The Wisdom Project: Stories from the Field that Inform Leaders

Wendy Harrison, Brenda Hubley, Alison McLaughlin, Kass Rafih, and Darren Sander

INTRODUCTION

Today's leaders are tasked with affecting meaningful, systematic, and sustainable change in the complex healthcare environment. This is not a small mission. There are a wide range of issues and pressures facing the Alberta Health Care system. The public demands improved access and shorter wait times. Access to care may have a different meaning to people in urban and rural regions. However, common ground is found in measuring wait times: time waiting for surgery and time waiting to see a family doctor, for example. One high profile area where wait times are an acutely sensitive issue is in Emergency Departments, creating political and organizational pressure for change and improvement. The time to access care in Emergency Departments is under scrutiny with steady pressure to improve the patient experience by shortening wait times. To accomplish this, patient flow must be improved.

Between 2006 and 2010, initiatives were funded to improve flow in Emergency Departments in three different regions in Alberta. Project close-out evaluations describe different levels of success. A review of the outcomes of the three projects by the Health Quality Council of Alberta gave specific feedback on gaps, opportunities for improvement, and the need to learn from initiatives to inform future work and maximize the benefit to those we serve.

Understanding the enablers and barriers in meeting project goals is critical to positioning future projects for success. This case study has been built on the stories and experiences shared through interviews with sixteen leaders and participants across the three projects undertaken in Alberta. This case study will not assess further the reality or perceived success or failure of the individual projects or their specific outcomes but, rather, through an opportunity to share leadership and change management experiences of these projects, it will assist the reader in achieving a deeper understanding of the leadership experience of complex projects in the healthcare environment.

PROBLEM STATEMENT

The Chinook Health Systems Transformation Project, the Calgary Health Region GRIDLOCC project, and the Capital Health Emergency Services and System Capacity Project close-out evaluations described the success and unmet challenges of each project at a single point in time, not appreciating where the projects may have been in the innovation and change life cycles.

Looking beyond traditional, comprehensive post-project evaluations where project success is determined by a goal or defined measures met, understanding and sharing leadership insights and experiences of a project may be more powerful in informing future leaders as they embark on new ways to improve the system.

"A project created to improve the patient experience does not fail" suggests Harrison, Brenneis, and Bracko. "Whether or not targets are met, or goals are achieved we are offered the experience of teamwork and learning. Collaborating, sharing our stories of success and failure strengthen us. Eventually we learn that the way we are with each other and those we serve is most important. Guided by dedication to patients, clients and residents we learn to set goals, and to use data to inform our decisions. We learn how to measure progress, how to be accountable individually and in teams. Most importantly of all, we learn to lead" (Harrison, 2007).

This case study will demonstrate the value of understanding and sharing leadership insights and experiences as told by leaders across these three complex projects, in order to ask the reader to consider:

Can we use the LEADS in a Caring Environment Capabilities Framework to better understand how Leadership impacts project outcomes and helps to inform future leaders as they pick up the torch to improve the health system?

BACKGROUND

Chinook Health Systems Transformation Project

In 2007, Chinook Health undertook a Hospital Flow Project to use advanced access principles to achieve comprehensive health system transformation. Building on work that started in 2002, the hospital flow project was comprised of multiple sub-projects with an overall target of reducing delays through system redesign. The initiative looked at the system from the point of view of the patient and the need for integration and linkages between acute, ambulatory, and primary care (Wright, 2009).

Emergency Services and Systems Capacity Project (ESSC)

In 2007, a project was initiated in Capital Health to improve integration and standardization of patient care access across four urban acute care sites and in Community Care Services (Huq, 2009). The ESSC project was a multi-part, multi-stage initiative designed to address Emergency Department overcrowding by enhancing capacity across the acute and community systems. Fifteen design solutions were proposed to address patient care delays across the system (Emergency Services and System Capacity Project Summary Report, 2008).

GRIDLOCC

Getting Rid of Inappropriate Delays that Limit Our Capacity to Care (GRIDLOCC) was initiated in 2007 (Sakamoto, 2009). The overall goal of the project was to improve patient flow in Emergency Departments in Calgary by using quality management principles and quality improvement tools for redesign. GRIDLOCC focused on the acute care system in Calgary with thirty-three sub-projects focusing on different stages of the patient journey through Emergency Department admission or discharge.

LEADS Framework

The LEADS in a Caring Environment Capabilities Framework has become a foundational element for health leadership in Canada. The LEADS framework represents the key skills, behaviours, abilities, and knowledge necessary to lead across the health system. Reflected in the five leadership domains of Lead Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation; each domain consists of four core capabilities that, when developed, provide leaders with the competencies to respond to and lead in the complex health care system (Tholl, 2011).
For more information on LEADS in a Caring Environment go to:
www.leadersforlife.ca/leads-framework

STORIES FROM THE FIELD

Building Alliances

"Involving people in the change, not trying to change the people"

Every project starts with building a project infrastructure: project sponsors, steering committees, subcommittees, project managers, working groups, and so on. But is sustainable change achievable when you build temporary coalitions and time-constrained relationships? Positioning projects for success means creating alliances internally and externally. This can be particularly challenging when the local benefit of proposed initiatives may not be immediately apparent.

What did that look like in the projects in this case study?

At its best, leadership fostered a culture where people believed that the challenges faced were "our problems" because it was "our system" and "our solutions." By being visible, collaborative, and "involving people in the change, not trying to change the people," relationships were built within teams, across departments and jurisdictions, and throughout the community. The work shifted from being a time-constrained project to a philosophy of how we do our work. *Walking the talk* through leadership road-shows and walkabouts demonstrated where clear, senior-level commitment existed and alliances were created that shifted culture and created sustainability. Conversely, *talking the talk* without demonstrable or visible sign-on resulted in temporary coalitions with limited and short-term buy-in.

Leadership Question:
With which LEADS domain does this story align and who are the key partners you need to make alliances with?

Clearing Space

"It is hard to get to the work when it was always on the side of your desk"

Warren Bennis stresses that Leaders are different from Managers. He says, "They (leaders) don't make plans; they don't solve problems; they don't even organize people. What leaders really do is prepare organizations for change and help them cope as they struggle through it" (Green, 2012, p. 158). In other words, there is a point where the leaders move from active strategists in building alliances to focused enablers to allow and support the work to get done. Rosebeth Moss Kanter suggests that leaders need to employ specific strategies to sustain effective change in an organization. Kanter says that "once a coalition is formed, others need to be brought on board to focus on implementation." She continues, "Leaders need to stay involved to guarantee time and resources for implementers" (Green, 2012, p. 188).

Effectiveness across the three projects here would support this theory as a key enabler. In one of the projects, interviewees collectively and individually validated that a primary foundation of success was Leadership "clearing the space."

But did that really look different in the different projects? Our interviews would suggest it did.

We heard consistently that although there were resources in place through project managers and consultants, ultimately for the work to happen and be sustained, people within the system needed to own and do the work. This could not happen off the side of a desk, and many felt that was the place the sub projects sat waiting for action. "It is hard to get to the work when it was always on the side of your desk," commented one respondent. This suggests that, in some circumstances, the project did not hold a place of primacy and therefore lacked the required attention. This is in contrast to instances where interviewees highlighted that time was given to do the work and resources were put in place to support and build capacity. On review of project documentation, all three projects identified the importance of resourcing the project, including project managers and consultants. Looking at the structures that were in place and financial reports, it is clear that consultants were engaged-both internal and external.

So why the difference in capacity to do the project work? Respondents articulated it well.

Leadership cleared space when they removed obstacles (workload, lack of data, opposition to plan) and enhanced knowledge through effective use of consultants that built competency and resilience in the staff. One notable example was when one individual in a project transitioned to a permanent Quality Improvement role because of the experience and knowledge gained from being part of one of the projects. Leadership fell short when they did not have the time or attention to remove systemic barriers and when consultants created workload and pressure when they were introduced to solve problems rather than build a structure that could respond as the unanticipated happened.

Leadership Question:
Which LEADS domain does this story align with and what strategies can you employ to "clear space"?

Relevance and Focus

"We really didn't know where our project fit in the bigger project"

The greater the clarity of focus towards the patient (end user), the greater the chance one has of aligning people, processes, systems, and structures. Business as usual and change initiatives have to be dovetailed (Green, 2012, p. 342). This is an important concept to explore. Our respondents identified that when day-to-day work and project work were aligned and overlapped, there was more buy-in for proposed improvement strategies. People wanted to see that what they did day to day was part of the solution and not dismissed. Further maturity and reflection led some respondents to see how this concept could have been even more effectively utilized to move people away from thinking about how they currently did things and focus more on why they did things. This is an important realization because a core principle of transformational change is to do things differently, not simply improve on the existing processes.

How was this concept relevant to the challenge of improving Emergency Department wait times in this case?

To be transformational, these projects could not simply be about increasing capacity; the system needed to be different. The interviewees to whom we spoke shared stories of the challenge: "to get people moving in the same direction," "this was the ED's problem to fix," "we really didn't know where our project fit in the bigger project." These comments speak to a lack of alignment and attunement. Hacker says that transformative change leads to breakthrough results for the collective when the conscious will of the individual overlaps or aligns with the purpose of the collective. That means creating a single mindedness of purpose (Hacker, 2012, p. 160). "We had individual projects but leadership made sure we knew how they were part of the bigger goal" is how one of our respondents described creating relevance. Individual teams and members of those teams not only had a clear understanding of their project and role, but they knew how they fit into the larger project. Most importantly, each individual project could be viewed as vehicle for success of the overall project. A further refinement respondents shared was recognition that no one project could solve the bigger problem; smaller, focused projects were needed to ensure that the larger goal could be met. The challenge to Leadership was in sustaining that focus. Doing well meant shifting focus when something was not working, helping the team to understand and link ideas or new challenges to the overall goal, and, most importantly, responding when something was not getting done.

Leadership Question:
Which LEADS domain does this story align with and how will you ensure alignment in your project?

Engagement

"What motivates people is different so you need to tap into what is relevant to them."

Regardless of the rationale for a proposed change, success is dependent on commitment. Engagement of physicians, staff, and community was identified across projects as a key enabler to success. Not all project teams felt they were able to achieve the necessary engagement, particularly among physicians. Further, many stated that "we didn't just need engagement, we needed champions." Simply being "on board" was not enough, as it did not translate to the level of commitment necessary to make the difficult decisions and do the hard work. Even in projects where there was strong engagement and early results were achieved in sub-projects, the engagement was fragile and without attention sometimes did not survive organizational changes.

What did engagement look like in these projects?

Many respondents described early buy-in and resulting success in projects where the proposed initiatives were already identified as being important to or being worked on by key constituents. People support what they create, so in projects where the goal was articulated and aligned with existing priorities, support was accelerated and results achieved quickly, fostering engagement. However, this bolstered site allegiance, in some instances, but not engagement with the larger project or goal, causing one respondent to make the comment that people may have been committed and engaged, but it was not always clear "whose soldier they were." Was their allegiance to their site, their program, or the wider regions? Further engagement challenges existed in projects

where there was an undercurrent or belief that the project goals were a personal or public agenda. Comments such as "big areas of the project were predecided before teams ever came together" and "the way the ED issue was raised was an issue, it was raised in the media which already created a tension before we started" describe a culture of mistrust that created barriers before the project work even started. As a result, although teams came together, they often never truly committed to the project and true alignment never developed.

> **Leadership Question:**
> *How can you use this story to change how you as a leader can foster engagement in your team?*

Understanding your Reality

"We thought we knew but sometimes the data proved us wrong"

Across the three projects, informants identified how patients moved through their systems as the core issue that needed to be addressed. As teams came together and Quality and Process Improvement approaches such as Six Sigma and Lean were introduced, it became apparent that although all of the regions were data heavy, there was very little data understanding. One respondent commented "the level of competence in using data for decision making was low." This created challenges in ensuring that people truly understood what the data they were using meant or if it was even the correct data to help inform action and track results. This gap brought all those involved in the three projects to the realization that they needed to focus on data. In the words of one interviewee, "We have been woefully short of the right data in the right hands."

How did data impact the projects?

Data became much more than a tool to measure progress; data was a tool to better understanding of the current state and how to get to the future state. To accomplish this meant that a great deal of upfront work would be required to confirm and begin collecting the needed data. This sometimes meant manual data collection or a change to the data that was already being collected. This allowed project teams to understand the data they were reviewing and to use that data to correct action if needed. In regions where there were existing Quality Improvement and Data teams, this work progressed more quickly than in projects where that infrastructure was not in place. Existing Quality Improvement and data teams understood the local context and could more rapidly respond to and inform the teams. With the required data in hand, project teams were able to better understand "their reality" and target process improvements and initiatives where they really needed to be not simply where they thought they needed to be.

> **Leadership Question:**
> *What informs your reality? As Leader how do you build capacity for data driven decision making?*

CONCLUSION

Linking stories to the Systems Transformation Domain

The ultimate goal of healthcare leaders is a competent approach to systems transformation, therein creating a sustainable health care system. The LEADS in a Caring Environment Framework supports leaders in developing habits, strategies, and competencies as healthcare leaders to meet the challenges of the ever-changing healthcare environment. When reading the individual "Stories from the Field" shared in this case study, it is possible to see each story as independent and reflective of a different LEADS domain. However, with deeper consideration, the prominence of the Systems transformation domain is revealed.

The Systems Transformation Domain has four core competencies:

1. Demonstrate systems/critical thinking.
2. Encourage and support innovation.
3. Orient themselves strategically to the future.
4. Champion and orchestrate change.

In ***building alliances***, we see how leaders ***champion and orchestrate change*** when they engage others in a common understanding of the desired future state and involve people affected by change in making the change.

In ***clearing space,*** leaders ***demonstrate systems and critical thinking*** as they describe efforts to assess the capacity for change, both in willingness and in resources to do what was necessary to enable action.

In ***creating relevance and focus***, the experiences demonstrate the ability of leaders to ***orient themselves strategically to the future*** through understanding the need to gather the knowledge that aligns the day to day with the future desired state.

Engagement stories show an understanding of the need to ***encourage and support innovation*** when leaders demonstrate an awareness of the dynamics of stakeholder and professional engagement and take effective action to stimulate it.

Understanding your reality reflects the ***systems transformation domain*** as a whole. Leaders demonstrate the ability to use data and other indicators from their environment to inform action and change the system through a common understanding of issues and take a thorough, informed, and collaborative approach to realizing the future state.

WORKS CITED

(2008). *Emergency Services and System Capacity Project Summary Report.* Draft.

Green, C. (2012). *Making Sense of Change Management: A Complete Guide to the Models, Tools and Techniques of Organizational Change.* Kogan Page Ltd.

Hacker, S. J. (2012). *How to Coach Individuals, Teams, and Organizations to Master Transformational Change.* New York : Business Expert Press, LLC.

Harrison, B. B. (2007). .

Huq, E. a. (2009). *Emergency Services and Systems Capacity Project Phase III Final Evaluation Report.* Evaluation.

Sakamoto. (2009). *GRIDLOCC Closeout Report.* Closeout Report.

Tholl, D. (2011, October). The LEADS in a Caring Environment Capabilities Framework: "For Health, By Health" enabler for Leadership Capacity Development and Leadership Talent Management.

Wright, D. B. (2009). *Transforming Chinook Health.* Final Evaluation Report.