



FOREWORDS

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Editor's Note: I have had the good fortune to share the ideas contained in the first edition of *My Pulse* with many committed health care professionals around the globe who struggle, within their own organisations, to deliver the highest levels of patient care possible. One very clear lesson has emerged from these opportunities. While the specifics of a particular organisation's or nation's supporting systems, structures, and procedures may vary considerably, there is one constant that transcends, any and all boundaries and differences. Each and every health care encounter involves human beings coming in contact with one another.

As we shall see, for example, from the two pieces which follow, the challenges of maintaining this singular focus on the care of human beings---the *sine qua non* of the profession---are fundamentally no different in the nationalised health care environment of Great Britain (and, as I recently observed first hand in Sweden as well) than in the public and private sectors of the United States. Keeping in mind this simple premise---that people in need of care are people who, appropriately so, should not have to care about the details of the systems, structures, and procedures supporting that care---will, we hope, enable readers around the globe to draw lessons they can best adapt for their own specific use.

IT IS VERY EASY to assume that the problems experienced by NHS organisations are due to our unique circumstances. It is particularly popular at the moment to blame government, bad management or other characteristics that it is imagined are exclusive to the NHS. Many of the challenges we face are found in other health care systems, and although the Nalle Clinic was operating in another time and in a very different system, its growth and eventual failure illustrate lessons that apply in the UK.

The use of an extended metaphor draws our attention to a curious anomaly; despite the fact that health care has one of the most intelligent and educated workforces of any industry, it often appears largely unable to apply this collective ability to dealing with the difficulties it faces. Partly this seems to be the result of a reluctance to accept that clinical work is not separate from the political, economic and managerial domains that are an unavoidable part of modern life. It is no longer possible to pretend that aclinical decision does not have significant consequences for the rest of the system, for the allocation of resources and therefore, for the well being of the entire organisations.

Many leading doctors now argue that considering the resource implications of clinical decisions is an ethical imperative and that there is a duty to consider these when treating patients, but this view is far from universally accepted. In its more extreme forms, there is still a view that management is baleful and unnecessary external intrusion imposed by government with the main purpose of frustrating high quality medicine. It is clear that we do not do enough to prepare the managers of health care to understand the ethos of medicine, or to help doctors understand the need to apply management principles to the practice of medicine.

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Secondly, as the Nalle Clinic case study shows, many clinicians have difficulty understanding and engaging with the leaders of their organisations. The reverse is also true. Whilst there is a lot written about the importance of skilled leadership, the story of the Nalle Clinic (and many other struggling organisations) highlights how little attention is given to the equally challenging absence of skilled followers. Henry Mintzberg writes of the phenomenon of the disconnected hierarchy found in professionals organisations where the front line professionals' practice is completely cut from the managerial level. Given the differences in approach, views on accountability and autonomy, team working, epistemology and attitudes to the resource consequences of clinical decisions between medicine and management, this lack of connection should not be too surprising.

One group that does not appear much in this story, but which might be important, are middle managers who are credible with clinicians and can help them contribute to the vision of the organisation and to engage them with it. We seem to have seriously neglected this group and since they are the main interface between management and clinical staff, this is, at least, unwise. Where these managers are effective, they provide invaluable translation services. Too often they are unhappily stressed in a sandwich between conflicting views and seen as a problem by both top managers and clinicians.

Many of the early signs of problems at the Nalle Clinic are also found in NHS organisations that run into difficulty. Lack of engagement with the objectives of the organisations, and the pursuit of personal or sectional objectives, is a common feature of organisations in the early stages of failure. In the UK, we increase the probability of this by a method of training and socialization that fails to make many doctors feel part of an organisation. This is illustrated by the story of a Medical Director of a large trust (in existence for 3 years) who told me how, out of 13 applications for a distinction award (worth up to £40,000), more than half the consultants applying failed to correctly complete the name of their employing organisations. The Nalle Clinic seems to have suffered from overly hands-off management of clinical activity and poorly engaged clinicians. The incentive structure and the share option schemes seem to have helped to further distance the physicians from sharing in this. Although overly decentralized and disconnected management has been shown to be hazardous in the NHS, there are similar dangers associated with highly centralist and hierarchical approaches.

A third characteristic of failing organisations in the NHS is a lack of basic managerial processes and a failure to pay attention to key internal systems. This was also the case at the Nalle Clinic, and whilst they attributed part of their problem to the failure to invest in a new computer system, many organisations find that it is precisely the big project to install new computers, or replace a building, that is the last straw. This is often associated with a failure to really diagnose the underlying causes of the problems and to look for easy external solutions. In more extreme cases, there was a great deal of energy expended on denying the problems, blaming others and looking for external rescue, rather than facing up to the tough action required to reverse the decline.

External intervention can help, but the Nalle Clinic did not have an unbiased 'corporate parent' who could have kept an eye on its performance and perhaps intervened sooner. Unfortunately, in the NHS this type of intervention has not always been very helpful or timely. These intermediate bodies appeared to be

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aware that organisations were failing, but had done little other than ask for additional reports and information diverting even more time from the task of sorting out the problems. The problem for any 'parent' organisations is that whilst strategic overview is important, it does not necessarily place one in a good position for deciding what action needs to be taken down at the front line. Furthermore, there is a real danger of those higher up the system believing they know best, simply because they are higher up.

The most fatal problem---which also proved fatal to the Nalle Clinic ---is a lack of the kind of leadership needed when a potentially lethal illness is looming at hand. Leadership is, of course, required at all points in the organisation but, in the case of those with significant problems operating in turbulent environments, it is particularly important that top leaders provide guidance, reinforce the message that the problems are real, that responsibility for addressing them is shared, and hold everyone to account for change. In contrast, the Nalle Clinic and the NHS organisations that we worked with that were failing seemed to have suffered from one final common feature. The absence of honest feedback or anyone prepared to hold up a mirror and to point out a truth that, whilst unacceptable, seems a universal insight in these situations; 'we have met the enemy, and he is us'.

Failing organisations, as a consequence, almost always act to completely change the top management team. Whilst this may, at times be necessary, lopping of the top of weed and leaving the roots will not solve the longer term problems. But if, like at the Nalle Clinic and other similar NHS organisations, there is not a realization of what the causal problems (versus easily visible symptoms) are and the steps that are required, it is very likely that the organisation will not get the leaders willing and able to take this action.

Whilst some organisations fail because of a temporary lapse in systems or poor management which are relatively easy to correct, there is a second group whose failure is attributable to more fundamental cultural problems. These eat up and spit out chief executives and medical directors, they suffer years of poor performances and false dawns, and they recruit more and more staff who fit the dysfunctional culture.

The Nalle Clinic story reminds us that for these 'chronically ill' organisations, we need more patience and courage to take decisions that many will find difficult to live with. In some cases no option remains, and if the patient won't modify their behaviour, there can only be one outcome.

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MY PULSE IS NOT WHAT IT USED TO BE' is a unique book. It offers the reader a privileged insight into the life of a health care organisation. You could, all too easily, dismiss this book because of its cultural context. For those of you who do not come from the United States, you may need some convincing that it has any relevance to you. For those of us brought up on cricket and real football (okay soccer) the sporting metaphors with their references to baseball, American football, and basketball hardly count as proper sport, more periods of activity interspersed with messages from "our sponsor". But enough poking fun at our American cousins, because this book's importance transcends hurdles relating to the Atlantic gulf.

In the UK especially, the physician or doctor CEO is a rare beast, just now being spotted in the swamplands of Primary Care Trusts. In that context, the compelling story of Dr. Raymond Fernandez will be alien to many of you. But don't give up. For the larger number of leaders who were previously nurses, the notion of the organisation as a living body will be easy to comprehend. And, for those without a clinical background, personal experience and insight will soon help you appreciate why this book works at so many levels. This book is for anyone involved in the running of health care organisations. The fact that the central player, Dr. Fernandez, is a doctor allows us a helpful perspective, but does not mean this book has no relevance to non-doctors.

"But," you continue to protest, "UK health care is different; we do not have organisations like the Nalle Clinic." True, but we are talking about health care in a time of change and the US is not alone in that. The Nalle Clinic has many characteristics in common with what we do. In Germany, health care reform is looking at the way in which a gate-keeping function can be introduced. How will this affect the way health care works and operates? Is it going to have profound effects on the culture of health care? This is not like the simple addition of a new exhaust to a car, this is changing the way people, patients, and caregivers behave. Canada and Australia are concentrating on strengthening primary care. You cannot change a fundamental part of a system without major consequences, any more than you can operate on part of a body and expect the rest to behave as if nothing has happened. So, as we all go through transformations in health care, we can understand how this book applies to our own countries; the environmental changes experienced by the Nalle Clinic are no different to our own.

The UK is going through a period of enormous change within which runs deep cultural issues. For instance, the consultant contract, so overwhelmingly, and apparently surprisingly, rejected, is indicative of the deep mistrust between managers and doctors. This problem, highlighted in the theme issue of the British Medical Journal (BMJ, 21st March 2003), shows that there is a deep disease within the body of the NHS; not resistant to treatment but impossible to isolate from the rest of the NHS corporate. As Irv Rubin would tell us, "to ignore this festering staff infection is as dangerous as ignoring a festering staph infection."

Then why is this book important, why do I commend it to you?
First, we must recognize the living breathing nature of organisations,

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We read of the Stage I organisations growing and developing and feeling the pains of change, just as we remember our spotty faced adolescence when no one understood us. Each and every part is connected. The Nalle Clinic shows us what happens when we change one part, the other parts change. As the structures were altered, as surely as if the very skeleton of the body were altered, so the organisation felt the pains. As a patient's conditions wax and wane, so do the fortunes of organisations. If a doctor has ever made the "wrong decision, or been fooled into a course of action by misleading symptoms, then so have the "attending" leaders in health care.

Second, just as learning from a clinical case review, significant event audit, or reflective practice helps us understand how we can better care for patients, so this "grand round" of the ultimately fatal case of the Nalle Clinic helps us learn. The narrative brings depth. Just as on the "ground round" clinical experts are able to tell us from the end of the patient bed the differential diagnoses and possible solutions, so this book takes us through the same process. We learn from differing perspectives the multiple truths behind what happens in a disease process. One of the great strengths of this book are these multiple shared perspectives from the contributing authors. The glimpse from every angle deepens and broadens our understanding of what happens in organisations. Sometimes the descriptions appear contradictory, but each one is in its own right true. The contradiction is itself the truth. Fortunately for the reader, this book takes us through to the final autopsy of the Nalle Clinic, once a living breathing human organism. The value of the post-mortem in the medical world is well recognised, but how often do we get such an objective insight in the organisational world?

Third, this book illustrates, how we behave within in organisation affects that organisation as surely as when we behave badly with a friend or colleague. Disruptive behaviour is common; in a survey of 2500 nurses, only 2 % had not recently witnessed an episode of bad behaviour by medical colleagues. This book gives us insight into the effect this has. The book describes how the organisational equivalent of an x-ray is performed that gives some idea whether the espoused culture and real culture match. Is this an investigation that your own organisation needs?

Fourth, Rubin describes different stages any organisation might be in. Sadly, many in the NHS appear to be stuck in Stage I, perhaps because of their novelty, or because they are truly stuck. However, we are all aware of State II organisations and have exciting glimpses of Stage III. By seeing what happened at the Nalle Clinic, and then reflecting on "the quality of the journey" that our own organisations are on, we might understand better what is needed. For me personally, a core element of the book was the behavioural survey and its impact. Those of you who have read other works by Rubin will know that he strongly advocates the active management of behaviour as a key to changing culture. Behaviour alters attitudes, and attitude change might just be alter more deeply held assumptions.

Lastly, just as those in health care are concerned with curing and healing, this book reminds us that those running a health care organisation need to remember the importance of caring and healing for the organisation, and the people within it. Irwin

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Rubin, Raymond Fernandez, and their co-authors have allowed us a view into a private world--- the inner running of a health care organisation in transition. Not just a view of what happened in the meetings and conversations between people, but how they felt about it, what it meant to them.

My copy of this book is now full of annotations and folded page corners, a sure sign that I need to go back and reflect. For me, this book is full of those moments, as a partly obscured thought I had was clarified by the author's perception or observation.

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