

Developing front-line leaders is a complex undertaking, but Sacred Heart's Tom Hanson says it's the only way to create a truly patient-centric culture.



On the Line

With today's vastly heightened attention on the patient experience, healthcare organizations must be transparent and accountable about their ability to deliver safe, effective, patient-centered care. Their ability to do that depends on developing skilled front-line leaders able to create a patient-centric culture.

The role of the front-line leader has traditionally been simplified into two domains: setting expectations and holding others accountable. Although these primary responsibilities remain true for today's leader, the method with which these responsibilities are accomplished must shift from command-and-control to collaboration. The former may ensure compliance, but the latter promotes commitment.

People often enter healthcare motivated by altruism. In fact, personality indicators estimate that 70% to 80% of healthcare employees have a "feeling" or relationship preference over "thinking" or task preference.

The establishment of trust among colleagues is key to operational success in the relationship-rich milieu of healthcare. Many tasks are accomplished through relationships, and relationships are founded on trust.

When leaders are open and honest with staff and operate from a position of collaboration, they gain the trust of colleagues. Reducing organizational hierarchy promotes equality and increases ownership for outcomes. Patients know the difference between compliance and commitment, and this is the basis from which they are reporting their hospital experience.

Style shift

In late 2010, Sacred Heart Hospital in Eau Claire, Wis. found its outpatient satisfaction scores had dropped to the 72nd percentile. It formed a focus group to examine the results, brainstorm, and recommend a plan. The team initially suggested revitalization of a customersatisfaction training program that required all staff to attend a two-hour seminar.

Evaluation of its previous performance revealed that there was sizeable improvement in patientsatisfaction scores. However, the improvement was sustained for only two months. The focus group continued to brainstorm and finally selected a collaborative intervention. All outpatient departments would meet to develop departmentspecific standards that enhanced existing hospital-wide service standards.

For two months, departments met to identify and craft standards unique to their function and the patients they serve. Poster boards describing the new service standards were

signed by all staff and hung in break rooms and non-public areas. Staff members created a weekly process in which all team members observed and provided one another feedback on use of departmental standards. A five-month evaluation showed the initiative resulted in increased outpatient-satisfaction scores that have been sustained at the 92nd percentile.

This case is a good example of front-line leaders shifting from a hierarchical "telling" style to engaging staff in a collaborative effort toward a defined outcome. Staff commitment resulted from leaders giving ownership of the problem to those who possessed front-line knowledge. If the leaders had simply sent staff to a customerservice class to "get fixed," the behavior correction would likely have been temporary.

Hierarchy can also be detrimental to both innovation and safety. Innovation requires the freedom, within safety parameters, to be creative and question authority or standard practice. It is well documented that NASA's former culture of hierarchy "salute and stay mute" is responsible for catastrophic events due to fear of recrimination for delay of shuttle launch even in





the face of known inadequacies of equipment. Leaders have historically been well-paid for “knowing” and “telling.” The inclusion of others’ ideas, particularly those close to the bedside, broadens perspective, generates ownership, and fosters something greater than compliance: commitment.

Focus on performance

Because relationship/feeling-type of individuals typically make up the majority of the healthcare workforce, many organizations struggle to address staff performance issues. This topic has been a focus of Sacred Heart’s Leadership Development Institute (LDI) over the past year.

Through LDI, Sacred Heart is dedicated to the development of leaders and coordinates 10 day-long retreats annually that focus on leadership growth for everyone with responsibility to lead, from the frontline supervisor to the CEO.

Of particular focus is the leader’s ability to address performance issues. As relational people, leaders naturally avoid conflict, and addressing performance issues is perceived as a disruption of relationships. Termination of a poor performer is counter-intuitive to a naturally relational supervisor.

LDI focused on two major components: process and will. First, staff provided training for leaders to follow a streamlined process for correcting, hiring, and dismissal. Second, leaders were trained in how to have behavior-change conversations by listening to colleagues describe successful conversations,

presenting their uncomfortable but productive behavioral conversations with staff.

A comment from a post-LDI evaluation read: “Hearing others’ experiences was empowering and gave me confidence to hold these discussions myself.” Training provided the skill, and fellow colleagues provided the will.

Value-based purchasing is redefining the role of the front-line leader. We can be assured that we will be asked to provide safer, higher-quality care with less reimbursement. Healthcare organizations must shift from operational hierarchy to one of collaboration and developing staff “will” by gaining commitment over compliance.

Leaders must develop the skill and will to be true leaders: supervisors who are committed to the organizational mission and to patient satisfaction and who, even though they are naturally relational, hold employees accountable to the expectations of their role.

Healthcare organizations must pay careful attention to the development of front-line leaders and provide them tools to lead through influence. Only through collaboration, setting expectations, and accountability will patient-centered care be truly fulfilled. +

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