

Preparing the Ground for Transformation: A Case Study of the MUHC's Experience



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ABSTRACT: In 2015, the McGill University Health Centre (MUHC), a leading academic health centre located in Montréal, Québec, Canada, inaugurated a CAN\$1.3-billion health complex (Glen site) after a planning, authorization, design, finance, building and activation process that spanned nearly two decades. The MUHC was compelled to leverage the transformative project to innovate and share the new information it acquired. Consequently, this turbulent period yielded a considerable body of knowledge. This article draws on the MUHC's experience and is anchored in literature. It addresses the topics of complex change, innovation and performance improvements in health care. In particular, it aims to provide organizations, which may be planning or are already engaged in a transformative project, such as the one undertaken by the MUHC, with evidence as to why it is beneficial to dedicate resources to support transformation, notably for the transition period. The article concludes with a summary of lessons learned and a possible avenue of additional study.

Background

In 1997, the Montreal General Hospital, Royal Victoria Hospital, Montreal Children's Hospital, Montreal Chest Institute, and Montreal Neurological Hospital (teaching hospitals affiliated with McGill University's Faculty of Medicine) merged to create a legal entity called the McGill University Health Centre (MUHC). The Research Institute of the MUHC was formed as part of this merger to facilitate investigator-initiated and discovery-driven healthcare research along the entire spectrum of investigative activities. Concurrently, a planning office was opened to set in motion a transformative project for the consolidation of sites and construction of state-of-the-art facilities. Staffed by personnel with a variety of expertise, it would oversee the many phases of project planning, including the project's clinical, functional and technical plan, architecture and engineering specifications, etc.

By 2008, the MUHC was immersed in the complexity of its redevelopment project, which had grown to include the Lachine Hospital and Camille-Lefebvre Pavilion (a community hospital and long-term-care centre), following the signing of an integration agreement. As turbulence increased at every level of the organization, so too did the volume of questions and challenges. The redevelopment project would be amalgamating six hospital sites into four sites, with one entirely new facility (the Glen site that houses the Royal

Victoria Hospital, Montreal Children's Hospital, Montreal Chest Institute, Cedars Cancer Centre and Research Institute of the MUHC), which meant merging clinical and operational teams with different modes of functioning (Richer, Marchionni, Tremblay-Lavoie, and Aubry, 2013). Senior management was concerned about achieving a successful transformation given that over 10,000 healthcare professionals and staff needed to be mobilized to maximize the envisioned performance improvements.

Therefore, the MUHC consulted extensively on the latest designs of healthcare centres, on challenges and opportunities intrinsic to transformative projects, and on best-in-class clinical, research, education and administrative practices. Teams involved themselves in exchanges with stakeholders in North America, Europe, the United Kingdom and Australia. Representatives of visited academic health centres told the MUHC that, in hindsight, they should have invested more resources into supporting the integration of teams who would be called upon to work together in the new structure and environment. Senior management at the MUHC took this information to heart and decided to explore how best to provide that support.

The merits of a project office surfaced from a literature review (Lavoie-Tremblay, Richer, Aubry, Biron et al, 2013; Aubry, Hobbs and Thuillier, 2008). Therefore in 2008, the MUHC created its Transition Support Office (TSO). The TSO

was led by a director and staffed with a dedicated support team of knowledge brokers, evidence specialists, project and change managers, as well as experts in evaluation, process review and communication. The TSO used evidence and its previous experience in guiding over 100 major institutional projects to create a structure for its efforts, including the evaluation of project results and performance, project and change management, and knowledge management.

The TSO proved invaluable. Myriad complex practice, team- and process-related projects were implemented and led to measurable performance improvements (Lavoie-Tremblay, Richer, Aubry, Biron et al, 2013). The TSO's advance work and the mobilization of teams also supported the activation of the MUHC's Glen site, Quebec's first LEED® Gold-certified healthcare complex, valued at \$CAN 1.3 billion, and the flawless execution of the biggest hospital move at the time in Canada's history.

Grooming an Organization's Capacity to Adapt

Nearly two decades would go by before the MUHC's Glen site would rise from the soil. It wasn't for a lack of desire or trying: the MUHC's internal stakeholders understood the direction they wanted to take and persevered. External stakeholders also understood that there was a valid need to modernize infrastructures for academic medicine. However, like an ecosystem with interdependencies, Canada's health system's mutability is controlled by many drivers, not least of which is the provincial government. These interdependencies can impinge on a healthcare organization's progress and, according to McCann and Selsky, magnify the complexity of a turbulent environment (2012). For example, from the conception of the MUHC's redevelopment project to the 2015 inauguration, seven different premiers succeeded each other in office. An organization's capacity to adapt to complex change thus becomes critical.

The MUHC was required to adapt the parameters of its redevelopment project due to cyclical disruptions, whereas multiple delays in the project's groundbreaking date forced the organization to anticipate, and adapt to, the volatility of the healthcare landscape. Regionally, this landscape was shaped by technological and research advances, an ageing population, healthcare reforms, economic pressures, new best practices, and a local shift towards an increasingly networked patient-care pathway — elements of which are sure to resonate with institutions regardless of their geographic location.

To stay true to itself and its pioneering history, the MUHC was required to manage possibility and expectation against available resources. Zolli and Healy (2012) suggest that resisting displacement from core purpose while increasing the scope of alternatives you are prepared to embrace, if push does come to shove, will in fact allow your organization to adapt to disruption and volatility. Therefore, the TSO developed a strategy for project management around practice, people and process using the principles of evidence-informed decision-making, appreciative inquiry and LEAN health care (Richer, Marchionni, Lavoie-Tremblay

and Aubry, 2013). Practice-related projects invited groups to harmonize the way the MUHC functioned across all sites, by considering the evidence in relation to the context and implementation circumstances. Involving directly affected people in decision-making decreased resistance, by increasing acceptability. Consolidation-related projects invited groups who would work together in the future to reproduce what the organization does best by using existing knowledge and using innovatively that body of evidence. Process-related projects invited in-depth analyses of work processes to explore areas of waste and propose innovative ways of functioning that would improve performance. The TSO managed over 100 such projects, contributing to the MUHC's preparedness to work together at the Glen site and supporting the adaptability of teams.

An Innovative Framework for Harnessing the Potential of Turbulence

Zolli and Healy (2012) remind us that encouraging adaptation brings us to a different way of being in the world; it's what makes individuals and organizations resilient, which goes hand in hand with agility and mastering turbulence (McCann and Selsky, 2012). This aspect prevailed in the MUHC workplace climate throughout the transition period, right up to its transformation at the Glen site. Furthermore, if we accept the notion that organizations resist change less than is actually perceived, as advanced by Senge, Kleiner, Roberts, Ross et al (1999), we must also accept that individuals are prepared to put ideas into action whenever they understand the value of the change. However, Senge et al also suggest that frustration occurs if they lack control over their job. Indeed, in complex change, it is worth considering, as Richer, Dawes and Marchionni (2013) note, Nonaka's conclusion that the key to unlocking knowledge is to create a sense of identity amongst teams and within the organization and then to leverage this generated commitment. In this regard, the TSO's efforts were tantamount to knowledge generation and innovation. Its research exposed the fact that the MUHC would have to navigate between push and pull, depending on the groups and/or departments and/or clinical missions involved in changes required to complete the transformation.

Therefore, harnessing the potential of push and pull or turbulence became a major TSO objective. The TSO partnered with the Quality, Evaluation, Performance and Ethics department to establish a theoretical framework for evaluating each project and its own productivity. Adopting a common, theoretical performance evaluation framework ensured consistency across the organization; promoted integration by charting a course for measuring performance, using indicators that were valued by the organization; and facilitated teams' use of the organization's data systems. In fact, teams acknowledged that the TSO's performance evaluation experts encouraged the emergence of a performance measurement culture (Biron, Vézina, St-Hilaire, Lavoie-Tremblay and Richer, 2012; Lavoie-Tremblay, Richer, Aubry, Biron et al, 2013).

Logically, when people see positive results from performance

measurement, we can expect diminished resistance in the implementation of change. This is why choosing to create new knowledge by investing in the TSO was very beneficial. By producing research on the function and outcomes of a TSO and publishing its findings, the TSO not only closed the knowledge gap it found during the organization's early consultation process vis-à-vis the value of a TSO, but it also improved performance and fostered innovations that were implemented at the Glen site and across the organization. The emergent culture was also a positive step towards making the organization more agile.

Conclusion

Pulitzer award-winning author Jared M. Diamond (2005, 2011) suggests that the past offers us a rich database from which we learn and make decisions that will allow us to thrive or fail. The MUHC's redevelopment experience confirms this theory, but it also underscores that the past doesn't always provide the data organizations need to drive performance improvement, innovation and transformation. Moreover, transformation may begin with purposeful decision-making, but its progress will inevitably be impinged by the interdependencies of internal and external disruptions, both short-lived and protracted. In these situations, a resilient and agile organization will be better positioned to adapt. By evaluating the transition period within the context of the disruptions, the organization can capitalize on turbulence, improve performance and generate innovations. This in turn makes the effort required to implement subsequent changes more acceptable to teams that may have had a tendency to resist in the past. Finally, evaluating the productivity and outcomes of an organization's own structures, such as a TSO, creates added value. It is an excellent means for preparing the ground for transformation, notably because it enriches an organization's adaptability, thus preparing it to manage complex change in the future.

It is worth noting that the MUHC did not evaluate the experience of 'being in the midst of change' throughout the transition period. There is merit in studying this topic, in view of the sheer complexity of change. Making sense of the change process as a 'way of being', from the perspectives of individuals, teams and organizations, might create a stronger narrative, with reference to uncertainties associated with change in health care and on how organizations might yield more powerful outcomes. After all, it has been argued that organizational success is dependent on people's reflections on past experiences, while intuiting and embodying emergent futures (Shaw, 2002; Scharmer, 2000). Therefore, our experience of change mirrors what lies beneath, above or behind our experience. The mere act of discussing this might change the conversation about organizational transformation.

Biographies

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Normand Rinfret's career in health care has spanned four decades. He oversaw the transition, activation and inauguration of the Glen site as past president and executive director of the MUHC.

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