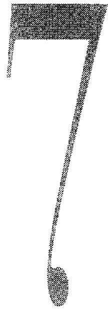


Supporting Teams: Creating Seamless Linkage

A process and its related work is only as effective as the structures which sustain it.

Porter-O'Grady

The locus of control for decisions moves to the point-of-service, which requires the structure for decision making to move closer to where the work is done. This affects the control and power distribution in the system.

Teams require a different organizational configuration to be sustainable. Using the same organizational structure as applied to departments will simply not work for teams.

NEW WAYS OF MAKING DECISIONS TOGETHER

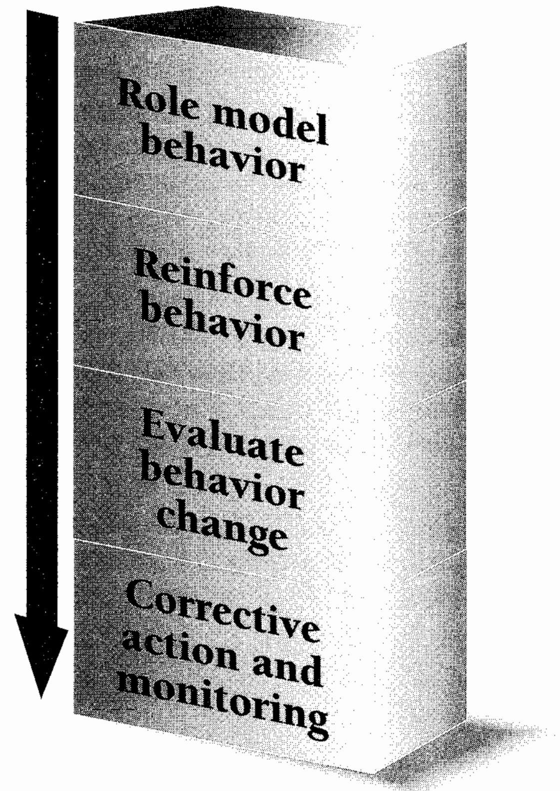
Team-based decisions assume an operating infrastructure makes it possible for teams to operate effectively. The problem in most organizations is that such an infrastructure is not truly present.

The move from individual departmental, vertically oriented structures to horizontal interdisciplinary, integrated systems requires a tremendous shift in the foundation for supporting the decision making that occurs in these environments. Furthermore, linking the decisions of one group to another, and ensuring that the flow of decisions and information generated by those decisions is available to all whom the decisions affect, is a major consideration for the organization. The challenges are significant:

- People do not know how to link their individual decisions with those of the team.
- The team is such a new concept for work that linking teams' work with each other is also challenging for the system.

- Individuals have not developed a strong enough relationship with each other within a team context to know just what communication and decision-making processes are individual and what are collective.
- Whatever system supports exist, they are generated essentially by the manager; the kind of information the manager historically has received is no longer appropriate to the kind of information that the team needs to sustain itself.
- Much of the orientation of the system is to vertical decision making initiated predominantly by managers. Increasingly, decisions must be initiated by team members, which changes the locus of control for decision making in the organization.
- Staff members, while generally good at making individual decisions, are not necessarily expert at making collective decisions and conscientiously acknowledging the processes associated with decision making. Teaching these processes and making them the modus operandi of the organization will be a major challenge for leadership.
- The organization is not familiar with allowing decisions to generate in places other than the management frame of reference. Top-down decision making is a generally acceptable method for decision making. The "point-of-service outward" decision process is a relatively new approach to decision making. This shift in decision making accountability creates a challenge in the role of the manager and shifts the obligation of that role into other arenas for which the manager may not be adequately prepared.

Each of these challenges brings a host of activities necessary to address their implications into the process of team-based development for the organization. Each of these issues will have a major impact on the effectiveness of the organization in making team-based decisions and creating a relationship between and among teams and team members. Any constraints must be addressed in some formal way as the organizational structure unfolds to support team-based decision-making processes.



Fewer managers in health systems are needed as the systems become more decentralized. However, there is an increasing requirement for competence and effectiveness in the manager. Skill development is the most important activity of managers in the new team-based organization.

CHANGE IN THE ROLE EXPECTATIONS FOR THE MANAGER

Team-based decision making changes the role of manager in radical ways, as outlined in earlier chapters. However, what is critical to understanding the change in the role of the manager and its functional impact on decision making is the need to define specific arenas in which the manager has accountability (Box 7-1). The manager also needs to know those areas of decision making for which she or he does not have accountability. Many academics and management theorists would suggest that such clear differentiation is not a necessary undertaking for the organization, that much of this will flow as the developmental processes toward team mature. It has, however, been the author's experience that this does not occur in such fluid ways because most change appears, on the surface at least, schizophrenic and incremental. So also does the developmental processes around a change in the locus of control, authority, and decision making in the organization. What facilitates this shift is a clear delineation of those areas of performance expectation that are differentiated from those that have always been present. This means clearly defining in advance what some of those expectations are, even if those expectations shift over time. Defining them at the outset gives a clear indication to all players of a significant shift in the organization's emphasis and a change in the expectations for behavior and decision making.

The manager, perhaps, has the most significant amount of work to do in making change happen. Two specific issues confront the manager in her or his shift to new roles. The first issue relates to the manager's own behaviors, expectations, and role shifts. The second relates to the manager's obligation to see that those same behaviors and role shift changes occur in the behaviors of staff members and teams. Much of the decision making that was once a part of the manager's role now must become a part of the team's role. The manager must not only be willing to become unattached to decisions that she or he once owned, but facilitate the development of the skills necessary to exercise those decisions in others who now have the obligation for them.

BOX 7-1

Moving decisions to the point-of-service requires a change in the role of the manager:

- Develop staff members' skills in decision making
- Support staff members in making decisions
- Use problems as tools for skill building
- Let go of parenting role with the staff
- Gather information for staff as required by decisions
- Evaluate effectiveness of decision processes of staff
- Undertake corrective action as early as possible
- Guide staff in understanding political content of decisions
- Help staff celebrate small successes

Change does not occur in a straight line. It cycles around, sometimes repeating what once was and immediately following that with a new frame of reference that challenges thinking and doing. Change feels more schizophrenic than it fluid.

The manager, furthermore, has additional obligations to ensure that successful outcomes are achieved. One of the most significant shifts to horizontal and team-based organizations is the role the manager has in ensuring that the decisions made by teams and staff members are carried out as anticipated. When this does not occur or is compromised, those issues are laid on the table, dealt with, clarified, and resolved by those who own them.

Much of the change of the manager's role is from direction to facilitation, from telling to mentoring, from parenting to participation, from focus on process to emphasis on outcome. Each of these changes has an elemental impact on the role of the manager and the skill base necessary to operate in the new frame of reference. This skill base and new set of expectations creates challenges for the manager that will have to be dealt with specifically (see Chapter 4). This twofold challenge, a shift in the manager's behavior and an expectation of developing staff to make effective decisions, creates a tremendous burden on the manager's role in the decision-making process.

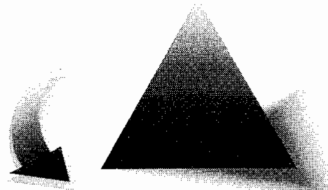
In team-based structures, there is a need for fewer managers. Increasingly, it is evident that an inverse relationship exists between the number of managers in a system and its effectiveness and efficiency. The outcomes associated with this emerging mindset require that more effectiveness and efficient management decision making occur closer to the point-of-service as fewer managers exist in the system. In all team-based approaches, because decision making is made at the point-of-service and is predominantly based within the team framework, the number and variety of managers in the system who take the burden for making decisions for staff members and others are not present. Therefore the removal of the manager creates conditions necessary to deal with issues that she or he once dealt with, insulated the staff from, and resolved outside the cycle of team-based decision making. This challenge means that the issues themselves are presented to the staff members with no intervening resolution by a third party, notably the man-

Although it is difficult to accept, there is a need for fewer managers in organizations than in the past. Managers and staff members must be aware that team-based approaches require more accountability at the staff level, and this will ultimately change both the numbers and roles of managers in the system.

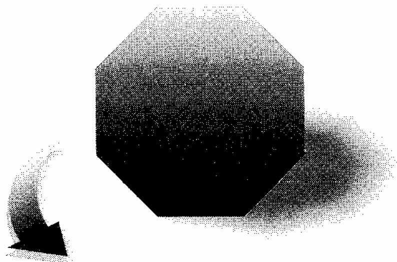
Staff members are not fully capable of making team-based decisions simply because they are now members of teams. The organization must provide a learning process for team members that helps with the transition. Without this, organizational leaders should not expect to have effective teams or good decisions in their system.

CHANGE IN DECISION STRUCTURES

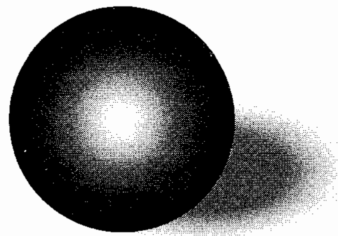
Industrial age



Transitional matrix



New organizational decision format



Creating a team-based system is a learning process. All members of the system are learners. The manager must represent in her or his behavior a commitment to learning, growing, and modeling that to others.

ager of the past. The manager in a team-based system not only has the obligation to change the focus of decision making but, to survive, she or he *must* change that focus. The manager has additional obligations to see that those decisions are made effectively and that the organization is not compromised during the transition period between the old management system and the new team-based system. There is clearly a developmental and learning cycle in the organization during which time a high risk exists for decisions not being made or not being effective and perhaps even being inadequate and inappropriate. The challenge for the manager is a continuing awareness of the possibility of such circumstances and the need to put in place some transitional processes that assist her or him in making decisions as needed and facilitating decision making in the staff. At the beginning of change to team-based decision making, the manager would make more decisions. As the team matures, the skill base develops, and the shift of locus of control continues, the manager's expectation would be to make fewer decisions and to see that more of them are made within the team context.

ISSUES WITH TEAM-BASED DECISION MAKING

Simply because staff members should be involved in decision making does not guarantee that they have the skills necessary to do so. Staff members come out of the traditional organizational system where ownership for decisions rest with the organization and follow the management track. Issues in that frame of reference create demands on the staff that result in frustration, anger, and sometimes questioning the appropriateness of such a shift. Staff members already feel overburdened with the amount of obligation and energy they must commit to work. Increasing that burden with the expectation that they be involved in more broad-based decision making that affects how the team works, its resources, issues of applying the team process, outcome determination, and evaluation processes do not encourage interest in the team-based developmental process. Clearly, in staff members' minds there is additional work involved.

The truth is that at the outset, there is additional work. The problem at the transitional phase toward teams is the conflict between old expectations and new requirements of team members. What individuals often fail to recognize is that it is not simply doing more with less that is critical, it is actually doing differently in the organization that creates the strongest commitment on the part of the staff.

Staff members frequently attempt to continue to work as they have in the past, but with fewer resources, limited time, and less external support. This is not possible in the new frame of reference. What must be communicated to the staff is that the design, structuring, and implementation of new models of service require that organization to be different and perform its work in different ways. There must be a different emphasis in terms of what the work is. There should be a clear expectation on the part of the clinical leaders to identify new frames of reference for work, processes that indicate what is effective and noneffective, and evaluation mechanisms that delineate which activities are appropriate and which are not. All of this requires a different mindset on the part of staff members.

INCREASING STAFF MEMBER INVOLVEMENT ON TEAMS

Clearly, the organizational noise associated with this shift is considerable. The demands in creating a new frame of reference for staff-based decision making and the behaviors that it represents requires different kinds of organizational supports from the system as well. Simply changing the system and requiring that the staff do differently is not a sufficient demand on the part of the system. Often one of the most traumatic experiences in unfolding changing care structures or reengineered systems is that the supporting infrastructure and the organizational supports to the staff necessary to make meaningful change and to operate within a new milieu are not present. Therefore staff members move into a new organizational model and new patient care decision-making structures, only to find that they do not have the necessary supporting structure, informational infrastructure, position investment, and organizational resources to be successful.

In the new organization staff members cannot expect to see that their needs are taken care of by the organization. No system can protect everyone from the vagaries of change. To thrive the system must always change. If a staff member is not adaptable to the change there is likely a problem with "fit" between that person and system. The only way to resolve this issue is to become involved or to leave.

FOCUS

Continuous development means:

- *Everyone in the organization participates in learning (including doctors and administrators), no exceptions.*
- *Goals for learning are defined by the organization, teams, and individuals, ensuring that all are "singing off the same song sheet."*
- *Leaders (both managers and clinicians) gather regularly to assess progress and to encourage each other's work in advancing and fulfilling the work and vision of the system.*

No team-based processes can last long without a supporting infrastructure that brings form to the team, champions its work, and invests in the members of the team.

Therefore, as patient care staff members struggle to meet the needs of those they serve or accommodate the changes in the organizational system while operating with fewer resources, they become less and less able to meet the demands of their work. The context or the milieu within which they operate is not sufficiently supporting the activities they are obligated to address. Staff members, as a result, become overwhelmed, angry, and reactionary with the whole notion and idea associated with a reengineered organizational system.

In this chapter we focus on three specific components of the decision-making infrastructure that are necessary to ensure that team-based and integrated care models operate successfully. This infrastructure is a critical component of creating a seamless and continuous decision-making framework for the organizational system and requires commitment of the resources of the organization necessary to build the infrastructure supporting team-based decision making. Without this infrastructure there is considerable challenge to the success of any attempt to build team-based approaches to decision making. The three supporting structures are: a continuous learning system, an information infrastructure, and a clinical model for service delivery.

A CONTINUOUS LEARNING SYSTEM

A continuous learning system is not simply team building. While much focus is on the process of team building, the system that supports it reflects an entirely different characterization of a system and its fundamental responsibilities to both the organization that makes it up and the people it serves. A learning system focuses on continuous development as a fundamental functional part of the organizational construct. Indeed it is assumed that such development is an integral part of the obligation of the system to the work that it does. Resources, therefore, are devoted specifically and directly to addressing the issues of continuing development and growth as a part of the work of the organization.

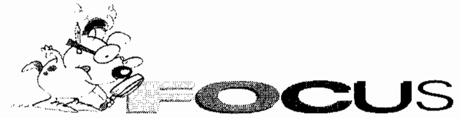
In the "old" organization education was looked at as a requisite of the

system, but generally identified as an extra component that the system committed to facilitate the growth of its staff and the quality of its work. Although that was a valid and viable approach to the learning process for many organizations, it is no longer adequate at a time of great change. Adjustment in both the focus of service and the character of health care delivery is required as it goes through a major transformation. At least during the transformative process, but likely during the life of service, commitment to learning as an ongoing part of the organization's construct is an important consideration to the design and structuring of organizational systems.

The Department of Education

In the old model, education was looked at much like the other components of the organization's structure, as a compartmentalized functional activity that had its own characteristics, obligations, and expectations. In the new organizational system the approach to education from a departmental perspective is no longer adequate. The locus of education within a departmental framework means that the obligation the organization sees for education is also departmentalized or externalized from that obligation each individual has to his or her own learning and development. What it assumes is that education or learning is a functional component of the organization rather than an operational expectation of the system.

In the old model of education, department educators were hired whose purpose was to transfer information and to see that appropriate education and skill development occurred in the various components of the organization that needed it. Furthermore, the more general requirements that came from the accrediting bodies or the regulatory agencies were also included in the expectation for education that educators would bring to the organization. Fundamentally, education was considered the work of this department, and the obligation of the providers was to bring education to the organization and its individuals as the demand required. Education was looked at as an external and functional activity of the organization.



Being able to deal with the "noise" of personal change is critical to thriving in the chaos of change. Individuals must learn to listen to themselves:

- *Feelings of tension require some means of expression through verbalizing and physical expression—never keep it "in" or quiet.*
- *Get together with colleagues and find ways of expression and support for each other—often.*
- *Never let a problem with another fester. It does not shrink with time. Expressing the concern safely and positively addresses both the issue and the relationship.*

No more departments. The basic unit of work is the team. All work will be configured around the patient in partnerships between providers at the point-of-service.

Teams define learning needs specific to the needs of the team.

Teams define a program of learning for their members.

Teams evaluate the impact of learning on their work and adjust performance.

Learning is a lifelong experience necessary to advance any career. A worker is at high risk today if his or her learning activities have ended.

Team-Driven Education

In the new frame of reference, where the locus of control is at the point-of-service, where decision making unfolds within the context of the staff, and the organization's focus and emphasis as well as structural supports is on the point-of-service, the whole process of education must be revisited. Clearly, the locus of control is no longer identified within a departmental structure. Much of the issues and decisions that relate to competence, effectiveness, skill base, and all of the other elements of efficiency and effectiveness in the organizational system are now located within the context of the team at the point-of-service.

Learning in this set of circumstances can no longer be considered an externally directed exercise. Individuals from outside the circle of obligation or the point-of-service can no longer expect to come within the point-of-service and provide what education and learning would be necessary there on an ongoing basis. The external orientation, the locus of control that emphasizes a more functional frame of reference for learning, can no longer be assumed as an appropriate model for the learning process. The ownership for learning and the obligation to make decisions related to it also belong within the cycle of decision making at the point-of-service.

Furthermore, in the team-based approach the system resources, support structures, and expectations emphasize control and decision making within the context of the team. Therefore it is expected that ownership of decisions, obligation for investment, and commitment to those decisions also exist within the context of the team. If this frame of reference is the expectation for function and activity in the organization it is also the demand for learning and development. Most learning and development must reflect the needs that emerge at the point-of-service for differentiated practice environments, integrated delivery of service, a different framework for building the continuum of care, and a changing skill base to effectively manage care delivery in that framework. Clearly, control must also exist at that point-of-service.

A Shift in Learning Framework

The organization has an increasing obligation for the design of the learning environment not only in relationship to structuring learning but the planning processes associated with development and learning around team-based approaches. This is not simply teaching people how to behave in teams and developing the teams. It is building a model of learning that requires a commitment at the point-of-service to a learning agenda moderated on the needs of individuals at the point-of-service and a continuing dynamic that raises the standard of expectation and ultimately improves the outcomes of care. This model of learning should thread throughout the organizational system to create a framework for the learning process that represents the team-based focus of the organization yet ties learning into the expectations for service outcomes enumerated in the mission and strat-

FOCUS

All learners are unit based. It is advisable that all teaching-learning activities be included there for several reasons:

1. *In an adult environment, learners do best when applying learning immediately.*
2. *Most of learning is an experiential process and requires that it be useful.*
3. *The learner should also be the teacher.*
4. *Individuals are responsible for their own learning.*
5. *Learning should be directed to helping the learners achieve a specific set of goals.*
6. *Learning must have some value and make a difference in how the work is done.*
7. *Learning helps create more opportunities to fit the worker better to the roles that emerge in the work environment.*

WORDS of WISDOM

The organization should never take away the obligation for one's own learning and career management from the staff. In order to deal with the staff in an adult-to-adult interchange, it is important for the staff to be in charge of their own partnership with the organization.

TEAMTIP 7.1

It is always advisable to keep as much control of learning and developing within the context of the team. The team becomes the basic unit of decision making and of work. The more it is empowered to make its own decisions the better it will become at doing its work. The development of the system requires making the team as independent and as successful as possible.

egy of the organizational system. How this learning is defined and the locus of control for its development becomes critical to the future of viability of the organization as it changes its purpose and the focus of its work.

The learning plan for the organization should be as important to the structure of the system as the strategic plan (Team Tip 7-1). Indeed much of what is outlined in the strategic plan simply could not be obtained without a specified and clearly enumerated learning plan for the system. The learning plan would focus on many of the same elements that the strategic plan does because a part of its obligation is to incorporate the learning activities of the organization with the strategies that give the organization direction and meaning. The learning plan focuses on the individual activities at the point-of-service and their resonance with the organization purpose and all of the functions and activities that relate to it. Tying the learning and the strategic processes together ensures that the functional and fundamental commitment of all of the members of the system at any place in the system is directed toward those activities that fulfill the system's mission and purpose. They must translate those into meaningful and focused goals at the point-of-service. Furthermore, by defining that and engaging all players necessary to articulate the learning plan, commitment to and translation of that plan into real purposeful activity becomes a viable process with the organizational system.

CHANGING ROLES

The learning component of the organizational system now changes its focus and function from providing education to ensuring that the support systems necessary for education to occur are in place. Instead of directing and controlling the educational process it facilitates the dynamic of learning throughout the organizational system. It should tie tightly together with other human resource activities related to the development and promulgation of staff-driven activities in concert with the organization's mandates.

At the systems level it is expected that the learning leadership is involved in gathering the stakeholders in a way that facilitates the develop-

ment of a broad-based learning plan consistent with the direction of the organization. This integrated multidisciplinary process associated with defining the learning plan brings players together from the various arenas and components of the organization where such a plan has value and meaning and where the organization's strategic purposes must be translated into tactics and activities at the point-of-service. Through this planning process a large framework for the system is developed out of which can be determined the specific team-based educational and learning obligations that emerge at the point-of-service.

Based on the broad-based learning plan for the organizational system, team-based learning activities can be identified specifically within the context of the team and its needs and demands in articulating and unfolding goals and activities of the team that fulfill the purposes of the organization (Box 7-2). Therefore the fit between the organization's strategy, and the tactics of the team necessary to implement them, become more clearly defined.

The locus of control for the implementation of these processes is really within the framework of the team; therefore all learning activities and developmental processes unfold within the context of the team, and leadership involved in learning activities should be located as close to the point-of-service and as near to the context of the team as possible. Planning becomes the obligation of the system as a whole. Learning becomes the obligation of each member of the team at the point-of-service. The planning activities are a systematic learning process. The implementation of learning activities is a team-based and individual set of activities. Understanding this differentiation changes the locus of control for resources directed to the developmental processes associated with learning.

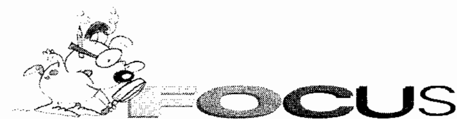
The learning facilitators, coaches, or educators in this approach must be located within service pathways in direct relationship with teams. Much of the facilitation of learning, development of learning plans and approaches, and the learning process itself must unfold within the context of the team because the locus of control for implementing and applying the learning is

BOX **7-2**

Team Learning

Teams will need support for the system to ensure that the tools of learning are available to team members:

- Learning tools are available on request by team members for learning purposes.
- The learning activities of the team are consistent with the learning goals of the system.
- There is a learning plan for the system and tactics to incorporate the team's learning into an overall strategy to improve the system's effectiveness.
- There are learning "coaches" available to teams to assist them in creating learning processes and evaluating whether learning has occurred.
- Each team member has a plan for learning that fits the team's goals and improves his or her contribution to the team's effectiveness, as well as advances personal skill.



Creating an Individual Learning Plan

Step 1: *Think about career direction and the skill mix needs of the career. Make sure there is a good fit between career ideas and the direction of health care.*

Step 2: *Compare what you now have with regard to your career and skills and determine what learning deficit exists.*

Step 3: *Review your life choices and situation, establishing a baseline for considering what choices you will make.*

Step 4: *Make a plan of action with a step-by-step approach to getting what you need. Include a time frame.*

Step 5: *Review your plan with a mentor or someone you respect to help with finalizing your choices.*

Step 6: *Implement your plan.*

Step 7: *Continually and periodically evaluate your choices in light of current health care changes.*

at the point-of-service. Therefore the design of learning activities and processes should be incorporated at the point-of-service. Whatever educators, learning coaches, or approaches to the processes of education are used in the system, they should be located specifically and precisely at the point-of-service, where such learning has greatest value.

In the health care frame of reference roles such as clinical specialist, learning coach, educational specialist, team learning facilitator, or any other such role should be located within the service pathway at the point-of-service working directly within the context of teams and with team members. Here again, the learning process is a continuing dynamic, an expectation of the ongoing activities of work for which both time and resources should be available.

All planning on the part of the educational and learning coordinator relates specifically to the development of the team and team members. This includes activities of translating the learning plan for the system. It also specifies pathway and team-based obligations. It should articulate the model of learning and the implications of that model as applied to the learning process, identify the cultural and personal issues related to the learning process within the service pathway and each team, and identify learning activities that facilitate the advancement and effectiveness of learning process at the point-of-service.

What is perhaps the most critical role of the learning leadership at the point-of-service is the development of ownership in the staff and the team with regard to their own processes associated with learning. Because learning occurs at the point-of-service and is imbedded in the activities of unfolding the work there, the obligation and ownership for learning should also occur there. Learning should occur within the expectation that team members are a part of a learning process and have the obligation to both teach and learn. Each member of the team has a peer obligation for teaching and learning and must exemplify that in the context of his or her role. Here again, practice-based, activity-driven, point-of-service designed learning processes would include approaches not traditionally associated with the educational process in health care systems. Patient-based, case-

driven, process-oriented, event-stimulated learning dynamics may be more prominent as the approaches to implementing the learning plan as formal, educational, classroom, and non-work related activities might have been in the past. Every activity in the organization serves as a foundation and framework for opportunities for learning, for advancement, and for improving the outcomes of service at the team level in the organization.

Much of the activities of learning require ongoing evaluation of progress. Members should stop regularly just to spend some time defining where they are and what concerns they have.

THE LEARNING COACH

One of the prominent roles emerging in new organizational structures is that of the learning coach (Box 7-3). The role of the learning coach is specifically point-of-service driven. Although the learning coach plays a major role in activities related to the learning plan, much of the functions and activities of the learning coach focus on team-based development and facilitating the viable outcomes of team-based work. The learning coach essentially is a broad-based facilitator of team activities.

In many organizations the learning coach is located within the context of each service pathway (see Chapter 2). Ostensibly, each service pathway has its own learning coach. The learning coach focuses on the following areas:

1. Assist pathway leadership in the translation of the learning plan into learning tactics and activities for the pathway and its teams.
2. Identify with the pathway leadership and team leadership the specific priorities for team development and functional enhancement to ensure effective team processes.
3. Work specifically and directly with each team in its own developmental process associated with the learning plan, its goals and activities, and its defined expectations and outcomes.
4. Work with specific teams around issues of role development and relational conflicts and issues within the context of each team's design.
5. Work specifically with team members with regard to their own developmental and relational issues with the teams or other team members. This includes conflict resolution, compatibility, and performance issues within the context of team expectations.

BOX 7-3

The Learning Coach

The learning coach is a new role in organizations. This person provides the tools and format for creating the learning organization and making it live at every place its work is done. Skill development and knowledge transfer are the most important roles of this person. Her or his goal is to give away everything she or he knows to enhance the skill of others in the system.

WORDS of WISDOM

Each team member is accountable for his or her own career. As we move out of the "job age," developing more fluid and mobile skill sets is important work in ensuring a personal and positive work future!

BOX 7-4

The primary roles of the learning coaches and leaders are:

1. Information transfer to team members
2. Development of good team-building skills
3. Development of good methods for decision making
4. Problem identification and resolution skill development
5. Mentor role skills as team member
6. Facilitate the development of meeting skills
7. Encourage leadership and risk taking
8. Push progress on planning activities
9. Evaluate progress regarding team skills and performance expectations
10. Identify conflict and its resolution with members

Information is the life blood of any organization. The system that handles its information well is better positioned to thrive in this new age.

Clearly, the learning coach has a tremendous obligation to create effective interface between the work processes of the team, the goals of the pathway, and the learning plan for the system as a whole (Box 7-4). Integrating each of these components within the activities of teams and team members creates a significant challenge to the learning coach and shifts the locus of control for learning to individuals and their teams at the point-of-service. Facilitating and focusing on this shift in the locus of control is perhaps the main obligation and benefit of a processes associated with creating a learning dynamic.

While all of these elements and activities related to a learning plan are identified in a more functional way, the underlying assumption that guides the development of learning plans and learning processes relates to all of the theoretical and organizational constructs of a learning organization. Taking learning organization theory and strategies and using them as the framework for developing both learning plans and the ownership of learning at the point-of-service becomes an important constituent of the design of effective learning as an ongoing operational element of the organizational system. Learning is looked at as a part of the dynamic of the system. Within this frame of reference all activities in the system have imbedded within them components of a learning dynamic and process that is fundamental to the role of any player in an organizational system. It is the obligation of each individual, just as it is the requisite of each team, to focus on growth, development, maturation, and systems advancement in a way that facilitates the achievement of meaningful outcomes and the advancement of patient service. Through the use of systems thinking processes, new mental models, mastering personal skills and relationships within the context of the team, and developing assured focus on outcomes and their advancement are all components of a learning activity. They should be imbedded at every level of learning at the point-of-service in individuals and in teams and reflected in the learning plan in a way that advances the purposes and services of the organization (Box 7-5).

BUILDING AN INFORMATION INFRASTRUCTURE

None of the processes and designs emerging in the health care world could occur at this time if the information systems that make them possible were simply not available. Of the three major initiatives that change the framework for decisions in an organization, perhaps the one with the broadest implications is the information infrastructure.

Technology has made possible radical shifts in relationships, organizations, work, and communication (see Chapter 1). This dramatic growth in the application of technology and work and organizations will continue to have an impact on how work is unfolded, how organizations are defined, and how outcomes are achieved for the foreseeable future. The immediate need for expanding, deepening, and developing the information infrastructure for the continuum of care is important in the design of health care services.

Much of the change in health care reflects an increasing focus on horizontal linkages across a continuum of care with multifocal service providers and a multilateral service population. Within that frame of reference whole new approaches to both organization and structuring design are emerging in the organizational system. Integration of information, as well as integration of service, is a critical part of the effectiveness of organizational design for the future. The information infrastructure is one of the critical elements of that design, requiring much focus on the point-of-service.

Perhaps one of the most intensive difficulties staff members experience as they begin to assume more and more decision making at the point-of-service is the lack of informational support they have in making those decisions. This creates a deficit in the interface of their activities with the activities of the system as a whole.

Clearly, in the old departmental structures the information that was necessary for the department to function could be obtained within the department or by the manager of the department in the course of her or his

BOX **7-5**

Steps to Ownership of Learning

Staff members must own their own development. This is a part of the notion of shifting from looking at work as job toward seeing it more as career. Learning is a lifelong process and does not occur accidentally. Staff members have some obligation for growth:

Step 1: **A personal plan of learning is developed with an eye toward career advancement and viability.**

Step 2: **The fit between personal goals and the system's goals is assessed to determine future response.**

Step 3: **An action plan that includes a time line is developed to make sure something happens with personal goals.**

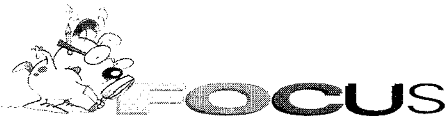
Step 4: **Periodic adjustments occur as circumstances and conditions alter the plan and require changes.**

Step 5: **Review and evaluate the plan with a trusted colleague or mentor.**

Step 6: **Get going!**

WORDS *of* WISDOM

Information is like a river that flows through the system, carrying with it everything anyone along the river might need to access.



Using the Learning Coach

Staff members should see the learning coach (LC) as a mentor and teacher-learner on the path to creating the learning organization and building effective teams.

- *Use the LC to develop better interactional skills.*
- *Determine personal needs and let the LC help address them.*
- *When communication is a problem, use the LC as a facilitator.*
- *Learn new interpersonal skills and avoid conflict-causing interactions.*
- *As processes fail, use the LC to explore other approaches or options.*
- *The LC role models and mentors different roles and approaches for the staff members, giving them new insights and opportunities.*

Information is not a thing but instead a dynamic. It is a river that flows through an organization and creates the potential for those who need it to reach into the river and draw out whatever is needed in a format that is simple and useful.

relationship with other departmental leaders. The more department structures are deconstructed and service frameworks are moved to the point-of-service, the more integrated the functions and activities of that service become and the greater the demand for information related to those activities emerges at that point-of-service. The challenge in this frame of reference is not only accessed information, but the mix and integration of the information processes necessary to provide specific and definitive support to the team within the context of its expectation and work. Then it must tie the team's work back to the continuum of relationships it has with other service providers and other teams across the continuum of care.

The River of Information

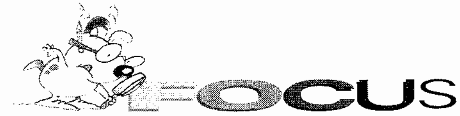
As mentioned previously, information is not a thing, it is a dynamic. Information relates essentially to the processes of access to what is needed to make decisions and to do work.

Information can be characterized in an organizational structure as a "river" flowing through the organization. In that river is contained all the elements necessary to sustain the information base of the organization. The river flows through every component of the system, every service, every team, and every individual and his or her functions throughout the system. It flows in a way in which everything that is possible is present in it. However, it is designed in a way to ensure that only that information that is valued to the individuals who access it at the time they access it is available to them in a way that is useful and viable. A part of the structuring of the river of information through an organization is a clear delineation of just what kind of information is required at what point along the flow or pathway of the river of information as it moves through the organizational system. That way the access to those points at which people dip into the information river and the kind of information that they can use is designed in a way that is specific, clear, and meaningful to the person who draws it out of the river. Although every bit of information is available in the river, access to information must be specifically designed directly to meet the needs of those who access it at the point at which they are located along the pathway of the

information river. Therefore managers who are obligated to look at issues related to systems as a whole may gather information from the river on resources, budgets, strategic plans, demographic and geographic indicators, and so forth that are specific and unique to their needs as they look at the system as a whole. The clinical provider, however, at the point-of-service in the system, dipping into the same river, may wish to access entirely different issues. Issues around the continuum of care, critical paths, best practices, the cost per unit of service, the measurement of quality indices, and outcome determinance all are issues of concern to those at the point-of-service. The river contains both those sets of information, but access is designed to help individuals access only that which has meaning for them as they unfold their work and make decisions at their point of decision making in the organizational system. This notion of information as a river creates a dynamic and a process of thinking about information which influences how it will be designed and incorporated into the organizational system. Using this mindset builds requisites around the whole notion of the design of the information infrastructure across the organizational system.

New Tools for Information Management

Focusing on the information infrastructure also assists us in issues around the communication and management of information and data across the system. At the point-of-service, fluidity, flexibility, and mobility are critical factors for the provider. Providers must follow the patient population wherever that patient population is and must be able to quickly access information that facilitates their ability to serve the patient. Therefore affordability becomes critical to the process of making decisions at the point-of-service. Laptop computers, cellular phones, decentralized information stations, patient-based data collection tools, pager tools, documentation, and personal digital assistance are all tools that have meaning and usefulness for those at the point-of-service. These tools provide linkage to the broader river of information, but also provide localized data facilities that ensure the practitioner has adequate resources and maintains her or his mobility in their application (Box 7-6).



Evidence That You Have a Learning Organization

1. *Staff members feel safe to address issues and concerns publicly.*
2. *Administrators demonstrate their commitment by being learners themselves and are seen in learning roles as learners.*
3. *Teams are able to deal with their issues free of control or coercion from "above."*
4. *A lot of time and resources are devoted to development activities.*
5. *Mistakes are looked at as opportunities for improvement, not as sources of punishment.*
6. *Learning plans for individuals and teams form the driving force behind growth and improvement in the system.*
7. *People are rewarded for risk taking, and experimentation is honored by leadership.*

BOX **7-6**

Providing Information

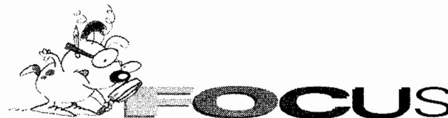
Teams depend on good information to make decisions. The system must make sure the team can access the information it needs to make good decisions. The system provides for the following:

1. Good information systems leadership who recognize that they are servants to the staff. Their information is only as good as those who can use it.
2. Information must be in a form and a type that can be used at the point-of-service.
3. Information is a constant, not to be managed, but to be generated to as many as will benefit from it.
4. Information is in a language that the user can understand and apply.
5. The hardware is useful and user-friendly, as well as portable.
6. All information must be timely and immediately useful.

WORDS of WISDOM

The individual is obligated to be informed. Communication is a two-way street. Each of us must wants to be informed to the same level as others want to inform us. Both process and desire for communication is necessary for it to happen. You cannot inform someone who does not want to know.

At the management level of the information support system mobility is less important than comprehensiveness. The service manager wants information readily available in a multilateral desktop format that provides service pathway data in a meaningful and viable way that facilitates making judgments immediately about shifts in resources, focus, functions, or activity within the patient pathway. Reporting on demographic and geographic changes, budgetary and financial considerations, revenue changes and adjustments, patient case, acuity, mix, changes, cost and payment base changes, service changes, outcome, and consumer demand shifts and adjustments all provide information that gives a comprehensive composite of data to the manager. This occurs in a way that allows her or him to make reasonable decisions in a relatively abbreviated time frame and that influences both present practice and the future delivery of health care within the service pathway. These examples, one of point-of-service design and the other of service management design, indicate the major shifts in the



For the manager, comprehensive access to a broad database is necessary to his or her work. The ability to "hook into" all of the relevant data sources easily is critical to the effectiveness of the role. Computer-based approaches are necessary. The manager should have at least a desktop computer and access to the financial, service, and strategic data affecting her or his role and service.

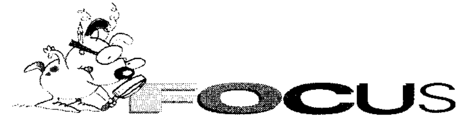
- *The manager should be at least computer literate.*
- *All financial data should be coming directly to the service manager.*
- *Data should be both accurate and timely.*
- *Information should be in a form that can be understood by the user.*
- *The manager should know how to use the data effectively.*

need for information and, therefore, the hardware mechanisms and structures of information promulgation in the organizational system.

Increasingly, the dynamics of information generation, data system, and hardware enhancements continually improve the viability of information management systems. An open approach to information management design allows for multiplatform connections, future technology innovations, fluidity in software design, and a flexibility and mobility in the utilization of the technology and the collection and use of data related to it. Building that into the management information infrastructure becomes a critical component ensuring that the information system in place has viability and meaning within the structures of the organization.

As identified in a range of sources, the capital commitment to developing information infrastructure within the health care system over the next decade is considerable. More than 50% of the capital resources of any integrated health care system over the next decade will be in some measure devoted to developing the information infrastructure that supports the continuum of care in a horizontally linked organizational system.

As those resources are being made available, the hardware and tools of information management are becoming increasingly more broad based and less expensive as time moves on. The per unit of cost for information technology is decreasing daily, so the technology is becoming increasingly affordable as it becomes more generalizable across organizational systems. Health care leadership has much to do to begin to apply the emerging technology and the information infrastructure to design of work and of communication within the health care organization. As facility for it becomes more amenable, even the requirement for teams to meet periodically with regard to their activities around critical paths, best practices, clinical outcomes, and evaluation processes will be made much easier. This is facilitated by communication modalities, which allow people to meet in their own offices or clinical settings across an organizational system so that meetings can be undertaken and evaluation sessions can be provided without having to be present in the same location (Box 7-7). Such tele-linkages increasingly facilitate our mobility without eliminating our connectivity.



Communication And Information Access

Everyone in the organization has an obligation to access and be aware of the information necessary to do his or her work and to remain current about the conditions and circumstances influencing the organization and its work. The system has an obligation to provide information in a timely and appropriate way. Staff members have a responsibility to stay informed:

Technique 1: *Read memos and bulletins at the beginning of the workday.*

Technique 2: *Have information placed in an individual mailbox for your review.*

Technique 3: *Arrange the bulletin board so that priority, "must read" items stand out so staff will see them clearly.*

Technique 4: *Place important information or notices in the paycheck envelope.*

Technique 5: *Have important information brought up at the beginning or end of the regular staff meeting.*

BOX **7-7**

Technology for Effective Communication

Using technology is important to effective communication. Teams should be able to communicate with each other regardless of where they are located through use of

- E-mail
- Laptop computers
- Modems
- Cellular phones
- Beepers
- Walkie-talkies
- Personal digital assistants
- Internet

Whether local or distant, the technology makes it possible to be in touch with anyone anywhere. Increasing use of these devises on the unit, in the system, or in the community makes communication easier.

CLINICAL INFORMATION AT THE POINT-OF-SERVICE

Increasingly critical is information that relates to the clinical process at the point-of-service. Regardless of the model or approach, all team-based clinical activities will require information that will facilitate the team's decision making in terms of rendering patient care services and adjusting that patient care based on what the data generates regarding outcome and viability of process. Increasingly, immediate information around the process and delivery of the plan of care will be critical to the providers that make up specific teams devoted to define patient populations. Simply because there are teams does not mean that the team members will always be located in the same place at the same time. Their documentation processes must provide a way of linking team members through information with regard to the activities of individual team members, the

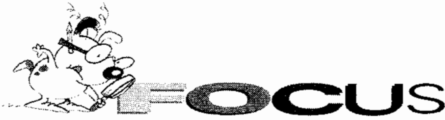
impact of those activities on the patient, and the intersection those activities have on the activities of any other individual clinical team member.

These circumstances create the condition for a moderated and well-planned patient documentation system that ties into the prevailing information infrastructure. Not only must documentation interface well along the critical clinical continuum of care, it must also integrate with the financial and cost base data that relates to the viability of clinical activities. Obviously, service that cannot be paid for cannot be rendered. Therefore a tightness of fit between the kinds of services that are offered and the payment structure that enumerates them must be clearly delineated. These judgments must be made in short order. Therefore the organization of documentation and data must be such that decisions about the interface of activities and the efficacy of those activities can be made quickly by those who provide leadership along the continuum of care.

It is also important that the interface between the various professionals be facilitated by the information system. Clearly the plan of care for individual consumers, regardless of where they may be located, needs to be facilitated within the context of the expectations and outcomes that are generated. As critical paths and best practices become even better enumerated over the next decade, the plan of care will be more clearly delineated for each of the practitioners within a team-based framework. Therefore the plan of care will indicate for all team members their expectations and activities as they fulfill the obligations of rendering service. In addition, as each provider documents that component that relates to his or her function or validates in the plan of care a component that has been completed, it builds the database for evaluating the efficacy as well as the interface between each of the providers on the team. Increasingly, as the clinical paths and best practice frameworks become more clearly delineated and the role of each practitioner becomes better articulated, the need for a well-defined, clearly integrated information and documentation system will be important to the viability of the practitioner's work and the effectiveness of the team.

The work of the time in building information systems is the linkage between components of the information system. No longer can information leadership look at building information systems without seeing the whole system and its interface and uses. Integrating information is as important as integrating patient care.

The role of information is to create a linkage between people and systems that is fast, fluid, and flexible.



Solving Information Problems

Step 1: *Make sure you know the nature of your problem from the perspective of how it is affecting you now.*
Step 2: *Clearly document the nature of the problem as it occurs so time and circumstances do not alter your vision of the issue.*
Step 3: *Make sure that if anyone else is experiencing a problem, he or she is included in the documentation.*
Step 4: *Go to the source and get the right help in problem solving. If the problem is not the user, either the software or the hardware is the issue.*
Step 5: *After corrective action has occurred, follow up with the source so that he or she can use your experience to help someone else when needed.*

Interfacing Information across the Continuum

As hospitals become health systems and health systems become focused on designing care around subscriber-based continua of services, the importance of the information infrastructure will become critical to the sustainability of such systems. As health care becomes more subscriber driven and the continuum becomes the basic framework for health care delivery, integration along that continuum in a horizontally linked structure will become the modus operandi for functioning in the system. This will often mean that organizations will be linked and connected to other providers of patient services that they neither own nor control. Creating linkage across the continuum of care within a system is indeed challenging. What is especially difficult is creating those same linkages across the continuum of care, interfacing with those parts of the continuum that are not a subset of the system; however, such linkages will be necessary.

Partners must be able to share specific and appropriate clinical information regarding patient populations they are expected to serve. They have the same right to a broad-based database that influences the judgments and activities of their providers at that particular point in the continuum. Therefore designing systems that make it flexible and fluid enough for partners becomes an important part of the consideration around building an effective information infrastructure. The linkage of the documentation system, the design of the continuum of services, and the generation of patient-based information all become important parts of the dynamic of building an effective organizational and informational interface.

However, distinguishing the kind of information means also designing it in a way that has value and is viable for the provider at a specific time or point along the continuum of care. For example, the kinds of information that are required of home health professionals are not the same information as required of rehabilitation professionals. Further, the information generated within the women's services pathway of a health care system might not be nearly as valuable when an individual patient moves across the continuum into cancer care services. Yet all of these services need to be

easily accessible to those components of the documentation process that are critical to their clinical activities within a context that gives them a complete enough picture of the patient and the patient's circumstances in a way that facilitates service delivery (Box 7-8).

Each of these issues regarding information from management, the clinical system, teams, individual clinical providers, and across the continuum of care has tremendous implications for design, character, and quality of the information infrastructure. Clearly, the information infrastructure is the architecture for the future of health care. Therefore consideration of its design must be a major construct of the work of the team-based organization. The only way in which team-based decision-making and point-of-service orientation can be maintained over the long term is through the kind and quality of the development of the information infrastructure that supports it. This river of information creates the continuing viability on which systems, organizational, operational, and clinical viability can be advanced (Box 7-9).

BOX 7-8

Documentation Notes

- As much as possible, documentation should occur in the electronic record.
- The clinical path should be the foundation for the clinical record.
- Interdisciplinary processes are the foundation for all patient activities.
- The design of the electronic record should make documentation easier and faster.
- Information should be concise yet comprehensive.
- The patient's service pathway is the foundation for information generation.
- Hardware should be easy to use.
- All hardware should be portable and flexible to use.
- Clinical and financial information should be available at the same time in the same documents.
- Providers should be able to chart easily and have access to each other's information quickly.

BOX 7-9

Critical Information That Supports the Team's Work

1. The team is the basic unit of interdisciplinary communication.
2. All information about the patient is generated to facilitate the work of patient care.
3. Financial data is always support to the clinical data, not the reverse.
4. Information helps the provider guide the patient across the continuum of services.
5. All information about the patient is available to the patient at all times.
6. Information provides the data necessary to create a tightness-of-fit between patient and provider.
7. Information helps the team evaluate the effectiveness of patient service strategies.