BEYOND THE HIERARCHY

Seven Innovations Have Enabled This Executive Team to Become More Productive

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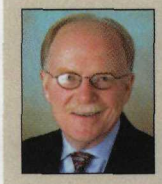
Like those of other organizations, senior leadership teams in most Catholic health care institutions operate according to a strict, hierarchical decision-making model. The organization's structure largely dictates how strategy is formulated, how decisions are made, and how problems are solved. The chain of command is the rule of the day. Decisions float from the top down, without a great deal of input from those below the uppermost layer of management.

But this may need to change. Catholic health care organizations are experiencing a host of new pressures, including changes in strategies, structures, regulations, work processes, and employment policies. In addition, they are facing unprecedented marketplace competition. Whenever there is a challenge of this magnitude, strong leadership is especially needed. Unfortunately, however, it is also at such times that leadership is difficult to provide. To keep up with the pace and scope of these challenges, it is imperative that organizations utilize the intelligence of their entire leadership to make change happen better and faster. Operating within the strict confines of the organizational hierarchy can oftentimes slow the implementation of critical and necessary change initiatives and stifle good ideas that might bring about new, creative strategies to manage change and "grow" the organization.



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Journey toward Transformational Change

At Catholic Healthcare Partners (CHP), a nine-region health care system based in Cincinnati, we realized that the best way to promote positive, sustainable change in our system was to harness the collective talents of the entire leadership team. To accomplish this goal, we augmented our standard hierarchical organizational structure with innovative leadership and decision-making approaches that better leveraged the intelligence and viewpoints of each and every member. By adopting these strategies, CHP's 20 top executives were able to implement more change with increased efficiency, which led to more informed, better decisions. In addition, we developed a group dynamic that promoted creativity while reducing the natural defensiveness that often gets in the way of good work.

Just how did we accomplish this goal? With the help of outside change leadership coaches, we rethought the way that our leadership team interacted in both formal and informal settings. We incorporated seven innovative, evidence-based leadership practices into our work routines. These practices have allowed us to bring different perspectives to the table, use our time more efficiently, and devote our talents to pursuing the avenues most productive to providing high-quality health care.

Innovation 1: Get the Right People in the Room

Organizations tend to include people in meetings or work sessions according to where they sit in the leadership hierarchy. One of the first steps that CHP took to be more effective was to reorganize meetings

so that the participants were included because of the roles they filled, rather than the titles they held.

"The chain of command is important to an organization, but it should be augmented by a meetings structure—groups of people who meet on a regular basis to accomplish certain tasks," says Sr. Doris Gottemoeller, RSM, PhD, CHP's senior vice president for mission integration. CHP divided its executive leaders into three teams, each with their own focus. The three are:

- The "Operate the Ministry" team
- The "Lead the Ministry" team
- The "Corporate Leadership" team

The teams often work separately to ensure that all participants have a role to play relative to agenda items. These work sessions are more productive than meetings involving the full executive leadership because, first, they bring together only those people who will be thoroughly engaged in the agenda, and, second, they avoid wasting the time of people who do not have an immediate interest in the topic.

Sr. Doris believes that this innovation is beneficial both to the organization and to staff. "I now spend less time overall in meetings," she says, "and the times I am involved in these sessions are targeted to issues that are directly under my jurisdiction. It allows me to manage my time and resources more efficiently and effectively."

Innovation 2: Manage Meeting Agendas

Too often in health care, we find that agendas are filled with information topics, with one presentation after another. This is not the best use of time for busy executives. Informational materials can be distributed prior to a meeting, but when people are face-to-face, they should spend most of their time in productive dialogue and getting real work accomplished. To make sure this happens, CHP adopted a rule that participants must, before putting an item on the agenda, summarize the proposal and say what they want the group to do with it. Agenda items can be listed for endorsement, approval, input, dialogue, or information.

This innovation has revolutionized CHP and the way it conducts its meetings. Jane Crowley, CHP's chief strategy and administrative officer, credits the "goal" requirement as the tool that helps the organization's leaders to focus in ways that had been eluding them in the past. "Previously, we would find ourselves talking in meetings at an intellectual level without clarity of what we were trying to accomplish," Crowley says. "Our expectations were muddy, and we were not using our time productively at all. Now, we walk into a work session understanding what outcome is anticipated, and we are ready to accomplish that goal."

To further clarify the situation, CHP came up with a common language to use in explaining each goal's meaning. For example, as Crowley points out, "'endorsement' is not an issue of loyalty."

> Rather [she continues], it becomes a conversation about pointing out potential pitfalls on any given issue, including unintended consequences, lack of resources, sequencing concerns, etc. Dialogue often brings both new facts as well as new opinions to the group. Often, it serves as the initial approach to an activity—for example: "We are seeing this in our region; are you seeing it too?" Announcements are given at the end of a meeting as quickly and efficiently as possible. Approval is often the hardest to accomplish, especially when corporate is seeking this goal from the regional CEOs. To truly be successful, leaders must be prepared to accept the possibility that a particular item might not be approved by the group. It might be hard after putting time and energy into something, but it is the right thing to do.

In addition, the work session's pre-work needs to include background information on a given issue and to provide context for the discussion. Participants are expected to read the information ahead of time and be prepared to talk about the issue. Jeff Ashin is president and CEO of Mercy Hospital of Fairfield, Ohio, one of the organizations in the CHP system. He now incorporates this agenda strategy in meetings at his own institution. "When you put things out there ahead of time, participants know what is expected of them in the meeting and are prepared to deal with the issue," he says. "It saves valuable meeting time as we can get right to the heart of the matter."

But according to David Jimenez, CHP's chief operating officer, using this common language goes beyond saving time. He credits it with solidifying a previously disparate leadership team. Jimenez points out that

> Catholic Healthcare Partners was created in 1995 by the amalgamation of several Catholic health care systems, each with its own culture and practices. By creating this common language, we now understand what is expected of us and how we are meant to operate as a team. If the goal is to "endorse" something on the agenda, executives know that they must come totally prepared on an issue and able to articulate any concerns that they may have because, at the end of the day,

Decision-Making Continuum

Authoritative	*Consultative*	*Participative*	*Consensual*	*(Delegated)*
"Without your input."	"You advise me, I decide."	"I need your input/help to think this through."	"We decide."	"You decide without me."

Process Intensive

When to use a particular style?
Criteria: Time available, self-confidence in my knowledge,number of people affected, desire to empower, etc.

a decision will be made, and they will be expected to support that decision.

Innovation 3: Clarify the Kind of Decision Being Made

Leaders make decisions every day. Some decisions, they make on their own. For others, they require input or consensus from their team. Unfortunately, decision makers aren't always clear as to which mode they are in when they present an issue to the group for a verdict. CHP uses a particular decision-making model to clarify for its executive team the type of decision that needs to be made at any given time (see **Chart**).

Crowley maintains that this practice is critical. She says:

> One of the biggest sources of upset is when people are not clear about which decision-making mode they are using. In the past, we have had situations when someone was making an authoritative decision while staff thought that they were in the participatory decision mode. Leaders run the risk that, next time, staff will not participate in discussions because they will remember when they gave input thinking that it would be taken into consideration when the boss was really making an authoritative decision. Expectations are really important. A leader must clarify whether or not he/she is looking for feedback versus actual help in thinking through a matter.

Innovation 4: Make the Conversation Productive

How many times has one left an unproductive meeting only to hear people saying what they *really* thought in the hallway afterwards? The key is to "get real" at the conference room table, opening up the dialogue and making the conversations effective. CHP often deliberately puts executives into protagonist and antagonist roles to vet out all sides of an idea or a decision to be made. In such exercises, the protagonist outlines possible actions and solutions and then advocates a specific plan. The antagonist challenges the protagonist's ideas—offering constructive criticism, finding flaws in the logic, identifying what is missing, listing the probable effects of particular actions, and pinpointing the likely emotional reactions of stakeholders. "Using this role-playing technique helps leaders to produce clear thinking on any given issue," Ashin says. "The key here is to put the *ideas* on trial, not the person." Staging a debate releases new energy, creativity, and excitement around the decision.

In order for conversation to be meaningful, a certain amount of trust among the players is crucial. Ashin notes that leaders must "allow staff to use their talents. In meetings, I turn them loose—taking away barriers that might prevent my executive team from thinking outside the box and feeling comfortable enough to share any and all ideas." Crowley agrees, noting that it is important to make it safe for staff to debate. "What they say is valued. Behind closed doors, there is no hierarchy. We are all equal. We speak frankly and directly and in a professional manner. And then we leave the room with one voice."

To build that level of trust, Ashin works closely with his staff from the moment they are hired. He says:

> I try to get a feeling of what they bring to the organization. For example, I recently worked with a new director of marketing and public relations. We have similar backgrounds, ages, and interests. But I didn't know his skill sets. So I asked him to think of new and different ways to get out in the marketplace—think of

something that no other hospital as done before. He came up with an amazing idea—to partner with a local city government that has a new community art center. We booked old rock and roll stars and held a series of concerts to raise funds for the hospital. Most recently, we "rocked out" to Roger McGuinn, the former lead singer of the Byrds.

This kind of trust translates into more informal settings. Crowley is a member of the Lead the Ministry team, which meets every two weeks to touch base. "We have agendas, but add things from time to time," she says. "When we want to converse about how things are going, we have the freedom to bring things up. During these sessions, we can evaluate individual and facility performance. The conversation is direct and challenging. When we started it, we wondered what we would do with this time, six hours a month. Now we hunger for it."

Innovation 5: Manage Not Only Problems but Also Polarities

Some things that executives have to work on aren't problems to solve; they are, rather, polarities to manage. Within CHP, for example, executives need to discuss a variety of fundamental issues: How do we make decisions that serve the system and the regions? What are the pros and cons of shifting power between these entities? How do we manage the needs of both? The key to having these more global discussions is to recognize them for what they are and to strive for a win-win for all.

Innovation 6: Meet the Needs of the Individual

CHP has made a commitment to provide individual coaching to every member of the senior team. These sessions focus on individual strengths and weaknesses, using real-life issues as "grist for the mill." Sr. Doris has brought this innovation back to her mission team and finds it an amazing way to grow the skills and abilities of every member of her staff.

Innovation 7: Bring Meaning to the Work

Every CHP meeting begins with a prayer and a reflection, a responsibility shared by all participants. Sr. Doris believes that these reflections "challenge us to be better people. They help to throw light on the issue that we are going to discuss, helping us to understand how each nuance affects the world around us."

And these discussions go beyond the issues at hand. CHP leaders take precious meeting time to converse about a host of global issues as part of a spiritual formation program. Sr. Doris says:

> At three or four sessions a year, our executive management team devotes substantive time to discussing spiritual issues. For example, we have discussed the concepts of justice and compassion, the meaning behind hospital metrics, and the heritage behind the sisters. We talk about the common good and make applications to the work that we are doing. People converse very seriously and sincerely. And we ask leaders to replicate these discussions with their regional teams, giving them the materials to foster dialogue. It reminds us that we are performing a ministry, not just doing a job.

Jimenez agrees. "People will do the right thing when you create meaning around why it has to happen," he says. "We are consistently tying a decision to how it strengthens the ministry and advances our mission. In fact, we screen all decisions based on whether they are consistent with our mission. Even when joining forces with doctors on for-profit ventures, we ask ourselves, 'How will this help the poor?' In doing so, we win the hearts and minds of our people who are then committed to its implementation."

Harnessing Collective Talents: A Win-Win for All

There is a reason that the standard hierarchy model is so prevalent in health care organizations. Through its chain-of-command structure, it provides a level of accountability that is necessary in running a hospital or health system. But used alone, it also frustrates leaders, stifling creative voices while isolating decision makers who must operate without formal input from staff while making difficult choices. As a result, change happens more slowly and organizational buy-in is typically less than complete.

By opening up doors and allowing other players to participate in the decision-making process, CEOs will come to better, more creative decisions in managing and growing their institutions. At CHP, harnessing the collective talents of our entire leadership team has not only brought about positive and more rapid change in our system; it has also solidified our commitment to the mission of the organization. Staff morale has soared as everyone—having learned that his or her time and efforts are valuable resources not to be wasted—has become a critical member of the decision-making team.

Previously, decisions were made in isolation—or after talking with only a few members of the executive team and then spending an enormous amount of time explaining the decision and convincing others to implement it. Now, these innovations ensure that the senior team is in alignment and makes faster and more effective decisions. The end result is that many of our critical measures—from quality to community benefit to income—have improved, all of which is due in part to these new leadership practices. ■

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