

The Leadership Development Group's Applied Collaborative Leadership Academy In Action
Case Study: Catholic Health Initiatives (CHI) – Texas Division

THE SITUATION

Catholic Health Initiatives (CHI) Texas Division is a rapidly expanding and relatively newly formed healthcare system comprised of four core markets (18 hospitals in total) across a wide geo-span in the greater Houston area. CHI-Texas includes CHI St. Luke's Health, CHI St. Luke's Health Memorial, and CHI St. Joseph Health. Given the dynamics of this complex and growing healthcare system and the goal of providing value for its patients, CHI-Texas created a new Service Line Leadership Model, where administrative, physician, nurse, and/or academic leaders are partnered at every hospital, service line, and market. For many nurse, physician, administrative, and academic leaders; the process of transitioning from a hierarchical leadership model to a partnership leadership model in healthcare organizations brings unique but worthwhile challenges. The key to successful implementation hinges upon the ability of each partner to work together in service of shared clinical and business priorities. It also requires a core strategy that includes careful selection of partners, structure, and growth mindset.

THE SOLUTION

CHI-Texas partnered with TLD Group to design and customize a multi-faceted Partnership Leadership Academy called the Advanced Collaborative Leadership Series (ACLS). The academy utilizes multiple learning strategies including assessment and coaching, learning and application modules, and action learning projects to foster rapid leadership development. TLD Group partnered with CHI – Texas's Design Team and Steering Committee to help design and implement the full program curriculum and measures of success. The Design Team consisted of human resource and marketing & communications professionals to guide the administrative logistics of the academy; the Steering Committee was comprised of senior administrative and physician leaders whose role was to ensure program alignment with organizational strategic objectives and direction. TLD Group services included academy customization, learning module design and delivery by its dedicated faculty, experiential learning through Partnership Activation facilitation, communications planning and implementation, meetings with key stakeholders, and continuous measures of success.

The Model

ACLS utilizes TLD Group's partnership leadership competency model, which includes the following competency clusters:

- Leading Collaboration: Working in partnership to achieve shared goals
- Leading Self: Taking ownership of self-awareness, self-management, and self-development
- Leading Others: Building and developing effective teams
- Leading Change: Building resilience and change management
- Leading for Results: Applying strategy and decision-making for outcomes

Each of these five clusters contains several competencies with behavioral indicators. The competencies associated with each cluster are shown in the figure below:



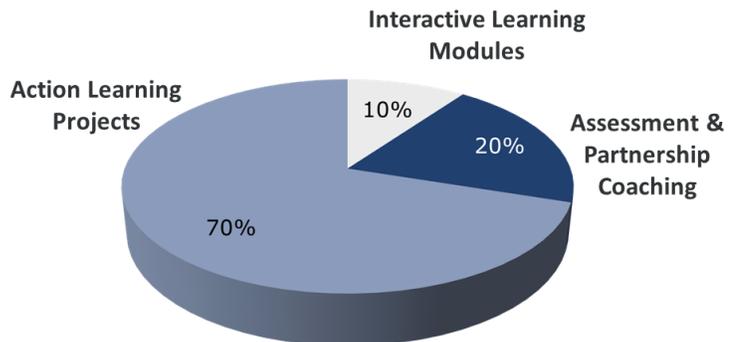
PROGRAM DESIGN

ACLS utilized best practice methods for developing leaders following the 70/20/10 model of adult learning:

- Interactive Learning Modules (10%)
- Assessment & Partnership Coaching (20%)
- Action Learning Projects (70%)

Learning Modules

The interactive learning modules were aligned to CHI–Texas Division’s leadership development needs, as determined through TLD Group’s Organizational Priorities Assessment, and designed to support each of TLD Group’s leadership competency clusters.



Details of each module are listed in the table below:

LEADING COLLABORATION	LEADING SELF
<p><i>The Leadership Partnership as the Cornerstone of Performance and Resilience</i></p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Create partnership “physiology” that supports leader effectiveness with respect to performance and well-being. • Understand and apply collaboration dynamics to operational challenges within and across partnerships. • Reinvigorate current partnerships and energize new ones by creating a roadmap for successful interaction. 	<p><i>Strengths Deployment Inventory (SDI)</i></p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Self-Awareness & Self-Management: Discover one’s motivations, conflict drivers, strengths and overdone strengths. • Relationship Management: Learn how to have a nice conflict and how to effectively interpret & manage those around you. • Social Awareness: Learn how to read a room and how to respond to conflict.



LEADING OTHERS	LEADING CHANGE
<i>Leading Others in an Uncertain World</i>	<i>Leading and Engaging Others Through Change</i>
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Discuss leaders' role in building learning organizations that continuously improve and innovate. • Convey the value of creating a psychologically safe and challenging work environment. • Understand the three types of failure, and how to learn from failure. 	<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Describe leader behaviors to engage others in change. • Know how to make the case for change. • Review skills to build common ground. • Apply performance reporting to accelerate change. • Practice skill-building approaches to improve change management.

LEADING FOR RESULTS
<i>Tribal Leadership</i>
<p>Learning Objectives:</p> <ul style="list-style-type: none"> • Upgrade group performance level by implementing best practices on cultural leadership. • Better resolve organizational conflicts through use of dyadic and triadic leadership. • Activate strategy through construction of "micro strategies," or short bursts of values-directed activity that aligns organizational strategy and group aspirations.

Assessment & Partnership Coaching

Participants and their partners individually completed the Strength Deployment Inventory (SDI), an approved psychometric assessment tool for partnerships, and received partnership coaching calls with a certified expert to examine and develop insight into how their portraits differ and how to work together most effectively.

Action Learning Projects

Participants worked in their partnership teams to select a priority organizational project to focus on during a 90-day *Partnership Activation* process. This process allows the partnerships to utilize the concepts learned during the interactive modules and apply them in a real-time situation that will deliver results to their service line. A certified action learning facilitator supported both project and partnership leadership skill development through the Partnership Activation process.

At the onset of the process, the teams:

- Selected a project which could be reasonably completed in 90 days (e.g. a new project, a definable portion of a larger project that is in the early stages of development, or part of a

- project that is underway but that has a logical starting point for this 90-day project)
- Completed a strategy map, which includes the definition of an expected outcome that is specific, measurable, achievable in the 90-day period, realistic, and time-bounded
 - Defined the resources and assets needed to achieve the defined outcome
 - Outlined an action plan to achieve the expected outcome using available resources and assets

Throughout the process, the role of the Partnership Activation facilitator was to:

- Guide the team through the process of defining the core values that the team holds and that will guide their behavior, work, and decision-making during the project
- Support the team in refining their strategy map by vetting with selected stakeholders, collating the feedback and incorporating useful suggestions to improve the strategy map
- Facilitate the use of effective brainstorming techniques
- Coach the team to define their action plan and build essential skills, such as holding one another accountable, listening skills, handling team conflict constructively, learning from mistakes, etc.
- Introduce new tools to help the team achieve their goal, when necessary
- Enable effective time management through thoughtful prioritization
- Regularly evaluate team progress and assess the team’s needs

The process concluded with an end-of-program Capstone presentation whereby the teams shared their progress with one another as well as key stakeholders from the health system’s administration.

PROGRAM SUCCESS

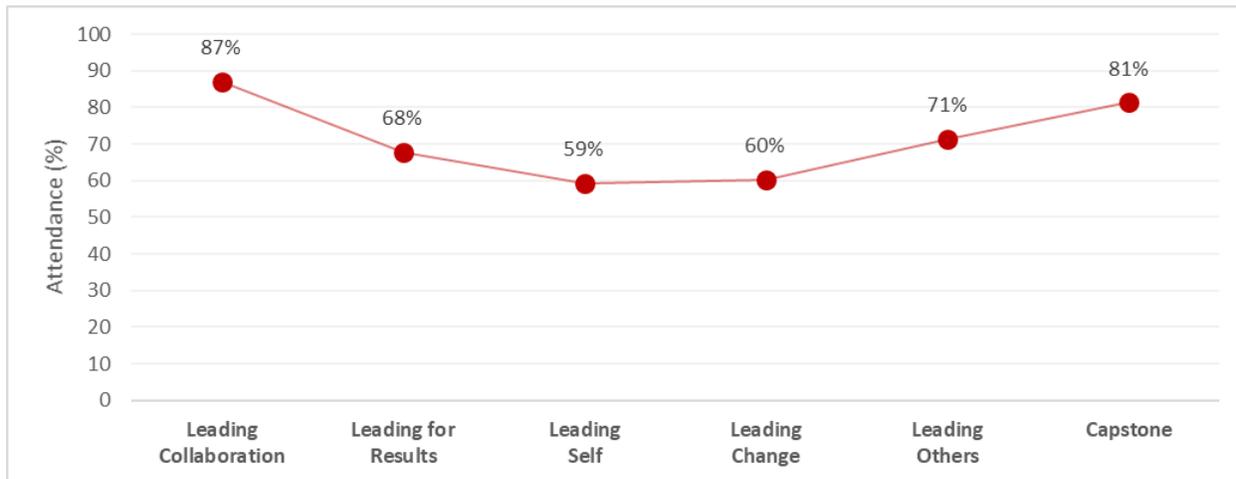
The following metrics, aligned to Kirkpatrick’s model for measuring training effectiveness, were chosen to evaluate the success of the ACLS:

Evaluation Level	Metric	Measurement
Reaction	Individual & Service Line Engagement	Post-ACLS evaluation survey and attendance record
Learning	Applicability of ACLS learning	Post-module and post-ACLS evaluation survey
Behavior	Leadership Competency Development	Pre/post change scores on Leadership Partnership Competency Self-Assessment
Results	Achievement of Service Line Goals	Progress on Action Learning projects

Participant Engagement

Of the 89 organizational leaders that were initially invited to participate in the program, 87% confirmed their participation through their attendance at the first learning module. As can be seen in the graph below, learning module attendance decreased over the first few modules, but increased again for the last module as well as during the Capstone presentation event.

Over the course of the ACLS, the efficacy of the service line model waned due to leadership departures and unplanned reductions in force (RIFs). This may have impacted engagement because some participants in the program were placed on arbitrary teams rather than working in their service line. Even so, the majority of the teams presented their service line projects at the end-of-program Capstone presentation.



Qualitative feedback was obtained to determine what the participants liked most about each component of the program. Responses can be seen in the table below:

Learning Modules	Assessment & Partnership Coaching	Action Learning Projects
<ul style="list-style-type: none"> Engaging and high-caliber speakers Versatility and variety of speakers & content Learned new concepts Sharing ideas & stories Systems awareness Learning about styles of leadership Interaction/networking 	<ul style="list-style-type: none"> Created common language Helped understand our personal profile Helped provide clarity Helped us to understand ourselves and each other 	<ul style="list-style-type: none"> Getting to know each other's core values and developing trust Leveraging and implementing team dynamics Interactive collaboration Provided foundation for applying goals Scalable productivity

Service Line Engagement

Qualitative feedback obtained at the end of the program also suggests positive service line engagement. When asked, "How would you like to continue this learning experience?" several participants' responses imply interest in furthering their relationship-building with their service line partners. Illustratively, below are some key examples:

- Create service line dashboard
- Work on other projects as a team using our new tools and insights
- 3- to 6-month check-ins as a group
- Service line team-building to boost engagement
- Service line networking events to continue bonding

Applicability of Learning

Evaluation forms were administered at the conclusion of each learning module to gauge participants' perceptions of the applicability of the learning. Specifically, participants were asked to indicate on a 5-point scale the extent to which they agreed with the statements:

- "I can apply what I learned today to the work I do/will be doing with my leadership partner(s)."

- “This module will have an impact on the way in which I lead.”

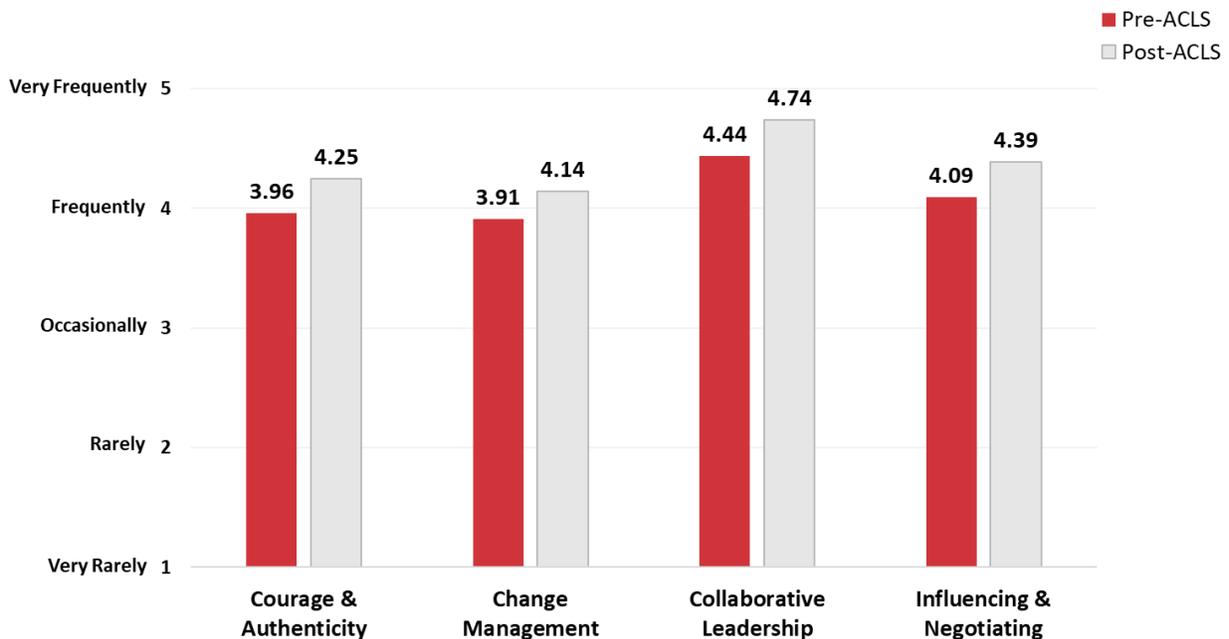
For all modules, the majority of respondents (> 97%) agreed or strongly agreed that the learning was applicable to their work with their partner(s) and that it will have an impact on the way they lead.

Leadership Competency Development

To assess the development of critical leadership competencies, participants completed the Leadership Partnership Competency Self-Assessment at the beginning and end of the program. This assessment asked participants to indicate the frequency with which they exhibit each of the behavioral indicators for each competency in the model on a 5-point scale (1 = very rarely; 5 = very frequently).

Of the fourteen competencies in the model, four in particular improved significantly. The pre- and post-assessment scores for each of these four competencies can be seen in the figure below. Important to note is that two of the competencies which improved significantly (Collaborative Leadership and Influencing & Negotiating) fall under the competency cluster “Leading Collaboration” suggesting that the participants recognized an improvement in their partnership leadership skills.

Though the other competencies in the model did not exhibit significant improvements, it is likely due to the high pre-ACLS self-ratings. On average, participants rated themselves as demonstrating the competencies in the model ‘frequently’ prior to their involvement in the program, and again reported high frequency of exhibiting these behaviors at the conclusion of the ACLS program.



Achievement of Service Line Goals

The table below lists the partnership teams, their Action Learning project names and/or defined goal, as well as their progress by the end of the ACLS program as reported by their Partnership Activation facilitator:



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Team Name	Project Name/Goal	Progress post-ACLS
Executive Partnership: Division	Build a more cohesive, collaborative Senior Leadership Team (SLT)	Developed team covenant (i.e. agreement on how the team works, interact, and operates) and increased trust
Executive Partnership: Brazosport	Decrease observation rate by 10% and decrease hours of observation	Observation rate decreased by 9% (from 17% to 8%); average hours of observation decreased from 32 to 27
Executive Partnership: Memorial-Livingston	Increase physician satisfaction with the administrative team's ability to manage the hospital by 15% (e.g., lab turnaround times and giving providers ability to review results)	Physician satisfaction scores regarding administrative team's responsiveness in addressing issues increased from 15% to 60%
Executive Partnership: Memorial-Lufkin	Increase patient satisfaction with the discharge process starting with the weakest patient care area (K5, a medical surgical unit)	Discharge question of HCAHPS for K5 increased from 83% to 92%
Executive Partnership: St. Joseph	Transition of Care: Improving primary care provider (PCP) identification at registration	PCP correctly identified at registration increased from 50% to 85%
Emergency Departments: Vintage & Woodlands	Reduce ST Elevation Myocardial Infarction (STEMI) door-to-balloon time to < 90 minutes	100% patients with STEMI have door-to-balloon time within 90 minutes
Emergency Department: Sugarland	Reduce door-to-EKG to <10 minutes	EKG time reduced from 45 minutes to 8 minutes
Emergency Department: BSLMC	Decrease disposition-to-discharge time from current average of 35 minutes to 25 minutes	Implemented protocol of ED Charge Nurse bringing physician to triage; decreased rate of patients leaving the hospital without being seen (LWBS) from 10.85 to 2.11
Hospitalists: Division	Hospitalist Networking & Recruitment	Coordinated networking event
Hospitalists: St. Luke's PMC	Create a real-time length-of-stay (LOS) dashboard	Created LOS report card
Hospitalists: BSLMC	Improve physician communication and patient satisfaction (e.g. physician is asked to 'commit to sit' when with patient)	'Commit to sit' protocol resulted in improvement in hospitalists' patient experience scores
Orthopedics: Division	Relational Education: develop CME topics, develop relationships across service line, develop referral networks	Developed CME course content; finalized pilot rollout plans
Orthopedics: BSLMC	Surgical Infection Reduction	Implemented bundle-of-care protocol to prevent Surgical Site Infections (SSI)

TESTIMONIALS

“CHI Texas Division’s Advanced Collaborative Leadership Series (ACLS) was very well-planned and much thought was put into its development. Personally, I learned much from the very talented panel of speakers which included nationally renowned authors, professors, and thought leaders like Carrie Kish, PhD, Dave Logan, PhD, Drew Lawson, MD, Steve Beeson, MD, and Amy Edmondson, Ph.D. While gaining this knowledge individually might take several months and possibly years, ACLS provided a fast-paced, executive-level forum which guided students through key management principles. Collectively, the lessons help strengthen dyads and triads into high-performing teams necessary in today’s healthcare environment. I am thankful to have had the opportunity to participate in such a great program and will continue to develop the leadership skills and concepts presented during ACLS.”

— **Steven Foster MBA, MHA, FACHE, President**
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