An interview with Jared Jones and Tanner Corbridge, Partners and Practice Leaders for Partners In Leadership

Greater Accountability Accelerates Change

How do you do that?

Corbridge: For nearly three decades, we have worked with hospitals across the country and have learned that change happens most effectively when you focus your efforts on Creating a Culture Of Accountability®. We have discovered how central accountability is to the success of both strategy and culture. Without the ground rule of positive accountability, people externalize the need for change: they try to hold others accountable to make needed changes. With the correct accountability framework, people internalize the need for change and begin to hold themselves accountable for needed changes.

When you establish personal accountability at all levels as the fundamental ground rule for the change process, you accelerate change and speed up the ability for people to think and act differently. That influences the results you get. Particularly in a hospital environment, employees feel that accountability is something that happens to them when things go wrong, rather than something they do to themselves to ensure their success.

Jones: In our work, we redefine accountability as something you do to empower yourself to overcome difficult obstacles and to get the outcome you need. We introduce our Steps To Accountability®, where people operate Above The Line® rather than fall Below The Line® and get stuck in the blame game, feeling victimized by their circumstances. It is a simple model that has tremendous traction, especially in a hospital environment where externalization and blame can fly rampant between administration, nurses, physicians and support functions. During times of change, people have the tendency to fall Below The Line, feeling trapped by all the things that are outside of their control. It's actually very normal and almost instinctive to want to go there. In fact, that's why we say it's not wrong to go Below The Line; it's just not effective to stay there. Nothing good happens there, except maybe a little therapeutic venting. Establishing an Above The Line environment fosters positive accountability that gives the change process traction. Creating a culture of Above The Line thinking and behavior gives the organization the fortitude it needs to push through obstacles and not give up.

Corbridge: With that understanding of accountability, everyone gets that the change is about "me" and about what "I" need to do to change and help achieve our most important results. This is the foundational principle, and it is how you create real traction.

Accelerating Culture Change

Corbridge: Hospitals are extremely complex operating environments and with that complexity comes a million things to measure. One of the central complaints we hear from hospital employees today is that "we have way too much to focus on." Many are drowning from initiative fatigue—with initiative after initiative thrown at the workforce with no common thread to tie them all together. Our process brings everything down to a simple focus: Key Results.

Jones: We asked the CEO of a prominent Boston based hospital to list the most important things her hospital needed to work on. She responded with, "We have a balanced scorecard." We said, "Great, what's on it?" She replied, "Let me get it out and read it to you." As she began running down the list, we began capturing just how many key performance indicators she was sharing. When we reached number 20, we asked, "How many things do you have on the scorecard?" She said "Four." Dumbfounded by her answer as we looked over our list of 20, we asked her to clarify. She explained, "Well we have four buckets with sub-bullets under each bucket." She had just finished bucket number one, and the three other buckets looked the same! We asked, "So you're asking the organization to focus on 80 things?" To which she said, "Well it doesn't sound very good when you say it like that!" We laughed with her for a moment and then helped her realize that this was at the heart of the confusion her hospital was experiencing.

Unfortunately, this is all too common—we have encountered numerous hospitals where the same sort of thing is happening. Simplification of Key Results is our starting point with every hospital leadership team today–simplify what they are asking of their organizations. We are careful on this topic of simplification because we understand the complexity of healthcare. However, people can only focus on so many things, and the more streamlined we are with that message in hospitals, the more we accelerate improvement with our outcomes.

Corbridge: To add to that focus and clarity, we also help hospital leaders define the case for change. People work hard for money, they work harder for good leaders, but they work hardest for a cause. When you clarify and communicate the cause in a compelling way, it creates the necessary urgency to accelerate movement.

Strategy and Culture

In your experience, how often do hospitals skip over culture for strategy?

Corbridge: There is actually a problem in the question. We should never be looking at culture OR strategy. In fact, the mistake that most leaders make is trying to separate strategy and culture. They work at them independently. Even the most brilliant strategy can fail without aligning the culture to execute that strategy.

Jones: The reality is you would have as much success canoing across a lake without a paddle as you would isolating strategy and culture. One is your vehicle and one powers your progress. They are inseparably connected. To focus on only one at a time leads to frustration and eventual exhaustion.

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The Results Pyramid® Model

How does The Results Pyramid work and how does it apply to hospitals?

Jones: The great power of this model is found in its simplicity. Simply stated, the model illustrates that people have experiences that form beliefs. Those beliefs then drive actions, and actions produce results–both desired and undesired results. When leaders are sucked into the leadership trap, they unintentionally only work the top two levels of the pyramid. The leadership trap is simply this: in an effort to produce different results, we consistently and exclusively work the action layer—hoping something sticks and creates better outcomes. So leaders create new action plans, they hang new checklists, they adjust SOPs—all in the hopes of producing improved results. Four months later, when those action plans have not delivered, they are right back to telling people how to behave differently with new plans. We have decided the clinical diagnosis for this leadership malady is "action-itis."

Corbridge: To illustrate this, imagine yourself in the place of a CNO we recently worked with who had 1,400 nurses working for her. A new policy was handed to the nurses stating: "Every time you discharge a patient, you must fill out this new form." The nurses looked at the form and said, "There's no valuable information on this form that we're not already getting somewhere else." What is their belief about the form? It's useless! What do the actions look like? No one uses the form! Can the nurse manager force compliance? Absolutely! How long will that last? Until the manager has to focus on forcing compliance on something else. Do you see the problem? Have you ever caught yourself wondering, "I thought we fixed that already! Why is that popping up again?!" When we fix problems at the action layer, the fix is often temporary and met with compliant behaviors by those managed to the policy. Leaders rarely attain a long-term change without changing the underlying beliefs associated with the unwanted behavior.

Jones: To create long-term, sustainable change, leaders must first understand that there exists an unseen phenomenon called Belief Bias™, driving virtually all behavior inside their hospital, which is explained by the Results Pyramid. Belief Bias is the instinctive tendency that people have to validate their current worldview. We do not walk around all day looking for ways to invalidate the beliefs we hold about how the world works. In fact, we selectively filter our experiences and look for evidence that suggests our current view of the world is correct, screening out all the other evidence that would suggest otherwise.

Corbridge: Imagine Norma, a nurse in the cardiology unit, who is known for always being late updating the electronic medical record (EMR). Let's say Norma becomes aware of the belief and decides to change, and over the next 45 days is perfect in updating the EMR in a timely fashion. But on day 46, an unusually busy day, she falls behind with her updates. What is everyone saying about Norma on day 46? "There's Norma, she's always late with her EMR updates!" That's Belief Bias! It is so powerful that it causes us to ignore the 45 days of data suggesting Norma had changed her ways! Leaders who ignore the reality of "organizational Belief Bias" will virtually always find their change management approach undermined by the quiet realities of the culture.

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Belief Bias™

Overcoming Belief Bias can be a difficult thing; how have you seen leaders overcome this? How do you get employees to buy-in?

Jones: Many hospital leaders would say it takes a long time to get true, transformational change. From our perspective, it only takes as long as it takes to change a belief. When people shift their beliefs, that is a transformational change. When they only change their actions, that is merely transitional, and it will not last. Re-orienting Belief Bias is not a function of time but rather a function of creating meaningful experiences that are designed to deliberately move the team in a new direction.

Corbridge: Our model suggests that the way to change beliefs is to provide new experiences. However, when it comes to changing beliefs, not all experiences are equal. A Type 1 Experience is a unique and meaningful experience that needs little interpretation to form the desired belief. When it comes to changing beliefs, you need to create Type 1 Experiences. These Type 1 Experiences become most powerful when centered on the patient experience. We work with hospitals to create a culture of Type 1 Experiences in every interaction with the patient. This includes nurses, physicians, environmental services, administrators, and every other support function. When everyone sees the patient experience through the Type 1 lens, the patient feels it and HCAHPS scores follow.

Engage Everyone

How do you engage physicians/medical groups to be part of a culture change?

Jones: This needs to be planned for in the initial project design phase and every project approaches this dynamic in a unique way. Whether the physicians are employed by the hospital, private practice, or part of a medical group, every effort should be made to engage physicians in the earliest stages of this process.

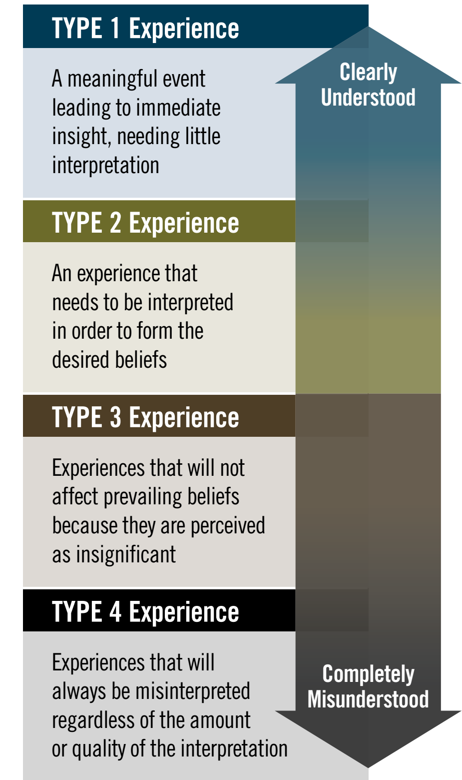
Corbridge: Physician ownership and engagement is often times one of the greatest surprises to administrators in this process. Many physicians hunger for aspects of the culture to change. They, too, are worn down by aspects of the current culture, and they tend to be exceedingly willing to participate when they sense their voice being heard, and they sense the alignment being created amongst support staff, administrators, and clinicians. As soon as they realize this is not another “training initiative,” they tend to engage.

Type 1 Experiences™

What challenges do hospital leaders encounter in a change effort like this?

Jones: Again, the first question leaders have to answer to their staff is, "How serious are you about really creating change?" Type 1 Experiences that communicate we are serious about the change effort are key. The biggest challenge is senior leadership answering this question repeatedly. Every week we are working with leadership teams that have committed to not only supporting the change but deliberately modeling and leading the change.

Corbridge: One of the greatest challenges is typically overcome early in the effort, and that is educating employees on the difference between "little t" and "Big T" change efforts. Most hospital employees have experienced many "little t" change efforts throughout their career, and they are expecting more of the same. Most "little t" initiatives involve training processes and efforts that provide common language and a few tools. Frequently, organizations do not realize meaningful or sustainable traction from these efforts. Alternatively, "Big T" initiatives are transformational efforts that require intentional follow-through and a commitment to integrate changes over a sustained period of time. "Big T" requires doing things very differently in meetings, one-on-ones, and informal conversations. It requires numerous integration meetings with leadership teams over the course of the first year. It requires internal champions to teach both the philosophy and the methodology to the frontline staff. It takes a conversion from seeing "this" as an event to viewing the change through that "Big T" lens as an essential transition to achieve the Key Results.



Manage Your Culture

How do you deliberately manage culture when hospitals are in the middle of initiative overload?

Corbridge: This is critical. When done properly, the simple definition of Key Results and the culture that produces those results should be the lens by which we start to simplify and connect every initiative in the hospital. If we cannot connect the initiative to a Key Result or to a Cultural Belief, then the question of "Are we working on the right things?" must be raised.

Jones: We work with a large hospital system that funnels every patient experience initiative through their first Cultural Belief of **"Create Wow."** This has allowed the hospital to take numerous separate initiatives and connect them together as part of the larger **"Create Wow"** shift in their culture.

Train. Retain. Sustain.®

How do you make all of this stick?

Corbridge: Our change methodology can be summed up in three words: Train. Retain. Sustain. When done well, those three words describe the essential components of "Big T" change efforts. First, in order to suspend Belief Bias and get everyone open to new beliefs about what do to and how to do it, you have to "Train" everyone in the organization. The training is designed to suspend Belief Bias and unfreeze existing mindsets. Training specifically designed to create a deliberate experience is the right start but used and thought of as the silver bullet is wholly incomplete.

Once that training is well underway, the "Retain" effort begins. The Retain phase starts by reinforcing what people learned in the training, driving application in their daily work and consistently living the desired culture. This is done by creating multiple points of contact with the models and tools over time, which includes leader led re-training in meetings that are already on the calendar, certification using cutting edge blended learning and digital Culture Management Tools, and visual evidence of select models and tools on the hospital walls, etc.

Jones: The "Sustain" phase is where you hardwire the changes into your systems. Your systems (all of your systems including performance management, budgeting, meeting management, and more) are creating experiences for people every day. Those experiences are leading to beliefs that, in large measure, impact your culture. This effort is central to the success of any "Big T" effort.

To further embed change with sustain efforts, we have developed clinician labs to evaluate clinician integration of the culture process at the bedside. We have found that when clinicians begin to understand that organizational culture *is* the patient experience, it affects behavior at the bedside with clinicians creating Type 1 Experiences for patients.

If you expect to create lasting change, it has to show up in your systems, or the existing systems will win out by creating experiences that betray the cultural shift and reinforce the existing culture. Remember, our current culture is perfectly aligned to produce our current results!

Measure Progress

How do you measure your success in hospitals?

Corbridge: There isn't a hospital in America right now that isn't working on fixing or improving the patient experience. The patient experience has become *the* issue in healthcare today. The case for change is clear: censuses, HCAHPS scores, readmission rates, and more are all directly or indirectly linked to this fundamental outcome of delivering on the patient experience. With reimbursement rates hinging on the right scores, hospitals all over the country have become laser focused on dramatically moving the needle on the patient satisfaction dial. Some are finding success, but many are languishing behind in their effort to solve the patient puzzle.

Jones: This entire effort needs to be clearly linked to accelerating improvements on Key Results, the real results, not some manufactured measure, just to have a measure. That is how you avoid culture change being perceived by the front lines as merely a "warm and fuzzy" effort.

As leaders begin to understand the Results Pyramid and Steps To Accountability models, they see an extremely practical approach to a traditionally "right brained" problem (i.e. culture change) and positions it as a "left-brained" driver of clinical and financial outcomes.

We don't work on culture for the sake of culture; we work on culture because it delivers results.

Partners In Leadership®

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