Leading Systems Transformation: An International Perspective

The LEADS Movement in Canada

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Presenter Disclosure

• **Presenter:** Graham Dickson (PhD)

• **No relationships with commercial interests**
Value of a Common Language

Surely if we are to really lead the future of healthcare we must believe that our own generic problem solving skills, grounded in the scientific method but tempered in the art of medicine are key to the future.

The contention therefore is that if /when medical leaders are to lead the way forward in this century towards the transformation and improvement of healthcare across the globe then **we must work between us towards a simple yet clear vocabulary that we can share with our clinical, management and technical colleagues around at every meeting and every report.** Does such a framework exist?

Defining Leadership...
In Canada, for most health organizations, the musical score for health leadership is LEADS.
Leadership—as LEADS

Five domains

Four capabilities per domain.
LEADS Framework

**LEAD SELF**
- Are Self Aware
- Manage Themselves
- Develop Themselves
- Demonstrate Character

**ACHIEVE RESULTS**
- Set Direction
- Strategic Alignment
- Take Action/Implement
- Assess & Evaluate

**ENGAGE OTHERS**
- Foster Development of others
- Contribute to creation of healthy organizations
- Communicate Effectively
- Build Teams

**DEVELOP COALITIONS**
- Purposeful Partnerships/Networks
- Commitment to Customer Service
- Mobilize Knowledge
- Politically Astute

**SYSTEMS TRANSFORMATION**
- Systems Thinking
- Encourage Innovation
- Orient to Future
- Champion Change

A foundational element for health leadership development
Defining features of LEADS

- For all
- Simple, yet complex
- Capabilities
- Enables discussion
- **Systems** perspective
- Change focus

Patients included!
‘This is not a number, this is a human being’

Trevor Slater, outraged parent

Caring identity...

Trevor Slater holds up his son, Kelley, to emphasize the point that Kelley has spent almost his whole life in the hospital.
Distributed not heroic leadership...

Formal AND informal leaders
The Validity of LEADS

Construct validity
• Initial work was research based (literature; action research)
• PHSI study (CIHR)
• Subsequent studies validate

Face validity
• Appeal
• Utility
• Used in 10 provinces in Canada
• CHLNet and LEADS Canada created to use LEADS for health reform.
• Influential in Australia, New Zealand, UK
LEADS:
Uses in Systems Transformation
CHLNet: Better Leadership, Better Health – Together

42 national, provincial, local member partners

- Governments
- Regional Health Authorities
- National Health Organizations
- Provincial Organizations
- Universities
- Patients
- Private sector
LEADS Collaborative

➢ LEADS Canada
  ➢ Licenses
  ➢ Programs
  ➢ Exchange Days
  ➢ In House Specialist Program
  ➢ Community of Practice

➢ LEADS Certification
  ➢ CHE
  ➢ CCPE
LEADS CANADA provides LEADS-based leadership development services and partners with organizations, authorities and regions to facilitate not only the adoption of the framework, but a cultural shift required to fully imbed LEADS throughout an organization.
Health Workforce Australia

- 80 licenses
- Degree program in Tasmania
- Future in doubt with new government

New South Wales (HETI)

- Website—resources, videos
- LD programs for hospitals
- 360
- International group of experts
## LEADS/UK medical standards

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<th>LEADS</th>
<th>UK Leadership and Management Standards for Medical Professionals</th>
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<td><strong>Lead Self</strong></td>
<td><strong>Self</strong></td>
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<tr>
<td>• Self aware</td>
<td>• Self-awareness and self-development</td>
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<tr>
<td>• Manages self</td>
<td>• Personal resilience, drive and energy</td>
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<td>• Demonstrates character</td>
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<tr>
<td>• Develops self</td>
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<td><strong>Engage Others</strong></td>
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<td>• Foster development of others</td>
<td>• Effective teamwork</td>
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<td>• Contributes to a healthy organization</td>
<td>• Cross-team collaborations</td>
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<td>• Communicates effectively</td>
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<td>• Builds teams</td>
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<td><strong>Achieve Results</strong></td>
<td><strong>Corporate Responsibility</strong></td>
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<tr>
<td>• Set direction</td>
<td>• Corporate team player</td>
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<td>• Align vision, mission, vision values and evidence to make decisions</td>
<td>• Corporate culture, improvement and innovation</td>
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<td>• Take action to implement decisions</td>
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<td>• Assess and evaluate</td>
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<td><strong>Develop Coalitions and Systems Transformation</strong></td>
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<td>Domain*</td>
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<td>Systems Transformation</td>
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Leadership Development Programs

- University programs: e.g., U of A Leadership of Health Systems Improvement Graduate Certificate
- CMA and CSPL programs for physicians
- ACFP Primary Care Network reform
- Medical Society of PEI program

PEI: “...facilitate training of MSPEI members in leadership skills to enable meaningful consultation with respect to the management of delivery of change within facilities or across the province within Health PEI.”
LEADS as a model for change

Outcomes
- Achieve Results

Relationships

Future vision

Engage Others

Lead Self

Develop Coalitions

Change Dynamics

Systems Transformation

Personal Processes

Strategic Processes
LEADS as a Change Planner: EHR

LEADS Change Planning - Questions to Consider

**Leads Self**
- What is my personal vision for this initiative?
- What assumptions am I making about what is required?
- What is my current level of capacity/capability to undertake this work?
- What are my strengths/areas of vulnerability and how do I address them?
- What strategies will I employ to manage my emotions, performance and health through the change process?

**Systems Transformation**
- What is the systems impact we are striving for?
- What change opportunities/challenges do we anticipate in undertaking this initiative?
- What innovative ideas or practices can we build on?
- What systems, structures and processes are impacting on the current situation?
- What potential impacts could this change have?
- What are the known enablers and barriers?
- How do we ascertain the readiness of individuals, team(s) and the organization to engage in the change process?
- What impact(s) do we anticipate on other service areas?

**Engage Others**
- Who does this change immediate impact? How do we meaningfully involve these individuals?
- What type of team do we need to lead this initiative?
- How do we develop and support the team to achieve the results we seek?
- What is really important to communicate? When?
- What communications vehicles will be most appropriate and impactful?

**Develop Coalitions**
- Who are our key partners (internal or external to Eastern Health)?
- Who has a stake in the outcome of this initiative? How significant?
- Where are our partners in their current understanding of this issue? In their level of commitment?
- How will we begin developing the relationships needed to support the initiative? Are there existing or potential forums that could be leveraged?

**Achieve Results**
- Why are we undertaking this initiative (i.e., what purpose are we trying to accomplish)?
- What is currently happening now? What evidence do we have?
- What is our vision for change? How will we know when we get there?
- What are the desired benefits to clients/patients/residents?
- What values or principles will guide us in our work?
- What strategies and tactics will we employ to achieve our desired results?
- If we are successful in creating the changes required, how will we measure success? What indicators will be most useful?
Thank you

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