

Topic Overview

Fostering Leadership for Health-System Redesign in Canada

Stakeholder Dialogue 4 March 2014

The McMaster Health Forum convened a stakeholder dialogue on the subject of fostering leadership for health-system redesign in Canada. With the support of the Canadian Institutes for Health Research and the Michael Smith Foundation for Health Research through a Partnerships for Health System Improvement (PHSI) award entitled “Leadership and Health-System Redesign,” the dialogue brought together 20 participants – two policymakers, seven managers, six stakeholders and five researchers – from across Canada to examine the problem, elements of an approach for addressing it, and key implementation considerations.

Deliberation about the problem

Dialogue participants focused on six main issues when deliberating about the problem: 1) the lack of a shared understanding of core concepts related to leadership and its goals in Canada; 2) the unfairness and downside of using language that implies that the problem is in some way a failure of existing leadership; 3) missed opportunities to learn from the pockets of innovation and examples of leadership excellence that exist across the country and internationally; 4) hierarchical management and accountability structures that conflict with the realities of healthcare as a complex-adaptive system; 5) the degree of health-system fragmentation across the country and the challenges that arise with any efforts to enhance coordination; and 6) the over-politicization of healthcare and the resulting disincentives for innovation and risk-taking.



The views expressed in the issue brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.





Participants drawn from government, healthcare and research organizations gather during a McMaster Health Forum event on 4 March 2014

Deliberation about an approach

Participants generally agreed that there is a need to move forward in three domains even though some tensions remain, particularly between accountability-driven health-system leadership and complex-adaptive systems thinking. First, dialogue participants generally agreed about the need to support and iteratively bring coherence over time to local, provincial, regional and national calls to action for preparing leaders to achieve health-system transformation that puts our health systems back at the top of world rankings (e.g., Triple Aim). They also agreed that the notion of acting locally [and provincially], connecting regionally, and learning nationally and globally' should be incorporated in such efforts. Second, they supported promoting a Canadian dialogue about the language and logic of complex systems, of leadership to support transformation in complex-adaptive systems (including the LEADS in a Caring Environment Capabilities Framework), and of talent management that identifies promising leaders, supports their 'learning by doing,' and holds them accountable while not blaming them for taking measured risks. Related to this, they also supported allowing others to work on – but not emphasizing – context-appropriate forms of credentialing, curricular coherence, database development, human resource planning and explicit expectations for leadership and leadership programs. Third, participants called for strengthening the network(s) that can identify and evaluate innovative practices in leadership for health-system transformation and in leadership enhancement and disseminate and scale up 'what works.'

Deliberation about next steps

Participants committed to take personal actions to foster leadership for health-system redesign, including: 1) committing to keeping the conversation going; 2) adopting more compelling language in all aspects of their work to promote leadership; 3) raising the profile and highlighting the importance of leadership development in meetings; 4) setting the 'leadership bar' higher for those working within their organizations; 5) developing tools that make use of frameworks such as LEADS to promote leadership development; and 6) helping people use existing databases and resources to take stock of innovative practices in leadership development, identifying critical gaps, and developing tools that can be used to improve access to this knowledge. They also committed to collaboratively identify opportunities to engage with and improve existing (and to create new) networks and collaborations that can be used to foster leadership.

To learn more about this topic, consult the [issue brief](#) that was presented to participants before the dialogue, the [summary](#) of the dialogue, and [view](#) or [listen](#) to the [interviews](#) with dialogue participants. For an electronic copy of the issue brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.org and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.