

MAKING HANDOFFS WORK

My experience in health care to date has taught me a lot about the importance of handoffs. Many experts working to eliminate medical errors and preventable deaths identify the integrity of the chain of care as crucial to patient safety. Often this chain consists of a series of small but important communications, be it reading a physician's written order, transferring medical information from one physician or hospital department to another or any of a long list of handoffs within our complex organizations where things may go right or wrong, depending on who is paying attention to the details.



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This dynamic is lived out within organizations at a broader level when the time comes for a handoff from one generation of leadership to another. Such leadership transitions are especially important when the handoff is from the founding generation to that of a succeeding generation. Business history is replete with stories where those transitions were unsuccessful or the beginning of a slow but inevitable decline. In other cases, the transition was needed to create new vision and responses to a changing business environment.

Catholic health care has been experiencing leadership transitions for many years. Many know this story well. It began in the 1970s when sponsoring religious congregations began to appoint lay administrative leaders. The transition has been gradual over these 40 years, but it is now accelerating as the numbers of sisters retiring from active ministry climbs and replacements, if any, are few. In the last decade, the transition has moved into a new phase as more lay people have begun to participate in the sponsorship of health systems founded by religious.

We are now engaged in what some leaders have described as an “unprecedented enterprise” — the attempt to maintain and develop a Catholic ministry headed up by leaders with excellent technical expertise but lacking in the values and mission formation traditionally given to members of founding religious orders. Where do we look

for guidance on navigating this unprecedented transition? Because the Catholic health ministry shares attributes with other large business organizations, I think it is possible to draw guidance from some businesses that have faced similar challenges of transitioning from the culture of the founders.

One of the more iconic of these organizations is Southwest Airlines. Much has been written about the leadership style of co-founder Herb Kelleher. While he was not alone in founding the airline, his influence on the company's culture has been profound. Along with his business partners, he conceived what organizational development guru Noel Tichy calls a “central business idea,” the guiding core principle around which operational strategies are developed. The airline describes it this way: Get passengers to their destinations when they want to get there, on time, at the lowest possible fares; make sure they have a good time doing it; and people will fly your airline. For 30 years Kelleher shaped the culture around this central idea as chair of the board, chief executive and president.

In 2001, leadership was transferred to Colleen Barrett, who became the first woman to serve as president of a major airline. Colleen had worked for Kelleher as a legal assistant in his law firm and followed him to the airline. It is fair to say that Southwest survived this transition well and even deepened its unique culture. Moreover, unlike many other carriers, it was, until the recent economic downturn, able to maintain a consistent positive financial performance. Barrett credits Southwest's unique culture with enabling the air-

line to be the first to meet stricter federal security standards and therefore be the first to return to the skies after the 9/11 attacks.

The handoff from Kelleher to Barrett occurred from a company founder to a leader who had been mentored intensely for many years. Barrett's formation was not unlike the consistent influence of the religious sisters, one to another, that maintained the culture of Catholic health care facilities over many years and decades.

Successful transitions are a matter of choice. Like other businesses, Catholic health organizations can, without too much difficulty, find leaders with expertise in the business of health care. The real choice comes in the manner of selecting leaders who additionally have a commitment to the constitutive elements of Catholic health care and the ability to nurture and deepen that culture.

Many within the ministry can point to evidence that, in Catholic health care, the track record for selecting mission-driven leaders is mixed. When CHA began a consultative process in 2009 as prec-

edent for revising the mission leader competency model, mission leaders were asked to name the top challenges they were facing. Many named the challenge of selecting the right leaders for the ministry, "right" meaning those who are as deeply committed to the work as a ministry as they are to the work as a business.

We cannot recreate the culture of the religious communities who founded this ministry. It is unique in many ways. But this does not absolve us from finding new ways to both form and place leaders with a passionate commitment that honors the founding congregations' intent. We can learn from other secular organizations that have succeeded in maintaining the spirit of their founders in their day-to-day culture and operations. Our integrity depends on it.

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