MANAGING CHANGE

Wheaton Franciscan Healthcare Has Developed an Interdisciplinary Approach

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For the past 127 years, Wheaton Franciscan Healthcare, Wheaton, IL, has been working to meet the health care needs of its communities. In partnership with others, the system has continued to expand access to high-quality and cost-effective health care for patients and payers. As a leading health care institution, it is incumbent upon the system to continuously seek the most effective ways to ensure the fulfillment of its mission and meet the needs of the times.

In January 2006, we who serve the system unveiled a new strategic direction for our health care ministry, intended to position our organization for success and support our business objectives. Throughout the year, a broad scope of changes was implemented to align our core functions around a common mission, vision, and values; adopt "best practices" and policies across the system; and reduce overall operating expenses, while maintaining our emphasis on providing high-quality and strong health care value.

Although the new strategic direction required the consolidation of several entities, departments, and leadership teams, the most significant change was the adoption of Wheaton Franciscan Healthcare as the common name of our health care ministry. Previously, we operated as a holding company in which each region, under a separate name, acted independently with guidance from the corporate office. Now we function as an operating model in which the regions and the corporate office work together to drive operations more efficiently and effectively.

The new name identifies our health care ministry as a single organization with multiple delivery sites. And it highlights our mission, rich history, and long heritage, started by our sponsors, the Wheaton Franciscan Sisters, Wheaton, IL.

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A MODEL FOR TRANSITION

Amid these changes, Wheaton Franciscan Healthcare made a difficult decision to close all inpatient and emergency services at St. Michael Hospital in Milwaukee and relocate them to other system hospitals in the area. Declining inpatient volumes, significant financial losses, and increases in uninsured and underinsured patients contributed to the hospital's closure.

As these changes began to unfold, we realized the importance of developing a values-based comprehensive plan to provide support and assistance to our associates during this time of transition. Using the principles of change management, we convened an interdisciplinary team to develop a model for managing change. The key players included leaders from the human resources, communication, organization and leadership development, and mission services departments.

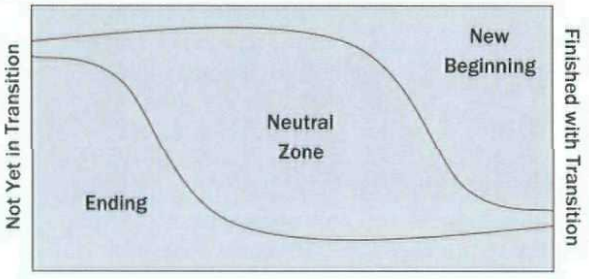
The team created a model to ensure a consistent framework for proactively managing all aspects of a large-scale change; establish a common language to describe change activities within the organization; and articulate the content expertise of various departments in addressing change and transition within the organization.

Our approach to large-scale change supported our strategic goals as well as our values of respect, integrity, development, excellence, and stewardship. During this time of transition, we made every effort to acknowledge the concerns and

feelings of our associates, resolve challenging issues through truthful communication, explain the reasons for change so that our associates might begin to view it as an opportunity, and describe the changes as a means to support our ministry.

We based our model on the premise that addressing large-scale change is a management activity. It is essential to understand that each of the elements of our model—strategy, tactics, people, and communications—requires proactive management to be successful. The elements in the model are distinct and separate, yet are interrelated and depend on one another. Addressing one of the elements in isolation would lead to unsuccessful change.

William Bridges's Transition Model



Strategically, our senior leaders determined the business need; to stay competitive and achieve our goals, they decided, we had to change the name of our health care ministry and close one of our hospitals. They also determined the tactics we would use to implement the strategy: new processes, products, services, and technologies.

Throughout all these changes, our communication department presented a consistent set of key messages to all associates. Our communication leaders used a variety of methods—memos, FAQs, PowerPoint presentations—to reach specific audiences at key times during the transition. We believed it was important to stay in constant communication with our associates, even when we did not have all the answers, so that we could minimize rumors and misinformation.

Although the tactics and messages varied in scale and complexity across our entire system, they had a direct impact on the day-to-day operations of our associates. Perhaps more importantly, they had an influence on our associates' emotions. For this reason, it is important to keep in mind the difference between change and transition. Change is an external shift in events or circumstances, whereas *transition* is the internal process people experience in coming to terms with change.

So although we could set a timeline in instituting the name change and closing St. Michael Hospital, we could not set a timeline on how much time our associates would need to complete the transition. According to William Bridges, an expert in the field of change and transition, transition takes longer because it requires that people undergo three separate phases: "ending," "neutral zone," and "new beginning" (see **Graphic**).[1]

The first requirement is that people have to let go of the way things used to be and who they themselves used to be. Common responses in the "ending" phase are uncertainty, depression, anger, excitement, anticipation, confusion, denial, and grieving. To help our associates deal with the wide range of emotions associated with changing job functions, accepting new positions, or leaving the organization, we implemented several strategies.

- We acknowledged the changes openly through ongoing communication.
- We defined what the name change and hospital closure would mean for the system and our associates.
- We marked the "endings" with prayer and support services.

As we unveiled the name change to associates, we provided each one with a Wheaton Franciscan Healthcare prayer book composed of prayers and reflections submitted by our associates. We also encouraged each site to acknowledge the name change through associate forums, events, activities, and prayer services. To support associates affected by the closure of St. Michael Hospital, we conducted a special prayer service on the campus, encouraged associates to meet with members of our spiritual services team, invited associates to display photos on a "memory wall," and asked associates across the system to read a prayer written especially for St. Michael patients and associates.

As we marked the ending of our old corporate structure and St. Michael Hospital, we had to help associates move into the "neutral zone." One common misconception about the neutral zone is that *neutral* implies inactivity or complacency. This is not true. The "neutral zone" is the most productive and creative time in the process because we had to help our associates reach a new beginning.

Another misconception about the "neutral zone" is that you want to rush through it and start the new beginning as soon as possible. Again, this is not true. The "neutral zone" can take any amount of time, as long as there is always forward movement toward a new beginning and individuals are not retreating back to the "endings" stage.

The "neutral zone" does bring to light both negative and positive reactions to change, and many times it requires going through the negative reactions to get to the positive. An example of this is the need to help associates move from being unsure and skeptical to being part of the solution by developing new ideas and creating excitement about what lies ahead.

In making the name change, we held town hall meetings with associates and printed questions and answers about the change in associate newsletters to decrease skepticism and increase support of the new name. We also produced a short video about the Wheaton Franciscan Sisters to help associates understand the history and meaning of our mission, vision, and values. In addition, we explained that in focus groups in our southeast Wisconsin region, most consumers were supportive and understanding of our move to a common identity. In fact, many were excited about the idea of expanded access to our organization in that area.

Toward a "New Beginning"

When St. Michael Hospital closed, we were able to place 396 of the approximately 700 full- and part-time associates at other Wheaton Franciscan Healthcare locations. To help these associates transition to a new site, we conducted transition orientations in which they could openly discuss their hopes and concerns, reflect on the range of emotions they had been experiencing, and meet and talk to their new leaders. Likewise, to help the remaining associates find new jobs or sort through their retirement and severance options, we set up a career center with the help of our human resources department. We also encouraged these associates to take advantage of a local outplacement firm's services. Before sending associates to the outplacement firm, we made sure the firm's strategies were in line with our values.

Our final step in helping our associates through the "neutral zone" was the creation of a comprehensive, online, change-management toolkit. The toolkit, which was posted on every region's intranet site, included resources to support both managers and associates in understanding and navigating the effects of change and transition. The resources included reflections; self-assessments; self-care activities; tips on maintaining calm, spiritual web-based tools; and a bibliography of selected readings. The toolkit also included a link to our organization's employee assistance program and a list of associates who were available to facilitate individual meetings or small-group gatherings on the effects of change and successful strategies for navigating the process of transition.

For six weeks, our interdisciplinary team tracked the number of hits each piece of the toolkit received. As shown in the **Table** below, our southeast Wisconsin associates– who experienced the greatest degree of change–used the change management resources and prayers and reflections the most. In particular, they relied on a series of Lenten reflections that incorporated themes of change and transition.

Through these activities, we wanted to show associates that we were serious about creating a "new beginning" and that they would be an integral part of that new future. And although the strategies are in place to carry us through the "new beginning" phase, not all our associates will experience the "new beginning" at the same time. And that's okay. Just knowing we have the integrated purpose, picture, and plan will help create the environment that allows our associates to move toward the "new beginning" while keeping our mission of care in mind. ■

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NOTE

1. William Bridges, *Managing Transition: Making the Most of Change*, Da Capo Press, Philadelphia, 1991.

Southeast Wisconsin Top 5 Categories Visited