Finding Common Ground in Values

Introduction and Background

It should come as no surprise when a lack of alignment exists between a medical group and a hospital. Differences in workforce, services provided, acuity of needs, environment of care, and financial position may be a few of the contributing factors. Of equal importance is the fundamental values upon which the entities operate.

As a large hospital owned medical group engaged with the hospital leadership to achieve shared strategic goals, it became clear that finding common ground was imperative for the collective success. In the absence of shared values, leaders were positioning themselves within silos to compete for limited operating and capital resources. Year after year, this resulted in small pockets of success but the collective organization was unable to make significant progress on overarching goals.

A multi-disciplinary values steering committee was formed to understand the history, define the current values, identify areas of variability, and develop a proposal to achieve alignment. The Chief Operating Officer of the hospital served as the executive sponsor while nursing and human resource leaders served in the capacity of co-chairs. The steering committee was rounded out with representatives from the medical group, marketing, pharmacy, patient care services, and infection control. Understanding the significance of the assigned task, a project manager was also engaged to provide structure and discipline to the work.

Creating the burning platform:

Historically the medical group operated fairly independent of the hospital despite being a fully owned subsidiary. Each enjoyed unique missions, visions, values, and strategic plans. This
gradually began to change as the medical group experienced significant growth, market forces
drove a high degree of competition, and the health system entered into state and federal risk
contracting. Senior leaders from the medical group and the hospital recognized the
unprecedented urgency for working together to achieve the overarching goal of the Triple Aim.
(Berwick DM, 2008)

Getting started:

The steering committee met on a biweekly basis for a six month period with work assigned to
committee members for completion between meetings. Consideration was given to:

1. Statement of values history – How were they chosen? When were they adopted? How
   embedded were they in the current culture?
2. What were the similarities and differences in the statement of values?
3. Was the statement of values still relevant in today’s environment?
4. What would be the unintended consequences if changes to the values occurred?
5. What was learned from current literature?

As the answers to the above questions were revealed, there grew a greater appreciation for the
complexity and significance of the assignment. There also grew a heightened sense of
responsibility for the highest quality of deliverable.

Alternatives Considered:

With the list of each entity’s current values, the history for how these were developed, and the
degree to which they were embedded in the culture, the steering committee defined three options
for consideration:
Option 1: Retire the medical group’s statement of values in favor of using the hospital’s statement of values. The advantages to this option were the largest segment of the workforce (6,000+ employees) would not experience a change and existing tactics and collateral in the hospital for embedding the values would not need revision. The disadvantages were the potential for feelings of loss from the medical group workforce, the potential for lack of adoption by the medical group workforce, existing tactics and collateral in place at the medical group would need to be changed and there would be a missed opportunity to build community across the hospital and medical group workforce.

Option 2: Consolidate each entity’s statement of values to form one new list. The advantages to this option were a display of respect for each entity’s history and the familiarity of values for the entire workforce. The disadvantages were that it would result in a lengthy list of values, redundancy, and existing tactics and collateral for both entities would need to be changed.

Option 3: Perform a fresh assessment of the consolidated entity and landscape to inform a new statement of values. The advantages of this option included building community across the hospital and medical group, creating an opportunity to engage the workforce in the process (making it their own) and identifying values that reflect the common ground between the hospital and the medical group. The disadvantage recognized was the intensity of resources required for success (people, time and financial).

Chosen Solution:

After careful consideration and deliberation, the steering committee proposed the development and adoption of a new statement of values. This proposal was presented to the hospital’s highest leadership body, the President’s Council, for endorsement.
With endorsement of the proposal to create a new statement of values, the President’s Council assigned the steering committee with finalizing this in a manner that was reflective of the collective entity. The hospital’s training and organizational development staff lent assistance by conducting focus groups with leaders and employees. Themes emerged from the focus groups which, over a period of four months, led to the selection of five words and definitions that reflected the unified culture of the hospital and medical group.

**Shared statement of values:**

**Patient Centered:** We partner to serve the needs of our patients, families and our community.

**Integrity:** We practice the highest ethical standards by doing the right thing at the right time for the right reason.

**Respect:** We treat all people with courtesy, dignity and fairness and recognize each individual for his/her unique talents.

**Ownership:** With initiative and pride we take responsibility for the quality, safety and cost of the care and services we deliver.

**Innovation:** We value intellectual curiosity, creativity, critical thinking and cutting edge knowledge.

**Execution:**

With the shared statement of values approved, a new challenge was presented to the values steering committee in the form of engaging employees to define the standards of behavior and culture.
This challenge required the steering committee to maintain the biweekly meeting schedule for an additional twelve months. Ad hoc members were invited as new skill sets and perspectives were needed to complement and challenge the established group.

**Methodology:**

With the continued assistance of a project manager, the steering committee followed a disciplined approach to the work. Areas of discussion and planning included:

1. Creation of goals, objectives and actions for this next phase of work.
3. Development of a work plan for action items with responsible parties and due dates.
4. Creation of a communication plan.

Following six months of extensive planning, the committee began execution of the work plan. The kick-off took place during a full leadership meeting for the medical group and hospital in January 2015. Steering committee representatives shared the work from the past twelve months, unveiled the new statement of values, and reviewed plans for engaging all staff in defining standards of behavior and developing strategies for hardwiring these into the culture.

The idea of engaging a workforce of 8,000+ was daunting for the leaders at first but as the process was described in detail excitement filled the room. Leaders were asked to select representative delegates for each department. Ideal characteristics of delegates were described as good listeners, well respected, the desire to make positive change, the ability to bring out the best in peers and express a long term commitment to champion the values. Delegate responsibilities included attending a two hour training session, conducting discussion groups utilizing the tools from training, encouraging staff to participate in the group discussions or to complete an online survey, attending a full day caucus in April, and serving as ongoing champion of the values.
Leaders were asked to serve in a support role, providing delegates with dedicated time to attend training, talk with colleagues, lead discussion groups, attend the caucus, and participate in ongoing values initiatives.

**Launching the process:**

Within two weeks of the leadership meeting, 250 delegates were identified to represent the workforce of 8,000+. Each delegate was assigned a mentor and attended a two hour training session.

During the period of February 23, 2015 to March 27, 2015, 303 discussion groups and 788 one-on-one meetings were held. Staff that were unable or chose not to participate in this manner were given the option of offering feedback via an online survey. The deliverable from this work was an extensive list of behaviors that represent each of the values. The total number of behaviors submitted by the delegates totaled 3,075.

Five members of the steering committee were partnered with a member of the training and organizational development staff. Each pair was assigned a value and was tasked with organizing the behaviors into themes and eliminating duplication. The ultimate goal was to produce a list of no more than twenty-five behaviors while maintaining the integrity of submissions.

**The Caucus:**

On April 29, 2015, delegates from across the medical group and hospital came together for a five hour caucus. Delegates were randomly assigned to one of the five values. Each value was assigned a color. For example, “Patient Centered” was blue. At check in, each delegate received a t-shirt, tote bag, and water bottle in the color of their value.
The CEO and President of the hospital offered opening remarks which stressed the importance of this work to the future success of the hospital and medical group and thanked the delegates for their engagement, efforts, and ongoing commitment. The delegates then began the important work of narrowing the behavior expectations from a list of twenty-five per value down to six per value. Each value group (identified by color) was asked to come together in defined sections of the room.

Five separate conference rooms were reserved, one for each value. The list of twenty-five behaviors per value were written on flips charts and mounted across one wall of the conference room. To begin, each group was instructed to go to their designated value room. Once in the room, a facilitator gave instructions for the activity and answered questions from the delegates. Delegates were given ten minutes to read the behaviors and place a colored dot next to his/her top six choices. At the end of ten minutes, the entire group moved together on to the next value room. This “value walk” continued until each delegate had the opportunity to select his/her top six behavior choices for each value. Delegates returned to their original room to review the top six highest ranked behavior standards. The groups were given ample time to review the results, prepare a report out to the full delegate group, and select a spokesperson.

Following a short break, the full delegate group returned to the large conference room for a report out from each group. The deliverable was six behaviors for each value. The excitement and energy in the room exceeded all expectations and was captured in photos and video for future use.

The final assignment for the delegates was to develop strategies for hardwiring the values and behaviors. Delegates were broken into groups of ten with cross representation of the values. Each small group was provided with a flip chart and post-it notes to brainstorm and record ideas. After thirty minutes of independent work, each small group reported their ideas. A total of 265 ideas were offered and catalogued for future reference.
The caucus concluded with closing remarks from members of the executive leadership team. The energy in the room was complimented by a sense of great pride and accomplishment. Responses in the room ranged from applause to hugs. The lingering challenge took the form of “how do we keep the positive energy and momentum going?”

Rolling out the Values:

One week following the caucus, the steering committee began work on a plan for rolling out the values. Referring back to the list of 265 ideas generated by the delegates for hardwiring the values and behaviors, the committee created a six month plan for the roll out. Initial action items weighed heavily on prominent visibility of the values through marketing collateral, form updates and company-wide communications. As the words became the common vernacular, greater emphasis was placed on the behavior standards. Over time, the values became embedded in business activities such as the recruitment, orientation, and performance review processes.

Keeping it going:

Fourteen months post-caucus, the delegates proved to be the key to keeping the momentum going. They were highly engaged in the initial roll out of strategies for hardwiring the values and behaviors, they hold executive leadership and the steering committee accountable for following through on commitments, they routinely reach out with innovative ideas, and they express ongoing interest in coming together as delegates periodically throughout the year.

The steering committee continues to meet on a monthly basis. The discussions and actions of this group reflected a subtle yet important change. There was less mention of assignments from the executives and a greater emphasis on accountability to the delegates. By virtue of the displayed commitment of the delegates, the steering committee acted on the new values of respect, ownership and innovation.
Organization-wide, the new values serve the intended goal of creating common ground for decision making and strategic planning. As the entities collaborate on strategic priorities, such as performance in an Accountable Care Organization, the statement of values serves as guiding principles for how individuals, the medical group, and the hospital interact with one another, how they behave, and how decisions are made.

**Lessons Learned:**

Collaboration and patience were well made investments. The multi-disciplinary team approach provided for a well-rounded perspective and talent pool while allowing significant time for all phases of the process assured thoughtful discussion and planning. Both were contributing factors to the quality of the final product and broad acceptance across both entities.

Reflecting back on the committee and delegate composition, the steering committee may have missed an opportunity to demonstrate patient centeredness by engaging patients and families in the process. Moving forward, there is a commitment to expanding patient and family engagement beyond the well-established patient advisory committees.

Finally, it is important to highlight that staff engagement far exceeded expectations. At the onset, leadership lacked an appreciation for the front line staffs’ strong desire for shared values. This became evident very early on as delegates voiced their commitment to the effort. In addition, staff brought a level of energy and enthusiasm to the process that was not predicted and was overwhelmingly humbling to the leadership team.

**Recommendations:**

Finding common ground in values can be extremely powerful. Whether working on teambuilding and employee engagement within an individual practice setting or working on strategy at a health
system level, values are grounding. They can unite a group and they can serve as a roadmap for success.

If it is time to refresh or revitalize organizational values, err on the side of broad inclusiveness and patience. Embracing the energy and perspective of the whole will deliver exceptional results.
Bibliography