Leaders, physicians, nurses and staff at Skagit Regional Health embraced the work required to create a culture of collaboration and trust. The work helped them to navigate a Pandemic, move key culture metrics, and make substantial progress on key patient safety initiatives. What can you learn from their approach?

What is Culture?

Consider successful sports coaches, and the approach of companies like Google, or of elite military units like the Navy Seals. How they approach culture:

Culture is, at its core, HOW you do the work. It’s not defined by your mission statement. It’s created by the behaviors of your people, and by the behaviors you reward, and those you don’t tolerate. Edgar H. Schein defined it as, “[A] pattern of shared basic assumptions that the group learned as it solved its problems . . . which [is then] taught to new members as the correct way to perceive, think, and feel in relation to those problems.” (Organizational Culture and Leadership, 4th ed).

Culture is NOT a program. There is no “program” that will change your culture. You teach people the skills they need to align their own behaviors with the standard— as part of the work, itself. As Schein stated, it is the way the group perceives, and solves, problems.

Those who can’t change, cannot be part of the team. Those who remain, reinforce the expectations because they support success, and this become the way the group functions.

You change culture by integrating training on the desired behaviors INTO the work. People learn while doing the work, and constantly evaluating and improving behaviors - in the moment.
Healthcare’s Unique Culture Challenges

Healthcare organizations start at a disadvantage because of a siloed organizational structure, and an historical emphasis on professional autonomy and expertise. There is little recognition of, or discussion about, the value of teams, of communication, relationships, or collaboration.

Healthcare is also enamored with the myth of “collective intelligence and talent.” The theory is that if we create groups of people, each as smart, as credentialed, and as talented, as possible, they will succeed as a team. In reality, better dynamics require specific work on team skills, regardless of the collective intelligence or talent of the individuals.

“I have been part of the SVH Family Birth Center Team for more than 13 years. The recent cultural transformation is rewarding. The nurses and providers have moved from independent practices to a “team” collaborating on patient focused best practices. Our communications focus on moving us forward, acknowledging our opportunities and learning to celebrate our strengths. I am excited for the future of our team and what we will be providing for our community.”

Kelly Lowry, RN
Nurse Manager

Learning from Google and the Navy Seals

You CANNOT simply tell a group of people to function more like a team, to collaborate, to support each other, or to improve how they communicate. These are skills. They come more naturally to some, but they are, indeed, skills that need to be taught, and practiced.

Google analyzes team performance to identify the behaviors of the best teams, and then teaches those behaviors. The Navy Seals have clearly defined expectations for their members and teaching these behaviors is built into every component of their training. Culture and the ability to support teammates, is more important to them than individual skills.

1. Create a structure that emphasizes and leverages collaboration.
2. Define the behaviors that you value and that will support collaboration and success.
3. Connect these behaviors to what people value so they are motivated to learn, grow and change.
4. Build the capacity of your people by teaching them these behaviors. Provide insight, support and tools. Integrate these efforts into the work, itself.
Skagit Regional Health’s Family Birthing Center - The Challenge

Skagit Regional Health is a community-based health system that provides the type of advanced technology and high quality, patient-centered care that was not previously accessible in smaller communities. This includes the SRH Family Birthing Center which is the area’s primary resource for women’s health and obstetrics services.

Despite a reputation for outstanding care, system leadership and surveyors identified a list of recommended operation and process changes that would enhance safe patient care. After more than 18-months, administrative and clinical leaders were frustrated with a lack of progress, but no one could put their finger on the problem. A six-month project, though, provided clarity on the barriers, and created a structure to address them, including building a highly collaborative culture.

The Approach - Four Steps

Step 1 - Make the Challenges Manageable

When a group is struggling with dysfunction, the challenges and barriers often feel like a large, complicated web of unmanageable issues. No one understands all of the pieces of the puzzle. It is important to make the challenge understandable, and manageable – which creates hope.

1. Gain consensus on the vision - and clear goals. This often seems to be a mere formality, but it’s critical.
2. Understand, categorize, and prioritize the barriers to success.
3. Give people hope and confidence that they have the ability to make the vision a reality – if they are willing to do the work. (Challenge and empower them!)

“...This work helped us put words and structure to our goals of building a safe, standardized unit with excellent patient outcomes and patient experience at the forefront. It gave each of us, individually, and the entire our unit, the tools to create an environment of psychological safety and transparency.”

Trisha Halverson, M.D.,
Ob/Gyn Department Chair

The Vision - Physicians, providers, nurses and staff worked together to define a vision with two core goals:

Provide outstanding care and a wonderful patient experience – that everyone is proud of; and
Create a work environment where everyone is valued, respected and fulfilled – because THIS will make the first goal possible.

“...The surveyors noted a remarkable difference in the team. They stated, “This group of people are proud to work here, and the change is palpable” This is what valuing people and giving them hope, and a plan, does for individuals, teams and organizations.”

Danie Turpin, CPXP,
Regional Director, Patient Experience
Understanding Barriers to Success - Three Categories

Organizational Barriers
These are things that the group cannot change, but must understand. When people aren’t given the opportunity to drive the changes they can control, they tend to exert unproductive energy lamenting situations they can’t.
In this case,
- Funding and resources are limited – so some ideas/solutions may not be viable.
- Staffing shortages are a real challenge that will not change quickly.
- A mix of independent and system-employed physicians creates challenges regarding authority and accountability.

Process and Operational Barriers
These are the challenges that a high-functioning team should be able to resolve if given the opportunity and the resources.
The group identified:
- Lack of a clear direction or plan on how to improve, or what group or department is fully accountable for progress.
- Lack of agreed-upon, and enforced processes for common clinical situations.
- Lack of a process to ensure that everyone (nursing, midwives, physicians) received the same training on standardized processes.
  (An example: Nursing and providers had been struggling to adopt standard processes regarding quantification of blood loss (QBL) and activation of postpartum hemorrhage (PPH) protocols. Any standards that had been adopted or discussed had not been consistently communicated to all parties. This led to frequent, in the moment, disagreement among the team.)

Team, Leadership, and Communication Barriers
Failure to address these challenges, is the reason that many initiatives fail.
In this case:
- Disagreements about issues that impact patient safety had eroded the team’s sense of trust and confidence - and increased individual and group stress.
- There was a lack of role clarity, trust, sense of team/collaboration, and psychological safety.
- The communication dynamic frequently overemphasized professional autonomy, turf wars, and the “need to be right” over the value of collaboration – often pitting medical staff, and nursing, against each other.
- The respective physician and nursing leadership roles were unclear. Nursing and medical staff leaders had never been given support to develop their own leadership skills and a collaborative leader dynamic.
Step 2: Provide Structure for the Work

Multi-Disciplinary Working Team. The SRH Executive Team authorized the formation of a multi-disciplinary “Working Team” tasked with identifying, prioritizing and implementing changes. The newly formed team had autonomy to study the issues, define goals, and implement solutions. The Chief Medical, and Chief Nursing Officers served as executive sponsors, demonstrating executive team support.

Physician-Nurse Leader Dyad. The Chair of the Ob/Gyn Department, and the Nursing leader on the unit, formed a clinical dyad, responsible for the entire initiative. A detailed workplan was created for the group, and the organization provided support from the organizational development and process improvement teams.

Step 3: Self-Awareness as the Foundation - Individual Growth

Participants completed the online J3P Healthcare and Physician Success Assessment, which explores personality tendencies and motivational attributes. This is NOT a simple, personality assessment similar to the MBTI, but an in-depth, validated tool built to improve executive level performance. It has been tailored for this audience through extensive research.

Participants also completed one-on-one sessions with specialized nursing/physician coaches to understand how these results impact performance. This work prompted productive, open, dialogue about how to improve communication, and to support each other.

The Department Chair/Nursing Leader dyad also began regular team sessions with their coach to build a collaborative approach to leadership– which was critical to overall success.

Step 4: Integrate Team Learning into the Work

The team designed a six-month plan, built around monthly, two-hour, meetings. These started with an hour of interactive training on topics including, leadership skills, conflict resolution, team dynamics, psychological safety, and giving feedback. The second hour was dedicated to applying these lessons to the operational issues the group had identified as top priorities.

Team learning sessions were run by a facilitator and there was an emphasis on “in-the-moment” coaching. Over time, members assumed more responsibility for running the meeting, and identifying ways to improve the quality of the communication, and team dynamics.

Operational issues were presented. Recommendations included not only the solution, itself, but also the strategy and plan for communicating the changes, educating the stakeholders, and overcoming potential resistance. The latter task challenged them to deploy new leadership, and communication skills.
Applying the Psychology of Team

Effective teams display common characteristics:
- Clarity of a shared purpose
- Shared notions of what’s important in achieving that purpose
- Role clarity
- A sense of confidence in the future
- Trust – (Established by demonstrating dependability, beneficence, and integrity)
- Psychological safety

Teams need to have frank discussions about the behaviors that contribute to these characteristics and those that erode them.

Each individual (starting with the leaders) must demonstrate the humility to learn new behaviors.

Results…A New Birthing Center Culture

Pandemic Response
Two months into the initial six-month plan, Working Team, was facing the initial wave of the COVID-19 Pandemic. The Team, though, only missed two monthly meetings and pushed to resume the work as quickly as possible. Many noted that the improved team dynamics were incredibly valuable during the crisis.

Culture Metrics
Even in the midst of the workload created by the Pandemic, the staff Net Promoter Agree/Strongly Agree metric improved by 16%.

Two key culture survey metrics improved by 14% - (considered a big win after years of flat/declining scores).

“I feel free to question the decisions or actions of those with more authority.” and “Actions of the executive leadership team show that patient safety is a top priority.”

Progress on “The Work”
After 18 months of almost no progress, within three months, the team was holding collaborative multi-disciplinary meetings with a high level of psychological safety. Physician leaders, from several specialties were highly engaged, taking accountability for modeling leadership behaviors for their colleagues. The group was actively making progress on a number of initiatives, including:
- Category II tracings and quantitative blood loss protocols
- Integrating new hospitalist and mid-wifery programs
- New department dashboard
- Real-time feedback processes
- Fetal heart monitor certification program
- Telehealth
- Cross discipline continuing medical education
- Community connection programs
The Path Forward – Structure and Connectedness

People, generally, WANT to be part of a team, to feel a sense of “connectedness.” They are willing to do the work to change their behaviors - if you provide the structure, and the support, to do it.

If you fail to provide this framework, healthcare teams tend toward dysfunction. This dysfunction makes it harder to improve patient care, and to create an environment where physicians, nurses and staff feel valued, and connected.

“Staff and providers can be heard, and we can all work together for our common goals of excellent patient care. Culture change is hard work, but the progress we’re making is real and it’s been amazing to witness.”

Trisha Halverson, M.D.,
Ob/Gyn Department Chair

“You CANNOT simply tell a group of people to function more like a team, to collaborate, to support each other, or to improve how they communicate. These are skills. They come more naturally to some, but they are, indeed, skills that need to be taught, and practiced - by individuals and by the group.”