

Intentional teams and hospital funding

By Esther Ewing

A hospital had to get a handle on the culture of its senior team, and quickly. The new CEO had a mandate. His colleagues on the senior staff team had to lead in order to address one of the key elements in Accreditation Canada's Quality Leadership Standards. All hospitals go through the process of peer accreditation, and Accreditation Canada is the body that sets the standards for such reviews. That element was about 'creating and sustaining a caring culture'.

The hospital had scored fairly well in the other three elements: planning and designing services, allocating resources and building infrastructure, monitoring and improving quality and safety.

However, the senior team had problems. It was fractured by differences, and tended to operate in silos. The members found it difficult to agree on anything without wasting time in debate and without being defensive, not to mention suspicious, of one another. The Board wanted the new CEO to solve this issue.

Also, the CEO of the LHIN said this should be a key area of focus or the LHIN would get involved. And anything to do with the LHIN could jeopardize the hospital's funding.

The CFO and Vice President of HR were to lead this culture exercise, but the senior team was in so much conflict that outside help was required, and we were

called. The objective? This group needed to think of itself as a team.

The first thing we did was conduct an Intentional Teams assessment. Our goal was to make the members of the senior management team intentional in how they worked together, and how they would lead the culture. A comprehensive set of tools and approaches were needed to ensure the team's success. An intentional team embodies four essential qualities: it is disciplined, aligned, integrated, and focused on its culture as a primary lever to demonstrate leadership in executing its work.

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What did the assessment show us? While the hospital had an established set of values, there was disagreement about whether anyone lived up to them, and what the hospital would look like if they did. The senior management team agreed

that these values were the ones they needed. The first course of action was to create a set of behaviours that described what things would look like when each value was being practiced.

We conducted interviews with all team members, one at a time, and discovered that many members of the team didn't think their colleagues listened to them. While most of them agreed with the CEO's overall direction for the hospital, several felt that the needs of their own departments were overlooked or underestimated. However, the positive thing is that all the team members were professionals who cared deeply about the hospital's success. They were good people with good intentions.

We then facilitated a workshop. The purpose was to get everyone to agree on the culture that they needed, one that would support a safe and healthy work environment, and maintain ongoing quality improvement. The idea was to define what it meant to actually live the values within their own team, then create plans for cascading these expectations down through the hospital's 1,100 employees. We also set up 90-day horizons for action plans, and established how everyone would help each other make it work.

They also created Culture Leaders awards to recognize people who exercised leadership that was in line with the values. What's more, nominations came

from within the staff so it wasn't a top-down exercise. When the first awards ceremony was held, the CEO and Chair of the LHIN, as well as the hospital's Board of Directors, all attended.

The results? The team's work resulted in a compelling story about the new culture and measurable change in how they led the staff, which meant the hospital could now live up to Accreditation Canada's Leadership Standards.

Finally, when it was all over, the CEO was pleased with changes made by the senior team. All the members were cooperating much better. They held themselves and their staff accountable to desired values and behaviours, and when someone wandered off the path, the team led them back. In short, the team managed its own expectations.

The hospital now had an Intentional Team with processes and routines firmly in place. As for us, our role continued for some time yet as we kept working with the senior team to sustain momentum in their building of a caring culture. The best thing was when the CFO said that team meetings were more enjoyable, focused and productive than before. ■

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