

BY ANDY KANEFIELD AND MARK POWERS

Sandra Van Trease, group president for the community hospitals and the medical group at BJC HealthCare, likes to “make a difference.” Van Trease, with experience at PricewaterhouseCoopers and Blue Cross Blue Shield/RightChoice, believed that to really make a difference she needed to move from finance to operations. At Blue Cross Blue Shield/RightChoice and then with WellPoint Health Networks, she used her financial background and experience to facilitate operational improvements and growth — something she brought with her to BJC HealthCare in 2004.

“While we are a premiere health-care organization and a thought leader in health-care policy and delivery, we have many opportunities to continue to improve on the way we serve our patients and their families,” Van Trease said. “For example, we have nine community hospitals that came together through various mergers and affiliations, and one of my management colleagues put our challenge this way: We have 900 ways to do 100 things. Our role is to help the organization move closer to having 100 ways to do 100 things.

“Of course, at the same time we’re creating operational efficiencies, we have to maintain excellent clinical quality and stay financially sound. That’s why our management team is very focused on making sure that BJC HealthCare is the place where ‘learning and innovation come together for better health and better health care.’ And I use those words very deliberately. Everything we do from a workflow and operations perspective stems from that focus.

“Last year, my colleagues and I brought together a team of highly experienced people to lead what I call the Clinical Workflow Initiative. This initiative reflects a safety first, patient-centered focus on the way our clinical caregivers serve patients and their families. My objective is to take this large-scale vision and translate it from MBA-speak to front-line language. The management challenge is to go from broad to specific. In other words, I want to be able to answer the question for any employee who asks, ‘What impact do these changes have on my job tomorrow?’

“Right now, we have an initiative we call ‘Don’t Ask the Patient Twice.’ Of course, one of the reasons patients are asked the same question twice is for their safety. However, we all know we’re asked too many questions.

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“One reason for the repetitive questioning is that IT systems aren’t efficiently interfacing with each other. But before we prematurely propose a technology solution, we have to ask, ‘What’s the right process?’ Then we find the best technology to enable it.

“Both the process and the technology changes affect the question I just mentioned: ‘What impact do these changes have on my job tomorrow?’

“And how do you translate all of this to your employees?”

“Since in health care, just like other industries, changes are taking place every day, I strongly encourage our team to use change management tools to help people understand the vision and their part in helping us get there. There are several fundamental concepts underlying the change management approach.

“First, understand the stakeholders. Who are the people who can say ‘yes’ and who can say ‘no’ to what you’re trying to accomplish?”

“Secondly, fully understand and effectively communicate the situation. Why is it important that something change?”

“Creating ‘elevator speeches’ to address why the change is important is essential. The front end of change management is being able to crisply and concisely talk about what it is. I think what Mark Twain

said was very insightful...to paraphrase.... ‘I apologize for the length of the letter. I didn’t have time to make it shorter’ — I believe it’s critical to invest that time.

“Focusing as much time on both communication and on the systems and structures that enable the change is required for success.

“Thirdly, weave the change model into everything that we do. As we do our leadership education and project management education, we incorporate our change model. And we embed the change management concept into the real-world problems we are trying to solve.

“Finally, when I’m evaluating our projects midway, (and evaluation is a critical step), I’m asking not only about budget and schedule, but also about where we are on change management. What do we see in daily behavior that indicates the changes are sticking?”

“I believe that if I ask these questions, and our leadership asks these questions, the process becomes the way we work, and a part of our culture.”

Van Trease pointed out five lessons she has learned about leading change.

1. Don’t forget to adequately analyze any problem. There’s a tendency to identify a problem and rapidly jump to a solution. Don’t jump too quickly.

For example, one of our hospitals was focused on reducing the delays from the time a hospital patient walked in the door to the completion of registration. Management quickly proposed a solution because they assumed they knew what the workflow was. When the solution didn’t work, management stepped back and did an in-depth analysis. They found there were a whole series of events that were interjecting themselves into the registration area’s workflow that shouldn’t have been there. When those interruptions were removed, the delay time shrank.

2. Get the right people on the team. If you’ve done your job in hiring and developing your work force, then let them work.

3. Build a diverse team. You need to have diversity of perspectives and backgrounds.

4. Celebrate success. People need to know that what they do makes a difference.

5. The people in the know aren’t in the corporate suite. Our job is to learn and to research and to collaborate with our colleagues who are on the front lines.

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Eight principles that get to the heart of change

The change management model that BJC HealthCare adapted is influenced by John Kotter’s work. Kotter, a Harvard professor and author of many books on change, including *The Heart of Change*, suggests eight principles for promoting large-scale, enduring change:

- Create a sense of urgency. It gets people off the couch or out of the bunker.
- Pull together a guiding coalition. The team needs to have credibility, skills, good connections, positive reputations and formal authority.
- Have the guiding coalition create a vision and strategy.
- Continue ongoing, simple, heartfelt communication of the vision and strategy.
- Empower people to get things done. Remove obstacles.
- Plan for and create short-term wins. Select your initial goals carefully.
- Don’t let up. Keep the momentum of the initial wins. Don’t declare victory too soon.
- Build on the behavior change by emphasizing your new norms of expected behavior.