Collaborative & Generative Governance Will Be Required To Succeed In Our Emerging Complex Adaptive Health Service Delivery System, PART I

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Will our health system collapse under the new economic realities that Ontario must manage, or, will we now begin to undergo a series of *disruptive innovations* that will end up creating a "patient-centred" healthcare delivery system that is more effective, efficient and sustainable than our existing system? To be honest, it could go either way. I think it all depends on leadership – provincial, local and organizational leadership at the service delivery level of our health system.

In ***Leadership for an Uncertain Time***, Margaret Wheatley talks about "organic complex adaptive systems" – like our healthcare system. She says that "when a system is failing, or performing poorly, the solution will be discovered within the system itself – if more and better connections are made." Wheatley says that "the solution is always to bring the system together – so that it can learn more about itself, from itself." She says that "a troubled system needs to start to talk to itself – especially to those it didn't know were even part of itself."

This is what is now starting to take place inside most LHINs today. Indeed, after eight years, local health service providers are beginning to "get connected" -- so that local system partners can determine together, where they are going (**Vision**) – and, how they are going to get there (**Strategy**). However, because every LHIN is different, we have a variety of circumstances with which to deal. There are big differences in the levels of connectedness and trust that exist in each LHIN. But while the local health system transformation journey ahead will be different everywhere, there should be a standardized approach to roles.

LHINs that somehow got it in their head that they are the "local health system manager" have by now discovered that they are in no position to actually "manage" their local healthcare delivery system. Those that seek to command and control their local delivery system simply cause lots of pain and confusion – but will fail to deliver on any meaningful bottom-line results. This is because they have no control over the processes that produce service results. Common sense and best practices tell us that you can't be accountable for things over which you have no control.

LHINs that have discovered that the real leverage is in "**system design"** are beginning to reap the benefits -- in terms of people's willingness to innovate and integrate healthcare at the service delivery level. Engaging people in system design exercises unleashes

energy and creativity. So there is a big difference between the role of the "system manager", and the role of the "system designer".

System designers are liberators. *System managers* are controllers.

In my last blog, I wrote about the innovative, collaborative approach to **local health system design** being undertaken by the **North Simcoe Muskoka LHIN** with their on-going *Care Connections Project*. This is a good example of a community where there is a high degree of alignment within the system. Where there is collaboration among governors, there is system alignment, disruptive innovation and real service improvements at the patient/client/customer level.

Many people seem to be looking for a recipe for a "new structure". They want some "new rules" and a "to do" list to guide their organization toward something called "**Collaborative Governance"**. But the reality is that it starts with a mindset and behavioral shift within each person – not another complex structure with complicated rules and rigid protocols to follow.

The "*collaborative approach"* doesn't work that way. Collaboration isn't either simple or complicated. It's actually complex. My colleague **Sholom Glouberman** from the ***Patients' Association Of Canada*** explains that "simple" is like having a recipe to bake a cake. You just follow the recipe step-by-step -- and you get a cake at the end of the process. It is simple.

Sending a rocket to the moon is an example of a "complicated" problem -- with many, many rigid protocols and recipes all strung together in order to get to the moon and back. Sholom says that "raising a child would be a good example of a 'complex' problem".

"**Collaborative Governance**" in my view is much more like raising a child -- where the simple and complicated solutions simply don't work. The firm rule for raising children as everyone knows is: … "it depends". The fact is that every child is unique, and must be understood as an individual in a certain context. Raising one child provides experience, but is no guarantee for success with the next.

Every organization – like every child – is different.

Boards need to explore what they need to do differently -- if they applied the frameworks for *collaborative & generative governance* in their unique circumstances. Governance leaders who are still trapped in the old paradigm of "representing their silo", rather than "representing the broader public interest", may actually be preventing the current delivery system from actually transforming.

So our nice well-intended community volunteers may paradoxically be harming their community's best interests by hanging onto the status quo.

When governance leaders shift to operating in true "*stewardship"* to their communities, they will provide a very different set of requirements for the delivery system's professional managers and healthcare service providers. Indeed, when the Board Chairs from across a local healthcare delivery system meet more regularly over the next few years as they address their local delivery system's transformation issues – the expected "aha" will be: "**we are <u>all</u> here to represent the same owners**."

That means the old paradigm of "competing for funds" against one another no longer holds. As with living organisms, the interdependent parts collaborate to produce better results. In the body, blood flows to where it is needed at each moment. Indeed, there are several recent examples where hospitals leaders have said: "please increase funding to homecare, in order to take the pressure off us."

It's a more holistic, rather than fragmented approach to system design and resource allocation. It's about understanding how human systems work.

To survive and thrive in the future, healthcare service delivery organizations need to pay attention to both their <u>internal</u>, <u>local</u> and <u>provincial</u> level issues. But to succeed, I think that they must first and foremost strive to be "**customer-driven**" -- or what the Minister of Health calls a **"patient-centred care obsession".**

So, it is not about being Queen's Park, or LHIN office-driven. It is not about being "provider-driven". It is not about being management or board-driven. It is about being <u>customer</u> and <u>patient/family-driven</u>. But who will bring this perspective to the table?

It's the Boards' job to listen to the voice of patients/clients and represent their perspectives. Indeed, that's why we need community boards to govern each of our healthcare services/facilities and organizations – in ways that will produce the best results possible for patients, their families and their communities.

However, Boards are under attack.

At the June 18-19th ***OACCAC Annual Conference,*** headline speakers **Michael Decter** (former Deputy Minister of Health) and **Will Falk** (PWC) both aligned with the ***Drummond Report's*** conclusion that there are "too many health boards".

People who take these positions on *system design issues* never explain how eliminating Boards, will somehow lead to improvements in the functioning of the system. Why does the same old way of doing governance in fewer locations cause us to have a better system?

The "advocates for fewer boards" also never address the *Canadian Patient Safety Institute/CHSRF* research report on ***The Role Of Governance In Quality And Safety*** that tell us that Boards of governance can have a <u>very</u> positive impact on their site's quality/safety and patient experience. My question: If Boards can have such a positive impact on quality, safety and positive patient experiences, why is it such a good idea to get rid of them?

To be clear: if we redesign health services focused on patient needs that result in merged organizations and fewer Boards, that's okay. The prudent goal for these efforts is a service delivery system that is more patient-centred. However, if the purpose of the exercise is to have fewer Boards doing the same old governance mumbo-jumbo, what is the point?

At the same OACCAC conference this week, former LHIN CEO **Gwen Dubois-Wing** (NW LHIN) and **Jean Trimnell** (former CEO of North Simcoe Muskoka LHIN) presented a thought-provoking workshop that looked at the role of governance through the lens of a *complex adaptive system*. Trimnell and Dubois-Wing want better more effective governance, in contrast to those who advocate for "fewer boards".

By getting participants at their workshop to view the role of governance in ways that challenged the status quo, participants were asked to "let go" of our traditional mechanistic check-list model for understanding governance – and to consider polarity issues like "how to balance the Board's primary organizational role, with their broader role in local health system governance."

Those who want to find ways to improve governance really need to rediscover the role and function of governance in today's rapidly changing environment. Lenses like *complex adaptive systems*, and governance styles like *generative governance*, will move Boards beyond the mechanistic models and check-lists and push them directly at today's harsh realities.

We need community wisdom at the heart of health system redesign. That's why it is essential that governance Boards engage in system redesign over the next three or four years – while redesigning themselves.

Forward this blog to your colleagues, and scroll down to my previous blog.