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Personal, Organizational & System Transformation Journeys Need To Be Aligned To Work Synergistically Together

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There are several transformation journeys going on in Ontario right now -- as individual Governance Boards, HSP managers, primary care providers and LHINs engage in the process of transforming every health service provider, and every citizen, into a *Health Link partnership/membership*. We are ultimately heading for 80 local integrated delivery systems (IDS), or as we call them in Ontario, "Health Links" across our 14 LHINs.

That's a big change! How are you going to do when the system transforms?

Successful **Organizational Transformation** involves a fundamental redesign of each *Health Link* organization, and, the local service delivery system as a whole: the *Strategy, Structure, Culture* and *Skills* of the system. These need to be designed and aligned to achieve transformation. If we don't do things differently, we will all be doing the "same old thing".

So, rather than tinkering on the edges with downsizing, re-engineering and lean thinking methodologies, *organizational transformation* involves the re-invention of the delivery system and each organization within it -- focused on outcomes; rooted in values of patient-centred service; and, driven by the mission and vision of the organization and system.

Organizational Transformation is a process in which organizations and partnerships of organizations fundamentally rethink and transform the way they are managed, governed, structured and operated. It's about transforming from caterpillar to butterfly.

In her book "***Transformation Thinking***," **Joyce Wycoff** describes transformation as "a miracle waiting to happen. It's the result of thinking that goes 'outside the dots'. It's what makes an organization grow and flourish - moving beyond barriers to creativity and change".

Organizational Transformation assumes that there is not a single rigid model or template for what an organization or a local system should become -- only some proven processes that enable organizations to recreate themselves. We also have some knowledge of "best practices" for "what works", and "what doesn't", in organizational re-design, and from the "lessons learned" from applied *patient experience design methodologies* and processes.

While you can't go into this thing blind, LHINs and *Health Links* need to avoid at all costs the "one-size-fits-all" approved solutions from the hierarchy. These have always produced mass failures.

Two basic skills that will be required for a successful organizational and system transformation are: *Systems Thinking* and *Dialogue*. *Systems Thinking* teaches us to see things in wholes, rather than in fragmented pieces. For successful organizational transformation, people must understand their organization as an integrated system. Changes to an organization's culture, structure, strategies and skills must therefore be balanced and aligned to achieve the *Shared Vision* of what you want to become.

During a *Health Link* transformation journey, people must also learn and practice open, honest dialogue. *Dialogue* is a skill that enables people to listen and learn from one another. People need to learn to listen deeply to each other -- seeking to understand one another's individual realities and hopes for the future. For transformation to succeed, we must work to build on each other's thoughts and commit to transforming our personal behaviour and our organizational culture to become more respectful, trusting, and supportive of each other.

People within and across organizations within a *Health Link* must also work cooperatively together to develop a *Shared Vision* (click to see [Mindmapping Workshop](#) evaluation & brochure) of what they want to become, and to find the solutions and strategies that will enable them to achieve their vision.

Perhaps most importantly, each *Health Link* partner/leader needs to be committed to embarking on a *personal journey of change*. Deep experience in the transformation business has taught us that organizations cannot transform, until and unless the people in them undergo a personal journey of change. It is through changing our own mindsets and behaviours that we will be able to transform into the organization and into the local service delivery system you really have to want to become -- your organization's, and your *Health Link's Shared Vision* for the future.

The components (or streams) in an organizational or whole system transformation over the next 24 to 36 months include:

- ☑ **The Leadership Journey:** Boards of Directors, CEO's and their senior management teams need to generate an initial vision through *dialogue* and *mindmapping*; commit to being stewards of the vision; facilitate the development of a shared vision across the organization; learn how to "design for outcomes"; and plan and implement an aligned *Balanced Scorecard* for each organization, and for the *Health Link's* integrated delivery system. And, they need to develop a system of best practice *Accountability Agreements* that links everyone in management to the strategy.

Health Link leaders across the continuum-of-care need to find ways of "letting go" of the ingrained habits of silo management, and instead, embrace collaborative & collective intelligence.

Without being in a crazy rush to "get things done" at the beginning, best practices suggests that the CEOs of *Health Link* Partners ought to spend two-days per month together in strategy dialogues to develop a *Health Link System Scorecard* - - with aligned scorecards for each component part. If lots of work got done between CEO meetings, they could get their service delivery system operational in 9 to 15 months at each *Health Link*.

- ☑ **Governance Renewal**: Silo boards of *Health Link Partners* need to engage in dialogues about how to blend system and silo governance together. Boards need a wake-up call: their communities need them to "add value" on behalf of the "owners" of our healthcare delivery system. However, boards will need to transform themselves to achieve this.
- ☑ **Accountability Agreements**: With a *Health Link System Scorecard* in place, the CEOs of the silo partners will be able to work together to develop integrated *Accountability Agreements* for the silo partner Boards to consider. All silo *Accountability Agreements* with senior and middle managers need to be adjusted to reflect the *Health Link System Scorecard*.
- ☑ **Capacity-Building for Transformation**: There will be no transformation -- until and unless a critical mass of people within an organization have the skills required for transformation. No skills means no transformation. *Health Links* need custom-designed, internal leadership-led (external coaching is fine) capacity-building programs for senior, middle managers and front-line workers on transforming their system. Essential skills for adaptive leaders who take their people on a transformation journey includes: dialogue, team learning, leveraged thinking/strategic thinking, systems thinking, lean thinking, patient experience design, balanced scorecarding, strategy execution -- as well as organizational design and system alignment know-how.
- ☑ **Culture Shift**: Culture is about how an organization thinks and behaves. Organizational transformation requires a fundamental shift from traditional, bureaucratic, command and control environments to one that reflects personal responsibility and accountability, a learning mindset, and a true sense of "*stewardship*" for the organization. While culture is often considered a "soft issue", in reality, it is a "hard issue".

Best practices suggest that a *Culture Shift Strategy* -- facilitated by middle managers -- can be a critical success factor in creating acceleration for the change journey among the *Health Link Partners*. Middle managers -- with external expertise and support -- could design a culture shift capacity-building program that would cascade through every organization -- facilitated by middle managers.

- ☑ **Accelerated Learning**: Cascading the organization's *Balanced Scorecard* and the *Health Link System Scorecard* is a capacity-building process that requires developmental facilitation and coaching skills for both senior and middle managers. Holding "*Unconferences*" (click to see [Systems Thinking &](#)

[Collective Intelligence Workshop](#) design) -- with 200-300 patients, front-line service providers, middle managers, board members, will lead to much deeper commitments to transformation.

- ☑ **Structural Redesign:** As organizations transform, as people learn new skills, they will learn to continuously redesign and adjust their design, decision-making, and information systems, as well as the rewards and incentives it utilizes to achieve their strategic outcomes. But structure must be aligned with culture, skills and strategy, and it must focus on making the system "patient-centred".

Read my blog on the [Strategic Alignment Model](#) if you really want to understand the art and science of system alignment. Power players always focus on structure first so they can decide: "Who is the boss?" Instead, our system design needs to focus on: "How do we serve the patients/taxpayers?"

- ☑ **High Performance Patient Experience Design Teams:** Redesign teams acquire systems thinking skills, knowledge of design tools, dialogue and team learning skills -- as they become increasingly more autonomous and empowered. *Patient experience design methodologies* like storyboarding will facilitate a bottom-up contribution by patients, families and care providers to moving forward with patient-centred and patient-driven re-designs. But none of this can happen without significant investments in building the internal capacity to transform.

Best practices suggests investing 1% to 5% of payroll budget on "just-in-time", custom-designed, learning-by-doing support for transformation. At all cost, avoid the one-size-fits-all top-down academic curriculum.

- ☑ **Strategic Alignment:** Tops need to learn the art and science of continuously aligning strategy, structure, culture and skills within a strategy development process -- driven and guided by feedback from the front-line of the organization.

Government's strategy has been to focus the attention of integration at the service delivery level in the *Health Link* roll-outs taking place in over 25 communities today. "Alignment" would mean that management and governance would need to be aligned to the integration goals at the service delivery level.

Boards really ought to be leading the charge for system alignment -- if they really want a better local healthcare system!

- ☑ **Scope-of Practice:** Allowing RNs to perform their full scope-of-practice requires the OMA/RNAO/MOHLTC to agree on processes and a timetable to ensure that nurses perform functions that reflect their existing scope-of-practice. This will improve quality and reduce costs as integration is designed across the continuum.
- ☑ **Human Resources:** Successful organizations will have partnerships with unions/workers that develop "win/win" HR plans that reflect the vision, the values and the strategy of the organization/Health Link. Question: is the *Health Link* the employer for all the employees of the individual silos?

Many failures (among the 70% of organizations that failed to transform) point to the inability of management and labor to forge beneficial "win/win" solutions as the root cause for why, in the end, everybody lost. Will we crash and burn again? Or, will a critical mass of *Health Links* and LHINs learn how to succeed?

Management and union leaders absolutely must "let go" of their old paradigms that defined their relationship in the past, and instead, engage as true partners with a powerful shared vision for the future. The big issue will be the one we did not do 20 years ago -- equalize hospital and community wages. Today, it is, no doubt, unaffordable.

- ☑ **Project Management:** Transformation teams need to learn skills for project management, utilize planning tools/methodologies and create non-bureaucratic, learning-oriented processes that guides the transformation journey. People should be careful not to allow project management tools and methods to be the "driver", instead of support to the project's objectives.
- ☑ **Strategic Communications:** Open, honest, two-way communications that include: CEO Reflections Newsletter, Town Hall Meetings, Reflections Dialogues, Learning Events, Voice Mail, E-Mail/Websites, Surveys, Focus Groups, Evaluation and Open Space or Unconferences are all essential activities for success.
- ☑ **Evaluation:** Transformation is a learning journey. *Health Link* leads should arrange with their silo partners to conduct common organizational assessments continuously in order to evaluate progress through surveys, reflective dialogues and formal organizational learning tracking systems.

As organizations and each local system transforms at the *Health Link* level, they will begin to change in significant and meaningful ways -- in terms of the atmosphere/environment -- who is included, the ethos or feeling, people's outlook, the values people practice, and the sense of community support that exists for transformation.

The chart below indicates how these underlying environmental factors change at the *Beginning*, *Mid-Point* and the final *Transformed State*. I have included my thoughts on the worldviews and assumptions about the organization transformation journey, and each of the paths in the chart.

Factors	Beginning	Mid-Point	Transformed
Atmosphere/ Environment	Fear, lack of trust, low morale, resistance to change and learning. Cynical "we've heard this before".	Truth, open and direct communication, collaboration; learning a high priority. People connecting, trust building skills for dialogue.	Freedom of self-expression for all, openness and acceptance, equality, flexibility, lifelong learning and innovation.

Outlook	Deal with silo employees -- independent of the personal and familial context of their lives.	Deal with employees in a multidimensional way across the continuum. Explore <i>Health Link</i> as single employer.	Strive for "seamless boundaries" between work and personal lives.
Composition	Employees and colleagues.	Employees colleagues across the delivery system and their families.	Everyone whose life is touched.
Ethos	People separated from one another by barriers/silos.	Growing bonds between people, barriers increasingly let down.	People unified, fully open to and supportive of one another as part of a "true community".
Purpose	Try and remember why we went into healthcare service in the first place.	Connect our <u>purpose</u> , to our thinking and behavior.	Fulfill your "purpose", be connected to others & live happy life.
Values	Traditional white male perspective; structural, control and bureaucratic rules-based.	Female and minority perspectives incorporated; truth, communication, collaboration, learning, balance and moderation.	All forms of diversity embraced; structural violence in all spheres of life eliminated; openness and acceptance, equality, lifelong learning.
Emotional Intelligence	Invest in tools/ workshops that engage people in self-awareness and empathy. (Personalysis)	Use emotional intelligence frameworks to facilitate dialogues between individuals and teams.	Treat people with respect. Build trusting, positive and meaningful relationships.
Capacity For Transformation	Commit 1% to 5% of payroll for transformational sills required in each <i>Health Link</i> .	Leaders facilitate just-in-time learning. Systems thinking. Team learning. Patient experience design.	Front-line works and middle managers work in seamless systems of service delivery undergoing continuous improvement.
Supports Required	Manifest concern for employee health and well-being as well as need for emotional intelligence.	Actively encourage the wellness workplace with programs to address all aspects of people's lives skills for team learning.	Operate under a holistic paradigm recognizing the mind-body connection; ensure health and well-being of all.

Accountability	Negotiate <i>Mutual Accountability Agreements</i> -- with outcomes, expected and supports required.	Develop and implement the supports required to be accountable. "Bosses" become "Coaches".	The right balance of empowerment and accountability.
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FORWARD THIS BLOG TO COLLEAGUES WHO MAY BE INTERESTED IN ADDRESSING CHALLENGES FACING HEALTH LINKS AND THEIR LEADERS.

