LEADERSHIP TASK FORCE REPORT

13 JUNE, 2005

A Joint Project of:

The Canadian College of Health Service Executives,

The Academy of Executive Nurses,

The Canadian Society of Physician Executives, and

Human Resources Skills Development Canada

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Axletree Consulting
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NOTE

MAINTENANCE OF CERTIFICATION STATEMENT
Certified members of the Canadian College of Health Service Executives (CCHSE) who participated in this activity will earn 7 category I MOC credits towards the maintenance of certification requirement for their CHE or Fellowship designations.

MAINTIEN DE LA CERTIFICATION
Les membres certifiés du Collège canadien des directeurs de services de santé (CCDSS) ayant participé à l'activité accumuleront 7 crédits de catégorie I à l'égard de l'exigence du maintien de la certification auxquels sont soumis les membres agréés (CHE / FCCDSS) du Collège.

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1. INTRODUCTION

This report represents the output and recommendations resulting from the one day workshop held by the Canadian College of Health Service Executives (CCHSE) to advance the work of the Leadership Initiative to undertake a comprehensive health human resource study of leaders and managers in Canada. Representatives of health-related organizations from across Canada were in attendance. A list of participants can be found in Annex A. There were three areas of focus for the workshop. These are shown in the purpose statement, reproduced from the agenda, as shown below.

1.1 Purpose:
- To agree on target areas and propose a Governance Structure for a Sector Study
- To identify specific short-term needs for leadership support and tools to address them
- To begin to develop a strategy for the engagement of Provincial and Territorial leaders

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The agenda consisted of brief welcoming remarks from representatives of the three organizations sponsoring the taskforce, CCHSE, the Association of Canadian Executive Nurses (ACEN) and the Canadian Society of Physician Executives (CSPE). Following that a presentation on "The Story So Far" was made by the chair of the Policy and Research Advisory Committee, Lise Mathieu, to bring all participants up-to-date with the project activities.

A verbatim copy of flipchart content from the tables can be found at Annex B. The main body of the report will explain the activity and provide summarized output.

1.2 Definitions

For the purpose of clarity working definitions of two frequently-used terms were provided to the participants.

Health Care Leader
An individual who creates vision and goals, and mobilizes and manages resources to produce a service, change or product consistent with the vision and goals.

N.B. It is accepted that at some point in the future this definition will need to be amended to make some reference to health outcomes.

Pan-Canadian
Although there is not a single definition of "PanCanadian" per se, there are common principles underlying the term which includes:

All-inclusive and respectful of uniqueness, in terms of emerging partners, stakeholders, geographical and jurisdictional representation.

Shared federal/provincial/territorial priorities (as opposed to federally driven, or parallel approaches)

Coordination, in terms of key stakeholders, in developing common approaches and solutions to addressing issues and challenges.

2. OUTPUT

2.1 Sector Study on Leadership in Health Care – Determining Key Components

The aim of this activity was to determine the overall key components of "chapter headings" for the proposed Sector Study. In the work done to date four topics have emerged as consistently important and these were provided as a draft list.

> ### *Draft list of Key Components*
>
> - Succession Planning
> - Recruitment
> - Retention
> - Emerging Competencies

The group determined that working from an analysis of the status quo and determining future needs was more suitable and the following was the final recommendation.

> ### *Proposed Key Components of Sector Study*
>
> Chapter One – Status Quo
> - Who is a leader in health care?
>   - What are their roles and responsibilities?
> - What is their impact?
> - What are the key issues in health care in Canada?
>
> Chapter Two – What are the trends in the environment?
> - Value proposition of health care leadership vs other industries – Recruitment
> - New leadership qualities/competencies
> - Trends in medicine
> - Trends in societal values – including quality of life, rewards, preferences, etc
> - Political Trends
> - Benchmarking/Best practices – other health systems, other organizational systems
> - Why do leaders leave? Retention
> - Leadership development
>
> Chapter Three – Assessment of future system
> - What will be the needs for the future?
> - What will future leaders want?
>
> Chapter Four – Strategy Recommendations

2.2 Sector Study on Leadership in Health Care – Key Components II

In order to provide more detailed guidance for preparation of the Sector Study the participants were asked, based on the results of the activity above, to identify the most important question that the Sector Study should seek to answer.   Each of the four tables developed preliminary input on one area. After hearing the reports the other tables were given the opportunity to propose additions.

The participants were asked to:

- Determine the key questions that the Sector Study should aim to answer?
- Propose any specific processes or methods they would recommend?
- Specify, if resources were limited, which 2-3 Questions should be addressed first?

Topic 1: Scoping/Status quo	
Key Question	**Details**
Who are the Leaders?	- How many? - Age - Professional Background? - Gender, Language, culture - Projected year of retirement - Salary - Highest level of education - Years of work (total, in leadership, in Health Leadership, in this job) - Type/size of organization - Private/public - Are they still pursuing formal education? - How prepared do they feel for the challenges they face? - Amount of management training - Foreign/domestic training. - Pattern of Leadership roles in early life/career - Career path analysis - Who hired them and why? - Data from other sector studies (process, content)
What are their Roles and Responsibilities?	- Time spent (meetings, communication, planning…) Actual vs Should vs "like to" - Key Responsibilities - Staff reports (No, type) - Amount of Travel "Overtime" - Job Satisfaction - Tools needed (Technology, People) - Key outcomes for this year - Turn over rate - What competencies do you need? - How well prepared do you feel in these competencies
What are their Impacts?	Performance Management Agreements
What are the key Canadian Health Care Issues?	
Sources/Methods for Data Gathering	
- Revenue Canada (Demographics) - Association Databases - Hay and Associates - HR Benchmarking Network - Comprehensive List – "who's out there?" - UK studies on Leaders	

Topic 2: Environmental Scan/Future Trends	
External Environment	**Internal Environment**
• Societal values	• New technology
• Public expectations	• Delivery options eg public/private
• Accountability	• HR
• Politicization	• Span of control
• Governance and sustainability	• Pace of change
• Globalization	• Difficulty innovating
Sources/Methods for Data Gathering	
• Literature review • Interviews (Students, people who have exited, middle managers, senior executives, public, government, trustees)	

Topic 3: Skills Requirements and Training/Supply and Demand
Key Questions
• What are the sacrifices/rewards of leadership?
• How many leaders are out there? What is the "natural" turnover rate? What is the impact of major reorganization on interest and morale?
• What is the predicted demand (in the light of future trends and system-based view/analysis)?
• What is HHR mix? Impact of feminization?
• Who do we want as leaders vs who is actually interested?
• How do we attract leaders?
• How do we keep them?
• A different approach will be required for aboriginal leaders (have young families, stretched as too few, usually front-line, need more education/support, need systematic approach – more than just Health Canada changing requirements.
• Expose young to leadership situations. It will build skills, interest and confidence.
• How do we make it more systematic? Protect time to explore, think?
• Ensure access to flexible, on-going education?
• How will people find all this training/recruitment/retention
Sources/Methods for Data Gathering
• Aboriginal specific stream. Current failure to reflect diversity in leadership – how do we overcome this?
• Meta-analysis - explore concept of how to increase diversity (♀, racial, etc).
• Gap analysis of leadership (currently and predicted) and its impact on health outcomes
• Exit interviews of leaders – why leaving? Next plans?
• Find out how leaders learn.

Topic 4: HR Issues and Pressures
• What impact has government policy had on the profession/sector (i.e. reductions/training)? This has impacted negatively on other health care professions
• What impact is the demographic shift having on the profession? (aging, supply and demand)*
• What impact does the changing service delivery models have on the profession?
• Where are we recruiting leaders from and where are they going? *
• Is our existing compensation (models/systems) competitive? Reflective of role/accountability?
• What impact does increased workload have on Roles and responsibilities? (retention)
• What impact do personal values have on R&R in the profession?
• What impact does the work environment have on R&R? (i.e. unionized environment)*
• How is succession planning currently carried out? What are the successes? Challenges?
• How do we measure the impact of our leaders on our organizations? The system?
• How effective has training/education been in developing leaders?
• How much do we spend training/developing leaders?
• What types of competency model are out there?
• What variations to these questions exist throughout the country?
• How do we develop/build our leaders?
• Span of control
*Questions marked with an asterisk are those that should be addressed first
Sources/Methods for Data Gathering
• Literature review (peer and grey) – including other sectors
• Surveying (focus groups/consultations)
• Review of existing databases – Statistics Canada, CCHSE, CIHI, provincial health care associations and others.
• Analysis of findings – it will be very difficult to be all-encompassing – because scope and membership is very broad

2.3 Sector Study on Leadership in Health Care – Governance Structure

As part of the submission for a Sector Study it is necessary to propose a governance structure. Based on previously completed studies there appear to be two options for this body – an incorporated entity or a less formal steering committee founded on a memorandum of understanding (MOU). Participants were first asked to recommend a proposed governance structure for the Sector Study, including who should form part of the proposed body. They were then asked to recommend a governance structure for other issues related to leadership in health care, also with recommended members.

N.B. It is possible that one body could fulfil both sets of leadership requirements

Proposed Governance Structure for Sector Study	
Structure	**Rational**
• Three of four tables clearly recommended and MOU based approach to complete the scoping exercise, to develop/submit the proposal, to manage the data collection and to secure buy-in of FTP group • One table recommended basing the Sector Study in a host organization	• Flexibility, evolution, efficiency, formalizes processes, agreement • Buy-in, more manageable, faster to implement
Proposed Membership (Summary list)	
• Need highly respected group of leaders who are motivated to be "ambassadors" • 3 main partners (CCHSE, ACEN,CSPE) • Key professionals - CSPE, CHA, CHSRF, CCHSA • Allied health/other regulated providers • Government F/P/T • Health Canada • CIHI • Private Sector (i.e. Biotech, pharmaceutical, Informatics, Medical devices)	• Academic Sector – ACAHO • Individual recognized as health leaders/champions • Delivery System/ Provincial Health care associations • Rural/Rural Remote • Employers (CEOs)/Employees • Consumers • Recognized Experts (e.g. in diversity) • Students

Only one group proposed a different structure for issues other than the sector study. It was recommended that the Task Force undertake this role in order to continue momentum and to capitalize on current interest/activity e.g. the CCHSE competency initiative, university courses/certificates, etc. It was proposed that this be made up of the three existing partners and representation from the academic world.

There was some discussion in the room regarding whether the same body should be responsible for the Sector Study and the other issues but it was clear that more specific proposals need to be presented and discussed before agreement can be reached on this issue.

2.4 Leadership Support Tools

The result of a sector study will not be available for 2-4 years. Leaders in health care are facing a number of pressing issues now. There is a need to determine what kind of help they need in the shorter term in order to begin providing some support. This activity was based on the four topics that have consistently arisen in the work to-date; Succession Planning, Recruitment, Retention and Emerging Competencies. Participants were asked to brainstorm as many ideas as possible that might help leaders succeed. From the brainstorm they were asked to develop a recommended list of tools for immediate/short-term focus. The results shown below are the final recommendations. The brainstorm data can be found in the reproduction of the flip chart content in Annex C.

Succession Planning	Recruitment
- Federal leaders – ADM guidelines policies - Inventory of best practices/case studies - Literature Review (systems, other professions, other organiztions, career laddering, models - Examples of Intentional succession planning "Health Care is my organization" – plan succession for sector rather than each organization - Performance management	- Job descriptions/competency assessments - Formal mentorship programs - Staff referral incentives i.e. UBC Leadership Training Programs - EXTRA - SEARCH (Alta) - MHA - Search firms - Employee satisfaction surveys
Retention	**Emerging Competencies**
- Health leadership network (function: collating/brokering) i.e. disseminating Best Practices, Leadership support tools, case studies - Academic institutions providing health management/leadership studies. Initially College leadership to lead engagement	- QA of training programs "in-house" programs for organization - Core competencies/credentialing - Exportable training/certification (inter-provincial-national) - Career progression/counselling – lateral moves, flexibility $$$ tied to competencies - Recognition - Coaches- mentor – exchange programs, sabbaticals - Fast track – to commit or not? - New technology and competencies

2.5 Engaging Provincial and Territorial Governments

Mr. Alex Butler of HRSDC gave a short presentation on the importance of engaging these levels of government. CCHSE provided participants with the following list of proposals based on work completed so far:

Establishing Provincial/Territorial Buy-in

The Starting Point

Identify key stakeholders who need to/should be involved (e.g. mandated to deliver services, funding entities).

- Get support/buy-in from governments
  - Conference of Deputy Ministers to determine their criteria for leadership, their issues, what they think is needed
  - Health Ministries – connect with Deputy Ministers/Assistant Deputy Ministers around further developing requirements
- HRSDC Staff/Advisory Committee members to meet with them
- Identify champions to approach influential people we know
  - Include the Conference Board of Canada and other parties who could not be here
  - Connect with universities and potential key stakeholders

Participants were asked to recommend activities for the engagement of these levels of government and to propose appropriate champions.

Engaging Provincial and Territorial Governments – Summary of Recommendations

- Need credible message/leadership approach to DM level. Need clear outcomes/business case
- Sell to ACHDHR with salient points for a sector study (briefing note). Use scoping exercise to capture interest – demographics, etc are issues for provinces. (3 partners)
- Find out provincial/territorial priority for leadership. What is their level of readiness?
- Have one of ACHDHR on steering committee
- Have someone personally meet with key stakeholders
- Communications - Consistent/coherent message – with included benefits to them and takes into account lessons learned from other sector studies
- Identify common and distinct requirements among provinces and territories
- Communicate with HHR sub-committee, Health Authorities, Related Ministries (e.g. Education)
- Get letters of support from stakeholders
- Involve universities in developing recommendations – training grounds for leaders
- Use local CCHSE chapters to contact Health Authorities. Get message passed up to Deputy Ministers and then to Federal level.
- Get informal buy-in with each province/territory – via ADM/Chief Nursing Officer/HHR
- Use HHR Summit as venue to raise issue.
- Identify potential champions at ministerial level e.g. Carolyn Bennett, Belinda Stronach
- Identify local provincial champions – joint briefings, link with other groups for endorsement and positive media coverage.

Proposed Champions

- 3 Partners
- CCHSE –John Hylton
- ACAHA - Glen Brimacombe
- CMA – Dr Alexandra Tcheremenska
- ACEN – Mary Ellen Jones, Patricia O'Connor
- Aboriginal Nurses – Lisa Dutcher

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3. ANNEX

3.1 List of Participants

MGen (ret'd) Lise Mathieu	Chair - Leadership Project, Policy and Research Advisory Committee
Annette Hewitt	Executive Director, Policy & Research, CCHSE; Executive Director CASPHER, Ottawa, ON
Patricia O'Connor	Past President - ACEN; and teaching at McGill University, Montreal, QC
Dr. Don Atkinson	CSPE Representative, Chief of Staff – Lakeridge Health Corporation, Oshawa, ON
Harry Parslow	Partner, Caldwell Partners International, CCHSE Board, Alberta
Sharon Sholzberg-Gray	President/CEO, Canadian Healthcare Ass. Nursing & Home Care Sector Study, Ottawa, ON
Alexander Butler	Researcher, Sector Council Program, HRSDC
Michelle Gagnon	Senior Associate, CIHR Institute of Health Services & Policy Research, Ottawa, ON
Dr. Aslam H. Anis	Associate Professor of Health Economics, Director, Health Administration Program, Faculty of Medicine, Univ. of BC, BC
Sandra Blevins	VP, Clinical & Ops Support Services, Exec. Site Officer, Saskatoon Health Region/Royal University Hospital, Saskatoon, SK
Allan Bradley	COO, Central Regional Integrated Health Authority, Grand Falls-Windsor, NL
Richard McConnell	VP, HR & Organizational Development, Victorian Order of Nurses, Ottawa, ON
Michael Villeneuve	Senior Nurse Consultant, Canadian Nurses Association, Ottawa, ON
Glenn Brimacombe	CEO, Association of Canadian Academic Healthcare Org., Ottawa, ON
Dr. Alexandra Tcheremenska	Director Leadership Development, Canadian Medical Association, Ottawa, ON
Geoff Rowlands	ED, Health Care Leaders Association of British Columbia, BC
Kay Lewis	ED, Prince County Hospital, Summerside, PE
Bernice Downey	Executive Director, National Aboriginal Health Organization, Ottawa, ON
Paul Hession	National Executive, Federal Heath Partnerships and NGOs, Partnerships and Alliances. Canada Health Infoway, Ottawa, ON
John Hylton	President, CCHSE, Ottawa, ON
Eric Perreault	Senior Analyst, Sector Council Program, HR Partnerships, HRSDC
Kathy Kinloch	VP, Human Resource Western Canada Forum, BC
Dr. Francoise Chagnon	Director of Profession Services, McGill University Health Centre, Montreal, QC
Helen McElroy	Manager, Health Human Resources Strategy Division, Ottawa, ON
Heather Hanrahan	Director – Human Resources, Eastern Health Authority, NL
Dr. Tony Williams	Professor and academic lead, Public Safety and Health Specialties, School of Leadership, Royal Roads University, Leadership & Learning Collaboratory, BC
John Borody	CEO, Addictions Foundation of Manitoba, Winnipeg, MB
Joy Stevens	HR Planning & Policy Consultant, Capital District Health Authority, Halifax, NS
Louise Ogilvie	Director, Health Services Information, CIHI, Ottawa, ON
Judith Newland	Facilitator, Axletree Consultants, Ottawa, ON
Beverley Leeks-Finkelstein	Director – Leadership Project, Canadian College of Health Service Executives, Ottawa, ON

3.2 Flip Chart Content

Activity: Sector Study on Leadership in Health Care –Key Components II

For your assigned topic

Step1
Taking into account what has already been done
- *What are the key questions that the Sector Study should aim to answer?*
- *Why?*

Step 2
- *What process/Methods would you recommend?*
- *Why*

Step 3
- *Which 2-3 Questions should be addressed first?*
- *Why?*

Table One – Scoping/Status quo	
Who are the Leaders? • How many? • Age • Professional Background? • Gender, Language, culture • Projected year of retirement • Salary • Highest level of education • Years of work (total, in leadership, in Health Leadership, in this job) • Type/size of organization • Private/public • Are they still pursuing formal education? • How prepared do they feel for the challenges they face? • Amount of management training • Foreign/domestic training. • Pattern of Leadership roles in early life/career • Career path analysis • Who hired them and why? • Data from other sector studies (process, content)	*What are their Roles and Responsibilities* • Time spent (meetings, communication, planning…) Actual vs Should vs "like to" • Key Responsibilities • Staff reports (No, type) • Amount of Travel • "Overtime" • Job Satisfaction • Tools needed (Technology, People) • Key outcomes for this year • Turn over rate • What competencies do you need? • How well prepared do you feel in these competencies *What are their Impacts?* • Performance Management Agreements *What are the key Canadian Health Care Issues?*
How will we gather this?	
• Revenue Canada (Demographics) • Association Databases • Hay and Associates •	• HR Benchmarking Network • Comprehensive List – "who's out there?" • UK studies on Leaders

Table Two – HR Issue and Pressures	
• What impact has gov't policy had on the profession/sector (i.e. reductions/training)? Why – this has impacted negatively on other hc professions • What impact is the demographic shift having on the profession? (aging, supply and demand)* • What impact does the changing service delivery models have on the profession? • Where are we recruiting leaders from and where are they going? * • Is our existing compensation (models/systems) competitive? Reflective of role/accountability? • What impact does increased workload have on Roles and responsibilities? (retention)	• What impact do personal values have on R&R in the profession? • What impact does the work environment have on R&R? (i.e. unionized environ)* • How is succession planning currently carried out? What are the successes? Challenges? • How do we measure the impact of our leaders on our organizations? The system? • How effective has training/education been in developing leaders? • How much do we spend training/developing leaders? • What types of competency model are out there? • What variations to these questions exist throughout the country? • How do we develop/build our leaders • Span of control
How will we gather this?	
• Literature review (peer and grey) – including other sectors • Surveying (focus groups/consultations)	• Review of existing databases – StatsCan, CCHSE, CIHI, provincial hc associations. others. • Analysis of findings – but will be very difficult to be all-encompassing – because scope and membership is very broad

*Items marked with an asterisk should be addressed first

Table Three – Supply and Demand	
• List sacrifices/rewards of leadership • How many are out there(leaders) and what is "natural" turnover? What is the impact of major reorganization on interest and morale? • What is predicted demand? (In light of future trends and system-based view/analysis) • What is HHR mix? Impact of feminization?	• Who do we want as leaders vs who is actually interested? • How do we attract? • How do we keep them? • Different approach required for aboriginal leaders (have young families, stretched as too few, usually front-line, need +++ education/support, systematic> just HC change requirements
How will we gather this?	
• Aboriginal specific stream • Explore concept of how to increase diversity (♀, racial, etc) -> meta-analysis • Gap analysis of leadership (currently and predicted) and its impact on health outcomes • Exit interviews of leaders – why leaving? Next plans? Change focus to human "What's in it for me?". • How leaders learn.	• Current failure to reflect diversity in leadership – how do we overcome this? • Leadership situation exposure of young (no need to focus on title) -> builds skills, interest, confidence • How do we make it more systematic? Protect time to explore think? • Access to flexible, on-going education? • How to find all this training/recruitment/retention

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Table Four– Environmental Scan	
• Where are we in the loop re societal values? • Changes – science/care delivery • Pace of change • Public Expectation(access, individualization)/Govt expectation • Politicization • Accountability/Performance • $ and sustainability • Org changes – systems thinking • Public/private roles – multiple delivery agents – management • Governance	• Globalization – Internet access to info, surge capacity, World benchmarks, Alternate/complimentary medicine China/India • Standards increasing • Immigration – foreign training • Pandemics, Emergency preparedness • Changing roles – scope of practice, etc • HHR shortages – scarcity • Lack of attention – prevention, population health • Technology • Span of control – size, scope, geography
External	Internal
• Societal values • Public expectations • Accountability • Politicization • Governance and sustainability • Globalization	• New technology • Delivery options eg public/private • HR • Span of control • Pace of change • Difficulty innovating
How will we gather this?	
• Literature review	• Interviews (Students, people who have exited, middle managers, senior executives, public, government, trustees)

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Sector Study on Leadership in Health Care – Governance Structure

Step 1 (add bullets to questions below – same format as previous section)
What do you recommend as the proposed governance structure for the Sector Study?
Why?
Who should form part of this body

Step 2
What do you recommend as the Governance structure for issues other than the sector study?
Why?
Who should form part of this body?

Table 1	Table 2
Sector Study MOU model Why? Flexibility, evolution, efficiency, formalizes processes, agreement Who: • 3 main partners (CCHSE, ACEN,HRSDC) • Key professionals - CSPE, CHA • allied health/other regulated providers • Gov't F/P/T • Private Sector • Academic Sector – ACAHO • Delivery System/ Provincial Health care associations • Rural/Rural Remote *Other Issues:* Task Force Why? • continue momentum • Capitalize on current interest/activity eg CCHSE competency initiative, University courses/certificates, electronic media Who? 3 Partners and academic	If there is agreement that a sector study is necessary an MOU would be developed among interested parties to: • Complete scoping exercise • Develop/submit proposal including governance structure and data collection' • Secure buy-in of FTP group Who? Need highly respected group of leaders who are highly motivated to be "ambassadors"/orgs CCHSE, CSPE, ACEN, CHA, CHSRF, CNA, Health Canada, Provincial/Territorial ministers, CIHI, Universities, individuals from the political health arena, Individuals recognized as health leaders/champions.

Table 3 and Table 4:

Table 3	Table 4
Structures Inclusivity vs manageable group Use of MOU Steering Committee Working Groups Management Committee (smaller numbers) Co-chairship Representation Employer, Employees (health care providers – CCHSE, CSPE, ACEN), Academic, Ex-officio (CCHSA, Health council, CHSRF), Private Sector (i.e. Biotech, pharmaceutical, Informatics, Medical devices), Govt (F/P/T), Broad stakeholders (i.e. consumer, private sector etc.), Educational institutions, Expertise/content experts (i.e. diversity , private sector, aboriginal linkage to stream), Student org reps.	What linkages are needed? What is the priority? What comes first? HRSDC requirements? A group to provide F/U. Steering cttee for study Membership of steering cttee – ADMs, CEOs (health), academic, associations, public

Table 4 sub-table:

	Host Organization	
	Sector study	Other issues
Pros	Buy-in, more manageable, faster to implement	
Cons		
	New Entity	
	Sector Study	Other Issues
Pros		
Cons	Takes away from existing organization, additional meetings	

Leadership Support Tools

Step 1
For your assigned topic:
- *BRAINSTORM anything that might help leaders to succeed*

Step2
- *Taking into account your knowledge of what exists, priorities and resources – develop your recommended list of tools for immediate/short-term focus*

Table 1 Succession Planning	
Brainstorm	**Recommendations/Tools**
- Data Base - Leaders, Potential Leaders, Promotional Leaders - Required competencies vs current state - Demographic profile - Experiences vs required experiences - Current training vs required training - Self-identify, Exec identify, staff/union identify - Guidelines from other sectors – ADM- DM - Transparent process – people know they have the potential - Know external environment well enough to match type of leader to the situation - Make the job attractive (Duxbury Study, quality of life issues) - Formal mentoring programs - Apprenticeship programs - Organized leaves - In-house specialty training	- Federal leaders – ADM guidelines policies - Inventory - Literature Review (systems, other professions, other organiztions, career laddering, models - Examples of Intentional succession planning - Health Care is my organization - Performance management

Table 2 - Recruitment	
Brainstorm	**Recommendations/Tools**
- Informal networks - Formal networks - Branding - Marketing to address misconceptions - Recruit for leadership pathways - Create positive learning environments – employer of choice - Partnerships/exchanges with grad schools - Mentorship – current leaders mentor new grads - Create attractive work environments in rural areas - Tuition repayment bursaries - Stress ops for development - Hire Harry Parslow - Study other industries - Create "best practices" - Recruit based on values	- Job descriptions/competency assessments - Formal mentorship programs - Staff referral incentives i.e. UBC Leadership Training Programs - EXTRA - SEARCH (Alta) - MHA - Search firms - Employee satisfaction surveys

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Table 3 - Retention	
Brainstorm	**Recommendations/Tools**
• Personal coaches • Dorothy Wiley Institure (UofT) eg websites • EXTRA • SEARCH Canada • CMA leadership training • Royal Roads University • Need organizational and government support programs • Professional development • Permeate the organization – buy-in • Leadership profiles have changed therefore a progressive development program is appropriate • Must nurture reflective development with commitment to programs • Just-in-time (Geoff will advise Annette) learning led by experienced staff • Reward/recognition (eg PA) tools for mentors • Need a clearing house/portal • Info provided - plus • Magnet hospital model • RNAO best practices (30 guidelines for quality practice environment – leadership, healthy workplace. • Planned career progression process • Trillium leadership development • Lise Mathieu/DND • Lessons learned outside health care eg BMO • Sabbatical leaves • Assessment tool(s) for span of control* • Wellness culture/supports for healthy lifestyle eg Siemens* • Reasons why we don't retain people • Working in teams – it's lonely at the top	• Short term • Health leadership network (function: collating/brokering) i.e. disseminating Best Practices, Leadership support tools, case studies • Who? • Academic institutions providing health management/leadership studies. Initial College leadership to lead engagement

Table 4 – Emerging Competencies	
Brainstorm	**Recommendations/Tools**
What helps you succeed? • Stay healthy • Business skills (marketing, customer service, media relations) • Performance monitoring – strategic leadership • Change management • ETHICS • Responding to multiple stakeholders • "The Fit" • Survival skills (scapegoat, save face) "Teflon" CEO • Emotional IQ vs"smartness" • Managing diversity	• QA of training programs • "in-house" programs for organization • Core competencies/credentialing • Exportable training/certification (inter-provincial-national) • Career progression/counselling – lateral moves, flexibility • $$$ tied to competencies??? • *Recognition** • Coaches- mentor – exchange programs, sabbaticals • Fast track – to commit or not? • New technology and competencies •

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Engaging Provincial and Territorial Governments

Step 1
Taking into account the list of proposed activites – Develop your recommended approach (and why?).

Step 2
In terms of "Bang-for-our-Buck" what are your "Hot Favourites"?

Step 3
Given the above, who do you think should champion these initiatives? (Feel free to recommend yourself!)

Table 1	Table 2

1. Sell to ACHDHR with salient points from the business case for a sector study (3 partners)*
 2. Having one of ACHDHR on the steering committee (Speak for gp)
 3. Having someone personally meet with the key stakeholders
 4. Consistent/coherent messages (communication approach) – which include the benefits to them!*
 5. Lesson learned from other sector studies – part of the strategy to prepare for the common message
	1. Scoping – 1st step (demographics etc). This is an issue for the provinces which can be used to capture interest
	 2. Approaches – identify common recs – with recognition of those that are unique.
	 - Ambassadors – Provincial/Territorial approach DMs
	     - ACHDHR(ADM reps from provinces) deal with health
	     - HHR sub-committee
	     -Health authorities
	     - Related ministries – advanced education
	     - Local health org (CCHSE, HCLABC) Local CCHSE chapters ->Health authorities ->DM -> Feds
	     - letters of support
	     - Universities – training grounds for leaders – involved in developing recommendations
	      - support from stakeholders (i.e. other organizations)

Table 3	**Table 4**
• Informal buy-in with each P/T - ADM/Chief N.Off/ HHR • What is their interest in leadership and is it a priority? Level of readiness • Briefing note to ACHDHR • Linkage to ACHDHR co-chairs (3) – Geoff for BC • HHR summit – use venue to raise issue (Briefing note) • Identify potential champions at ministerial level eg Carolyn Bennet, Belinda Stronach Who? CCHSE – John Hylton ACAHO – Glen Brimacombe CMA – Dr Alexandra Tcheremenska ACEN – Mary Ellen Jones, Patricia O'Connor Aboriginal Nurses – Lisa Dutcher	Recommended approach Level i) Credible message/leadership approach to DM level Level ii) DM consensus -> national strategy Need: Outcomes (business case) clear Champions • Identify local provincial champions • briefing, co-presentation, link with other groups for endorsement, positive media/preparation timing for champions • Need fully developed strategy/approach @ recommendation stage

3.3 Task Force Meeting Evaluations

What were the most significant outcomes of today for you?
- Concrete exchange of ideas and action planning for short and long term
- Alignment of diverse points of view on the key issues
- Good open discussion and good facilitation
- Further discussion to move forward a plan of action for sector study and provide needed support to health care leaders
- Increasing awareness and commitment to an Aboriginal stream as part of development work and Sector Study
- Moved towards goal
- More stakeholders now involved with positive responses. More detailed needs identification for the next steps accomplished. Action plan begun
- Hearing perspectives across country. Views of association.
- The outline "Chapters" of submission. Decision on Governance
- Clearer definition of the components of a sector study
- Plans outlined
- A better understanding of the project with a bit clearer idea of where this needs to go
- Steps taken toward Sector Study
- Consensus achieved!
- Alignment- group keeps growing and we are all saying the same thing
- Cohesive definition in place. Strategies to move forward
- 1)Being updated on the status of the project – in depth. 2) Then being more clear as to the scope/intent of the project and starting to see how this will work!! 3)Having Alex present to clarify some process/political issues.
- Good facilitation. Progress

On a scale of 0-10, how confident that what we have done will help to make a positive difference to Leadership in Health Care?

Not a Snowball=s Chance	0	1	2	3	4	5	6	7	8	9	10	Watch our Dust?
							3	7	7			

Why did you mark where you did?
- Because I am hopeful (8)
- Good exchange and discussion of diverse issues (8)
- We need to complete the study to move to the top of the scale (8)
- Organization and commitment of people involved. Potential positive impact for health care sector (8)
- Very positive/optimistic outcome. Good will. Some concerns about funding/grants and how to proceed (i.e. what would be achievable?) (8)
- Few pers coming forward saying … "and I will do this" (8)
- This is long overdue, and there is currently momentum building both with our committee and in the broader environment (8)
- Networking and exchanging thoughts about issues we are all passionate about. Excellent group (7)
- Intuitive assessment (7)
- Health is very difficult to know for sure. Largely dependant on next steps with P/T support (7)
- A big stumbling block will be provincial support. We now know what needs to be done to achieve it.   The challenge will be to have a <u>clear</u> description of the project and provincial support to carry it forward (7)
- Odds are somewhat better than chance. No, really I think more momentum occurred today. Government rep seems to be warming up to idea of sector study more and more (7)
- Lack of specific action items to engage and move forward (7)
- Defined options to move forward for the 3 orgs to consider. Key is execution (7)
- Didn't mark higher because the plan is not solid enough yet (6)
- We are building momentum and more consensus which is very important right now (6)
- Still many steps to go and need the commitment to be able to see it through before more changes (6)
- 0 Aboriginal engagement until this meeting. Concern about DM level of support (4)

What advice do you have for us all, going forward?
- Better/bigger room. A meeting fairly soon, regardless of funding for Sector Study
- Create common messages
- Make the strongest possible case for a Sector Study
- Strong communication and marketing plan
- Be concise, outcomes focused and set strategy before launching
- Keep momentum on funding
- Consider what needs to be done and then what can be done if a sector study does not proceed. We've made significant gains in defining the status of health care leadership.
- Learn from lessons in the past. Stay tuned to political/environmental influences
- Assure financing
- Keep the momentum
- Continue to engage folks, build the network and communicate ++ the progress, next steps. I'm happy to help any way I can. Thanks! Sandra
- Keep positive.