

COLLABORATIVE FOCUS

A System and Its Affiliates Create Their Vision for Healthy Communities

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At its 1994 annual meeting, Hobart, IN-based Ancilla Systems, which is sponsored by the Poor Handmaids of Jesus Christ, unveiled a new vision to help make the communities they serve healthier. More than 200 people, representing the system and its six affiliated hospitals and home healthcare agency, were responsible for bringing this vision into focus.

The visioning process took more than a year, beginning in early 1993 when the Ancilla Systems board of directors recommended that the system be ready to respond to changes in healthcare. Ancilla managers agreed that they indeed needed to plunge into an unknown future. They also acknowledged that the variety and fragmentation of system and affiliate activities begged for integration.

SYSTEM INTEGRATION TEAM

To address these problems, Ancilla managers formed the System Integration Team. Sr.

Kathleen Quinn, PHJC, Ancilla chairperson, and William Harkins, Ancilla president and chief executive officer (CEO), served as chairpersons. The 12 team members included representatives of the sponsor, board of trustees, medical staff, and management.

QUALITY IMPROVEMENT STORY

At its first meeting in May 1993, the System Integration Team decided to follow the system's total quality management (TQM) philosophy, using in particular the steps in one TQM tool, the Quality Improvement Story (QUALTEC, Inc., North Palm Beach, FL, 1990):

1. State reason for improvement
2. Describe current situation
3. Analyze root causes of the problem
4. Specify countermeasures
5. Assess results
6. Use standardization techniques
7. Make future plans

Summary To help the system respond to changes in healthcare, managers of Hobart, IN-based Ancilla Systems, sponsored by the Poor Handmaids of Jesus Christ, formed the System Integration Team in 1993.

Using the seven steps of the Quality Improvement Story, the team agreed on the reason for improvement: "Ancilla Systems is currently not positioned to provide the healthier communities that we envision in the twenty-first century." The team also noted, "Roles, responsibilities, and authority levels are not being effected in a coordinated manner."

In August 1993, the team asked that each of its six affiliates develop its own vision statement by year's end. In a September meeting the System Integration Team defined the impediments to

achieving a shared vision.

The team designed countermeasures to address these impediments: (1) Communicate throughout all levels of the system to clarify roles, responsibilities, and authority levels; (2) Continue educating trustees and managers on healthcare trends, costs, and quality and on Ancilla's response to the changing environment; (3) Refrain from reviewing any governance structural changes until a system vision is finalized.

In February 1994 the System Integration Team recommended a vision statement to the Ancilla Systems board of directors. The system vision, as well as affiliate visions, will serve as a basis for structure and role changes that are—and continue to be—necessary.

IDENTIFYING THE PROBLEM

As it attempted to define "healthy community," the team recognized that the definition included a strong economic base, a healthier environment, and safety for all citizens. On the basis of these and other factors, the team agreed on the reason for improvement (step 1): "Ancilla Systems currently is not positioned to provide the healthier communities that we envision in the twenty-first century."

The System Integration Team also analyzed the current situation (step 2): "There is ambiguity in the current system vision, as well as in understanding the roles and responsibilities, and authority levels of the system, sponsor, Ancilla

Systems board, local boards, and managers." (They later modified the statement to read: "Roles, responsibilities, and authority levels are not being effected in a coordinated manner.")

At the 1993 Ancilla Systems annual meeting in July, 203 participants attended, representing Ancilla's and its affiliates' trustees, medical staff leaders, senior managers, and leaders of the Poor Handmaids of Jesus Christ. Responding to a team survey designed to validate the above analysis, 101 managers agreed the current system structure needed further study and evaluation; only 8 did not. In addition, more than half the respondents believed the existing structure did not allow An-



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cilla to achieve its goal of providing a healthy community for the year 2000 and beyond.

Need for a Vision At a subsequent meeting, the System Integration Team agreed that structural problems could not be addressed until the system formulated a vision. They defined "vision" as the concrete and, if possible, measurable means to accomplish the system's mission, which is to make visible the healing presence of Jesus Christ. The

team did not attempt to draft a vision statement for the system because its members believed creating a shared vision would require broader participation. In August, the team asked that each affiliate develop its own vision statement by year's end (step 4) (see **Box**, p. 37).

Need for Visioning Process In a September meeting, the team focused on the root cause of ambiguity in the present system vision, which they stated was "a lack of process to arrive at a shared vision." They defined the impediments to achieving a shared vision:

- Lack of orientation, process, and materials
- Desire to achieve independence at the price of interdependence
- Suppression of key system principles
- Need for system policies and procedures to be completely and consistently followed
- Need for different constituencies to share in decision making
- Need to move from hospital company to healthcare organization

The team designed countermeasures to address the root causes of the problem (step 4):

- Communicate throughout all levels of the system to clarify roles, responsibilities, and authority levels
- Continue educating trustees and managers on healthcare trends, costs, and quality and on Ancilla's response to the changing environment (a responsibility of the system)
- Refrain from reviewing any governance structural changes until a system vision is finalized

RESULTS

In February 1994 the System Integration Team recommended a vision statement to the Ancilla Systems board of directors. Affiliates had finalized their vision statements (see **Box**, p. 37). The System Integration Team completed the system vision statement:

Ancilla Systems, a Catholic partnership of institutions and health services, sponsored by the Poor Handmaids of Jesus Christ, share spiritual, human and financial resources. We recognize the right of every individual to be a full partner in a community where our values of dignity of the person, compassionate care, community, quality and stewardship exist. To this end, we will establish linkages of physicians, other

APPLYING STRATEGIC GOALS TO VISION

After the vision process was completed, Ancilla Systems senior leaders reorganized and developed strategic goals to accomplish the vision.

The system moved from a hierarchical reporting structure to four senior

management teams. Reflecting the total quality management approach, the teams work together. And within each team, members work together to establish common goals based on the system's mission, values, vision, and strategic goals.

The Affiliate CEO Team includes the hospital affiliate presidents. Ancilla President and CEO William Harkins leads this group.

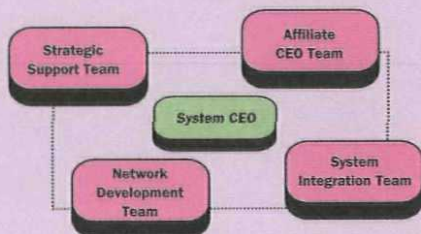
Harkins also leads the Strategic Support Team, with representatives from finance, management information systems, and government relations and resource development.

Donald Barnes, Ancilla's senior vice president of system services and development, leads the System Integration Team, with representatives from communications, development, finance, human resources, management information systems, mission effectiveness, and quality management.

The Network Development Team includes representatives from physician recruiting, older adult support services, managed care, and medical services organization. The managed care focus will help Ancilla enter into geographic arrangements with health maintenance and preferred provider organizations, employers, and other payers. The medical services organization is the system's entry point into partnership arrangements with physicians, a top priority as healthcare enters the era of community and regional consortiums of providers.

The goals of the four teams are specifically to create:

- A physician organization through equity participation with physician groups
- Integrated delivery networks in which the partners share risk
- Systemwide integrated services and programs
- Leadership development programs



providers and community agencies to influence the achievement of healthy communities in which the following conditions are present:

- quality wholistic affordable health care,
- health education,
- prevention and early treatment of

health problems,

- a healthy and safe environment,
- adequate work opportunities,
- adequate housing,
- proper nutrition, and
- continued care for the chronically and acutely ill according to the needs of indi-

AFFILIATES' VISIONS

Each affiliate began by involving its board's community relations committee, made up of local community members. Local managers and affiliates' entire boards also participated in the process, which resulted in a shared system vision that reflected the views of all constituencies. Arriving at a shared vision was also recognized as ongoing, not a statement developed by consensus in one meeting, but created deliberately and consciously over time by managers and trustees. Thus, by the time the visioning process was completed, more than 200 people were responsible for the system vision.

ST. CATHERINE HOSPITAL'S EXPERIENCE

The community relations committee at Ancilla affiliate St. Catherine Hospital of East Chicago, IN, penned the hospital's vision statement.

Before the first visioning meeting, committee members received various articles describing the healthcare environment and the possible future, including a look at the Catholic Health Association's integrated delivery network concept. Each committee member also completed a work sheet on the articles and wrote a description of a healthy community. These responses led to a brainstorming session, which helped the committee develop key ideas about what role the hospital played in the development of a healthy community.

The committee then drafted a vision statement for review at the second

meeting. After feedback at this meeting, the committee revised the statement and sent it to the hospital's regional board of directors for review and approval.

St Catherine representatives are currently meeting with the mayor to develop a health advisory board, said Joseph Mark, president and chief executive officer (CEO), St. Catherine Hospital of East Chicago, IN. "We hope that the mayor and other community leaders on the board will extend our vision and develop a healthcare outcomes vision for the entire community."

In addition to sponsoring many community programs, St. Catherine continues to be a major participant in the East Chicago Healthy Start Initiative. Operated out of the hospital's obstetrics clinic, the federally funded program is designed to decrease infant mortality and support healthy early development of newborns.

ST. ELIZABETH'S EXPERIENCE

St. Elizabeth's Hospital, on Chicago's northwest side, is pursuing a similar strategy. President and CEO JoAnn Birdzell reports that the hospital, along with several community organizations, sponsors a Hispanic community block club. Hispanics make up nearly 70 percent of the area's population.

ST. MARY'S EXPERIENCE

In East St. Louis, IL, St. Mary's Hospital is emphasizing strong employee involvement with community participation. An

early 1994 educational process included publication of the vision in the employee newsletter, community newsletter, and on special cafeteria table tents. Each employee has received a card with the hospital's vision statement printed on it. Hospital officials have also discussed the vision statement with community advisory boards.

"We also began tying individual performance evaluations to key points of our vision," said St. Mary's President and CEO Richard Mark. "Our employees are now evaluated, in part, on how they contributed to the hospital's vision."

Sr. Peter Altgibbers, PHJC, vice president, mission effectiveness, St. Mary's, continually asks employees if they remember and understand the key provisions of the vision statement to ensure the vision is applied daily to their work.

RUNNING THEMES

Other Ancilla-affiliated hospitals went through a similar process. Many similar themes helped focus the system vision statement. For example, Ancilla's six hospital affiliates alluded to the following themes:

- Educate the community on disease prevention
- Collaborate with other community-based service organizations and physicians in creating healthy communities
- Achieve a supportive community, educated public
- Achieve economies of scale by networking

viduals.

We will work to influence and facilitate the achievement of this vision in our relationships with other partners in this rapidly changing environment.

The system vision, as well as affiliate visions, will serve as a basis for structure and role changes that are—and continue to be—necessary. The statements will also become living, useful documents as they are further simplified and synopsised for easy promulgation to the public and employees.

STANDARDIZATION TECHNIQUES AND FUTURE PLANS

The System Integration Team began to standardize the vision (step 6) by disseminating final meeting minutes and a systemwide plan, which Sr. Quinn and Ancilla senior staff members drafted, to ensure continued, uniform measures to address the original problem regarding the clarity of roles, responsibilities, and authority levels.

The team also agreed that it would meet in one year to review the plan. Questions asked of senior managers and trustees in early 1995 were:

- How did we make a difference in the communities we serve?
- In what ways have we worked toward and accomplished some elements of the vision?

At Ancilla's 1995 annual meeting, Harkins summarized Ancilla's progress, describing collaboration with physicians, the development of wellness programs, a reduction in costs, entries into managed care, and the transition from a hospital company to a health services organization.

LESSONS LEARNED

The experience of working as a team to solve problems also resulted in learning. The team discovered at the first team meeting that members

had not completely thought through the statement of the current situation. At the second meeting, System Integration Team members revisited the statement, rewrote it, and redirected their thinking, clarifying the team's direction. In addition, the team learned that team members' differing views were gifts to be savored and appreciated for their potential rather than something to be discarded as time-consuming and ineffective for problem solving.

LEADERSHIP PRINCIPLES

The following leadership principles need to be emphasized in team meetings:

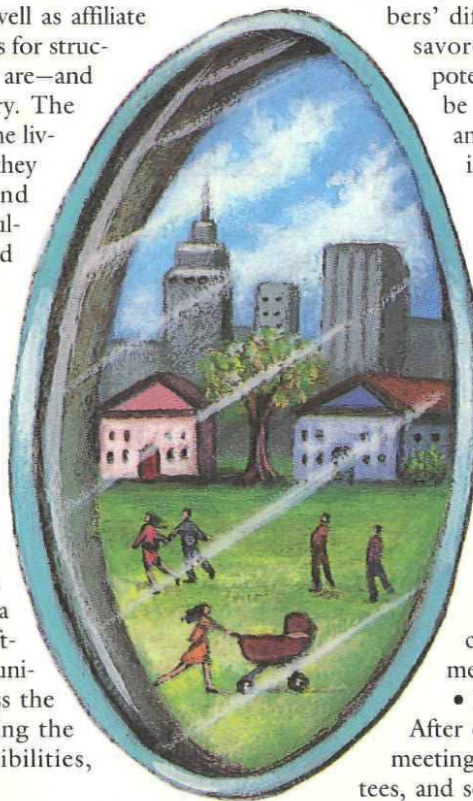
- Respect for diverse views. Team leaders need to foster a climate of respect, in which every person's views are welcomed and accepted. For example, at the conclusion of each Ancilla team meeting, each participant offered opinions on what went well and what could be done better at the next meeting.


- Frequent communication.

After each System Integration Team meeting, the Provincial Council, trustees, and senior managers received a special newsletter updating them on what took place at the meeting. Each affiliate's communications staff also received the information so they could summarize the information in employee and medical staff newsletters. This kept people informed, interested, and engaged in the process.

- Problem-solving process. The team was continually reminded of the process so that the group would remain focused on the problem statement and on the goals still needing to be accomplished.

- Results check. A follow-up process allowed the team to review successes and needs for adjustment. □



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