

TEAMWORK ACROSS BOUNDARIES

*Teams Involving Different Departments
Or Organizations Can Often Lighten the Load*

BY BONNIE
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Ms. Deane, a motivational speaker, is the author of Succeeding Sane: Making Room for Joy in a Crazy World (Simon and Schuster, 1998). Despite losing a leg at age five, Ms. Deane earned one silver and two bronze medals in skiing at the 1984 Winter Olympics for the Handicapped in Innsbruck, Austria. A former Rhodes scholar, she has been a director for human capital issues on the National Economic Council.

As I travel across the nation, I meet organizational leaders who tell an increasingly familiar story. Whether they head Catholic hospitals or other types of organizations, such leaders find themselves carrying out ever broader and more complex missions, even though their resources remain essentially unchanged.

In such a climate, teamwork is vital. But when leaders try to impose a "top-down" leadership style on teams, the usual result is internal disagreements, endless compromises, and a least-common-denominator result that pleases no one. When, on the other hand, leaders transform the old monologue into a shared vision, they often discover an unexpected solution that makes everyone smile.

BENEFITS OF COLLABORATIVE THINKING

I am struck by the apparent universality of these cases. In California, welfare agency leaders now have an expanded mission demanding much broader collaboration than was previously the case. Ten years ago, the main goal of such leaders was reducing welfare fraud. Today they are expected to promote family self-sufficiency. One county welfare director said, "We could write welfare checks on our own, but getting families on their feet requires us to work with other agencies and the community at large. We must actively seek out partnerships for extra funding sources, programs to address family problems ranging from drug abuse to child care, and jobs for welfare recipients."

Everywhere I go, I see organizational leaders tapping into the strengths of "virtual" organizations—teams that cross departmental or organizational boundaries. Sometimes circumstances force leaders to form such teams. "Recently we worked closely with another hospital to provide a safe childbirth for a woman with a severe heart condi-

tion," said Brue Chandler, president of Saint Joseph's Hospital, Atlanta. "We are among the top five cardiac hospitals in the nation, but we stopped providing obstetrics care some years back. However, Women's Hospital, which is nearby, has a superior program that delivers more than 10,000 babies annually. Together we decided to bring Women's Hospital's staff and baby care equipment into Saint Joseph's cardiac ward, where we were monitoring the mother-to-be."

After the birth, the baby was returned to Women's Hospital for ongoing care. Both hospitals had been willing to cede some control and stick to the area of their expertise. To do that—to allow the whole to be more than the sum of the parts—the hospitals' leaders had to go beyond their normal rules and procedures, to cut their usual red tape. "It certainly made the paperwork more complicated," says Chandler, "but the result was the best care for mother and child."

The results of collaborative thinking can be equally great in situations involving large numbers of people. "When Saint Joseph's relocated from its former downtown location to one in the suburbs, the move threatened to leave a gap in care for the uninsured and at-risk," Chandler says. "To fill that gap, we created the Mobile Mercy Health Program, mobile clinics that provide healthcare to people in the inner city." (See Nancy Paris and Tim Porter-O'Grady, "Health on Wheels," *Health Progress*, November 1994, pp. 34-35, 41.) "Each year, 25 percent of our net profits go to support three Mobile Mercy medical outreach buses and related programs that now serve more than 100 locations."

Because of its experience in mobile healthcare, Saint Joseph's was asked by a local Presbyterian church to help operate a clinic in the basement of the church. Community needs had quickly outstripped the church's healthcare resources. At

first, church members asked for only a single physician to staff their site part-time. Today, four years later, the Mobile Mercy Health Program provides the clinic with physicians, nurses, and even administrative personnel; the church itself continues to provide equipment and supplies.

The project requires—in addition to cooperation between a Protestant church and a Catholic hospital—that

each organization bring to the table its corporate and foundation sponsors, together with their own sets of priorities. A real leader must be willing to listen to others and to let their vision help mold and shape his or her own. Concerning cross-boundary teamwork, Chandler says, “You take it one small step at a time. You add partners one at a time, and your partners add partners.”

A WILLINGNESS TO LISTEN

The process of enlisting cross-boundary support for a mission automatically changes the way a leader relates to his or her team. It is no longer sufficient simply to communicate a clear vision to the troops. In fact, sticking to an old-fashioned, top-down approach can prevent team members from arriving at the best solution to the problem.

Managers today must be more willing to listen to team members. They must ask others not just for their opinions of the problem, but also for their vision of its solution. “Clear vision reframes the problem as an opportunity,” says Sr. Barbara McMullen, CDP (“Celebrating the Mission,” *Health Progress*, July-August 1998, pp. 104-103). Leaders who can draw on the visions of others without losing their own sense of direction will have both more options to choose from and deeper commitment from the members of the team.

The manager of a Texas computer services company told me how he had tried to help an employee whose husband had suffered a heart attack. “She was having difficulty taking care of her husband and children while maintaining her work commitments,” the manager said. “When we discussed the options before her, she said that her mother might be able to help. Because this

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employee was a strong contributor to her team, the company agreed to pay for her mother’s airfare.” Had the manager simply told the employee what to do, or insisted that she come up with the answer on her own, this creative option would probably not have emerged. Only by sharing ideas could the manager and employee reach the best solution for all concerned.

This way of thinking

was incorporated in standard operating procedures at Provena Saint Joseph Medical Center, Joliet, IL, when the facility’s leaders redesigned its process for rehabilitating amputees. At most hospitals, a patient who has had a limb amputated meets with a physician, a prosthetist, and a rehabilitation therapist, one at a time. Should one specialist disagree with the others about prescribing treatment, the patient will typically be shifted back and forth between doctors, often getting discouraged in the process. But in Provena Saint Joseph’s new clinic system, patients meet with all three specialists at the same time. This enables the experts to share opinions, brainstorm, and answer the patient’s questions, all in one visit. Not only has Provena Saint Joseph broken down barriers inside the hospital by redesigning the process; by including the prosthetist, who is not on the hospital staff, it has crossed barriers beyond hospital walls as well.

Deb Condon, a rehabilitation therapist at Provena Saint Joseph, explains how the new process benefits patients: “Recently we saw an older gentleman with a leg amputation. The prosthetist felt that he was too weak and frail to wear an artificial limb. But the physician believed that, without the prosthesis, the patient would have to ambulate by hopping, and that any hopping would aggravate his heart condition. I suggested that even though the prosthesis might not provide full mobility, it would make simple tasks—like using the restroom—easier.” The team decided to fit the patient with an artificial limb that would allow him to regain some mobility and recover faster. In fact, the speed of his recovery exceeded the team’s expectations. By fostering shared vision and help-

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BRIDGING THE GAP

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Pinardo says the mission of Our Lady of Lourdes Medical Center to focus on the community and the dignity of each person is evident in its continued sponsorship of the Bridge, a program that reaps no financial reward for the hospital.

Her advice to other hospitals who want to reach out to young people in their community?

"The program is simple. Basically what you need are a few individuals who are committed and really care about young people. Giving the kids ownership of the program is essential, and if they have that, they'll come," says Pinardo.

Adds Rubert, "It's not done with money, it's done with communication, some compassion and a passion for kids."


Providing a living room setting for meetings—no matter how modest—is also helpful to encourage communication during Bridge gatherings.

"Kids today are no different than they were when we started the Bridge almost 20 years ago," says Pinardo. "Most of all, they need to be listened to. People are so quick to give them advice, but if they took the time to listen quietly and with a nonjudgmental ear, many problems and conflicts could be avoided or solved."

Listening, of course, takes time. But with simple, thoughtful programs like the Bridge, Pinardo says young people have the opportunity to blossom.

"It doesn't happen overnight because kids have to feel comfortable first, but it does happen," says Pinardo.

"Just jump on the bandwagon and do it," says Torres. "You'll be surprised how many kids in the community will get involved in a program like this where there are no barriers, where you can be yourself, and where everyone is treated the same." □

 For more information, call René Pinardo at 609-869-3122.

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ing specialists keep an open mind, the new process has had a positive effect on patients' lives.

MOTHER KNEW BEST

But the process is not really new. In fact, years ago my own mother invented a leadership style that took into account several visions at once. When I was getting up, our family used to hold family council meetings. Our unmarried working mom used those family meetings to pull us together as a team. In them we divided among us such chores as cleaning, shopping, cooking, and yard work. I remember that one of us once suggested that, by assigning ourselves towels of different colors, we could keep better track of them and—as a result—do less laundry each week. In short, we had "process reengineering" long before that buzzword was even coined.

My mother had created a forum in which, once we had each offered our opinions, we were expected to solve *problems together*. Our personal visions were thereby incorporated into the overall family plan. By harnessing our mental and emotional enthusiasm, our mother kept the house running—and also kept us off the streets while she earned our living as a schoolteacher. The whole truly became greater than the sum of the parts.

Like single working parents, managers today must harness the enthusiasm of their employees and, as a result, "do more with less." By tapping into the vision and strength of the members of a cross-boundary team, its manager gains deeper commitment, even from team members who belong to other departments or organizations. Managers find that, by leaving themselves open to inspiration from others, they have not compromised their vision but rather expanded and improved it. □

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