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Working in a New World: Transforming the Organizational Structure

*Innovation is a combination of brains and materials.
The more brains you have, the less material you need.*

Charles Kettering

TRANSFORMING THE WORLD

The world is in the midst of major social transformation, one that extends to every element of our social experience, including the workplace. Although health care systems have come to this transformation later than other segments of our society (notably business), health care systems are now in the throes of dramatic shifts from the old, sickness-based system to a new focus on providing a health-based delivery system. This is not to suggest that the designs and structures currently underway will result in a truly health-based delivery system. However, the initial activities necessary to create a healthy society and health-based outcomes are beginning to emerge.

Much of the effort to move toward integrated health care includes creating seamless design, whole systems approaches, managed care, measures of quality care, outcome-driven evaluation, and a host of other related elements. Each of these are a sign of the shift in health care within a context similar to that of the business community. Although broad disagreement exists as to which strategies should be chosen to effectively change and improve the health care system, activities in that direction are well underway.

Just as processes are being shifted to meet new requirements, so are their supporting structures. Nothing will affect good process more than the appropriate structure that facilitates it. One of the major problems in much of today's re-designed activities is that they have the right process and the wrong structure.

BOX 2-1

Teams: The Foundation of Work

The basic unit of work for the foreseeable future is the team. This is a shift from focus on the work of the individual. The team is a more accurate foundation of work because:

- Outcomes depend on collective contribution.
- Relationship defines the distribution of work activities.
- Integration of work is necessary to sustainability.

As more health systems focus on their point-of-service as the primary focus of control for work, health systems will become more skilled in the movement to team-based integration for the design of clinical work.

TEAMS—THE BASIC UNIT OF WORK

Much of the research of the last 30 years has helped organizational leadership determine that the basic unit of work is the team rather than the individual (Box 2-1). Of course, individuals are important to the process of work, but the outcomes of work depend on the integration of the activities of many people. Therefore, while individuals are important in undertaking work process, the relationship between people is a greater measure of the products of work. The interaction and intersection between people in undertaking work becomes increasingly critical to the viability of the outcomes of that work.

The idea of organizing work within the context of team-based approaches is relatively new, radically altering the basic structure and relationship in most organizations around the world. Initially concepts of empowerment, team relationships, personal involvement, ownership, and stakeholderism were generated from the Scandinavian academic and business communities. These concepts have been adapted and studied throughout the world. A database of concepts supporting point-of-service and team-based approaches has driven leaders in the workplace to not only consider their inclusion in organizing and managing work, but also in building the fundamentals of the design of work, the organizational structure, management roles, and worker relationships around such concepts.

The reader might say at this point, “So what? It sounds rational and appropriate to recognize the value of the contribution of people to each other and to the work that they do together. What is so new about that?” Good question. While it is rational, the design of the workplace has been based on a different set of principles. The belief of the locus of control for workplaces rests in the hands of those who own the means of work, and productivity is a fundamental tenet of capitalism. We have begun to recognize in systems approaches and in quantum mechanics theory behind them that a broader notion of ownership and relationship is necessary to create sustainable circumstances for work.

The ownership model, hierarchical structure, vertical design, and parent/child relationships between management and staff are all examples of the old organizational beliefs about work and work relationships. None of those beliefs fits appropriately in a broader understanding of how systems work. More meaningful today are the notions of stakeholderism and ownership of work; the investment of all players in the mission, purposes, and outcomes of the enterprise; and the ability of each member of the system to contribute something meaningful to the work and its products within the system. Each of these realities creates an entirely new construct for the design of work, thus shifting the focus away from old command and control structures to more integrative models that recognize the value of contribution at all points in the organization.

Perhaps the single largest conflict in the move to a new organizational design is that which is exhibited as organizations change from centralized, hierarchical management-driven structures into more point-of-service, relational, and team-based structures (Box 2-2). The changes in behavior and style in relationship, expectation, roles, and intersection create a requirement for a dramatic shift in design of the organization and the behavior of its members. Most of the organizational change is generated within this effort, and this is where most of the difficulties arise in making new structures work.

THE ORGANIZATIONAL UNDERPINNINGS FOR TEAM-BASED APPROACHES

A movement to teams requires a major shift in understanding and belief. At every level of the organization, members of the system are required to establish a different set of roles and relationships with each other that reflect more equity-based approaches to the delivery of service, decision-making process, and interaction and relationship building.

In the old model of organization, the role of the manager was to plan, organize, lead, implement, control, and evaluate. (Is it coincidence that the first letter of each of the management roles spells "POLICE"?) These old delineations of management are no longer appropriate to the expectations for



Team-based approaches demand a fuller understanding of systems models. Health professionals can no longer look at their own work outside the context of its impact on the work of others. Key players who must integrate their activities include:

- Nurses
- Physicians
- Pharmacists
- Therapists
- Technologists

BOX 2-2

Changing the Control Systems

Movement to teams demands a change from vertical and hierarchical control systems to horizontal and team-based models. Some past requirements that must be discarded include:

- Centralized control systems
- Hierarchical management approaches
- Limited information support systems
- Standardized human resource practices
- Command and control governance and administrative processes

All teams must be accountability based in their design and work. Teams must focus on outcomes if they are to fulfill their obligation to contribute to the success of the system.

the new role of leader. The worker was primarily responsible for doing what was assigned, fulfilling the job description, and undertaking the job tasks and functions in the manner prescribed by the organization. This rather mindless, subordinated approach to delineating and doing work has in the past hundred years created a chasm between management and staff.

Problems in relationship, productivity, communication, and interactions necessary to support sustainable work outcomes have resulted from this (“us/them”) behavioral pattern of work. Some major social institutions are in part the result of these work constructs. Unions, management-driven disciplinary processes, workers “job” orientation, noncreative worker functionalism, and worker isolation are all examples of the results of this kind of organizational construct. These constructions create the conditions that make it difficult to change worker relationships and behaviors. The dependencies evidenced in this kind of an organizational construct create conditions that, while dysfunctional, result in a level of comfort and apathy, as well as ritual and routine, which are difficult to overcome.

Different beliefs about work, worker relationship, accountability, outcomes, and so on, require a shift in thinking as well as an adjustment in behavior. Every member of the organization will undergo some specific personal adjustment in making this change work.

If team-based behaviors are to emerge, team constructs require both a different set of beliefs and different processes for implementing these beliefs. Much of the mistrust that exists in many organizations is the result of the environment that facilitates it. A shift in that environment itself breeds further mistrust, making it difficult for people to commit at the outset to a major change in the organizational structure and the work process. Critical work of team-based leadership, in part, is to build strategies to address what those specific changes will be.

THE WHOLE SYSTEM AS TEAM

To ensure success, all members of the organization must see themselves as part of a team. No one member can act unilaterally out of the context of

his or her relationship to other members of the team. This creates a discipline that requires a different kind of interaction and communication strategies in the organizational system. It further requires a personal discipline with regard to behavior, role, and dialogue between the various components and people in the organization.

Disciplining one's behavior within the context of a broader set of relationships requires a change in the supporting structure. Not only does structure have to shift support for disciplined behavior, but so do the principles that guide it. Team-based behaviors exemplify the principles of partnership, equity, accountability, and ownership. For those to be expressed in the workplace, a commitment must be made throughout the system to the same ideals and processes regardless of where work is done (Team Tip 2-1). The orientation of the organization and its structure must be such that it supports that possibility (i.e., everyone committed to the same goals) and exemplifies the organization's consistent commitment and practices based on the principles that drive it. Several components of the change process drive the organization to the principles of partnership, equity, accountability, and ownership. These exemplary components are basic requisites in the new organizational system. They must be clearly defined to provide a foundation for the change in both structure and behavior.

Components of the Change Process

Patient-service focus

All organizations should be designed to support the activities that go on as point-of-productivity or point-of-service. In health care, patient care is the central functional activity of the organization. Focusing on the consumer of services, whether identified as the subscriber, patient, client, or partner, is the fundamental component of the design of any system. This point-of-service structuring is critical to the integrity and sustainability of any health system.



TEAM TIP

2.1

Team Commitment to Change

In the course of doing their work, staff members must be prepared to do the following two things differently from the past:

- *Integrate the decisions each person makes with the goals of the team.*
- *Incorporate the systems objectives with the outcomes of clinical work.*

Outcomes drive everything. If there are no sustainable results there is no work.

Empowerment means that people have the power necessary to do the work for which they are accountable. We cannot expect people to sustain that over which they have no power!

Mission drives everything, from the boardroom to the patient's bedside. All activities in the system must reflect the mission.

Health is the outcome

In the past, institutions providing health service in the United States focused on sickness and its treatment. A much broader context now exists for the provision of health services. Support for the achievement of the community's health and that of its members now is a major part of the mission and functional framework for the health system.

Structure always supports function

The design of an organization always should relate specifically to its purposes and the work it does. Partnership between members of the health care organization and the community it serves requires a different configuration and organizational design. Structuring to support the point-of-service and building around it, creating only as much structure as needed to maintain the organization's integrity and effectiveness, is a critical part of transforming the health care system.

Empower the point-of-service

To achieve effectiveness, good decision making must be expressed and right outcomes must be obtained. Those who are accountable for producing the outcomes must be free to do what is necessary to achieve good results. Every component of the organization should be structured and designed to support the achievement of results in the places where the work that drives those results is performed.

Configure around mission

Development and maintenance of a mission is not the sole work of the governance leadership of an organization. Mission provides the framework for the purposes and objectives of all work in a system. If a system is to be successful, all members must have some ownership of the mission. Configuring around mission, incorporating it into all activities and levels of work, and exemplifying it in the production of clinical and service outcomes are critical to the validation of the meaning and purpose of an or-

ganization. Every member of the system must at some level have ownership of the mission, and mission should be integrated into the plans and activities of every player in the system.

Build a seamless service continuum

Creating and facilitating health is not an event, but a continuous process that addresses the needs of consumers at different points along their health care journey. Connecting and linking components of the system in a meaningful way is the fundamental work of providing a focus on health care and achieving good health-based results. The relationship between and among providers, patients, and community is continuous in the health care system. This continuous, dynamic intersection of players in a cycle of changing demands, relationships, processes, and activities is a part of a healthy, viable health care system. A fundamental need of an effective, integrated health care system is to create a structure to support that dynamic relationship and facilitate its sustainability.

Ensure team effectiveness

If sustainable products of work are achieved through the critical intersection between people and process in a system, leadership must always focus on ensuring the integrity and effectiveness of those relationships and processes. Team-based approaches to service delivery recognize the inherent relatedness between all provider, patient, and community roles in a health system. Building a consistent, well designed, fluid, team-based system for service delivery is one of the critical elements of the work and value of an organization.

Create the learning organization

Organizations, like the people who make them up, are continuously changing and adjusting to the context and realities that form the framework for their services. Change is a universal constant. The ability to adjust and to fluidly respond to change is a critical condition for long-term



The team is the central component of the design of structure. Teams essentially:

- Sit at the center of the organizational structure
- Make 90% of the decisions about service
- Are the system's primary contact with the patient
- Design and control the patient's clinical path
- Measure and control the quality of service provided

Today, all organizations are centers of learning. In the changing health care environment everything is being shifted and altered, thereby requiring the commitment of everyone from board chair to housekeeper to become learners on the journey toward transformation.

Principle drives everything. Principle-centered organizations require every member to find his or her work centered on the core principles that define the system.

The four principles of the new age-partnership, equity, ownership, and accountability-are central to the correct structuring of the system. They serve as the template on which every element of redesign can be evaluated and every clinical process can be measured.

viability in any system. The ability of the members to implement changes, to adjust their own roles and practices, and to expand their knowledge base are all fundamental to the integrity and viability of any service system. Therefore building a system must account for the need to be continuously aware of the learning dynamic and the understanding that every participant in the system is a learner. The very construction of the system must incorporate the understanding that it is forever adapting and adjusting.

Keep the centrality of principle

Principles exemplify, in an intelligible way, action founded in meaning. Principles reflect the meaning to which people attach their thoughts, values, and activities. They form the anchor that continually “calls back” the individual to reflect on that foundation upon which all thought, value, and activity take form. Principles provide the conceptual and lived foundations out of which come the urge to act and the resultant activities. Principles become the core of evaluating efficacy, effectiveness, and meaning of thought and action.

In health systems, the principles of partnership, equity, accountability, and ownership lie at the core of all team efforts. Every team, if it is effective and fulfilling the purposes of the organization, should reflect on the principles that form its foundation. The notion of partnership should be a fundamental part of the thinking of each member of the team. Each member has a contribution to make and is obliged to make that contribution to fully participate in the activities of the team. This is a sign of the presence of equity. Accountability is exemplified in the evidence of staff members’ fulfillment above performance and expectation requirements in their roles as negotiated between and among members of the team. Accountability exemplifies the level of personal investment and commitment as a member of the team to the purposes, work, and activities of the team. Ownership is exemplified in the sense that each member of a team is a stakeholder in the enterprise, holds some investment in its value and continuance, and has a commitment not only to personal activities but to helping the team and the system it supports thrive.

Principles can be used as a part of the evaluative process to determine whether teams and individuals have acted consistently with the expectations they have with, for, and between each other. Principles continually serve as a template for team members to use to assess whether the foundations and expectations of team performance and behavior are being continually fulfilled as the team goes about its usual and routine activities.

NEW RULES FOR THE ORGANIZATION

To create the integrated, whole systems, team-driven organization that results in a streamlined, efficient, and competitive environment, a continuing commitment to innovation, creativity, and point-of-service must be present. The structure must support the change effort and help facilitate the building of a team-based approach and a continuum of service. Leadership in the health system must create a true point-of-service continuum of care that effectively addresses the continuing health of those who comprise the system's subscriber population.

This indicates a need to create an organization committed to learning, unfolding, creativity, and change. Some conditions are defined that require a tightening of the organization's parameters in efficiency and effectiveness in both design and process. Some initial activities are necessary to ensure the appropriate configuration of the organization in support of its team-based and effective delineation.

1. **No more job orientation.** All work in a system is specifically directed to the outcomes of the organization. The organization must be lean and effective in a way that better meets the needs of those the organization serves and better exemplifies the role and relationship of the providers. An organization should be made up of highly trained, efficient, and effective workers supported by associates who can help provide functional support to the work. Team-based activities will demand a tight fit between the kind, number, and quality of workers and the expectations to which their work is directed.



Innovation requires a commitment to experimentation. Everyone should feel safe to experiment and fail. Error and failure are essential to any success. Indeed, there is no success without error. Therefore error should be:

- A cause for celebration
- An element of measurement
- A signpost of progress
- A pause for study
- A foundation for correction
- Anticipated before it occurs
- A safe moment for evaluation

It is the end of the “job” age. As the Industrial Age passes, those elements that reflect it also pass. In the new world of work, roles are more mobile, fluid, and flexible, reflecting a wide variety of content. Behaviors now must reflect these new conditions or suffer the loss of new opportunities.

There is an inverse relationship between the number of managers and an efficient organization. The more managers an organization has, the more managers it needs. In truth, any system should have only enough managers to support its work and not a person more!

Information is the life's blood of any system. Increasing commitment to building good information systems is essential to future success. The more a system is driven from its point-of-service, the more information it needs to have available to the decision makers there.



Function is no longer the foundation for effectiveness in service provision; fit is. In systems, the fit between process and outcome, structure and work, mission and service, and consumer and provider is the measure of a strong organization. Fit requires:

- A commitment to building good relationships between providers
- Customer-oriented service providers
- Clear understanding of the work
- Orientation to achieving outcomes
- Good knowledge of integration and systems processes
- Sound evaluation process

2. **The organization should have as little management structure as possible.** In team-based designs, the intent of the system is to create effective decision making at the point-of-service. The providers and partners should be not only capable but willing to make effective decisions where service is provided. In addition, the system must be configured to support that point-of-service decision making. This requires as few managers as possible in the system, only enough to maintain the integrity of the system. As the continuum becomes more clearly developed the point-of-service becomes better defined, and the need for management-controlled decisions diminishes. The decision-making expertise, incorporation of meaningful information, and evaluation of the effectiveness of work more often will occur among the team members at the point-of-service.
3. **Use of data to drive decision making is increasing.** The architecture of the future of all health care systems is the information infrastructure. Information is a river that flows through any system. Any member of a system and any team that does the work of the system should be able to “dip” into the river of information and obtain from it whatever information is needed to support the work and effective decision making of that team or member. Both the knowledgeable worker and the information infrastructure are increasingly the key capital of future health care organizations. The tightness of fit between the ability of the knowledgeable worker to achieve outcomes and the information that supports process and evaluation are critical to effectiveness, quality, and service sustainability.
4. **Build a tightness of fit between what the organization provides and what the consumer needs.** In the past providers in health care structures determined what consumers needed and generated those services within the constructs providers created. In a health-driven service system the partnership between providers and consumers is essential to determine the character and content of appropriate ser-

vices on the part of the system. Therefore a stronger intersection and communication is required between provider and subscriber in the health care system. Increasingly, the system is obliged to keep the subscriber healthy in order to reduce cost and achieve a level of continuing health status. To do that, commitment, investment, and involvement on the part of both provider and consumer in an equity-based relationship must exist. Therefore the system increasingly must be sensitive to how well its services are integrated with the demand for those services that come out of its subscriber relationship. This fit between service and need is critical to service effectiveness and systems viability.

Although certainly not comprehensive, each of these items has a critical impact on the effectiveness of team-based approaches to service delivery. The ability to continue and maintain team-based approaches depends predominantly on how many of these processes are attended to within the organizational system. The leader must recognize that moving to team-based approaches means more than simply the creation of teams and the facilitation of their development. It requires a structural shift, a thinking shift, involving major adjustments in both the construction and operation of the organizational system.

From every level of leadership through every point-of-service the organization must reflect a different framework for service and must be driven by a different set of variables, moving from the point-of-service throughout the supporting organizational system, into its operational and administrative structures, and out through its board and back through its community. And the reverse must operate as fluidly and as effectively from the community through its board, administrative, operational, and service structures back to the point-of-service where the community is served, one member at a time. This seamless, fluid flow of decision making must be supported by a system whose purpose it is to maintain the fluidity, flexibility, and integration of the system around the continuum of relationships that comprise it.



Creating a team-based organization is more than simply constructing teams. It means changing the thinking of the organization and seeing with different eyes:

- Horizontal rather than hierarchical relationships
- Collective outcomes rather than individual functions
- Evaluating outcomes and not simply processes
- Focusing on the point-of-service
- Creating a tightness of fit between consumer and provider

Seamlessness is the creation of good interfaces between each component of the system: governance, operations, and service. It recognizes that each component must support the other to create an effective and lasting system.

BOX 2-3

Health Care Service Integration

Newer models of organizations are emerging that exemplify the movement toward systems design. In health care they personify the following:

1. Integration
2. Linkage
3. Continuum
4. Teams
5. Partnership
6. Clinical pathways
7. Strong service orientation

Health systems increasingly look like webs rather than pyramids. The reality of necessary intersecting structures and relationships is changing the shape and design of structures supporting a continuum of health care services.

THE SYSTEM AS NETWORK

As discussed earlier, the old hierarchical, vertically designed structures are outmoded. Thus far we have outlined many of the reasons for this. The question remains, what models are emerging for organizational systems that support team-based activities?

Increasingly, on the health care horizon, newer designs for organization that are more horizontally oriented and continuum based are emerging as the predominant framework for the structuring of health care services. Because it is increasingly important to link services together in a comprehensive array of programs to meet managed care and consumer demands, health care services are changing their designs to support service integration across the system. The needs of a service-integrated organization across a continuum of service structures requires a different format than institutionally based, functionally focused service structures (Box 2-3).

As these new horizontal patterns of organizational configuration emerge, new kinds of relationships also are engendered. These relationships reflect a more equity-based foundation and require a higher level of dialogue, problem solving, service integration, and relationship building across the system. Furthermore, they require a network of intersections both within the support structures and the service framework of the organization. All of this serves as the foundation for the formation of a more networked orientation to the design of organizations.

Networks are a web of intersecting and interrelating functions and relationships that contain an array of connections exemplifying the set of relationships necessary to the integrity and service of a system. Networks are relationship intensive. As a result, they require a high level of interaction, communication, and information. In fact, networks are information dependent. A successful network requires an information infrastructure that continually flows through the system and permits its members to have access to whatever information resources they need to make good decisions, render good judgments, and evaluate the effectiveness of their relationship and their work together. At every level of a network system, people need

to directly access the resources and information necessary to function appropriately, as well as produce and evaluate outcomes (Team Tip 2-2).

In a clinical organization, such as a health care system, generation of information and development of communication networks are critical to the work of health service delivery. There is no room for error in the communication of information about patients, their conditions, and their needs in evaluating the effects of intervention. In a network system this need is extended by the fact that decisions are made across the system and depend on other decisions made at other points in the information and communication network.

In a fundamental way teams are networks, too. Just as individuals on teams depend on the fluidity and fit of other individuals on the team, systems depend on the fit of teams with each other. A network can be visualized as an array of concentric circles crossing each other, cross-referenced and related, tied together by common purposes, and linked by the information and communication channels necessary to sustain them.

Just as networks are necessary to build the structure that defines the relationship between service providers and service structures, support systems also are required (Box 2-4). An intersecting and interacting array of support processes to those who provide service is necessary to ensure that the resources needed to continue services are available in the manner required. In a network system, support services form the outer boundaries, whereas the supporting periphery is located around point-of-service systems to continually support, supply, and evaluate the distribution and use of resources across the system. Every service team needs to have the confidence that what is required to perform the work will be available in a way that is facilitating and time sensitive. In most organizations, a predominant concern for the point-of-service worker is not so much whether he or she achieves a quality of service, but rather whether the system supports consistently are in place so that essential resources are available.

The foundation for success and sustainability is created by the successful continuous integration of organizational, support, and service networks



TEAM TIP

2.2

Readily Available Resources

The health professional must be able to render good judgement about the patient he or she serves. That means having necessary information readily available in a form that can be understood and useful. They should not need to struggle with the system to get the basic support needed to provide good service. They need:

- 1. Simple documentation.*
- 2. Easy access.*
- 3. Patient-specific data.*
- 4. Direct communication*
- 5. Immediate feedback.*

BOX 2-4

Networks and Support Systems

Networks and support systems work hand in hand to ensure that people have what is necessary to do their work. This partnership between the network and its supports must:

- Ensure easy access to information
- Provide supplies and equipment on demand
- Provide costs as they are accrued
- Validate the clinical choices of the provider
- Ensure quick evaluation data of the fit between needs and choices
- Assist the provider in any corrective actions needed

Newer models of organization, such as shared governance, create the structure that represents focus on systems, integration, continuum, and point-of-service, as well as the empowered, linked processes necessary to support service in integrated health systems.

in the system. Each of the components of the organization must intersect with the other in a seamless way that ensures all elements of the system converge around the purposes and services it provides. This increasingly is important in a decentralized, horizontally configured, continuum-based health care system. The linkages across the system become vital to the ability of the system to make decisions in a decentralized way and provide the services in the varied places where it will emerge in a managed care, capitated health care delivery system.

Newer models of system design, such as shared governance, shared leadership, whole systems management, systems teams, empowerment, and a range of associated structural designs, are signs of experimentation to support the point-of-service and the decision making necessary there. Each of these structural approaches and models must be modified to support the culture within which they unfold. Clearly, in a multifocal health care delivery system, no one approach is appropriate for all settings.

The principles that support models and approaches must be consistent across the system. If the principles of partnership, equity, accountability, and ownership are the themes running through the design of any struc-



The seamless connections among components of the organization ensure all members that:

1. A real system exists for support of their work.
2. Each component of the organization is supporting other processes to which they relate.
3. All the pieces of the system are coming together to support its work.
4. Linkage between each related element of the system is tight and facilitates relationships.
5. Providers can get the necessary tools to do their work and feel the support of the system for them.

tural or model approach to building support, team-based organizations, those structures remain viable. If the principles are inconsistent, are controlling, provide inadequate support, shift the locus of control from where it belongs, or reintroduce a high level of hierarchy, they begin to diminish the effectiveness of team-based approaches. A consonance between the structural models, operational decision-making processes, and organizational structure must be present if team-based activities and decision making are to be consistently supported and reinforced. The consonance between structure, process, and outcome remains a centerpiece to the effectiveness of design and the workings of a team-based organizational system.

CHANGING THE SERVICE SYSTEM

The initiation of horizontally configured and continuum-based structures changes the entire character of the institution and service environment. Processes associated with managing and leading the continuum are not what they were in past institutional models, which were isolated and compartmentalized on illness-based interventions. While the good portion of illness care services will continue to be offered within institutions (after all, people will continue to become sick), the broad goal of the health care system and its services is to reduce the need for high-intensity, sickness-based services among its subscribers to the fullest extent possible (Box 2-5). This attempt to achieve the goal of health in the system creates an entirely different dynamic in the structure, delivery, and management of health services.

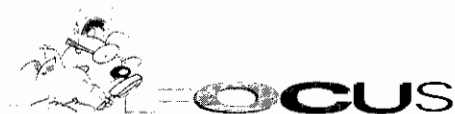
In team-based approaches the partnerships embedded in the teams require deliberation and decision making among the team's members. Indeed, up to 90% of decisions that affect provider-patient interaction will be made at the point-of-service. To ensure that this happens at a high level of effectiveness and efficiency, the leadership and support roles of the system must be such that it is possible for team members to be successful in decision making and to have the skills and freedom necessary to voice these decisions. Teams should be essentially self-managed and self-directed. Although team members are highly interdependent, interaction depends on both facilitating leadership and team skill development.

BOX 2-5

Health Care of the Future

Much of health care in the future will be provided outside the hospital. As health systems build a strong continuum of services, the locus of control in the system shifts from the institution to the service. Wherever service is provided it is also controlled. Two things will be required:

1. Information infrastructure at the point-of-service where it is portable, comprehensive, and immediate
2. Competent, well prepared providers who can act interdependently with other providers and independently from the hospital.



Teams naturally function interdependently. Still, teamwork has not been a “normal” mode of function in health care. While providers have access to each other and cross one another’s paths frequently, they can do so and still not have a relationship. Teams are built on relationships. Therefore:

- Physicians will have to learn new behaviors to be effective in teams in the future.
- A stronger relationship between provider roles will need to be clarified.
- Time together must be defined for doing the work of team building.
- Building critical service pathways will require a clarification of every team member’s role.

The clinical staff has the obligation for building effective teams. Team building should not be driven from “above” in the system or there would be no ownership from those who make the team thrive. The structure should remove everything in the system that prevents teams from becoming the modus operandi for the way service is provided.

The movement from manager to leader is a critical one and a challenging journey. Much of the expectations of the manager role, in terms of planning, organizing, leading, controlling, and directing, is no longer an appropriate framework for the activities of leadership. Because teams need to operate interdependently; make effective decisions; and have the skills necessary to deliberate, make judgments, problem solve, solution seek, and assess quality, much of the role of leader focuses on facilitating those activities rather than undertaking those activities herself. Old management behaviors are not suitable for this environment. The leadership behaviors that are appropriate require a different set of processes, some of which will necessitate education on the part of the manager becoming leader.

The organization and system that support team-based activities cannot continue to act as parent or in a supervisor-subordinate manner. Administrative and management goals and desires, like those of members of the teams, must be subject to discernment, exploration, and validation. The dialogue across the system necessary to determine the viability of those supports involves all of the stakeholders, whether they be managers or staff team members. The staff members who comprise the teams should not have to accept demands, rules, notions, or plans that affect what they do without their participation and evaluation of the appropriateness in facilitating their work. Therefore vertical models of position and control have less value in a system than do the abilities to integrate, facilitate, and coordinate decision making in relationship building across the system in support of team activities. In organizations using systems models that support team-based activities, action undertaken in one part of the system affects activities and functions throughout the system. These implications are apparent to all who make up the service base of the organization. Relationship, not control, is essential to the integrity of team-based approaches and the effectiveness of the system.

Continuum-based approaches to designing the organization, team-based decision making, and functional processes require a significant change in management, administrative work, and support in the organiza-

tion. The way in which management and leadership work with each other requires changing the pattern of the organizational system. These newer expectations emerge in a way that demands a significant shift in the role of every health care leader in a team-based approach. Some shifting expectations include the following:

1. Decisions about the supporting mission, purpose, and objectives are made in the context of the whole system, thus including all the partners who make up the system's team-based activities.
2. From the board of trustees through the functional teams, all members of the system are partners in decision-making processes. Each one has the task of ensuring that appropriate linkages exist between all components of the system, both operational and service, and create a tight fit to the community they serve.
3. Horizontal integration requires that vertical systems support relationships across the continuum. Relationships are critical to the viability of health care decision making. Building relationships between teams and across the system is the major work of leadership.
4. Teams do not compete with each other. If any competition does exist, it is within the team and its relationship to its own goals, expectations, and performance standards. The role of leadership is to constantly facilitate the improvement of team performance to ensure that the services provided are of the highest quality and produce the best outcomes. If a team succeeds in evidencing high levels of excellence, it need never worry about competing with other teams.
5. Partnering is critical, ongoing work in any team-based organization. The quality of partnering along the continuum of care is central to the success of the organization. Leadership's role is to support, facilitate, problem solve, and create learning opportunities for the enrichment and expansion of partnering behaviors at the team level and throughout the system.
6. The primary role of a leader is to nurture the relationships in the system. Continuum of care systems are built on strong, mutually

All systems need a process that interfaces the strategy established at the governance level with the tactics that come from the operations leadership of the system and with the service objectives that come from the providers who do the work of the health system.



TEAM TIP

2.3

Self-management

Managers should never control clinical teams. The purpose of the team is to make decisions about the accountability that reflects the team's work. The manager is obligated to ensure that skills resulting in good decisions, relationships, and service are present in all team members. Beyond that, the manager should have no functional or decision-making role with the team. The mature and functioning team is always self-directed.

defined relationships and interactions. Leadership offers the kind of support and guidance that strengthens relationships, builds skills in maintaining them, and helps in problem solving when relationships are challenged or broken.

7. Much of the role of leadership relates to the creation and maintenance of linkages throughout the system. At the administrative, operations, and service levels of the system, seamless intersections, support connections, relationship linkages, problem solving, and solution seeking throughout the system are critical elements of the leader's role. At every level and place in the system where leadership exists, the focus is to facilitate the effectiveness of team-based function and the relationship of teams to those they serve and to each other.
8. Team-based approaches to work and decision making do not require intervention and control from the management structure of the system. The need for intervention represents a failure of leadership (Team Tip 2-3). Teams are self-managed processes. They require continual resources, support, information, tools, and development. These elements are the focus of the leader. If resources and support are present and appropriate, leadership will never need to worry about the character and quality of the work produced by the system.
9. Public evaluation of the performance of the system and its teams is a must in consumer-driven organizations. Patient care requires that systems determine the effectiveness of its processes, structures, and supports, as evidenced by the satisfaction, quality, efficacy, and effectiveness of strategies along the continuum of care. Evaluation of performance and outcomes provides all members of a system, those who provide service and those who are served, with the essential information about the efficacy and viability of the service structure in place. Clearly, leadership roles require a different set of behaviors and expectations. In team-based approaches the leader is viewed as partner, facilitator,

coach, teacher, and role model. These behaviors require a sense of relatedness, value, and partnership with all the players of the team. The consistent unfolding of the leader's role, and its application across the system, will strengthen leadership and provide the kinds of resources and support that teams need to thrive and achieve their intended outcomes.

STRUCTURING FOR CONSENSUS

Team-based approaches require entirely different processes from those of past hierarchical management structures. Team-driven organizational systems require different methods to achieve outcomes and undertake the processes that support those outcomes. New models of interaction and decision making must emerge at the heart of the system if it is to operate effectively in team-based approaches.

Consensus decision-making models are the preferred framework for effective decision making within the organizational system (Box 2-6). Consensus is not agreement. Consensus is not voting in support of decision making. Instead, it is the convergence of all process and relationships around activities that reflect what is right for the organization and the people who comprise it. Consensus represents a level of understanding on the part of all participants that the right decision must be achieved and, therefore, arrived at through defined, disciplined processes among the members of the organization.

In a team-driven organization the use of time and relationship is essential to the quality of decision making. Therefore the judicious and appropriate use of time is critical to the effectiveness of decision making in team-based systems.

Discipline, dialogue, and interaction are critical to the effectiveness of decision making in team-based approaches. Teams must use method and technique in effective dialogue and decision-making processes. The use of Continuous Quality Improvement (CQI) techniques for assessing process; the use of consensus-building approaches to the deliberation of problems; and the need for resolution, utilizing tools for problem solving, and

BOX 2-6

Consensus Models with the Organization

Consensus models of problem solving and decision making are the method of preference for team-based organizations. Consensus requires that the organization be willing to:

- Allow team members to solve their own problems
- Have specific performance goals around which the team can configure its work
- Develop a consistent method for team problem solving and deliberation that can be replicated
- Initiate a learning process for teams in need of skill building in team dynamics

Consensus is not agreement. It is a process for working through a diversity of contributions with methods that help the participants find common ground from which they can build relationship and response.

process-oriented mechanisms for deliberation, as well as quality activities in measurement devices, all are requisites of team-based interaction in dynamics. CQI is not a structure or system. Instead, it is a set of methods and processes that improve action and work to ensure a strong fit between methods and outcomes. The elements of CQI will shift as demand and focus are altered. CQI supports systems models of service, it does not define them. The idea of disciplining dialogue, process, and relationship is critical to effectiveness. Work teams are not social bodies; their meaning and purpose is directly related to the work around which they configure. Therefore the issues regarding work drives the content of their dialogue and relationship. Teams must focus on activities that relate to who they are and what they do. The development of systems and techniques, tools, and resources that facilitate effective dialogue and decision making are essential to the efficiency and effectiveness of team-based decision making, processing, and evaluating.

Much of the activity of team relationship and intersection is reflected in how much the team deals with the behaviors and interaction among its members. A shift to team-based dynamics will create major behavioral changes, requiring much discussion and interaction as people adjust to new ways of relating and behaving. This interaction must be accommodated, and method and technique must be applied to ensure that the dialogue is focused and results in meaningful behavioral changes. Much of this book is devoted to the methods and techniques needed to facilitate the functions and activities of teams.

Significant structural changes in the organization must occur to support the behavioral and relationship shifts to team-based organizational and decision-making systems. Major commitments on the part of every member of the system, from board of trustees through point-of-service, are required. Each component of the organization must assess itself and raise questions about how it supports the development of functional and effective decision making that influences the quality of service in the places where health care is provided. Across the system, each partner and