Counter thoughts:
From *Leading Change* by J.P. Kotter: *Organizational structure can block vision implementation; restructuring will be needed.*

Reorganizing, removing layers, may seem like an easier way to remove major challenges and barriers to change, but changing form without first understanding function is not going in the right direction – for two reasons:

1. Changing the organizational structure before understanding the organization's core (i.e. strategic) processes, even at a high level, is a guessing game. It is like moving the furniture without thought to traffic patterns. Yes, structure can interfere with meeting strategic objectives, but changing form without an understanding of function will do more harm than good.
2. Restructuring and reorganizing all by themselves take some-where around 12 months for recovery. When you are up to your armpits just figuring out how to recover from the loss of a third of the managers, employee moral that just hit the basement, and a budget that wasn't set up to cope with the changes that are going on – it is hard to remember that the goal is to meet the vision put forward by senior management.

Organizational charts don't perform, processes do. First understand the core processes and how well they are performing. Second, consider the goal (whether a vision, strategic objective or otherwise). Third do some analysis and locate the high impact areas where challenges to change are likely to be most substantial. Then consider where and what restructuring will do the most good in the needed places. Guessing won't help anybody.

Q&A Observations & Advisories

A Forum on Service Process Optimization, Change, and Management

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Ten Basic Revisionist Thoughts on Effective Change: Don't move until you get the objective clear.

"What part of 'Improve customer service!' don't you understand?"

No matter who sets the project objective, whether derived from the strategic plan, mandated by a regulatory agency, or set by a project team, one rule should always be held: **Never assume everyone (or anyone) understands it the same way**. Gaining a shared understanding is critical; there is little more frustrating and demotivating than getting well into a major project only to discover that participants are working toward different goals.

"I thought 'better' meant cheaper."

Face it; words are vague, fuzzy things that are handy for communication but terrible for defining specific concepts. Worse, we don't know when others don't share our own understanding. We think we are being clear, we understand the words we are saying, but the person sitting right there next to you, the one nodding in understanding, very likely has a very different conception of the objective than you do. So what to do about it?

"I thought 'better' meant improved team work."

Nit-pick and start arguments. Even if they are saying they agree, ask each person what they think they understand; specifically... Get the disagreements out in the open. There are all sorts of reasons for it, but the fact is that people will agree with almost anything. Getting to disagreements will take some work. Don't trust a nodding head; ask the person to define the terms. Don't allow more assertive people to tell others what they think.

"No, 'better' means fewer complaints."

Get the objective up on the wall, on a flip chart sheet, where everyone can see it, and keep it there. The team should not meet without the objective (and measurements tracking performance against it) clearly posted. Agreement is not cast in cement, it can and will wander over time.

"No, 'better' means more complaints."

Define the objective in measurable terms. Nothing makes it clearer. What measurement will have to change by how much for the project to be successful? This will open up major discussions about what's being measured, how exactly the measures are being formed, where data come from etc., but at least the objective is getting clearer.

Once the words and measurable goals are clear within the team, share this understanding with senior management. "Here is what we think we are supposed to accomplish. If we do that, then we will be considered successful?"

"We all understand…, right?"

Take the time. Urgency can cause this critical step to be set aside, but lack of shared understanding will cost far more than time once the work is underway.

WILLIAMS ALLIANCE INTERNATIONAL

O&A #4 Quick thought

The medium is a big part of the message. How information about major change is carried to managers and employees will have a great deal to do with how well it is received and their reaction to it. This is critically true when the information is about changes that will directly affect them and their jobs.

Recommendations

- Don't introduce a new medium to support a major change effort; people are most likely to look to their most used and trusted sources – and least likely to use a new one.
- Strengthen existing communication channels. Find out what those channels are in your organization, ask if you don't know.
- Don't rely on mass communication alone. It won't respond to individual questions.
- Give middle managers and first-line supervisors extra information and extra support to answer questions about the changes. They rank high as trusted information sources.
- Actively use formal and informal communication channels**.**
- Communicate both good and bad news. Leaving it out will hurt the credibility of the source. Besides, it will get out anyway and it will sound a lot worse.

Red Deer Regional Hospital Centre: Surgical Patient Flow

Red Deer Regional Hospital Centre is the largest acute care facility in a health region of over 12,670 square kilometers, about 80 miles due north of Calgary, Alberta. Beginning in 1994, Alberta "regionalized" its public health care system which drove fundamental changes throughout each hospital. The OR Patient Flow Team was charged with decreasing the inaccuracies in OR scheduling and bookings.

"The patient flow process is an important part of how we manage care. Our decision to focus on surgery patient flow was made partly because of the problems we were having with errors and inefficiency but also because the surgical patient is a high revenue patient. Executive Owner - Director, Patient Care Services

"Surgeon's offices complained about the process, about their patients not being notified and about inefficient bookings; we were booking their time ineffectively." Campaign Team Member - Manager, Booking/Admitting

The process was mapped and methodically analyzed by the Campaign Team. Three different high impact change areas were selected. Following is the story of the OR Booking/Scheduling tactical team.

"We were given the objective of streamlining the full booking process. We started out thinking we were to improve the process but there were so many problems we ended up redesigning it. Specifically we were to minimize the number of times the patient was contacted and to make sure the needed information was gathered and delivered." Tactical team member Unit secretary, Pre-admission Clinic

"We used to call the patient six to eight times for each scheduled operation; now we call each one two maybe three times. Now they are given a date, the pre-admit clerk phones to gather the demographic information, makes the appointment and that's the end of it as far as before surgery." Tactical Team Member - Clinical Coordinator

"We used to not trust the information that was given. Everything was repeated, bits were gathered over and over. We trust each other more now and we trust the patient more; that someone won't misuse the information if you give it to them." Tactical Team Member, Patient Information Center Admission Clerk

"The changes were a mix of technology, defining the process, and training. We increased communication through the LAN system and other technical changes. Each department has a process flowchart that we follow right through and we have standards.' Tactical Team member - Unit Secretary, Pre-admission Clinic

"We got the surgeons' staff involved in the process; they have to be to make it work. We started by inviting all of the surgeons' staff people to a meeting in our auditorium. We presented the redesigned process to them, their role in it and why it had to be that way. Now if there are new surgical staff, we have them come in and I take them around." Tactical Team member - Patient Care Co-ordinator for Pre-admission Clinic and Day of Admission Surgery

"We are getting a lot of positive feedback; patients are saying that they were well informed. It makes sense that if we seemed confused and disorganized in setting up their surgery the patient would worry more." Tactical Team member - OR Booking Clerk

"Once the tactical team handed recommendations back to us, a work plan was set up and accountabilities were assigned for implementing various parts of the change. There was strong use of just regular project management. It all tied right back to the Executive Owner, because in the end it is the Owner that makes decisions about moneys spent and resource allocations." Executive Owner - Director, Patient Care Services

Excerpted from *Williams, D., Mining the Middle Ground: Developing Mid-level Managers for Strategic Change," St.Lucie Press, Boca Raton, 2001, pp. 131-132, 186-187*

Welcome to the fourth issue of WAI Observations and Advisories; a monthly forum for the exchange of information and professional opinions about process-based change execution. Our goal is to present a mix of ideas and perspectives; to challenge some common held ones; always with an emphasis on making process based change projects effective in the real-world work place. We hope that, in all cases, right or sometimes wrong, that you will find reading this release to be thought provoking, informative, and interesting. We invite your input.

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