BUILDING A HIGH-PERFORMANCE HEALTHCARE CULTURE

WHY IS IT SO HARD?

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Author: Bryan Warren

INTRODUCTION

Every healthcare organization has a similar set of goals: Improve the coordination of care to enhance the patient experience and patient outcomes, while reducing costs. It's similar to any industry - make the best product possible. Provide better service than your competitors. Increase margins and revenue. Healthcare differs slightly, at least, in the non-profit sector, where maximizing profit is not a primary goal - but working to maintain a viable margin is important, and challenging.

What other industries learned, a long time ago, is that new processes only take you so far – success requires a high-performance culture. Healthcare organizations have bright, talented leaders. They've been looking at the strategies used by companies like Disney and Toyota for years. Why is it so hard to replicate their success?

Success requires a high-performance culture

Some hospitals and systems are on the right path. They changed their structure, technology, and processes, implemented new care delivery models, innovative service line strategies, and new cost accounting systems. In theory, these strategies and tactics can be replicated by almost any organization. Leaders can go to a conference or read a book and understand, specifically, the physician leadership model at the Cleveland Clinic, how ThedaCare uses lean

methodology, or how the Mayo Foundation improves outcomes and reduces costs. There are no secrets. Healthcare is unique in that organizations readily share their strategies and keys to success. So why can't every organization replicate that success and why hasn't the entire healthcare system made more progress?

Is culture the barrier? This paper will briefly explore what we mean by culture, and why healthcare organizations struggle to create the culture they envision. We'll also provide practical advice from leaders working on the front lines of building a new, high performance healthcare culture from diverse points of view:

For a perspective from the C-Suite, we turn to:

Mark Sevco is the President of UPMC East, the newest hospital in the University of Pittsburgh Medical Center System. He also has a leading role in UPMC's international programming and previously served as COO of the 1,300 bed UPMC Presbyterian-Shadyside.

John Sheehan is the President of UW Health's newest hospital, UW Health at The American Center, and Senior Vice President of UW Health Hospitals and Clinics. He formerly served as EVP/COO and Regional VP of Clinics and Operations at Unity Point Health and has held leadership positions at ThedaCare and Geisinger.

To understand how talent strategies impact culture, we turn to **Lisa Reynolds Ph.D.**, Vice President of Talent Management for CHRISTUS Health, one of the nation's largest health systems. CHRISTUS has a unique and

pervasive culture. Lisa leads the overall vision, strategy, standards, and protocols for the Talent Management Center of Excellence at CHRISTUS which includes leadership development, workforce planning, performance management, career and succession management, and learning and capability development.

Finally, we want to get the perspective of physician leaders. **Michael Verdon** is a neurosurgeon and Chief Executive Officer at Dayton Neurological Associates and Lemurian Enterprise Technologies.

WHAT IS CULTURE?

A commonly accepted definition is from Edgar H. Schein, the organizational development psychologist who wrote the 1992 book, Organizational Culture and Leadership. According to Schein, organizational culture is:

"A pattern of shared basic assumptions that the group learned as it solved its problems. . .that have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems."

Geert Hofstede, the influential Dutch researcher in the field of organizational culture, defined it more simply as:

"The collective programming of the mind that distinguishes the members of one organization from others."

Culture is the way the organization thinks and feels about its purpose and its function

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Culture is the way the organization thinks and feels about its purpose and its function, and how it goes about solving problems and fulfilling that function. If we are going to think about how culture influences our work, and ultimately how

it impacts our patients and drives outcomes, then we need to examine the behaviors that create that culture. How do we "operationalize" culture? How does the culture manifest itself? How do we link culture to behaviors and to outcomes? And perhaps, more importantly, how do we change culture?

WHY DO WE CARE ABOUT CULTURE?

A decade ago, hospital leaders might have had a hard time answering this question. Mark Sevco responded to the question quite simply, "Because it has a direct impact on customer service and patient satisfaction."

In the past, culture was ambiguous and not necessarily valued. If you had top physicians and nurses and the latest technology, the thought was, quality care would follow. When we finally got around to measuring outcomes we found that hospitals with the greatest reputations, weren't always the top performers. Having the most credentialed staff and most sophisticated approach to clinical care is not enough. For example:

- We continue to see a correlation between employee engagement scores and patient satisfaction scores.

- A culture that tolerates poor communication and lateral violence spills over into patient safety outcomes.

- Implementing lean "programs" is not as effective as a pervasive lean "culture." A culture of communication positively impacts patient safety.

- Reducing hospital-acquired infections through processes like hand washing requires a culture of accountability and attention to detail. We KNOW that hand washing makes patients safer but we spend millions to remind people to do it. In a hospital with a strong patient-safety culture, staff know why it's important and enforce the policy, every time.

Culture means valuing and enforcing certain behaviors, and those behaviors have a measurable impact on the outcomes that matter.
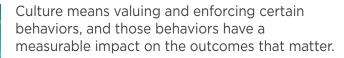
WHY IS CULTURE CHANGE SO HARD IN HEALTHCARE?

Changing culture is a particularly vexing problem in healthcare. Part of the problem is that what we call culture is often too theoretical – stuck at the "vision" stage. We've failed to define how the culture will manifest itself. How do we "operationalize" culture? What does it mean to actually **be** patient and family-focused or to be LEAN or consistently safety-oriented?

John Sheehan noted that the traditional organizational structure is another barrier. "It's hard because of the many 'tribes' in healthcare. It's evolved around specialization. Silos develop and are resistant to change. It's difficult, at times, to leverage culture across the organization." The facility and organizational structure of a manufacturing plant are built around the product reducing this "tribal" mentality. Hospitals are built around departments and medical specialties – not around patient-focused lines of service.

Lisa Reynolds noted the challenge of overcoming the traditional culture that arose from that structure. "Healthcare's traditional culture – autocratic, academic, hierarchical, and paternalistic, is often hard to overcome. Building a collaborative culture is threatening to some." Similarly, "Healthcare's organizational complexity can make it difficult to get buy-in for any initiative, across diverse teams. Culture initiatives are often perceived as the flavor of the month. It takes time and effort and often those trying to change a culture simply give up."

Mark Sevco points out some basic operational challenges to culture change initiatives, "These are complex organizations, providing services 24-7, 365 days a year. There is limited time and resources to dedicate to culture change." That complexity also means you are trying to build

culture across diverse business units – the acute care hospital, outpatient settings, long term care, and physician offices.

All of this means that "Getting these projects underway is hard enough. Hardwiring values, culture, and behaviors is incredibly challenging," says Sevco. He points out that "Healthcare is also unique in that you have a subset of the workforce that MUST be bought into these efforts. If physicians aren't bought in, success is almost impossible."

In order to get this critical physician buy-in, the administration needs to understand how physicians view these efforts. They will support anything that improves patient outcomes, but they need to see the data supporting the rationale. Then you need physician champions. Dr. Verdon points out a few challenges:

- The organization, and physicians, resist change to things they think have worked in the past. So, it's important to demonstrate and get agreement on where there is opportunity for improvement, and the goals.

- The field of medicine places a lot of value on autonomy. Building a culture is an organization-based initiative. You need to find a balance where physicians feel they have an individual voice and can retain their role as champion of the individual patient, while still helping the organization to move forward.

- Culture efforts need to be tailored to healthcare. The work of caring for patients is unique and doesn't always lend itself to "corporate-like" culture efforts.

WHAT WORKS?

Organizations drive positive culture change only with planning diligence, persistence, and patience. No singular program changes your culture. Changing culture might be a five year plan with a dozen separate, but related

initiatives. The best organizations define, with specificity, the behaviors they expect from employees at every level of the organization. It doesn't help to state that you want nurses to be "patient-focused" if you don't define the specific behaviors you expect from them.

For instance, John Sheehan had the opportunity to build, from scratch, the culture at UW Health at the American Center. His advice:

- In terms of strategy - develop standards that go across the organization - standards that are communicated to everyone, consistently.

- These same standards need to be part of rigorous training.

- The same approach is applied to hiring and selection.

- Managers need to be working from a common management system with consistent behavioral standards and a common definition of leadership and teamwork. Don't tolerate silos.

- Don't underestimate the value of consistent, face-to-face communication with the leadership team – discussing the big picture and making sure that these communications are built around transparency.

Mark Sevco had a similar opportunity with UPMC East. What worked for him?

- Run a values campaign to get started.

- Everything starts with leadership. Build a team that is dedicated to culture.

- Stay focused and energized.

- Build everything around your values – hiring practices, new hire orientation, customer service training, performance management, and other talent management processes.

- Relationships and communication are the core – attend to them. Constantly.

In Lisa Reynold's experience, managers and front-line staff need to own the culture. It can't be a program imposed upon them. They need to understand the goal of any culture initiative. "Start with 'why' the change is essential and also being very intentional on what is not changing." Don't take leadership's buy-in for granted, either. "Ensure that top leaders understand the required behaviors of the expected culture and then live it before asking others to change."

Traditional hospital culture includes healthy skepticism. Staff, and even leadership, tends to resist change and get impatient with initiatives that don't show immediate results. Accordingly, persistence is key. Says Reynolds, "If you find tools and processes you believe will enhance the change – stick with them, even in the face of the inevitable pockets of resistance."

Culture drives organizational success and patient outcomes

Culture is how the organization thinks and the collective behaviors it values as it fulfills its mission. Changing culture in healthcare presents some unique challenges, but culture drives organizational success and patient outcomes. These challenges are not insurmountable and leading organizations have shown us the way.