

Second Curve Leaders' Curriculum

**THE QUANTUM
LEADERSHIP
INSTITUTE**

*Talent Management &
Developmental Coaching For
Healthcare Leaders of the Future*



Quantum Transformation Technologies

YOUR TRANSFORMATION COACH

TED BALL is a partner in *Quantum Transformation Technologies* a consulting firm specializing in building the internal capacity of organizations to redesign and transform themselves using the systems-thinking-based tools and processes developed by Quantum and its strategic partners, *Quantum Innovations* of Austin Texas, and *Clearpath* of Seattle Washington.



Ted is well-known in the Canadian healthcare system for his thought-provoking essays on organizational transformation, leadership, governance, balanced scorecarding and the design of complex adaptive systems.

For the past twenty years Ted has worked on leading-edge knowledge product development teams to create tools and processes that liberate the knowledge & wisdom of frontline workers to redesign their systems, structures and processes to improve quality, efficiency and to enhance the patient experience. These tools combine the art and science of organizational alignment, leveraged strategic thinking and story-boarding.

Dennis D. Pointer, co-author of *Board Work: Governing Health Care Organizations* says that “*one of Quantum’s great strengths is that they get people to see the ‘whole system’ and the ‘big picture’ so we can better integrate the component parts of governance, management, and our service delivery systems. They have raised the bar on both the science and art of systems thinking.*”

Ted has worked as a speech writer, policy advisor and Chief-of-Staff to Ontario Ministers of Health from all three political parties. He has operated as a transformation coach to CEOs of hospitals, CCAC’s, community services and Thank Tanks as well as a facilitator for high performance teams developing strategy, creating knowledge products, shifting corporate culture designing new governance processes and reconfiguring whole service delivery systems.

Ted was recently appointed by the Government of Ontario as a “governance expert” to establish the governance structure incorporating York Central Hospital and the Vaughan Health Campus of Care. He and Ken Moore of Quantum Innovations facilitated the Board and Senior Management Team at North York General Hospital to create the first *Balanced Governance Scorecard* at a Canadian hospital.

Most recently, Ted has been an innovator in the field of *experience design* – methods and processes created to enhance and dramatically improve the patient experience by mobilizing the knowledge and wisdom of front-line healthcare service providers.

Toronto Star columnist and editorial writer Carol Goar says that: “*Ted Ball is one of the best informed health policy analysts in the province.*” She says that “*Ted has excellent connections at Queen’s Park, and an encyclopedic knowledge of the healthcare system.*”

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COULD YOU BENEFIT FROM THE QUANTUM LEADERSHIP INSTITUTE?

Are you a CEO – perhaps five to ten years from retirement – who really wants to make a lasting impact on your organization & on your local healthcare delivery system? Do you have an effective strategy execution process that enables you to deliver results before you exit? Do you need some support for maximizing your impact as you go out the door?

Do you intend to become a healthcare CEO within the next two to five years -- when dozens of these jobs will become available? What is your plan to land such a position? How are you going to “get ready”?

Have you thought about what qualities, skills and capabilities you will need to succeed in the so-called *Second Curve* healthcare delivery system that will be unfolding over the next few years?

Gave you thought about how you might need to “grow” as a leader? Are you prepared to take a deep introspective look at yourself in order to discover what it means to be an “empathic leader” and a “primal leader”?

In constantly changing environments, leaders need to know how to embrace ambiguity; how to model *adaptive leadership* behaviors and ways of being; and how to tap into their capacity for resilience. Do you sense the need for you to develop and learn how to demonstrate these essential second curve leadership capabilities?

Do you have a realistic perspective on the larger external environment: the LHIN’s, Queen’s Park, healthcare interest group politics and the overarching external dynamics driving change?

Do you know what it is really like in the top, middle and bottom spaces within your organization? Have you thought about what some of the most leveraged actions to built trust and improve your organization’s performance?

Have you thought about the full realities of being accountable to a volunteer Board of Governors? Do you understand best practices for Board work? Have you thought about how you would organize yourself to work in a true “partnership” with a Board of Governors?

Have you thought about what a best practice mutual Accountability Agreement with your Board might look like?

Do you have a *Personal Vision* and a *Personal Learning Plan* to prepare you for your first CEO position? Do you understand your personal learning style -- and how you could accelerate your learning?

Can you “sell” yourself? Can you explain why anyone should be led by you?

Have you thought about why a *CEO Selection Committee* would choose you?

If you think these are important questions, the *Quantum Leadership Institute* can support you in your learning journey with our *Second Curve Leadership Coaching Program* based on the transformational learning curriculum from Quantum -- and guided by insights and provocative questions from experienced transformation coach, Ted Ball.

SECOND CURVE LEADERSHIP CURRICULUM

TED BALL has been a coach, guide and mentor to CEO's, Ministers of Health and Executive Directors of community agencies. He knows the system in which you want to be a leader. He has provided coaching service to healthcare executives for 20 years. Now, through the *Quantum Leadership Institute*, you can access Ted's leadership coaching insights and the powerful learning tools from *Quantum Transformation Technologies* to prepare you as a 2nd curve health system leader.

Quantum's curriculum is the product of 15 years of R & D Coachees will co-design their learning journey and will have access to Quantum's powerful tools for self-awareness, learning styles, management/leadership balance, polarity management, emotional intelligence, primal leadership, adaptive leadership, strategic thinking and many others.

Organizations that are prepared to invest in the leadership development and talent management of their people should consider this customized *Second Curve Leadership Coaching Program* for current or future CEOs. Interested people engage in a two-day generative coaching contracting dialogue, and then mutually agree on how Ted will “add value” to your goals in a customized coaching program designed to meet your budget. Invest \$5,000 in Quantum's 3-Day Assessment Dialogue. Talk to Ted at **(416) 581-8814**.



TED BALL
2nd Curve
Leadership Coach

A S S U M P T I O N S & B E L I E F S

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FIRST CURVE – CURRENT REALITIES

SECOND CURVE – EMERGING VISION

Acute care is the “hub of the system”.	Primary health is the “hub of the system”.
The delivery system is designed to meet the needs of healthcare providers.	The delivery system is designed to be customer-driven – while incorporating the needs of all care-givers along the continuum.
The systems, structures and processes have evolved overtime and have been cobbled together with unaligned assumptions in each silo. Lack of alignment and perverse incentives produce chaos in the system.	Systems, structures and processes are aligned and intentionally designed to achieve the outcomes required. Organizational alignment produces synergy within organizations and across the delivery system.
System is fragmented. Patient fend for her or himself, moving from silo to silo.	System is seamless. Coordinates needs of complex patients, using case managers for those that are especially difficult.
Sickness-focused. Episodic/Individual.	Health status & outcomes-focused. Systemic/ Population-based.
The system is designed to provide care and services to individuals (a diabetic, for example),	The system is designed to meet the needs of defined populations (diabetics for example) while retaining responsiveness to individual needs.
Designed to facilitate freedom, independence and autonomy of professionals.	Designed to facilitate the best combination of independent and interdependent professionals.
Systems, structures and processes are designed to control and regulate the people working in the system.	Structures, systems and processes are designed to facilitate collaboration, co-ordination and teamwork.
Hierarchical, command & control systems/structures/ processes/culture creates toxic work environments.	Systems, structures and processes are designed to achieve the right balance of empowerment and accountability. High staff satisfaction rates.
“Accountability” means blame. Blame causes cover-up. Constant cover-ups means we don’t address design flaws in our systems, structures and processes.	“Accountability for Outcomes” is clear for every manager and Medical Chief. “Learning from our best mistakes” means continuous improvement.
Systems, structures and processes are designed to find out “who is to blame?”	Systems, structures and processes are designed to provide the support people need to achieve the outcomes for which they are accountable.
Information is centralized and hierarchical. Physician is supreme source of knowledge and dictator of therapy.	Information is dispersed. All caregivers and patients have direct access. Physician is integrator and facilitator of choices.
Medical record is fragmented and idiosyncratic to a particular silo. Individual caregivers work off entirely unconnected, often contradictory scripts.	Medical record is electronic and instantly updated and available for all relevant caregivers, all caregivers read from precisely the same script.
Tight centralized control and influence over the delivery system by unaccountable public servants.	Assumption that people are competent when accountabilities are clear and the supports required are in place
Assumption that performance problems result from lazy, unmotivated and uncaring people that need to be carefully monitored and controlled.	Knowledge that poorly designed systems, structures and processes leave people feeling powerless and uncaring. 93% of time performance issues are system design issues.
Designed to encourage political behaviour/power games.	Designed to produce collaborative behaviour and teamwork.
Behaviours characterized by fear and anxiety. Little trust.	Behaviours characterized by creativity and innovation. Lots of trust – and a real sense of purpose.
Bosses are “in control” of “sub-ordinates”.	Leaders are in stewardship (“in service”) to those around them.
Solutions to problems translates to retraining or censoring people.	Solution to problems translates to redesigning systems and providing people with the learning support they need.

A S S U M P T I O N S & B E L I E F S

FIRST CURVE – CURRENT REALITIES

SECOND CURVE – EMERGING VISION

The system requires compliance from people.	The system seeks commitment from people.
Goal is to maximize resources for your silo.	Goal is to allocate resources appropriately within the system.
Huge resources are consumed in reimbursing inefficient systems. 30% of all work is unnecessary rework.	Huge resources are freed up for innovation and quality improvement. People & resources are leveraged.
Traditional budgeting processes are political, inflexible, linear and absorb up to 30% of senior executive's time, and 20% of middle managers efforts.	Strategic budgeting allocates resources based on evidence to achieve the outcomes and targets set by management and approved by the Board. Management time on the budget process cut by 50%.
Resources are allocated centrally based on politics in silos.	Evidence-based allocation of resources. Strategic budgeting.
Assumption: "First, do no harm." Provider intentions impeccable.	Assumption: Humans are inherently fallible. Harm occurs despite providers' best intentions.
Reality: Human error generates harm with threat of punishment as a deterrent.	Reality: System accepts human error as inevitable. Designs error proofing.
Mistakes are inevitable, but to be avoided; move on quickly if they occur. These are "undiscussables".	Mistakes are our most valuable source of learning. Learning from our "best mistakes".
Hospital accidents are common. Medical error, death and injury headlines are regular, predictable occurrences.	Hospital accidents are rare, with medical error death equivalent to airline and nuclear power plant performance.
Complexity makes it easy to do things wrong, hard to do things right (Institute of Medicine).	Well-designed workplace systems, structures and processes make it easy to do things right and hard to do things wrong.
Ultimate definition of quality endlessly debated, thus avoiding adequate measurement, management and improvement.	Consensus exists regarding a variety of key measures – including access to care, clinical outcomes, functionality, satisfaction and value received.
Quality can be improved by responding to each event and dealing with the "problem people". There is a silo for quality.	Quality is achieved by designing error proofing at the interface of people and processes. Everyone is in charge of quality.
Quality capability is seen almost solely in terms of professional skills – with virtual blindness to the importance of support systems.	Understands that carefully designed quality infrastructure is absolutely essential to reduce risk and optimize skills of professionals.
Quality improvement efforts are undertaken by silos in charge of quality monitoring.	Quality emanates from the careful design of clinical and operating processes and the coordinated skills of caregivers, patients and community stakeholders.
When major TQM/CQI efforts are undertaken with vigor, the existing system can reach 3 to 4 Sigma on quality. (3.5% to 7.5% error rates)	Transformed organizations, systems, people can reach 6 Sigma and beyond – to a 3rd curve of healthcare system design. (3.4 defects per million and better)
CEOs manage an organization within a network of healthcare services. Managers in silos talk past each other. Despite the rhetoric of co-operation, the rewards and incentives are for "winners" and "losers" and for those who play politics.	CEOs participate in facilitating a network of healthcare delivery organizations and provide strategic management and leadership to their own organizations. Silo managers integrate their planning and system design efforts. They are rewarded for achieving integration and for excellence in management.
Governance represents the self-interests of the organization.	Governance represents the "owners": the citizens/ community.
The system is designed to be complicated.	The system's complexities and self-organizing potential is realized in a natural <i>complex adaptive system</i> .

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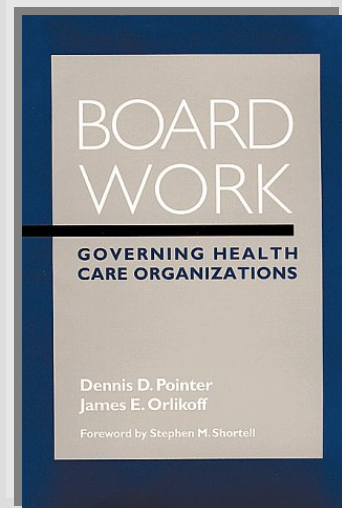
SECOND CURVE HEALTHCARE LEADERSHIP COACHING

- Invest \$5,000 in a 3-day interactive evaluation dialogue in order to co-design a customized, outcomes-driven coaching relationship that meets the specific needs of the coachee and defines the role of the coach. (*Personalisis Report* included)
- Coaching learning partnerships will only be undertaken when both parties agree on the “value-added” achievable goals with fair & reasonable financial arrangements.
- Coachees will gain full assess to Quantum’s capacity-building Strategic Leadership Curriculum/Toolkits.

Ted Ball 416-518-8814

HUMAN CAPITAL INVESTMENT

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**-Dennis D. Pointer
Co-author of *Board Work***