



Reclaiming the Soul of Healthcare

By Mark D. Sauter, author, *Bringing Meaning into Monday™*

“Rising healthcare costs and the worsening status of employee health are threatening corporate viability and making the healthcare system unsustainable.”

- *Leading by Example* published 2007,
U.S. Chamber of Commerce and Partnership for Prevention

Healthcare providers – in particular, hospitals – must transform themselves in response to evolving market realities. Like it or not, technology advances, cost containment and consumerism are radically changing the face of healthcare. To remain viable, hospitals need to reduce internal silos, increase consumer focus and eliminate process bottlenecks; redefining historic boundaries and as a result, improving value.

Sustainable success does not result from doing everything; it results from doing the right things.

Why Now

According to the Center for Disease Control more than 50% of the two trillion dollars spent annually on healthcare is avoidable. Explanations include: emphasis on sickcare (addressing symptoms) versus wellness or prevention; excessive spending; inefficient work processes; legislative pressures; changing market conditions; and ineffective, even arrogant leadership.

While all of these are contributing factors, perhaps there is a simpler and more profound explanation; many hospitals have lost their inherent soul, their essence – *delivering quality healthcare by addressing consumer needs in an affordable and personalized manner*. During periods of success, many hospitals focused on growth and profitability; failing to realize that their continued success depends on delivering consumer value; personalized and affordable. As a result, technology advances drove costs up versus down, and focus shifted toward the needs of insurance carriers and employer-supported medical plans.

In response to consumerism and decreasing reimbursements, a strong bottom line case for workplace reengineering can be made; however, an equally strong case can be made as to the societal value generated, in terms of stimulating healthier and more vibrant organizations and communities.

Organizations are examples of living communities, therefore energy, attitudes and skills, *positively* (or negatively) generated at work will not stay there. In the case of hospitals, positive energy, *while influencing the healing process*, will carry over into society. This energy

will directly influence one's personal sense of identity and happiness, quality of relationships and family life, and degree of civic involvement in terms of volunteerism and charitable giving.

Confucius said if you want to create sustainable social improvement it must occur where people spend the majority of their time. Today, for many people, that is found at work, away from the influence of family, friends and faith. He went on to say, it must be structurally [or organizationally] enabled. He's right.

With difficulty, comes opportunity

The National Institute of Occupational Safety (NIOSH), in January 2005, published a report entitled *Examining the Value of Integrating Occupational Health and Safety and Health Promotion Programs in the Workplace*. This report cited four “categories of interventions” necessary to create healthy organizations; with corporate culture being one of them. They define a healthy culture as an organization that clearly articulates the *importance of individual contributions to organizational success, and the value of human capital in achieving organizational goals*. Unfortunately, many of today's hospitals tend to be hierarchical, even bureaucratic. Inconsistent planning processes and/or historic work practices are frequently out of sync with daily realities. Conflicting or misinterpreted agendas negatively impact both effectiveness and work-life quality. This in turn yields a compliant workforce versus an empowered and impassioned one. As a result, teamwork suffers, as does creativity and responsiveness.

Although not easy to implement (typically due to historic biases), answers are available. Successful institutions have shifted local and/or compartmentalized thinking toward more integrative and co-creative thinking. They have reduced internal silos and turf wars and reestablished closer ties to the market or voice of their consumers. They have harmonized work practices, resulting in less conflict and increased collaboration and responsiveness. As a result, they have established cooperative networks in order to better deal with the realities of today's interconnected society.

¹ThedaCare, in Appleton, Wisconsin, is among U.S. leaders at optimizing consumer value, with the goal of rethinking, simplifying, streamlining and standardizing how it cares for patients. Their drive to improve value is similar to what occurred in the manufacturing sector in the

90's, drawing upon "process improvement" techniques as a means to optimize costs and generate value. ThedaCare estimates that in 2005 and 2006 they cut costs by \$22 million a year, without layoffs, while reducing medical errors. They've also shown that lower costs do not result in lower quality, with a mortality rate due to bypass surgeries that beats national benchmarks. "They don't define their job as delivering healthcare. They define their job as improving healthcare," said Arnold Milstein, chief physician for Mercer Health & Benefits, a nationally recognized expert on quality and efficiency in health care.

In order to enable a vibrant, productive and healthy workplace, healthcare leaders must provide innovative structures that support cooperation and emphasize productivity and competitiveness. This is achieved by streamlining systems and services around the ever-changing needs and priorities of those they serve – consumers and fellow coworkers. People, in today's dynamic world, require the ability to make consistent and timely trade-off decisions; identifying creative solutions that add value or eliminate waste.

From a different angle, in a report published in 2008², the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reinforced these views. The report points out that identifying different populations within a community allows an organization to respond to changing demographics, changing health needs, and the changing market. While many hospitals across the United States already collect community- and patient-level data, few hospitals have developed systems for using this data to guide service development and improvement [i.e., to increase consumer value].

Emphasizing value – from the eyes of the consumer / recipient – will shine light on the "white space" or hand-offs between work units and/or providers, where a majority of waste is typically incurred. Historically, quality and cost improvements were done in a more localized fashion – necessary, yet insufficient; short-term metrics may suggest improvement, yet, in reality, overall patient care may suffer. Taking time to understand what work is still valued and what work can be eliminated allows hospitals to achieve more by doing less.

Are these changes challenging? You bet. Are they necessary? No doubt.

Hospitals are well positioned to act as community role models; reflecting both the direct and indirect effects of workplace health on both performance – profit and people – and community vitality. Yet, this must be earned.

Hospitals, to be credible, must reclaim their soul – *delivering quality healthcare by addressing consumer needs in an affordable and personalized manner*. In the example cited here, this is achieved by using the quality of

the workplace as a vehicle to improve consumer value and societal health – economic, physical, emotional and spiritual. In so doing, this will encourage other community and organizational leaders to step up to the plate, to do their part. *Bringing Meaning into Monday™* offers a process that can help hospitals achieve it.

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¹Source: Online article posted March 30, 2008 by Guy Boulton @ journalsentinel.com.

² *One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations* (JCAHO - 2008). Authors: Amy Wilson-Stronks, Karen K. Lee, Christina L. Cordero, April L. Kopp, and Erica Galvez