

Change: Impediment or Opportunity? ***How Corporate Culture Affects Quality***

Good morning fellow healthcare professionals and leaders. Allow me to begin by thanking the members of the Quality Worklife, Quality Healthcare Collaborative for organizing the 3rd annual summit, and for extending an invitation to me to speak today. I was keen to accept for a number of reasons, not least of which is the fact that I believe any opportunity to engage in discussions that will inform and shape the future of the health care system in Canada is vital.

While such discussions may come in many formats, including exchanging insights from past experiences, I am a strong proponent of promoting the benefits of adopting a participatory—hands-on if you will—forward-looking management approach. That is why this summit's theme resonates with me.

As we all know, work climate affects work satisfaction, motivation, performance¹, psychological well-being², as well as absenteeism and turnover rates³.

¹ Carr, J.Z. Schmidt, A.M., Ford, J.K. & DeShon, R.P. (2003) Climate perceptions matter: a meta-analytic path analysis relating molar climate, cognitive and affective states and individual level work outcomes; *Journal of Applied Psychology*, 88(4), 605-619

² Parker, C.P., Baltes, B.B., Young, S.A., Huff, J.W., Altmann, R.A., Lacost, H.A. et Robert, J.E. (2003). Relationships between psychological climate perceptions and work outcomes: a meta-analytic review. *Journal of Organizational Behavior*, 24, 389-416

³ Ostroff, C. (1993). The effects of climate and personal influences on individual behavior and attitudes in organizations. *Organizational Behavior and Human Decision Processes*, 56, 56-90

De facto, we also know that the quality of care provided and the sustainability of our institutions depend on assuring outstanding work climates. As such, it is safe to say then that all we have to do is put in place elements that make for an outstanding work climate: an abundance of natural light; the right equipment and ergonomic work areas; policies that promote the respect of human rights and protect against occupational health and safety hazards; and programmes that encourage job growth and recognition, among other things. Seems simple enough, right? We would not be here if it were.

Everyone will agree that there are impediments to assuring quality worklife. Creating and maintaining healthy workplaces presents many challenges, particularly in light of the budget juggernaut that is the rising cost of delivering quality and accessible health care in Canada. These challenges are compounded during tough economic times.

While there has been much debate over the sustainability of our public health system as a whole, I do not wish to focus on this topic.

I will, however, say this. As a nation, we seem to value our system but perceptions as to what is and what is not working vary considerably.

Just look at the 10th Annual Healthcare in Canada Survey⁴. This 2007 poll—whose respondents included Quality Worklife Quality Healthcare Collaborative partner associations—revealed that 91% of managers, 76% of pharmacists, 72% of doctors, and 66% of nurses feel that Canadians are receiving quality health care. Meanwhile, only 57% of the public feels this way.

⁴ *10th Annual Healthcare in Canada Survey*: conducted by POLLARA Research with survey partner organizations (ACAHO, CMA et al), October 3 to November 8, 2008. Representative samples: 1,223 members of Canadian public, 202 doctors, 201 nurses, 202 pharmacists, 201 health managers; Public data accurate +/- 2.8% while healthcare professionals accurate +/- 6.9%.

These different perceptions tell us that our system does not lack for want of change or expectations for that matter. That's normal, we say. After all, as with anything in life, there is always room for improvement. Furthermore, when it comes to the healthcare field, improvements are as constant as time immemorial.

Therefore, one would think that healthcare professionals should thrive on change, not view it as an impediment to achieving quality worklife.

Unfortunately, that is often how change-association challenges are viewed; perhaps because we long for a modicum of simplicity, perhaps because we clamour to keep up with schedules or communication devices and there are just not enough hours in a day...

Regardless of how legitimate the reason or reasons may be, that is not how I like to view change. I contend that for every challenge that change presents, there is at least one opportunity worth seizing. Moreover, an institution experiencing profound change benefits from exponential opportunities.

Is your glass half full or half empty?

As the Director General and CEO of six hospitals and a research institute, I know how difficult the healthcare reality in Canada is. I am conscious of how easy it is for employees to lose sight of the big picture because the work pace is so fast that much is often a blur. That is why I view the glass as half full and my job as an opportunity: one to improve health care in Canada as well as my exceptional team's worklife. Ultimately, how my team views and manages change starts with me, and what corporate culture I instill.

When I arrived at the MUHC in 2004, I knew morale was down. So many people were sceptical about whether the redevelopment would ever happen because it had been a dream for so long and there were so many delays. I knew I had to show these same people, right out of the gate, what kind of leader I intended to be. I don't believe in ivory towers. For me, a hands-on, forward-looking management approach is the way to go. I feel this allows you to empower those around you to rally behind change, to embrace it, to leverage it for continuous workplace improvement.

I say continuous workplace improvement because health care has never, will never, nor should it ever stand still. While it is important to set objectives, we should seek to set new ones as soon as we're close to achieving those we have already set. Let's me use my institution's reality to illustrate my point, starting with a bit of context.

In 1997, the Royal Victoria, Montreal General, Montreal Neurological, Montreal Chest and the Montreal Children's hospitals— each with its own culture and rich academic history—formed Canada's largest-ever voluntary merger.

The goal: to pursue excellence in clinical care, research and teaching on a modern new site.

In 2003, the Government of Quebec set about reorganizing how health care would be delivered across the province, seeking to focus the energies and expertise of academic health centres on complex care, research and teaching, while making primary and secondary care more accessible in neighbourhoods. The Government established four networks, each with its own geographic territory, faculty of medicine and academic hospital at the helm, and set of primary/secondary-care partners.

These networks are called Réseaux Universitaires Intégrés de Services or RUIS for short. The McGill RUIS assures services to 63 per cent of the province and roughly 1.7 million people.

In 2004, the Government of Quebec approved three projects that would help it modernize academic medicine in Quebec. One of these projects is the McGill University Health Centre's \$1.579B Redevelopment Project. This project will be delivered in part as a public-private partnership or PPP.

As a result of planning this pivotal redevelopment project and our daily operations, the McGill University Health Centre is in a state of profound change. Challenges include:

- Attracting and retaining personnel in a workplace where, in spite of significant redevelopment strides, people must still make do with ageing facilities under perpetual renovation for roughly another four years;
- Developing a strategic clinical plan when it is not clear that the network will be able to support the changes being demanded;

- Maintaining employee morale and motivation when a lack of equipment, technology and space affect one's ability to be truly effective;
- Assigning resources to plan for the future when your institution is short on human resources and does not have limitless funds;
- And, finally, how to envision new ways of doing things when being relieved to make it through one more day is a common feeling.

Challenges such as these make an obvious case for putting your people first.

Our redevelopment, for example, is not about the shell— that is to say our new facilities, albeit they will be most welcome and will contribute to a quality worklife. No, our redevelopment is about our people.

I have long believed that empowerment and rewards drive innovation and continuous improvement; that they should underpin an institution's corporate culture. How different institutions go about doing this will depend on their respective leaders or governance structure. At the McGill University Health Centre, we chose to:

- Strengthen communications;
- Rethink our vision, mission and values;
- Overhaul our organizational structure;
- Engage our people in different forums that would change how we do things and shape the future of health care;
- Allocate resources for new ideas; and
- Do everything in our power to become an employer of choice.

One of my first lessons as an administrator was to learn the value of communications. That is why I immediately created an internal newsletter called E-en bref.

Published twice weekly and whenever else it's warranted, this newsletter is one of my mechanisms for sharing good, sad or bad news with my team before it becomes general knowledge. I can recognize achievements, explain policies, acknowledge challenges, or announce discoveries across the institution.

Another mechanism I favour are strategic meetings, some led by me while others by senior managers. Our Mission Table is a 30 or so member committee of mission chiefs, administrative directors, nursing directors and allied professional directors.

Their weekly meetings are there to maintain the flow of communications in and between each of our seven missions and to make the necessary links between administration and clinical care. In this way, we ensure our workplace has coverage at all times and processes are enhanced and aligned with our organization's overarching vision, mission and values.

Our Operations Committee comprises members from finance, technical services, human resources, communications, and basically any non-clinical directorate.

It too meets weekly to address issues. That being said, the person who chairs the Mission Table also chairs this committee such that the necessary administrative and clinical links are made and organizational decisions reflect operational priorities.

I chair weekly roundtables with specific groups to move projects forward, address issues or reflect on future strategies. I also chair two committee meetings that are held just prior to our monthly board meeting; one comprises administrative leadership while the other clinical and research leadership.

This allows me to be informed of the very latest news and/or issues and to be able to report back to our board of directors, thus closing the governance loop.

Should decisions be made this way? I have always said you can change a poor decision but you cannot change indecision. Therefore, if all decisions had to come from the top, then what you would end up with is a lot of delays. I don't like unnecessary delays! So yes, I think empowering the right people is totally justified.

Of course, one cannot forget two key opportunities to communicate, the first being when an employee joins the institution and the second when his performance is evaluated.

The McGill University Health Centre holds a Welcome Day every week, during which new employees are introduced to our vision, mission and values; our important policies such as ethics, confidentiality, employees' rights and responsibilities; as well as occupational health and safety protocols. They also learn about our various programmes and the importance of communicating effectively.

Various directorates participate in these sessions, which are complemented by departmental orientation programmes that include manuals, bylaw guides, customer service and language proficiency courses, training for code orange, etc. We also use a companionship system, teaming up senior managers with incoming ones to create a smooth transition. As for performance reviews, they are an effective means to evaluate teamwork, client impact and quality of worklife, as well to communicate our organizations' objectives and ensure everyone is working in the same direction.

And speaking of directions, what better means than through clear vision, mission and values statements? On that front, the MUHC began a strategic exercise to analyse its vision, mission and values in late 2006.

Almost a decade had passed since the merger and it was clear that the existing statements no longer reflected our current and future goals, inspired our people's mindset and actions, or put patients at the centre of all we did, which was integral to our philosophy of offering the best care for life.

We deliberated long and hard over words with as broad a cross-section of staff as possible, as we wanted to ensure clarity and adoption. We paid a lot of attention to what we value.

In the end, we prioritized service, innovation, leadership and partnership as we felt they would help us achieve our vision and mission.

In spring 2008, our Board of Directors approved the new statements.

Equally important to achieving goals, we felt, was our organizational structure.

Did we have the right people doing the right jobs? Did they have the power and framework needed to act appropriately? Therefore, along with senior management and human resources, I overhauled our structure to support action. Our organizational chart is now a flat one, which in and of itself promotes a rapid exchange of information and clear lines of authority.

Now once you have a clear direction and clear lines of authority, what do you tackle next when you want to maximize profound change?

You engage your people in different forums that could change how things are done and shape the future of health care!

PPPs offer an excellent opportunity for engaging people. While some look at PPPs as daunting uncharted territory, the McGill University Health Centre did its homework when the Government of Quebec began expressing an interest in this model.

In 2005, we went to the United Kingdom and met with developers, financial experts and institutions that had been involved in PPPs.

HR even took union leadership on trips to explore human resources aspects of PPPs.

When the Government announced our Glen Campus would be completed as a \$1.2B PPP, we hired an expert as our PPP Project Director. And in June 2008, we empowered our people by creating PPP User Groups. These groups' task is to work with the two consortia we qualified to bid on designing, building, financing and maintaining our facilities.

During an intense 46-week marathon leading up to the submission of detailed proposals, our people ensure that the bidders understand our vision. Since this process began, the two consortia have met with almost 30 user groups comprising more than 250 doctors, nurses, professionals and staff from all areas of the MUHC. This is the first time in Canada where a broad spectrum of users has been intimately involved in more than 150 meetings with bidders. Moreover, with the future in mind, we chose deliberately a mix of our most senior management and clinical chiefs with our up-and-coming leaders to lead the user groups.

Participants have clarified and validated the functional needs of their area whilst providing feedback on the designs also being envisioned for their respective areas. Yes, it's challenging. People don't always agree and sometimes there is no room for compromise, such as when you have to make a judgement call on where one service is going to be located. However, it's our people who are helping direct these choices, and this is an amazing opportunity to not only influence the design but the way we deliver care and ensure patients are at the centre of that model.

Finally, despite how time consuming the process this, it forces us to think about innovation and how to use technology wisely.

Our Institute for Strategic Analysis and Innovation presents another opportunity to engage our people. This forum that we created in 2007 encourages a debate on health care policy in Canada. It's a way for us to challenge how our system is functioning today with a view to improving it and sustaining it.

One doesn't have to look far to see that there is much we can do to effect positive change.

Indeed, innovation comes in many different shapes and sizes and from every nook and cranny of an institution.

A year after I arrived at the MUHC, the institution's second Work Climate Survey was conducted. Results revealed that staff felt that innovation was not sufficiently supported. They knew I had said I valued innovation so, not skipping a beat, they soon challenged me at our annual Managers' Day to put my money where my mouth was! Well I did! After all, I had more than 200 managers looking at me!

So I committed on the spot to create a special \$80,000 fund that would give our creative people the freedom and financial support they needed to enhance patient care. Since 2006, more than twenty projects have been launched thanks to our annual Innovations Bursary competition. To give you an idea of some of the creative ideas that have been implemented, let me share a great example.

CanSupport is a cancer support group that is part of our Cedars Cancer Institute.

This group won a bursary to help young adults with cancer publish a book of their stories, poems, messages and art as a creative reflection on living with the illness. When the young adult spoke about the need for advocacy and consciousness-raising activities to educate medical staff and the hospital community about the interactions with young adults living with cancer, CanSupport submitted their idea. I, for one, am looking forward to reading their book, but I have no doubt that countless people, from other patients to caregivers, will benefit from it.

In addition to our Innovations Bursary, another important resource has been the creation of our Transition Office.

The Transition Office's purpose is to coordinate our organization's transition so that patient care and services may not only be maintained during this period of profound change, but also improved as we progress with our redevelopment.

Five axes have been established:

- 1.The harmonization of clinical and administrative practices;
- 2.Creation of a shared change management model;
- 3.The alignment of technological projects;
- 4.The assurance of technical and logistical support for staff and services during the eventual move; and
- 5.Evaluation.

This last axis will lead to a base model with appropriate indicators so that future major projects can be managed with greater ease.

Ultimately, the Transition Office's objective is to ensure a sustained focus on the quality and safety of patient care and services, and on the workplace. Indeed, two research grants directly tied to these workplace efforts have recently been accepted.

This brings me to my last element. Doing everything possible to be an Employer of Choice. In 2003, the MUHC conducted its first bi-annual Work Climate Survey.

Indicators show perception of job, role, leadership, workgroup and organization as a whole insofar as importance, autonomy, challenge, clarity, conflict, overload, goal emphasis, work facilitation, cooperation, innovation, justice and support. These indicators help us gauge the strengths and weaknesses in our workplace, and serve as the basis for action plans. These plans span many areas from manpower planning to our recognition programme.

We've been pretty successful with manpower planning, partly because weekly HR steering committee meetings help us keep a finger on the pulse of what's needed in the immediate to mid-term and partly because of a commitment to an annual retreat where the focus is on long-term strategies. As such, we have a good portrait of our workforce. We harmonize our needs with our strategic plan, our short and mid-term retirements, and the competitive labour market. Like most institutions in Canada, we're struggling with shortages in a number of disciplines but we're determined to find solutions.

I come back to the participatory, forward-looking approach. Solutions have taken the form of a special change-management team to provide hands-on support for such changes as department mergers. They also include the teaming up of HR and nursing to create a management advisor position. That person specializes in the nursing work environment and addresses nursing worklife issues. One project addressed retention in the operating room while another involved assessing how to integrate new roles in our system to ensure that the right nurse with the right skills is present in all areas of patient care.

Unions, employees, volunteers and external stakeholders are also involved in planning HR processes and services. For example, consultations about new job positions or changing roles are brought to the union table. A Council for Non-Clinical Personnel that was created at the MUHC the other year represents some 5,000 people at the Board level; we are proud to have been the first health centre in Quebec to have such a council. All of these efforts help setting training and organizational development priorities, as well as recruitment strategies.

As for our Recognition Programme, I am truly proud of it. It has grown from simple or individual awards in 2005 to a very complete set of activities, tools and programmes.

Our On-the-Spot awards allow managers to recognize employees or teams that have gone the extra mile. Thanks to a monitoring database, I am pleased to say that in 2008, 1,035 people were recognized. Our E-cards are similar, except these electronic-appreciation cards allow any employee to recognize a peer. They too have caught on quickly. 900 E-cards were sent in the first year.

Our Service Awards recognize employees' loyalty from the 5-year mark, as well as from the 25 or more year-mark with the Quarter Century Plus Celebration.

The Quarter Century Plus group is truly special. In 2008, we honoured 358 employees who'd been part of our family anywhere from 25, 30 and 35 years to 40, 45 and even 50 years. These individuals have a wealth of knowledge and experience to share, and the annual April celebration is amazing. Just the stories that can be heard as you move around the celebration hall...

Our latest initiatives include a Corporate Advantage Programme, launched this past July. Already 25 companies have partnered with us so that our employees can benefit from discounts or other perks.

We're also on the cusp of launching our Awards of Excellence, which will recognize the exceptional contributions of employees in all job categories in our entire institution at a gala event. While we have a number of hospital or discipline specific awards, such as our Nursing Awards, we hope this new programme will foster a new level of pride and loyalty.

After all, every job matters; every person contributes to quality health care. While a steering committee is putting together the criteria, I am thrilled that peers will drive the nomination process.

These efforts contribute to our remaining an Employer of Choice and these efforts must continue to evolve apace of our ever-changing reality, which brings me to my conclusion.

I have said that change is as constant as time immemorial; that I believe change, profound or otherwise, presents opportunities that should be seized for continuous workplace improvement; and that corporate culture allows you to embrace change; indeed leverage change. Let me take this one step further. I think we owe it to ourselves and to our patients and their families to force change.

We owe it to ourselves and to our patients and their families to move beyond managing change to effecting change of our own volition on every occasion available.

Health care has, won't nor should it ever stand still.

So let's draw outside the lines of the box. Let's make a new box. I won't say it doesn't matter what the new box looks like, because it does. It should reflect health care as our discussions have shaped it, and will continue to shape it tomorrow, and the next day and the day after that.

Thank you.