CHLNet
Canadian Health Leadership Network
Le Réseau canadien pour le leadership en santé

collectivité LEADS collaborative

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

**Speakers:** Ellen Melis, Unlimited Potential
Theresa Humphrys, CHEO
Charles Leveque, The Ottawa Hospital

**Moderator:** Kelly Grimes

**March 7, 2018**
**CHLNet/LEADS Collaborative Webinar Series**

# Culture

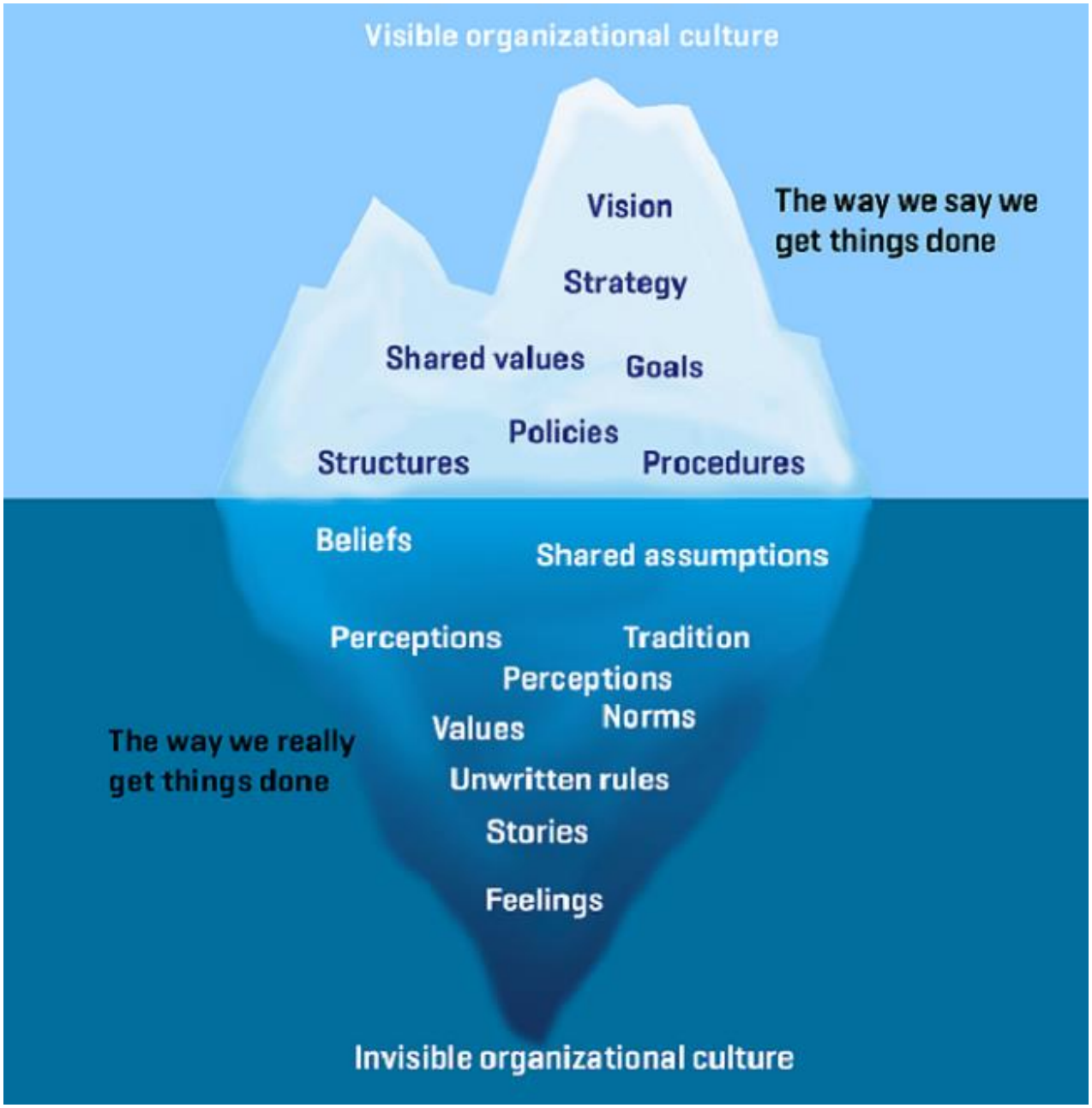
- What is culture?
- Influencing Culture
- Culture Talk in Health Care
- Some Tools
  - OCAI Tool
  - Manchester Patient Safety Culture Assessment tool

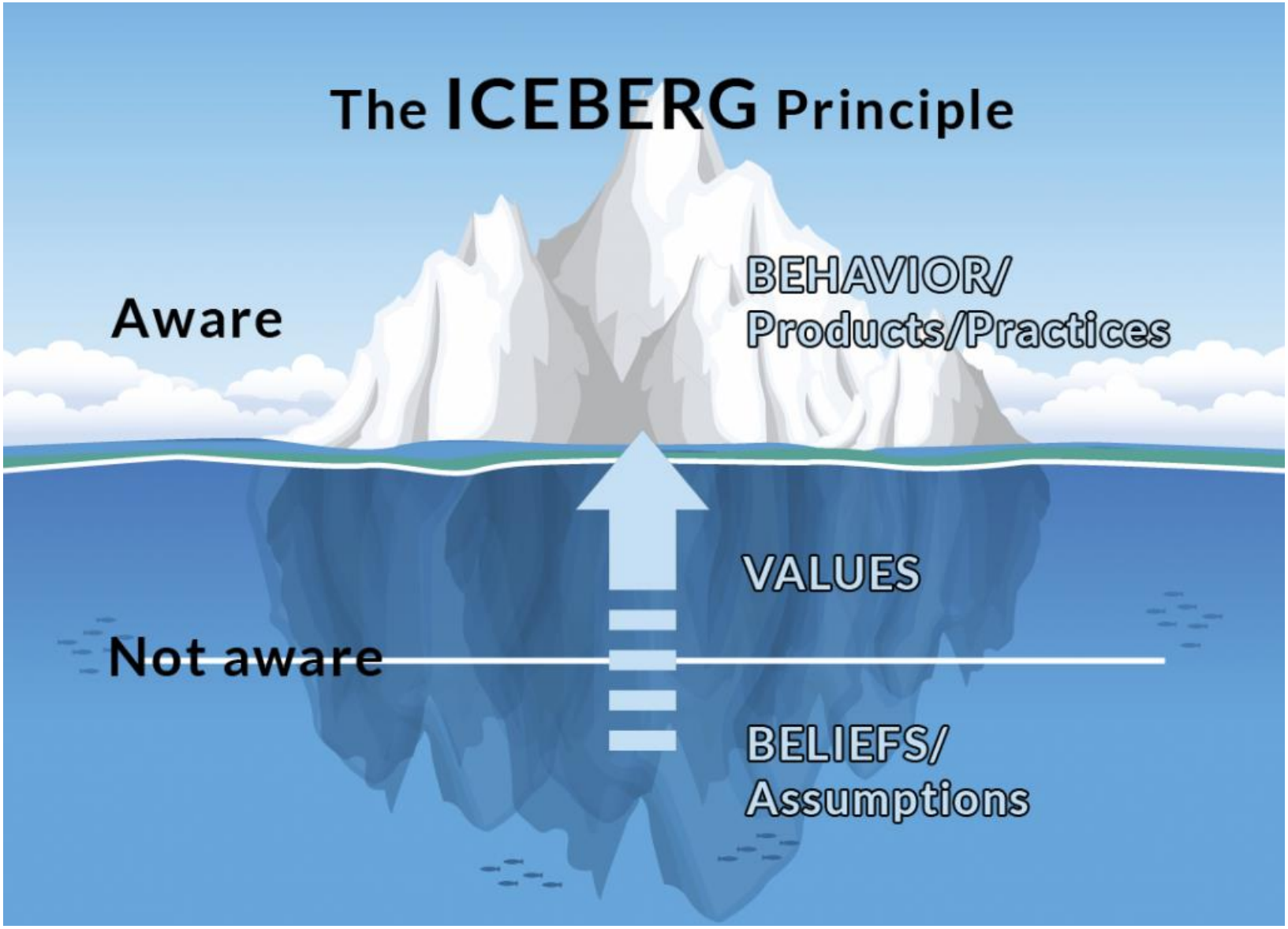
# What is Culture?

- “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


Visible organizational culture
Vision
The way we say we get things done
Strategy
Shared values
Goals
Policies
Structures
Procedures
Beliefs
Shared assumptions
Perceptions
Tradition
Perceptions
Values
Norms
The way we really get things done
Unwritten rules
Stories
Feelings
Invisible organizational culture


The ICEBERG Principle
Aware
BEHAVIOR/
Products/Practices
VALUES
Not aware
BELIEFS/
Assumptions

# 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

Quantify and compare

Organizations *"are"* cultures

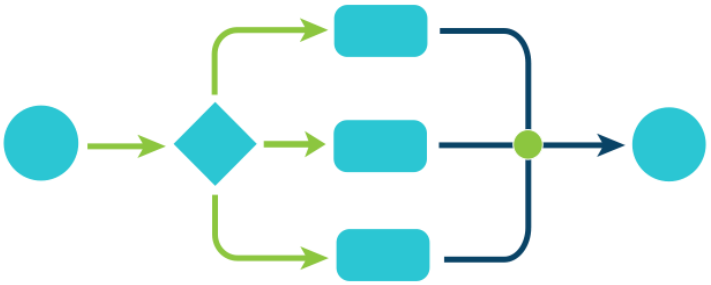
Qualitative descriptions

Alternatively:

Cultures are *emergent* in organizations

Mixed Methods

# Influences on Organizational Culture



cul·ture

/ˈkəlCHər/

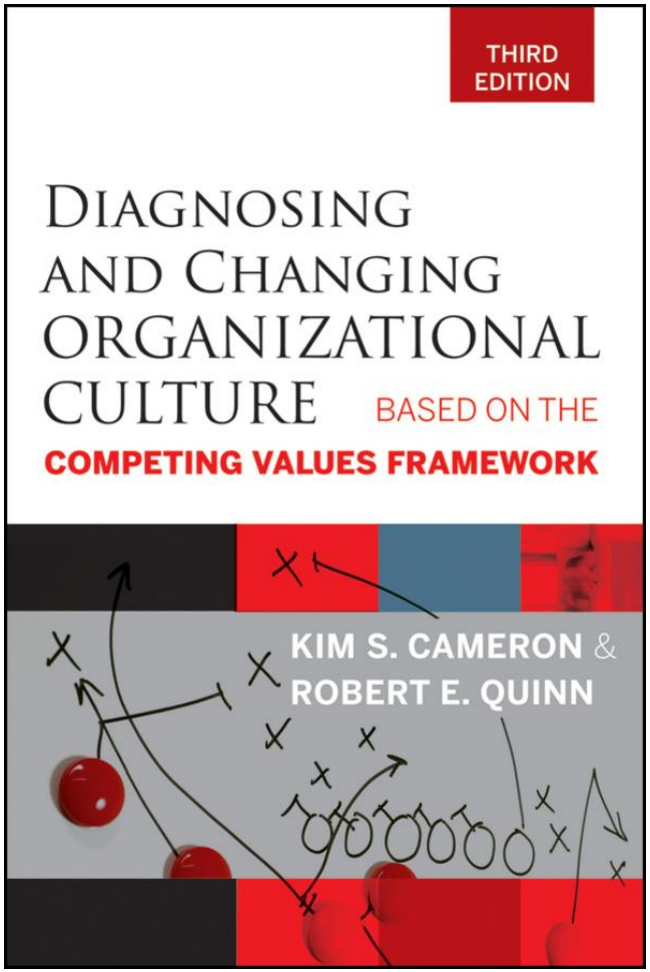
*noun*

PUBLICOPINION


# Not just one culture

# Culture Talk in Healthcare

# The OCAI Tool (free)

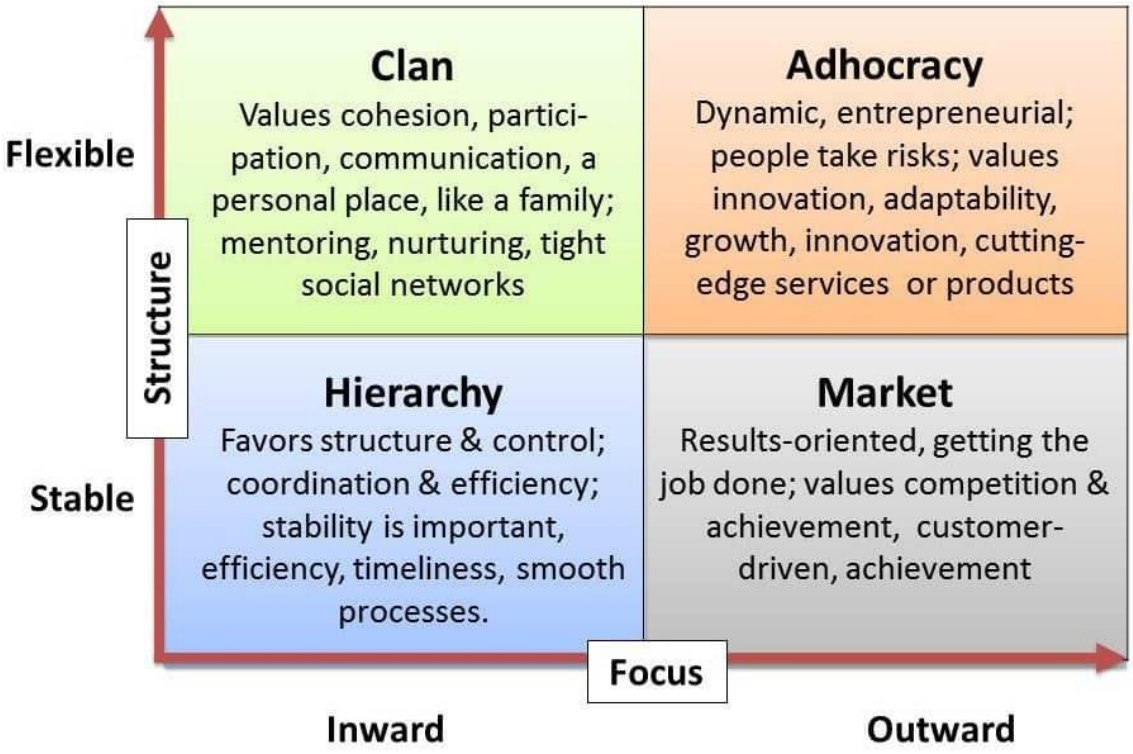



http://chlnet.ca/wp-content/uploads/survey_ocai_culture.pdf

# Competing Values Framework (Cameron & Quinn, 1999)

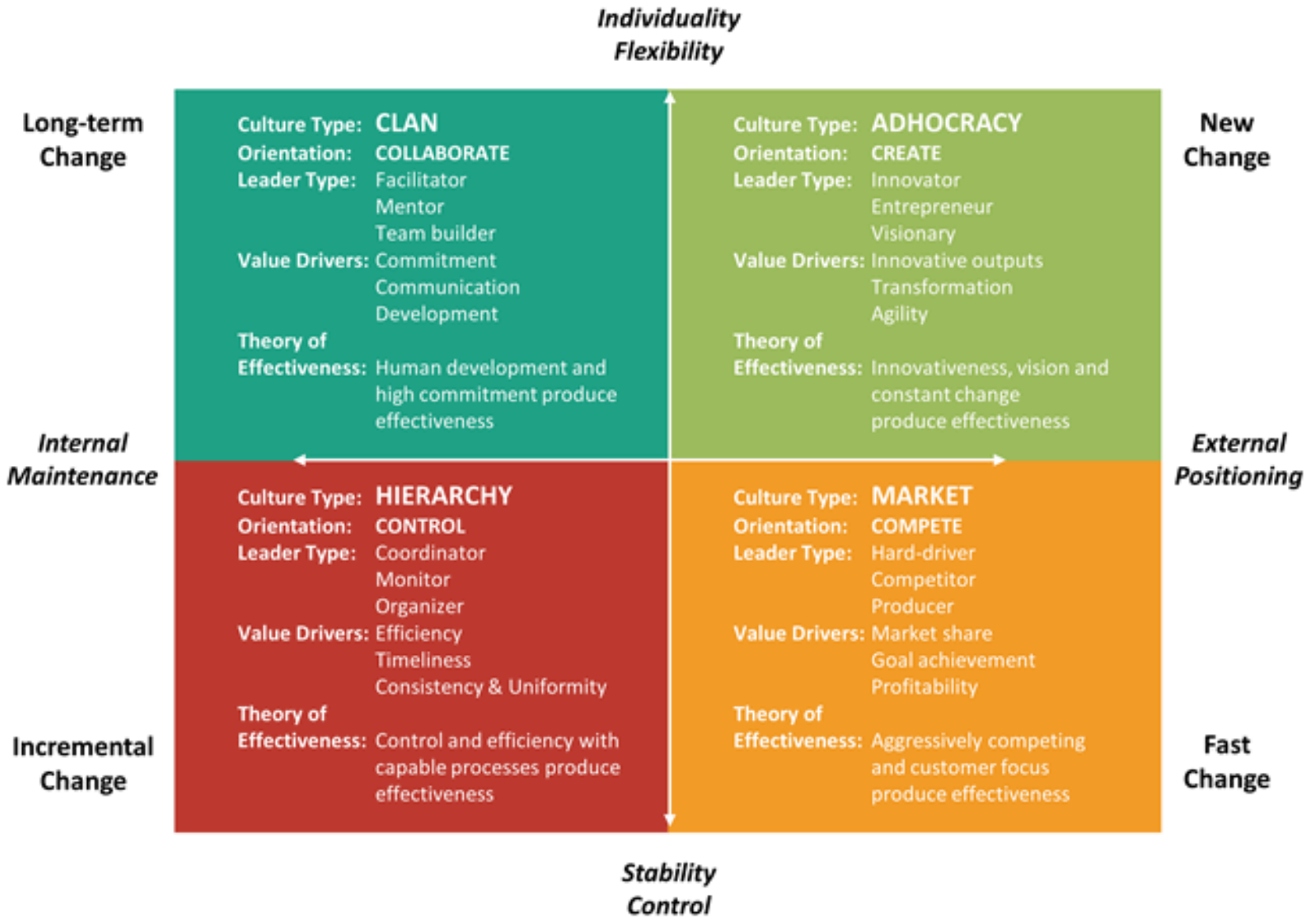
Collaborative

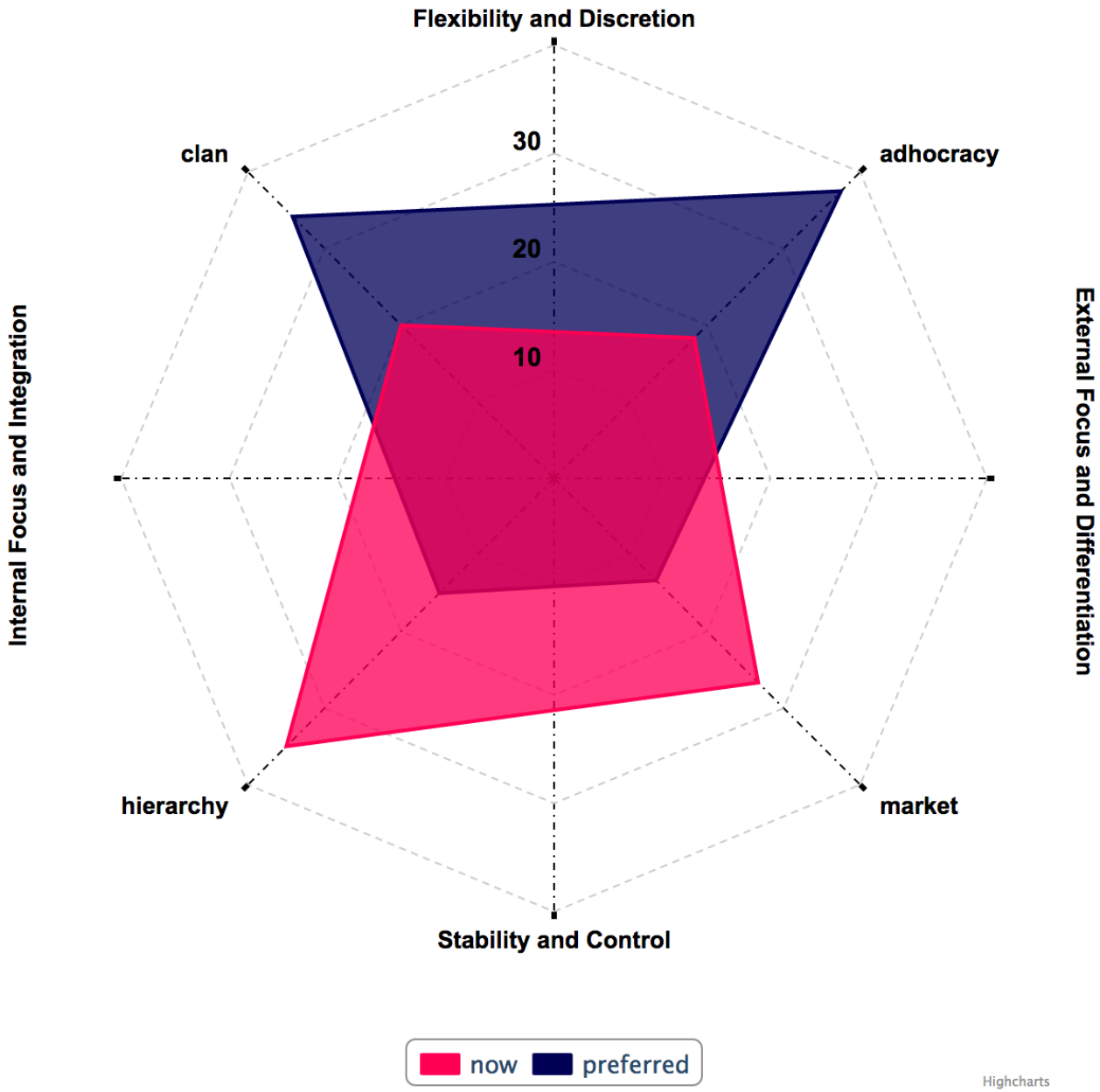
Innovative




Hierarchical

Client - Centred


Individuality
Flexibility
Long-term Change
New Change
Internal Maintenance
External Positioning
Incremental Change
Fast Change
Stability
Control
Culture Type: CLAN
Orientation: COLLABORATE
Leader Type: Facilitator
Mentor
Team builder
Value Drivers: Commitment
Communication
Development
Theory of Effectiveness: Human development and high commitment produce effectiveness
Culture Type: ADHOCRACY
Orientation: CREATE
Leader Type: Innovator
Entrepreneur
Visionary
Value Drivers: Innovative outputs
Transformation
Agility
Theory of Effectiveness: Innovativeness, vision and constant change produce effectiveness
Culture Type: HIERARCHY
Orientation: CONTROL
Leader Type: Coordinator
Monitor
Organizer
Value Drivers: Efficiency
Timeliness
Consistency & Uniformity
Theory of Effectiveness: Control and efficiency with capable processes produce effectiveness
Culture Type: MARKET
Orientation: COMPETE
Leader Type: Hard-driver
Competitor
Producer
Value Drivers: Market share
Goal achievement
Profitability
Theory of Effectiveness: Aggressively competing and customer focus produce effectiveness


Flexibility and Discretion
30
20
10
clan
adhocracy
Internal Focus and Integration
External Focus and Differentiation
hierarchy
market
Stability and Control
now
preferred
Highcharts

# 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

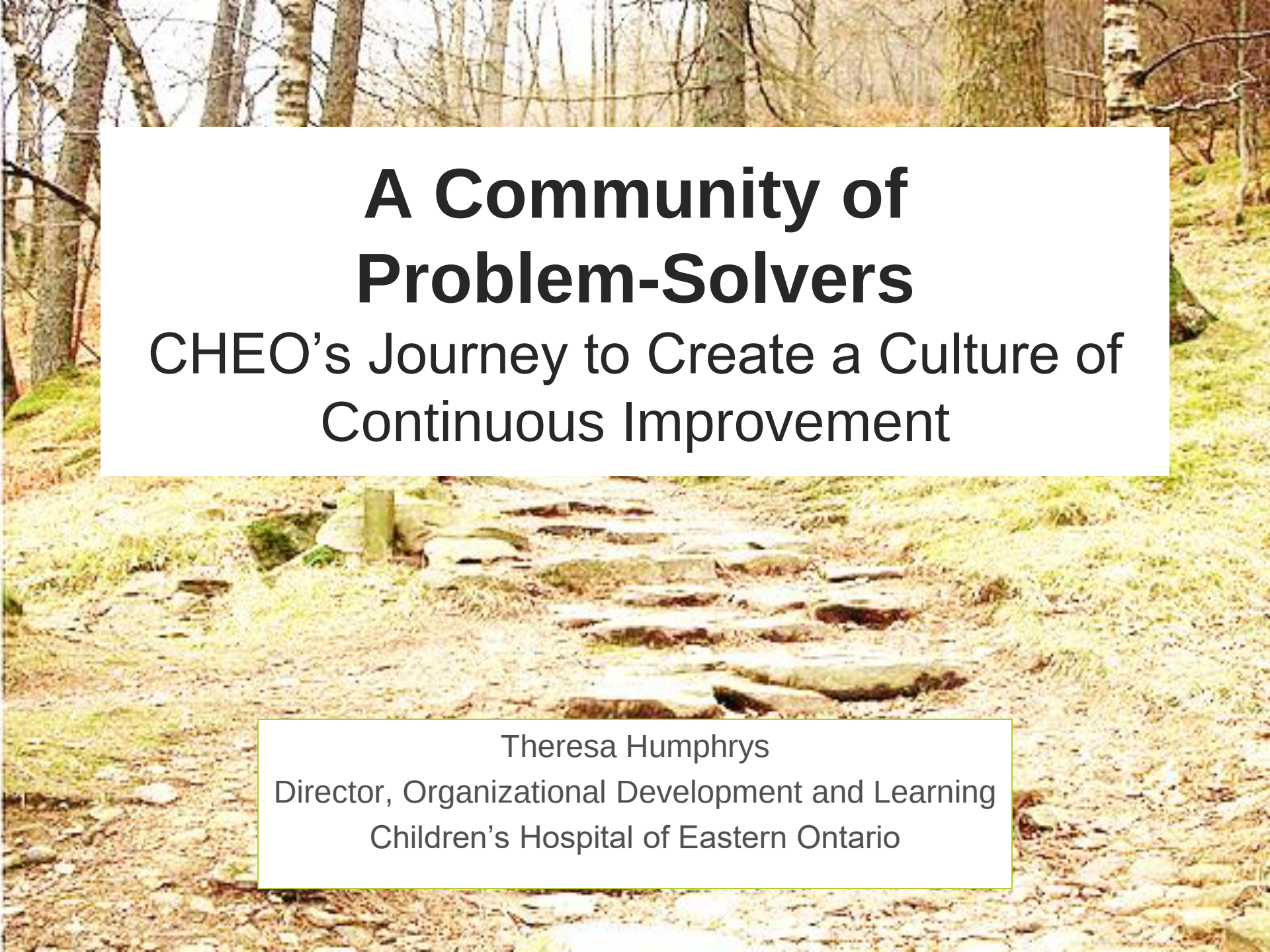
1. Overall commitment to quality
2. Priority given to patient safety
3. Perceptions of the causes of PSIs and their identification
4. Investigating patient safety incidents
5. Organizational learning following a patient safety incident
6. Communication about safety issues
7. Personnel management and 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


- Ashkanasy, N. M., Wilderom, C., & Peterson, M. F. (2011). *The handbook of organizational culture and climate* (2nd ed.). Thousand Oaks: SAGE Publications.
- Cameron, K. S., & Quinn, R. E. (2005). *Diagnosing and changing organizational culture: Based on the competing values framework*: John Wiley & Sons.
- Davies, H. T. (2002). Understanding organizational culture in reforming the National Health Service. *Journal of the Royal Society of Medicine, 95*(3), 140-142.
- Schein, E. H. (2017). *Organizational culture and leadership* (Vol. 5): John Wiley & Sons.



# 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

CHEO next

**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…

# Creating a language for this change

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

**Sustainably** Solve problems, Eliminating waste from our processes

**Continuously** 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

Flexibility

| | |
|---|---|
| Continuously learn & collaborate; develop skills and capacity to effectively manage, lead change and improve | Empower everyone to identify and sustainably solve problems & eliminate waste |
| Improve & standardize processes to deliver greater value, working with children, youth & families | Focus and align our work efforts to achieve our most important outcomes |

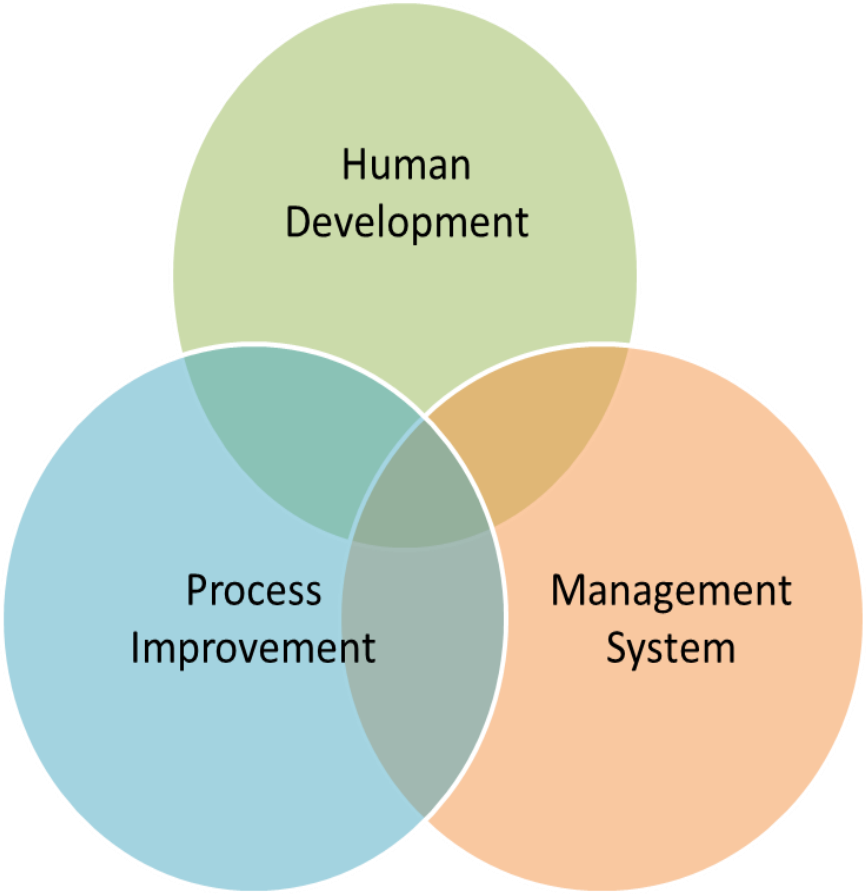
Internal Focus

External Focus

Stability and Control

# 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.

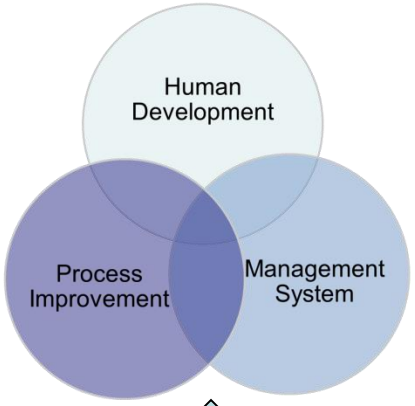
**The Human Development System:**

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

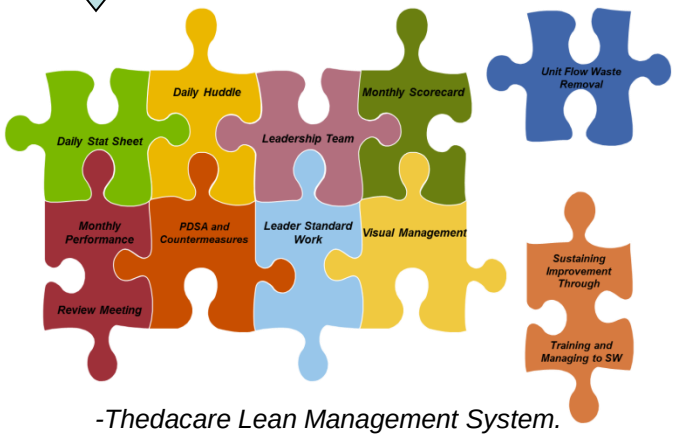
# Key Behaviors to Change:

| From | To |
| --- | --- |
| • Do it all<br>• Hide problems<br>• Quickly workaround issues<br>• Reactive<br>• Intuition<br>• Info flows difficulty<br>• Top down control<br>• Training not aligned<br>• Some staff/MD's<br>• Short term thinking<br>• Get it done – heroic | • Alignment and focus<br>• Expose problems<br>• Get to root – truly improve<br>• Proactive with rigor<br>• Evidence based DM<br>• Info flows smoothly<br>• Local decision making<br>• Structured development<br>• Engaging all<br>• Long term thinking<br>• Appreciation for standards and process |

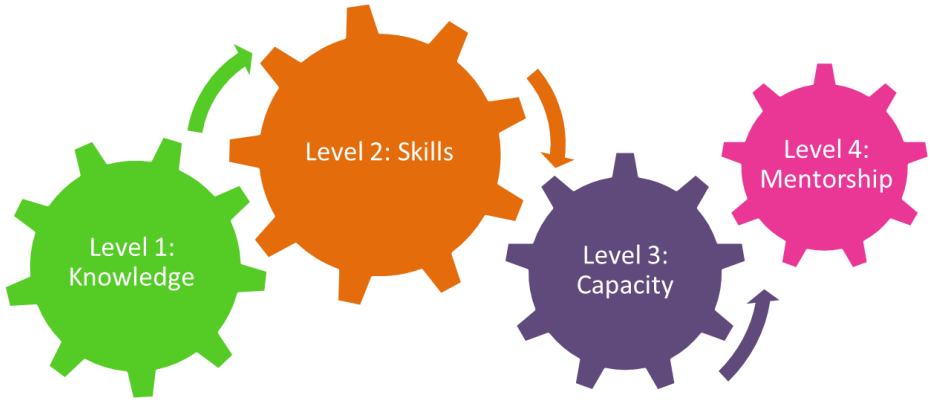
# CHEOWorks Evolution (the journey continues)




2011 → 2012 → 2013 → 2014 → 2015 → 2016




*-Thedacare Lean Management System. Appleton, Wisconsin*

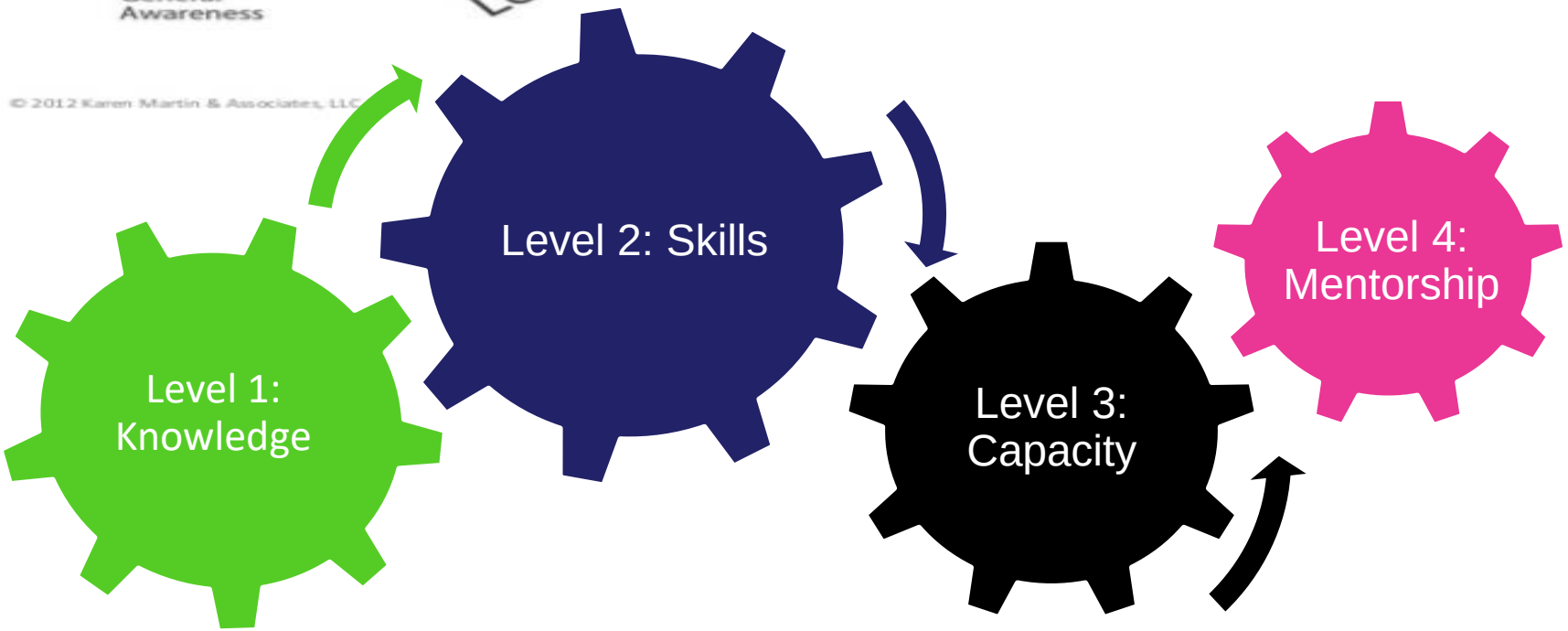


CHEO Works

# Pathway

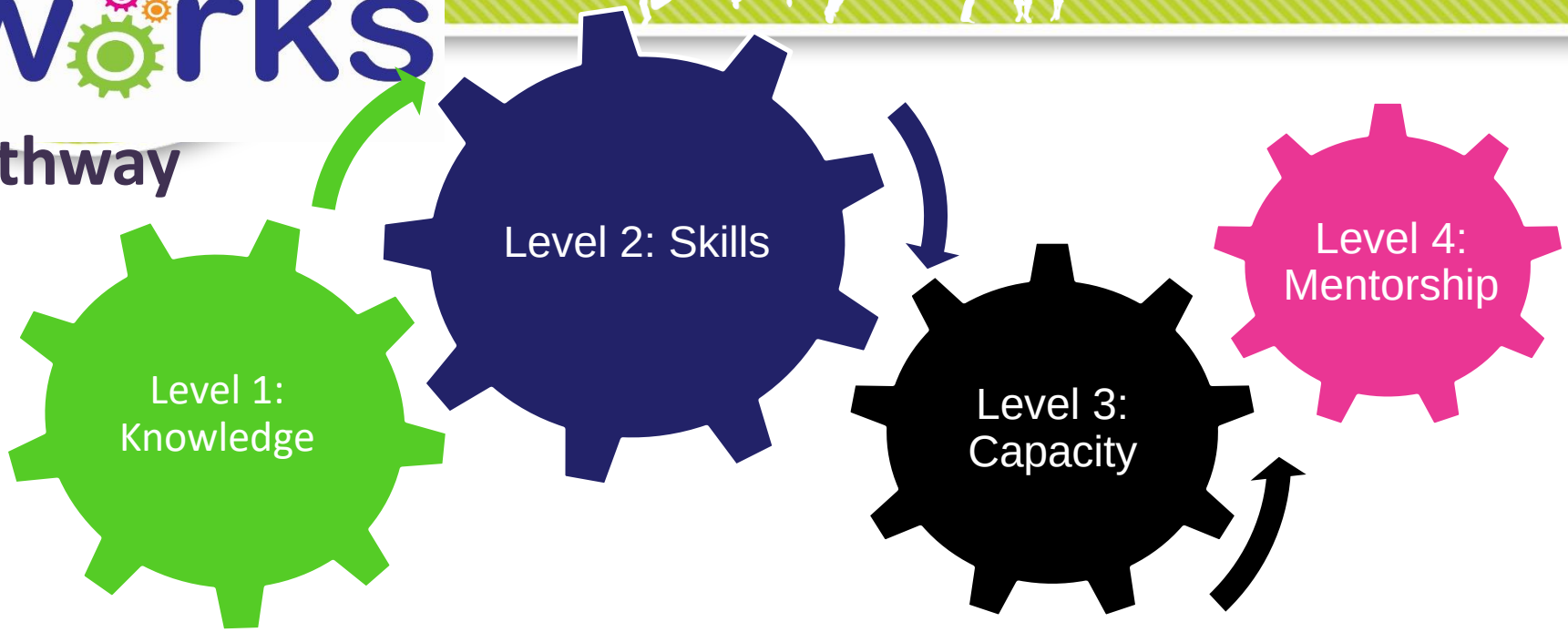
## Building Mastery



CHEO Works

# Pathway




| Level 1: Knowledge | Level 2: Skills | Level 3: Capacity | Level 4: Mentorship |
|---|---|---|---|
| We understand why we need to continuously improve | We understand our priorities for change and engage the frontline to make small changes | We make bigger changes to achieve and sustain results | We mentor, we coach, we lead |
| • Know CHEOnext goals<br>• Know key concepts<br>• Be open to improvement | • Align to CHEOnext goals<br>• Build skills for improvement<br>• Leaders are coaches | • Enhance skills for improvement<br>• Manage by process<br>• Complete larger improvements and achieve results | • Mentor and coach others<br>• Use advanced improvement tools and data analysis<br>• 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)*

- 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)*

- Participate in one of 4 Yellow Belt Workshops this year. *(2.5 days)*

**Leaders:**
- Participate in Leadership Development aligned with LEADS framework.

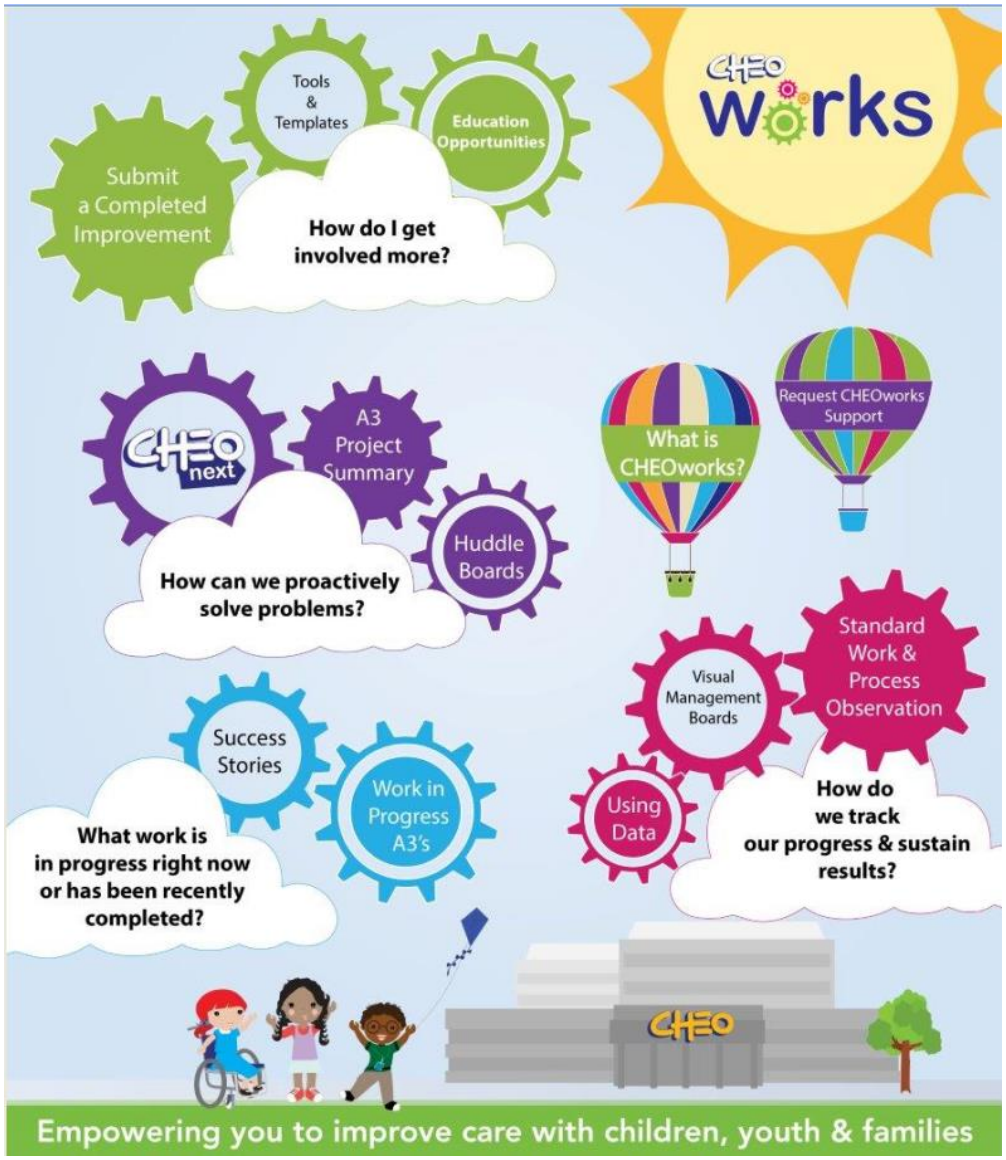
## Mentorship

**Individuals or Leaders in Key Roles:**
- Green Belt Training *(5 days)*

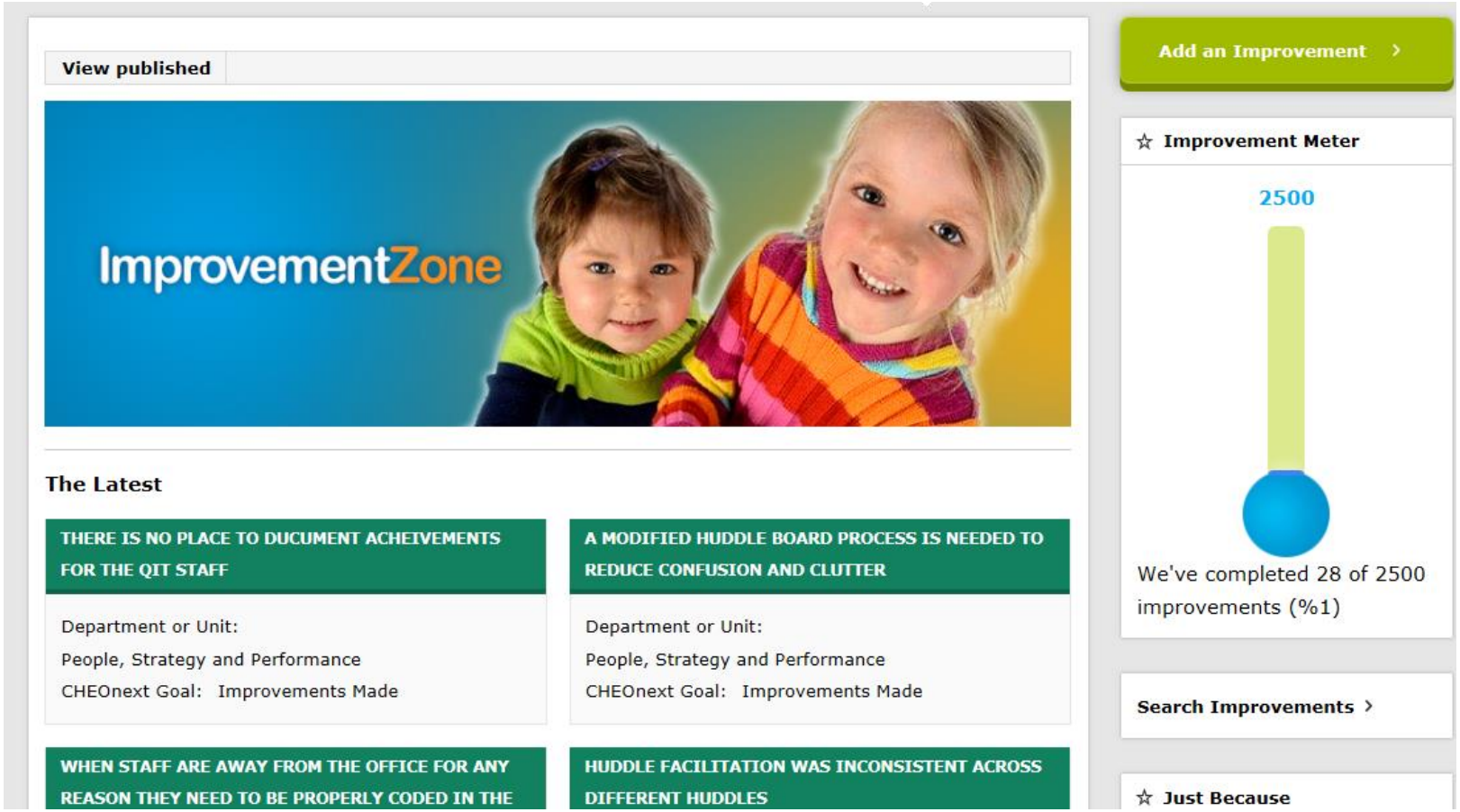
***More to come!***

*QIT and ODL team members can be available upon request.*

# Centralized access



# Improvement Zone



# Incorporating “Gamification” to Engage Teams


**Legend**

| Badge | Total |
|---|---|
| Hidden Dragon | 100 |
| Pirate Warrior | 75 |
| Kung Fu Panda | 50 |
| Shogun | 30 |
| Sumo | 20 |
| Ninja Rabbit | 15 |
| Monkey King | 10 |
| Crouching Tiger | 5 |
| Grasshopper | 3 |

# 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.

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# 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

Epic

Cerner

The Just Culture COMMUNITY

LEAN Healthcare

TeamSTEPPS® Team Strategies & Tools to Enhance Performance & Patient Safety

Children's Hospitals' Solutions for Patient Safety Every patient. Every day.

CUSP

StuderGroup a Huron Healthcare solution

# 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)

# Result

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

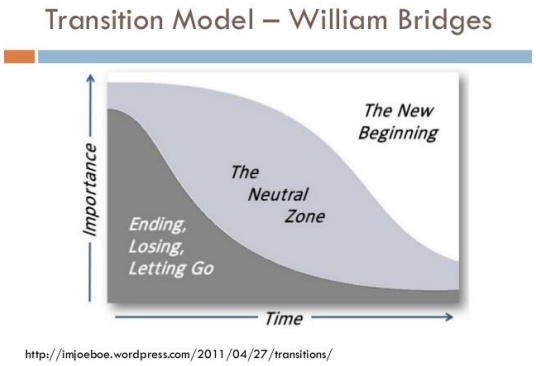
- (Mark Weber, 2018)

# 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 → Leads Self
- Build Alliances → Develop Coalitions
- Engage with Others to think about the Change → Engage Others
- Don’t be a Martyr if you don’t get the outcomes → Achieve Results

# Bibliography


- Hall, P. A., Zehr, C., Ng, M., & **Zanna, M. P.** (2012). Implementation intentions for physical activity in supportive and unsupportive environmental conditions: An examination of intention-behavior consistency. *Journal of Experimental Social Psychology, 48, 432-436.*

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

- Bridges, William (1991) Managing Transitions. Addison-Wedley Publishing
- Weber, Mark, Effective Negotiation Techniques, TOH Leadership Academy Series, 2018
- Lalleman, Richard Santos. (2016) How to Rethink Change with the Three Percent Rule. https://www.analyticsinhr.com/blog/rethink-change-three-percent-rule/


Q.
A.

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

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