

12 BIG COACHING OPPORTUNITIES IN HEALTHCARE

TODAY'S GOAL

Discover 12 coaching opportunities in healthcare

Get a CliffsNotes version of how to address these opportunities



CliffsNotes™

AGENDA

- INTRODUCTIONS
- MIND SHIFT NEEDED
- THE NEED
- THE 12 OPPORTUNITIES
- BONUS OPPORTUNITY
(IF TIME)
- Q+A/NEXT STEPS



WHY US

- ▶ Trained coaches from and/or coached executives at Partners Healthcare, Kaiser, Laser Spine Institute, Carillon Clinic, Ascension Health, Navicent Health, AstraZeneca and many others
- ▶ We have done the work and achieved results; none of this is theoretical
- ▶ Practical, results-driven approaches without fads, pseudoscience, fluff or ethereal talk of leadership



MINDSHIFT NEEDED FIRST (FOR SOME)

- I only coach
- ICF core competencies or bust
- Consulting, facilitation, training and other professional services are out of bounds

- Start with the client's problem
- Develop the best solution for the client
- Clients care about results not the underground coaching union



THE NEED



NOTHING IS HARDER THAN RUNNING A
HEALTHCARE ORGANIZATION : **DRUCKER**

Affordable Care Act
makes delivering care
more complicated
and challenging than
ever before, including
the transition to
managed care

Any single leader in
any single healthcare
organization faces a
lifetime of pressing
challenges every day

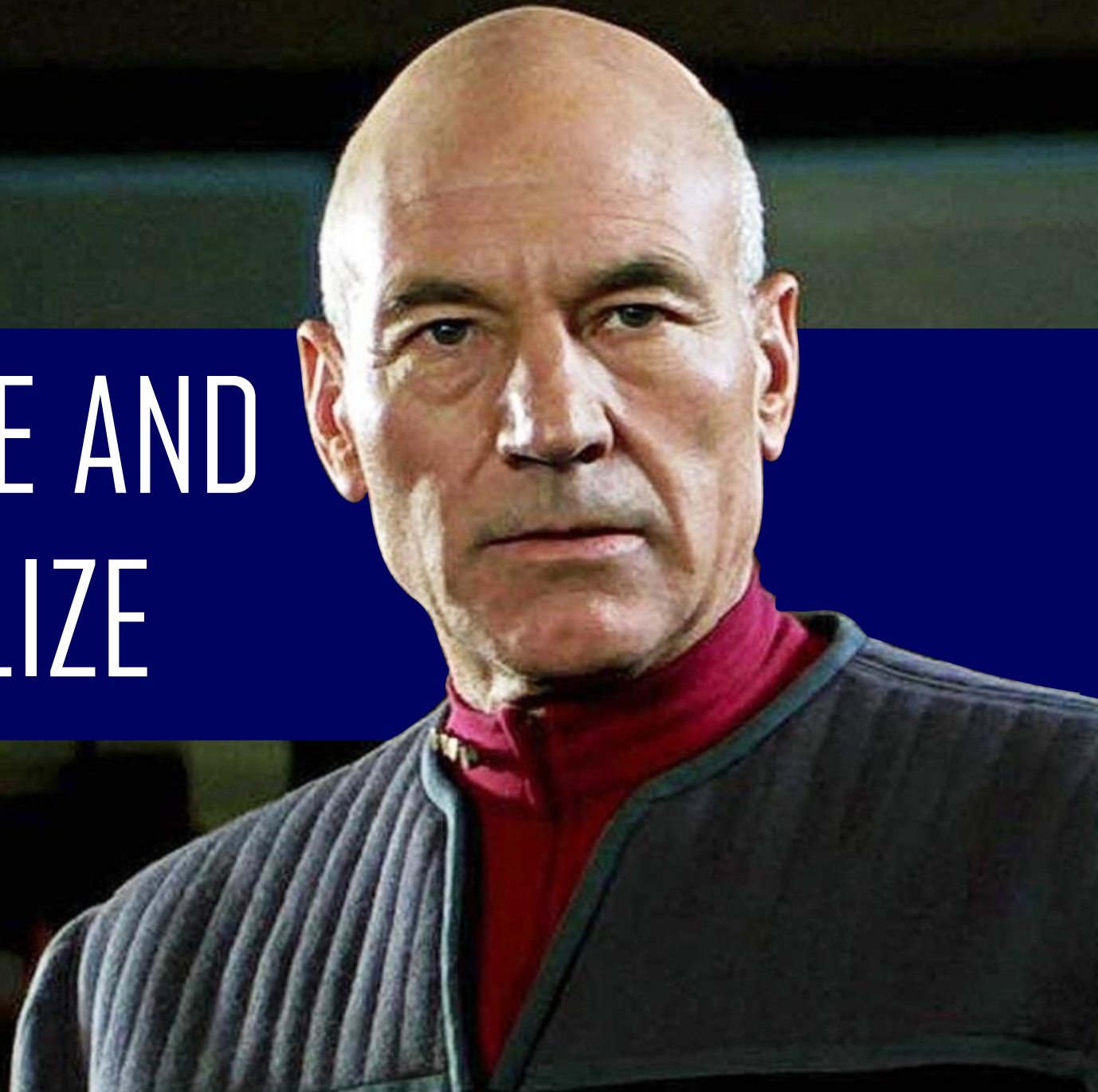
Most healthcare
leaders have years of
education, but very
little of it focused on
leading complex
organizations

12 BIG OPPORTUNITIES

1. Engage and mobilize
2. Accelerate change
3. Change the culture
4. Help physicians who are also leaders in the organization
5. Develop nurse managers
6. Support performance improvement initiatives
7. Help high-potentials get better
8. Develop the board
9. Plan for succession
10. Improve collaboration and teamwork
11. Leadership tune ups: Help leaders become more aware and better
12. Create a culture of success through coaching



1. ENGAGE AND
MOBILIZE



THE PROBLEM

- ▶ Low engagement scores are common
- ▶ Multi-generational issues
- ▶ Hard to recruit compared to other opportunities with more flexibility
- ▶ Employees unprepared for amount of technical change
- ▶ Legacy staff with no incentives to change
- ▶ Managers who lack skills, good role models, and time to engage
- ▶ Leadership with what seems like A.D.D. when it comes to top priorities



THE APPROACH

- ▶ Track and measure scores
- ▶ Get leadership buy in that this is a significant initiative worthy of focus
- ▶ Leadership goes first and models true engagement
- ▶ Train managers (CEC provides a full training kit that has been delivered to hundreds of managers)
- ▶ Reward managers for improving scores
- ▶ Remove managers that don't improve scores
- ▶ Remove structural obstacles, including firing process, meeting structure, ability to recognize and acknowledge
- ▶ CEC: Toolkits and PPT for Engaging and Mobilizing Employees



A space shuttle is shown launching from the bottom left, ascending diagonally towards the top right. The shuttle is white with orange external tank and white solid rocket boosters. Large plumes of white smoke and orange fire are visible at the base. The background is a deep blue sky with white clouds at the bottom.

2.ACCELERATE CHANGE

THE PROBLEM

- ▶ "This is taking too long!"
- ▶ Employees understand fighting fires but not making changes to processes and systems
- ▶ No one has any time
- ▶ There are too many competing initiatives
- ▶ Employees have learned how to wait for the revolving door of leadership
- ▶ People who resist the change can get away with it by being passive aggressive
- ▶ Leaders and managers lack skills in influence and setting the tone
- ▶ Leaders and managers go rogue when it comes to delivering a consistent message



EXAMPLE OF WHAT WORKED

- ▶ 360 verbal of the executive team and change process
- ▶ Off-the-shelf assessment of each team member and team as a whole
- ▶ Small retreat with the core executives for straight talk about what is working and what isn't
- ▶ Commitment to move forward
- ▶ Retreat with larger executive team to set new tone
- ▶ New commitments and accountability
- ▶ Clear communication template at organizational level and for specific units
- ▶ Changes in roles as needed
- ▶ Ongoing coaching to support CEO and executives in keeping their commitments
- ▶ CEC: Toolkits for Leading Change, Influence, and Executing Effectively



A close-up photograph of a three-tiered chocolate fountain. The fountain is made of polished metal and is filled with thick, dark chocolate. A hand in a white glove is holding a strawberry on a stick, dipping it into the chocolate. The background is blurred, showing a person in a white chef's uniform. The text '3.CHANGE THE CULTURE' is overlaid on the right side of the image in a dark blue banner with white text.

3.CHANGE THE CULTURE

THE PROBLEM

Dysfunctional cultures including:

- ▶ Too bureaucratic
- ▶ Collaboration run amuck
- ▶ Sloppiness
- ▶ Reactive

Leadership implements culture change in authentically

- ▶ Retreat and abdicate
- ▶ Fanfare without substance
- ▶ Bring in the X way based on whichever company everyone is talking about (Toyota, Disney, Ritz, Google)



THE SOLUTION

- ▶ Implement the chocolate fountain approach
- ▶ Work with one leader at the top to define the culture in terms of key behaviors, habits, and performance
- ▶ Leader first models these behaviors and sets the tone
- ▶ Move to next level of leadership to repeat the process
- ▶ Change compensation/systems/budget
- ▶ CEC: Proven methodology for culture change



HELP PHYSICIAN LEADERS BE BETTER

4



THE PROBLEM

- ▶ Physicians are heavily trained in clinical issues, but not trained in the soft skills
- ▶ Many physicians are getting into leadership roles without training in leadership or even understanding of requirements
- ▶ Many physicians are abrasive or have behavioral blind spots that hurt their effectiveness and could even destroy their career
- ▶ Many physicians don't know what they don't know but think they do
- ▶ Many are burning out



THE SOLUTION

- ▶ Nowhere-to-hide assessment to uncover opportunities to improve
- ▶ Behavioral coaching with feedback built in
- ▶ Situational coaching about how to handle daily leadership challenges
- ▶ Group coaching optional for peer support
- ▶ Layer in an initiative, like reductions in medical errors or improvement in utilization, to make everything applicable and results-driven
- ▶ CEC: Methodologies for behavioral change and key skills that physicians need to succeed as leaders



5. DEVELOP NURSE MANAGER



THE PROBLEM

- ▶ Nurse managers are the backbone and foundation of the health system yet rarely get effective development
- ▶ Highly variable performance
- ▶ No role models – “Management by Mom”



THE SOLUTION

- ▶ Create a Nurse Manager Leadership Academy – meet monthly to discuss different aspects of nursing management and leadership, while setting clear goals and even a team project
- ▶ Measure and report on variability so that everyone knows where they stand
- ▶ Mentor new nurse managers
- ▶ Leadership sets expectations and the tone – you get what you tolerate
- ▶ CEC: Tools and the turnkey academy for nurse managers and other new leaders



6.SUPPORT PERFORMANCE IMPROVEMENT INITIATIVES



THE PROBLEM

- ▶ “We can’t execute!”
- ▶ Lack of knowledge about how to develop an idea and present it for approval
- ▶ Lack of accountability and follow up
- ▶ Lack of skills and perhaps willingness to get an idea accepted throughout the organization
- ▶ Six sigma overkill – everyone is a six sigma black belt but no one knows how to make things happen



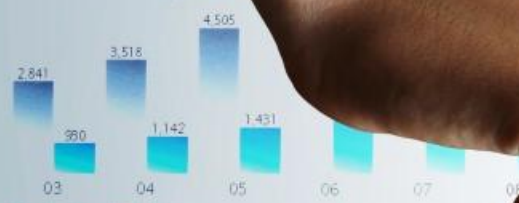
THE SOLUTION

- ▶ Establish performance improvement teams – but take things off of employees' plates so that this is not a burden
- ▶ Coach and train teams on identifying obstacles and removing them
- ▶ Create a clear template to present ideas, get buy in, have open conversations about resistance, and clear obstacles/single vetoes
- ▶ Track progress to goals and communicate it clearly
- ▶ Reward people who are successful and handle people who resist
- ▶ Leadership needs to be focused and set the tone
- ▶ CEC: Solutions to coach and taking ideas from vision to action, leading change, and building high-performance teams



Strong income performance well ahead of prior year

PBT



Analysis of total income

Top-line income	4,784	5,074	10,489
Credit market losses in income	(2,325)	(4,055)	(8,502)
Own credit	253	613	(263)
Total credit	1,220	6,089	(1,874)
Impaired assets and other credit losses	(1,197)	(1,874)	(1,874)
Net income	629	4,215	4,215

£ million
Income
PBT
H1'03 v H1'09
73%
100%



- 1 June 2008
- 1 July 2008
- 1 August 2008
- 1 September 2008
- 1 October 2008
- 1 November 2008
- 1 December 2008
- 1 January 2009
- 1 February 2009
- 1 March 2009
- 1 April 2009
- 1 May 2009
- 1 June 2009
- 1 July 2009
- 1 August 2009
- 1 September 2009
- 1 October 2009
- 1 November 2009
- 1 December 2009

7.HELP HIGH-POTENTIALS GET BETTER



Beryllium	GT	Beryllium	AX	GT	AX
Manganese	GT	Manganese	AX	GT	AX
Aluminum	GT	Aluminum	AX	GT	AX
Chromium	GT	Chromium	AX	GT	AX
Nickel	GT	Nickel	AX	GT	AX
Bauxite	GT	Bauxite	AX	GT	AX
Cotton	GT	Cotton	AX	GT	AX
Flax	GT	Flax	AX	GT	AX
Textiles	GT	Textiles	AX	GT	AX
Wool	GT	Wool	AX	GT	AX
Fur	GT	Fur	AX	GT	AX
Sateen	GT	Sateen	AX	GT	AX
Silk	GT	Silk	AX	GT	AX
Oil	GT	Oil	AX	GT	AX
Gas	GT	Gas	AX	GT	AX

THE PROBLEM

- ▶ High potentials feel unchallenged and under-appreciated
- ▶ Performance incentives are rarely compelling in health settings
- ▶ Traditional training and development is generic and ineffective



THE SOLUTION

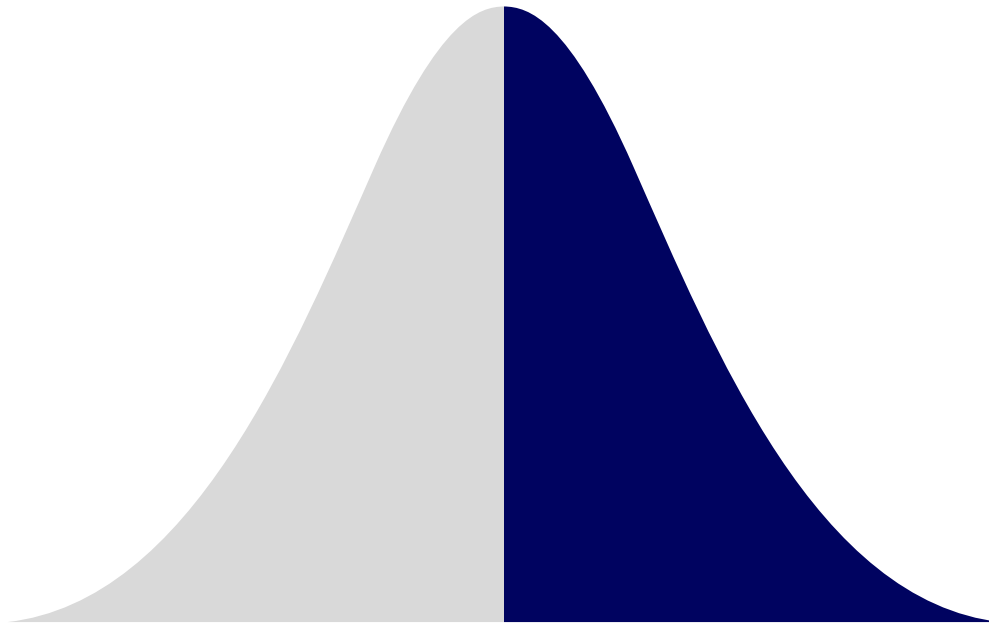
High-Performance Coaching Academy

- ▶ Selective
- ▶ Applied
- ▶ Peer coaching
- ▶ Results baked in

One-on-one coaching with internal coaching group

- ▶ Clear goals
- ▶ Clear curriculum
- ▶ Coaching seen as a privilege and very different from coaching-as-last-resort usually seen in health settings

CEC: We have implemented this in health systems and have the tools ready for you



A photograph of two men in business attire. The man in the foreground is looking down at a document, holding a pen. The man behind him, wearing glasses, is also looking at the document. They are sitting at a desk with a laptop, a glass of water, and some papers. The background is a bright, out-of-focus office window.

8. DEVELOP THE BOARD

THE PROBLEM

- ▶ Healthcare is so complicated that few board members understand the issues, let alone how to read an income statement
- ▶ Politicization of boards
- ▶ Weak boards



THE SOLUTION

- ▶ 360 assessment of the board as a whole, overall and by key competencies
- ▶ Self-assessment of each board member on key competencies
- ▶ Training on specific competencies of being on a healthcare board
- ▶ Clear roles, boundaries, and expectations
- ▶ Discussion about board needs to reflect the community and support for the strategic initiatives
- ▶ CEC: PPT training and toolkit to coach board members and leaders to work better





9. PLAN FOR SUCCESSION

THE PROBLEM

- ▶ Succession usually means “backfill my spot when I leave”
- ▶ There is not a coherent succession process baked into the organization at similarly sized for-profit institutions



THE SOLUTION

- ▶ Understand current and future needs
- ▶ Get the house in order first
 - Recruit the best
 - Develop the best
 - Retain the best
- ▶ Identify key roles for succession and challenge insiders to develop into them
- ▶ CEC: Full Succession Planning toolkit and methodology for coaching and / or facilitation



A high-angle, top-down photograph of a diverse group of business professionals (men and women) in a circle, smiling and holding hands. The image is bright and positive. Overlaid on the center is a white circle containing the text 'COLLABORATION AND TEAMWORK' in dark blue. Above this circle is a dark blue trapezoidal shape containing the text '10.IMPROVE' in white.

10.IMPROVE

**COLLABORATION
AND TEAMWORK**

THE PROBLEM

- ▶ Lack of skill to collaborate
- ▶ Lack of will to collaborate
- ▶ Organizational silos with strong walls are common in health settings



THE SOLUTION

- ▶ Assess opportunities to improve collaboration
- ▶ Have open, honest discussions about what each party needs to collaborate better
- ▶ Understand the thinking styles and behavioral traits of each party
- ▶ Fix relationships and teamwork at the top
- ▶ Set clear metrics and focus on the “what” not the “who”
- ▶ Coach participants to help them overcome challenges real time
- ▶ Examples:
 - Patient flow
 - Diagnostic services (e.g., lab)
- ▶ CEC: Robust toolkits for collaboration and building great teams





11.LEADERSHIP

TUNE UPS

THE SOLUTION

- ▶ Assessment for self-awareness: 360, off-the-shelf, Leader's Dashboard
- ▶ Identify the one thing to get much better
- ▶ Behavioral coaching including team feedback
- ▶ Situational coaching on key issues PLUS leadership curriculum as an option
- ▶ Track and measure progress
- ▶ CEC: We have all the tools and coaching plans



12.CREATE A CULTURE OF SUCCESS THROUGH COACHING



THE SOLUTION

- ▶ Create best-practice internal coaches
- ▶ Create coaching initiatives that support strategic initiatives
- ▶ Train managers on coaching skills and when to use them
- ▶ Leaders all have coaches and actively support the culture change
- ▶ Coach the coaches; reward coaching in performance evaluations/comp
- ▶ CEC: We can partner with you or train you to be able to offer this solution

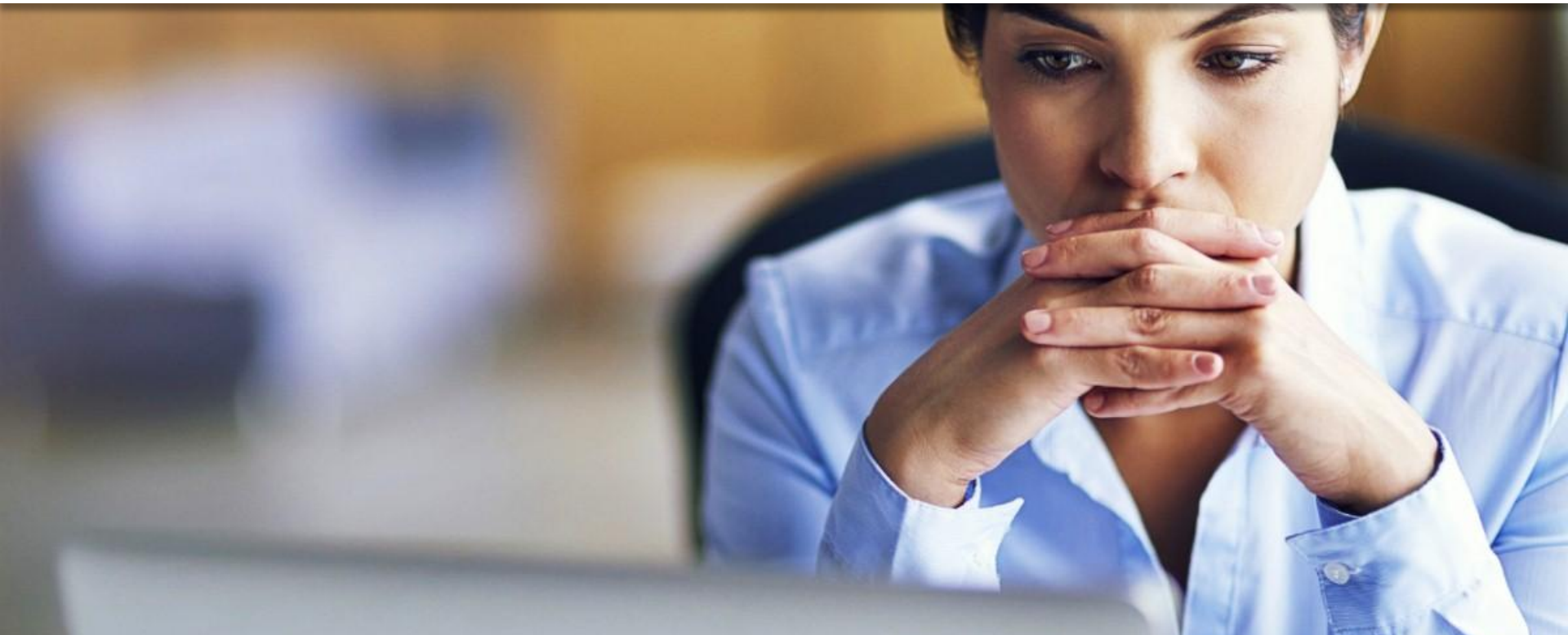




BONUS STRATEGIC PLANNING

THE PROBLEM

- ▶ Too many potential priorities and not enough resources: revenues, costs, quality, capital equipment, new services, labor....
- ▶ Political agendas lead to conflicting priorities
- ▶ Competitive threats abound from carve out companies and larger systems alike
- ▶ No structured way to think about strategic planning and get buy in



THE SOLUTION

- ▶ Three-part strategic planning process:
 - Big picture strategic questions
 - Choose 3-5 priorities and overarching theme
 - Clear the path for alignment and execution
- ▶ Coach the client through the process
- ▶ Provide facilitation if needed
- ▶ Coach the client through implementation



A close-up photograph of a person wearing a dark suit, white shirt, and a blue and white striped tie. Their right hand is extended, with the index finger pointing towards a glowing white line-art figure. The figure is standing on a set of three steps that lead upwards and to the right. The entire scene is set against a dark, blurred background.

**NEXT
STEPS**

JOIN US

- ▶ Get certified with us or get our acclaimed Coach Master Toolkit if you already coach
 - <http://centerforexecutivecoaching.com>
 - <http://centerforexecutivecoaching.com/cmt>
- ▶ No other program thinks about coaching from the perspective of what the client wants and practical approach to getting results
- ▶ Focused on client needs and value in a practical way
- ▶ ICF and BCC accredited, and we go much farther than their competencies
- ▶ We have a very strong healthcare cluster



THANK YOU!

CONTACT ME ANYTIME AT info@centerforexecutivecoaching.com

VISIT <http://centerforexecutivecoaching.com> AND FIND THE RIGHT PROGRAM FOR YOU