Meeting the Challenge of Change

The Self-Improving System™
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The Challenge: Change

Patient expectation, workforce stress, the fiscal challenge, and the transformation agenda combine with the impact of technology and the global economy to create a volatile environment for the delivery of healthcare.
The Challenge: Change

- Patient Expectation
- Fiscal Challenge
- Workforce Stress
- Reform Agenda
The Requirements for Change

The more volatile and intense the challenge, the more effective must be the solution. For change to be effective, it must be…

- Responsible (grounded in vision, mission, and values)
- Credible (evidence based)
- Understandable (relevant to beliefs and practices)
- Actionable (within the scope of daily work)
- Accountable (measurable and assignable)
- Replicable (principles, process, and tools)
- Sustainable (continues to meet the challenge)
A Solution to the Challenge: THE SELF-IMPROVING SYSTEM™

- Introduction
- Development
- Guiding Principles
- Process
- Assessment and Leadership Tools
- Deliverables
An enterprise-wide assessment, diagnostic and improvement process for increasing the quality and timeliness of patient care, the work-life balance of employees, the efficiency of work and the stewardship of resources.

- Engages leadership, physicians and front-line employees
- Comprehensive, organization-wide self-assessment
- Driven by a Balanced Scorecard
- Provides leaders and staff with the tools for self-improvement
- Establishes a new infrastructure for change
- Builds a community of self-improvement
- Creates a positive environment for labour-management partnership
- Overcomes the dangers of externally led intervention
- Affirms the capability and influence of internal leaders
THE SELF-IMPROVING SYSTEM™
Developed by EC Murphy Walsh

- Utilized in 400+ healthcare organizations in Canada, the U.S. and Europe.
- Awarded the Healthcare Financial Management Association’s Helen Yerger.
- Received international award in recognition of originality and effectiveness of assessment and diagnostic methodologies.
- Proven ability to improve the quality of patient care and financial fitness.
- Supported by extensive research in leadership and team performance reported in the NY Times bestseller Leadership IQ and other publications.
- Purchased and supported by the Voluntary Hospital Association, the world’s largest healthcare and business alliance.
- Partnered with William Mercer to support their world-wide human capital practice.
The Self-Improving System™ is driven by seven guiding principles:

1. Focus on the Patient
2. Do No Harm
3. Lead Through Responsibility
4. Engage, Educate and Empower Stakeholders
5. Make Evidence-Based Decisions
6. Undertake a Balanced Assessment
7. Act
Principle 1: Focus on the Patient

The patient is our reason for being. It drives our Vision, Mission, and Values.

The patient is not an interruption of our work but is the reason for it.

The patient is Number One. All priorities flow from the patient.
Principle 2: Do No Harm

All change must be grounded in the Hippocratic Oath and the clinical process of self-improvement that defines medical, nursing, and other protocols for patient care.
Principle 3: Lead through Responsibility

Healthcare personnel provide a benchmark for responsibility grounded in the recognition of personal accountability for patient welfare.

By affirming individual responsibility for change, leaders build on an existing cultural mandate and accelerate the rate and efficacy of change.
Principle 4: Engage, Educate and Empower

Patients are engaged, educated and empowered regarding their care by employees who deliver that care.

Acceptance and implementation of change requires ownership and understanding of those who will live with it.
Principle 5: Make Evidence-Based Decisions

“In God we trust, all others must use data.” Decisions must move beyond self-interest to science and best practice. In the same way, that this axiom applies in clinical practice, it also applies in leadership and operational change.
Principle 6: Undertake a Balanced Assessment and Diagnosis

Assess and diagnose the full scope of change, holistically, in the same way patients are assessed. Consider an array of possibilities in making a diagnosis that takes into consideration the rational need and direction of change, the functional requirements to implement it, the impact it will have on the personal lives of those living with it, and the extent to which change reinforces the core vision, mission and values.
Principle 7: Act

Failure to act in the interest of the patient is irresponsible.

The Leadership Team interprets the assessment and diagnosis by focusing on changes in the way patient care is carried out. High priority changes in work processes are implemented that cross functional and structural boundaries as well as those that impact the roles of individuals, teams, departments, and products and services.
A disciplined seven-step process that affords the opportunity for rapid implementation.

Step 1: Planning and Design
Step 2: Self-Assessment
Step 3: Diagnosis
Step 4: Action Planning
Step 5: Action
Step 6: Re-assessment and Diagnosis
Step 7: Continuous Adaptation and Improvement
Step 1: Planning and Design

- Consultation with the CEO and Leadership Team
- Adaptation of the Balanced Scorecard model for assessment and diagnosis
- Scheduling of the Seven Step Self-Improving System™.
- Formation of the Leadership Team made up of internal leaders who serve as implementation leaders and internal consultants.
- Action planning with the Leadership Team
- In-service education and assessment meetings for all employees
- Education meetings and assessment distribution for the board, physicians and others
THE SELF-IMPROVING SYSTEM™
Balanced Scorecard

- Stewardship
  - Clinical
  - Labour
  - Financial

- Vision
  - Mission
  - Values

- Work
  - Processes
  - Roles

- Culture
Step 2: Conduct an Organization-wide Self-Assessment

- **The Self-Improving Inventory** for Mission Focus and Work-Life Balance (for all employees, board, physicians and volunteers)
- **The Work-Life Mapping** Self-Assessment (all employees)
- **The Stewardship Assessment** (review of financial, utilization and throughput data)
- **Quality Review** (analysis of key quality and patient satisfaction data)
- Other (to be determined as required)
Step 3: Diagnose the Results

- A comprehensive **Balanced Scorecard Report** is produced and presented to the CEO and Leadership Team. Feedback presentations for all stakeholders are prepared and feedback sessions are scheduled.

- In-depth analysis with Leadership Team identifies priorities for action which provide a basis for Team and Departmental action to follow.

- As the Leadership Team and Departmental action moves forward, additional data is secured and provided to better understand opportunities for change.
Step 4: Instruction and Action Planning

- Teams and Leaders from all levels of the organization are trained in the Self-Improving System™. Utilizing data from self-assessment, plans for the redesign of work processes, roles and structures are developed and evaluated in terms of their cost-benefit to the patient and organizational mission, as well as to the work-life balance of employee stakeholders.

- Sessions with the Board of Directors, physicians and others utilize the improvement process to identify opportunities and create action plans that stimulate critical analysis of governance and fiduciary responsibilities at a strategic, clinical, and stewardship level.
Step 5: Action

- Improvement Plans are implemented and monitored for success.
- **Leadership IQ Grand Rounds** are used to provide a forum for rapid response to operational challenges.
- Team and Leadership Coaching is provided to facilitate plan implementation.
- Further analysis of self-assessment data, as well as the pursuit of additional assessments are initiated as needed.
Steps 6 and 7: Re-assessment and Continuous Improvement

The Self-Improving System™ provides an infrastructure for continuous assessment and improvement that integrates with and affirms best practice leadership already in place. This infrastructure provides a framework for evaluating the efficacy of specific targeted interventions.
## Roll-out Schedule (sample)

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THE SELF-IMPROVING SYSTEM™
Assessment and Leadership Tools

The Self-Improving System™ is powered by internal stakeholders along with assessment and leadership tools tested by the Self-Improving client leaders who have participated in the development and refinement of the system.

Improvements emerge in virtually every project, providing a continuous flow of new client leaders, insights, and best practices.
The Balanced Scorecard and Report provide a conceptual centre to the Self-Improving System™ that is grounded in key indicators of organizational health and performance. Key indicators are organized into a Dashboard for executive and leadership guidance. The Scorecard and the Assessments draw on the latest research in healthcare operational management, performance theory and the neurosciences, among other areas.
The Self-Improving Inventory is a comprehensive behavioural and perceptual analysis of how stakeholders experience the presence of the organization’s mission in their work lives.

The use of advanced multi-variate analytical techniques such as principal components, regression and discriminant function analysis provide powerful ways to identify relationships between every day individual experience and the collective impact it has on service to the patient and the overall efficiency of the organization.

These techniques are utilized wherever sample size allows in all self-improving assessments. The Inventory is implemented anonymously through individual completion of a survey.
Work-Life Mapping answers the question “Are the Right People in the Right Place at the Right Time and Cost to fulfil the Mission?”

It provides important insight into work-life balance of employees at every level and role. To the extent that balance is maintained, the health of the patient is enhanced. And, to the extent that work is effectively aligned in roles, the work-life health of those providing care is protected.

Work-Life Mapping is implemented in individual and group settings through an activities survey technique.
Leadership IQ Grand Rounds is a formal protocol for leadership action assessment and individual development that is especially effective in meeting the rapid response requirements of comprehensive organizational change.

Leaders are able to explore options for addressing strengths, weaknesses, opportunities and threats impacting the ability to move forward with self-improvement.
The **Leadership Team** process has been developed through extensive research and use in healthcare, high tech and the service industry.

It provides a disciplined protocol grounded in Self-Improving data while encouraging team members to reach outside for valuable insights that might provide breakthrough improvement.
Additional Leadership and Team Problem Solving Tools are made available as the Process unfolds.

They are drawn from the Resource Library of EC Murphy Walsh and address needs as varied as public relations and communication to strategic planning / critical thinking, governance and medical staff development and operational improvement.
The Results and Benefits

- Improved quality
- Improved patient throughput
- Improved work-life balance
- Improved employee morale
- Reduced cost per case
- Reduced cost per patient activity
All Assessments, Diagnostic Models, Action Tools, Training and Coaching Materials, and Presentations are licensed to the client organization for five years.

All self-assessment data generated during the project will be co-owned by the client organization and EC Murphy Walsh Inc.

EC Murphy Walsh will provide continuous consultation, analysis, report preparation and coaching through the first cycle of change, and thereafter upon request.
CONCEPTUAL TOUCHSTONES

Sources of insight in the design, development and implementation of the Self-Improving System™
The Clinical Process

- Assessment and Diagnosis
- Planning/Action
- Continuous Improvement
- Reassessment and Diagnosis
The Path To and From Commitment

- Commitment
- Empowerment
- Empathy
- Involvement
- Awareness
- Engagement

- Avoidance
- Ignorance
- Withdrawal
- Fence Sitting
- Hostility
- Contempt
The Power of Achievement

Anchor of negativity “Naysayers”

Magnet of Achievement

The Achievement Enfolding Process
Mission Focus in Healthcare

Profile of an “average” hospital

- Mission Focused Work: 45%
- Non-Mission Work: 55%
Mission Focus in Healthcare

Distribution of work in the “average” hospital (Canadian, U.S. Data)
Mission Focus in Healthcare

Distribution of work in the benchmark hospital (Canadian, U.S. data)
Mission Focus in Healthcare

From focus to inefficiency and back

1. Start up
   Mission

2. Early success
   Mission

3. Early "Hosting"
   Mission Focus

4. Developing stasis and hosting
   Mission Focus

5. Full blown hosting/loss of focus
   Mission Focus

6. Starting back
   Mission Focus

7. All the way back
   Mission

Non-mission Work

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