High Performance Teams Case Study: Hospital and Health Service Finance Teams

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Public Sector Healthcare Pressures
Public Healthcare in Queensland has experienced a high rate of reform and restructure associated with both changes in governance structures from central to decentralised models, and the introduction of activity based funding methodologies and major changes to health information and finance systems. These changes in governance and funding have created significant additional challenges and change management agendas for the administrative and financial workforces within Public Health Corporate Services Divisions.

The Cost of Lowered Performance
Accompanying these additional challenges and change agendas is the risk of higher burden and stress and lowered team morale and performance. The costs of lowered team performance are often underestimated in terms of conflict, absenteeism, disengagement, workplace stress, lost time injuries (LTIs) and significantly lower quality production hours.

To offset these risks and maximise wellbeing and productivity during change we recommend implementing an effective High Performance Teams Strategy addressing 4 Success Indicators:

- KPI 1 – A Common Vision, Strategy & Clear Actions;
- KPI 2 – Accountability & Performance Reporting Systems;
- KPI 3 – Leverage Diversity & Lead By Example;
- KPI 4 – Supporting Team Members' Work/Life Goals.

The Client & The Challenge
As a result of a series of restructures due to the demerging of boundaries in healthcare districts, concurrent to the implementation of activity based funding reforms, the Financial Services Team within Corporate Services of a Large Hospital and Health Service had experienced a period of significant turmoil linked with lowered morale, absenteeism and performance challenges. A High Performance Teams (HPT) Program was implemented with the Financial Services Teams as part of a wider Health Service Values In Action Strategy being rolled out across the Organisation.

The Intervention
Using the HPT methodology an initial Baseline Assessment of current team functioning against the 4 KPIs was established in Stage 1. In Stage 2, Drive for Results, a series of targeted workshops, training programs, leadership and team strategies and wellbeing performance reporting systems were implemented. In Stage 3, Coaching For Sustainability, follow-up coaching sessions were held along with ongoing monitoring of action plans, wellbeing and performance reporting metrics.

The Results

KPI 1 – Common Understanding of Vision, Strategy and Actions:
During the baseline assessment stage it was noted that previous progress on strategic initiatives had been haphazard. There was no strategic framework in place across the Finance Leadership Group to create a common vision and strategy. As such Leadership Vision, Strategy, and Action Plans were developed and implemented across 5 strategic priorities. This was developed and implemented through a series of team workshops to ensure proactive action planning and monthly follow-up and accountability on progress.

Outcomes: At the 6-month review mark the following KPIs were achieved:
- 75% of total items had been actioned and 30% of these items had been completed ahead of schedule.
- Progress on 100% of action items had been reviewed and documented monthly.

KPI 2 – Accountability and Performance Reporting Systems:
During the baseline assessment stage it was noted that team meetings did not adhere to ASX best practice good governance guidelines regarding
accountability and support; there was no wellbeing and performance monitoring system; and performance appraisal, 360 leadership development and the register of completed action items was haphazard (as addressed in KPI 1 above).

The HPT Program addressed these accountability and performance reporting issues in terms of leadership, wellbeing, performance and accountability through the implementation of a series of targeted feedback systems at the leadership, team and whole of Department level.

**Outcomes:** At the 6-month review mark the following KPIs were achieved:

- Monthly review of the Action Plan by the leadership group.
- Development of the performance reporting dashboard for the Division with comprehensive KPIs.
- Monthly team meetings for leadership group and governance systems to moderate these meetings.
- Weekly eCheckIns on organisational health and performance implemented across the whole of Division.

Across the 6-month period the following trends were observed:

- Job Demands improved 20%, from an average of 67.75% in April to an average of 87.75% in September, suggesting an improved ability to proactively manage workload.
- Job Satisfaction improved by 11%, from an average of 69.5% in April to 80.5% in September.
- Co-worker Support has stabilised at 78% and Manager Support has stabilised at 76.5% despite the numerous challenges over the 6-month period (see Figure 1).
- During this period there was also a significant increase in staff engagement with a 26% increase in average engagement (from 35% to 61%), which is significantly above expected industry levels (15-30%) (see Figure 2).

**KPI 3 – Leverage Diversity and Lead By Example**

During the baseline assessment stage it was noted that adverse team and leadership dynamics, avoidance and conflict were notable themes as was a tendency to mirror avoidant or antagonistic actions by peers and stakeholders.

The HPT program implemented Team Profiling, Above and Below The Line, Customer Service Charter, Conflict Management and Frontline Leadership Training.

**Outcomes:** At the 6-month review mark the following KPIs were achieved:

- Team Performance and Engagement profile for leadership team and wider staff.
- Team Dynamics session for leadership team and wider staff.
- Completion of 360 assessment and development planning for leadership team, with individual coaching as needed.
• Completion of Above and Below the line exercise to develop team charter.
• Team Performance and Engagement profile for the leadership team.
• Quarterly professional development workshops for the leadership team on communication, conflict management, and status and presence.

KPI 4 – Supporting Team Members’ Work/Life Goals

During the baseline assessment stage there was an avoidance of appropriate personal disclosure regarding normative work/life needs due to avoidance and conflict patterns noted above. The HPT Program implemented a series of targeted team building activities to build trust and insight regarding individual career histories and aspirations, concurrent to embedding culture change activities using fixed agenda items in team meeting protocols to promote engagement and support around KPI 4.

Outcomes: At the 6-month review mark the following KPIs were achieved:

• Quarterly professional development sessions on work/life goals, including lifeline activity.
• Development of work/life strategy maps for staff.
• Use of communication starters and icebreaker activities in monthly and quarterly meetings.
• Peer mentoring across the leadership team.

ROI 6-month Total Benefit

Based on both benchmarked Australian public sector data and OECD productivity framework ratios, the average ROI per employee was calculated based on FTE and payroll data. These results showed that over 6 months, the HPT Program created substantial benefits for the organisation in terms of reductions in sick leave, absenteism, and LTIs, and improved productivity gains, totalling a pro rata total benefit of $430,239 – $509,903, which is equal to $8963 – $10623 per employee per annum.

Key Learnings & Conclusions

During the implementation of the HPT Program there were several key learnings:

• Firstly, the challenges of the finance teams, whilst having some specific technical stressors were largely similar to the change management stressors evident across many different administration, non-clinical and clinical teams in public healthcare. The major problems of demanding workloads, uncertainty, difficulty with communication in larger organisations during change, and changing expectations around the importance of information management and performance reporting.
• Secondly, the timeframe for establishing reliable change was longer than initially expected. A minimum 6-month data reporting period proved essential to establishing reliable trends and durable improvement in team wellbeing and performance.
• Thirdly, initial adjustment related to turnover and variable reporting and program compliance appeared to last up to 12 weeks into the program highlighting the gradual nature of improved trust and confidence in such interventions and the need to take a long-term (6-12+ months) view when implementing the HPT Program in Public Sector Healthcare.

In conclusion, the present case study highlights the successful application of the HPT Program as an effective intervention that can be used to support Public Sector Healthcare Teams to significantly enhance both employee wellbeing and performance.