



The THR Invitation to Innovate

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When Herman Gyr of the Enterprise Development Group of Palo Alto, CA arrived in COO Steve Mason’s office at Texas Health Resources, his mandate was clear: help THR think about the future of healthcare and how to prepare for it. However, it soon became clear that the real goal was to create an organization with the capacity to succeed no matter what the future might hold. Gyr knew that this would be no ordinary assignment. In fact, this initial meeting would prove to be the beginning of a journey that continues today.

The collaboration grew to be called the Patient Family Journey. At the heart of this journey is the invitation to all employees to help create the future, *an invitation to innovate*.

Texas Health Resources executives were fully aware that this was a time of dramatic transformation in healthcare. Gyr suggested to them: “Let’s take advantage of this time of uncertainty, release your people’s ingenuity and have them think deeply about new possibilities.” THR was in the same position as many American healthcare systems. The system had just been formed from the combination of several outstanding local organizations including Fort Worth based Harris Methodist Health System, Dallas-based Presbyterian Healthcare Resources, and Arlington Memorial Hospital. Each of the systems had their own cultures, strategy and roadmap to the future. After addressing the immediate needs of the organization and bringing about a remarkable

financial turnaround it was time to take a serious look at the long term strategic focus of the organization.

Vision and Strategy: Building Clarity and Commitment for THR's Future

The leaders of THR used a “back to basics” perspective to create a shared identity for their new healthcare system, with a shared future that would integrate and take advantage of the emerging advances in healthcare. They engaged Dr. Herman Gyr and the Enterprise Development Group (EDG) to help them develop a compelling strategy for reaching that future — for moving from initial concept, to detailed design, to practical and innovative implementation. “They were really thoughtful about the future and very serious about finding the best path towards that future,” Gyr commends THR. “It was obvious to them that things in health care were going to be very, very different in the coming years. There were changes ahead related to emerging medical technologies that could change treatment dramatically; information systems that had the potential to change the role of patients and providers in many positive ways, and a need for new facilities — with the potential to rethink the “healing environment.” So they said, ‘Wait! We’re going to be investing substantial funding over the coming years — if we simply keep doing the same things we’ve always been doing, we’ll be destined to repeat the mistakes of the past. Let’s think about how we can make investments to create the future — a future with a process of innovating, inventing and redefining the way healthcare is delivered each and every day.

THR had emphasized the relationship between a caregiver or service provider and the patient as the elemental relationship to success in the healthcare industry. Key to that success is patient satisfaction, which is driven by physician and employee satisfaction. A success factor in employee satisfaction is recognition and respect for individual opinions. Gyr found the THR employees to be highly motivated and dedicated to improving health. With all these factors at play, it was a perfect time for THR to take a fresh look at patient care throughout the organization.

To initiate the process, THR brought together leaders from all divisions and facilities of the organization — administrative, clinical and Medical Staff leaders alike. Gyr suggested that they invite IDEO as well, a leading design and innovation firm that frequently collaborates with EDG on projects. All working together, they created a view of the many possible scenarios for the emerging future, and then synthesized two key themes common to all of the scenarios. These two themes would serve as guides for the work going forward. They were:

- Patient First! and
- THR – an Organization Capable of Ongoing Innovation in Healthcare

The Patient and Family Journey

Given the renewed focus on “Patient First,” employees of THR set about defining the “Patient and Family Journey.” It was also recognized early on that this journey, from the first recognition of illness through wellness, had to be cognizant of the “Universal Intentions of the Patient and Family Journey.”

Approximately 400 staff and medical staff members of the THR system were involved in the identification and definition of 16 steps that patients and their families typically go through between the realization, or onset, of illness and the time they are considered “well” or otherwise “leave” the treatment process. From these 16 steps, six overarching steps were identified as critical to the journey of accessing a network of care.



Patient and Family Journey:

- Accessing a network of care
- Getting in
- Finding one’s way around
- Getting treatment
- Leaving

- Accessing a network of care again

Once the six steps in the journey were identified, the teams began to clarify the intended THR patient care experience.

The Universal Intentions

To understand the concept of “intentional” patient experience, one only needs to consider the Disney experience. Years ago, Disney made the conscious decision to create an intentional guest experience around the notion of the “magic of childhood.” “Magic” was intended to permeate every aspect of a visit to a Disney destination. From the moment a Disney guest imagines the possibility of a Disney vacation, Disney considers each moment in the customer’s experience and intentionally incorporates “magic” into every aspect. The challenge for THR was to discover and invent the unique “THR experience” of a “healing healthcare journey,” from onset of illness to wellness, and turn that experience into a core competency for the entire organization.

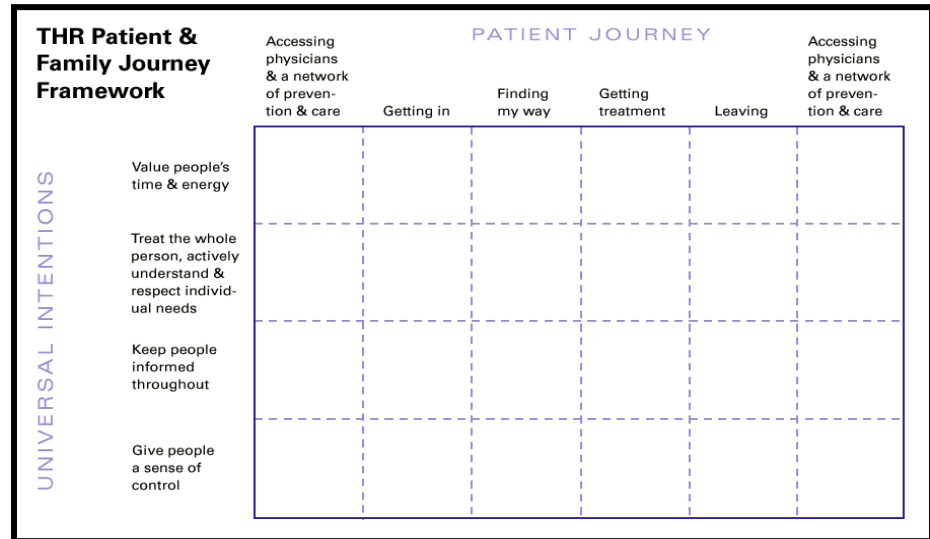
THR’s universal intentions were defined as what patients and families would think of when they thought of the THR care experience. What would THR be known for? For example, one of the universal intentions was to give people a sense of control. This intention would specifically address the fact that patients and their families often feel overwhelmed and helpless in the face of illness. Ultimately, four universal intentions were outlined for the THR care experience:

- Value peoples’ time and energy, including patients and families, as well as caregivers and staff;
- Treat the whole person, respecting and understanding their needs;
- Communicate and keep people informed throughout the process; and
- Restore control whenever possible to the patient.

Once the four universal intentions were clarified, a wide engagement effort welcomed everyone to join in the invention of processes, practices and tools to bring these universal intentions to life, throughout every phase of the patient and family journey.

All employees and physicians were “invited to innovate,” to help optimize the patient experience at THR around the identified “universal intentions.”

The project team challenged the staff of each THR facility to define the various discrete steps and experiences that patients and families should optimally have during their “healthcare journey.” These steps were to



be designed so that caregivers would be able to more effectively attend to the patient and family experience and deliver results consistent with the intended journey. The staff was empowered to reinvent many of the experiences that were impediments to patient satisfaction, as well as physician and employee satisfaction. The challenge was to innovate operating efficiencies that were considered critical to the success of THR. THR defines operating efficiency as a value statement optimizing quality satisfaction and cost.

Collaborative Design in Action

In order to fully understand the patient journey, the THR/EDG/IDEO team used a variety of methods developed by IDEO to research the patient journey in the context of the universal intentions. These methods included *the mock patient exercise, shadowing, patient/family interviews, spatial observations, process expert walk through* and *document tracking*.

The Mock Patient Exercise: Walking a day in a patient's slippers can be a revealing exercise. Project members donned robes, studied their assigned medical condition and presented with symptoms as simulated patients (clearly identified to all engaged in the exercise). By being in character, team members were able to understand the thoughts, discomforts, emotions, anxieties, and expectations that a real patient might experience.

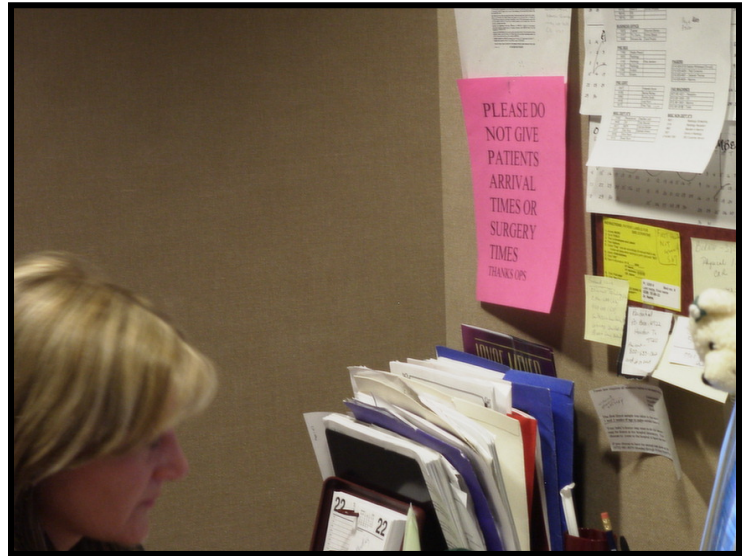
Shadowing: Knowing that what people report they do, and what they actually do can be quite different, it is necessary to observe what happens in the "real world" under actual conditions. In order to find out what really happens, team members were assigned to shadow (follow around) a member of the THR staff. The purpose of this shadowing exercise was to be able to observe work-arounds and best practices in a real world environment.



Patient/Family Conversations: While feedback forms are valuable mechanisms, sitting down with a patient or a family member and actually asking them what they think can also lead to valuable insights. Staffing levels are so low in most healthcare facilities that discussions are typically limited to the patient's condition and almost never focus on what the hospital can do differently or better. The team members were allowed to roam the facility in search of patients and family members, just to talk about their experience.

Spatial Observations: Anyone who has worked on a hospital floor knows that there are always bottlenecks in the delivery of care, be they floor layouts, or procedures that don't flow in an optimal way. Team members sought these places, and observed what was actually going on. By observing and understanding the areas of high and low activity, and the general "lay of the land" they were able to understand not only the activities that took place, but the interactions of the people as well.

Process Expert Walk-Through: Observing process is an integral part of gaining context and a sense of the flow of activities. These observations, paired with descriptions from expert staff and providers enabled the team to better discern what happens within a department, when, where and why.



Document Tracking: As the information flows, so does the care. The single most significant bottleneck in a patient journey may be due to the flow (or lack of flow) of documents. The team analyzed the flow of a patient chart through the entire patient journey by literally following the chart from beginning to end. This exercise helped THR to understand transitions, influences and motivations of the many “chart handlers” within the hospital.

An example of the process and results from the explorative work: When a THR team member simulated being a cancer patient, she realized that the standard scheduling procedure would have the patient come to the hospital for examinations and treatments on consecutive days. What was lost in the process was that the patient had to endure extreme stress and loss of sleep brought about by having to wait overnight for test results, as well as the inconvenience of having to take time away from work on multiple days. Once the scheduling process had been scrutinized many ideas began to flow: Mini bars in rooms, hotel room services dining, and hospital gowns that patients would not be afraid to wear in public. With these relatively minor changes, the staff regained control over their own creativity or as Gyr exclaimed, “Hospitals are hotbeds for human ingenuity. Every time I go to one I see possibilities for how to do something differently. The process at THR was specifically designed to release the possibilities. Today, physicians, nurses and even patients and their families are encouraged to come up with new ideas — prototyping, helping to select the best ideas and implementing them. They

are excited to be part of an organization where they can fully express their creativity and ingenuity.”

Building Organizational Capability and Culture for Ongoing Innovation

Leadership & Stakeholder Engagement for Innovation: At THR, as in any innovation process, management support and wide ranging stakeholder engagement were key drivers for success. Management and leadership advocated strongly for the initiative, and remarkable things quickly happened. Employees and physicians were proactively included at all levels of the organization. A multi-disciplinary Innovation Support Team was established to coordinate the project and to ensure stakeholders had access to the tools and information they needed to help move their ideas into action. Given such support at THR, employees felt that all ideas were welcomed that furthered the universal intentions and innovation was encouraged as a normal part of doing business.

This type of organization design for innovation occurs in three major phases:



The *Vision and Strategy* phase at the beginning of the project clarified the initial THR blueprint for the future and the universal intentions that grew out of this work. To create the deep and lasting change that was to evolve THR facilities into a “hospital of the future” required shared commitment by the management and physician leadership of the organization. Early on, management participated in vision sessions facilitated by EDG to help them create a shared blueprint for THR’s future, as well as to understand the innovation process ahead and their leadership role in it. Soon after, stakeholders throughout the organization were invited to project orientation sessions and were

quickly engaged in the exploratory work and analysis. An Innovation Support Team was formed to guide the effort through the next phases. Both the leaders' visible commitment and the wide stakeholder engagement became powerful drivers for the entire innovation process, as stakeholders throughout the organization felt truly encouraged to pursue their best ideas.

Team Structure for Innovation: A number of teams were established to nurture the continuous innovative process. Multiple Patient and Family Journey Teams were set up for idea generation, concept development, selection, and rapid prototyping, while Entity Stakeholder Groups consolidated the best ideas from each hospital. Existing groups such as the Operations Performance Improvement Councils (OPIC) and the Quality Operations Council were redesigned to focus on integrating emerging innovations into new practices. After several months of testing and prototyping, the OPIC team began to select the best ideas that grew out of individual hospitals to move throughout the THR system, to become part of the emerging identity for all THR hospitals. This series of teams helped to ensure that the innovation process stayed on track, that ideas supporting the overall THR vision and strategy could thrive and grow into actual day-to-day practices.

Innovation Toolkit and Training: Participants received a toolkit and were invited to attend workshops to learn the skills necessary for each step of the innovation process: Creating the leadership and team structures, templates for idea development and review, prototyping guidelines, and practices for implementation, monitoring, and communications.

Building a Culture of Innovation: Finally, it was equally important to nurture an organizational culture for innovation. Essential to cultural change was the need to invite the patient and family journey teams to explore new (and potentially wild), ideas and concepts in concert with a THR Board approved strategic plan called the Blueprint for Healthcare Delivery. This plan promoted idea generation and innovation from the Board through the entire organization. Additionally, the teams needed to know that at the end of the process, the organization would actually implement and integrate the

improvements to the patient and family journey. The commitment by THR leadership to the patient and family journey eventually proved to be the key to the success of the project. As Gyr stated, “The most important factor for the success of our work is leadership. When leaders get it and buy into it, success is assured and remarkable things will happen.”

Through everyone’s participation and commitment, the daily work of caregivers was enlivened. Human beings experience greater meaning and vitality when they get to invent better solutions. Work processes, innovation tools, and team structures were built that enabled the practitioners at THR to actively envision and invent the “future of health care,” thus also fulfilling the original request *in action* and not simply with a report.

Today, employees are involved in innovating practices, generating new ideas, prototyping, selecting, and implementing them. Literally hundreds of employees and staff are developing ideas to transform every stage of the patient and family journey. A range of practical inventions from new gowns, mini-bars in rooms, pagers for waiting, and fast track registrations; to new designs for admissions, dining, or lab services; as well as new technologies, clinical practices, and patient services are being tested at this very moment. THR did not simply hire great design consultants to help them improve their practices — they learned to use the design process on their own organization and thus became the innovative designers themselves. In a world where healthcare is encountering high levels of change, THR today has a spirit of discovery and responsiveness that makes a difference; a difference that creates a sense of optimism and passion that comes from having the certainty that the future, no matter how obscure and different, is being invented and mastered in daily practice.

As Dave Ashworth, Executive Vice President of Strategy and System Development, said one year into the project: "I couldn't have imagined anything like this: Strategic plans rarely capture peoples’ hearts and enthusiasm, or become part of the language of the company’s associates. Creating the patient and family journey as the focus of the

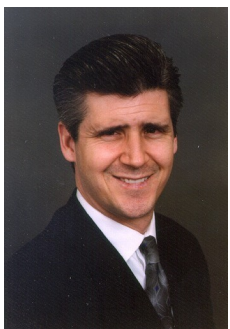
strategic plan made it come alive and have meaning to everyone in the organization. Even the physicians began to describe their own journey as being in harmony with that of the patient; that improving the patient and family journey had improved the physician's journey.

One year after the project was initiated, THR is a different place. Dozens of innovations have taken shape, benefiting not only the patients of THR, but also helping to bring about a positive future for health care through the practice of daily innovation. It's good for patients and their families, it's good for physicians and it generates increased meaning and passion in the caregivers. The change also produced a competitive benefit for THR, which is becoming increasingly attractive for practitioners, patients and their families.



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