HEALTH CARE, HEAL THYSELF!
AN EXPLORATION OF WHAT DRIVES (AND SUSTAINS) HIGH PERFORMANCE IN ORGANIZATIONS TODAY

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What happens when researching the radical unveils the simplest of solutions? This article tells the story of the 2007 ISPI Annual Conference Encore Presentation, Healthcare, Heal Thyself, sharing the findings of an exploration into high-performance health care facilities and their relevance to all organizations today. It shows how to overcome the performance paradox and transform seven simple truths from a list of characteristics to a way of being that generates measurable outcomes and sustainable performance.

WHAT HAPPENS WHEN EXPLORING the issue of organization performance in health care unveils the simplest of solutions? In my experience working with both individual and organization development, I continue to be amazed how the simplest things often seem the hardest to do. In my recent research on high performance, using hospitals as my subject, I have continued to bump into an issue organizations (and individuals) face that I have come to call the performance paradox (Cohen, 1998).

In essence, things that we know are the good or right things to do are not always the easiest to accomplish. In framing this concept, if we examine the words simple, clear, understandable, easy, trouble free, and painless, they are all synonymous as literary terms, yet in organization practice, we find that simple, clear, and understandable is not always easy, trouble free, and painless in action. For instance, we know good eating habits and exercise help us to become healthier people. However, how many of us choose to do these things daily? The same can be asked of organizations, and with more significant implications. More often than not, it seems the basic things that lead to healthy and effective organizations seem the most difficult to do.

This poses a significant challenge for our traditional perspective of human performance technology (HPT) as the systematic and systemic identification and removal of barriers to individual and organizational performance. Perhaps what we need is to move beyond a process for removing barriers to a more intentional effort of creating an agile environment of continuous performance built on the core capacities of organizational reflection, development, and positive change. Lawler and Worley (2006) call this a “built-to-change” organization, and as I explore in this article, it is exactly this type of organization that I found in my study. Built-to-change organizations do not simply search to remove barriers or establish a new steady state; rather, they remain in a process of continuous strategizing, organizing, and improvement.

THE SEARCH FOR ANSWERS
In late 2004, HCA initiated a study to look at the potential drivers of performance in the company. Why did some facilities rise and stay above the rest, what could we learn from them, and how could we help others achieve the same outcomes? It was our belief that these performance characteristics could be identified and effectively shared among our facilities. We approached this idea with the hypothesis that high performance was based on maintaining a balance between a focus on numbers and a focus on people, and that this was best accomplished through the culture of an organization. With this premise in mind, we
initiated the high-performance facility study to examine our top-performing facilities and determine what they are doing to generate positive results. Through our research, we hoped to develop a model of processes and practices that help frame the characteristics of a high performance.

Our research process consisted of visiting 12 facilities across the country, from small specialty hospitals to large urban medical centers. The criteria used for selecting the subjects of the study were employee engagement, patient satisfaction, nursing measures, employee turnover, and comparative financial measures. In each of these areas, the facility had to be performing at the top levels of the company overall and show consistent performance or improving performance in the three-year period from 2002 to 2004.

Once the facilities were identified, a series of site visits took place over the summer of 2005. Each facility visit was 2 days in length and included a series of interviews and focus groups and a facility-wide survey. Over the course of the study, almost 160 one-on-one interviews with senior leadership and directors or managers were held; 64 focus groups, including over 700 staff-level employees, were conducted; and almost 2,000 surveys were collected.

WHAT WE FOUND

How many times have you picked up a new management book, read an article, or attended a workshop that seems to have repackaged what you already know? It seems that this is more often the case then not. While this may be annoying to some and unfulfilling to others, I believe there is a great message in it: perhaps we have tried to make the work of improving business performance and developing our people much more complicated than it needs to be. I believe this is where the root of the performance paradox lies and ultimately goes back to my opening question. What happens when we discover the simplest of solutions? Do we discard them in search of greater answers because “we know that already” or because “it can’t be that easy”? It seems that we often do. So I encourage you to listen to these findings with two ears: one that acknowledges and one that appreciates this is not a life-altering discovery or rocket science.

Seven central findings emerged from the study. I provide a general overview of the key characteristics with the caveat that each finding has a robust set of practice exemplars that support its impact and influence on organizational performance:

1. **Visionary Leadership**

   Leaders at all levels are available, approachable, and open and operate with minimal micromanagement.

   - Leaders lead by example; they do not ask people to do something they would not do themselves.
   - Leaders perform consistent rounding (walking the floors and engaging employees in their own work environments) and also maintain an open door policy, making the administrative offices a welcoming place to all staff.
   - Employee input is sought and encouraged, both individually and through employee groups, and is supported by a nonpunitive environment (feedback can be delivered to senior leadership without fear of punishment or retribution).

2. **Consistent and Effective Communication**

   Multiway communication includes not only what needs to be communicated but also why it is important to the organization.

   - Leaders are consistent in both sharing critical news and seeking input from employees and allowing new ideas to be heard without fear of punishment.
   - Cross-departmental communications and relationships are positive and strong.
   - Key messages are delivered with simplicity and consistency.
   - There is a willingness to share both good and bad news, creating a greater level of ownership and accountability.

3. **Select for Fit and Ongoing Development of Staff**

   There is an unwavering commitment to wait for the right person in the hiring process and a corresponding courage to let people go who do not fit.

   - People are introduced to and often sign off on service standards as part of the hiring process.
• Strong orientation processes ensure that new employees are quickly integrated into the organizational culture.
• Leadership takes the necessary time to interact with new employees early and often in their tenure with the company.
• A solid focus on learning and development is central to the organization culture and fostered by both internal programs and support for outside learning.

4. Agile and Open Culture
A sense of pride, collaboration, and respect and a strong focus on quality are central to the organization’s way of being, and a constant sense of reflection and continuous improvement allow these organizations to keep pace with and lead change.

• In this culture, staff consistently refer to the organization as a family, with all the intricacies that come with that distinction.
• There is a blame-free environment in which issues are addressed in real time by individuals at the point of the problem or need rather than waiting to be told what to do or pointing to others.
• The phrase, “It’s not my job,” is not part of the vernacular. People are ready and willing to do what is needed for their peers and the organization.
• That individuals take accountability for both good and bad outcomes leads to greater staff ownership, learning from mistakes, and greater overall quality.
• A sharp focus on being the best is exemplified at all levels of the organization.

5. Service Is Job One
The central focus of all efforts is to provide unparalleled service.

• Strong and shared service standards put patients first and are inclusive of patient’s families, physicians, and colleagues.
• Clear and shared core values are present and exemplified in daily actions.
• Patient satisfaction, accomplished by putting patients first, is clearly the top priority.
• A defined set of service standards and behavioral expectations is explained during the hiring process, and often as part of the interview process, candidates are required to read and commit to these standards even prior to a job offer.
• Service recovery occurs at the bedside or other point of contact and is supported by the culture of ownership and individual accountability.

6. Constant Recognition and Community Support
Leaders and staff constantly show their recognition and appreciation for one another through formal and informal means.

• Celebrations are a central part of organizational life.
• Staff understand the value of their organization’s place in the community and play significant roles in community outreach, ensuring their facility is experienced as both a quality hospital and a resource center for the community.
• Facility logo clothing and other gifts are provided to show constant appreciation for a job well done. People wear these items in their communities as a strong example of facility pride.

7. Solid (Physician) Relationships
Collaborative relationships among all members of the facility family are central to organizational success.

• Strong relationships exist among leaders, employees, and physicians.
• There is a strong service focus on physicians; in return, physicians take ownership for facility outcomes and accountability for their behaviors.
• Senior leadership is willing to address issues of challenging behavior with physicians, and physicians also self-police, addressing behavior among members of the medical staff.

These findings, or as I have dubbed them, the seven simple truths, are just that. I believe these are the basics we have moved beyond in the search for some greater and more complicated answer to our organizational challenges. Yet it is these simple truths that we have found to be the most important focus of high performers. As we found in our research, these truths are central to organizational success.

SO WHAT? WE ALREADY KNOW THESE THINGS ARE IMPORTANT!

As consultants, human resource (HR) professionals, or business leaders, we often find ourselves espousing these truths or similar actions as important and even critical to our organization’s success. But all too often these recommendations fall into the category of “soft stuff” and are overshadowed by the need to show “hard results.” Knowing this to be more likely than not, we took our work one step beyond identifying the characteristics to determine the impact of the findings on actual organiza-
tional performance. To do so, we generated a comparison between the high performers in our study and a second group whose performance using the same selection criteria ranked them as lowest.

We ran the comparisons over the three-year period of the study (2002–2004), and what the numbers showed made a case that the soft stuff was helping to drive hard results.

High-performing facilities had significantly higher employee engagement scores (Figure 1), having over four more engaged employees for every one at the low performers. Gallup, a leading researcher in employee engagement, has shown that engaged employees are more productive employees. Engaged employees are more profitable, more customer focused, safer, and more likely to withstand temptations to leave.

High-performing facilities were also found to have a significantly greater retention of employees, with a 7% gap in turnover between high and low performers (Figure 2). A range of costs, with financial and cultural implications, is associated with turnover in organizations based on the measure or study.

A third measure, and perhaps the most significant for financially minded readers, is the comparison of margins. High performers were found to have on average just under 5% higher margins than the low performers over the period of the study. This showed up as a combination of top-line revenue generation through creation of facilities where physicians chose to practice and patients chose to be served; it also showed up in expense management generated by greater staff efficiencies in communication, service, and quality.

The “So what?” about the soft stuff ultimately becomes a hard results conversation about dollars and cents. The results presented are just an example of the true impact a high-performance culture can have in driving productivity through healthy, engaged cultures, managing costs by reducing turnover, and showing efficiencies in driving higher margins. These are all the potential outcomes of high performance, and I would assert it is not only human resource development (HRD) professionals who truly understand this, yet still these items tend to fall down the list of organizational priorities. The performance paradox takes over, and while we can say that we know these are important, it still does not make it easy or painless for us to do. How then can we begin to put these ideas into practice? To do so, we created the high-performance planning process.

OVERCOMING THE PERFORMANCE PARADOX: REPLACING CHECKLISTS WITH ORGANIZATIONAL MUSCLE

Although the seven findings above may seem simple, clear, and understandable, it has become evident in practice that they are not necessarily easy, trouble free, or painless to implement. Critical to the success of the high performers was that these seven items became more than a checklist of things to do. Although anyone can create a plan to check off each item one-by-one with the intention of developing sustained high performance in their organization, what is evident in the high performers is that they took the time necessary and made solid efforts to turn these characteristics into more than simple actions: they focused on weaving them into the cultural fabric of their organization. They took on these items as a way of being and worked with great rigor to build these as muscles for their organizational corpus.

Like any other muscle, they cannot be simply a to-do checklist or become something you check off and expect to now be part of who you are as an organization. As with any other muscle, you need to keep building it over time, and if you stop working on it, it will atrophy. This is one of the greatest challenges we face with the performance paradox. We overlook the simple fact that once we take on this effort, we must always maintain some focus on it, lest we lose the capacity over time. This brings us back to the need for an organization that is built to change and one that is in a constant mode of strategizing and focusing.
forward. To ensure we do not get stuck on simply turning the findings into a checklist, we built the high-performance planning process to turn these items from static results to critical actions.

Interestingly enough, the high performance planning process (HP3) followed a process similar to Lawler and Worley’s built-to-change model (2006). First, an organization in the process must spend time getting clear about its identity—its vision, core values, and beliefs—and then the process leads the user through strategizing, designing, and measuring value. Key to the process is the foundation of critical characteristics determined from the original study. Planning does not occur in a vacuum based on unproven assumptions or models of success; rather, the process is driven by the knowledge and foundational characteristics of high performers. For the extensive research that went into creating the HP3, the process was designed to be simple and even self-led without facilitation to expedite implementation and make the process accessible to as many facilities as possible.

THE HIGH-PERFORMANCE PLANNING PROCESS REVEALED

The HP3 outlined in Figure 3 begins with a review of facility objectives and then the characteristics of high-performance facilities (HPF). The process follows a series of phases. Phase I allows a facility to get a sense of where it stands relative to the HPF characteristics by completing a high-performance self-assessment. The assessment, which is to be completed as broadly as possible in the facility, delves into the characteristics of the HPF and identifies performance opportunities for the facility in each of these areas.

From the completion of the assessment process by members of the facility, an analysis report is created that provides hard data to what might otherwise be seen as soft stuff in many organizations. This begins phase II, data review and prioritization, where members of the organization identify the strengths and weaknesses of their facility in comparison to the high-performance criteria and identify the areas for priority action. Usually in a larger session, such as a leadership retreat or all-staff summit, data can be reviewed and priorities for action determined. The list is ranked, and the top two to three action items are identified. The overall list is maintained, so once the top issues are under way or resolved, the lower-ranked items can be addressed.

In phase III, the top two to three items then enter the SMART planning process in which specific strategies are developed to address each item. This dynamic planning process is data based and grounded in the findings of research as well as dynamic in terms of its use, not annual or reactive; it is designed to be a proactive process, as suggested by Tushman and O’Reilly (1996). It allows an organization to truly be ambidextrous in its change processes and generative, not reactive, in its strategy development. A SMART plan follows five basic questions, and a comprehensive template and guide is provided to

![Figure 3. High-Performance Planning Process](image-url)
help move the organization through the process. The key steps are:

- **Specific.** What is the strategic priority or specific action you are undertaking?
- **Measurable.** What are the desired outcomes, and how will you measure them?
- **Actionable.** What resources are needed to achieve your outcomes?
- **Responsibility.** Who has ownership or shared accountability for the item? Who is driving or supporting the plan’s execution?
- **Time-bound.** What are the plan time frame and checkpoints?

Answering these questions allows the members of the organization to address the critical issues effecting successful change and also to ensure effective implementation and execution of the plan.

The SMART plan becomes the framework for all organization change efforts moving forward. A built-in review process and identified key measurables keep a facility in the process of perpetual improvement and maintain a conversation of competitive advantage and dynamic change. Facilities that have managed to adopt this process have found that their ability to compete and respond to the environment is bolstered in a simple but highly effective way.

The HP3 continues to cycle on this simple process of assess, rank, plan, implement, and measure and allows the top issues or critical items to be addressed as they arise rather than have them stuck in an process planning cycle. Critical to the overall success of this process from an operational standpoint is drawing the linkages from the high-performance characteristics to the planned actions to the global business objectives. A road map, Table 1, is provided as a template to show how specific actions can be linked from the high-performance characteristics.

This framework allows operational leaders to see the value in this work and supports HR leaders in tying their efforts to hard business results. The HP3 in essence levels the strategy playing field and provides for broad engagement in the process and shared connection to the result. In talking about impact from action, the key to the process is in the following five key words, which are linked to one another:

- Simple
- Balanced
- Focused
- Replicable
- Sustainable

The HP3 provides a process for leaders to participate in and lead the strategic development, change, and performance improvement process. It also allows the best of the best to be honored, and effective strategy is not only put into place but seen through to execution.

**SUSTAINABILITY IS ABOUT MAKING THE RIGHT THING THE ONE THING YOU DO**

As part of an ongoing exploration of high performance, we have discovered that these characteristics have become sustainable factors in many of the original facilities studied. Organizations that have turned the findings from characteristics to ways of being have sustained success and continued to outperform comparative samples. Much of this seems to have emerged from internal processes parallel to the high-performance planning process itself. The high performers have created environments of action research (Coghlan, 2002) and learning and have ultimately created environments of continuous performance improvement.

Greenwood and Levin (2007) support this notion, suggesting that this type of action research and planning process supports continuous and participative learning, development and performance. Shani and Docherty (2003) also support this notion in suggesting that performance sustainability is driven from an organization’s very ability to learn from itself. I suggest here that this is not about simply creating a learning organization, as suggested by Senge (2006) and others, but rather building a culture of organizational inquiry and high agility. Taylor and Felton (1993) suggest that sustainability is about renewal and adaptability and that organizations that develop their own processes for renewal will grow.

Through the lessons of our high performers and with the adaptation of a process such as the HP3, we can create an organization grounded in inquiry, dedicated to knowledge creation and performance improvement, focused on action, and committed to results that is truly on a path to developing and sustaining high performance. This may be the ultimate action in overcoming the performance paradox: to make a conscious choice as an organization to move beyond a checklist or quick fix and commit to a lasting and ongoing process of organization development. This is ultimately making the right thing the one thing you do.

**MAYBE THE TRUTH IS SIMPLE**

Once we solidified the findings of our study, we recognized that if we were to succeed in overcoming the performance paradox, we needed to address the issue of easy, trouble free, and painless. Although I do not believe we
can ever take away the pain of progress, much like the way you feel during your first few runs or trips to the gym, we can work on making the process easier and more trouble free. The high-performance planning process was created for this very need.

What we found in our study was that success in building a high-performance facility, while not all leadership driven, required a set of critical leadership characteristics to work though the challenges and potential growing pains. We found them in every facility we visited. The following leadership behaviors are central to success and critical to overcoming the performance paradox—what I call the leadership implication:

### Table 1: HPF Recommended Aligned Actions

<table>
<thead>
<tr>
<th>HPF Characteristics</th>
<th>Actions Over the Short Term</th>
<th>Actions Over the Long Term</th>
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</thead>
<tbody>
<tr>
<td>Visionary leadership</td>
<td>360-degree feedback</td>
<td>Executive and team coaching</td>
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<tr>
<td></td>
<td>Behavioral assessments</td>
<td>Emerging leaders program</td>
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<td></td>
<td>Leadership development</td>
<td>Mentorship program</td>
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<td></td>
<td></td>
<td>Executive development program</td>
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<tr>
<td>Consistent and effective communication</td>
<td>Employee forums</td>
<td>Employee councils</td>
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<td></td>
<td>Communication boards</td>
<td>Employee survey and action planning</td>
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<td></td>
<td>Walking the floors</td>
<td>Team effectiveness process</td>
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<td></td>
<td>Employee relations workshops</td>
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<td>Select for fit and ongoing development</td>
<td>Prescreening</td>
<td>Identify behavioral competencies</td>
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<td></td>
<td>Behavioral interviewing</td>
<td>Performance management</td>
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<td></td>
<td>On-boarding (first 90 days)</td>
<td>High, medium, and low performers</td>
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<tr>
<td>Agile and open culture</td>
<td>Quarterly implementation plans</td>
<td>Vision and values</td>
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<td></td>
<td>Organization diagnosis</td>
<td>Identifying strategic focus areas</td>
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<td></td>
<td>Organization design</td>
<td>Change management</td>
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<td>Service is job one</td>
<td>Establish service teams</td>
<td>Establishing service standards</td>
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<tr>
<td></td>
<td>Service recovery planning</td>
<td>Developing a service culture</td>
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<td>Constant recognition and community outreach</td>
<td>Thank-you notes</td>
<td>Recognition and reward programs</td>
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<td></td>
<td>Recognition celebrations and other events</td>
<td>Community relations initiatives</td>
</tr>
<tr>
<td>Solid (physician) relationships</td>
<td>Physician loyalty tool kit</td>
<td>Physician relations and outreach programs</td>
</tr>
<tr>
<td></td>
<td>Sales training</td>
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</table>

Intention → Decisiveness
Focus → Concentration
Commitment → Resilience
Practice → Persistence
Execution → Action
Evaluation → Continuous Improvement

Ultimately what we found in our study were leaders with the courage to take on this effort, stay focused, and
realize that this effort is never truly complete. The interesting thing about these findings is that the more we discuss them, the clearer they become to those driven to overcome the performance paradox.

So the truth may very well be simple after all. Bill Jensen, in his book *Simplicity* (2000), may have summed up the power of simplicity best by saying: “It is the power to do less of what doesn’t matter and to do more of what does matter” (p. 2). Through our journey, we reinforced that high performance is achievable, and ultimately it comes down to choice. It is a choice to overcome the performance paradox, it is the choice that unleashes the power of our people and organizations, and ultimately it is how health care (and, in reality, all organizations) can truly heal itself.

**References**


