Culture Eats Strategy for Breakfast: Effective Practices and Tools to Change Culture

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Theresa Humphrys, CHEO
Charles Leveque, The Ottawa Hospital

Moderator: Kelly Grimes

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CHLNet/LEADS Collaborative Webinar Series
Culture

• What is culture?
• Influencing Culture
• Culture Talk in Health Care
• Some Tools
  – OCAI Tool
  – Manchester Patient Safety Culture Assessment tool
What is Culture?

• “The way we do things around here”

Schein defines the culture of a group as “the accumulated shared learning of that group as it solves its problem or external adaptation and internal integration; which has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, feel, and behave in relation to those problems. This accumulated learning is a pattern or system of beliefs, values and behaviors that come to be taken for granted as basic assumptions and eventually drop out of awareness”

Schein, 2017
The ICEBERG Principle

Aware

BEHAVIOR/
Products/Practices

VALUES

BELIEFS/
Assumptions

Not aware
A word about organizational climate

• “The shared perception of and the meaning attached to the policies, practices and procedures employees experience and the behaviors they observe getting rewarded and that are supported and expected”

(B. Schneider et al., 2013, p. 362).
Two ways of seeing culture

An organization “has” culture

Organizations “are” cultures

Alternatively:
Cultures are emergent in organizations
Influences on Organizational Culture
Not just one culture

Implications: be careful what you are measuring…
Culture Talk in Healthcare

Culture of excellence

Patient Safety Culture

Patient-Centred Culture

Just Culture

Learning Culture
The OCAI Tool (free)

Innovative Client-Centred Collaborative

Competing Values Framework (Cameron & Quinn, 1999)

Clan
- Values cohesion, participation, communication, a personal place, like a family; mentoring, nurturing, tight social networks

Adhocracy
- Dynamic, entrepreneurial; people take risks; values innovation, adaptability, growth, innovation, cutting-edge services or products

Hierarchy
- Favors structure & control; coordination & efficiency; stability is important, efficiency, timeliness, smooth processes.

Market
- Results-oriented, getting the job done; values competition & achievement, customer-driven, achievement

Flexible Stable

Focus

Inward Outward

Hierarchical Client-Centred

CHLNet
Patient Safety Culture (free)

- Manchester Patient Safety Culture Assessment tool
  - Acute care
  - Ambulance
  - Primary care
  - Mental health

http://www.nrls.npsa.nhs.uk/resources/?entryid45=59796 ssment Tool
9 Dimensions of Patient Safety Culture

1. Overall commitment to quality
2. Priority given to patient safety
3. Perceptions of the causes of PSIs and their identification
4. Investigating patient safety incidents
5. Organizational learning following a patient safety incident
6. Communication about safety issues
7. Personnel management and safety issues
8. Staff education and training about safety issues
9. Team working around safety issues
Assessed at 5 levels

A. Pathological
B. Reactive
C. Bureaucratic
D. Proactive
E. Generative
References


• Davies, H. T. (2002). Understanding organizational culture in reforming the National Health Service. *Journal of the Royal Society of Medicine, 95*(3), 140-142.

A Community of Problem-Solvers
CHEO’s Journey to Create a Culture of Continuous Improvement

Theresa Humphrys
Director, Organizational Development and Learning
Children’s Hospital of Eastern Ontario
One of only a few stand-alone pediatric hospitals in Canada

Helps more than 500,000 kids each year

$230 million in annual revenues

More than 2,500 staff & physicians

Educates 2,300 future pediatricians, nurses & health professionals each year

Houses significant provincial and regional programs
Our plan to change the way health care is provided to children and youth in our region.
Mission
We help kids and families be their healthiest

Vision
Our care will change young lives in our community; our innovation will change young lives around the world.
We solve problems every day....

So what needs to change?
Sometimes, to best care for the patient in front of you... you cannot only care about the patient in front of you.
Really good...

...to really great
Expressed in terms of LEADS Competencies…

- **Lead Self**
  - Demonstrate Character
  - Self awareness
  - Manage self
  - Develop self

- **Engage Others**
  - Communicate effectively
  - Build teams
  - Contribute to health organization
  - Foster development of others

- **Achieve Results**
  - Set direction
  - Align decisions with values, vision, evidence
  - Take action consistent with values
  - Assess and evaluate

- **Develop Coalitions**
  - Purposefully build partnerships
  - Commitment to customers and service
  - Mobilize knowledge
  - Navigate sociopolitical environments

- **Systems Transformation**
  - Demonstrate systems and critical thinking
  - Orient to the future
  - Encourage and support innovation
  - Champion and orchestrate change
Creating a language for this change

A culture where everyone is engaged, empowered and supported to:

- Solve problems, Eliminating waste from our processes
- Learn and Improve care processes, delivering value to our patients and families
- Achieve CHEO’s strategic goals, helping us move closer to our vision
### Applying the Competing Values Framework

<table>
<thead>
<tr>
<th>Internal Focus</th>
<th>Flexibility</th>
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<tbody>
<tr>
<td>Continuously learn &amp; collaborate; develop skills and</td>
<td>Empower everyone to identify and sustainably solve problems &amp; eliminate waste</td>
</tr>
<tr>
<td>capacity to effectively manage, lead change and</td>
<td></td>
</tr>
<tr>
<td>improve</td>
<td></td>
</tr>
<tr>
<td>Improve &amp; standardize processes to deliver greater</td>
<td></td>
</tr>
<tr>
<td>value, working with children, youth &amp; families</td>
<td></td>
</tr>
<tr>
<td>Stability and Control</td>
<td></td>
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<tr>
<td>Focus and align our work efforts to achieve our most</td>
<td></td>
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<tr>
<td>important outcomes</td>
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</table>
CHEOworks Principles

1. Continuously making small improvements that add up for big impact
2. Respect for people, frontline wisdom
3. Leaders act as coaches rather than bosses
4. Reduce waste and increase value
5. Root in our core purpose: patients & families
The **Management System**:
All aspects of the way we manage our operational areas, how we foster a collaborative working environment and what tools do we employ to ensure that all staff are involved in an effective workplace.

The **Improvement System**:
This is how we problem solve and make improvements, the tools and techniques we employ to make CHEO a more effective provider of patient care.

The **Human Development System**:
We will provide training and coaching to ensure that our leaders are modelling and are effective operators in this new collaborative work place. There are skills that need to be created and improved in order to achieve the benefits of CHEOworks that will have to become part of the cultural norms in the work place.
Key Behaviors to Change:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>• Do it all</td>
<td>• Alignment and focus</td>
</tr>
<tr>
<td>• Hide problems</td>
<td>• Expose problems</td>
</tr>
<tr>
<td>• Quickly workaround issues</td>
<td>• Get to root – truly improve</td>
</tr>
<tr>
<td>• Reactive</td>
<td>• Proactive with rigor</td>
</tr>
<tr>
<td>• Intuition</td>
<td>• Evidence based DM</td>
</tr>
<tr>
<td>• Info flows difficulty</td>
<td>• Info flows smoothly</td>
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<tr>
<td>• Top down control</td>
<td>• Local decision making</td>
</tr>
<tr>
<td>• Training not aligned</td>
<td>• Structured development</td>
</tr>
<tr>
<td>• Some staff/MD’s</td>
<td>• Engaging all</td>
</tr>
<tr>
<td>• Short term thinking</td>
<td>• Long term thinking</td>
</tr>
<tr>
<td>• Get it done – heroic</td>
<td>• Appreciation for standards and process</td>
</tr>
</tbody>
</table>
CHEOWorks Evolution (the journey continues)

- Thedacare Lean Management System.
  Appleton, Wisconsin
Pathway

Level 1: Knowledge

Level 2: Skills

Level 3: Capacity

Level 4: Mentorship

Building Mastery

Coach
### Level 1: Knowledge
We understand why we need to continuously improve
- Know CHEOnext goals
- Know key concepts
- Be open to improvement

### Level 2: Skills
We understand our priorities for change and engage the frontline to make small changes
- Align to CHEOnext goals
- Build skills for improvement
- Leaders are coaches

### Level 3: Capacity
We make bigger changes to achieve and sustain results
- Enhance skills for improvement
- Manage by process
- Complete larger improvements and achieve results

### Level 4: Mentorship
We mentor, we coach, we lead
- Mentor and coach others
- Use advanced improvement tools and data analysis
- Proactively identify risk
**CHEOworks Education**

**Knowledge**
- **Everyone:** Complete the e-learning Module (20 mins)
- **Leaders:** Host a CHEOworks 101 session with your team. (30 mins)

**Skills**
- **Everyone:** Join or lead BLTs (brief learning talks) at huddle or team meeting (15 mins each)
- **Leaders:** Attend the “brown bag” leadership series; learn to lead your own education sessions! (30 mins each)
- **Everyone:** Participate in the “Leaders as Coaches” session(s) in the fall. (1-2 Days)

**Capacity**
- **Everyone:** Join or lead BLTs (brief learning talks) at huddle or team meeting (15 mins each)
- **Leaders:** Participate in one of 4 Yellow Belt Workshops this year. (2.5 days)

**Mentorship**
- **Individuals or Leaders in Key Roles:** Green Belt Training (5 days)
  - Participate in Leadership Development aligned with LEADS framework.

*More to come!*
Centralized access
Improvement Zone

**The Latest**

- **There is no place to document achievements for the QIT staff**
  - Department or Unit: People, Strategy and Performance
  - CHEOnext Goal: Improvements Made

- **A modified huddle board process is needed to reduce confusion and clutter**
  - Department or Unit: People, Strategy and Performance
  - CHEOnext Goal: Improvements Made

- **When staff are away from the office for any reason they need to be properly coded in the**

- **Huddle facilitation was inconsistent across different huddles**

**Improvement Meter**

- We've completed 28 of 2500 improvements (%1)

**Search Improvements**
Incorporating “Gamification” to Engage Teams

MOMENTUM BOARD

Watson, Bob
Total 31

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Bissonnette, Mathieu
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Legend

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<td>Kung Fu Panda</td>
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<td>Shogun</td>
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<td>Sumo</td>
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<td>Ninja Rabbit</td>
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<td>Monkey King</td>
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<tr>
<td>Crouching Tiger</td>
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<tr>
<td>Grasshopper</td>
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Lessons learned

• Without a plan to sustain, even good solutions can fail – need to increase focus on plan to sustain solutions

• Data for decision making needs to be accurate, timely, and answer the right questions – we are working on our organizational capacity to collect, analyze and interpret the right data for decision making

• Important to communicate during change – many different stakeholders can mean many different means of communication.

• Stakeholder “voice” tells us what is important to them – we are increasingly emphasizing the importance of identifying all stakeholders and understanding value from their perspective

• Develop internal capacity for QI work through Fellowship program
Lessons learned – Cont’d

• **Importance of collaborative leadership** for quality improvement program from both medical and administrative leaders.

• **It is ineffective and exhausting to focus on many things at a time** – even though we are seeing better alignment to strategy, we need to get better at prioritizing, and doing only a few things at a time to see faster and more effective results, with less fatigue.

• **Coaching, not doing** – to improve frontline capacity for improvement and problem solving, we are seeing more gains through coaching, rather than doing the work ourselves. The best solutions come from the frontline, as the knowledge is greatest where the work is done.

• **Don’t create haves and have nots** – rolling the improvement program to only a few units created a sense of an “in-crowd”. We are now shifting to an organization-wide approach that is more inclusive.
So YOU have been asked to Lead a Culture Change –

Three Traps and an Escape Route

Speakers: Charles Leveque, The Ottawa Hospital
Culture Change Initiatives

Healthcare is offered a wide range of culture change initiatives designed to improve our processes, our performance, our outcomes.
Methodologies

Many Programs …
Many Change Methodologies …
All based on successful implementations

Yet still:

70% of change initiatives fail*

*Technically there is no evidence to support this statistic (Mark Hughes 2011)
Three Traps to Watch for Around Culture Change in the Workplace
Trap # 1

Training Leads to Culture Change
Reality

Training, Learning and Education have a Small Impact on organizational Culture Change

(M. Beer, et al., HBR October 2016)
Culture Pushes Back
Effective Training

To affect Culture Change you have to:

- Train the right people
- On the right things
Trap # 2

Change their Attitude
and you
Change their Behaviour
Reality

Problem A
• Data does not support the ability to change attitudes once they are in place

Problem B
• Attitude is an astonishingly weak predictor of behaviour

(Mark Zanna, 2012)
Weber’s 5 Step Model of Behaviour Acquisition

1. Watch the behaviour of high status others
2. Practice the behaviours you have observed
3. Habituate the behaviours you practice
4. Calcify the behaviours
5. Enter a new situation

(Mark Weber, 2018)
To Change Behaviours and Attitudes you need to change the Situation
Leader’s Role

Leaders are critically important in change but not for the reason they think they are
Leaders Enable Change

Leaders create the conditions where individuals can self-motivate for change

• Find and encourage awesome people
• Give them a sense of direction
• Fade into the background to remove obstacles/find resources for them

• (Mark Weber, 2018)
Trap # 3

You have to Convince All of your Employees to be Successful
Reality

• It’s not about changing everyone

• It’s about finding and supporting those who will help everyone else through the “Transition”

(William Bridges, Managing Transitions, 1991)
Engage with the Right People

3% of your Team Provide 85% of the Energy Positive or Negative

(Richard Santos Lalleman, Innovisor)
Find your 3 %

• Identify your key influencers (3%)
  – *Both Positive and Negative*

• Engage with them directly

• Share your vision and listen to them

Conversation is the Smallest Unit of Change
Our Escape Route

Now that we know the traps we can (hopefully) avoid them
Dr. Bevan’s 4 key skills

• Start with Yourself
• Build Alliances
• Engage with Others to think about the Change
• Don’t be a Martyr if you don’t get the outcomes

(Dr. Helen Bevan, Chief Transformation Officer, Horizons Group, NHS, UK)
Links to LEADS

- Start with Yourself
- Build Alliances
- Engage with Others to think about the Change
- Don’t be a Martyr if you don’t get the outcomes

- Leads Self
- Develop Coalitions
- Engage Others
- Achieve Results
Bibliography


• Beer, Michael; Finnström, Magnus & Schrader, Derek, Why Leadership Training Fails—and What to Do About It, Harvard Business Review, October 2016

• Weber, Mark, Effective Negotiation Techniques, TOH Leadership Academy Series, 2018
Please take 2 minutes to complete a survey at:

https://www.questionpro.com/t/ALRx1ZT0K7