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## **Successful Transformational Will Require Mastering Two Ingrained Health System *Learning Disabilities***

**By Ted Ball**

Believe it nor not, it is *strategy development* season again in our health system's busy cycle of management/governance activities. At the provincial-level since last June, we have a new Minister; a new Deputy; the arrival of new ADMs; fresh strategic directions listed in the Minister of Health's ***Mandate Letter***; the Minister's recent ***Patients' First Action Plan***; the selection of ten sites to test "bundled payments" for **Integrated Funding**; the re-launch of ***Health Links 2.0*** -- and all kinds of new plans emerging from Queen's Park.

In addition, at the local level, ***Integrated Health Service Plans*** are also being "*Refreshed*" -- again -- in their multi-year planning cycle. Organizations and leaders who don't want to wait for some "grand plan" to emerge, are already moving on the system integration front. These are the turbulent conditions that normally spark a new round of a phase called, "*Strategy Development*" and "*Strategic Planning*".

In many respects, the system is more than ready to begin the change process in earnest. But most people are tired of the "transformation rhetoric". They want actual change.

The problem is, we keep repeating the "*Strategy Development Phase*" again and again -- and almost always fail to get to the all important "*Strategy Execution Phase*". The evidence from **Henry Mintzberg**, and from the *Balanced Scorecard Collaborative*, tells us that 90% of traditional strategic plans are in fact never implemented. Indeed, only 10% of healthcare organizations actually ever implement their strategy.

More and more, we hear Board members, physicians and front-line staff saying: "why doesn't anything ever happen with all this engagement input?" Good question! After 10 years, and three **Integrated Health Service Plans**, what progress have we actually made?

So, before everyone begins yet another linear planning process to take us to the **Year 2020**, Boards of LHINs, hospitals, CCACs -- and other healthcare service providers -- really ought to require an audit on the bottom-line/measurable outcomes that have been implemented from the organization's last three strategic plans -- so that they can determine just how many **outcomes/results** approved by the Board were ever actually achieved.

The **Audit On Strategy Execution** cannot be about "laying blame". It must engage Board and staff in learning about how to make everyone's good intentions, a reality. Is your organization ready to do that?

Change management scholar, **Alain Gauthier**, says healthcare organizations won't succeed -- unless they address their deeply ingrained organizational learning disabilities. To succeed at transformation, Health Service Providers need to look inward. In his essay, "***The Challenge of Stewardship: Building Learning Organizations in Healthcare***", **Gauthier** lists several **Learning Disabilities** common to the healthcare sector.

These include:

**High Level of Fear & Anxiety** -- Gauthier points out that *fear* and *anxiety* among healthcare workers, and *frustration* and *anger* among physicians, have produced organizations that have become emotional molotov cocktails -- driven by the blame and blame avoidance dynamics that have become ingrained in healthcare's hierarchical command and control structures and ways of "being" (culture). So what is at the core of Ontario's health system? Is it "service"? "Compassion"? "Excellence"?

Unfortunately, the outstanding feature of Ontario's health system is the extraordinary level of fear that exists -- particularly at senior levels of the healthcare delivery system. How leaders deal with this major "undiscussable", in turn, creates an unstable and stressful environment -- in which the ultimate instability is a complex, adaptive system in which one in every 13 patients are harmed by errors and mistakes.

In the *Drucker Foundation's Leader-to-Leader* periodical, **Lorraine Segil's** essay, "***Leading Fearlessly***", points out that fear is damaging. "It causes insecure behavior that can run from defensiveness and negativity, to paranoia and operational paralysis. If an organization breeds fear, it soon slides into corporate sclerosis. Process is used to create a series of hurdles – not for the purpose of learning, or the validation of ideas and projects – but rather as a means for denying innovation and slowing change", according to Segil.

While perhaps twenty to thirty percent of CEOs are energized and positive about the opportunity for change, the fact is that 70% to 80% are stuck. "Stuck", because it is an unsafe/blaming environment; because their Board goes along with the retrenchment strategy; and, because our healthcare culture encourages them to keep their head down, and "play it safe".

We need our leaders to address the many of the fear-generating processes and behaviors that have been developed by the MOHLTC, LHINs, Boards of Governance, CEOs and senior managers over the past ten years. So, will they now step up and help to drive out fear? Or will they continue to create more of it?

Instead of moving to strategy implementation, measurement of outcomes, accountability and learning in Ontario's healthcare delivery system; great visions too often become "multi-year tests", "experiments" and "pilot projects" -- because people are very afraid of failure -- and the blaming and shaming that will occur.

As **Deming** said, if you want to change, your first priority must be to "drive out fear"!

So, how will the **Wynne/Hoskins/Bell Leadership Team** reverse the fear and anxiety infused into the system over the past ten years -- and instead, create a climate where innovation can flourish, and fundamental transformation can occur in a "safe", "supportive" environment.

Health Minister **Dr. Eric Hoskins**, and his Deputy, **Dr. Bob Bell**, have the opportunity -- and the potential -- to inspire and encourage local innovation -- balanced with a focus on bottom-line outcomes. They have the ability to direct and "model" the innovation and integration that they talk about -- by transforming their own silo-ministry. Together, they could shift the ingrained silo-thinking and fear-generating behaviors of the Ministry they lead -- as an example of "true transformation" to the system. After all, if the Ministry can transform, and if LHINs can transform, then by golly, everyone should be able to as well. It can happen. But will it?

Like the Spring flowers popping out of the ground, there are a number of very hopeful indications that MOHLTC may indeed be ready to "model" the transformation process that they advocate for others.

**Fragmented Organizational Designs & Processes** -- Gauthier also points out that "most hospitals are highly fragmented organizations -- where an extreme degree of specialization is compounded by very different mental models of reality". The community sector is also the product of evolution, rather than careful and intelligent planning.

Unfortunately, overtime, we have designed both the macro healthcare system -- and the internal organizational systems/structures/processes at the service delivery level -- as a series of poorly-connected silos. Too often, there was no intentional design -- just a lot of political/bureaucratic decisions taken over time, in the moment, and with no long-term vision.

So, what are the results of our Queen's Park-designed healthcare service delivery system? Well, consumers experience "gaps" in services; a lack of co-ordination; an estimated 30 percent waste of the available resources; unhappy physicians and staff; and, increasing rates of clinical errors -- particularly at the "hand-off" points in the service delivery system. These errors kill people, and costs billions of dollars. Hello? These are not signs of a well-managed system!

The good news? The Minister and Deputy are clearly committed to making *Health Links* work. I think *Health Links* have the potential to actually become *Integrated Delivery Systems* (IDS) that can intentionally align and design themselves to "put the patients first"; flow the funding with the

patients; and, re-design the *patient experience* as they travel across the continuum-of-care. That's Patients First! However, at the moment, the government's focus seems to be on just saving money.

Yes, it is very important that our *Health Links* save money -- by developing appropriate care strategies for the top 5 percent of health system users who spend much of our health budget. But it is also very important that CEOs and Boards of *Health Link* partners also learn how to integrate cross-functionally -- across the continuum-of-care -- for the remaining 95 percent of their patients.

While Queen's Park does not appear to be all that interested in the 95%, CEOs and the Boards of *Health Links* partners really ought to be concerned. Lessons learned from the 5% can be applied to the remaining 95%. That's why we need "bottom-up innovation" to occur! But Ontario's current healthcare environment is still very "risk-averse" -- and "innovation", by definition, involves "risk". So...

We urgently need the **Wynne/Hoskins/Bell Leadership Team** to make a point of supporting grassroots innovation -- and get their Ministry, and LHINs to lighten-up on all the rules/processes/templates and bureaucratic requirements that have stifled innovation because Queen's Park wants "control", or the "illusion of control" -- with no accountability for the results.

Will MOHLTC now be downsized as the delivery system -- and those closest to the work-- are liberated to "do the right things" to fix the system? Which way should Hoskins go? Should he seek more rigid controls over the HSPs -- or truly liberate them to achieve the results that are possible? Deputy Minister **Bob Bell** says he thinks the MOHLTC has the capacity to be innovative. Let's hope he is right.

However, a review of our *Health Leader's Survey Results @ TedBall.com* clearly demonstrates the extent to which the leadership of the Ontario healthcare system is becoming increasingly concerned/alarmed about the MOHLTC and the LHINs -- and their focus on micro-management they have not experienced the innovative capacity of MOHLTC.

Let's hope our provincial leaders are paying attention to these heart-felt messages?

**FORWARD THIS BLOG TO PEOPLE YOU KNOW THAT OUGHT TO REFLECT ON THEIR ORGANIZATION'S STRATEGY EXECUTION TRACK-RECORD -- BEFORE LAUNCHING YET ANOTHER NICELY-PACKAGED "STRATEGIC PLAN".**

