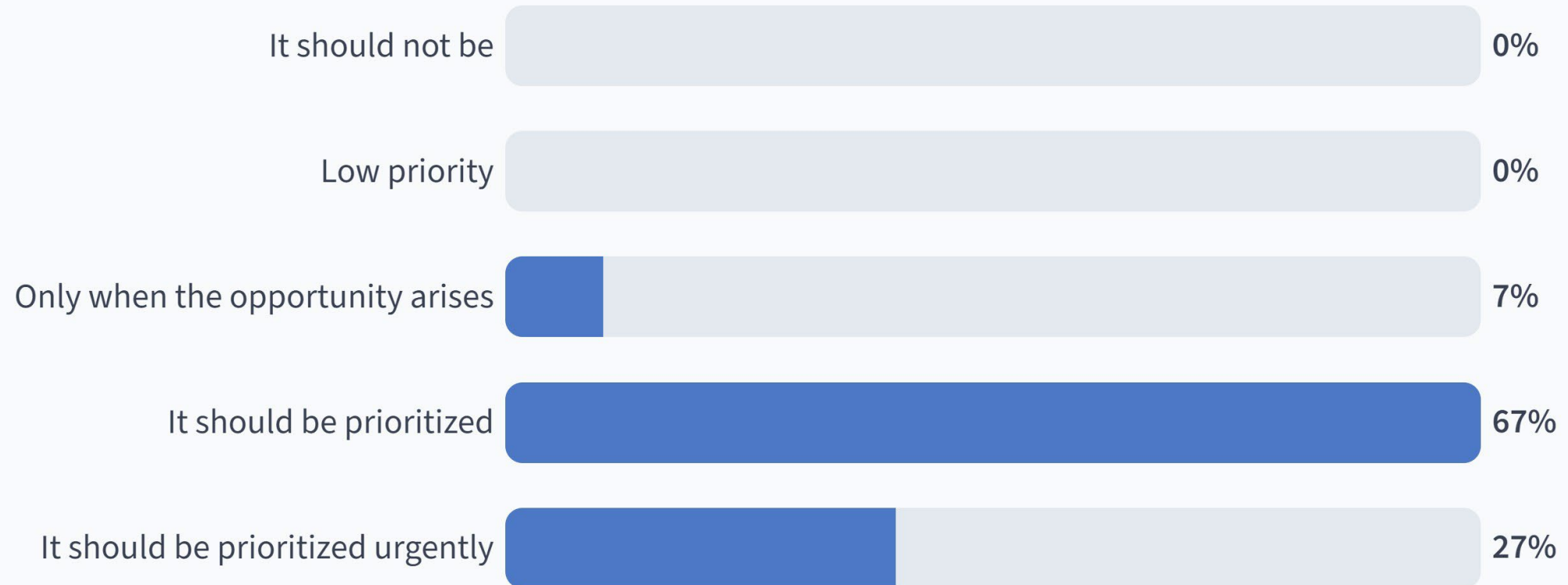
In your organization, which staff would agree they are trusted to **make decisions** and **choose** how they achieve their expected results (**autonomy**)...

# Integration – Self-Assessment

In your organization, staff would confirm that **leadership** is an **expectation** of...

# Integration Priority

To what extent do you think wider leadership integration/distributed leadership should be prioritized in your organization?



# Integration Challenge



# Problem 2

The belief that it happens **naturally**

Sept. 2022 Program: scope

Nov. 2023 Nurse leader: DRs



# Gold Standard LD

Sage Journals

Search this journal ▾ Enter search terms...



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Healthcare Management Forum



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Open access | | Research article | First published online March 12, 2024

Gold standard research and evidence applied: The Inspire Nursing Leadership Program

[Jaason M. Geerts, PhD](#) , [Sonia Udod, RN, PhD](#), [...], and [Jan C. Frich, MD, MHA, PhD](#) [View all authors and affiliations](#)

[Volume 37, Issue 3](#) | <https://doi.org/10.1177/08404704241236908>

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**Gold standard:  
Program,  
citations,  
process**

Last  
**recommendation...**  
A Leadership  
Organization

Geerts, J. M., Udod, S., Bishop, S., Hillier, S., Lyons, O., Madore, S., Mutwiri, B., Sinclair, D., & Frich, J. C. (2024). Gold standard research and evidence applied: The Inspire Nursing Leadership Program. *Healthcare Management Forum*. <https://doi.org/10.1177/08404704241236908>



# Leadership Integration



Willie Perkins, Walmart Greeter Hall of Fame

# Leadership Integration: **What (ALO)**



**Training**



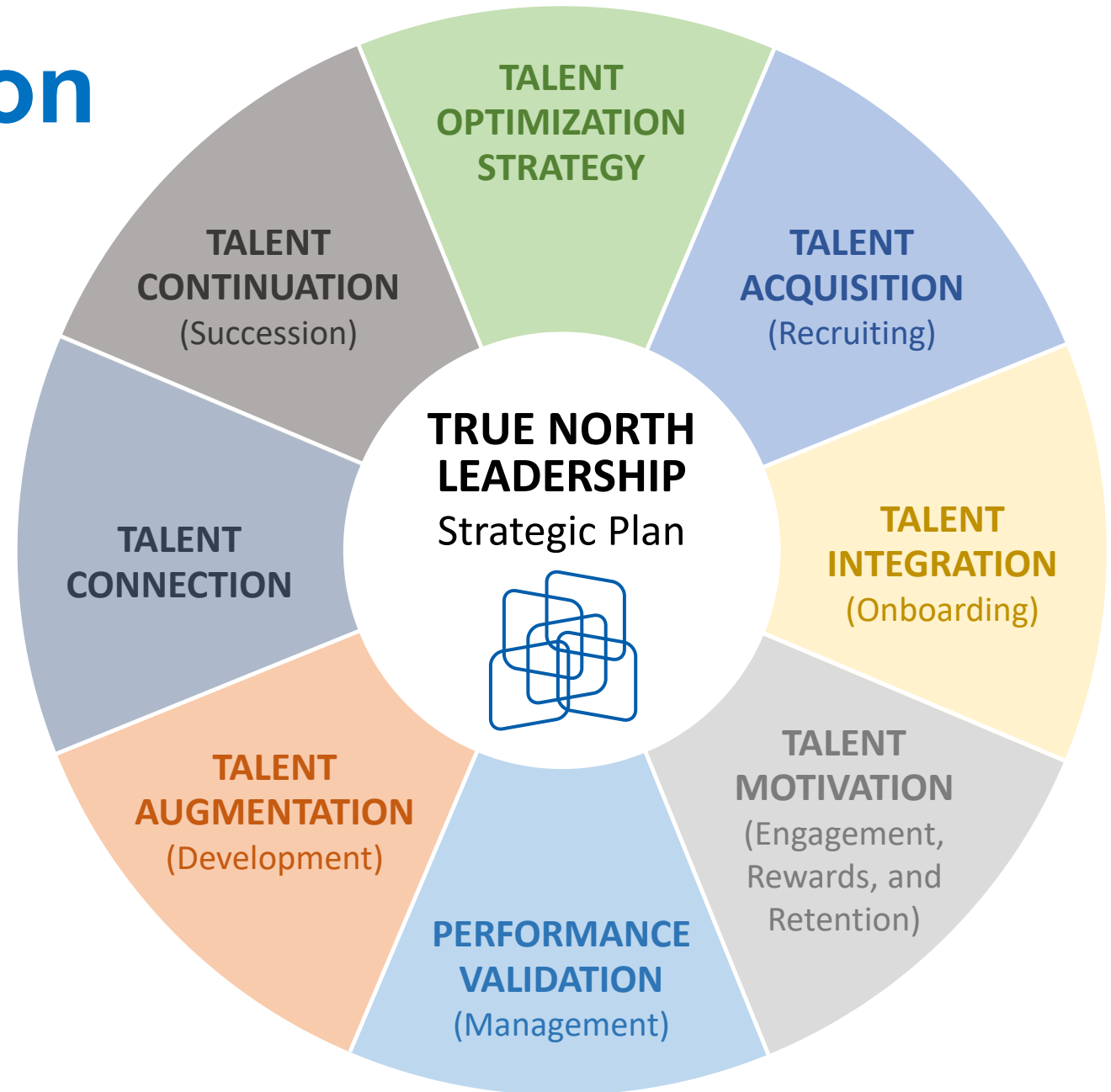
**Integration**



**Culture**

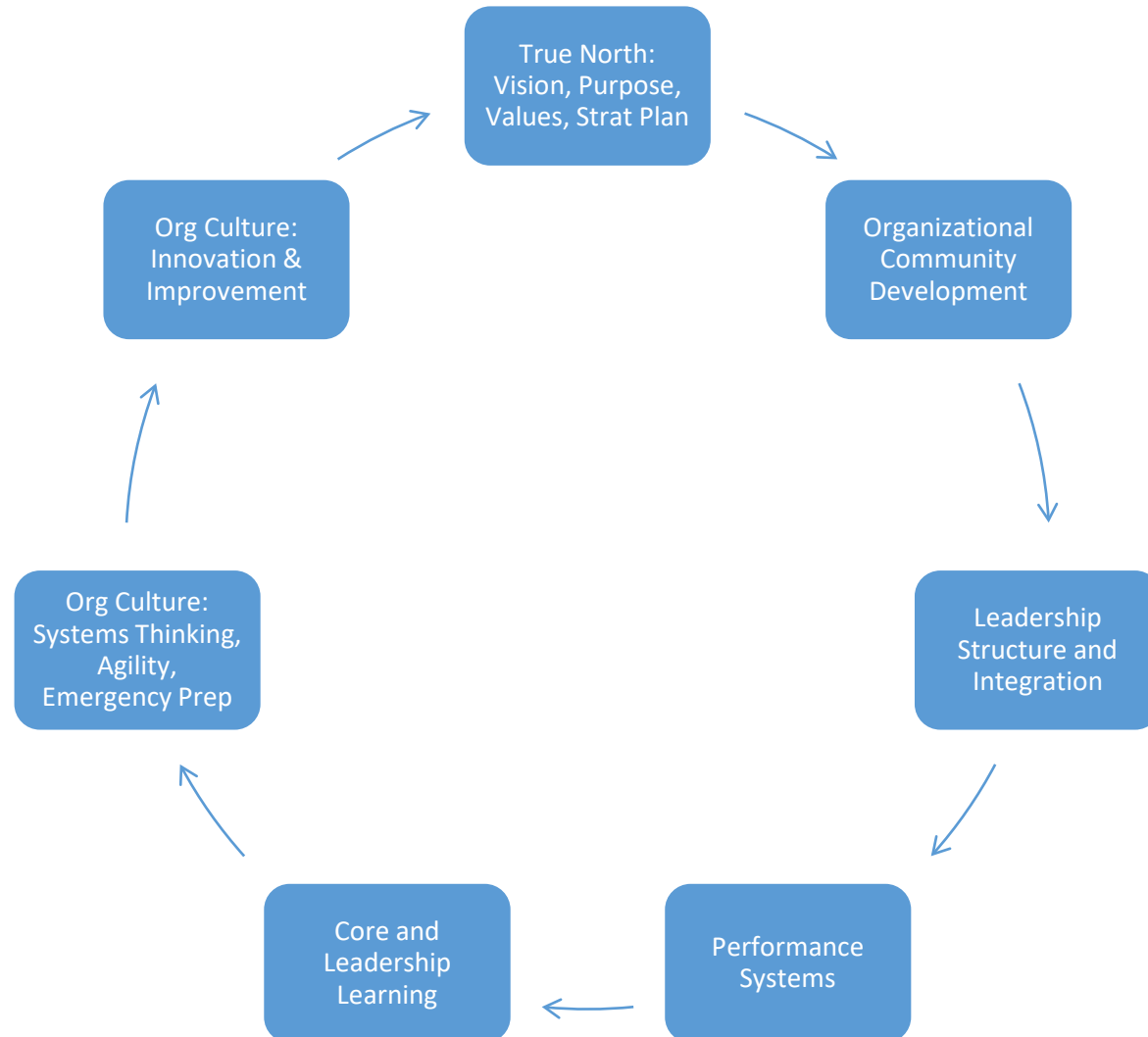
# Talent Optimization Framework

Certified LEADS  
Specialists (CLSs)



# CCHL Leadership Organization Model

**CLO**  
**benchmarks:**  
**development,**  
**talent**  
**optimization,**  
**and culture**  
**3 progressive**  
**levels**



# CCHL Leadership Organization Model

True North:  
Vision, Purpose,  
Values, Strat Plan

## Benchmarks

1.1 Have an explicit organizational purpose, vision, mission, and values (True North)

## Levels

- Organizational versions
- Each department has their own versions that align to those of the organization
- Each team has their own unique versions that align to those of the organization

1.2 Have an organizational ethics framework and staff code of conduct

1.3 Have an organizational strategic plan, which is communicated internally and externally

1.4 Ensure that processes for major decisions regarding strategic priorities, governance, policies and procedures, operations, funding, resource allocation, technology, etc, are data-informed and align to the True North.

# Integration Strategy

## LIDS Steps (core + advisory team – build the case):

- 1) **Execs** (Fellowship + ASPL) + Senior advisors
- 2) Benchmark (**Blueprint**, 360 Agg.) and Strategize (**Roadmap**)
- 3) Foundation (**TNL model** + **LEADS Framework**)
- 4) **Champions** (CHE)
- 5) Rollout (**pathways** + all)
- 6) Talent Optimization
- 7) **Integrators** (CLS)
- 8) **Community** (Circle)
- 9) Comms



# Leadership Organization Evaluation Tool

## 1.0 Organizational True North: Purpose, Vision, Mission, Values, and Strategic Plan

Check all that apply

New!!

### 1.1 Have an explicit organizational purpose, vision, mission, and values (True North elements) *(Required)*

- Organizational versions
- Each department has their own unique versions that align to those of the organization
- Each team has their own unique versions that align to those of the organization
- Not yet

### 1.2 Have an organizational ethics framework and staff code of conduct *(Required)*

- Endorsed by executives
- Endorsed by all positional leaders
- Endorsed by all people
- Not yet

### 1.3 Have an organizational strategic plan, which is communicated internally and externally *(Required)*

- Has an organizational version
- Each department/area has identified their specific collective contributions and accountabilities to strategic priorities
- Each team has identified their specific collective contributions and accountabilities to strategic priorities
- Not yet

### 1.4 Ensure that processes for major decisions regarding strategic priorities, governance, policies and procedures, operations, funding, resource allocation, technology, etc. are data-informed and align to the True North *(Required)*

- All major organizational decisions
- All major departmental decisions
- All major team decisions
- Not yet

Next

 Save and Continue Later

# Leadership Organization Evaluation Tool

## 1.0 Organizational True North: Purpose, Vision, Mission, Values, and Strategic Plan

### 1.1 Have an explicit organizational purpose, vision, mission, and values (True North elements)

- Organizational versions

### 1.2 Have an organizational ethics framework and staff code of conduct

- Endorsed by executives

### 1.3 Have an organizational strategic plan, which is communicated internally and externally

- Has an organizational version

### 1.4 Ensure that processes for major decisions regarding strategic priorities, governance, policies and procedures, operations, funding, resource allocation, technology, etc. are data-informed and align to the True North

- All major organizational decisions



# Leadership Organization Evaluation Tool

## Summary

### Score by Level

- L1 = 44/51
- L2 = 25/51
- L3 = 14/51

### Percentage by Level

- L1 = 86.27%
- L2 = 49.02%
- L3 = 27.45%

# Integration Summary

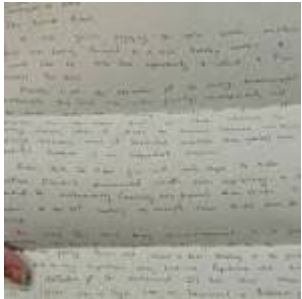
1. **Leaders** matter, but broaden who **counts** as and is expected to be a leader = distributed
2. **Development** is crucial; broaden **what** counts as LD and provide it for **everyone** (creatively)
3. **Gauge** (Eval. Tool/blueprint) and **systematically integrate** leadership into Talent Optimization (Roadmap), broaden **where** leadership language and expectations appear
4. Shift towards **shared accountability**; broaden who leads and **manages** performance
5. Context: **community**; broaden and enrich

# Problem/Optimizing 3: Community



# Conclusion

## CNC Structure



**Bloom** where  
you are planted...



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HALIFAX  
JUNE 2-4, 2024

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# Staying Connected



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