Case Study: Leading Organization Renewal

Learning New Tricks

Will an executive with a long leadership tenure be swept away by the winds of change during a wide scale organization renewal effort? Not in this case. Doylestown (PA) Hospital Chief Operating Officer Jim Brownlow told us about the special challenges he faced during The Uncommon Leader process after 16 years of experience in the organization.

The Need For Change

"I knew we had to change how we managed Doylestown Hospital. The 'old way' we did business couldn't keep up. Under the old, top-down management approach, we could handle three to six projects in a year. But the world was changing much too fast: payment systems, healthcare provision, technology—everything. Faced with 20 new projects or services, we couldn't accommodate them all, and we might not always pick the most important ones to do. Our outdated approach missed many opportunities to correct things.

New Organization Capabilities

A combination of a new CEO (Rich Reif) in 1989 and The Uncommon Leader process in 1990 has enabled Doylestown Hospital to develop a number of new skills and capabilities. First, we tolerate change now—we didn't do that before. We only changed when we absolutely, positively had to. Now, if change comes along, from any source, we're ready to handle it. Second, we can manage more issues at the same time. That ability is a result of Do It Groups (DIGs), our commitment to excellence, and the empowerment of our associates (employees). Department managers are expected to take on more responsibility and authority. In the past, our executives had to review and 'bless' projects and decisions. We don't want to do that anymore, and we don't have to (see sidebar).

I've been at Doylestown Hospital 16 years, and have seen lots of 'programs' come and go. Past programs weren't *allowed* to work. We'd get juiced up, but when new ideas met the real world, our system didn't allow us to change. Program success largely depended on individual initiative—but initiative ran against the grain of our existing culture and day-to-day work. Change was doomed because theory, however good, wasn't in practice. We needed to get the troops involved.

Change Process

The Uncommon Leader is different: it's a concentrated, focused process to change an organization's culture. The process is based on the latest management ideas, but gets at the reality of the hospital quickly so real change occurs. Clay Sherman mobilized our people to help us change. From this process sprang not dozens but hundreds of projects—and the capability to complete them.

New Organization Energy

This didn't all happen overnight. Organization change is serious work, and requires a serious investment. Not only is the direct cost substantial, but the amount of staff time is large. Both this process and the hospital are complex, and there are far too many positive impacts to measure all of them. One measure of the value of what we've accomplished: associate turnover has dropped from 8% to 4%. People from the community, consultants and even other hospitals have noticed a positive difference in our people. They've commented time and again about what they see as our hospital's 'higher energy level.'

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Executive Role & Behavior Change

I've always operated from the premise that people closer to the customer know more than I do, and that I need to listen to and rely on them. I had every confidence in our associates. But my philosophy was not in tune with the old top-down management approach, so I had to mask my true style. The Uncommon Leader did not ask me to change my beliefs, but allowed me to do what I've always wanted to do.

I had many years of experience working under a different style of managing. Old habits die hard. I had to develop two things: a tough skin and greater patience. The tough skin was needed because at first, when I tried to change, or ask our managers to change, they were skeptical. They said 'prove it'—which was tough for me to take without reacting. Patience is essential, because people learn at their own pace. You need patience not to tinker, which gets perceived as manipulation. You can't hurry people along when they can't go faster. It's a balancing act to have patience and let people go through this process while pushing for change. It's so important to build a higher level of trust every day. Every time I made a decision, it was seen as the old 'top down' model—I wondered if it would have been easier for me if I had just walked in off the street! We're past it now, but it was hard at first.

Advice to Experienced Executives

I have some specific advice for experienced executives undertaking this kind of change process:

- A hospital needs to have a mission that is understandable and translatable to every person in the organization. It has to be easy to remember, easily identifiable and applicable to them in their job. It has to relate to their personal values. Our managers created our values statement, so they 'owned' it from the start.
- You can't second-guess people. If you tell them they can make a decision, you'd better be prepared to live with their solution. You can't fine tune the results until the decision has been in place for a while.
- Be patient. People need time to absorb and make change. I'm continually amazed to see what goals they want to accomplish. Our job as executives is not to decide what or how to change but to tell our managers to go ahead; we merely provide direction and support.
- Start questioning everything. Nothing provides motivation better than asking, 'Do we have to keep doing it that way?'
- Make sure people who say they will do something do it. Follow up. The first few times it's uneasy and intimidating to them—our hospital is typical in that we are low on 'structure'; but high on'consideration.' But after a few times, managers know you're going to follow up.
- Don't allow anyone to fail or set them up to do so. Don't stifle creativity—encourage it.

Executive as Consultant

One thing we did during The Uncommon Leader was to adopt a new format for proposals. That was a very helpful process for us. Now, we get conclusions supported by facts, instead of lots of information. In the past, a proposal might include only data and recommendations. If you looked at the data differently, you might pick a different course of action. Providing managers with a format for proposal writing had a couple of advantages: it saved all of us time, it showed that the person making the proposal gave it some thought, and it gave us more confidence in proposal approval.

Since the throes of the change process, we've continued to grow. I don't see too many proposals these days. They're not needed. If I do see one, I'm likely to ask, 'Why are you sending this to me? It's your area—do it!' I'm glad to help managers with questions or with political support, but now my managers use me as a consultant. I'm there to support our managers, to help them win. It's the new executive role I cherish."

A Sampling of Change Results

Doylestown Hospital completed over 350 Do It Groups (DIGs) in the first year of the change effort. Jim Brownlow illustrated a few of the changes implemented by Doylestown Hospital managers:

- "Our managers provided 3.9% of their budgets needed to staff the hospital's new ambulatory care center without reducing Quality. The managers found the needed resources; so that we could increase our staff by 47 FTEs without an increase in our costs."
- "A group of managers implemented central patient scheduling in two months. Now, instead of patients making an average of four calls to the hospital, they make one. The change was 'budget neutral.' We didn't need any statistics to figure out what patients wanted and give it to them. Not only was the number of incoming phone calls reduced, but local sign-in and patient information gathering time was cut from 4 minutes to 1 minute. These changes focused attention on waits in ancillary departments, so we've implemented maximum wait standards and are improving them. Most importantly: patient satisfaction increased."
- "Two associates in our storeroom left at the same time. A manager from another department saw the need for additional help and on her own organized a work list, soliciting help from other managers. The managers all volunteered for 1 or 2 hour stints to help staff the storeroom on an interim basis—an entirely spontaneous response."

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Note: Organization renewal is hard work, and complicated in healthcare settings by the non-linear and continuous nature of hospital operations. Executive support and personal involvement are key. **The Uncommon Leader** is designed to help healthcare executives lead organization change and build a culture change focused on customer satisfaction, delivery of cost-effective services of the highest quality, and continuous improvement. The process is demanding, and not for everyone. If you want to know more about our approach to high performance management, please visit our website.