“Evidence-Based, Best-Practice People Strategies for Sustaining the Mission of Catholic Healthcare”

Catholic healthcare organizations face several unique challenges beyond those of most other providers. The current article describes several evidence-based people strategies, along with their rationales and supportive case studies, used by progressive catholic health systems throughout the country to: 1) provide direction in leading others, 2) serve their Mission of providing quality care for those in need, 3) improve their effectiveness and efficiency as stewards with limited resources, and 4) become work communities of choice who actively engage their physicians, leaders, associates, sponsors, boards & community members at large.

A. Providing Direction
In the classic story by Lewis Carroll, Alice asks directions from the Cheshire cat, not really knowing where she was heading. That being the case, the cat astutely observed that it really didn’t matter which way she went. The encounter on Alice’s journey to Wonderland has been popularized in this familiar expression: “If you don’t know where you’re going, any road will take you there.”

Health care delivery is at a crossroads, and organizations’ mission, vision and values can serve as an invaluable compass, provide focus, direction and accountability. They hold tremendous potential to inspire and harness energies, navigate behaviors, and guide decision-making through the complexities of evolving healthcare. They also play a vital role in creating identity, spirit, connection with one another and shape a distinctive culture. Mission, vision and values also can provide meaning and create value while building and nurturing hope.

The Catholic Health System (CHS) of Buffalo, NY simplified their mission and vision statements from one page to one sentence in 2007, one year prior to their 2020 visioning process. This simplified mission and vision statement not only helped them to ensure that they engaged all physicians and associates, but it highlighted their very vocation—call to catholic healthcare. The mission and vision reignited the passion and commitment to the ministry and served as an invitation to deepen their involvement in healthcare as a calling or ministry. The mission and vision are easier for everyone to remember, provide focus and clarity and promote a patient/resident-centric culture.

B. Serving Others in Need
In the process of evolving to Accountable Care Organizations (ACO’s), Catholic healthcare have tremendous opportunities for improvement in their health care delivery, outcomes and in meeting the needs of their own employees by being more inclusive. In his book entitled “Community- The Structure of Belonging”, Peter Block explains that we live in a fragmented society that doesn’t foster interdependencies and that encourages us to live in our own silos. One of Block’s key findings is that organizations have a collection of programs that operate near one another but don’t overlap, touch nor even communicate. This “dividedness” makes it so difficult for us to create a better future, because our culture rewards individuality, independence and competition much more than “interdependence”.

Our Mission
We are called to reveal the healing love of Jesus to those in need.

Our 2020 Vision
Inspired by faith and committed to excellence, we will lead the transformation of health care in our communities.
Individualistic cultures don’t allow nor reward strong relationships or what he calls “social capital” to develop, and people in these stuck cultures worry more about promoting their own self-interests and being right rather than working things out. Ironically, the “Paradox of Leadership” is that the best leaders rely more on others than do less effective leaders.

The unfortunate consequences of these practices are that too many people become isolated, their personal needs and professional interests go unmet, and they are denied opportunities to contribute their unique and untapped talents and gifts to the community. Similarly, a few years ago, a study found that about 44% of the American workforce reported that they did as little work as they could or just enough work to avoid getting fired! Clearly, healthcare leaders need to systematically identify and leverage all of their available resources to function as effective stewards.

The following case study reflects best practice responses to these trends. Jon Abeles, EdD, is Senior Vice President-Talent Management and Diversity with Catholic Healthcare Partners (CHP), based in Cincinnati, OH. He has helped CHP to advance its mission by deliberately expanding its potential talent base of Leadership Fellows to include more diverse candidates. This year, CHP partnered with The Synergy Organization to conduct evidence-based selection assessments of its Fellow candidates in order to help enhance the effectiveness of their selection, on-boarding, development, and long term retention of these new leaders. These selection processes include objectively identifying the unique challenges and requirements for long term success in the position, objectively cross validating these with the position’s primary constituents, and then evaluating each candidate’s related previous experiences, competencies and leadership style to ensure a great organizational fit.

C. Improve Effectiveness and Efficiency

John Oliverio is the President and CEO of Wheaton Franciscan Healthcare (WFH), based in Milwaukee, WI. Formerly the system’s CFO, John certainly understands the importance of stewardship and leveraging the system’s resources most productively. “In order to serve our mission and ensure our sustainability, we have learned that we need to invest our limited training dollars in those people most likely to produce the greatest return on our investment” shared John. He understands that despite best intentions, leaders need to accept the fact that they should not try to train everyone to do everything. Instead, he encourages others to leverage the 80/20 rule to the advantage of both the system and its leaders, by “setting them up for success”.

Within the last few years, the ministry partnered with The Synergy Organization and initiated targeted succession planning with key members of their executive team, including finance, human resources, training and organizational development, and Mission Integration. This helped them to step back and objectively identify the relative strengths, developmental needs, related experiences and interests of their current and prospective senior executive team members. In addition, the vital information and Individualized Developmental Action Plans gained from this Evidence-Based Succession Planning helped WFH to select, develop and retain those leaders most likely to contribute to WFH’s continued growth and sustainability.

One of the most comprehensive, proven and yet cost effective strategies healthcare executives should use to balance their priorities and achieve their goals is to adopt the Baldrige Performance Excellence Program criteria and commit to the Journey. The first health system in the country to earn this prestigious Award was SSM Healthcare, based in St. Louis, MO. To help sustain consistently excellent results after receiving this prestigious national recognition, they established performance expectations
that all of their ministries would have to apply to their state Baldrige programs and set their future targets at the 99% nationally.

Using these rigorous Baldrige criteria to enhance operations, accountability and outcomes has proven to be so effective over the last several years that over 65% of the applicants for this nation’s highest honor for excellence are hospitals and health systems! The 2011-2012 Health Care Criteria for Performance Excellence are: 1) Leadership, 2) Strategic Planning, 3) Customer Focus, 4) Measurement Analysis, 5) Workforce Focus, 6) Operations Focus, and 7) Results. The criteria seek to ensure that the organization has sufficient processes in place to continually enhance performance towards successively higher levels, measure their progress, and to achieve the best results. Organizations beginning to adopt the Criteria, as well as state and national Award applicants and recipients, frequently praise the Journey for helping them to deploy Best Practices and produce sustained positive results.

The Synergy Organization independently validated the importance of all seven Baldrige criteria when it conducted formal research studies investigating what the most successful leaders and hospitals/health systems (including Baldrige Award recipients) do to distinguish themselves and their organizations from their less successful counterparts. The “Six Building Blocks for Lasting Leadership” emerged from the research findings and capture the primary tasks reported by these highly successful CEOs and their Board Chairs. The results apply across all hospitals and health systems.

**Six Building Blocks for Lasting Leadership**

1) **Leadership.** As confirmed by Marcus Buckingham in his book, *The One Thing You Need to Know...About Great Managing, Great Leading, and Sustained Individual Success*, the best leaders “rally people to a better future”. They create a clear and compelling vision that people can understand and anticipate and respond to their fears, goals and dreams so that they direct their
actions toward achieving common goals. Great leaders also inspire others to act and instill in them a sense of hope for the future.

The best leaders understand that transformation begins with personal change. They live by the rule “If it is going to be, it is up to me”. They accept responsibility for what happens to them and don’t blame others. Great leaders remain open minded, accept that circumstances can change, and appreciate Wayne Gretzky’s wisdom regarding the need to take certain risks: “You miss 100 percent of the shots you don’t take”.

2) **Relationships.** The most effective leaders have learned that healthy and productive relationships involve helping others. They willingly and proactively share information and promote mutual gains. They reach out to others before they need them and offer help without expecting anything in return. The best leaders know that over the long term, the best way to ensure their own success is to ensure the success of those around them. They also have learned how to be nurturing and compassionate while holding others accountable for their performance.

3) **Communication.** Effective leaders have clear, open and transparent conversations with people at all levels of the organization. They are viewed as approachable and their words and actions consistently support the hospital’s mission. Our work with executive teams indicates that sometimes team members are not bad communicators; rather, they don’t convey their messages most effectively. The best leaders are very careful to ensure their incoming and outgoing messages are perceived the way they were intended. As Steven Covey suggests “They seek first to understand before being understood”. They are active listeners, and will often paraphrase, restate and question what others have said. Great leaders understand that it’s not what people say that’s most important; it’s what others hear.

4) **Selection.** Effective leaders surround themselves with talented people and apply their individual strengths to achieve measurable progress toward established goals. They want better than average results and seek the best people to achieve their goals. They never settle for the “luck of the draw” in making their selection decisions and hold themselves accountable for their team’s performance.

The best leaders seek to develop complementary partnerships with others. They don’t hire others exactly like them, and they intentionally surround themselves with others who offer strengths which they may not possess. For example, visionary leaders might hire people with strong execution skills to implement their ideas. A leader with strong people skills may hire a detail-oriented administrative assistant to make sure that nothing falls through the cracks. The best leaders clearly understand their own and others’ strengths and limitations. Keeping these in mind, they form synergistic relationships in which the whole is greater than the sum of the parts.

Effective leaders also understand that to thrive in a competitive market, they can’t afford to waste their limited time, money, and emotional energy on people who will not deliver a positive return on their investment. Synergy’s work indicates that every dollar invested in increasing personal productivity and decreasing turnover leads to better use of leaders’ time and improves the organization’s bottom line. Conversely, other research Synergy conducted found that the direct and indirect costs of a bad executive hire are at least 6 to 10 times that person’s annual earnings, often because leaders tend to hold onto poor performers much longer than they should.

Researchers also have found that most managers invest the vast majority of their limited resources in people who are least likely to benefit from this investment. In contrast, leaders of the most successful
organizations deliberately invest their limited resources in their most talented performers. They also make sure that every member of their team is contributing so that everyone can succeed together.

The Synergy Organization has used a very effective, yet simple, evidence-based model for over 20 years to help their healthcare partners evaluate their current and prospective leaders, associates and physicians most accurately. This three part model looks at the three “parts” of each person that matter most to their success; these are their **Head, Heart and Feet.**

**The Synergy Screening System® (or S^3)**

**Head**
- Technical Expertise
- Formal Education
- Previous Experience
  (What they must **know**)

**Heart**
- Motivation
- Values
- Loves
- Passions
  (What they **are driven** to do)

**Feet**
- Behaviors
- Communication Patterns
- Leadership Styles
  (What they **do**)

5. **Measurement.** Not surprisingly, CEOs of the most successful organizations use a variety of objective metrics to evaluate their people, processes and progress to maximize their efficiency and productivity. They provide others with markers and guidelines to help them see that they are making progress, especially during transitions. When it comes to measuring performance, it’s also important to recognize that what may seem like a minor or major change to one person may appear quite different to someone else.

6. **Flexibility.** Flexible leaders recognize that change isn’t inherently good or bad, but it is inevitable. They also understand that people have different appetites for change. Great leaders are preoccupied with the future, dissatisfied with the status quo, and relentless in striving to propel their organizations forward. However, along the way, they compromise and work cooperatively with very different people at all levels inside and outside of their organizations. Great leaders can bend without breaking, believe in the long term picture and have the courage and conviction to stay the course, especially when it seems least likely to succeed.
D. Engaging Constituents and Becoming Work Communities of Choice

A primary challenge of stewardship is that leaders need commitment from people when they can no longer offer them much security or lifetime employment. Cost controls and quality improvement need to be brought to the individual level, and leaders need to empower people on the front lines to help determine how best to serve the patients.

Another real challenge for leaders is that creating a “culture of accountability” sometimes is interpreted to mean establishing a negative or punitive environment when in fact, it can and should be perceived as promoting an empowering and rewarding work community— one in which people are trusted and given the authority and autonomy to serve others and to do great work. At ACHE Congress in March of 2011, Kevin Lofton, FACHE, President and CEO of Catholic Health Initiatives (CHI) based in Denver, CO, shared that executive leadership and accountability mean delineating expectations clearly, promoting a culture of learning and inclusion, and ensuring that nobody is surprised by their performance appraisal. Accountability means providing good performers with more opportunities to enjoy success and giving them with corrective feedback in a timely manner before they go too far off track. Giving people enough rope also means giving them the autonomy and resources so that they can “jump rope” too.
Conclusions:

Progressive catholic hospital and health system executives are responding most successfully to the increasing challenges of balancing quality, service, finance and accountability by concentrating on those things they can control. They recognize that quality, service and finance can be enhanced by doing the right things right the first time. The graphic above illustrates how the most effective health systems focus their attention on the patient. They have learned these challenges are addressed best by having the **Right People providing the Right Care, in the Right Setting, at the Right Time**.

Kenneth R. Cohen, PhD, is the President and CEO of The Synergy Organization, the country’s leading evidence-based executive search and executive assessment firm. This unique firm uses leadership assessments with organizations and their prospective leaders to scientifically match them along those dimensions that matter most to their mutual long term success, and is referred to by its clients around the country as the “E-Harmony.com of executive search firms”. A psychologist, Dr. Cohen has conducted several nationally recognized Best Practices in Leadership research studies, published and presented extensively, and has integrated Synergy’s findings along with the Baldrige Performance Excellence Program standards into all of the firm’s business practices to provide World Class service and industry leading results for their healthcare client partners. He can be reached at ken@synergyorg.com.

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