Leadership Project

Updating an Organizational Plan: Strategic Leverage in Developing Leadership

Fellowship Program

Canadian College of Health Leaders (CCHL)

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Main Messages

In Quebec, since 2005, health and social services centers (HSSCs) had have to manage and coordinate local services networks (LSNs) and fulfill their population-based responsibility. From this perspective, the CSSS du Nord de Lanaudière has been engaged since December 2012 in revising its organizational plan guided by five principles, including the consolidation of 8 continuum of care and services and the concept of capacity development. Revising an organizational plan is a highly strategic undertaking that affects the organization's shape and substance. Creating a new structure is one of the most difficult managerial and leadership tasks. This is why it is interesting to see how these major transformations can help develop the leadership of the individuals shaping them.

Based on an understanding of the dynamics of capacity development, this leadership project uses the implementation of the LEADS in a Caring Environment framework to present the various contexts, attitudes, and tools that enabled a management team to make the revision of its organizational plan a growth experience. Whether through the development of their knowledge as a result of learning new theoretical concepts—the foundation of transformation—or of their know-how by bringing about change, moving to action from a standpoint of co-construction and transparency imposed changes in practices and behaviors that forced individuals out of their comfort zones and, what is more, to become better leaders.

Executive Summary

Context

In Quebec, since 2005, health and social services centers (HSSCs) had have to manage and coordinate local services networks (LSNs) and fulfill their population-based responsibility. From this perspective, the CSSS du Nord de Lanaudière has been engaged since December 2012 in revising its organizational plan guided by five principles, including the consolidation of 8 continuum of care and services and the concept of capacity development.

Revising an organizational plan is a highly strategic undertaking. It affects both the organization's structure and substance. Creating a new structure is one of the most difficult managerial and leadership tasks. This is why it is interesting to see how these major transformations can help develop the leadership of the individuals shaping them.

Leadership Project

As part of my fellowship program, this leadership project aimed at gaining an understanding of the dynamics of capacity development and answering the following question: did revising the organizational plan have a positive impact on the development of leadership capacities of senior management-team members?

Defining Capacity Development

The terms "capacity building" and "capacity development" are used interchangeably in the literature. For some, capacity building appears to connote some unawareness of existing capacities. Capacity development, on the other hand, would appear to imply the existence of

some capacities and not a completely new development of capacities. In both cases, however, the anticipated outcomes are similar. They can lead to the development of new capacities or strengthen existing ones. The concept of capacity development has been defined as a process of creating or improving individual, organizational, or institutional abilities. These capacities make it possible to implement novel actions, solve problems, and set and achieve objectives in an effective, efficacious, and sustainable fashion.

Method

The method used was intervention research in an organizational setting. It aimed at using the LEADS leadership capability framework to analyze the impact that revising the organizational plan had on the development of leadership capacities among senior management-team members. The data were collected through (1) participant observation, (2) semi-structured interviews with ten managers on the topic of capacity development (knowledge, know-how, soft skills), (3) the analysis of collective results from the process to assess the performance of upper management (based on the LEADS in a Caring Environment framework), and, lastly, (4) analysis of the documentation produced, in particular, the evaluation report on the LEADS diagnostic carried out by LEADS Collaborative members.

Results

Most of the elements that contributed to knowledge development among management-team members during the change were based mainly on the learning of new theoretical notions (continuum of care and services, strategic network, population-based responsibility, logistics, and LEADS). These concepts constitute the foundation for the organizational plan's revision.

The capacities that were the most influenced by know-how came primarily under the Demonstrate Character capacity in the Lead Self domain. The personal processes between the Lead Self and Engage Others domains were directly connected to individual development of know-how. Most of the elements that contributed to know-how development were primarily based on implementing change or, in other words, by taking action. Lastly, know-how was strengthened through the introduction of a co-construction and transparency approach, which was advocated and adopted by the management committee.

Conclusion

When faced with the context of managing change, senior management must remember that needs for developing capacities are dynamic and evolve depending on the context and issues pertaining to the change. Empirical and theoretical anchor points provide significant leverage in times of change. They enrich knowledge development and provide fuel for the Lead Self domain, while maintaining consistency in action. Lastly, taking ownership of the LEADS leadership capability framework proved as important as the model itself. Appropriate time must be taken while imposing the pace and passion of moving things ahead.

Report

1 Context

In Quebec, since 2005, health and social services centers (HSSCs) had have to manage and coordinate local services networks (LSNs). The LSNs bring together all providers of care and services, including physician offices; community organizations; private resources; institutions providing primary, secondary, and tertiary services; and partners in other areas of activity. The HSSCs and all their partners must collectively take responsibility with respect to the population in their jurisdictions, which is a concept referred to as "population-based responsibility" (MSSS 2011). With respect to LSN stakeholders, collectively exercising population-based responsibility means:

- Taking ownership of health data so as to achieve a shared vision of the situation in the jurisdiction.
- Defining—through participative processes with the population, the partners in the health and social services system, and those in other sectors of activity—an integrated and high-quality service offering responding to the needs of the local population.
- Bolstering the actions on health determinants so as to improve the health and well-being of the local population.
- Ensuring the management and continuous improvement within a perspective of greater accountability.

From this perspective, since December 2012, the CSSS du Nord de Lanaudière has conducted a revision of its organizational plan guided by its population-based responsibility and, more specifically, by the following five guiding principles:

- Consolidate continuum of care and services in service programs.
- Improve performance.
- Efficaciously and efficiently manage chronic diseases.
- Maximize services offered locally.
- Capacity Development

Revising an organizational plan is a highly strategic undertaking. It affects both the organization's shape and substance. Moreover, it requires a well-organized management project and proactive management of change. Such revision requires the organization to make significant investments in human capital without the senior management actually having a panacea to offer. It engenders insecurity and creates major distractions in daily management operations.

Creating a new organizational structure is one of the toughest—and most politically explosive—challenges (Goold and Campbell 2002). It must bring added value to the quality of care and services, and promote the achievement of the organization's strategic commitments (Baker 1994) (Anand and Daft 2007).

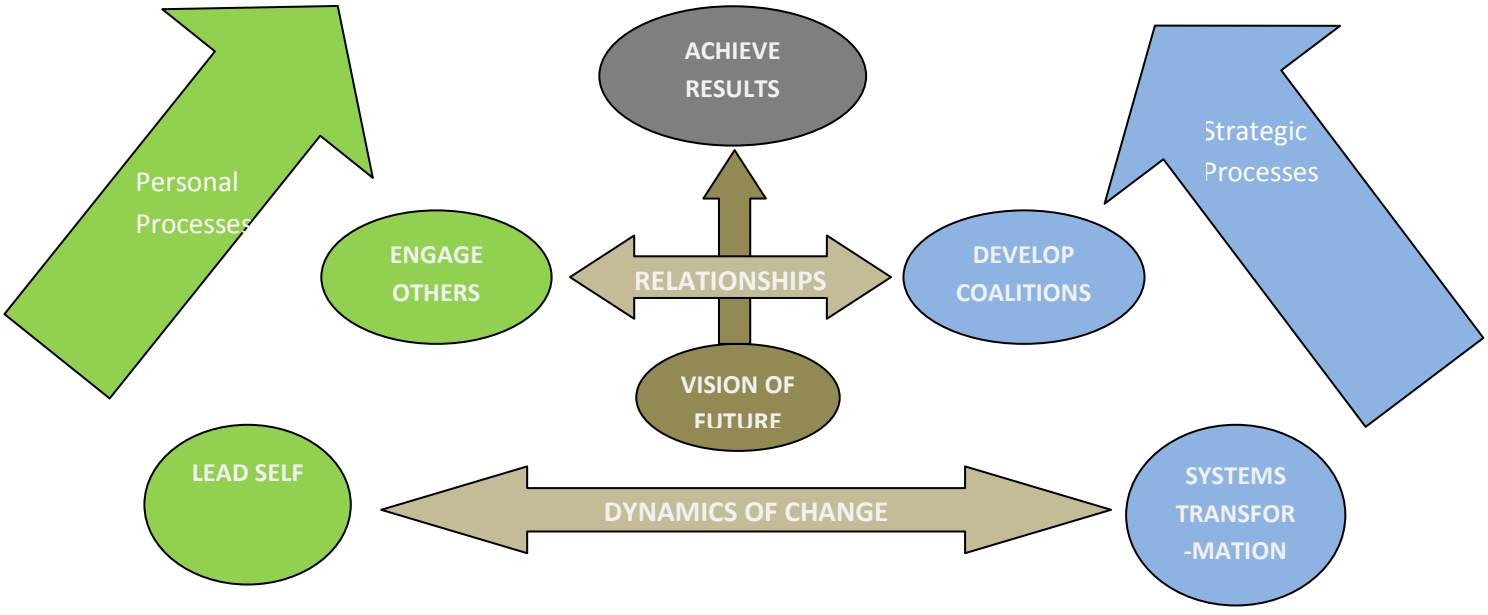
According to the *Cadre de référence en gestion de la performance et de l'amélioration continue du CSSS du Nord de Lanaudière* (2014) (reference framework for managing performance and continuous improvement), leadership is a key element managing change. It requires influencing the people targeted by the change. Leaders exert influence and provide vision. They use adapted strategies to express themselves to the people they wish to influence. The success of a change is

measured by the degree to which stakeholders buy into it. People make change a reality. It only exists to the extent that new actions appear in which new ways of doing things are put to the test and become habits (Y.-C. Gagnon, 2012). This is why any change process is based on communication, engagement, and development of individuals.

2 Leadership Project

According to LEADS Collaborative, LEADS in a Caring Environment framework and its conceptualization (Figure 1) present the main behaviors, skills, abilities, and knowledge required for management in all sectors and at all levels of the health-care system. Given that high-quality leadership is fundamental to improving the performance of the health-care system, ensuring the transformation of individuals by developing their leadership abilities is the cornerstone in improving this system.

Figure 1 **LEADS Model for Change**



This project therefore aimed at answering the following question: did revising the organizational plan have an impact on the development of leadership capacities of management-team members?

3 Defining Capacity Development

The terms "capacity building" and "capacity development" are used interchangeably in the literature. For some, capacity building appears to connote some unawareness of existing capacities. Capacity development, on the other hand, would appear to imply the existence of some capacities and not a completely new development of capacities. In both cases, however, the anticipated outcomes are similar. They can lead to the development of new capacities or strengthen existing ones. Schacter (2000) defines the concept of capacity development as a process of creating or improving individual (knowledge, know-how, and soft skills), organizational, or institutional abilities. These capacities make it possible to implement novel actions, solve problems, and set and achieve objectives in an effective, efficacious, and sustainable fashion. Morgan (1997), on the other hand, defines capacity development in terms of processes, strategies and methodologies used to help organizations or systems to improve performance. In other words, it consists of processes and ways of working with a view to implementing organizational change.

3.1 Capacity Development and the Health-Care Sector

The literature points to a number of very close links between capacity development and the health-care sector. According to Lusthaus et al. (1995), it consists of a continuous-improvement process that affects the individual, organization, or institution with the objective of maintaining or improving the care and services delivered. Taschereau (1998) views it primarily as an internal improvement process that can be accelerated by external groups supporting individuals, the

organization, or the community. According to Hawe (1997) (2002), the literature helps clearly define the goal of capacity development. This research work suggests the following response: People form partnerships for capacity development to (1) manage programs and intervention methods in order to respond to problem situations; (2) create autonomy and sustainability, and (3) develop skills and mutual results for the partners involved in the intervention. Moreover, the Ontario Prevention Clearinghouse (2002) views capacity development as a bottom-up approach that builds sound foundations, fosters maintenance, helps in solving current issues, and contributes to effectiveness and efficiency. The authors describe capacity development as being "the glue that binds". Their experience shows that this strategy positively contributes to the construction of infrastructures, to the long-term maintenance of programs, to the continuous solving of problems, and, lastly, to the improvement of effectiveness.

3.2 Modeling the Capacity-Development Process

Capacity development is an elusive concept, as can be seen by the lack of a consensus on its definition. Nevertheless, a number of authors converge in their thinking. We can therefore make several observations that assist conceptualizing capacity development:

- Capacity development is a process linked to an internal or external intervention within a setting undergoing change.
- Capacity development is multidimensional; dynamic; and linked to improving the performance of individuals, teams, the organization, or the system, all of which ultimately help improve the current situation.
- Capacity development is isomorphic. It is molded by the environmental pressures exerted by each of its constituent subcomponents.

- Capacity development must contribute to sustainability, change, institutionalization, participation, and learning.
- Capacity development requires local institutions to take ownership as well as a partnership between those who conduct the intervention and those on the receiving end.

Two observations can be drawn from the definitions. The first is that capacity development fits into a gamut of managerial strategies for improving quality. The second relates to the integration of individual transformations and the impact that acquiring new capacities has on changes to individual, organizational, and systemic practices.

The capacity-development model presented in Figure 2 illustrates the fact that it is a complex social system open to its environment. Indeed, the figure brings out the model's interactive parts, consistency, networks, and holism.

The next five sections describe each of the fundamental components of the capacity-development model.

3.2.1 External Environment

The framework delimiting capacity development illustrates how the external environment affects all of the model's subcomponents as a whole. The environment is the external context in which the concept's elements (individuals, teams, organizations, and system) successfully conduct their activities. Some examples are legal systems; the legislation and regulations that formally govern social norms; the political environment; the social and cultural environments; technologies

available to clients and patients, the organization, and individuals; and, lastly, economic trends. Implementing an intervention is key to capacity-development strategies. Interventions can be internal or external.

3.2.2 The Individual

Interventions inevitably involve individuals. The individual with the freedom to act and to acquire is the central element, the basic unit. Individuals are agents of change for themselves and for the organization in which they work (dynamic of change). They are able to influence their own individual and collective practices (group dynamics) through the development of individual capacities.

Capacity development involves acquiring new knowledge and learning. According to Rocher (1992), it is a socialization process. It is the process by which human beings, throughout their entire lives, learn and interiorize the social cultural elements of their environment and integrates them within the structure of their personality under the influence of experiences. Socialization occurs throughout life for adults. Events such as a first job, the acquisition of new technical knowledge, learning a new system, new interactions, organizational transformations, a new work pace, or a promotion open the way to new periods of socialization. Learning can take place through the repetition of concepts studied, imitating colleagues, applying incentives or rewards, through coercive systems such as punishment, and even by trial and error. Consequently, learning—as a socialization mechanism—appears to be an omnipresent, many-sided process whose consequences are not necessarily foreseeable. The same situation may simultaneously modify knowledge, know-how, and soft skills. Individual changes are cognitive, affective, and

behavioral in nature. They involve the processes for acquiring and developing new capacities through action and experience that are analyzed as a series of problem-solving processes.

In the context of the LEADS in a Caring Environment framework, the individual acts through the Lead Self domain to become a special agent of change for his or her own development.

3.2.3 Teams

The concepts of team and group dynamics are fundamental components in the concept of capacity development. Certain authors however, neglect to conceptualize them. Indeed, in works on health promotion, the concept of team is much more explicit than that of international development. In a publication by the Canadian Health Services Research Foundation, Oandasan (2006) confirms that a health-care system that encourages teamwork effectiveness will improve the quality of care delivered to patients and, at the same time, reduce workload-related problems resulting in the overworking of health-care professionals. Moreover, this report proposes an exhaustive definition of the term "team," specifically: a team is a group of individuals whose work is interdependent, who share responsibility for outcomes, and who perceive themselves and are perceived by others as a single entity deeply enmeshed in a much larger social system and whose relations are structured around organizational boundaries.

3.2.4 The Organization

The interdependencies between subsystems are transversal and reciprocal. Through individuals and groups of individuals, organizations have the potential to modify—for better or for worse—their structures, practices, and organizational culture. In simple terms, an organization's capacity

is its performance potential to successfully exploit its skills and resources in order to achieve its goals and respond to stakeholder expectations. Capacity development aims at improving the organization's performance potential as evidenced in its resources and management. In the case of organizational capabilities, the intervention's implementation must take into account the internal environment. The internal environment relates to endogenous factors that influence the organization's direction and the efforts put into its activities, such as:

- Incentive and reward systems
- Organizational climate or culture
- Organization's history and traditions
- Leadership and management styles
- Clarity and acceptance of the organization's mission
- The scope of shared norms and values that foster team spirit and the pursuit of organizational goals
- Organizational structure

The effects of capacity-development interventions should improve the constituents of the internal environment. It may be the case that the organization's motivation is so high that it compensates for the difficulties cropping up in the external environment and capacity-related shortcomings. In other cases, however, the internal environment can hinder the effective exploitation of a capacity and limit an organization's performance.

According to the theory of the learning organization, the distinction between the individual and the collectivity is relevant. Indeed, collective knowledge cannot be considered simply as the

aggregate of individual knowledge. Probst and Büchel (1995) explain that organizational learning is triggered by individuals and their interactions, creating an autonomous whole with its own qualities and characteristics. Similarly, learning in a social system is not the sum and outcome of individual learning, even if that learning is necessary and important for institutional learning.

3.2.5 The System

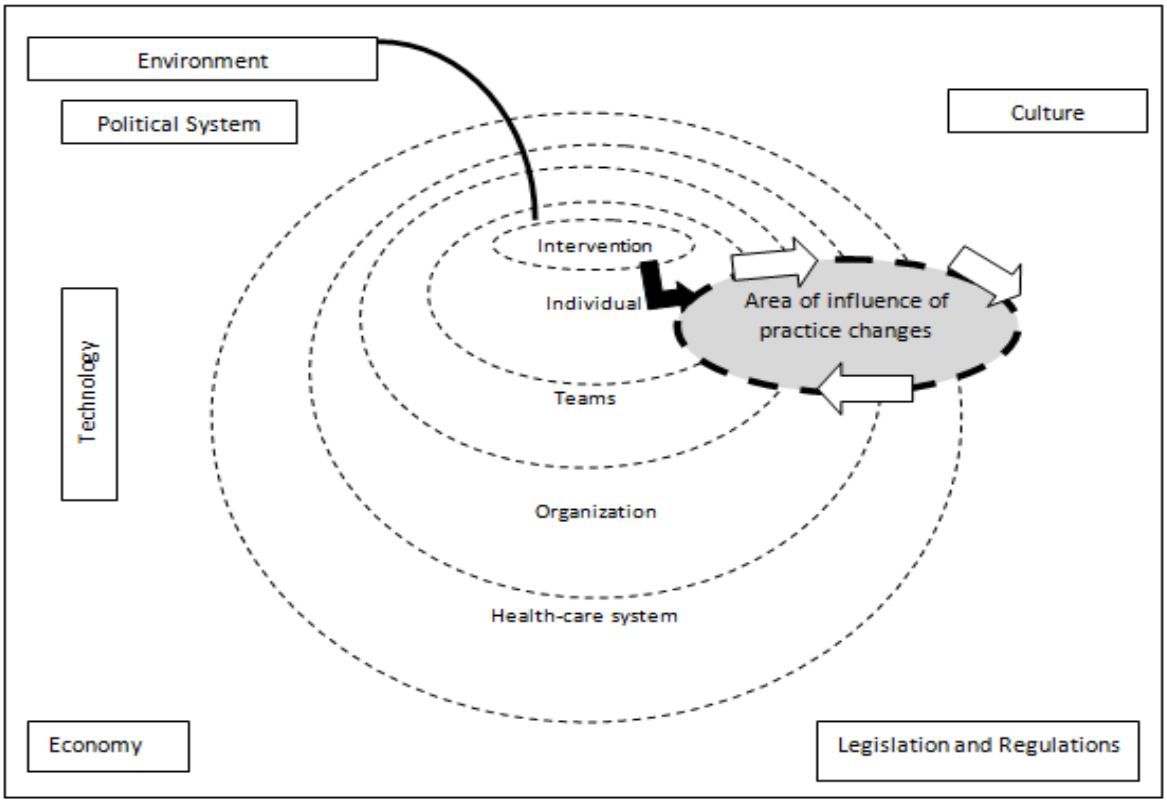
Lastly, the organization and the other subsystems impact on the quality and performance of the health-care system as well as on the state of health of patients and members of the community. The concept of system or network relates to the set of organizations involved in performing a specific function, such as contributing to the health-care system. The system as a whole reflects mainly on its capacity to achieve its goals or carry out its mission. Such accomplishments rest on interdependencies and interactions between system entities. They are influenced by the information circulating throughout formal and informal networks as well as the networking capacity of individuals and their performance within the organization. In the case of the health-care system, both the private and public sectors may be included.

3.2.6 Zone of Influence of Practice Changes

The literature review revealed that most of the authors neglected to model the transformations and practice changes. The intervention dynamic creates a zone of influence of change at all levels of practices and behaviors. We have illustrated the zone of influence using a dashed ellipse that crosses each subset, including the external environment (see Figure 2). The effects of the intervention occur within the zone of influence. The effects are represented by arrows that highlight the results generated within the zone of influence by the capacity-development process.

In order for the capacity-development process to produce a positive effect, the changes in practice and the desired effects must occur on each level. The ellipse's size also demonstrates that the intervention acts on every level. While capacity development involves the individual, it is not a linear process. It operates on all of the model's subsets, including the external environment.

Figure 2 **Dynamic Conceptualization of Capacity Development**



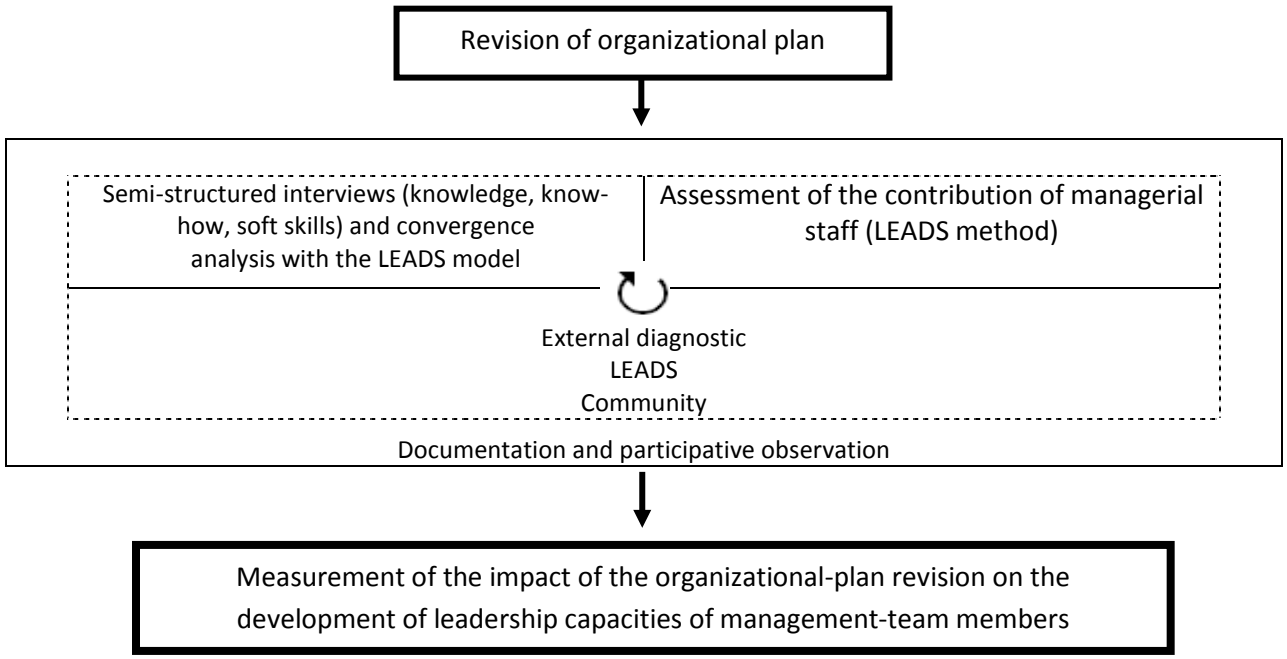
This novel modeling brings out the dynamism of capacity development and demonstrates its power to transform practices, including leadership, while maintaining the importance of the environmental context and the isomorphism characterizing the fluidity of new knowledge within the organization.

4 Method and Approach

The method used was intervention research in an organizational setting (Forget 2013). It aimed at using the LEADS Leadership Capability framework to analyze the impact that revising the organizational plan had on the development of leadership capacities among management-team members.

As illustrated in methodological model in Figure 3, the data were collected through (1) participant observation, (2) semi-structured interviews with ten managers on the topic of capacity development (knowledge, know-how, soft skills), (3) the analysis of collective results from the process to assess the performance of upper management (based on the LEADS in a Caring Environment framework), and (4) analysis of the documentation produced, in particular, the evaluation report on the LEADS diagnostic carried out by LEADS Collaborative members.

Figure 3 **Method for Assessing Capacity Development**



The analysis will be based on the data collected through each method as well as on convergence elements. This convergence of information makes it possible to create a model based on the key domains of the LEADS framework; their influence on knowledge, know-how, and soft skills; and the identification of one or more contextual elements in the organizational-plan revision that had an impact on changes in manager behavior or practices.

5 Analysis and Results

In compliance with the assessment model illustrated in Figure 3, we conducted ten semi-structured interviews with senior management-team members. The discussions focused primarily on the identification, within the context of the organizational-plan revision, of theme codes (contextual elements) that contributed to improving manager knowledge, know-how, and soft skills. This process made it possible to produce an initial overall sketch of the various contextual and organizational variables that might have played a role in developing individual leadership.

5.1 Knowledge

The analysis of what the managers related revealed that most of the elements contributing to the development of their knowledge rested primarily on learning new theoretical concepts, which constitute the foundation of the organizational-plan revision. Five of the eight elements identified during the interviews fell into this category. Among them were the concept of continuum of care and services, strategic network, population-based responsibility, health logistics, and the new LEADS leadership model. The other elements that came to light related to the development of knowledge about the theory underlying the change-management process and learning about the operational contexts of the other departments, mainly that of primary-care services for certain

managers working solely in hospital settings. Lastly, five out of nine managers mentioned that they had gained much more detailed knowledge of their own emotional reactions in the face of adversity as well as greater knowledge about their colleagues as a result of certain decisions that brought out personality and character traits that they had been unaware of up to that point.

5.2 Know-How

The same approach was used to analyze what the managers recounted (Appendix 1), revealing that most of the elements that contributed to the development of know-how were primarily based on implementing the change, in another words, moving to action. They included practical learning related to managing administrative processes in the areas of human resources and management of change. The other themes identified concerned the methodology used by general management to orchestrate the change.

5.3 Soft Skills

Most of the elements that contributed to the development of soft skills related to acquiring experience and maturity. During the transformation, several managers mentioned that the context in which the organizational-plan revision took place imposed changes in behavior that forced most of them out of their comfort zones. On the other hand, the management team strongly commended certain expected behaviors, in particular, accountability, trust, healthy confrontation, perseverance, and managerial rigorousness.

5.4 Mapping the Relationship between the Concepts and LEADS Capacities

Once this exercise had been carried out, we identified the relationships between the themes of knowledge, know-how, and soft skills and the 20 capacities in the five domains of the health leadership capability framework that had been the most influenced by the organizational-plan revision.

First, the relationships were identified subjectively by the scientist-practitioner. The approach made it possible to systematically identify and classify the relationships of influence between the various groups in order to highlight the relationships. This exercise was carried out twice to maximize concordances. Second, the arrows from a theme code (contextual elements) to a leadership capacity were counted. This made it possible to identify the dominant capacity-development element among knowledge, know-how, and soft skills, and, at the same time, the capacities and domain of the health leadership capabilities framework that had the most impact on the organizational-plan revision.

The overall analysis of the interdependencies shown in Table 1 reveal a higher number of outgoing arrows from the knowledge domain (31), followed by know-how (24), and soft skills (18). The same table shows that the three leadership domains that received the greatest influence (incoming arrows) were Lead Self (22), followed by Systems Transformation (15), and Achieve Results (14).

Table 1 Results of Using the Interdependencies Diagram

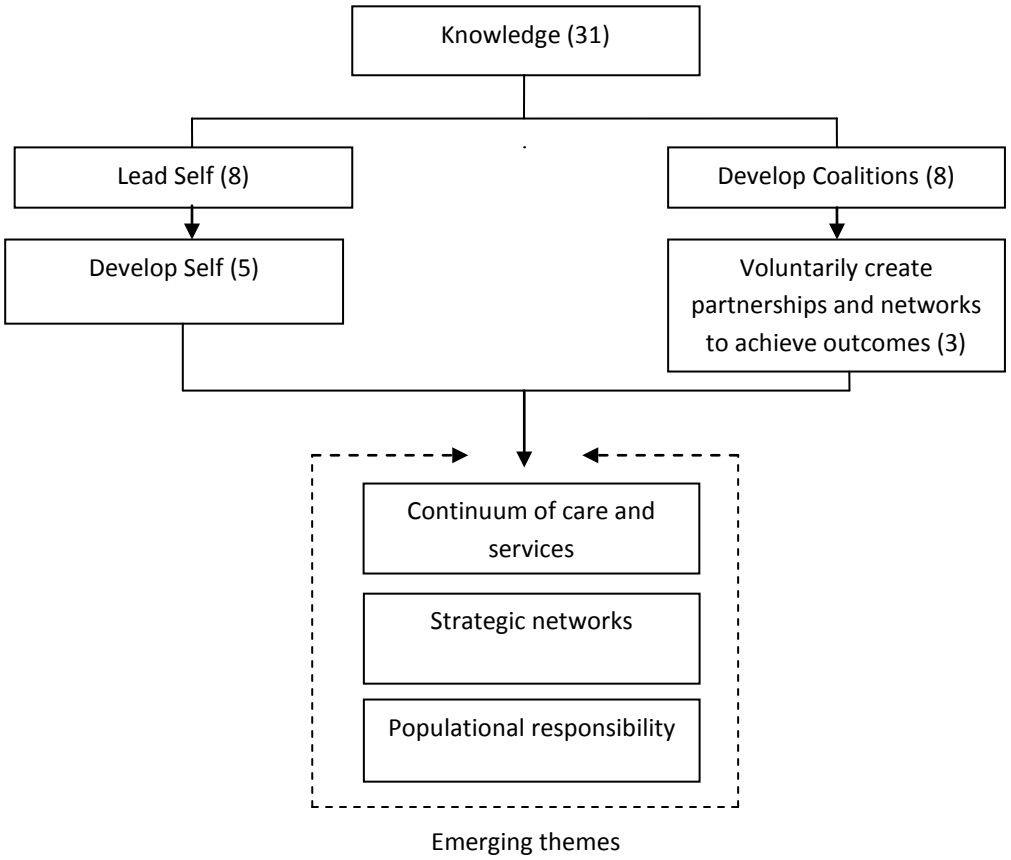
Domain	Knowledge	Know-How	Soft Skills	Total Incoming Arrows
Lead Self	8	2	12	**22**
Engage Others	3	3	4	**10**
Develop Coalitions	8	2	2	**12**
Systems Transformation	7	5	3	**15**
Achieve Results	5	6	3	**14**
Total outgoing arrows	**31**	**18**	**24**	

With a view to conducting a more detailed analysis and, at the same time, identifying the LEADS capacities most influenced by knowledge, know-how, and soft skills, we studied the relationships of interdependence between the various theme codes and 20 capacities, including the five domains of the LEADS leadership framework.

In the analysis in Appendix 2, we believe that the convergence between the first two positions (knowledge and Lead Self) can be explained by the theoretical reinforcement of the concepts that supported the implementation of the new organizational plan. The capacities most influenced by knowledge fell into the domains of Lead Self (8) through the Develops Self capacity (5) and the Develop Coalitions domain (8) through the Purposefully Build Partnerships and Networks to Create Results capacity (3). It was also probably influenced by the new emerging themes in the new organizational plan, such as the creation of strategic networks and collaborative leadership (5), population-based responsibility (7), and the concept of continuum of care and services (4).

As indicated in the section on methodology, the convergence of information yielded the model in Figure 4, which shows the relationships of interdependence between knowledge and the key domains of the LEADS framework and its capacities as well as with the contextual elements of the organizational-plan revision that influenced changes in manager behavior or practice.

Figure 4 **Integrated Model of the Organizational-Plan Revision's Impact on the Management Team's Development of Knowledge**

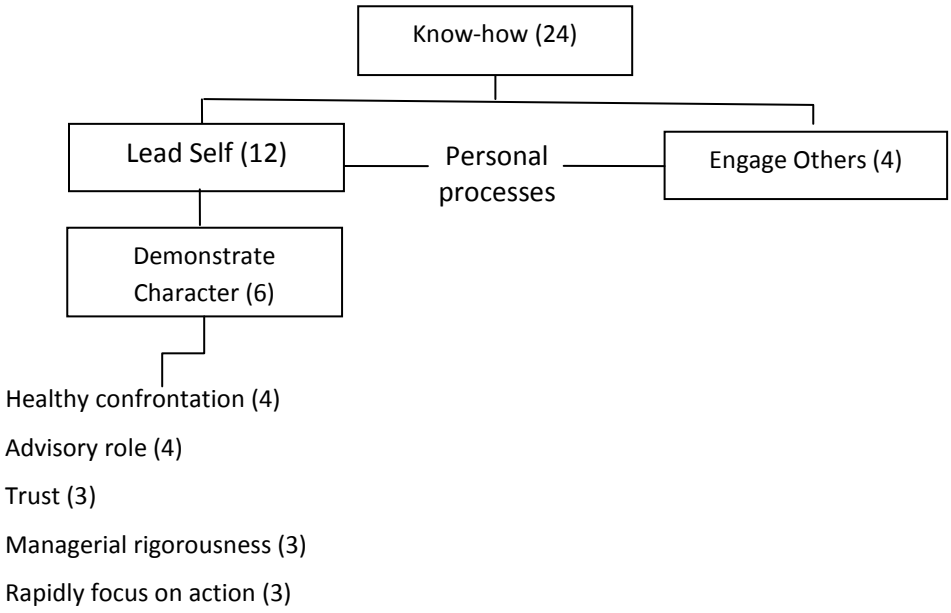


In the case of soft skills (see Appendix 3), healthy confrontation between managers (4) and their involvement in an advisory role in the transformation of the organizational plan (4) were themes that influenced manager development. The capacities that were the most influenced by know-how also came primarily under the Lead Self domain (12) via the Demonstrate Character capability (6) and the Engage Others domain (4), all capacities taken as a whole. This fact demonstrates the importance that these two domains have with respect to the soft skills of individuals and their personal process of practice change. This also corroborates the basic concepts of the LEADS model with respect to the change of practices and behaviors in Figure 1 and the philosophy of the conceptual model for capacity development in Figure 2, which

advocates the importance of the individual's development and its influence on the other subsystems.

The convergence of information made it possible to produce the model in Figure 5, which depicts the relationships of interdependence between know-how and the LEADS key domains and its capacities as well as with the contextual elements of the organizational-plan revision that influenced changes in manager behavior or practice.

Figure 5 Integrated Model of the Organizational-Plan Revision's Impact on the Management Team's Development of Know-how

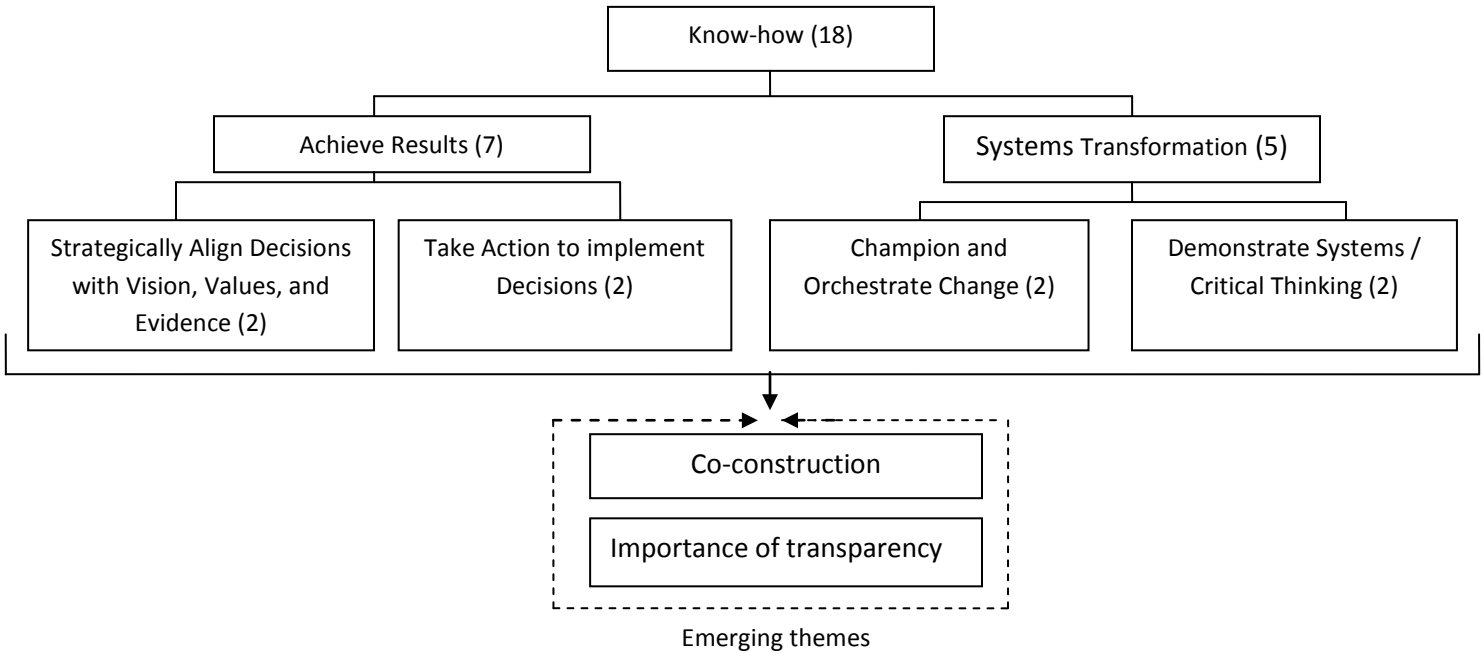


Lastly, studying know-how (Appendix 4) also revealed major interfaces. Mainly, the co-construction know-how adopted by the management committee (5) proved to be the theme that exerted the most influence on LEADS domains, followed by transparency (4). The capacities most influenced by know-how were in the Achieve Results domain (7) and the Strategically Align Decisions with Vision, Values, and Evidence (2) and Take Action to Implement Decisions

capacities (2). The Systems Transformation domain (5) stood out for two capacities: Champion and Orchestrate Change (2) and Demonstrate Systems / Critical Thinking (2).

The convergence of information made it possible to produce the model in Figure 6, which depicts the relationships of interdependence between soft skills and the LEADS key domains and its capacities as well as with the contextual elements of the organizational-plan revision that influenced changes in manager behavior or practice.

Figure 6 **Integrated Model of the Organizational-Plan Revision's Impact on the Management Team's Development of Soft Skills**



5.5 Assessment of the Contribution of Managerial Staff

In compliance with the assessment model illustrated in Figure 3 and consistent with its determination to integrate the LEADS model into its process for assessing the contribution of managerial staff, general management developed an instrument to assess the individual and

collective performance of its managers. Supported by a self-assessment process, peer assessment, and final assessment conducted by the CEO, the results analysis made it possible to identify the strongest domains and individual and collective capacities as well as various avenues for improvement. This assessment process was conducted between May and June 2014.

The results of the two approaches corroborated the observations during the semi-structured interviews and the results obtained during the performance evaluation.

Analysis of collective results must be undertaken with caution. Indeed, according to Crozier and Friedberg (1977), the relational substrate makes group formation possible. The groups that managed the complexity of the aggregation acquired a specific collective capacity that is greater than that of their members. This capacity enables them to better organize, better define, and control their action and to benefit from much more maneuvering room than those unable to develop the capacity. The aggregated results represent only a quantitative method of identifying discrepancies and not collective performance per se.

Overall, Table 2 shows a certain balance between the five leadership domains, with the exception of Systems Transformation, with an outcome of 58%. This domain was identified as ranking second with respect to influencing know-how development through the Champion and Orchestrate Change and the Demonstrate Systems / Critical Thinking capacities. There is also a balance between personal and strategic processes proposed in the LEADS model. The outcomes demonstrate consistency between the results of the integrated modelization of the impact of the organizational-plan revision on the development of leadership. The two dominant domains of the

management committee were Develop Coalitions (70%) and Lead Self (68%). This outcome is similar to that illustrated in Figure 4 on the integrated model of the organizational-plan revision's impact on the management team's development of knowledge.

Table 2 Summary of LEADS Leadership Domains

DIRECTION	DOMAIN										LEADS Overall Measurement	
	1 Lead Self		2 Engage Others		3 Develop Coalitions		4 Systems Transformation		5 Achieve Results			
			Relationship									
	Dynamics of Change						Dynamics of Change					
1	30/40	75%	57/80	71%	40/52	77%	25/44	57%	25/48	52%	177/264	67%
2	30/40	75%	57/80	71%	40/52	77%	31/44	70%	29/48	60%	187/264	71%
3	20/40	50%	34/80	43%	28/52	54%	20/44	45%	21/48	44%	123/264	47%
4	30/40	75%	52/80	65%	38/52	73%	28/44	64%	36/48	75%	184/264	70%
5	20/40	50%	46/80	58%	34/52	65%	23/44	52%	24/48	50%	147/264	56%
6	35/40	88%	60/80	75%	39/52	75%	28/44	64%	36/48	75%	198/264	75%
7	31/40	78%	55/80	69%	39/52	75%	30/44	68%	38/48	79%	193/264	73%
8	28/40	70%	57/80	71%	41/52	79%	26/44	59%	37/48	77%	189/264	72%
9	16/40	40%	30/80	38%	23/52	44%	15/44	34%	20/48	42%	104/264	39%
10	30/40	75%	53/80	66%	43/52	83%	31/44	70%	33/48	69%	190/264	72%
Total	**270/400**	68%	501/800	**63%**	365/520	70%	257/440	58%	299/480	**62%**	1692/2640	64%
	Personal Process				**Strategic Processes**							

In Appendix 5, the figures for the strongest capacities in each domain are given in yellow and those for avenues for improvement appear in red. Although it may not be exhaustive, we did analyze corroborative items between the results of the semi-structured interviews and those from the performance evaluation.

The levels of the five domains ranged between "very high" and "average". Six capacities stood out and reached a level of corroboration between "very high" and "high" between the two

information sources. Overall, we can state that the results between the two information sources indicated a high level of corroboration.

Table 3 Analysis of Corroborative Strengths

Domain/Method	Analysis of corroborative strengths	Semi-structured interviews (Knowledge, Know-how, Soft Skills) and convergence analysis with the LEADS model	Assessment of the contribution of managerial staff (LEADS method)
Lead Self	Very high	8	68%
Demonstrate Character	Very high	6	75%
Engage Others	Average	4	63%
Develop Coalitions	Very high	8	70%
Purposefully Build Partnerships and Networks to Create Results	High	3	71%
Systems Transformation	Average	5	58%
Champion and Orchestrate Change	High	2	63%
Demonstrate Systems / Critical Thinking	High	2	63%
Achieve Results	High	6	62%
Strategically Align Decisions with Vision, Values, and Evidence	High	2	65%
Take Action to Implement Decisions	High	2	64%

5.6 External Diagnosis of the LEADS Collaborative

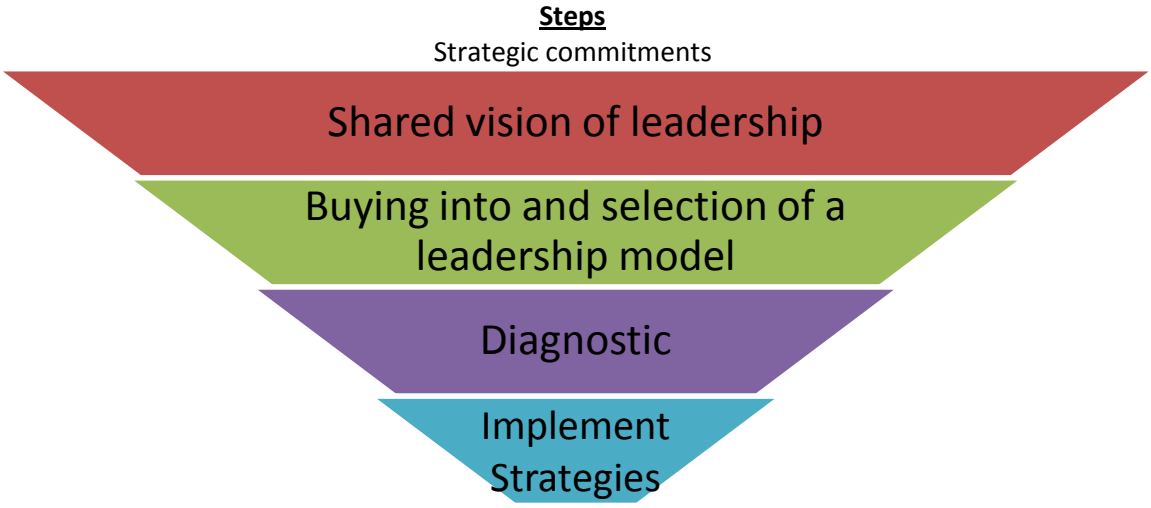
On September 21, 2014, the organization conducted a formal determination of leadership changes as part of the implementation of the LEADS leadership framework. The targeted goals were:

- Draw a portrait of the infrastructure and foundations for developing the existing leadership.
- Bring out strengths and areas for improvement.
- Make recommendations to facilitate the elaboration of a leadership-development strategy.

The process unfolded in three phases: (1) information gathering from documentation and key interviews with 13 people conducted with an appropriate questionnaire validated by the institution's management; (2) data validation, assessment, and analysis; and, lastly, (3) the

drafting of a final report and presentation of results. The use of these results in the methodology made it possible to identify avenues of convergence with respect to areas of strengths and areas of priority development. It also highlighted observations, where appropriate.

Figure 7 **Organizational Process for Implementing the LEADS Leadership Framework**



The use of this information as the third step in the method aimed at validating if the areas for improvement identified during the performance-evaluation process converged with those from the control group and the leadership team.

In analyzing the documentation, the LEADS Collaborative team identified the areas for priority development for each domain with the help of the first control group. Table 4 provides these areas.

Table 4 **Areas for Priority Development**

Date	Lead Self	Engage others	Systems Transformation	Develop Coalitions	Achieve Results
June 2014 Organizational-plan control group	Manage Self	Communicate Effectively	Champion and Orchestrate Change	Purposefully build Partnerships and Networks to Create Results	Take Action to Implement Decisions
November 2014, Manager-consensus on Bill 10	Develop Self	Communicate Effectively	Orient Themselves Strategically to the future	Demonstrate a Commitment to Customers and Service	Assess and Evaluate
Management Committee May-June 2014 Performance assessment	Self-Aware	Foster Development of Others	Mobilize Knowledge	Orient themselves strategically for the future	Assess and Evaluate

With an objective of generalizing the results to the entire leadership team, on November 20, 2014, we conducted a validation exercise in which 160 managers were asked to vote on one capacity per domain so that the institution could be ensured of having a process targeting the development of their capacities. These capacities are presented in blue. For validation purposes, we have also presented the management team's capacities requiring specific attention in the same table. Through analysis of results, we observed a change in development needs with respect to the results from the exercise carried out in summer 2014. Table 4 shows the differences between the needs of the June 2014 control group, the leadership team on November 20, 2014, and the capacities requiring development issued from the manager performance evaluation. We posit that this difference is due to the change context in Quebec's health-care system and to changes in individual and collective needs. Considering the major modifications in Bill 10 modifying the organization and governance of the health-care system, the individual and collective priorities for

managerial capacity development have been directly refocused on issues related to the transformation.

6 Summary of Outcomes

As identified in the methodology, our objective was to analyze and assess the impact of the organizational plan's revision on the development of leadership capacities among members of the senior management team. Our analysis of knowledge, know-how, and soft skills demonstrate the following:

- Most of the elements that contributed to knowledge development among management-team members during the change were based mainly on the learning of new theoretical notions (continuum of care and services, strategic network, population-based responsibility, logistics, and LEADS) served as the foundation for the organizational-plan revision.
- The context of the organizational plan's revision imposed changes in behavior that resulted in most managers venturing out of their comfort zones, whether voluntarily or not.
- The capacities that were the most influenced by know-how came primarily under the Demonstrate Character capacity in the Lead Self domain.
- The personal processes between the Lead Self and Engage Others domains were directly connected to individual development of know-how.
- Most of the elements that contributed to know-how development were primarily based on implementing change or, in other words, by taking action.

- The know-how aspect was strengthened through the introduction of a co-construction and transparency approach, which was advocated and adopted by the management committee.
- Capacity-development needs are dynamic and change according to the context and transformation issues.

7 Lessons Learned

Revising an organizational plan is a highly strategic undertaking. It affects both the organization's structure and substance. It requires a well-organized management project as well as proactive management of change. It also generates insecurity for the designer and his or her team. I believe that it is one of most difficult and anxiety-generating management tasks. Nevertheless, it has been a learning process for managers and senior management alike in preparation for similar transformations in the future. Overall, the revision of the organizational plan brought out the following for me:

- Empirical and theoretical anchor points provide significant leverage in times of change. They enrich knowledge development and provide fuel for the Lead Self domain, while maintaining consistency in action.
- Capacity-development needs are dynamic. They change based on the transformation's context and issues.
- Sustainable changes involve modifying the practices of individuals and, in a change-management context, their know-how.
- Taking ownership of the LEADS Leadership Capability framework is as important as the model itself.

- Only trees with deep roots can withstand the storm; the rest fall.
- Ensuring good management of change requires a regular assessment of development needs; implementing just-in-time capacity building should also be contemplated.

8 Consequences for Health Leadership and the Possibility of Transposition

Without a shadow of a doubt, a number of senior managers will one day be faced with the challenge of revising their organizational plans. The survival of the various health-care systems depends on the adaptation of their constituent organizations and individuals. At the same time, our organizational process to introduce the LEADS model into our organizational culture can be transposed or adapted both through the learning of our approach and its successes as well as through the humble recognition of our errors. Our openness to sharing and the recognition that innovation also consists in accepting good ideas from others obliges us to share our knowledge, know-how, and soft skills in this field.

As mentioned above, the process for taking ownership of LEADS was as important to us as the model itself. In this regard, a senior manager must listen attentively to the recommendations provided by his or her team of organizational-development specialists and the LEADS team. In addition, the project committee and managers' association must also be mobilized and legitimized, where appropriate.

Despite the fact that the LEADS model provided leverage in achieving our strategic directions in a context of juxtaposed priorities (each is important as the next), a project to implement such a

model must be viewed as an opportunity for the leadership team and not as a fashionable new priority.

Lastly, helping managers develop and, as a result, become better leaders is, in my opinion, one of the nicest gifts and one of the most eloquent symbols of recognition that a senior manager can offer to his or her team.

9 Knowledge Application

The method used was intervention research in an organizational setting (Forget 2013), which totally engages the scientist-practitioner in the process. This work meshes with my firm determination to implement the LEADS Leadership Capabilities Framework in my organization and to personally learn from it. This initiative made it possible to root the model in the management principles underlying the new organizational plan and to make it a cornerstone of the framework for managing performance and continuous improvement. Moreover, I now have more than 160 managers ready to carry the LEADS message back to their teams. We also initiated a LEADS practice community with three Quebec institutions that have all taken part in activities to transfer knowledge to the institutions in the Québec region in November 2014 and to those in Montréal in January 2015 (Appendix 6). The LEADS model has also been used as a transition vehicle to prepare managers to deal with this "turbulent time" facing the province's health-care system.

10 Future Work

A number of organizations have adopted or will soon adopt the LEADS model. Given that the model targets achieving results, it would be of interest to assess if the organizations that have adopted the LEADS model stand out from the rest.

It would also be of interest to use comparative approaches to assess if there are differences in the outcomes achieved between LEADS organizations and the rest in the following areas: accreditation outcomes, level of implementation of the required organizational practices, and the comparison of certain indicators used by the Canadian Institute for Health Information or in the field of risk management and patient safety.

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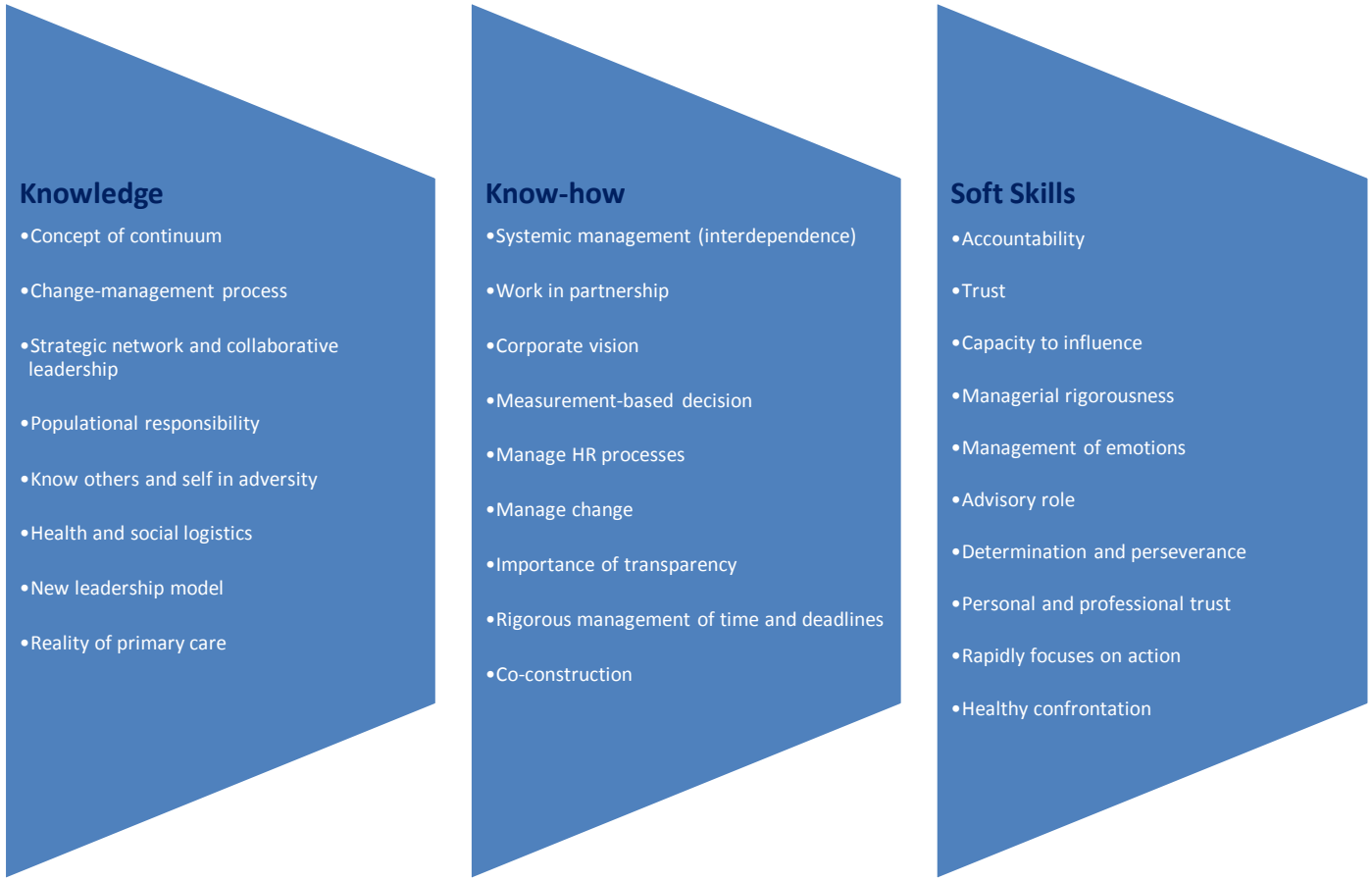
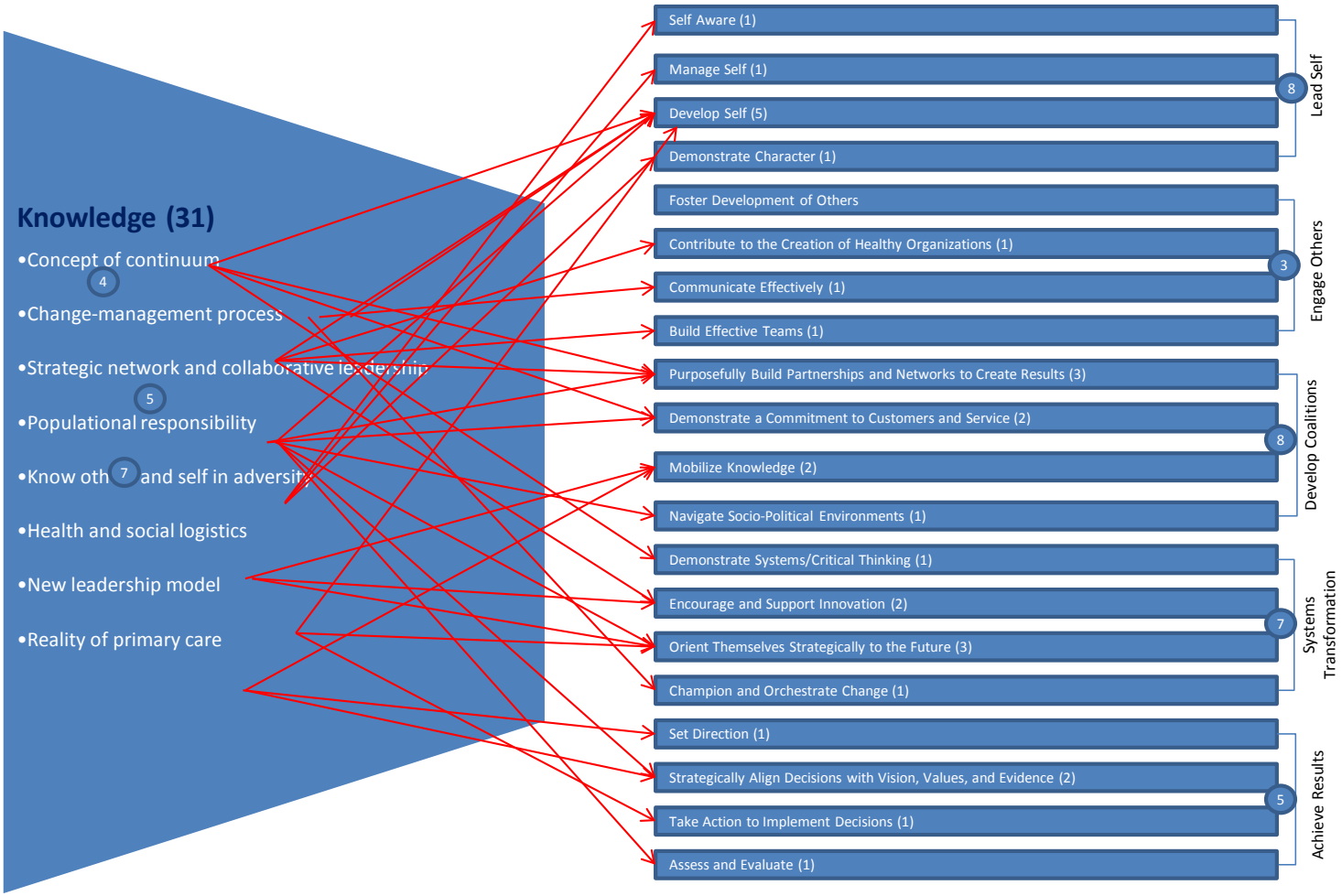
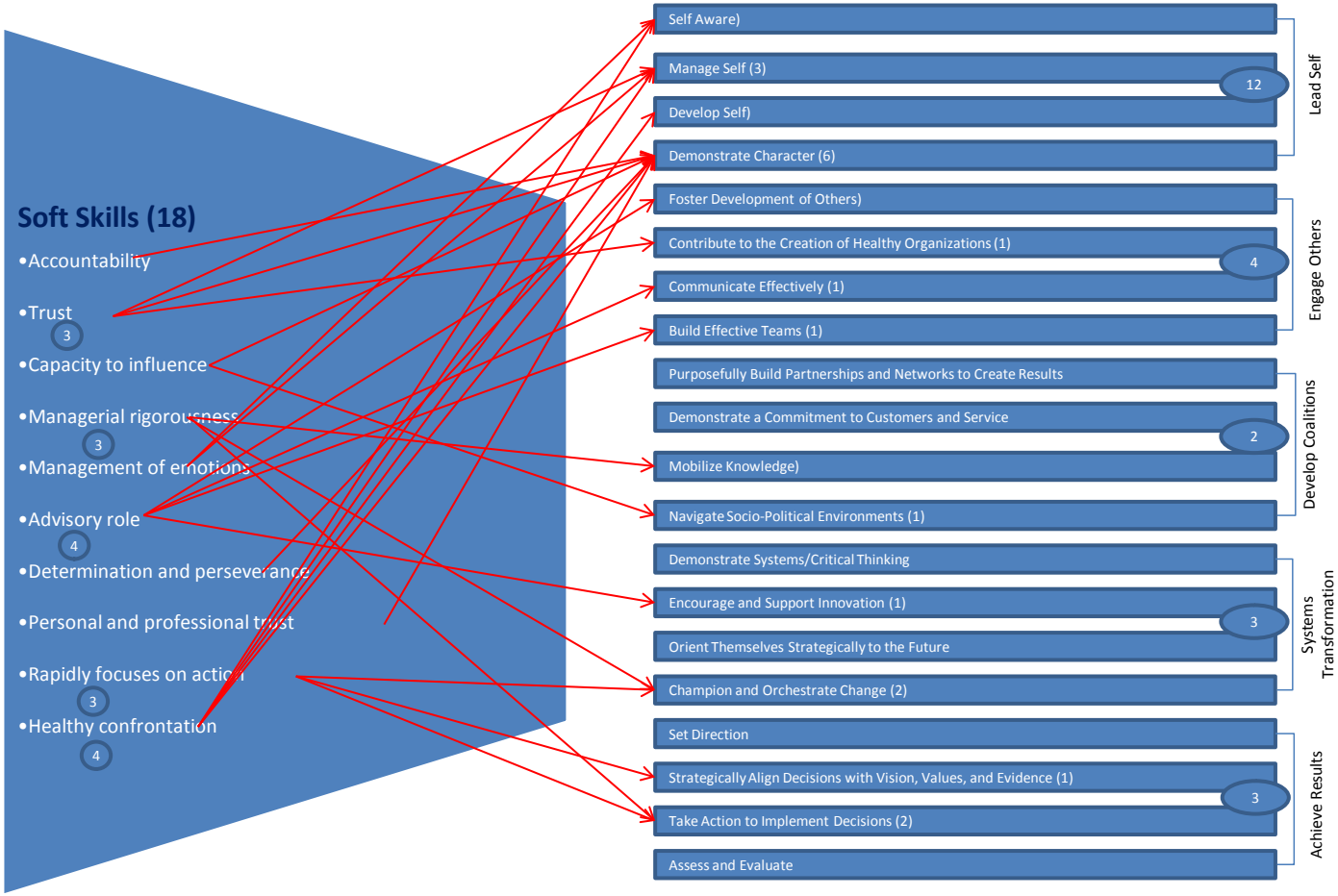
Appendix 1 Contextual and Organizational Variables That May Have Contributed to the Development of Leadership in Individuals



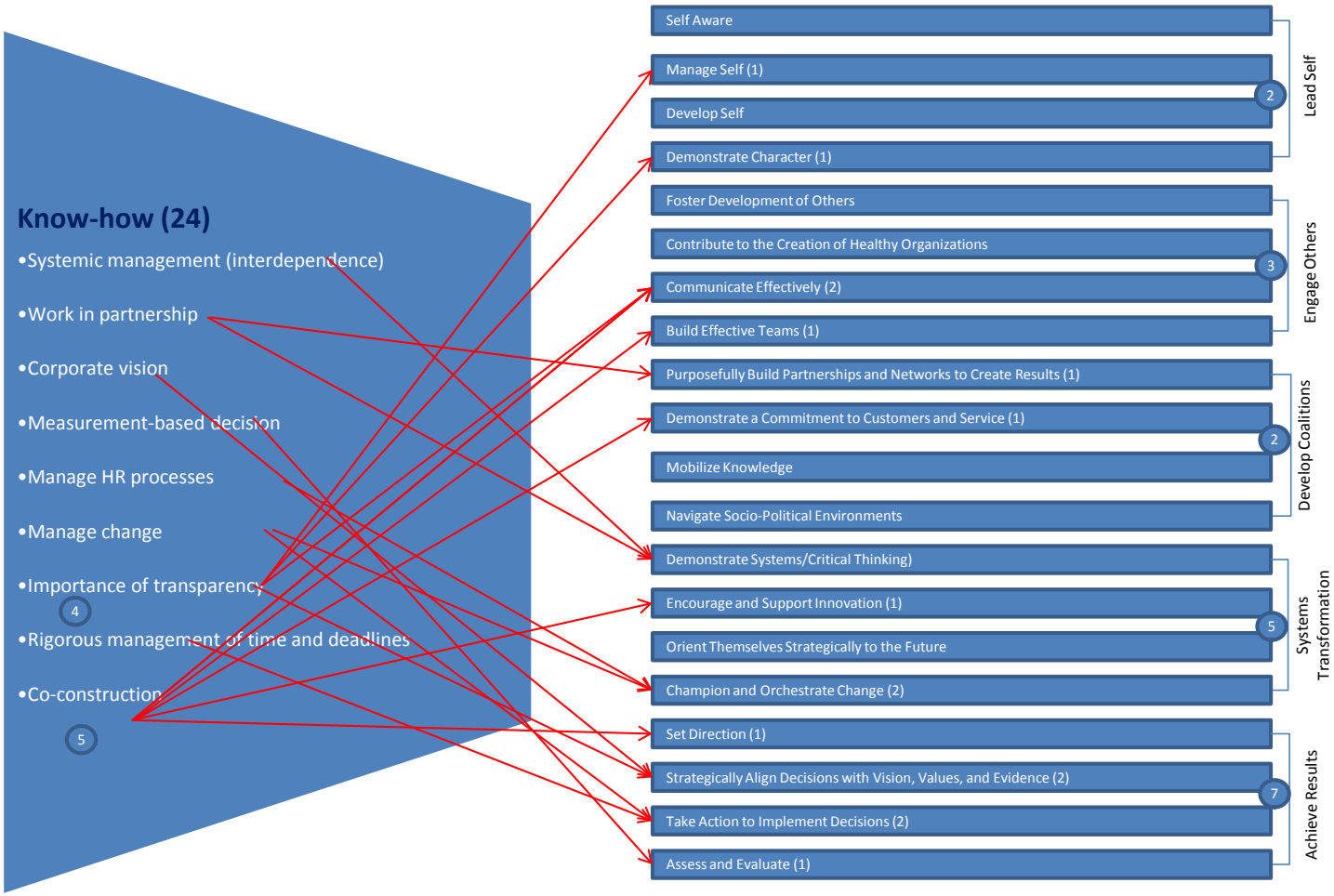
Appendix 2 Perception of the Capacities Developed related to Knowledge



Appendix 3 Perception of the Capacities Developed related to Know-How



Appendix 4 Perception of the Capacities Developed related to Soft Skills



Appendix 5 Collective Outcomes for Performance Assessment according to Domain and Capacity

OVERVIEW OF LEADS LEADERSHIP DOMAINS										
DIRECTION	DOMAIN									
	1- Lead Self									
	1.1 Self Aware		1.2 Manage Self		1.3 Develop Self		1.4 Demonstrate Character		Total	
1	9 / 12	75%	9 / 12	75%	5 / 8	63%	7 / 8	88%	30 / 40	75%
2	8 / 12	67%	10 / 12	83%	6 / 8	75%	6 / 8	75%	30 / 40	75%
3	6 / 12	50%	6 / 12	50%	4 / 8	50%	4 / 8	50%	20 / 40	50%
4	8 / 12	67%	8 / 12	67%	6 / 8	75%	8 / 8	100%	30 / 40	75%
5	6 / 12	50%	5 / 12	42%	3 / 8	38%	6 / 8	75%	20 / 40	50%
6	11 / 12	92%	11 / 12	92%	7 / 8	88%	6 / 8	75%	35 / 40	88%
7	10 / 12	83%	8 / 12	67%	7 / 8	88%	6 / 8	75%	31 / 40	78%
8	7 / 12	58%	8 / 12	67%	6 / 8	75%	7 / 8	88%	28 / 40	70%
9	5 / 12	42%	6 / 12	50%	2 / 8	25%	3 / 8	38%	16 / 40	40%
10	8 / 12	67%	9 / 12	75%	6 / 8	75%	7 / 8	88%	30 / 40	75%
Total	78 / 120	**65%**	80 / 120	67%	52 / 80	**65%**	60 / 80	**75%**	270 / 400	68%

	OVERVIEW OF LEADS LEADERSHIP DOMAINS											
DIRECTION	DOMAIN											
	2- Engage Others											
	2.1 Foster Development of Others			2.2 Contribute to the Creation of Healthy Organizations			2.3 Communicate Effectively			2.4 Build Effective Teams			Total	
1	13 / 20	65%		18 / 24	75%		12 / 16	75%		14 / 20	70%		57 / 80	71%
2	16 / 20	80%		14 / 24	58%		14 / 16	88%		13 / 20	65%		57 / 80	71%
3	8 / 20	40%		12 / 24	50%		7 / 16	44%		7 / 20	35%		34 / 80	43%
4	11 / 20	55%		18 / 24	75%		9 / 16	56%		14 / 20	70%		52 / 80	65%
5	11 / 20	55%		15 / 24	63%		9 / 16	56%		11 / 20	55%		46 / 80	58%
6	15 / 20	75%		19 / 24	79%		11 / 16	69%		15 / 20	75%		60 / 80	75%
7	14 / 20	70%		19 / 24	79%		11 / 16	69%		11 / 20	55%		55 / 80	69%
8	13 / 20	65%		17 / 24	71%		11 / 16	69%		16 / 20	80%		57 / 80	71%
9	7 / 20	35%		10 / 24	42%		7 / 16	44%		6 / 20	30%		30 / 80	38%
10	12 / 20	60%		18 / 24	75%		10 / 16	63%		13 / 20	65%		53 / 80	66%
Total	120 / 200	**60%**		160 / 240	**67%**		101 / 160	63%		120 / 200	**60%**		501 / 800	63%

	OVERVIEW OF LEADS LEADERSHIP DOMAINS									
DIRECTION	DOMAIN									
	3- Develop Coalitions									
	3.1 Purposefully Build Partnerships and Networks to Create Results		3.2 Demonstrate a Commitment to Customers and Service		3.3 Mobilize Knowledge		3.4 Navigate Socio-Political Environments		Total	
1	9 / 12	75%	11 / 12	92%	10 / 12	83%	10 / 16	63%	40 / 52	77%
2	10 / 12	83%	7 / 12	58%	8 / 12	67%	15 / 16	94%	40 / 52	77%
3	7 / 12	58%	9 / 12	75%	4 / 12	33%	8 / 16	50%	28 / 52	54%
4	9 / 12	75%	9 / 12	75%	8 / 12	67%	12 / 16	75%	38 / 52	73%
5	7 / 12	58%	11 / 12	92%	6 / 12	50%	10 / 16	63%	34 / 52	65%
6	9 / 12	75%	10 / 12	83%	8 / 12	67%	12 / 16	75%	39 / 52	75%
7	10 / 12	83%	9 / 12	75%	8 / 12	67%	12 / 16	75%	39 / 52	75%
8	9 / 12	75%	12 / 12	100%	9 / 12	75%	11 / 16	69%	41 / 52	79%
9	4 / 12	33%	7 / 12	58%	5 / 12	42%	7 / 16	44%	23 / 52	44%
10	11 / 12	92%	11 / 12	92%	9 / 12	75%	12 / 16	75%	43 / 52	83%
Total	85 / 120	71%	96 / 120	80%	75 / 120	63%	109 / 160	68%	365 / 520	70%

	OVERVIEW OF LEADS LEADERSHIP DOMAINS									
DIRECTION	DOMAIN									
	4- Systems Transformation									
	4.1 Demonstrate Systems / Critical Thinking		4.2 Encourage and Support Innovation		4.3 Orient Themselves Strategically to the Future		4.4 Champion and Orchestrate Change		Total	
1	6 / 12	50%	6 / 12	50%	4 / 8	50%	9 / 12	75%	25 / 44	57%
2	8 / 12	67%	8 / 12	67%	5 / 8	63%	10 / 12	83%	31 / 44	70%
3	6 / 12	50%	7 / 12	58%	2 / 8	25%	5 / 12	42%	20 / 44	45%
4	9 / 12	75%	6 / 12	50%	5 / 8	63%	8 / 12	67%	28 / 44	64%
5	9 / 12	75%	4 / 12	33%	4 / 8	50%	6 / 12	50%	23 / 44	52%
6	9 / 12	75%	8 / 12	67%	4 / 8	50%	7 / 12	58%	28 / 44	64%
7	8 / 12	67%	9 / 12	75%	4 / 8	50%	9 / 12	75%	30 / 44	68%
8	7 / 12	58%	7 / 12	58%	4 / 8	50%	8 / 12	67%	26 / 44	59%
9	5 / 12	42%	4 / 12	33%	2 / 8	25%	4 / 12	33%	15 / 44	34%
10	9 / 12	75%	8 / 12	67%	5 / 8	63%	9 / 12	75%	31 / 44	70%
Total	76 / 120	63%	67 / 120	56%	39 / 80	49%	75 / 120	63%	257 / 440	58%

OVERVIEW OF LEADS LEADERSHIP DOMAINS														
DIRECTION	DOMAIN												Overall Measurement LEADS	
	5- Achieve Results													
	5.1 Set Direction			5.2 Strategically Align Decisions with Vision, Values, and Evidence			5.3 Take Action to Implement Decisions			5.4 Assess and Evaluate			Total					
1	8 / 16	50%		5 / 8	63%		4 / 8	50%		8 / 16	50%		25 / 48	52%		177 / 264	67%	
2	12 / 16	75%		5 / 8	63%		4 / 8	50%		8 / 16	50%		29 / 48	60%		187 / 264	71%	
3	5 / 16	31%		4 / 8	50%		3 / 8	38%		9 / 16	56%		21 / 48	44%		123 / 264	47%	
4	10 / 16	63%		6 / 8	75%		8 / 8	100%		12 / 16	75%		36 / 48	75%		184 / 264	70%	
5	9 / 16	56%		5 / 8	63%		6 / 8	75%		4 / 16	25%		24 / 48	50%		147 / 264	56%	
6	13 / 16	81%		6 / 8	75%		5 / 8	63%		12 / 16	75%		36 / 48	75%		198 / 264	75%	
7	11 / 16	69%		6 / 8	75%		6 / 8	75%		15 / 16	94%		38 / 48	79%		193 / 264	73%	
8	14 / 16	88%		6 / 8	75%		5 / 8	63%		12 / 16	75%		37 / 48	77%		189 / 264	72%	
9	6 / 16	38%		3 / 8	38%		4 / 8	50%		7 / 16	44%		20 / 48	42%		104 / 264	39%	
10	13 / 16	81%		6 / 8	75%		6 / 8	75%		8 / 16	50%		33 / 48	69%		190 / 264	72%	
Total	101 / 160	63%		52 / 80	65%		51 / 80	64%		95 / 160	59%		299 / 480	62%		1692 / 2640	64%	

Appendix 6 Knowledge-Transfer Activities

CANADIAN COLLEGE OF HEALTH LEADERS
COLLÈGE CANADIEN DES LEADERS EN SANTÉ

Learning. Leading. Inspiring
Apprendre, mener, inspirer

ALIA CONSEIL

LE TEMPS DU LEADERSHIP À SON MEILLEUR

Les organisations se démarquent dans un contexte toujours en grande évolution et de plus en plus restreint sur le plan financier. Le contexte actuel des finances publiques impose à nouveau aux gestionnaires du réseau de la santé du Québec, de faire preuve de leadership afin de permettre à notre système de soins de santé d'accomplir sa mission avec pérennité.

Le cadre des capacités de leadership en santé LEADS est le fruit d'une méta-analyse sur le leadership des professionnels et des gestionnaires en santé. Ce cadre permet d'avoir la capacité de prévoir l'avenir plus rapidement, de mieux gérer et de développer les talents, d'engager les équipes par une transmission claire des objectifs visant l'atteinte des résultats, de développer des coalitions et des partenariats permettant d'innover et de transformer le système de santé. Il s'agit sans aucun doute de compétences nécessaires afin que les leaders d'aujourd'hui contribuent avec passion et détermination aux grands défis auxquels nous devons faire face.

C'est donc dans cette optique que le Chapitre du Québec du Collège canadien des leaders en santé, en collaboration avec Alia Conseil, vous invitent à poursuivre votre apprentissage du modèle Leads et à écouter des organisations qui en ont fait le choix, et ce, afin d'atteindre leurs objectifs locaux, régionaux et nationaux.

Date de la conférence : **13 novembre 2014**
Heure : **8 h à 12 h 30**
Endroit : **Château Bonne Entente, salle Vigneault**
3400, chemin Ste-Foy
Québec (Québec) G1X 1S6

Coût : Membres .....40 $
Non-membres.....60 $

Inscription en ligne : http://www.cchl-ccls.ca/Chapitre_Quebec_13_Nov_2014

7 h 30 à 8 h	Accueil des participants (viennoiseries et café seront servis)
8 h à 8 h 15	Mot du président du Chapitre du Québec, Martin Beaumont, directeur général du CSSS du Nord de Lanaudière
8 h 15 à 8 h 30	Alia conseil : une vision du leadership, Catherine Privé, présidente et chef de la direction Alia conseil
8 h 30 à 9 h 15	Présentation du cadre des capacités de leadership en santé LEADS, Angèle St-Jacques, chargée de cours à la Faculté de médecine et des sciences de la santé de l'Université de Sherbrooke et membre infirmière du Conseil d'administration de l'Institut National d'Excellence en santé et Services Sociaux
9 h 15 à 9 h 45	Période d'échanges
9 h 45 à 10 h	Pause et réseautage
Pourquoi des organismes de santé ont-ils adopté le cadre des capacités de leadership en santé LEADS comme levier stratégique. Voici leur point de vue :	
10 h à 10 h 30	Hôpital Shriners pour enfants, Pierre Simpson, directeur des ressources humaines et Ginette Leduc, consultante en ressources humaines
10 h 30 à 11 h	Centre hospitalier universitaire de Sherbrooke, Annie Mercier, conseillère en gestion des ressources humaines, Services de la transformation organisationnelle et du développement des cadres
11 h à 11 h 30	CSSS du Nord de Lanaudière, Isabelle Drouin, conseillère en développement organisationnel – Direction des ressources humaines et développement organisationnel
11 h 30 à 12 h 15	Période d'échanges
12 h 15 à 12 h 30	Conclusion

CANADIAN COLLEGE OF HEALTH LEADERS
COLLÈGE CANADIEN DES LEADERS EN SANTÉ
Learning. Leading. Inspiring
Apprendre, mener, inspirer

ALIA CONSEIL

Emerging HealthLeaders

LE TEMPS DU LEADERSHIP À SON MEILLEUR

Les organisations se démarquent dans un contexte toujours en grande évolution et de plus en plus restreint sur le plan financier. Le contexte actuel des finances publiques impose à nouveau aux gestionnaires du réseau de la santé du Québec, de faire preuve de leadership afin de permettre à notre système de soins de santé d'accomplir sa mission avec pérennité.

Le cadre des capacités de leadership en santé LEADS est le fruit d'une méta-analyse sur le leadership des professionnels et des gestionnaires en santé. Ce cadre permet d'avoir la capacité de prévoir l'avenir plus rapidement, de mieux gérer et de développer les talents, d'engager les équipes par une transmission claire des objectifs visant l'atteinte des résultats, de développer des coalitions et des partenariats permettant d'innover et de transformer le système de santé. Il s'agit sans aucun doute de compétences nécessaires afin que les leaders d'aujourd'hui contribuent avec passion et détermination aux grands défis auxquels nous devons faire face.

C'est donc dans cette optique que le Chapitre du Québec du Collège canadien des leaders en santé, en collaboration avec Alia Conseil, vous invitent à poursuivre votre apprentissage du modèle Leads et à écouter des organisations qui en ont fait le choix, et ce, afin d'atteindre leurs objectifs.

Date de la conférence : 29 janvier 2015
Heure : 8 h à 11 h 50
Endroit : Ordre des infirmières et des infirmiers du Québec
4200, rue Molson, salle 127 (a et b)
Montréal (Québec) H1Y 4V4

Coût : Membres ..... 40 $
Non-membres ..... 60 $
Leaders émergents en santé.. 20 $

Inscription en ligne : http://www.cchl-ccls.ca/Chapitre du Québec-29 janvier 2015

7 h 30 à 8 h	Accueil des participants (viennoiseries et café seront servis)
8 h à 8 h 15	Mot du président du Chapitre du Québec, Martin Beaumont, directeur général du CSSS du Nord de Lanaudière
8 h 15 à 8 h 30	Alia conseil : une vision du leadership, Catherine Privé, présidente et chef de la direction Alia conseil
8 h 30 à 9 h 15	Présentation du cadre des capacités de leadership en santé LEADS, Angèle St-Jacques, chargée de cours à la Faculté de médecine et des sciences de la santé de l'Université de Sherbrooke et membre infirmière du Conseil d'administration de l'Institut National d'Excellence en santé et Services Sociaux
9 h 15 à 9 h 45	Période d'échanges
9 h 45 à 10 h	Pause et réseautage
Pourquoi des organismes de santé ont-ils adopté le cadre des capacités de leadership en santé LEADS comme levier stratégique. Voici leur point de vue :	
10 h à 10 h 25	Hôpital Shriners pour enfants, Pierre Simpson, directeur des ressources humaines et Ginette Leduc, consultante en ressources humaines
10 h 25 à 10 h 50	Centre hospitalier universitaire de Sherbrooke, Annie Mercier, conseillère en gestion des ressources humaines, Services de la transformation organisationnelle et du développement des cadres (à confirmer)
10 h 50 à 11 h 15	CSSS du Nord de Lanaudière, Isabelle Drouin, conseillère en développement organisationnel – Direction des ressources humaines et développement organisationnel
11 h 15 à 11 h 45	Période d'échanges
11 h 45 à 11 h 50	Conclusion
12 h à 13 h	Assemblée générale annuelle du Chapitre du Québec, Collège canadien des leaders en santé