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A RIPPEL INITIATIVE

Community Activation for System Stewardship

FIELD GUIDE

NOTE: this Field Guide was originally produced under a different name as part of a project that transformed the national workforce of Medicare Quality Improvement Organizations—but while it's written from that perspective, its lessons can be applied by anyone, to any health ecosystem.

For more, visit ReThinkHealth.org/CommunityActivation



Learn more at ReThinkHealth.org and contact us with questions and comments at ThinkWithUs@ReThinkHealth.org.

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TABLE OF CONTENTS

Acknowledgments	3
Permissions of Use	3
Overview	4
Summary of QIO Approaches in SIP	6
Key Lessons Learned	10
How to Use This Field Guide	12
Chapter 1: Coalition Building	15
Chapter 2: Motivating Vision	26
Chapter 3: Building Relationships	32
Chapter 4: Engaging Networks	42
Chapter 5: Structuring Teams	55
Chapter 6: Strategizing Collectively.....	71
Chapter 7: Learning in Action	82
Practical Tools	95
Tool 1: Readiness Checklist	97
Tool 2: Leading Change Self-Assessment	99
Tool 3: Public Narrative	101
Tool 4: One-to-One Meeting	111
Tool 5: Mapping Actors, Assets and Power	114
Tool 6: Diagnostic Checklist for Leadership Teams	118
Tool 7: Team (re)Launch Agenda	120
Tool 8: Teamwork Exercises	122
Tool 9: Snowflake Structure	129
Tool 10: A Process for Collective Decision Making	131
Tool 11: AFMC Coalition Meeting Agendas	140
Tool 12: Co-Coaching Agenda	145
Tool 13: Building a Learning Practice	147
About the Author	158
About ReThink Health	160
About The Rippel Foundation	161

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Overview

The health of Americans today relies on a system designed for a different time – and it is failing us. The deep-rooted problems that are contributing to this failure will not be solved through a piecemeal approach. Instead, leaders need to fundamentally reimagine and redesign the many interdependent sectors that contribute to healthy people and thriving communities. ReThink Health envisions an America in which all sectors that affect health are led, designed, and financed in ways that foster healthy people and thriving communities.

ReThink Health works with groups of visionary leaders to transform health at the regional level – their neighborhoods, cities, counties, or states. By spurring big-picture thinking, ReThink Health provides the opportunity for leaders to step outside their own frames of reference. This lets them better see how the various parts of the system interact in unexpected ways and determine how and where they can exert influence. By working with others to demonstrate regional success, ReThink Health hopes to advance change across the country.

ReThink Health engages with regional leaders on:

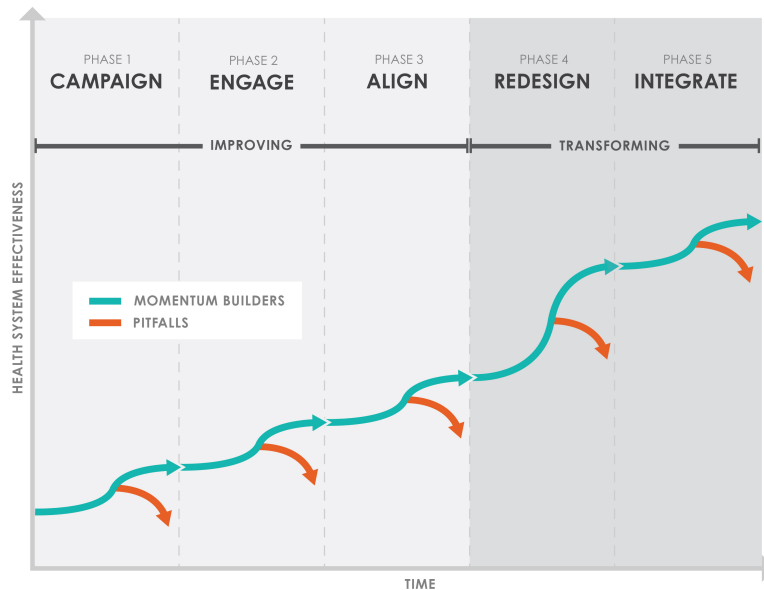
Active Stewardship: helping leaders establish the conditions for diverse stakeholders to work together across traditional boundaries to more successfully and creatively lead health system redesign, implement high-impact system improvements and innovations, and avoid sticking points along the way.

Sound Strategy: equipping leaders with data and dynamic models to help them understand the complexity and interactions of their health system, play out plausible scenarios, identify opportunities, set priorities for action, and measure progress over time.

Sustainable Investment and Financing: advancing new information, tools and approaches to investment and financing that help create long-term strategies, identify and leverage regional assets, shift how resources are used, and support efforts long enough to realize their promise for meaningful impact.

ReThink Health has developed the Pathway for Transforming Regional Health to help changemakers understand what is involved in the long journey of system redesign, assess where they are along the journey, identify common pitfalls, and consider what aspects of Stewardship, Strategy, and Financing might accelerate progress.

Pathway for Transforming Regional Health



The Pathway for Transforming Regional Health serves as a visual compass for leaders who are working to move from a fragmented to fully integrated regional health system. The Pathway encompasses five phases of transformation:

Phase 1: Campaign

An individual or small groups of organizations are acting to address a narrowly-focused issue and deliver incremental improvement.

Phase 2: Engage

Diverse stakeholders come together for a common objective that is marked by sustained dialogue and a new coordinated effort to move from incremental change on a narrow issue to community-level impact.

Phase 3: Align

Diverse stakeholders agree that existing systems are not sufficient and, when functioning independently, will not deliver the comprehensive, shared outcomes they collectively want to create. This phase concentrates on aligning multiple efforts across the region under a common vision.

Phase 4: Redesign

An increasingly diverse set of stakeholders are wholly committed to working individually and collectively to design a new health system.

Phase 5: Integrate

Diverse stakeholders are proactively executing new leadership paradigms, service delivery systems, policies, and ways of creating and deploying resources that are efficient, sustainable, and creating better health for all.

For more information on the Pathway: <https://www.rethinkhealth.org/stewards-pathway/>

The tools and methods presented in this guide represent **Organizing Action**, which is an aspect of **Active Stewardship**. ReThink Health developed the field guide as part of its Organizing Action training activities and partnerships with multi-stakeholder coalitions using the tools of community organizing and movement building to engage local communities in health improvement.

In 2014, the field guide was updated for the Colorado Foundation for Medical Care (CFMC) in its Supporting Data and Communities Special Innovation Project (SIP), contracted by the Centers for Medicare and Medicaid Services (CMS). The SIP was designed to encourage Quality Improvement Organizations (QIOs) to explore new ways of engaging their local communities in addressing chronic disease burdens by using the tools of community organizing and movement building. ReThink Health provided training and coaching support for five QIOs selected by CMS based on data indicating substantial variations in costs and/or healthcare quality.

In 2016, ReThink Health updated the field guide with examples from QIN-QIOs using the tools in CMS's 11th Statement of Work. The intent of the guide is to support all multi-stakeholder groups (and their conveners) as they embark on community engagement. It is intended to serve as an easy-to-use guide to develop local leadership, build effective coalitions, and mobilize multi-stakeholder groups toward a common goal that delivers measurable achievements in improving health and healthcare delivery for CMS beneficiaries.

Summary Of QIO Approaches In The SIP

Participating across a diverse spectrum of communities from urban to rural, and facing a daunting spectrum of health challenges, the QIOs involved in the SIP demonstrated the enormous potential that a QIO can play in a local health system if it is willing to adopt and apply the skills necessary to create critical linkages between the healthcare community and local stakeholders.

Each team's unique approach to its project points to a new and emergent role for QIOs as key leaders in the ecology of the local health system.

THE QIO AS POPULATION HEALTH PARTNER: Organizing Resources For Urban Seniors Beyond The Traditional Silos Of Medical Care In Baltimore, Maryland

Delmarva Foundation for Medical Care (DFMC) was asked to examine multiple areas of disease variation, including diabetes, chronic kidney disease, COPD, and CHF, among CMS's dual-eligible populations. DFMC formed the Healthy Eating Leading Partnerships with Seniors (HELPS), which aimed to increase access to health education and wellness resources in order to improve health outcomes among Baltimore seniors with high chronic disease prevalence. The project targeted seniors who frequent urban senior centers. Using the skills taught and coached by ReThink Health, the DFMC

team created a coalition of over forty stakeholders to coordinate an expansion of services, education, and resources to reduce chronic disease disparities.


As specified in its contract, the QIO conducted a community-based Root Cause Analysis that determined that under-resourced Baltimore communities lacked access to healthy food, a necessary component of reducing the chronic disease burden. This information focused HELPS's goals and tactics. DFMC helped the coalition create two One-Stop Service Centers and facilitate the delivery of nutritious food from the Real Food Farms Mobile Market and Baltimore City Health Department Virtual Supermarket Program. HELPS developed nutrition-education classes covering a range of topics, including information about new vegetables, how to eat healthy foods on a budget, and appropriate diets for specific health issues. In addition, DFMC piloted with coalition partners the promotion of Adult Wellness Visits to create a reimbursable gateway for seniors to Federally Qualified Health Centers, emphasizing wellness and health rather than emergent critical care. They also implemented an electronic card-scanning technology for enrolled seniors to track use of community support services and identified community resources to sustain the project. Participation in the HELPS project is ongoing, and coalition partners are providing programming in thirteen topic areas at three Baltimore urban sites.

THE QIO AS A LOCAL EXCHANGE FOR KEY RESOURCES AND BEST PRACTICES: Using Community Organizing To Engage Step-Down Providers In Rural Areas To Improve Readmissions In Louisiana

eQHealth was asked to examine the high costs associated with poor outcomes in CHF, COPD, and readmissions among the dual-eligible population. eQHealth held a number of community meetings with a variety of community stakeholders to learn about issues affecting readmission rates in this Hospital Referral Region (HRR). The QIO learned that while local hospitals were independently working on reducing facility readmission rates, there was no collaboration with step-down providers such as the skilled nursing facilities or home health agencies. eQHealth offered evidence-based tools directed toward reducing readmission rates to assist providers in their efforts. eQHealth also composed a list of resources available for CHF and COPD patients in Monroe, Louisiana. Based on the perceived need for community education, eQHealth organized "Resources on the River," an annual health-and-wellness fair, which was planned and implemented by a local steering committee but recruited and organized by eQHealth.

THE QIO AS AN EFFECTIVE CONVENER: Helping To Build Trust Through Narrative, Intentional Relationship Building, And Active Meeting Stewardship In Houston, Texas

TMF Health Quality Institute (TMF) was asked to examine the high level of cost and inefficiency among its community's Long-Term Acute Care Hospitals (LTACHs). TMF explored efficiency and patient outcomes in the community by identifying the strengths and weaknesses in Houston, Texas. It



convened 26 LTACHs – in addition to Short-Term Acute Care Hospitals and patients, community members, and physicians – to look at the geographic variation in data. TMF's convenings enabled stakeholders to develop a consensus on the belief that increases in access and competition improve quality of care in the community.

The community tested interventions that collaboratively addressed the weaknesses in admissions and readmissions criteria between providers; a lack of follow-up or relationships between providers; and a lack of patient understanding about the benefits across the continuum of care. These activities were undertaken by a series of community meetings convened by TMF, culminating with stakeholder commitment to: (1) train all 173 respective liaisons in selected admissions criteria to LTACHs; (2) reduce readmissions in the LTACH setting by 20 percent; and (3) develop a patient-focused flyer to explain the continuum of care available in Houston. The community also agreed to achieve its goals by using two Plan-Do-Study-Act (PDSA) cycles that aligned with the one-year SIP timeline. TMF supported partners in making sense of PDSA-cycle data by collecting, analyzing, and sharing it so that partners could refine approaches, in addition to validating and testing reliability of metrics. They also provided web-based training in data collection using lessons learned early in the project.

THE QIO AS A LEADERSHIP DEVELOPER: A Statewide Initiative Aimed At Forming Leaders Within Five Rural Health Coalitions, Designed To Empower Local Solutions To Readmissions In West Virginia

West Virginia Medical Institute (WVMI) was awarded a two-year contract to examine ways to improve care transitions in order to reduce readmissions among dual-eligible beneficiaries. The WVMI project focused on five West Virginia communities (Beckley, Charleston, Upper Ohio Valley, Logan, and Princeton). The project's goal was to reduce the rate of unnecessary hospital readmissions within thirty days of discharge in these five selected areas. WVMI launched and supported local coalitions in all five communities consisting of Quality Improvement (QI) directors, case-management directors, chief nursing officers, nursing managers, medical directors, directors/liaisons of home health care, skilled nursing facility providers, community service providers, and hospice providers. The focus of the intervention was on patients with depression. All five communities implemented two interventions: (1) a teach-back intervention to ensure that patients are familiar with procedures and medications they take at home, and (2) follow-up appointments made upon discharge and a follow-up phone call checking to confirm they visited a primary care physician or mental health provider post discharge.

THE QIO AS A COMMUNITY ORGANIZER: A Regional Approach To Healthcare Improvement Through The Active Engagement Of Actors Across The Entire Continuum Of Care, Including Civic Leaders And Faith-Based Organizations, In Arkansas

Arkansas Foundation for Medical Care (AFMC) was awarded a two-year contract to examine ways to improve care transitions and reduce high readmission rates among dual-eligible beneficiaries in the Arkansas Delta region. In order to address its areas of focus, the AFMC project team organized a local coalition (called “Delta ACT”) of thirty-five members comprised of healthcare professionals, hometown health coalitions, civic leaders, healthcare professional schools, patients, representatives, and faith-based organizations. The coalition focused on implementing two major interventions: (1) developing a local patient resource guide to be shared with community members, and (2) implementing Interventions to Reduce Acute Care Transfers (INTERACT), which is a quality-improvement program that focuses on managing acute change in the condition of nursing home residents.

The success of the QIOs in playing these various roles demonstrates the great possibility that exists when QIOs learn to become skilled “boundary crossers” and effective conveners among siloed health and healthcare communities.



Key Lessons Learned About The Effective Role Of A QIO

1. Pay close attention to internal barriers to change

The most successful QIO teams were the ones willing to “try on” a new way of being a QIO. Internal buy-in is necessary in adopting an approach focused on building relationships within the broader community. Teams can map power, values, interests, and resources internally as well as externally; and share concepts with top management at the outset to develop support for the work.

2. QIOs have enormous potential for developing leadership in local health systems as neutral conveners

In imagining themselves as local systems leaders, QIO leaders incorporated data into value-based calls to action. They built relational strategies based on root-cause analyses and learned systematic, teachable approaches for recruiting coalition partners. They shared leadership in interdependent ways and developed conditions to enable coalitions to function effectively toward shared goals. Most importantly, they learned to lead without formal authority, on the basis of shared interests and values, while maintaining the QIO as a neutral entity and protecting confidential and sensitive information.

3. QIOs carry moral authority

In addition to representing the largest payer in the system, QIOs are a voice for the poor and a voice for the elderly. Embodying the values connected to these identities leverages the moral authority that a QIO brings to the ecology of the local health system.

4. Real transformation happens with regular coaching

Learning happens in the field. While a field guide or online training introduces concepts and offers tools for practice, regular coaching enables teams to adapt and reflect on effective use of the skills.

Recommendations For Taking Action

1. Focus on shared values

Focusing on values to collaborate – such as patient-centered care – established a motivating culture within the group to commit to working together, even among competitors.

2. Identify coalition champions

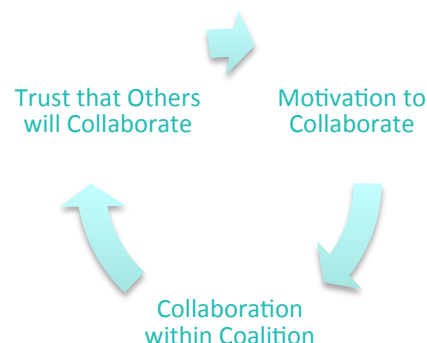
Positive trajectories for coalitions are associated with champions who express large aspirations rooted in shared values (instead of a problem to solve). Identifying those champions is critical to success.

3. Be intentional about engaging senior leaders

Engaging senior leaders can be a double-edged sword. On the one hand, senior leaders bring decision-making authority, resources, and prestige. On the other, very little happens between coalition meetings because senior leaders' day jobs are too big to advance a coalition's progress toward goals.

4. Build trust: Connect people to their motivations to collaborate

People's motivations to collaborate involve a mix of self-interest and community benefit. The QIO is responsible for making a connection to a person's role in their organizations – and their role looking out for the whole community. As coalition members collaborate, this builds trust and generates a reinforcing mechanism around partners' willingness to continue to invest resources in collaboration.



5. Establish a broad vision early – then take specific actions toward it

Establishing a broad enough vision at the start allows a group to target an early, narrower win and then build from there to more challenging activities that depend on a group's collective collaborative capacity. Starting with a specific goal that generates a win-win is more likely to result in increased capacity to collaborate than is something that is a source of conflict.

6. Pilot activities with PDSA cycles

With long-term solutions in mind, the local community and its convening entity can pilot an approach and implement PDSA cycles within the course of one year, then improve the process and scale up.

7. Get clear about the role the coalition will play

Some coalitions function as a network convener aligning existing efforts. Others develop communities of practice to share information and best practices. Still others are formed to organize and implement shared action.

8. Get clear about the role the QIO will play: Encourage sustainability by discouraging an over functioning QIO

QIO teams can support local coalitions and communities of practice in what they need the most: identifying and engaging local stakeholders and developing *their* leadership to improve population health and quality improvement initiatives. QIO teams may be inclined to over function in their supporting role by holding too many of the logistical tasks on behalf of the emerging coalition. To ensure sustainability, QIO teams should share responsibility for the logistics and management of coalition meetings, agendas, and materials from the start.

How To Use This Field Guide

This field guide is designed to help QIOs implement strategies that CMS seeks in the 11th Statement of Work. QIOs can use these skills to develop distributed leadership in their own teams, and among multi-stakeholder groups and coalitions. As conveners, connectors, catalysts of action, and coaches, QIOs can use these tools and approach to support the engagement and development of diverse leaders to align resources and take innovative, high-leverage actions to achieve low-cost, high-quality care and population health.

Organizing people to build the power to make change is based on the mastery of six leadership practices. The chapters in this field guide are organized accordingly.

- 1) **Motivating Vision:** Creating a shared story that motivates people to turn intrinsic values into action; the practice of narrative enables the identification of shared, deeply held values and is the basis for building a clear and compelling *purpose* for a joint effort.
- 2) **Building Relationships:** Deliberate identification by two (or more) parties of shared values and common interests specifying mutual commitments to exchange resources; this practice enables the building of trusting relationships across demographic and institutional lines and engenders internal motivation for collaboration.
- 3) **Engaging Networks:** Intentional mapping of actors, assets, and power to develop a relational strategy and tactics to engage multiple constituencies to exercise influence and align resources; this practice develops broader engagement for collective impact.
- 4) **Structuring Teams:** Designing and launching self-governing teams, connected as distributed leadership structures across multiple levels of coordination; this practice enables a multi-stakeholder effort to form and reform temporarily stable, bounded, interdependent teams of actors who craft norms uniquely suited to joint work, and to connect those teams in a loosely coupled organization that sits outside institutional boundaries.
- 5) **Strategizing Collectively:** Collective decision making about goals and interdependent strategy development; this practice enables actors from different institutions to form high-quality deliberative practices together and to creatively translate existing resources into outcomes that contribute to the effort as a whole.
- 6) **Learning in Action:** Producing specific, observable, and measurable results to evaluate progress, exercise mutual accountability, and adapt strategy based on experience; this set of leadership practices enables volunteer multi-stakeholder efforts to sustain motivation and commitment through identifiable progress and to build larger changes on a platform of shared accomplishments and learning.

The chapters provide the theoretical framework for the leadership practices and practical examples of their use in the QIO setting. Each chapter is designed in conjunction with related tools to enable QIOs to apply the skills to build distributed leadership and multi-stakeholder groups and coalitions. The chapters are sequential but the skills are iterative.

We encourage QIO leaders to practice and share these tools with others, to build a common language and approach across their coalitions.

OVERVIEW

The overview includes a description of the ReThink Health Community Engagement Coaching and Training Program, lessons learned, and recommendations for action.

Sections

- 1) Summary of QIO Approaches in SIP, page 6
- 2) Key Lessons Learned, page 10
- 3) Recommendations for Action, page 10

Chapter 1: Coalition Building

This chapter introduces readers to the practice of multi-stakeholder mobilization and coalition building.

Related Tools

- 1) Readiness Checklist, page 97
- 2) Leading Change Self-Assessment, page 99

Chapter 2: Motivating Vision

This chapter offers an overview of how to develop a coalition's motivating vision and leaders' calls to action through public narrative.

Related Tools

- 1) Public Narrative, page 101
- 2) QIO Leader Christi Smith's Narrative, page 105
- 3) Public Narrative Worksheet, page 101

Chapter 3: Building Relationships

This chapter offers an overview of building relationships as a leadership skill in the QIO coalition-building context.

Related Tools

- 1) One-to-One Meeting, page 111

Chapter 4: Engaging Networks

This chapter offers an overview of how to engage our networks strategically and intentionally.

Related Tools

- 1) Mapping Actors, Assets and Power, page 114

Chapter 5: Structuring Teams

This chapter introduces the conditions that QIOs can put into place to enable leadership teams and coalitions to function effectively.

Related Tools

- 1) Diagnostic Checklist for Leadership Teams, page 118
- 2) Team (re)Launch Agenda, page 120
- 3) Teamwork Exercises, page 122
- 4) Snowflake Structure, page 129

Chapter 6: Strategizing Collectively

This chapter offers an overview of how to strategize and make decisions collectively within coalition work.

Related Tools

- 1) A Process for Collective Decision Making, page 131

Chapter 7: Learning in Action

This chapter offers an overview of learning in action as a leadership skill in the QIO coalition-building context.

Related Tools

- 1) AFMC Coalition-Building Agendas, page 140
- 2) Co-Coaching Agenda, page 145
- 3) Building a Learning Practice, page 147

On Learning

In learning these leadership skills it is important to remember:

- 1) **The approach is a practice** – a way of doing things. These skills are learned experientially, combining the head, heart, and hands. It is like learning to ride a bike. No matter how many books we read about bicycles, they are of little use when it comes to getting on the bike. And when we get on, the first thing that happens is that we fall off. That is where the heart comes in. Either we give up or we find the courage to get back on, knowing we might fall, because that's the only way to learn to keep our balance. Learning a practice requires motivation, a grasp of core concepts, and, simply, practice – doing it again and again.
- 2) **The approach is a framework** – a way of understanding things. Telling stories, building relationships, working on teams, strategizing, acting, learning – these are things we do all the time; but as leadership skills we treat them with mindful and intentional reflection. Our challenge is to step back from habit, reflect deeply on what we are doing, and bring greater intentionality to our work so that these practices become tools.
- 3) **The approach is enhanced by coaching** – As when we learn any skill, it is helpful to be coached along the way to improve our practice. Coaching is also something that we should aspire to do as we take responsibility **to enable others** to achieve shared purpose in our coalitions.

Chapter 1

Coalition Building



This chapter offers an overview of what it means to develop distributed leadership through organizing in the context of building multi-stakeholder coalitions in the QIO context.

Learning Objectives:

- To introduce multi-stakeholder mobilization and coalition building in the QIO context
- To explain what it means to develop distributed leadership through organizing
- To illustrate how this approach addresses the challenges inherent in coalition building

The Promise And Challenges Of Multi-Stakeholder Engagement And Coalition Building

QIOs are increasingly being asked to support the production of low-cost, high-quality care and population health by engaging and aligning regional multi-stakeholder groups across traditional boundaries. Why this shift? Because coalitions are seen as a promising response to three key challenges that face the U.S. healthcare system (Hilton & Wageman, 2014):

- 1) **The U.S. health system is fragmented.** Transformation demands that those who provide, regulate, and receive care work together in ways that generate collective impact. Coalitions bring those stakeholder groups together to articulate and act toward a shared purpose.
- 2) **New strategies are needed.** Many current initiatives are shortsighted and low leverage, delivering results in the domain of medical care, which accounts for less than 20 percent of the drivers of health. Social determinants and health behaviors are more powerful influences. Coalitions seek broader, longer term, sustained strategies for the improved health of regional populations and subpopulations.
- 3) **There is a gap in leadership.** The stakeholders most “at home” in the health sector are trained to provide a service, not bring diverse groups together to coproduce health. Coalitions require a different kind of leadership, one that creates real interdependence between individuals and groups.

The five QIOs engaged in the Supporting Data and Communities Special Innovation Project (SIP) contracted by the Centers for Medicare and Medicaid Services (CMS) illustrate the promise of multi-stakeholder engagement and coalition building. The QIOs used the tools of community organizing and movement building to construct effective coalitions and engage local communities in addressing chronic disease burdens.

Participating across a diverse spectrum of communities, the QIOs demonstrated the enormous potential that a QIO can play in a local health system if it is willing to adopt and apply the skills necessary to create critical linkages between the healthcare community and other local stakeholders. (See the Summary of QIO Approaches in the SIP on page 6).

Each team's unique approach to its project points to new and emergent roles for the QIO as a key leader in the ecology of the local health system:

- A population health partner
- A local exchange for key resources and best practices
- An effective convener
- A leadership developer
- A community organizer

In experiencing varying levels of success, the QIOs also discovered that the work of engaging diverse stakeholders and building coalitions to achieve lower cost, higher quality of care, and population health comes with its own set of challenges:

- No organizational structure exists within a coalition with the authority to impose goals.
- Volunteer coalitions have no barriers to exit and have high turnover in leadership.
- Leaders have tenuous authority to influence peer leaders from other institutions through authority-based practices.
- It is difficult to keep people engaged who work full time or have competing priorities.
- Discrepant interests, resources, and power must be taken into account.
- Demographic, historical, and political relationships between individuals, groups, or institutions can limit their ability to work together.
- Clearly defined structures of decision-making may not exist; and "natural" decision-making practices can result in polarization, false consensus, or dominance of minorities by majorities.
- Groups can be so focused on process that they do not accomplish anything or, alternatively, so focused on tasks that they undervalue process.
- Other challenges include resource scarcity, perceived control by those exercising power, and the time it takes to develop group norms and build and maintain relationships.

Because the leadership models familiar to institutional healthcare settings do not adequately address these challenges, a different form of leadership is needed. As tested by QIOs involved in the SIP, this field guide supports the development of distributed leadership through organizing.

What Is Distributed Leadership?

Distributed leadership is a social process by which many people, across group boundaries and levels within a social system, interdependently create the conditions to accomplish shared purposes. In this definition, leadership is a set of social functions, not a position. Leadership is shared among many

people in different places in a system. Leadership is exercised interdependently by sharing resources, expertise, and authority with one another (Hilton & Wageman, 2014).

Community organizing offers the promise of developing a form of distributed leadership. It is about people, their relationships with one another, and how they can combine their resources to unlock the power that exists within the group to achieve a shared purpose. Based on practices used in the Civil Rights and Farmworkers movements, long-time community organizer and Harvard Kennedy School professor Marshall Ganz developed a framework to teach these leadership skills to organizers. Working with our partners in the field, ReThink Health has adapted this approach to developing distributed leadership in public health and healthcare settings.

Common Theories Of Change In The QIO Setting

To understand organizing as a theory of change, it is important to clarify what we mean by a “theory of change,” and to reflect on other theories of change commonly employed in the healthcare setting.

A theory of change is an “if/then” statement: “If we do X, Y change will occur.” Theories of change in health and healthcare settings commonly include:

- **Process or technological innovations:** If we implement this innovation, it will “fix” the problem.
Example: If we wash our hands before touching a patient, fewer infections and less harm will occur.
- **Raising awareness:** If people are informed, they will change their behavior.
Example: If we raise awareness among smokers about the bad health effects of smoking, they will quit smoking.
- **Providing training:** If we teach people how to do something, people will change their behavior.
Example: If we teach people how to eat in a healthy way, they will eat in a healthy way.
- **Marketing:** If we sell our idea, people will take it up.
Example: If we promote the benefits of daily exercise, people will work out.
- **Mandating compliance:** If we provide an incentive or punishment, people will do what we want them to do.
Example: If we impose an annual tax penalty for not buying or maintaining health insurance, people will get health insurance.
- **Offering a service:** If we do something for another person or group, they will benefit.
Example: If we offer free diabetes screening, people will better manage their diabetes.
- **Providing access:** If we make something available, people will use it.
Example: If we provide people with access to insurance, people will seek primary care.

All are valid approaches to moving from where we are to where we want to be based on our assumptions about why things are the way they are. We will need all of these theories of change (and

more!) to achieve the tasks articulated in the 11th Statement of Work; however, none of the above theories of change are organizing.

Organizing As A Theory Of Change

Organizing is a commitment-generating approach to change built on the engagement and development of leaders. Organizers identify, recruit, and develop leaders who can mobilize constituents and deploy collective resources to take joint, intentional action for a common purpose.

In this view, organizing is not a technical solution to health problems or an advocacy effort; rather, it offers a methodology to *develop the capacity of leaders to work together*. Organizing develops in individuals and groups the motivational, relational, and strategic skills they need to make choices about how best to effect change (Hilton and Wageman, 2014).

Organizing can thereby function in combination with other theories of change to accelerate and amplify the commitments needed to generate action – and even behavioral change.

People + Power = Change

As a theory of change, organizing is about equipping people with the power to make change. It takes up three core questions:

- 1) **People:** Who are our people? (Only then: What challenges are we facing? and What is our vision for a different future?)
- 2) **Power:** What resources do we already have to achieve this vision? and What resources do we need?
- 3) **Change:** How will we mobilize and deploy our resources to achieve our vision?

People: Organizing stakeholders to stand together. The first question an organizer asks is not “What is the problem?” but “Who are our people?” (See Chapter 5 on page 114 for more about mapping actors.) We start with people because organizing focuses on developing the leadership of those with the problem so they can mobilize their own resources to solve that problem – and keep it solved.

A constituency is a group of people who “stand together” to assert their own goals. In coalitions, multiple constituencies combine forces to stand together to achieve an even broader shared purpose.

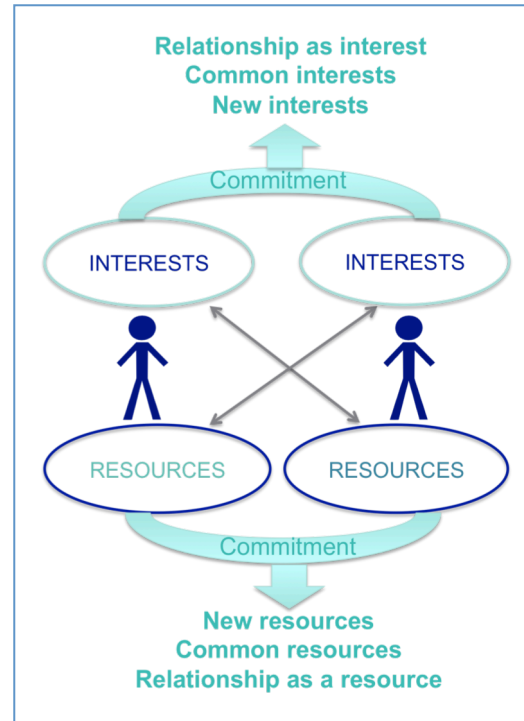
Power: What is it, where does it come from, how does it work? Reverend Martin Luther King Jr. described power as “the ability to achieve purpose.” It is the capacity created by combining resources and using them creatively to achieve a shared goal. Organizing, then, is not simply a commitment to identify and develop leaders but to engage those leaders in building power with one another to create the change they envision.

Organizers develop collective capacity through mutual commitments between stakeholders around shared values. Organizing enables individuals and organizations *together* to assert new public values, to form relationships rooted in those values, and to mobilize power with one another to translate those values into action.

Power is therefore not a thing, quality, or trait – it is the influence created by the relationship between interests and resources. We “map power” by asking four questions:

- 1) What are our interests?
- 2) Who holds the resources needed to address these interests?
- 3) What are *their* interests?
- 4) What resources do we hold that we can commit to meet their interests?

In other words, if our interest in another stakeholder’s resources and their interest in our resources give us a mutual interest in combining resources to achieve a common purpose, we can develop our collective power. In coalitions we sometimes generate the change we seek by combining and aligning resources. We call this “**power with.**”



But when our interest in another stakeholder’s resources is greater than their interest in our resources, they can influence our exchange; they have more power than we do. We call this “**power over.**” In the coalition setting, this occurs when one stakeholder exercises decision-making power over other coalition members, refuses to commit resources, or fails to participate at all. However, as other coalition members increase their collective capacity (“power with”) over time, they may eventually be in a position to influence other stakeholders.

Our power comes from people: the same people who want change organize their resources into the power they need to create change. The unique role of organizing is not only to achieve a goal but also to enable those who want change to be authors of change – thus altering the power imbalance that was contributing to the problem in the first place.

Change: Big hairy audacious (and measurable) goals. In organizing, change is specific, concrete, and significant. It requires focusing on a clear, measurable outcome – specifying a change that is clearly visible, then mobilizing our resources to achieve it.

Identifying and selecting strategic outcomes is an art. Focused, winning calls to action that create real, tangible change must have a single motivating objective, and focus all resources strategically on achieving it.

Goal setting in coalitions is more complex as it involves aligning the measurable actions of multiple stakeholders over time to add up to the collective achievement of the coalition’s larger and broader vision for change.

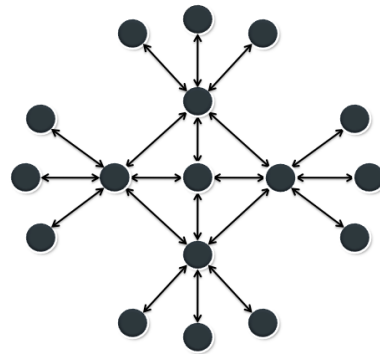
Organizing also pursues two additional measures of success. The first is individual leadership development: Did we succeed in developing the leadership skills of others to solve their own problems?

The second is the capacity built by our effort: What new capacities exist in our coalition or our community as a result of employing this approach?

Leadership In Organizing

Organizing is a form of leadership development designed to enable a community of diverse actors to be transformed into a **constituency** that mobilizes its resources toward a common goal (Ganz, 2010). This is achieved by the development of **interdependent leadership**.

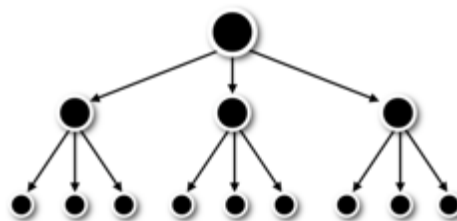
In other words, **leadership is accepting responsibility for enabling others to achieve shared purpose in the face of uncertainty**. The leader is making the decision to act – and his or her first action is to enable others. Organizing involves leaders who understand that they have to bring a group of people together around common shared values and shared purpose with a sense of hope, acting together to change the status quo.



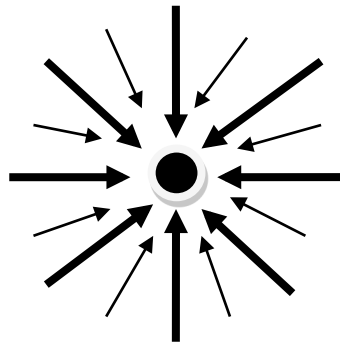
We call this the “snowflake” model. Leaders develop other leaders who, in turn, develop other leaders, reaching further and further out to engage in collective action. Note that the arrows point in both directions because leaders make mutual commitments to one another to enable each other to achieve their shared purpose.

How does this compare to other leadership models?

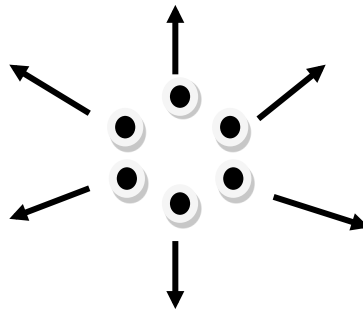
Hierarchies. In healthcare organizations we are familiar with hierarchy, a model that, at its best, promotes efficiency, productivity, and bottom lines. Hierarchy makes clear “who is in charge” and “who has to get what done.” But poorly executed leadership in hierarchy is experienced as command-and-control. It can lead to people feeling disempowered if they are not offered agency to make decisions about the things that affect them and that matter to them.



The lone ranger. Sometimes we think of a leader as being the person that everyone goes to. How does it feel to be the “dot in the middle,” or to work with a dot in the middle? The lone ranger is responsible for everything, everyone comes to her or him, only this person can get the job done. Why does a lone ranger act alone? Reasons may include a lack of trust in others, a fear of sharing power or control. Is this model sustainable? When one is overcommitted, that person eventually burns out. And can one person alone generate the kind of power we are talking about a coalition achieving? What happens when this leader disappears?



We are all leaders. Sometimes we think we don’t need leadership at all – because we are all leaders. This happens naturally when many leaders are taking forward the work but no one is responsible for coordinating the collective effort. Who is responsible for aligning efforts for the good of the whole? With whom does the buck stop? And is there really a shared purpose? Coalitions are designed to overcome these challenges.



QIO Testimony on Interdependent Leadership

"In the past, I enjoyed a good track record as a leader... But I wasn't achieving my full potential. When I saw people struggling, my first instinct was to fix it and move on. Now I know that when I did things for others, I was robbing them of an opportunity to learn and grow. I was robbing them – and myself – of the opportunity to share leadership."

"By asking my coalition leaders to take on more leadership, it opened me up to a different kind of relationship with them, and it opened them up to a different kind of relationship to one another. It has been a healthy transition. Coalition members are no longer waiting for the QIN-QIO to drive things. At this point, I may not even attend the next coalition meeting so they can fly on their own for a little bit. They are ready to run the show, and I'm ready to cheer from the sidelines."

"When I began this work, I was the ultimate 'dot in the center.' I was over-functioning! I didn't enable anyone around me to take leadership. I was doing too much, I couldn't keep up the pace of recruiting more communities and doing more work and having everyone depend on me for everything... I started with small steps. At the beginning of coalition meetings, I asked other people to take notes and keep time. At the end, I asked them to volunteer to facilitate at the next meeting. Instead of writing the agenda for them, I helped them revise it. I learned to develop the snowflake in action. This is a survival skill!"

Interdependent Leadership Skills

Organizing people to build the power to make change is based on the mastery of six leadership practices.

- 1) **Motivating vision:** Creating a shared story that motivates people to turn intrinsic values into action; the practice of narrative enables the identification of shared, deeply held values and is the basis for building a clear and compelling *purpose* for a joint effort.
- 2) **Building relationships:** Deliberate identification by two (or more) parties of shared values and common interests specifying mutual commitments to exchange resources; this practice enables the building of trusting relationships across demographic and institutional lines and engenders internal motivation for collaboration.
- 3) **Engaging networks:** Intentional mapping of actors, assets, and power to develop a relational strategy and tactics to engage multiple constituencies to exercise influence and align resources; this practice develops broader engagement for collective impact.
- 4) **Structuring teams:** Designing and launching self-governing teams, connected as distributed leadership structures across multiple levels of coordination; this practice enables a multi-stakeholder effort to form and reform temporarily stable, bounded, interdependent teams of actors who craft norms uniquely suited to joint work and to connect those teams in a loosely coupled organization that sits outside institutional boundaries.
- 5) **Strategizing collectively:** Collective decision making about goals and interdependent strategy development; this practice enables actors from different institutions to form high-quality deliberative practices together and to creatively translate existing resources into outcomes that contribute to the effort as a whole.
- 6) **Learning in action:** Producing specific, observable, and measurable results to evaluate progress, exercise mutual accountability, and adapt strategy based on experience; this set of leadership practices enables volunteer multi-stakeholder efforts to sustain motivation and commitment through identifiable progress and to build larger changes on a platform of shared accomplishments and learning.

Applying these leadership practices addresses the challenges facing multi-stakeholder efforts by:

- Building coalitions that rely on stakeholders' commitments, rather than on their compliance;
- Enabling the articulation of a shared purpose in which goals are broadly shared and are clear and compelling enough to guide collective action;
- Developing real interdependence and joint commitment toward mutually valued superordinate goals;
- Generating norms of conduct and cultures of collaboration;
- Establishing collective decision-making practices alongside strategizing activities that can function effectively across diverse groups; and
- Building and sustaining internal motivation around the purpose, work, and rewards of long-term strategies.

On Readiness To Organize

Organizing is a labor-intensive change process that requires an investment of time and resources to convene and equip a constituency with the tools to build their collective capacity. Not all coalitions succeed. For this reason, it is important to assess the likelihood of success early on. See the Readiness Checklist tool on page 97 for guidance about how to assess readiness in your context. Also see the Leading Change Self-Assessment on page 99 to assess your leadership strengths and areas for growth as you undertake learning a new approach.

QIO Testimony On Using The Organizing Approach

"The most helpful unexpected lesson for future work was that methodologies and tools exist to help QIOs engage community partners, measure their success at creating cohesiveness, and gain a better understanding of how to coordinate their relationships. These tools are valuable for improving the likelihood of success of any community coalition working toward a health goal."

"QIOs can be instrumental in engaging community stakeholders and spreading proven population health-management strategies once they master a new set of skills and tools for this work."

"Techniques developed through our coaching sessions with ReThink Health were used to authentically and strategically engage with potential partners, to openly explore mutual benefits, values, and options for exchanging resources. Through this approach, we identified a pool of energetic and committed agencies and individuals willing to collaborate and share resources with our guiding team."

"Organizing a community group of partners to address a major population health issue is never simple or easy, but this approach offers far greater likelihood of success in improving health outcomes than using only the clinical model. Community stakeholders know their health needs and resources, are effective in integrating their resources and needs, and are necessary for maintaining the long-term commitment required to realize health service coordination within a community."



Related Tools

- **Tool 1: Readiness Checklist** – to evaluate the conditions of readiness in your context, page 97
- **Tool 2: Leading Change Self-Assessment** – to assess your strengths and areas for improvement in exercising interdependent leadership, page 99



Chapter 2

Motivating Vision



This chapter offers an overview of how to develop a coalition's motivational vision and individual leaders' calls to action through public narrative. Its purpose is to explain how to use narrative as a sustainable leadership practice to motivate others to act. It should be used in conjunction with Tool 3 on public narrative on page 101 for further learning and practice.

Learning Objectives:

- To explain why narrative matters
- To understand how the leadership practice of public narrative works (see Tool 3)
- To develop your own public narrative and to coach others in telling theirs (see Tool 3)
- To identify opportunities to apply the skill of narrative in real time and highlight best practices of its use in existing QIO work

Why Narrative?

One of the challenges facing multi-stakeholder coalitions is arriving at a compelling shared purpose that is genuinely motivating for participants and that can supersede individual and potentially competing interests. Goals must be broadly shared to guide collective action.

Another challenge is motivating others to commit to taking action – and to sustain that motivation over time. Coalition efforts rely on the commitment of its members, not compliance; and it is difficult to keep people engaged who work full-time or have competing priorities. The purposes, the work, and the rewards must build and sustain internal motivation.

Narrative provides a method to identify the shared values of a diverse set of stakeholders. It offers a framework for developing a clear and collective vision guided by those values. It invites and inspires new volunteers to join in action. It builds a values-based culture around the effort. It identifies and sustains stakeholders' intrinsic motivations to contribute on an ongoing basis. It reminds them of their core values and the compelling urgency to act, which is reinforcing in the face of differences, conflict, and decision-making. It reminds leaders of what unites them as equals, and how together they can make a difference.

What Is Narrative?

Narrative is the skill of creating a shared story around our common values to motivate others to join us in action (Ganz et al., 2011). It involves three core components: personal stories that illustrate our own values ("story of self"); collective stories that illustrate shared values ("story of us"); and stories that illustrate both the challenges a group faces and the hopeful actions groups can take to address those challenges ("story of now"). The shared values expressed in narratives form the basis of our *motivating visions* and our *calls to action*.

How Does It Work?

Narrative establishes a foundation on which to: (1) lead; (2) collaborate with others; and (3) discover common purpose and vision to take action.

Narrative is how individual leaders learn to access their own moral resources – and courage – to make choices in the face of urgent challenges. Because it connects leaders to their individual motivations to act (“story of self”), it is critical to sustaining volunteer commitments in this setting.

Hearing one another’s stories allows leaders to build empathetic connections and a collective capacity. Stories have the power to move others because they allow leaders to express values as lived experience. In addition, sharing narratives about who we are collectively (“story of us”) – such as previous examples of working together in the face of immense challenge and uncertainty – offer hope that “we can do it” despite the challenges facing multi-stakeholder coalitions. It reminds everyone that they are not alone, and that in combining together they have the power to make a difference.

Narrative allows leaders to discover common purpose, or a motivating vision, to act on. Because leaders tell individual and collective stories to motivate others to join them *in action* – they are directional and purposeful. As one coalition leader stated, “It’s not just telling a story for a story’s sake; you are trying to accomplish something with it.” In other words, narrative is a motivational “call to action,” through which leaders describe the urgent challenges they face, a hopeful vision of what life could be, and the specific choices that others can make to move toward that vision, right now (“story of now”).

When Do We Use Narrative In Practice?

To Develop A Motivating Vision

Quality improvement leaders use narrative to develop a coalition’s motivating vision. They ask coalition members to share reflections on:

- **Hope:** What would it look like if this coalition is successful? What do we imagine as the changes we would see in the world? How would these results be sustained?
- **Challenge:** What might serve as barriers to achieving that vision? What about how things are now that might get in the way?
- **First steps toward action:** What resources and assets do we collectively possess? What can we build on?

This discursive process allows stakeholder groups to envision the future collectively, make choices to move toward that vision, and construct an identity around the values that motivate those choices.

QIO Best Practices On Developing Motivating Vision

Arkansas Foundation for Medical Care (AFMC) formalized its coalition’s motivating vision in a “Coalition Charter” and dedicates ten minutes of each coalition meeting to review it. (See Tool 11 for AFMC’s coalition meeting agendas, on pages 140 - 144.)

TMF Health Quality Institute (TMF) places a list of the values that coalition members identified as central to their vision – such as patient-centered care – on the wall at each meeting. When coalition members are confronted with making a decision, they first refer to their highly visible values to guide them. Their values and vision frame their decisions to take action.

Testimony From QIO Leaders On Using Narrative To Develop A Motivating Vision

“When we were first introduced to narrative, it seemed awkward and we resisted it; but once we tried it at a coalition meeting, people opened up and started talking about what really mattered, why we were all there. I can’t say enough how important it is.”

“When we talked about why we cared personally, and then talked about the vision we hoped to achieve, it set our tone and direction as a values-based and data-driven coalition. It was important to use the values to frame the vision . . . I remember this meeting because it went so well. It was exciting because of how engaged everyone was, how they felt it was the best meeting they had. They all came back to the next one.”

“We put our responses to ‘what health means to us’ up on the wall. Living longer. High quality of life. Peace of mind. Comfort. Patient-centered. Evidence-based.”

“Personal narrative keeps it real so we aren’t caught up in data, numbers, and politics.”

To Call Others To Join Us In Action

Quality-improvement leaders weave threads of narrative into almost everything that they do. They share their motivating visions in calls to action at coalition meetings. They use narrative to solicit resources for their efforts and to recruit senior leaders to join coalition leadership. They reach out to community members they have never met and share narratives to invite them to one-to-one meetings or coalition discussions on health. They use narrative at public gatherings, such as community assemblies and wellness fairs. They share narratives to build community in Learning in Action Network (LAN) activities and webinars. As one QIO leader remarked: “Once you [engage in narrative] people open up and start talking – and listening – to one another. That builds the foundation – the ‘glue’ – that brings people together to do the work.”

As leaders share values-based stories with one another, they motivate each voluntary action that contributes to the whole. Each narrative is adapted by the individual narrator (“story of self”), to her audience (“story of us”), to the present moment (“story of now”), and to the “ask” that follows (“call to action”).

Story of self: Quality-improvement leaders share stories about loved ones who experienced harm in hospitals. They describe personal trials navigating the health system themselves, as children of elderly parents, and parents of young children. They tell stories about patients whose lives could have been saved by population health efforts, whose families went bankrupt paying for care, and whose surviving caregivers suffered secondary mental and physical health problems. They share personal, yet universal, moments of grief and loss – and how those moments transformed them as human beings and as professionals.

Story of us: Quality-improvement leaders tell stories about their coalitions, its members, and their communities. They share stories of hope in which diverse stakeholders came together to care for each other; to overcome communitywide crises; to sacrifice individual profit for collective prosperity. They paint pictures of the urgent challenges, describing what chronic disease looks like for patients, families, and their communities; and instances when those around the table worked together to innovate and improve their community's health.

Story of now: Coalition leaders engage others around the table to identify a motivating vision: a picture of a community that keeps all citizens healthy in the least invasive, lowest cost, most efficient, highest quality way possible; where patients are less likely to require emergency room visits and hospitalizations, saving millions that could be reinvested in community health. They invite others to imagine specific ways for everyone – providers, patients, and community members – to do their part in developing a new system for how health care is delivered, used, and paid for, starting right here, right now, with the coalition itself.

In using narrative, coalition members view their leadership differently. With an emphasis on values, narrative provides a way to connect on equal footing with other stakeholder groups. As one leader remarked, "Different people [in the coalition] are motivated to participate for a range of reasons – a belief in the Triple Aim, a market motivation, a population health mandate. But it is the use of narrative that connects us around a shared moral purpose, and everyone is united by that." Please refer to Tool 11: AFMC Coalition Meeting Agendas on page 140 for examples of incorporating narrative into coalition meetings.

Testimony From QIO Leaders On Using Narrative To Call Others To Action

"I use narrative in coalition meetings, as a QIO team exercise, in our LAN webinars, and in front of large groups. It helps to communicate that I am talking to someone because it is important to me personally, to my family members, my values for working in health care – in contrast to communicating 'this is the work I have been given,' or 'this data shows us how urgent the issue is.'"

"I use narrative to engage senior leaders. They like to see numbers, that's true, and I don't show up without data. At the same time, engaging them in narrative – it adds an extra punch to get their attention."

"Eliciting people's narratives allows us to see the system from another point of view, to understand what motivates others. Sometimes it may be a financial incentive or a directive from corporate – but, even then, it is helpful to elicit the underlying value and driver, so we can connect with that when we share our own stories to motivate action."



In summary, narrative is a commitment-based, agency-driven, renewable resource that engenders the sustainability of the effort by calling people to act now – again and again and again. It reminds stakeholders why they care, it grounds them in empathy and respect for one another, and it calls them back, in the face of competing demands, to remain participants and actors in the collective effort.

Related Tools

- **Tool 3: Public Narrative** – to learn how the leadership practice of narrative works, page 101
- **Tool 3: QIO Leader Christi Smith's Narrative** – to model narrative in practice, page 105
- **Tool 3: Public Narrative Worksheet** – to develop your own narrative and learn to coach others, page 108



Chapter 3

Building Relationships



This chapter offers an overview of building relationships as a leadership skill in the QIO coalition-building context. Its purpose is to explain its use to generate stakeholder commitment. The chapter should be used in conjunction with Tool 4 on one-to-one meetings on page 111 for further learning and practice.

Learning Objectives:

- To understand why relationships matter
- To understand what relationships are in this setting
- To learn how to build intentional relationships through one-to-one meetings (see Tool 4 on page 111)
- To highlight QIO best practices of relationship-building work

Why Build Relationships?

One of the challenges facing multi-stakeholder coalitions is developing strong commitments to work collectively toward an overarching goal. Another hurdle is ensuring participation of many constituencies in the coalition's leadership. A third obstacle is developing trust between institutions, groups, and individuals, especially when historical, political, or demographic conflict between stakeholders limits the coalition's ability to work toward a common purpose.

We focus on relationships to address these challenges. In organizing, leadership is about **enabling others to achieve purpose**. The foundation of our work is the relationships we build, particularly those with whom we share leadership. We act intentionally in how we build relationships in order to develop leaders, build capacity, and create commitment to act.

(1) To Identify, Recruit And Develop Leadership

We build relationships with potential collaborators to explore values, learn about resources, discern common purpose, and find others with whom leadership responsibility can be shared.

(1) To Build Community Around That Leadership

Leaders, in turn, reach out to others; form relationships with them; expand the circle of support; develop more resources to access; and recruit people who can become leaders themselves.

(3) To Turn Our Community's Resources Into The Power We Need To Achieve Our Goals

Relationship building does not end when action starts. Commitment is one of our greatest resources, particularly when efforts come up against internal conflict or external obstacles. Commitment is developed and sustained through relationships, which must be intentionally developed and nurtured constantly. The more that people find purpose in the intentional community we build, the more they will commit resources toward our shared purpose.

What Is A “Relationship” In This Setting?

A Relationship Is Intentional

In organizing we work on the basis that our long-term power and potential for change come from relational commitment. This means we need to invest significant time and intentionality into building the relationships that generate commitment to each other and our shared purpose. We seek to engage those who can help us build the leadership, community, and resources needed to achieve an outcome. That requires having transparent, mindful, and mutual interactions that are not closed, reactive, or transactional. They are not casual friendships or private relationships; they are identified, cultivated, and maintained in a public setting. They involve ongoing attention and work.

A Relationship Is Rooted In Shared Values

We identify values that we share by learning each other’s stories and “choice points” in a life journey. That means that we have to get to know one another – we must understand who they are, and let them see who we are. What do we care about, what matters to us? Not just our quality-improvement agenda, but why it matters. To elicit other people’s values we ask “why” – or what it was that motivated them to act.

A Relationship Grows Out Of Exchanges Of Interests And Resources

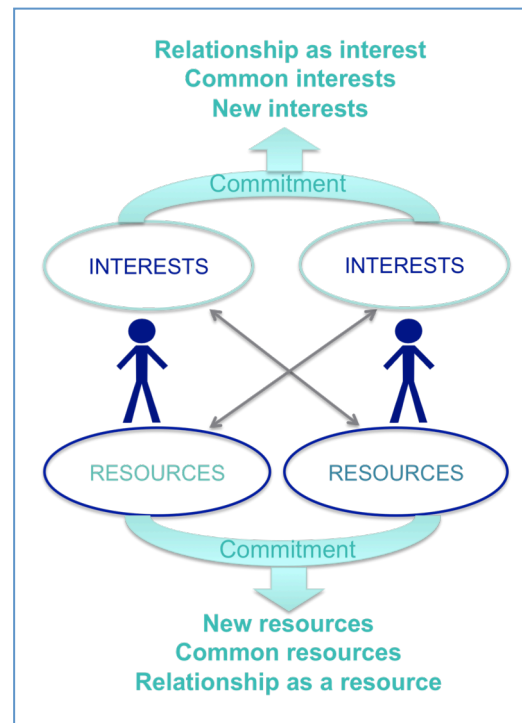
Your resources can address my interests; my resources can address your interests. The key is identifying interests and resources. We seek to exchange resources in the service of our interests and values.

A Relationship Is Mutual

Organizing relationships are not transactional or one-sided. We are not simply looking for someone to meet our “ask,” exchange resources, and move on. We are looking for leaders to join with us in long-term relationships of learning, growth, and action. As the relationship grows, it becomes a source of learning – and the relationship itself becomes an interest and resource.

A Relationship Is Created By Commitment

An exchange becomes a relationship only when each party commits a portion of their most valuable resource to it: time. A commitment of time gives it a future and a past; and because we can all learn, grow, and change, the purposes that led us to form the relationship may change as well, offering possibilities for enriched exchange. The relationship itself may then serve as a source for sustaining motivation, inspiration and commitment – what Robert Putnam calls “social capital.”



Commitment Or Compliance?

As leaders, we have an important choice to make about how we lead an effort. Will the glue that holds us together be a command-and-control model fuelled by compliance? Or will it be voluntary commitment? Many stakeholders in health care work in hierarchical organizations. By choosing a different model of leadership we are deliberately choosing to work alongside – and at times, against – a prevailing culture, an essential but challenging undertaking.

Volunteer Or Day Job?

Many of the people we ask to join us will be representing organizations that have an interest in our effort and may participate as part of their formal employment. Others may be going above and beyond their job descriptions. Still others may join as volunteers. Being mindful of this diversity is important to how we ask people to participate in a way that respects and acknowledges where they meet us.

Working With Co-Workers Outside Of The Office

Community organizing operates on the basis of “interdependent leadership” and works hard to ensure a level of mutuality and transparency that can be uncommon in traditional hierarchical relationships. This may require us to redefine relationships among co-workers participating as part of their employment responsibilities. It is important that all members of a team – from the most “senior” to the most “junior” – can work interdependently.

How Do We Build Relationships?

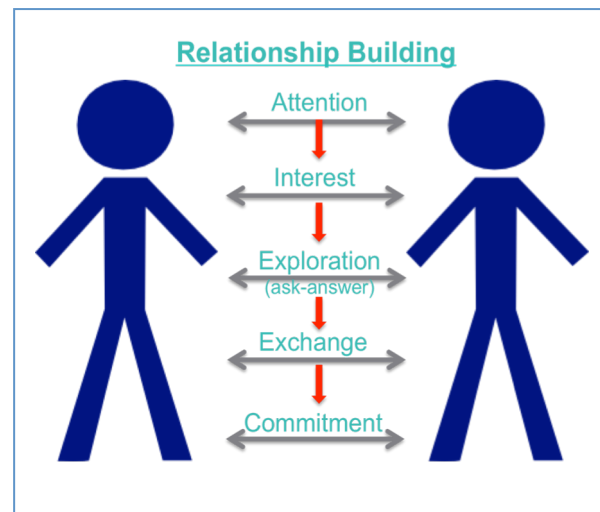
One of the best ways to initiate intentional relationships is by use of the **one-to-one meeting**, a technique developed and refined by organizers over many years. A one-to-one meeting is face-to-face (even via video-conference), and it consists of five steps:

Step 1: Get The Person’s Attention

First, we have to get another person’s attention to have a planned meeting in which both people set aside time to focus on each other. This meeting should not be a chance encounter. In an initial meeting we explain how we got the person’s name, identify another person who referred us, or mention a common connection to an institution or community.

Step 2: Describe Your Interest And Purpose

We are up front and transparent about articulating our interest and purpose for meeting. We confirm the length of time we have to speak, and we project our enthusiasm for the meeting. We offer someone



the chance to do something really important; it is not every day that a person gets invited to act in the service of their values. We articulate our energy and appreciation for this time together.

Step 3: Elicit And Explore

This is the heart of the conversation. Most of our time in the one-to-one is devoted to exploration, in which we ask probing questions – and listen deeply. We are also prepared to briefly share our story of self – where we came from, what drives us, what motivates us to participate in this work. Mostly we focus on eliciting the other person’s story, or the choice points in her journey that reveal values, such as “Do you recall when you first decided to pursue a vocation based on caring for others? What led you to that choice?” We look for the story behind the story by asking “why” questions. “You could be putting your time and energy into a million other things. Why this? Why you? Why now?”

We probe and listen intentionally for:

- **Values** – and her history acting on those values;
- **Interests** – testing whether those we assumed to be true indeed are, and probing for others;
- **Skills** – those used before and those waiting to be tapped; and
- **Resources** – such as knowledge, relationships, and moral resources, as well as time, money, and organizational resources.

Step 4: Make An Exchange

As we listen, we take “mental notes” about what we are discovering and think strategically about possible exchanges of resources.

- Should I invite this person to a coalition meeting?
- Should I ask him for a commitment to meet together again?
- Should I ask her for an introduction to other people, or for their contact information?
- Is this a good prospect for the coalition’s core leadership? What about as part of a team that is formed later to achieve a particular goal?

We also articulate what we are exchanging during the course of the meeting, such as information, support, appreciation, challenge, and insight. We may learn a great deal from our interaction with the other person and discover we have an opportunity to help one another around another shared purpose. We identify these exchanges intentionally.

Step 5: Seek A Commitment

A successful one-to-one meeting ends with a commitment – to mutually engage in a strategic exchange of resources. A common mistake is asking for commitment without laying a relational basis for it, or for being unclear about the mutuality involved. What turns this exchange into a relationship is

the commitment we make to each other to continue the relationship and commit our resources in service to a shared purpose.

How to Ask for Commitments

Frame It As An Opportunity

Sometimes we are afraid to ask people directly for a commitment, worried that we will burden them, or that they'll say no and we will feel rejected. But by asking someone to participate, we are giving her an opportunity to act on her values. We are offering an opportunity to develop new skills and relationships around a shared vision for a better future. Frame the action within a story of now; articulate why it is important. Help others view it as an opportunity. (See the section on Seeking and Securing Commitments in Chapter 7, Learning in Action, on page 84, for more information.)

Be Specific About What You Are Asking For

We do not put in all this effort into building a relationship to then ask in generalities: "Do you want to be part of this?" We ask whether we can count on someone using clear, concise language to describe what the next step is. We ask for specific commitments that clarify "who will do what by when." We take out our calendars to schedule the date and time. We offer to help by sending a reminder email with the specifics, or to be in touch again to follow up. By doing this, we underscore that we have established a relationship on which future commitment can grow.

DO	DON'T
Schedule time for the conversation (30–60 minutes)	Be unclear about purpose and length of conversation
Follow the five steps	Try to persuade rather than listen
Ask questions and listen 80% of the time	Get side-tracked or chitchat about personal interests
Share your own experiences 20% of the time	Skip stories to "get to the point"
Articulate a vision that articulates a shared set of interests for change	Miss the opportunity to share ideas about how things can change
Be clear about the "when and what" of your next step together	End the conversation without a clear plan for next steps

When Do We Build Relationships In Practice?

With Stakeholders (beneficiaries; family members; community members; faith-based leaders; social service providers; hospital, nursing home, skilled nursing and hospital administrators; C-suite executives and senior leaders, etc.)

- To recruit them to leadership
- To invite them to participate in the coalition
- To engage them in action
- To ask them to recruit others from their networks

Between Coalition Members

- At the start, middle or end of a coalition meeting
- As part of an on-ramping process for new coalition leaders
- Between members of a coalition's core leadership team

Between Coalition Members And Other Community Stakeholders

- To align existing resources

Between QIOs

- To learn from one another as a community of practice

In Building Relationships, QIOs May Also Seek To Discover

- How people see barriers to change in their lives and in the life of their community
- How they envision what change looks like in their lives and in the lives of others
- How they view their agency to solve their own problems and bring to bear the resources they possess
- Who can work together, who shares the values and interests of the coalition
- Who has the resources and skills needed to achieve the coalition's purpose
- What is happening "on the ground" to improve strategies and tactics
- Where to focus actions (particular geographies, neighborhoods, gathering places, etc.)

QIOs build relationships with – and facilitate them between – stakeholders to develop the relational “glue” that strengthens commitments to each other and to each other's shared purpose.

QIO Best Practices on Building Relationships

Del Joiner, M.Ed., CPHQ, QIO Specialist from the Delmarva Foundation for Medical Care (DFMC), and other members of the DFMC team engaged the dual-eligible population with high chronic disease prevalence in urban senior centers in Baltimore to improve health outcomes. Aware of the effects of outside agencies coming into these communities to implement programs and then retreating, Del and DFMC were committed to involving community members in being a part of the solution.

Del and DFMC conducted a community-based root-cause analysis with 60 seniors in urban centers. They asked seniors what they experienced in their day-to-day lives and neighborhoods, and to identify

barriers to health. They listened. Seniors wanted better access to healthy foods; those without transportation could not reach a supermarket. Through these conversations Del and DFMC identified three high-leverage areas (two gathering places and one residence) to focus initial pilots for this work.

Del and the DFMC team then built relationships with over 75 Baltimore city health service providers, agencies, and community service providers. They had another 55 one-to-one meetings with individuals representing private and public agencies. They used these meetings to find out who could work with seniors, who shared their values, who wanted to support this constituency, what resources were already in place and could be better aligned, and who else this kind of effort might help.

From these meetings Del and DFMC launched a coalition of over 40 stakeholders to form the Healthy Eating Leading Partnerships with Seniors (HELPS) project. The project's mission is to improve health outcomes for dual-eligible seniors with a high incidence of chronic kidney disease, heart disease, diabetes, and smoking. Together, coalition members coordinated an expansion of services, education, and resources for seniors – such as information about Medicare, the Affordable Care Act, cooking demonstrations, and “ask the professional” meetings to discuss diabetes management. They never had to pay for any programming because people wanted to work together and contribute resources in a meaningful way.

What accounted for this level of commitment? According to Del, it was due to employing the five steps of a one-to-one meeting. When they began the exploration phase, Del and his colleagues made a point of sharing a brief story of self. Their goal was then to understand and elicit the other person's values and motivations in order to frame the rest of the discussion. Del and his colleagues took the 80/20 ratio to heart, listening intentionally, taking mental notes about what they heard, and probing deeper. That allowed them to craft a story of us in real time, and to end with a compelling story of now that led to a specific and strategic exchange of resources. In addition, they trained internal staff and local health department staff and community activities in the practice of narrative and building relationships to build a values- and relationship-based culture around the entire effort.

Del recalled a one-to-one meeting with two leaders from an influential church near a senior center. These two leaders exercised influence within the dual-eligible constituency: they led a senior ministry and church investment group and had access to meeting spaces, financial resources, a van for transportation, and a network of volunteers who were passionate and committed to helping the poor and elderly. In setting up the meeting, they clarified their interest and purpose in speaking about HELPS. Even though the leaders agreed to meet, Del recalls how the leaders communicated through body language and verbal hints that Del was unwelcome, that the leaders were busy, and that Del was someone who lacked real authority within the leaders' sphere of influence.

When the leaders asked Del to “pray in” to the meeting, Del saw it as an opportunity to meet these leaders at a place of values. Del shared a story about his father who lives in Baltimore City and had a stroke at the age of 89. Despite Del's professional knowledge of the health system, he could not help his father navigate it. He described how difficult that was. This story illustrated Del's motivation to support seniors in this project, in this place, now – not just as part of his job but because he genuinely cared.

Del then asked the leaders about their own motivations to work with seniors in the church and listened for their values, interests, skills, and resources. They developed a relationship around their shared values and common interests. Del offered the leaders an opportunity to engage with seniors in their community in a meaningful and consequential way. The leaders committed resources to support HELPS, and they supported Del personally by sharing information about where his father could be treated with better services. They exchanged resources.

According to Del, developing relationships in this way can bring a project to scale and develop its sustainability. Del wishes he had come to this learning a lot earlier because “I had 1,600 people to influence, even though none of them reported to me.” Finding a way to authentically engage people in a relationship was the key to their commitment and generated the power for the effort to succeed.

Del and the DFMC team tracked what they learned in one-to-one meetings on a shared database and discussed them at monthly team meetings. Even one-to-ones that did not end in a commitment were valuable because they revealed who not to bring into the coalition. As the DFMC team stated: “There is a strong focus on relationships with community members, agencies, activists, and stakeholders. Going forward, we expect an increasing number of projects and initiatives that will require working directly with communities. Developing the skills and acumen necessary to build relationships, credibility, and influence with community partners is essential to affect change and improve health outcomes in communities.”

Testimony From QIO Leaders On Building Relationships

“This approach is about relationships. In health care, it’s not hard to find out what needs to be done. The challenge is getting people to do it, understanding what motivates them, and engaging [them] on a values basis. . . . The example that stands out [was when I finally got] a meeting with senior leaders. I could see that they saw me as some guy with no credentials and an incomprehensible job title . . . there was skepticism. In my one-to-one I used my public narrative, elicited theirs, and the conversation changed. I ended up with contacts and people to meet. I had to get to another meeting, and I couldn’t get away! It demonstrated that this is something that you can do in real time – you don’t need a cheat sheet.”

“The relationship-building work has been very important. I’ve been trying for some time to not always be in control and decide how things need to go, so in the relationship-building piece of this, I learned, it’s really give and take. In communities, you need to hear what people are saying to you. It’s helped me to personally take a step back and listen more.”

“One-to-one meetings are a great way to engage people personally. We initially promoted the coalition in group settings, and people would act interested but they would not register, so we made phone calls to set up one-to-one meetings and then asked people to engage. This made me feel successful. It had been discouraging to see our coalition numbers so low, but then when we made the time to have the one-to-ones, we got a flurry of commitment. Our team got thirty commitments in one day!”

“Our relationships are the basis for the accomplishments, momentum, credibility, and influence this project has enjoyed.”



"All of it boils down to relationships and values. Now at coalition meetings people are happy to see each other. We give each other hugs when we arrive. If you can dig down to the values, you can get to what is behind everything, and what drives it."

Related Tools

- **Tool 4: One-to-One Meeting** – to practice using the five steps, page 111



Chapter 4 ***Engaging Networks***



This chapter offers an overview of how to engage our networks strategically and intentionally. We begin by mapping actors, assets, and power. The mapping approach enables QIOs to build a relational strategy to engage networks of leaders who, together, can align resources and exercise influence. The chapter should be used in conjunction with Tool 5: Mapping Actors, Assets, and Power on page 114 for further learning and practice.

Learning Objectives:

- To understand why and how we engage networks of leaders for collective impact
- To learn to map actors and implement a relational strategy to harness the resources of our people
- To identify and recruit the leaders we *really* need from within our networks
- To highlight best practices for engaging networks in QIO work

Engaging Networks

One challenge facing coalitions is engaging a certain threshold of people to generate collective impact. At the same time, people come with different amounts of power and resources. This imbalance of power can lead to conflict, competition, opposition – and, worse, a lack of commitment to work together. A second challenge is a conventional mental model in which stakeholders “solve a problem” by “bringing in” outside resources. This service orientation is unsustainable once outside interests change and resources disappear. A third challenge is leadership who are lacking collaboration skills.

To overcome these challenges, it is important for QIOs to coproduce strategies with stakeholders that:

- Recognize people as assets;
- Build on people’s existing skills and resources;
- Build strong and supportive social networks; and
- Promote trust by breaking down the divisions between service providers and service users.

To do so, QIOs can map actors, assets, and power and develop a network-building strategy that enables them to recruit collaborative leaders, align resources, and exercise influence.

(1) Mapping Actors, Assets And Power: Who are we organizing? By name? By organization? By group? What do they value? What interests do we share? What interests conflict with ours? What challenges do they face? What resources do they have that we want? What resources do we have that they want? Why might they join us?

(2) Developing and Implementing A Relational Strategy: Based on the mapping approach, we develop and implement a relational strategy to engage leaders from different networks, building community around the coalition. How many leaders will we target? Where are they located? How can we reach them? How will we engage them to coproduce the coalition’s strategy and take collective action?

Mapping Actors, Assets And Power

Mapping Actors: Engaging Our People

In organizing we mobilize people, not issues. Coalitions can engage leaders, constituencies, supporters, competition – and even opposition – to align resources and influence choices. Visually mapping these “actors” also helps us map the values, interests, resources, and power that each group brings to bear to achieve the coalition’s shared purpose.

Constituents: Constituents are the people at the center of our work, the people whom we bring together. “**Constituent**” derives from Latin for “stand together.” In a coalition, multiple constituencies work together to achieve the coalition’s vision. They are the people we ask to identify their interests, contribute resources to act on those interests, and govern themselves. Thinking of them as constituents is different from seeing them as clients or customers.

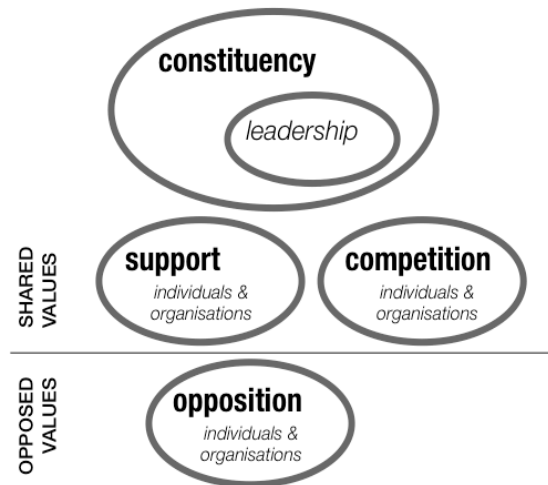
Leadership: Our leadership is derived from our constituencies. For instance, to reduce readmission rates, coalition leaders may include quality-improvement directors, case management directors, chief nursing officers, hospice providers, home health liaisons, community service providers, beneficiaries, family members, and faith-based leaders.

Supporters: There will be people whose interests are not directly or obviously affected by the coalition, but who may find it in their interest to support it. For instance, philanthropic organizations may have interests aligned with the coalitions and agree to provide resources.

Competition: There will be individuals and organizations that share our vision but disagree about how to achieve it. They may target the same constituency and seek the same sources of support. The competition may even face the same opposition. How can we turn our competition into our supporters, or even into a member of our coalition? Is there a basis for developing a relationship and an exchange of resources so we can make a relational commitment to one another?

Opposition: In pursuing our goals we may find ourselves in conflict with the values and interests of other individuals or organizations. Some hospitals, for example, may be concerned that a successful coalition will affect its ability to generate income. Some insurers may oppose a coalition that cuts them out of a profit. How do we anticipate this opposition and design strategies to overcome it?

A map of actors is not static. Your team can start mapping at any time, but it is important to come back together – after engaging in a round of one-to-one meetings – to re-map actors. Your early one-to-one meetings will also give you some clues about who may be good prospects for leadership roles.



Mapping Assets: Our People's Values, Interests, And Resources

A coalition's strategy is based on its assets – or the values, interests, and resources of its members.

Mapping Values And Interests:

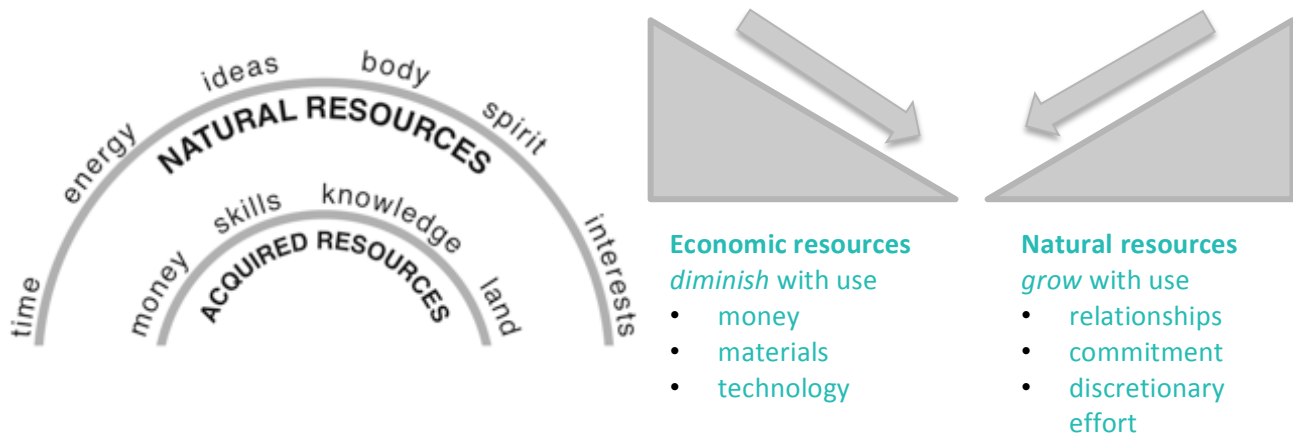
We map values by looking at the choices that different stakeholders make. What do those choices tell us about their values as individuals, groups, or organizations?

Interests are not as obvious as values. Some interests are shared, others are different, and others are in conflict; and the same stakeholder can operate on the basis of conflicting interests. For instance, a health care provider may have an interest in challenging the way her organization operates, although she also wants to keep her job to support her family and send her children to school.

It is important to be clear about people's interests so we can be strategic about how to build relationships with them. Furthermore, we need to be clear about the interests of the coalition. Why haven't they been addressed to date? Is it a collaboration problem that can be solved by working together and developing **power with**? Or is it a conflict of interest problem (**power over**) that can only be solved if those whose interests are not met assert themselves more effectively?

Mapping Resources:

We mobilize our resources on behalf of our values and interests. Look again at the map of actors and ask: What unique resources does each stakeholder possess – directly or indirectly? Mapping resources enables us to draw on and align them intentionally.



A resource is anything we can use to achieve something else. Natural resources are those we came into the world with: our bodies, minds, spirits, and time. Acquired resources are distributed less widely, such as skills, money, equipment, and status. The fact that some resources are scarcer and less equally distributed influences whose interests are served. Albert Hirschman observed that some resources grow as they are used while others diminish with use.

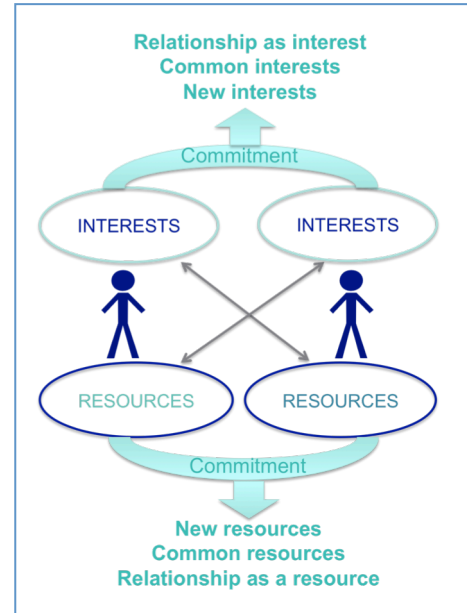
Challenging the status quo requires making up for our lack of resources by using, intentionally, the resources we have. Therefore, ensuring a coalition's success requires creativity and flexibility in using the resources it has to build the power it needs to achieve its purpose.

Mapping Power: Turning Our People's Resources Into Collective Power

Power is the influence created by the relationship between interests and resources. We “map power” between stakeholders by asking four questions:

- 1) What are our interests?
- 2) Who holds the resources needed to address these interests?
- 3) What are *their* interests?
- 4) What resources do we hold that we can commit to meet their interests?

Our power comes from our people. These are the same people who want to organize their resources into the power they need to create change. The unique role of organizing is to enable those who want change to be the authors of the change they desire by transforming and aligning the resources they have into the resources they need to achieve the coalition's goal.

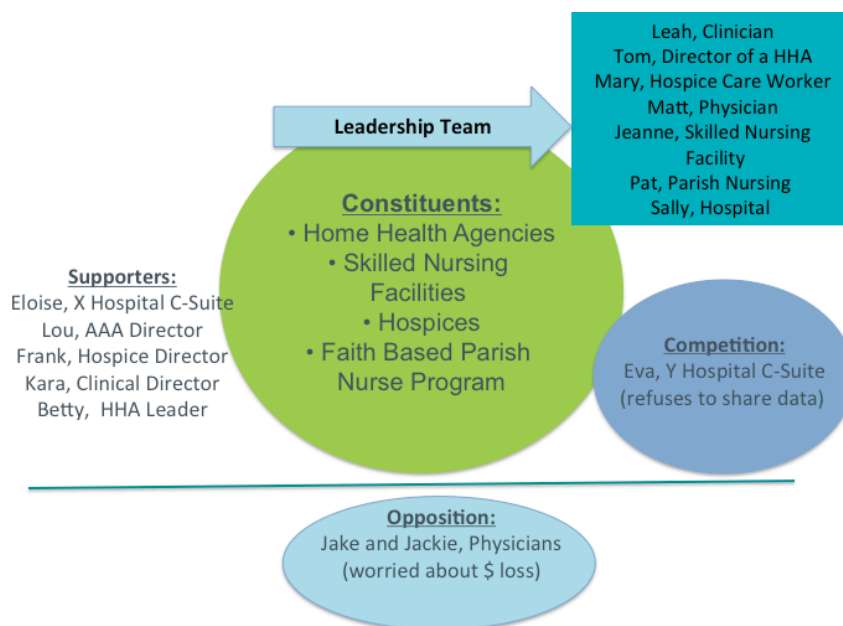


QIO Best Practices On Mapping Actors, Assets And Power

In the Special Innovation Project (SIP) the **West Virginia Medical Institute (WVMI)** organized to improve care transitions to reduce readmissions among dual-eligible beneficiaries in five communities (Beckley, Charleston, Upper Ohio Valley, Logan and Princeton). The project's goal was to reduce the rate of unnecessary hospital readmissions within thirty days of discharge by organizing:

- beneficiaries and family members
- community members and faith-based leaders
- healthcare, social service, and hospice providers
- hospital, nursing home, skilled nursing and hospice administrators
- quality improvement directors and case management directors
- medical directors, chief nursing officers and nursing managers
- C-suite executives and senior leaders

In addition to building a database, WVMI mapped the actors in each community, specifically identifying people and organizations by name. Visually seeing the stakeholders allowed them to intentionally identify and recruit a diverse **leadership** team; and, as they conducted one-to-one meetings, their maps of actors evolved as they learned more about people's values, interests, and resources and were referred to more leaders.



As their maps changed, their relational strategies and tactics changed too. For instance, WVMI discovered that most senior leaders were best suited to be **supporters** who could authorize other staff members to participate as coalition members as part of their day-jobs and, in turn, mobilize the organization's staff as a constituency involved in the effort.

In one-to-one meetings, they also learned which leaders and organizations saw themselves as **competitors** based on their unwillingness to share data, even if they shared the coalition's overarching values. To turn these competitors into members of the coalition, the QIO came back to these actors after the coalition had built "power with" other stakeholders and conducted interdependent work together. They could then demonstrate the coalition's effectiveness and trustworthiness to collaborate.

In addition, WVMI identified those who had the most to lose if the coalition was successful. For instance, certain providers worried about a loss of financial resources as a result of the coalition's effectiveness in reducing readmissions. This **opposition** was important to consider, as it could mobilize its resources and power to advance narrower interests and thwart the efforts of the collective and affect the coalition's sustainability.

In mapping actors, WVMI also **mapped values, interests, and resources**. For instance, Eloise, a senior leader from a hospital, personally valued the coalition's vision for improved communication among care teams based on her own patient experience. She also had an organizational interest in improving care transitions. Although she could not commit her own time, she could commit other institutional resources to support the coalition, some of which WVMI had not originally considered. In addition to authorizing staff to participate, Eloise committed hospital grant writers to help the coalition apply for funding for its backbone activities. She also offered support from IT, marketing, communications, and community relations. In exchange, the coalition brought together stakeholders that Eloise could not mobilize on her own. This taught WVMI the value of mapping each actor's values, interests, and resources – not only in advance of engaging them but during one-to-one meetings – to advance more creative asset-based strategies.

Another key learning was in **mapping power**. For example, the **Arkansas Foundation for Medical Care (AFMC)** noticed that there was a “power over” relationship between physicians and other actors involved in reducing readmission rates, including home health, hospice, and nursing home providers. Physicians’ power manifested itself in decision making: what medications to prescribe, whether patients would be sent home with home health or other services, how to communicate with home health nurses – and, most of all, whether to readmit a patient. AFMC identified a wide range of physician’s interests, including “being in a position of authority” and “not having a financial incentive to change their behavior.” Prior to this, AFMC had spent a lot of time and resources attempting to engage physicians in what they described as “an uphill battle.” But mapping the physicians’ power allowed them to see that in addition to appealing to physicians’ values around patient outcomes, the payment system had to be reformed to incentivize physicians to participate in this kind of quality improvement. AFMC thereby reallocated its personnel’s resources to engage stakeholders who either had influence over physicians, or who together could build enough “power with” one another to make claims on physicians. This was not a role that the QIO could play itself.

Developing Relational Strategies And Tactics

We draw on the mapping approach to develop and implement a **relational strategy** that will engage our networks to achieve the coalition’s overarching goal. We develop relational strategies to: (1) build collective leadership capacity; and (2) enlist stakeholders’ commitments to our coalition’s shared purpose. Over time, trust is built from the reliable and mutual exchanges between stakeholders that have not worked together before.

“We need to build a system of leaders at all levels of the community that can decide together where to focus their contribution to an overall effort. That is a different way of doing things—of starting with our people, focusing on one another, and then tackling our problems—instead of the other way around. . . . All of it starts with building trusting relationships.”

– A hospital leader participating in a coalition

Relational strategies are for building relationships with individuals, networks, and organizations.

Relational tactics are the means of carrying out the strategies, such as:

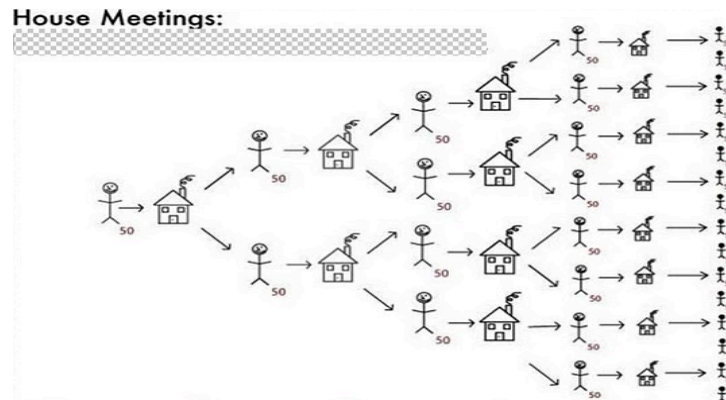
One-to-One Meetings

One-to-one meetings are good for identifying leaders and recruiting them to join coalition leadership. Regular one-to-ones are also critical for building and sustaining strong relationships in which both partners grow and learn together over time. (For more information, see Chapter 3: Building Relationships on page 32, and Tool 4: One-to-One Meetings on page 111.)

House Meetings

House meetings build community and commitment around the leadership of an effort. Committed leaders use house meetings to engage their community deeply and sometimes to create new community where it does not exist yet. At a house meeting, leaders recruit and engage their own social networks in building a broader and deeper community that is willing to commit to change together.

House meetings occur in homes, places of worship, school gymnasiums, community centers, or other gathering places. They can be scheduled early in the morning, during the day, or in the evening.



Coalition Meetings

Another way to build and sustain relationships is in coalition meetings. Often when there is confusion, lack of communication, or conflict it is because leaders are not spending enough time connecting with each other as people. Connecting with others allows us to understand each other's interests and find ways to learn together. Coalition meetings are not only important for decision making, strategizing, and accountability, but also for maintaining strong, committed relationships among leaders.

Engagement Events

Engagement events are used to launch a new idea; invite new members to the effort; recommit existing leaders to our vision; and/or strategize with stakeholders in real time. As with house and coalition meetings, engagement events take place anywhere that we can gather people together in one place.

Leadership Trainings

Leadership trainings provide an opportunity to build relationships with volunteers committed to mobilizing toward an outcome. Relationship building is a formal and informal component of the training.

QIO Best Practices On Relational Strategies And Tactics

In building their relational strategy and tactics, **West Virginia Medical Institute (WVMI)** first mapped actors and engaged leaders in two pilot communities as a way to harvest learning and apply best practices in three additional communities. In one-to-one meetings with the "usual suspects," WVMI learned about other networks of people to engage in the coalition. They also learned that small communities, particularly, required support from senior leaders in hospitals, home health agencies, skilled nursing facilities, and area agencies on aging, as there would only be a few case managers dedicated to the coalition's work. The case managers needed permission from senior leadership to make this work a part of their day job. WVMI thereby targeted its relational tactics on one-to-one meetings with senior leaders to gain their approval first; then with chief medical officers to operationalize the organization's commitment; and then with case managers who would participate in the coalition and take forward its work with patients.

Similarly, Florence Johnson, a quality improvement leader at **New England QIN-QIO** mapped actors to target frontline stakeholders to reduce avoidable readmissions for nursing home residents. Ms. Johnson worked with stakeholders from nursing homes, emergency medical services, and emergency departments to implement INTERACT transfer process, a quality improvement that enables effective communication between all stakeholders with direct contact with nursing home residents.

For example, if a staff member discovers a patient with a change in condition, s/he will report it *in writing*. When a patient is transferred from a nursing home to a hospital, all documentation is delivered in a sealed “red envelope” for hospital staff, with a copy of the same information is given to emergency medical service (EMS) personnel for triage care in transit. This is important because this patient population encounters a continuum of care involving stakeholders from different systems (families, nursing homes, emergency medical services, hospitals), and critical breakdowns in communication can occur. INTERACT’s enhanced communication and robust documentation reduces unnecessary hospital readmissions and improves quality treatment by catching early changes in condition and communicating a clearer picture of the patient’s history in the event of a transfer.

However, INTERACT only works if everyone with patient contact understands and implements it. For instance, a housekeeper could describe a patient unresponsive when she is in fact non-verbal, or emergency medical technicians could leave the envelope in the ambulance upon arrival to the hospital. As a certified INTERACT instructor, Ms. Johnson mapped actors with direct contact to nursing home patients and conducted one-to-one meetings to determine barriers to success among each stakeholder group.

As Ms. Johnson conducted the one-to-one relational strategy, a director from an emergency medical service, who was familiar with the INTERACT intervention, invited her to ride an ambulance with his staff. This opportunity gave Ms. Johnson a “whole system” perspective, in which she observed process failures between multiple caregivers during an emergency transport of a non-verbal nursing home patient to a hospital.

As a result, Ms. Johnson implemented a new relational strategy. She targeted EMS and nursing home supervisors and educators from three neighboring towns and recruited them to participate in a newly-designed INTERACT training. The training enabled them to build relationships across silos, learn about one another’s experiences and needs as caregivers, and collaborate to improve the intervention together.

To recruit them, Ms. Johnson refrained from emailing invitations; instead, she called each stakeholder directly. This relational tactic enabled her to share her observations during the emergency call as part of the motivating vision for the training and to engage them in co-owning the success of INTERACT through innovative multi-stakeholder collaboration. Through these meetings, Ms. Johnson was able to identify her supporters and opposition, tailoring her responses to transform each person into a member of her constituency or leadership. In all, she recruited twenty stakeholders to a training hosted at the EMS facility that hosted her ambulance ride.

One highlight involved an EMS leader who was originally reluctant to attending the training and only agreed as a result of Ms. Johnson’s effective one-to-one approach. Upon arrival at the training, this

EMS leader sat to the side with her arms crossed and was initially resistant to participate. As stakeholders discovered what one another experienced and needed to be effective, and worked together to improve INTERACT, this EMS leader became Ms. Johnson's greatest supporter – and is now training all of the relevant stakeholders in one of the three communities.

Ms. Johnson also used the training to build a foundation for those like this EMS leader to develop relational tactics to engage and train other stakeholders in their communities in INTERACT. Instead relying on Ms. Johnson to train their colleagues, they lean into her for coaching and resources as they conduct the trainings and build relationships themselves. They are also feeding back any learning about breakdowns in the system to improve it together.

How Do We Know If Our Relational Strategies Work? Tracking Targets And Analyzing Our Networks

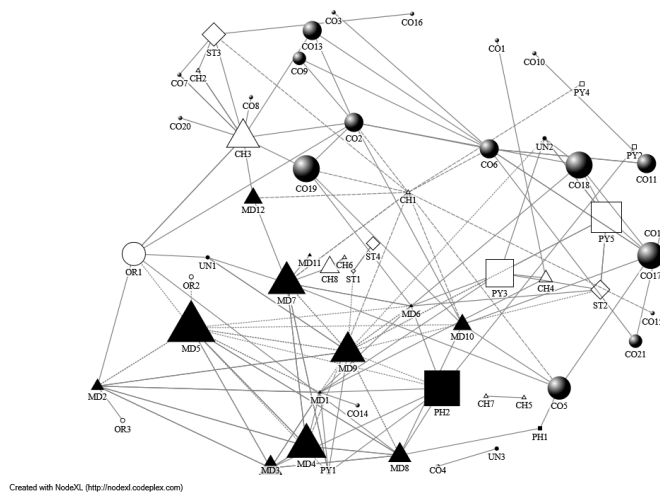
Setting Clear Targets

In planning our relational strategies, we set targets to achieve over time. How many people will we build relationships with through one-to-one meetings, and by when? How many house meetings will we conduct, and how many people will we engage in each house meeting? What is our turnout target at an engagement event? How many people will we recruit to our first coalition meeting, and what numbers will demonstrate that we are building our capacity at coalition meetings over time? We set targets so we can evaluate and learn from our success and failure. (For more on setting targets, see Chapter 6: Collective Strategizing on page 71. For more on After Action Reviews [AARs], see Chapter 7: Learning in Action on page 82 and Tool 13: Building a Learning Practice on page 147.)



Network Analysis

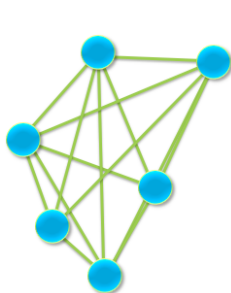
We conduct network analysis over time to track engagement outcomes. We use network analysis to visualize growing collaboration and describe its interconnectivity, particularly among strong and weak ties (see below). Network patterns illustrate the building of distributed leadership. Ideally, the patterns will demonstrate that leaders collaborate more over time as they build relationships across groups, increasing the relational capital of the effort as a whole. A network analysis can also reveal individual stakeholders that are central to our effort. These newly identified stakeholders may hold the most relationship-based resources, serving as change agents with a clear advantage in influencing strategy, regardless of their position (or not) in organizational hierarchies. In addition, a network analysis can show which leaders strengthen their network position over time, bringing many more people into the overall structure of who exercises leadership across stakeholder groups.



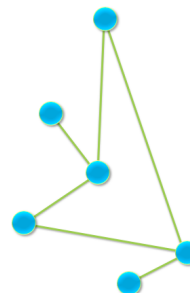
A Closer Look At The Leaders In Our Networks

Strong And Weak Ties

We all have various sets of relationships. These relationships might be embedded in our professional organizations or our communities, families, or faith groups. Very often these are the people that we turn to first – people like us, whom we already know. We call these “strong ties.” They can be a source of strength, but they may also create a closed-in, limited circle of people and resources.



Strong Ties: People who share your network



Weak Ties: People outside of your network

In analysing our networks we also need to think about building relationships with people from different organizations or professional backgrounds, or people who are socially and culturally more distant from us. We call these people “weak ties.” They bring different resources, skills, and networks, and add diversity and innovation capacity to our coalition.

Identifying The Leaders We Really Need: Interdependent Leadership Characteristics

As we build relationships through relational tactics, an early and important question is whom to recruit to lead our coalition’s work. There is a tendency to recruit senior leaders who make decisions on behalf of institutions. On the one hand, they bring authority, resources, and prestige. On the other hand, very little happens between coalition meetings because senior leaders’ day jobs are too big. Some are also unskilled at exercising the collaborative leadership needed to advance a coalition toward its goals.

When recruiting people for coalition leadership, we look for certain characteristics:

- **Brings others along.** Look for leaders rooted in one or more of the constituencies you want to organize. Identify individuals who can bring along other *individuals* or *organizations* or *informal networks* because of their deep networks of relationships in a community.
- **Strong relational skills.** Identify good listeners and communicators who are able to relate to a wide variety of people.
- **Belief in and support of other people.** Look for those who enable others to achieve outcomes through coaching and encouragement.
- **Positive outlook toward tackling challenges.** Identify people who have the tenacity to try another approach when something does not work the first time.
- **Moral imperative.** Look for people who say to themselves: “Someone has to do something; and if I do not do it, who will?”
- **Comfort with ambiguity and uncertainty.** Coalitions fly the plane as they build it. Those who like to be in control have difficulty with this tension – or, worse, stifle the collective work of the coalition. Look for those who are comfortable with – and even thrive on – emergent processes.
- **History of collaboration and accountability.** Leaders need to be able to put their personal agendas and organizational identities aside and work for the good of the whole. One way to know if they can do that is to find out if they have done it before. Pay attention to whether they have been part of other group efforts – at their place of worship, work, or school. Ask others whether they follow through on commitments.
- **Willingness to share leadership with others.** Probe to see if they have shared leadership responsibilities before. Faith leaders, physicians, and other traditional authority figures often lack experience in sharing leadership and may rely on top-down models to get things done. Those who have been part of voluntary organizations, such as PTAs, may have valuable experience in sharing responsibility. Mobilization depends on shared leadership and responsibility. This has to be modeled within the coalition.

- **Passion and commitment to the vision.** Passion and commitment are central to motivating others and providing effective leadership in the face of uncertainty.
- **Ability to build consensus and accept compromise.** Watch out for those who don't listen and cannot accept constraints. The ability to compromise is critical to multi-stakeholder success.
- **Possession of resources.** Relationships, the ability to "see the whole," moral authority, and time are critical resources. Look for people with an understanding of the problem you are trying to solve; who are widely respected in their communities or among coworkers; and who have the time to commit to the real work that will be required.
- **Learning orientation and willingness to take risks.** Look for those who learn from others and work outside their comfort zone.

Testimony From QIO Leaders On Mapping Actors And Developing Relational Strategies

"What worked [in our SIP]? We started by engaging the community. The tone and fabric of this project differed substantially from typical QIO improvement projects. Hospitals and other providers are familiar with QIOs and the mandates and regulations they administer. They understand how QIOs work with CMS and how that relationship can affect their operations. Community agencies, activists, and stakeholders are not subject to regulations, mandates, or sanctions that can affect hospitals or other providers. Engaging them requires development of a genuine relationship based on openness, values, mutual trust, and demonstration of shared purpose and goals. QIOs need to work directly with potential allies to illustrate what community partner coalitions can accomplish, along with the consequences of inaction. Appropriate leadership and commitment in these areas builds capacity, facilitates identification and coordination of resources, and guides decision-making going forward."

"Before, my experience was working at a multi-hospital level. This was the first time I organized competitors with a community focus. The key insight is to be strategic in your relationship strategy instead of simply inviting people to the table and seeing what sticks."

"We used to work with those who simply expressed interest in forming a coalition to reduce readmissions. We weren't proactive; we didn't reach outside of known partners. It wasn't about mapping our actors, it was about whoever approached us and was interested in our work. Now [that we are more intentional about mapping actors, developing a relational strategy, and recruiting weak ties] the coalition is a lot more effective."

Related Tools

- **Tool 5: Mapping Actors, Assets and Power** – to develop an intentional relational strategy and tactics to engage stakeholders, page 114

Chapter 5

Structuring Teams



This chapter offers an overview of how to develop the conditions that enable leadership teams to work together effectively and develop an interdependent leadership structure across a coalition. The chapter should be used in conjunction with Tools 6–8 on pages 118–128 for further learning and practice.

Learning Objectives:

- To understand why leadership teams and interdependent structures matter
- To learn how to establish the essential conditions to enable teams to function effectively
- To learn how to develop an interdependent structure across a coalition
- To highlight best practices in QIO work

Why Do Leadership Teams Matter?

Creating a cross-institutional leadership team is intended to address several of the challenges facing multi-stakeholder coalitions.

- 1) First, since no single organizational or institutional structure already exists, alignment and buy-in for change starts with a collaborative leadership team at the center. A leadership team can hold a coalition's vision and act on its behalf.
- 2) Second, the key decisions that affect a coalition's work are under the control of many separate groups and institutions, and they must work interdependently. Although coalitions are not built on command-and-control authority structures, they are ineffective if there is no structure for coordination. Leadership teams enable those most affected by a coalition's aims to participate in its leadership.
- 3) Third, a leadership team increases shared commitment and enables the evolution of structures and rules over time. They develop new language, norms of conduct, and hybrid cultures that operate across the organizations and sectors of the community involved in the coalition.

A QIO's Central Focus Is To Launch A Coalition's Leadership Team To Function Effectively

A leadership team offers a structural model that fosters distributed leadership whereby individuals can work toward goals together with each team member equally owning the team's purpose and activity. At their best, leadership teams enable the productive use of the unique talents of the **individuals** who make up the team. Team members provide mutual support, help, and a venue for learning.

Team structures also build strategic **capacity** – the ability to strategize creatively in ways that produce more vibrant, engaging strategies than any individual could create alone; and in building a “snowflake” structure, multiple layers of leadership teams can engage people creatively and strategically at all levels (regional, local, neighborhood). This structure creates many entry points for volunteers to join a coalition, forming more and more teams, all able to learn and exercise leadership together.

Leadership teams provide a foundation from which a coalition can expand its reach. Once a team is formed, members can create systems to foster a rhythm of regular meetings, transparent decision-making, and visible accountability, increasing the effort's effectiveness to achieve its **goals**.

Why Don't People Always Work In Teams?

We have all been a part of teams that work well – “dream teams” – and teams that function poorly – “scream teams.” In the latter, team members alienate each other; factions form; or all the work falls on one person. We conclude: “I’ll just do it on my own”; or “I don’t want to try to make decisions together, just tell me what to do”; or “I hate team meetings, how can I get out of them?” There is just one problem with this way of thinking: a coalition will not become powerful enough to do what it sets out to do if the people involved are unable to work together to take action.

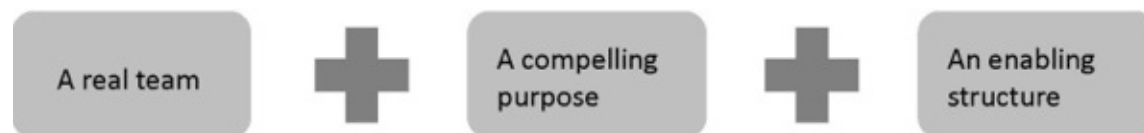
What Is An Effective Team?

The good news is that research tells us what it takes to develop a dream team: we just have to learn how to put the conditions into place that will generate successful collaboration and strategic action. Effective teams generally have three criteria:

- 1) **Action:** A team is effective if it achieves real outcomes for the many constituencies it serves.
- 2) **Capacity:** A team is effective if it builds capacity for future efforts and sustainability. A great leadership team gets better, smarter, and more capable over time.
- 3) **Learning:** A team is effective if individual leaders learn and grow as a consequence of working together.

What Conditions Enable Teams To Work Together Effectively?

Research has identified three key conditions that, if put into place from the beginning, increase the chances of the team's effectiveness:



- 1) It is a real team with the right people,
- 2) It has a compelling shared purpose, and
- 3) It has an enabling structure.

Condition 1: A Real Team With The Right People

The team must be a **real team**, meaning that it is **bounded**, **stable**, and **interdependent** for a common purpose.

To be **bounded**, leaders should be able to name everyone on it. Members do not come and go frequently; whoever shows up does not have the automatic right to participate in the team; leaders know who is in and who is out. Highly effective teams have 4–7 members.

To be **stable**, the team meets regularly. It is not a different, random group of people every time. Membership of the team remains constant long enough that the team learns better and better how to work together; each member is fully committed to be on the team and commits consistent time and effort.

To be **interdependent**, the contribution that each person makes is critical to success of the whole. Team members have to work closely together, exchanging information and resources in order to get vital work done.

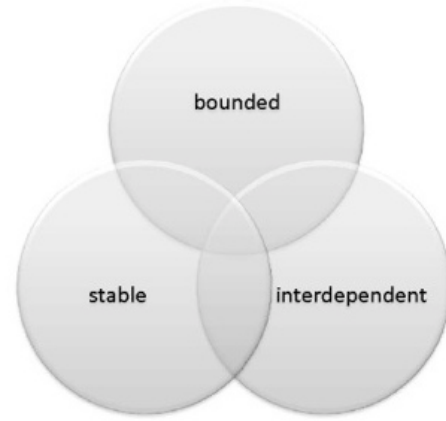
Teams that are bounded, stable, and interdependent hold their members accountable to one another. This norm addresses the challenges that arise as a result of loosely coupled arrangements among individuals and organizations in coalition settings.

Teams must also be made up of the right people. In coalition settings, we often assume that senior leaders must be at the table or that key stakeholders must be represented; and we conduct no real assessment of individuals' collaborative abilities. (See Chapter 4 for a discussion of interdependent leadership characteristics on page 42.)

In determining the right people, consider that members of effective coalition leadership teams:

- Possess an “enterprise perspective,” meaning that they lead for the whole group, not just their home institution;
- Share a collective view of the “system” that the coalition is addressing;
- Demonstrate high levels of empathy and integrity in order to address the concerns of others explicitly and act as one on group agreements; and
- Have time to devote to the work itself.

Highly effective teams are also made up of people from **diverse** backgrounds, races, ethnicities, political ideologies, skills, and opinions. When there is diversity among team members, it inspires robust conversation during decision making, pushing the team to more creative and resourceful strategies. (See Tool 6 to determine whether you have a real team with the right people on page 118.)



QIO Testimony On A Real Team With The Right People

"If we were starting anew on this project, we would establish a finite core of key partners prior to expanding our coalition-building efforts into the broader community of providers and community stakeholders. This tactical change might have allowed initial members to fully develop as a team and create a clearly defined process for on-boarding new members."

Condition 2: A Compelling Shared Purpose

A team must craft a **compelling shared purpose** for the effort that is **clear**, **challenging**, and **consequential**.

A **clear** purpose articulates what the outcomes will look like if achieved (i.e., what the team is created to do, who will be doing it, and what kinds of activities the team will participate in).

A **challenging** purpose is a real stretch that requires the best of what people are capable of – but which is not impossible to attain if everyone really strives.

A **consequential** purpose has a real impact on the lives of others, and everyone knows why it matters.

Articulating a compelling shared purpose as a team addresses the challenge that arises when coalition leaders come with different amounts of power and resources. A shared purpose suggests that all partners are created equal, by defining the activity space **of the group**, not of any one individual. The team's purpose establishes a scope of activity around which team members can cohere and agree that it is significant to broader multi-stakeholder interests. Preexisting negative patterns in intergroup relationships can also be overcome by creating mutually valued superordinate purposes.

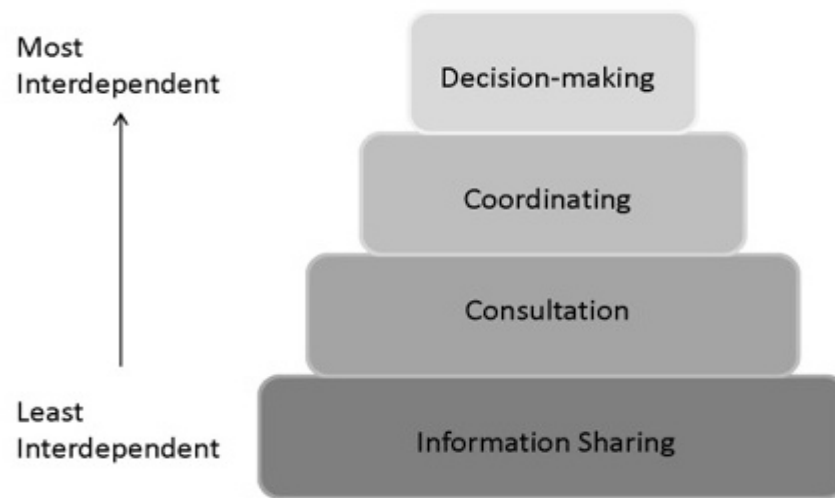
Developing a compelling shared purpose also addresses a second challenge in this context: coalition leaders have tenuous authority to influence coalition members because participation is voluntary. Keeping people engaged and reducing turnover can be a struggle when people are balancing volunteer commitments against full-time employment and other competing priorities. This is especially true when participation is not financially compensated. A compelling shared purpose helps commit coalition leaders to follow it publicly; it demonstrates collective buy-in and ownership.

How To Develop A Shared Purpose

Developing a shared purpose as a team is a challenging task for two reasons: the team has to get clear about what it will do together; and it is difficult to write a purpose statement as a team.

(a) What does the team actually do together?

In drafting a shared purpose, it is important to imagine the range of activities that teams of leaders will do together. The figure below depicts four different kinds of leadership team activities, from least to most interdependent (bottom to top).



Information Sharing. This is a team that keeps each other informed about what is going on in individual spheres of responsibility. These teams make individuals more knowledgeable about what is happening so that each is better aligned toward a shared purpose. Although they share information, they do not do anything, decide anything, or create anything together.

Consultation. Consultative teams meet in order to provide advice and counsel to one member of the team or to each other. They help support each other's areas of responsibility.

Coordinating. Leadership teams take responsibility for aligning multiple parts of complex activities and making sure all the parts fit. The timing, sequence, interfaces, and pieces all have to work together.

Decision Making. This is a team that engages in collective strategizing and evaluation of alternatives. For instance, what actions will a coalition focus on? Decision making is the most interdependent and complex part of team activity.

When leadership teams are too large and unbounded to be interdependent for a common purpose or too riddled with conflict to make decisions together, they tend to devolve to the least interdependent activities, such as information sharing. In contrast, coalitions that form multiple small, dexterous teams with clear purposes and mutual commitments to each other can generate structures to support decision making, mutual support, and learning.

(b) How do we write a clear "purpose statement" as a team?

The short answer is: we do not. It is like the expression "a camel is a horse created by a committee" – teams are not good at generating sharp, focused statements that capture the essence of their purpose. They tend to sand down the sharp edges of a vision or, worse, members assume agreement if there is no overt conflict. Individuals are much better at articulating a clear vision. How can we practice shared leadership in drafting and deciding on our team's shared purpose together, rather than having one leader take control?

Dream teams use the best of what individuals are good at: sharpness, creativity, vision; and use what groups are great at: coherence, shared energy, and values. We start with individual reflections about the team's purpose and share those views with each other. We then capture the themes that resonate with all of us, getting the shared values and energy of the group. Next we turn these themes over to an individual whom the team trusts to shape a purpose into a set of words that captures it sharply. S/he later shares it with the team for further discussion and approval. (See Tool 8 for a method for developing a shared purpose statement, page 122.)

QIO Testimony On A Compelling, Shared Purpose

"We formed our coalition's charter together, and we revisit it at every coalition meeting. Our charter includes our mission, purpose statement, and goals. We put it up with a slide that has an image of everyone who has signed it. It lets people know who has signed – and who has not. Then we make a call to action: if you have not committed to the coalition's work, we invite you to commit to it. Publicly. Now. We are up to 58 members."

"We have a coalition charter. A core team worked on developing the goals and vision, and a larger group signed onto the charter at our first kickoff meeting. By signing, they are saying, 'Yes, we are in, we are going to do this together.' We also have a leadership group that developed the coalition's name, logo, charter, goals, and agreement as if to say, 'This is our coalition!'"

"At our first coalition meeting we asked our coalition members to write 'what health means to me' in large handwriting with bright markers. Then we held up our individual words along with a statement saying, 'We are ACT Delta and this is what health means to us.' We took a picture of ourselves and shared it with coalition members. Like the shared purpose exercise, I loved that this exercise started on an individual-values basis and then brought the group together as an 'us' by making it one statement from the coalition as a whole."

"We asked the coalition to identify shared values at the first meeting. We put them up on the wall at every meeting after that. Members referred to the values as criteria every time a decision had to be made. It helped when new people attended meetings, too – we reviewed the values and asked if they were still appropriate. Our values helped us frame our purpose and vision, our goals and strategies. It set the tone and direction for the group to have values-based discussions."

"Once – when the coalition broke into smaller groups to conduct root-cause analysis – they referred back to the values to describe why it mattered. It was amazing because root-cause analysis examines what is causing something to go wrong, which is negative and problem-focused, and our values are positive, like patient-centered and results-based. There was a real difference in the conversation when people kept bringing each other back to their shared values."

Condition 3: An Enabling Structure

An effective team has **enabling structures**. Structures allow members of multi-stakeholder teams to move forward in a shared direction. They enable teams to conduct real leadership work and develop trust within the functioning of the team. We put two enabling structures into place at the launch of a team: **interdependent roles and teamwork**; and **norms of conduct**.

Interdependent Roles And Teamwork

Everyone should have a roughly equal share of the work based on the unique skills and resources he or she brings to the team, understanding that each part is necessary to achieve the team's shared purpose. In interdependent teams, the success or failure of one has an effect on all. Clarifying roles is about managing this interdependency – the team is coordinated as a whole and aimed in the same direction.

Roles enable the effective functioning of *meetings*, such as a note-taker role (which can rotate, of course), and the functioning of the *team*, such as “liaison to hospital staff” or “the person that we authorize to coordinate our work.” Understanding team members' skills, experiences and resources allows team members to take on roles for which they are especially well-suited. (See Tool 8 for an approach to establishing clear roles on page 122.)

Examples Of Roles:

- Meeting roles: Logistics coordinator, facilitator, time keeper, note taker
- Team roles: Liaison to particular constituencies, data coordinator, communications coordinator

Spending energy on shared **teamwork** every time the team meets is also important because it leads to the team's working increasingly well together over time; learning each other's strengths; and keeping each other energized. The team should solve problems, make decisions, coordinate work, share information, and create structures and opportunities that enable others to join in action.

Effective teams coordinate and help each other accomplish collective goals. Team members should communicate when they need assistance; no one should carry out activity in a silo. Lastly, in especially effective coalition leadership teams, members consult to one another about the challenges they face in their own institutions.

QIO Testimony On Interdependent Roles

"We intentionally structured meeting agendas to co-create the formalized rules, roles, structures, and procedures necessary to enhance effectiveness and ensure sustainability in the future."

"We end meetings by asking for specific commitments to take forward the coalition's work. We ask people to serve on subcommittees, to volunteer to coordinate the next coalition meeting, to build relationships with each other. This encourages everyone to find a place to participate – anyone can help with these commitments – and it gets people involved in the work of the coalition so they don't feel like they attend meetings for no reason."

"The vision is for the coalition to be sustainable without the QIN-QIO, so we have to structure it that way from the very start. To do that, I communicate that the QIN-QIO's role is as a catalyst and a coach. Some coalitions members have asked: 'What is your value if you aren't leading the coalition?' I respond by reinforcing the QIN-QIO's commitments: to convene stakeholders; to coach them to develop a sustainable and momentum-building coalition; to share learning from other coalitions across the state and country; and to share data and quality improvement expertise... Even then, I am recruiting other coalition members to play these roles, too – so they have everything they need, with or without me."

Norms Of Conduct

Every team needs a couple of ground rules about how to operate – what members expect to do and not do in working toward their shared purpose. Because coalition leaders come from different institutions with different preexisting norms of conduct, it is especially important to generate new norms – to reset the dynamic among members rather than rely on preexisting norms to be shared or constructive.

Many teams benefit from having rules about discussion, decision making, and meeting management. If they don't discuss them explicitly, they form these norms implicitly anyway.

In order to have meaningful ground rules that guide behavior, teams also need to have a way to enforce those rules—an agreement about what is going to happen in the group if someone does not live up to the rules. Although it may sound counterintuitive, this practice *energizes* the effort because teams function more effectively, and people are more committed to participate in its work.

EXAMPLE OF NORMS OF CONDUCT	
Discussion norms	<ul style="list-style-type: none"> • Respectful listening • Candor and transparency <i>with</i> confidentiality • Conflict surfaced, welcomed, engaged • Step up, step back (if you tend to contribute, step back to create room for others / if you tend to listen, step up)
Meeting management	<ul style="list-style-type: none"> • Come on time, stay on task with the agenda (exercise flex with consensus), end on time, be patient with the tension around time • No calls or emails during meetings • Schedule meetings in advance (60 days+) / flex for meetings when needed • Place "action item" in subject heading for emails that require responses from team • Prioritize our team's work together (seek permission if needed)
Decision making	<ul style="list-style-type: none"> • Ask all team members to develop criteria for making decisions • Consensus for decisions that affect coalition • Individual decisions okay in implementing individual tasks
Accountability mechanism	<ul style="list-style-type: none"> • Hold one another accountable as a team – not one individual policing everyone else • Thank and celebrate those who honor the norms • Put \$5 in the kitty for broken norms; put the kitty toward team's final celebration

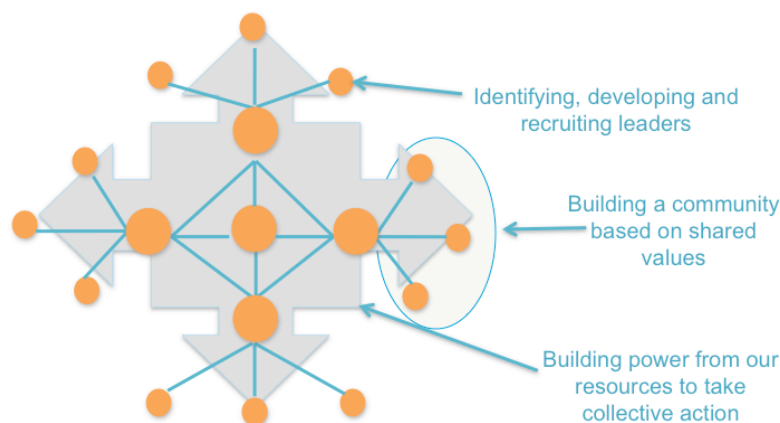
Teams with explicit operating norms like these have a much higher likelihood of achieving the results they are aiming for. Initial norms guide teams in early stages as members learn how to work together as a team. Norms can and should be refined through regular group review of how well the team is doing and whether its norms are serving it well. (See Tool 7 for a sample agenda to launch a leadership team, page 120; see Tool 8 for an approach to establishing norms of conduct, page 122.)

QIO Testimony On Norms Of Conduct

- "We worked hard to promote a norm around sharing data. Data is extremely limited and highly desired. Together we used data to confirm and deny perceptions that existed. We used data to drive some discussions on what the real problems were, why this is something we want to work on, what we know we need to improve. Showing them the data helped the coalition achieve its shared purpose."*
- "Being aware of and honoring cultural norms and expectations is fundamental to developing successful partnerships. It is customary at meetings in our targeted communities to serve refreshments. This is considered an essential point of etiquette, especially in the senior and faith-based communities. Going forward, it is important to develop a process to fund light refreshments for meetings exceeding one hour to demonstrate to stakeholders their time is valued and fully appreciated."*
- "Meeting the community you wish to engage where they live and at times that are convenient for them is central to honoring and connecting with them."*
- "Travel can be difficult for stakeholders. Meeting in local community centers or churches and being mindful of existing transportation options are key. Small reimbursements for stakeholders with transportation limitations would demonstrate that their involvement is valued and appreciated."*

Developing Interdependent Structure Between Teams Within The Coalition

Strategies are supported by structures. An important characteristic of the distributed leadership approach is connecting multiple teams to one another across levels of coordination within a coalition. These connections enable the coalition to form and reform temporarily stable, bounded, interdependent teams of actors who craft purpose and norms uniquely suited to relevant and coordinated work; further, they connect those teams in an organization that sits outside of any institutional boundaries. We call this the "snowflake" model.



QIO Best Practice of Interdependent Leadership Structure:

Liz Prosch, a quality improvement leader working on Task C.3 Coordination of Care in the 11th Statement of Work, uses the “snowflake” to structure her QIN-QIO’s task team and her statewide coalitions. She attributes the use of the snowflake in a coalition in Birmingham, Alabama, to its functioning better than any other coalition across the state. Through the snowflake, coalitions members see that the QIN is not at the center, and they understand how they contribute to its shared purpose. In addition, it is a relief to them to know that they are not alone; rather, they depend on each other. Although Ms. Prosch used to find herself leading coalition meetings, she now sits in the back of the room to serve as a resource and coach the coalition along the way. As a result, this QIN-QIO team is re-structuring all pre-existing C.3 coalitions as “snowflakes.” Notably, they have found it more difficult to re-structure the coalition than introducing the snowflake structure at the start.

Coalitions tend to form interdependent leadership structures based on who can enact different parts of the strategy; however, one risk is reinforcing the existing silos among stakeholder groups. For example, the coalition formed by **TMF Health Quality Institute (TMF)** originally organized itself as affinity groups (i.e., LTACHs with LTACHs). TMF reported that this structure reinforced traditional ways of thinking and working. The coalition achieved greater success after restructuring its teams to work across interprofessional boundaries (i.e., two long-term acute care hospitals, one acute care hospital, and one academic hospital). Mixing the stakeholder groups within each individual team enhanced their interdependency and developed an equal-status contract between them, building trust through the interdependencies between individuals – and between teams – as they work together toward shared goals.

At every level, leadership teams should develop a clear mission with clear goals and the ability to strategize creatively together about how to carry out their mission to meet their goals. Each team has different decision-making functions depending on the role it plays. This multilayered team structure allows coalitions to create ambitious overarching goals, breaking them down into achievable chunks to spread out and coordinate across teams. For instance, a core leadership team may refine the overall strategy, informed and inspired by the impact of lessons learned by other teams. This enables an effort’s core leadership to make strategic decisions that support the distribution of leadership to those “on the ground,” pushing out responsibility to teams to develop their own tactics to achieve an aim.

This structure also creates multiple points of entry and multiple opportunities to learn and to exercise leadership. Further, it allows each team to recruit for and build the next level of leadership (and teams) in the snowflake.

QIO Testimony On Interdependent Team Structures

"We developed work groups where people joined to see what was happening in one another's settings. As competitors, the information gleaned from the work groups helped move the strategies at each individual facility, despite the fact that sharing with competitors was not an existing norm. Everyone focused on patient outcomes but came up with their own tactics to achieve the goal."

"We developed three smaller teams to carry out the coalition's work: the readmission implementation intervention team; the resource guide team; and the regional coordination team. This allowed everyone involved in the coalition to take ownership of a 'piece' that together added up to 'the whole.'"

"My coalition breaks into a snowflake at each meeting. [Four sub-teams gather to advance different but interdependent pieces of work.] One group is running logic models; a second is testing an intervention; and a third is developing a pilot. The fourth group is running in circles: its leader stepped away to have a baby, and the team is frustrated that it is not advancing as quickly as the other groups... I was so tempted to step in to direct them! Instead, I said: 'You know what to do here.' I guided them through a process to figure it out themselves. They decided to conduct a gap analysis. Then instead of asking me to help with it, they asked for my coaching and resources. I gave them a phone line and sent an email so they could all connect. They feel my support, but I am not taking on the work, and that makes them stronger. It's a tricky balance: to stay connected to them and to grow their capacity at the same time."

In Building Great Leadership Teams And Coalitions

What To Avoid

- Preexisting conflicts between a few key individuals/institutions can undermine the whole group, which is why "resetting" norms of conduct is critical
- Powerful people have little time; the impulse to send delegates blurs group boundaries and prevents decisions that stick
- If purposes are unclear, meetings devolve to information-sharing and members lose compelling reason to be there
- Without explicit attention to collaborative skills and motives, individual inclination is to lead on behalf of own institution/constituency; this results in negotiation among interests rather than leading for the whole
- Excessive inclusiveness of people, purposes, and projects erodes alignment and sands down the sharp edges of a coalition's purpose
- If leadership turnover and onboarding is not managed with intentionality, alignment and institutional memory declines

Recommendations

- 1) Be explicit that the QIO is a convener with neutrality and moral authority
- 2) Build relationships with coalition members and leaders
 - Assess individuals' collaborative leadership capabilities
 - Explore values, interests, and resources
- 3) Recruit with a clear "ask" (see job description, below)
- 4) Treat the leadership team and coalition launch with great intentionality
 - Begin with narratives and identify shared values
 - Begin to develop a shared purpose statement, then hand-off to one team member to sharpen
 - Identify initial norms of conduct that are revisited often
 - Conduct interdependent tasks together
- 5) Consider how the idea of "relaunching" a team may serve your effort
 - Convene an initial set of leaders who can be responsible for relaunching a team to take the work forward
 - Identifying and recruiting the "right people" for that team can be motivating and interdependent tasks

Share A "Job Description" With Leadership Team Members

In seeking and securing commitments from leaders to participate on a team, share a clear set of shared expectations about team-member involvement. For example, team members should:

- Be willing and able to lead on behalf of the whole, not just on behalf of their own organization's or constituency's interests
- Exhibit clarity about and share the effort's aspirations
- Demonstrate commitment to collective impact
- Be willing and demonstrably able to hear and take into account the concerns of others
- Possess excellent conceptual thinking skills, including an understanding of complex systems
- If representing an organization, have CEO endorsement
- Be willing and able to commit sufficient time:
 - One monthly meeting of 3 hours
 - Weekly 30-minute alignment call
 - Visible leadership role in community engagement events
- Participation in committees, projects, and alignment activities

QIO Best Practice for a Team Re-Launch

In the middle of CMS's 10th Statement of Work, **VHQC** invited quality improvement leader Deb Smith to lead its work-stream to reduce Hospital Acquired Infections (HAIs) in acute care hospitals. Her predecessor had partnered with the Virginia Department of Health, and together they had been convening a statewide multi-stakeholder advisory group for HAI prevention. Ms. Smith observed that members attended meetings to report on individual activities, not to collaborate to advance infection prevention activities. Participation steadily declined, and the group dissolved.

In the 11th Statement of Work, Ms. Smith was determined to re-launch a voluntary, statewide, multidisciplinary group that coordinated the efforts of HAI stakeholders to align strategies, share information and resources, and produce synergies that accelerate statewide progress in preventing HAIs.

Ms. Smith again partnered with the HAI coordinator from the Virginia Department of Health (VDH) to convene stakeholders. At their first meeting, they presented the group with purpose and mission statements. The group got stuck on semantics as they reviewed them "word-by-word, paragraph-by-paragraph." Although they completed the task at hand, the meeting agenda was abandoned, the process was chaotic, and stakeholders left frustrated.

Concerned about keeping members engaged, Ms. Smith enrolled in *Leadership & Organizing in Action* to explore the organizing approach. She began conducting one-to-one meetings with key leaders in the advisory group. She invited them to share ideas about how to improve group's effectiveness and sustainability. She asked them for commitments to lead subgroups to advance quality improvement activities.

With their feedback in mind, Ms. Smith and the VDH coordinator then drafted an agenda for the next advisory group meeting, which they referred to as "the *real* kickoff meeting." They emailed it to the group in advance, asking for feedback. Members contributed to and improved the agenda, taking on interdependent leadership to co-design their work together.

During introductions, Ms. Smith drew on narrative and asked members to share their motivations for reducing HAIs. As they revealed why they cared, they built a "story of us" and reset the group's interpersonal dynamic.

Ms. Smith then raised the challenge of enabling the group to function more effectively. She led three activities to structure an interdependent advisory group.

First, she facilitated a discussion on "norms of conduct." Although she experienced resistance from leaders, Ms. Smith invited them to suspend their hesitation and make explicit the way they would work together to achieve the group's shared purpose. To accentuate the positive, the group focused on the "dos" instead of the "do nots."

Virginia HAI Advisory Group Norms of Conduct

Discussion and Decision-Making: <i>How will we discuss options and reach decisions as a team to ensure vigorous input and debate, and ensure real agreement at the end?</i>	
Do Engage in open, honest debate Ask great questions Decide in advance: Is this a consensus decision? Use language that is understandable to all Avoid Acronyms	Do Not Please devote the time to the meeting and ignore your devices if possible.
Meeting Management: <i>How will we manage meetings to make the most of our time together?</i>	
Do Start on time; stay on time Be fully present throughout the meeting Prepare an excellent strategic agenda in advance, with real team tasks in it	Do Not
Accountability: <i>How will we delegate responsibilities for actions and activities? How will we follow through on commitments?</i>	
Do Clarify understanding Provide follow-up on action items Ask for/offer support when there is a need	Do not
Are there other norms or expectations that you want to add that may not fall into one of the above mentioned categories?	

Second, Ms. Smith introduced the idea of conducting an After Action Review to evaluate meetings so the group could collectively contribute to making them more productive. One member suggested that they use Survey Monkey to accommodate members who participate via teleconference and to allow those participating in-person to network at the end of meetings. The group now reviews the results at the start of the next meeting, which serves as a reminder of their shared purpose and norms. It also allows them to customize survey questions to the meeting particulars.

Third, Ms. Smith introduced the idea of working interdependently. She shared a “strawman” snowflake to provide a visual representation of workgroups focused on different HAI interventions. The advisory group further developed it.



They organized their snowflake as a blend of (1) stakeholder group activities (consumer subgroup), (2) process activities (data review subgroup), and (3) content activities (antimicrobial stewardship and education & communication subgroups). Each subgroup is made up of multiple sub-teams that take forward different interdependent functions. A subgroup lead is responsible for coordinating the sub-teams. At each quarterly advisory group meeting, the subgroups report on their progress over the last quarter and the larger advisory group offers assistance to align and advance the interdependent work of the subgroups. The snowflake is updated as strategies unfold and new opportunities are identified.

The snowflake also enabled Deb and her VDH counterpart to clarify their role as initial conveners and ongoing supporters. They have effectively removed themselves from the center, inviting other members to lead meetings and coordinate the group.

Related Tools

- **Tool 6: Diagnostic Checklist for Leadership Teams** – to determine whether you have a real time with the right people, a compelling purpose and enabling structures, page 118
- **Tool 7: Team (re)Launch Agenda** – to launch (or relaunch) leadership teams, page 120
- **Tool 8: Teamwork Exercises** – to develop a compelling shared purpose, clear roles and norms of conduct, page 122
- **Tool 9: Snowflake Structure** – to develop an interdependent leadership structure on your team or coalition, page 129

Chapter 6

Strategizing Collectively



This chapter offers an overview of strategizing collectively in the QIO coalition-building context. Its purpose is to explain why and how to strategize and make decisions collectively within coalition work. For further learning and practice, this chapter should be used in conjunction with Tool 10 on collective decision making, page 131.

Learning Objectives:

- To understand why collective strategizing and decision making matter
- To understand the fundamentals of strategizing
- To learn how to lead a collective decision-making process (see Tool 10 on page 131)
- To highlight best practices in QIOs related to collective strategizing and decision making

Why Does Collective Strategizing And Decision Making Matter?

Individuals and groups can feel alienated from the strategizing process in coalitions. This may occur for a number of reasons; for example, some participants dominate the group, arguing for their own positions and refusing to see alternatives. Sometimes informal or unseen decisions are made without consulting the larger group, causing group members to feel left out. Alternatively, occasionally so much agreement is sought that a coalition is unable to move forward. All of these instances result in participants feeling a lack of ownership of the effort. Collective strategizing and decision making addresses these challenges.

To overcome dominance by some participants and to align actions between stakeholders, actors from different stakeholder groups can conduct high-quality deliberation together as part of a **collective strategizing** process. Using this methodology, we develop strategy; test its viability through on-the-ground actions; and build consensus and public commitment for decisions that draw on lessons from those actions.

To avoid unseen or informal decision-making, **collective decision-making** practices should be explicit, and developed in conjunction with strategizing activities. The way that we approach decision making demonstrates our values. To what extent are we creating a transparent process, in which people are heard and valued, and in which a collective choice is made?

To keep stakeholders motivated and engaged, everyone must see strategizing and decision making as legitimate. As the Delmarva Foundation for Medical Care stated: “We didn’t know what direction the coalition needed to take except to reduce readmission rates among the dual-eligible population. We wanted the coalition to decide.” To enable others to lead, it is important that the QIO does not do for others what they can do for themselves.

What Is Collective Strategizing?

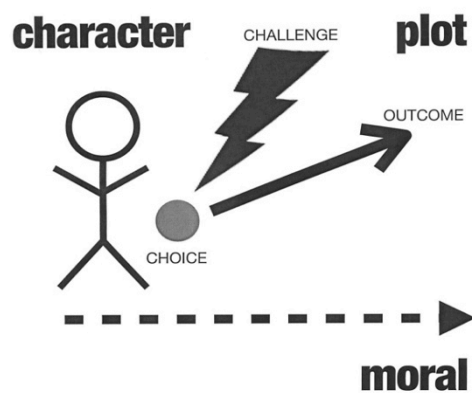
Collective strategizing is an inclusive process of **turning the resources that a coalition has into the resources it needs to achieve a specific, measurable aim.**

- **Setting and committing to an aim:** We develop a clear, measurable aim that allows us to know if the coalition has succeeded or come up short in achieving it.
- **Taking stock of resources to develop tactics:** We map the resources within the coalition. We use our resources to develop tactics – to get more resources to achieve our aim, to align existing resources to achieve our aim, or to affect the aim directly.
- **Implementing tactics in PDSA cycles & scaling up success:** Our tactics reflect our theories of change. We constantly test our theories by trying new tactics, evaluating and improving them over time.

Characteristics Of Good Strategizing

Strategizing Is Motivated

We strategize in response to our motivating vision (see Chapter 2 on page 26). What is the intolerable condition that we seek to end or avoid? Why is it urgent now? What is at stake? What will happen if we do not act? What could happen if we do? First we commit to a vision to guide us, then we develop how to get there.



Motivated



Intentional

Strategizing Is Intentional

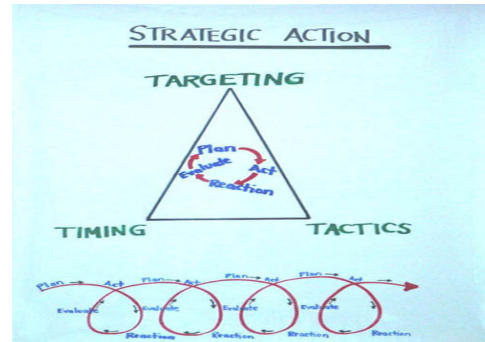
Strategy is a theory of how we can turn what we have (**resources**) into what we need (**power**) to get what we want (**measurable aim**). It is a hypothesis about how we can use tactics to achieve an aim (see Chapter 1 on page 15).

Strategizing Is Creative

Challenging the status quo requires making up for our lack of resources by intentionally and creatively using the collective resources of the coalition (see Chapter 4, on page 42).



Creative



A Verb

Strategizing Is A Verb

Strategizing is something we do; it is not something we have a plan to adhere to. As we work toward our aim, we learn from our successes and failures and adapt our tactics to become more and more effective. We respond to real-time constraints and opportunities – and if we are good at strategizing, we see constraints as opportunities to create urgency for action. Strategizing means constantly making opportunistic, but mindful, choices – always with intentionality to our aim.

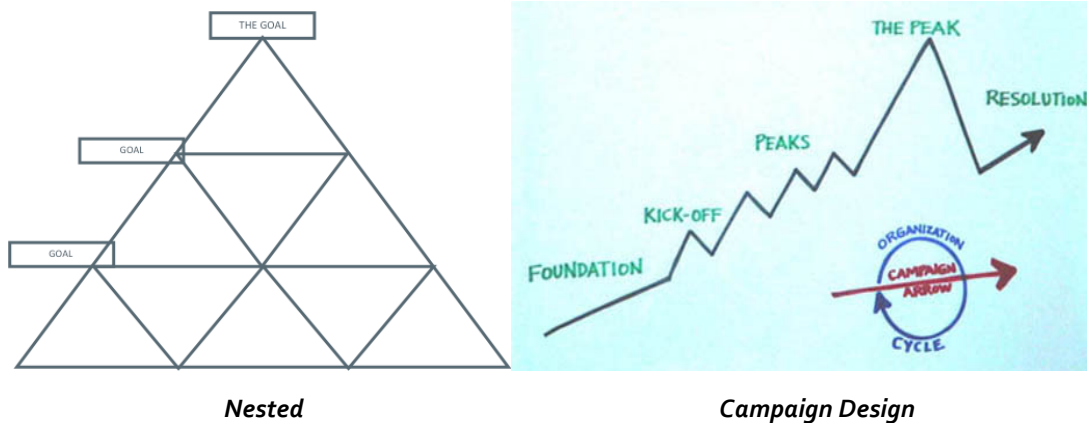
Strategic Planning	Collective Strategizing
<ul style="list-style-type: none"> Something we have Think your way into new acting – energy goes into a work plan We create, then implement a plan Time as a cycle 	<ul style="list-style-type: none"> Something we do Act your way into new thinking – energy goes into actions We strategize as we implement Time as an arrow

Like a PDSA cycle, action is at the heart of strategizing. We “act our way into new thinking” rather than “think our way into new acting.” As leaders, we commit ourselves and our resources to the course of action we believe will yield the desired outcome. At the same time, as we take action to move toward our goal, we remain ready to adapt to new opportunities and to learn from our successes and failures.

Collective strategizing is not a single event, but a process or a loop continuing throughout the life of a project. We plan, we do, we study, and we act. If we learn that our tactics are not helping us move closer to our aim, we devise new ones. Constructively managing the tension between commitment to a course of action and adaptation is one of the primary responsibilities of strategic leadership.

Strategizing Is Nested

Strategizing links resources to outcomes through tactics that add up to the measurable aim. Each action builds capacity over time. It is important to see the scope: the time over which we are strategizing; and the scale: the ultimate level of impact that we hope to achieve.



Strategizing Incorporates Campaign Design Principles

A campaign is a way to mobilize time, resources, and energy to achieve an aim. In organizing we view time as an arrow, instead of as a cycle. Thinking of time as a cycle helps us maintain our routines, our annual budget, and our seasonal events. Thinking of time as an arrow focuses us on making change, on achieving specific outcomes, and on focusing our efforts. In a campaign, we think of time as an arrow. A campaign encompasses intense streams of activity beginning with a foundational period, building to a kickoff, building to periodic peaks in which we achieve nested outcomes, and culminating with a final peak (our aim), which is followed by resolution. This creates momentum strategically by gathering more and more resources as we go.

Strategizing Is Collaborative

In organizing, strategizing occurs within teams and through a broader process that invites and incorporates the voices and insights of others. A team is explicit about its responsibility to strategize and be publicly transparent about its work and decisions together. A team is diverse – it includes people with analytical and systems-thinking capabilities, stakeholders familiar with quality improvement data, evidence, and metrics, and stakeholders who can speak from lived experience. It examines the short- and long-term consequences of strategies for multiple stakeholder groups at multiple system levels.

In conjunction with the detailed strategizing that occurs on teams, is a broader strategizing and decision-making process that invites and incorporates the voices and insights of other stakeholders. At its best, this process is squarely aligned with a coalition's engagement strategy. In other words, the coalition uses its relational tactics (see Chapter 4 on page 42) as opportunities to invite strategic feedback and insight. One-to-one meetings, house meetings, coalition meetings, engagement events and leadership trainings – all can be used to vet strategic aims, brainstorm tactics, listen, incorporate feedback, and make decisions collectively (see Tool 10 for collective decision making on page 131).

Key Questions In Strategizing

In strategizing, we pursue several critical questions. We take up the first four questions in other chapters of the field guide and dedicate the remainder of this chapter to examining the final three.

1. What is our **THEORY OF CHANGE**? (See Chapter 1)
2. What is our **MOTIVATING VISION**? (See Chapter 2)
3. Who are the **ACTORS** involved? What are their **VALUES** and **INTERESTS**? (See Chapter 4)
4. What are the **RESOURCES** that we can draw on within our constituency? (See Chapter 4)
5. What is our **MEASURABLE AIM**?
6. What **TACTICS** will turn our resources into the power we need to achieve our aim?
7. What is our **TIMELINE**?

Setting A Measurable Aim

Inspired by our motivating vision, we decide on a strategic objective on which we will focus our energy – **a clear, measurable aim** to which we can commit. Making this choice is the most important strategic choice we have to make.

An effective aim has the following qualities:

- **Single strategic aim:** coalitions that create real, tangible change have the discipline to choose a single aim and focus all resources strategically on achieving it (even if different stakeholder groups contribute different resources and employ different tactics)
- **Motivational force:** the aim connects with the heart and motivates people to act
- **Leverage point:** the aim focuses on a place within a complex system where “a small shift in one thing can produce big changes in everything”
- **Momentum building:** the aim allows the coalition to pursue short-term wins within a longer term, sustained effort
- **Measurable:** the coalition can determine and describe its impact
- **Visible, clear:** the aim provides feedback that tells a coalition whether it is succeeding or failing so it can learn from and improve its tactics
- **Concrete:** the aim allows people to begin to act now and has a foreseeable end point that creates urgency to act (remember that another aim can be set later)
- **Contagious:** the aim allows for tactics that others can emulate as the effort is scaled up and spread across a constituency or geographic areas

When developing a strategic aim, we first conduct a community-based **root-cause analysis** to ask ourselves, and our constituencies, why the change the coalition seeks has not happened already.

- If the need is so urgent, why hasn't it already been addressed? If it has, why did previous efforts fail?
- Who holds the resources to meet the aim? Why haven't they acted? Or are they acting, but not effectively enough? Why?
- What barriers are in the way? Why?

In other words, our choice of strategic aim depends on our assumptions and analysis about why things are the way they are. It also depends on our values and assumptions about what actions need to be taken in order to change them, i.e., our **motivating vision** (see Chapter 2 on page 26) and our **theory of change** (see Chapter 1 on page 15). All of us make assumptions about how change happens, and we can strategize more effectively if we make our assumptions explicit in determining our strategic aim.

QIO Best Practices On Setting An Aim

Delmarva Foundation for Medical Care (DFMC) conducted a community-based root-cause analysis and determined that under-resourced Baltimore communities lacked access to healthy food, a necessary component of reducing the chronic disease burden. That led to the formation of Healthy Eating Leading Partnerships with Seniors (HELPS), a coalition of over forty local stakeholders. Its strategic aim is to improve the health of dual-eligible seniors in Baltimore with high chronic disease prevalence by improving access to healthy food.

Several assumptions underpinned the choice of this aim:

- If achieved, reaching this aim would immediately and positively impact the health of dual-eligible seniors in Baltimore, and remove unnecessary costs from the healthcare system.
- Among those who held the power to make the change happen, there were many individuals and organizations from within the constituency that identified this problem and were motivated to act, or would be willing to act if mobilized.
- The main barriers to change were a lack of focused collaboration and leadership to mobilize at scale. The aim allowed for immediate win/win opportunities to partner and align existing resources in new ways. It united different constituencies by committing them to action on their part. It developed *power with*.
- The aim focused the coalition on limited yet high-interest programming, giving stakeholders the time needed to build the systems and partnerships in the coalition's initial phases, and allowing them to build confidence and familiarity with one another.

As DFMC reported, "The focus on a singular specific goal enhances trust – there is large distrust in the system, a fear of loss in terms of power, and a culture that is tired of inaction. A vague goal leads to lost time and detraction from the QIO's role to corral the community to one purpose and address distrust."

Developing Tactics To Turn Our Resources Into Power

Tactics are the specific activities through which we implement strategy. In developing tactics, we ask: How can we collectively bring to bear the power of our constituencies' resources to achieve our measurable aim? We start by identifying the resources we have (see Chapter 4 on page 42) and the resources we need. Then we look for ways to use the resources we have to generate the resources we need to achieve our goals.

Designing Tactics Is A Collaborative And Creative Process

Ensuring that we have a diversity of perspectives and experiences maximizes our creativity. It is important to allow time for genuine brainstorming – open, creative, no-idea-too-crazy – and deliberation before decisions are made.

Once we develop a range of possible tactics, we need to decide which ones to pursue. Key **criteria** for selection include whether the tactic:

- Is consistent with our values
- Impacts our measurable aim
- Develops leadership
- Develops our coalition's capacity
- Uses our existing resources creatively
- Is motivational, fun, and simple
- Is measurable
- Builds on our strengths
- Engages weak ties and broadens our constituency beyond the usual suspects

QIO Lessons On Developing Tactics

The most efficient tactics are not necessarily the most effective tactics. For instance, if the first tactic is to build a leadership team and a QIO recruits the first five leaders who express interest – it may be efficient, but is it effective? Instead, the QIO could map actors; conduct one-to-one meetings with ten stakeholders; learn about their values, visions, interests, and resources; ask each of them to recommend another key leader to engage; conduct a second set of one-to-one meetings; and design the membership of a leadership team to include five collaborative leaders with shared values, common interests, and diverse resources. This set of tactics generates more up-front work, but it saves the QIO from shoring up the leadership of the coalition later – a much trickier and time-consuming task. It also models inclusive values; builds relationships with those to engage in the coalition's activities (whether or not they participate in its core leadership); identifies weak ties; ensures the sustainability of the effort by recruiting the "right" people to lead it; and ultimately broadens its impact. Both **TMF Health Quality Institute (TMF)** and the **Arkansas Foundation for Medical Care (AFMC)** articulated this key learning.

Engaging the constituency early is critical to developing effective tactics. Delmarva Foundation for Medical Care (DFMC) noted that the HELPS coalition did not develop an “ask” to engage community members early enough. They reflected that the contribution of the constituency’s resources could have improved the quality of the coalition’s tactics – and, in turn, the coalition’s overall impact – if they had developed more opportunities for seniors to engage from the start.

The creative use of resources is a good place to start. One reason for bringing a coalition together is to identify the existing pool of available resources. It presents an opportunity to redeploy current services in new ways to create short-term wins without developing new programming.

As leaders from DFMC reflected, “When we first came in, we found that a lot of groups were working on the same thing. This project really benefited from having access to more agencies and partners, and now we’ve been able to bring services to seniors in a more coordinated way. The resources were out there, but community members were not able to reach them. This project helped the QIO enable coordination of resources to meet the needs of the patient.”

Or as AFMC reported, “It took us six months to complete our root-cause analysis. We examined claims data; staff partnered with providers to complete chart reviews; we compiled and reviewed all kinds of data and reports. We discovered that the highest readmission rate was from patients sent home with home health services. Once we drilled down there, we saw that communication between providers was the number one issue; and lack of community resource referrals was the number two issue. This is a resource-poor area – people don’t have a lot – but there are resources there that are being underutilized!”

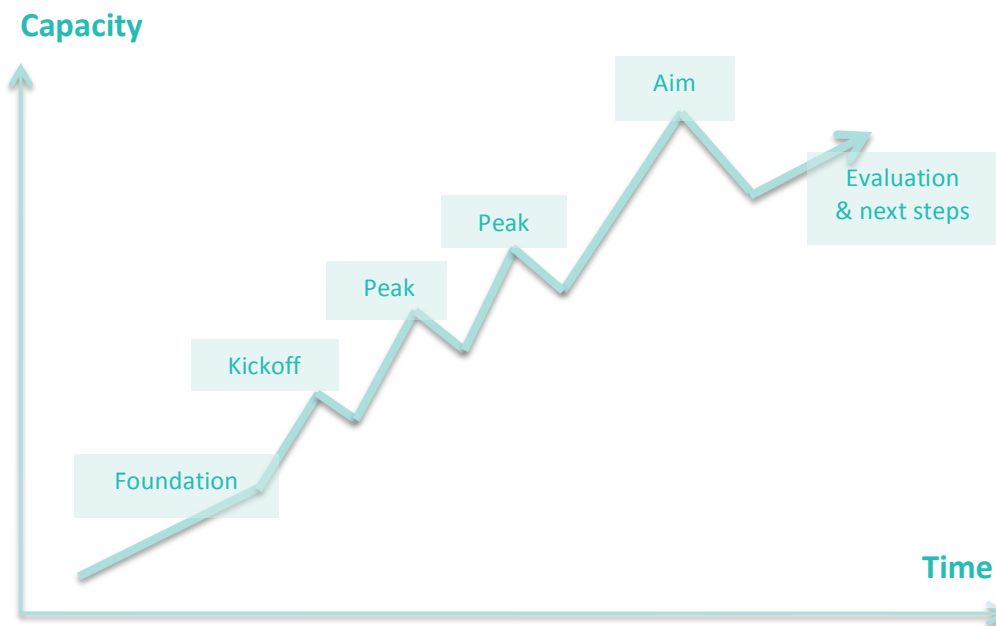
It is critical for existing efforts to build on each other and become integrated instead of having multiple health projects that divide potential partners and resources. Just as building a culture of quality is important in healthcare settings for sustainability of improvements, integrating community health efforts is an approach that can facilitate larger and longer lasting accomplishments.

Data and evidence inform tactics; values and vision lead to their implementation. TMF and AFMC both described the importance of using data to draw leaders’ attention to the root causes to develop evidence-based tactics. Connecting to values and motivating visions inspired people to act, evaluate, and improve these tactics over time.

Implementation Of Tactics Over Time

Tactics are targeted in specific ways and carried out at specific times in order to focus limited resources on doing what is likely to yield the greatest result. In other words, it is important to see the scope: the time over which we are strategizing; and the scale: the ultimate level of impact that we hope to achieve.

In the health-improvement world, we implement pilots in PDSA cycles and we scale up our success. Organizing offers a complementary framework that asks: What are the dates and benchmarks? How will we “chunk out” our tactics to add up to our measurable aim? How will we construct our effort so we are building capacity and developing leadership over time?



A **campaign** is a way to structure time. It unfolds over time with a rhythm that slowly builds a foundation, gathers gradual momentum with preliminary peaks, culminates in a climax when the aim is achieved (or not), and then resolves.

In organizing, we assume that we begin with far fewer resources than we will need to achieve our aim. Increasing our capacity (people, money, and skills) is critical for success; therefore, most efforts devote an initial chunk of time to recruiting enough volunteers to create a “critical mass” that will allow them to reach out to get supporters on a large enough scale. This is what builds momentum. Like a snowball enlarging, each success contributes resources and capacity, which makes the next success more achievable. We identify milestones for when we will have created enough new capacity and developed enough power to undertake activities that we could not carry out before.

Reaching a threshold that gives us new capacity is a “**peak**.” A peak is not simply a milestone on a strategic plan – it is a peak because it is a threshold that we are able to cross as a result of mobilizing the most resources we can to achieve it. It is an unsustainable peak of effort – once we cross that peak, we can relax our effort briefly, evaluate, and then deploy our new resources to reach our next peak. An organizing strategy is necessarily built around a series of peaks, culminating in a final peak when we have either achieved our aim or not.

These efforts are not one-off events, but iterative, nested, and fractal processes in which we use each tactic (or peak) as a way to build our capacity and test our theory of change. Are we building power over time by adding more people to our efforts? Each peak should have a measurable goal that launches us forward toward our next peak; this way, we know if we are succeeding or failing and can make adjustments to our approach based on observable data.

QIO Lessons On Timing

Building a relational foundation for action takes time. “If we could conduct the SIP again, we would spend more time building its foundation. During that phase, we would narrow our focus to a specific set of ZIP codes, do what it takes to identify the ‘right’ people to lead the coalition, provide them with time to ‘storm and norm,’ target more focused areas of interest, and facilitate the engagement of community members toward a single, measurable goal. We also would encourage stakeholders to work across boundaries, not in existing sets of silos. Then when we reached the ‘operations’ phase of the work, we would have laid a strong foundation for it to scale up quickly.”

Learning to use a new approach strategically and efficiently takes practice. “The coalition’s goals could not be fully realized in twelve months. Working with a diverse group of community partners requires more time than expected to reach consensus on strategies and implement them fully. The approach itself also takes some getting used to.”

A long-term time horizon allows for more meaningful collective action. “Our hospitals noted that the coalition reflected a shift from individual actors applying Band-Aids to a community of actors engaged in a long-term process. If our focus is to effect real change, our real power lies in multiple people and communities. We can’t continue to just look at the short term.”

Smaller groups can test tactics in shorter time frames and share outcomes with the broader coalition to scale up. By conducting a root-cause analysis and talking to people in communities, the **West Virginia Medical Institute (WVMI)** discovered a high prevalence of depression among the dual-eligible population with multiple chronic conditions. WVMI developed campaign charts with coalitions to visualize how their tactics, targets, and timing could build their capacity. They organized coalition members into smaller teams to do interdependent work to develop interventions that they could pilot and bring results back to the larger group. The small groups shared their work with the larger coalition. They also used community meetings to share readmissions data, discuss interventions, and build community among those that had gathered. Hospitals are now going through approval processes for the interventions.

Tip: Put The Strategy Together In An Organizing Sentence

After working through the seven strategizing questions (theory of change, motivating vision, map of actors, resources, measurable aim, tactics, and timeline), try putting it all together into one sentence:

“We are organizing _____ (WHO: constituency)
to do _____ (WHAT: measurable aim)
by _____ (HOW: turning resources into tactics)
in order to _____ (WHY: motivating vision)
by _____ (WHEN: timeline).”

Related Tools

- **Tool 10: A Process for Collective Decision Making** – to make decisions on teams, within the coalition, and across the community, page 131

Chapter 7

Learning in Action



This chapter offers an overview of learning in action in the QIO coalition-building context. Its purpose is to explain the importance of collective action and the role of coaching in developing a learning practice. For further learning and practice, see Tools 10–12 on pages 131–146.

Learning Objectives:

- To explain why collective action matters and how to get commitments
- To learn how to design tactics that motivate people to want to come back and do more
- To develop a coaching practice and learning culture (see Tools 12 and 13 on pages 145 and 147)
- To highlight QIO best practices for collective action and coaching

Why Do We Need Collective Action?

We cannot achieve our coalition's measurable aim on our own; we need others to join us. Leaders engage others in collective action by asking them to make explicit commitments to act toward our measurable aims.

Because we rely on voluntary commitments, our actions must keep stakeholders motivated. It is important to design and implement actions that develop relationships, celebrate shared values, and show stakeholders how they generate outcomes together. Actions with collaboration among stakeholder groups facilitate collective energy and orientation. Secondary outcomes also result from the new relationships between stakeholders.

Each action builds momentum by contributing to a platform of shared accomplishments. This is critical to keeping people engaged, as the slow pace of long-term coalition work can stall momentum. Each action – day-by-day, week-by-week – produces collective and measurable outcomes. These outcomes in turn feed more outcomes, many of which are not planned for or anticipated, as they are real-time responses to constraints and opportunities.

When many people have an opportunity to contribute to an effort, they share in its successes – and learn from its failures. Either way, it is *their* victory or loss, not someone else's. This learning, in turn, creates motivation and a sense of ownership that facilitate accountability. Put another way, the way that resources are mobilized affects how they are deployed; and the way that resources are deployed affects how they are mobilized. When everyone *feels* that they have something to contribute, they have something to contribute. That is why it is critical that each action is viewed as one small step toward greater outcomes.

Finally, actions are opportunities for evaluation, reflection, and emergent learning; they require leaders who are willing to coach and learn, and are comfortable with ambiguity. They also require infrastructure to feed learning back into the group's ongoing strategizing process.

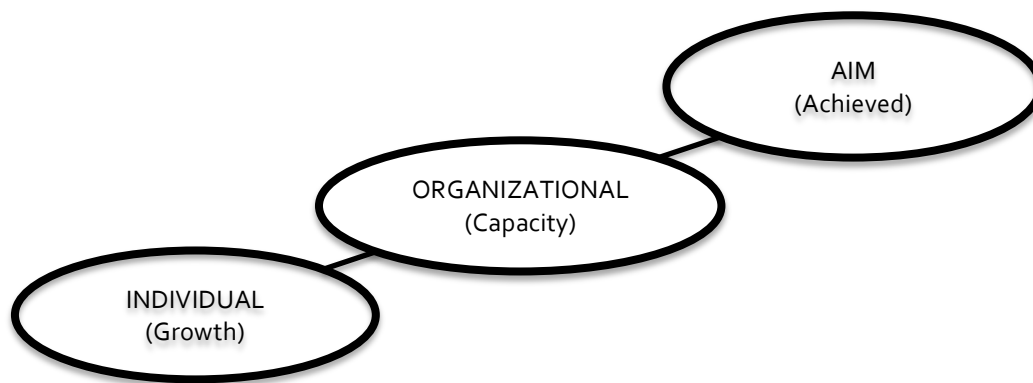
What Do We Mean By “Collective Action”?

The goal of collective action is to effectively mobilize and deploy our resources in ways that build our power.

Strategic Aim: Action makes concrete, measurable progress toward our aim.

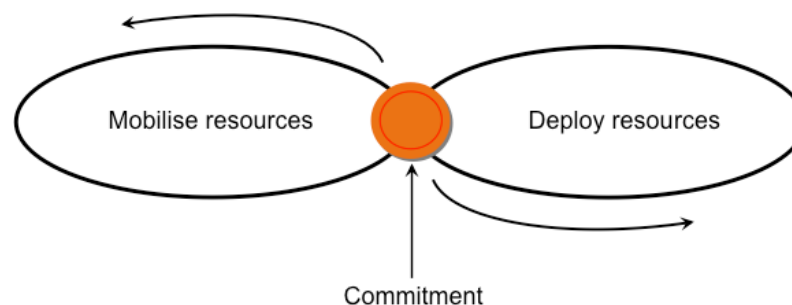
Organizational Capacity: Action attracts and engages new people, increasing our coalition’s collective ability to affect change.

Individual Growth and Development: Action builds leadership.



How Do We Engage In Collective Action?

Collective action is about mobilizing and deploying our resources wisely to achieve a specific aim. There are three key components to collective action: (1) seeking commitment; (2) securing commitment; and (3) sustaining commitment through motivational action.



Seeking Commitment

Getting clear commitment is essential. Yet some leaders find asking for commitment difficult. Some people worry about burdening others, while others fear what feels like personal rejection if someone says no. However, others recognize that their own commitment increases when someone says yes; in fact, the invitation is not personal, and it is not a burden. **When we ask someone to join us, we are giving him or her the opportunity to engage in meaningful, public action.**

How do we ask? Asking for commitments involves four straightforward steps:

- 1) **Connect:** We let the person know who we are and why we care, and we ask them how they are affected (briefly drawing on and eliciting stories of self and us). (See Chapter 2 on page 26 and Tool 3 on page 32 for more on developing our narratives.)
- 2) **Context:** We explain how the action we are asking another to take is important (briefly offering a story of now). We are specific about the challenges we face, but also our hope and opportunities. We ask questions to draw out the other person's values about this work.
- 3) **Commitment:** We explicitly ask if we can count on this person to engage in action with us. We are very specific about the date, time, and place.

"Can we count on you to join us in _____?"

- 4) **Catapult:** When someone says yes, we give them the respect of having real work and real responsibility in action.

"Would you be willing to take on this role at the event?"

"Can you commit to bringing two friends with you?"

These steps can be used when we seek commitments in a one-to-one meeting or house meeting or any other relational tactics. However, it is not necessary to conduct a one-to-one meeting to seek a commitment. A commitment can be sought during a short phone call or face-to-face encounter. (See Chapter 3 on page 32 and Tool 4 on page 111 for more on conducting a one-to-one meeting.)

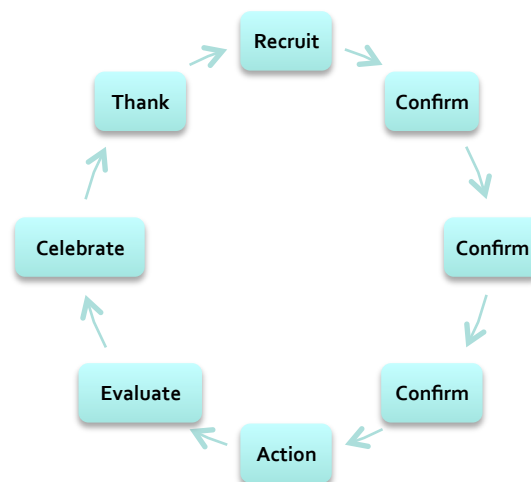
QIO Best Practice for Making an Ask:

"I was over-functioning in my coalitions, and I was getting in their way of growing. To enable them to be sustainable, I had to ask other leaders to take on more responsibility. Not only did I have to ask, I [also] had to be okay with asking. I drew on narrative. I began with a story of self and us: 'I have nine communities that I am working with. I have been working with you the longest and you are closest to my heart.' Then I honed in on a story of now and named the nightmare: 'Your agenda gets stuck with me, and I can't get it out on time. You are stalled to move forward with me at the center.' Next I raised up the dream: 'Yet your coalition has better attendance than any other that I work with. You are committed, and that is exciting.' Then I made the ask: 'As much as I love helping you, and as much as you want me to, I can't keep doing this for you. I need your help to keep your coalition moving forward. Who can take responsibility to draft the meeting agendas and facilitate meetings each month?' I held my breath. Three hands shot up!"

Securing Commitment

When we invite others to engage with us, we invite them to find purpose in action and solidarity with others. Part of enabling others to achieve purpose relies on our recruitment skills.

- 1) **Recruit** others and get a commitment to action.
- 2) **Confirm** the commitment a few days out. Check in and see if the people who committed need a ride, can invite others, or can take responsibility for part of the action.
- 3) **Confirm** the day before the action. Provide full details on the place, time, and purpose of the action, including any updates on the agenda or attendees.
- 4) **Confirm** again, one to two hours before the action – the period when people may find something more urgent to do. Convey your excitement for others to join in action.
- 5) **Action!** Lead a motivational action that respects others' time, but also provides opportunities for relationship building, to connect to our core values, and purposeful, measurable action.
- 6) **Evaluate** the action together. Tally up all the measurable outcomes so everyone can see that they are a part of a bigger whole. Debrief in detail what worked and what should change next time.
- 7) **Celebrate** together. Who wants to volunteer their free time without having fun? Generate a culture for how people in the coalition celebrate together – with music, food, or a round of stories from the day.
- 8) **Thank** everyone the next day for his or her participation in action. Tell them specifically the impact the action made. Ask for further input on what worked and what should be changed next time.
- 9) **Recruit** participants to commit to the next level of leadership, helping you and your team plan more actions within their geography or network.



Sustaining Commitment Through Motivational Action

For action to successfully engage others in a way that expands rather than depletes our collective resources, we need to design and implement actions intentionally. Once we have a commitment from others to join us, it is important that they have a meaningful experience when they take action. If people do not feel like what they are doing is important, if they feel that they are being exploited and cast aside, or if they do not grow and learn as they act, then they are unlikely to come back the next time we ask for a commitment.

Conditions for Motivational Action	
Meaningful	People see that the action is significant and makes a difference toward achieving a measurable aim.
Autonomy	People are given levels of responsibility according to their skills and abilities to achieve a particular outcome.
Feedback and Learning	People see the progress of their action, whether or not they are doing it well, and receive coaching from more experienced leaders so they can learn and grow.

These three conditions lead to greater motivation, higher quality work, and greater commitment. Our responsibility is to ensure that our actions are designed to generate these experiences.

Five criteria serve as guidelines for designing motivational action. The more we ask people to commit to action that scores high on these five criteria, the more people will want to continue to commit to our work together. Nearly any action can be re-designed to provide a more meaningful experience that supports individual creativity and growth while clearly contributing to the achievement of the coalition's goals.

- **Task Identity:** participants complete a task from start to finish
- **Task Significance:** people understand and see the direct impact of the task
- **Skill Variety:** people engage a variety of skills, including head, heart, and hands
- **Autonomy:** people have opportunities to make choices about how to do the work
- **Feedback:** results are visible to those performing the task, even while they perform them

QIO Best Practices On Collective Action

Delmarva Foundation for Medical Care (DFMC) reported: "While a lot has happened in the past 12 months [of using this approach], the current vantage point allows us to see that it is just on the cusp of fully leveraging current partnerships and substantially expanding our footprint and impact. One important success that we are celebrating is two community health workers' being provided as an in-kind contribution to support operations. . . . It demonstrates the value coalition members have placed on ensuring the sustainability of this project. . . . Future projects should allow three to five years for

authentic community engagement, successful coalition building, and to ensure optimal leveraging of resources and sustainability.”

Two-years later Baltimore HELPS had expanded into eleven communities. They attribute success to working *with* residents like Betsy Simon, described as a “community-maker.” Ms. Simon is a 72 year-old African-American woman with strong relational networks. When HELPS invited Ms. Simon to exercise leadership, she asked her sorority sisters to join her. Together they engaged the members of her community to take widespread action. On a weekly basis, Betsy and her sorority sisters mobilize 100 to 200 older adults to exercise and support each other on Fridays. HELPS invites leaders from surrounding communities to meet and learn from Ms. Simon, and to imagine the possibilities of what they can accomplish as “community-makers” in their neighborhoods.

West Virginia Medical Institute (WVMI) discovered that the small pilot teams implementing coalition interventions began working together to develop interventions for other problems as well. For instance, the skilled nursing facilities developed a communication report tool for patient transfers with specific information for hospitals before effective transfers occur. Another team comprised of hospitals and home health agencies developed a protocol for identifying patients who needed home care.

For an example of best practice, see Tool 11 for the **Arkansas Foundation for Medical Care (AFMC)** coalition meeting agendas on page 140. The agendas demonstrate the coalition’s emphasis on developing interdependent leadership in action. They ground the effort in values by taking turns sharing narratives about “Why We Do This,” building relationships across stakeholder groups, developing and revisiting purpose, norms, and roles to enable the coalition’s success, and making a clear ask at the end of each meeting.

Why Is Coaching Important?

Leadership in organizing is about enabling others to achieve purpose in the face of uncertainty.

Coaching is the act (and art) of enabling others. Coaching helps individuals overcome the motivational, strategic, and practical challenges that can hinder the ability of an individual, team, and coalition to achieve its aims.

What Is Coaching?

Coaching is a direct intervention in an individual's or team's work process to help them improve their effectiveness or overcome challenges.

Effective Coaching Is:	Ineffective Coaching Is:
Listening, being present to another person's experience with our heads and hearts	Deciding what the problem is before you observe people's behaviors or listen to their self-assessments
Pursuing mutual growth and creating constructive tension	Falsely praising others or focusing on strengths because you are afraid to hurt their feelings
Fostering learning through reflection on successes and failures	Criticizing others for their weaknesses
Guiding to solutions	Telling another person what to do
Offering a balance of support and challenge	Challenging or supporting at the expense of the other

When Do We Coach?

Coaching is useful whenever we are working to enable others to build their own capacity to act.

Individual leaders and teams may agree to co-coach one another as peers; or one individual may seek one-way coaching support from a more experienced leader. For coaching to work, however, both the coach and "coachee" must agree that they are entering into a coaching relationship. As in structuring a team (see Chapter 5 on page 55), it is helpful at the outset of the coaching relationship to establish this purpose and agree to expectations around roles and norms of conduct.

In coalitions, coaching can be useful in supporting leaders to:

- Hone narratives to motivate others to action
- Conduct effective one-to-one meetings
- Overcome motivational or structural challenges with individuals or teams in the field
- Develop measurable aims and resourceful tactics that build capacity
- Develop interdependent teams and structures between teams

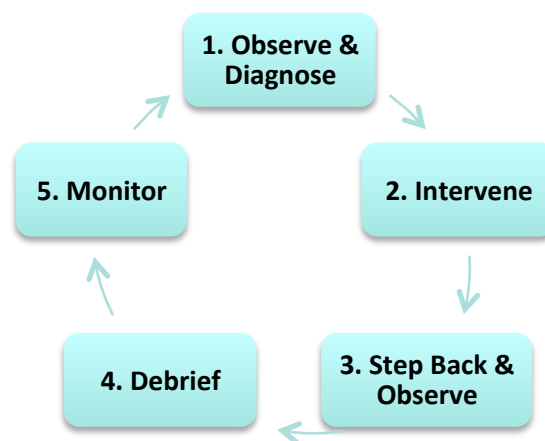
How Do We Coach?

Coaches challenge and support others to improve their practice of interdependent leadership. People often know where they can improve, but a coach can help diagnose challenges, brainstorm interventions, and create a safe space to reflect. There are three basic types of coaching approaches:

- 1) **Motivational coaching** is aimed at enhancing *effort* (engaging the heart).
- 2) **Strategic coaching** is aimed at planning, evaluating, or thinking about the *strategic* or *structural approach* (engaging the head).
- 3) **Skills-based coaching** is aimed at *executing with skill* and learning from experience (engaging the hands).

It is important to know when to apply each approach. For instance, if an individual is struggling with motivation and is offered skills-based coaching, it is likely to frustrate her further.

The coaching process involves five steps:



- 1) **Observe and Diagnose:** What do I see and hear? Which coaching approach does the challenge require?
 - **Motivational:** Is the individual struggling because s/he is not putting forth enough effort? Is she not trying hard enough because she is embarrassed? Is he quitting too soon because of frustration or fear?
 - **Strategic:** Is the individual struggling because the goals are not achievable? Or because she is not thinking creatively enough about how to use the resources she has? Or because the overall strategy doesn't make sense and needs to be clarified or adapted to this situation?
 - **Skills-based:** Is the individual struggling because s/he is unable to muster the behavioral skill to execute effectively? Does s/he not have this skill in her repertoire? Is s/he getting interference from other habits and behaviors (i.e., someone well-versed in marketing may think that skill is a substitute for authentic story-telling)? Is there something you could model, or could you provide this person an opportunity to practice and debrief?

2) Intervene: What coaching approach fits the diagnosis? How will I intervene?



<p>If the diagnosis is that the individual needs to put in more effort, use a motivational approach.</p>	<p>If the diagnosis is that the individual is not understanding or thinking about a practice appropriately, choose a strategic approach.</p>	<p>If the diagnosis is that the individual lacks the ability to execute, choose a skills-based approach.</p>
<p>Tone: Safety, empathy, care</p>	<p>Tone: Understanding, listening</p>	<p>Tone: Practical, constructive</p>
<p>Encouragement and enthusiasm—"You can do it!"</p> <ul style="list-style-type: none"> Helping the individual understand and confront fear, embarrassment, or other emotions that get in the way of his/her willingness to try harder or persist in the face of setback <p>Reward and praise courage</p> <ul style="list-style-type: none"> Modeling courage and emotional maturity in your own behavior, confessing fear and explaining how you move toward it rather than away <p>Kick in the pants</p> <ul style="list-style-type: none"> Offered with love 	<p>Ask questions about how one is thinking about the leadership skill</p> <ul style="list-style-type: none"> "Why did you choose to do this and not that?" "Based on where you are now, how could you take this skill to the next level?" <p>Offering the opportunity for reflection and self-diagnosis</p> <ul style="list-style-type: none"> "Take a moment to think through what you believe is working and not working, and let's talk about it." <p>Offer assertions about what you are observing and how a person might think about the practice differently</p>	<p>Model the skill and conduct a role play</p> <ul style="list-style-type: none"> Practice, feedback, repeat <p>Break down the skill into smaller parts and invite the individual to try one at a time</p> <ul style="list-style-type: none"> Practice, feedback, repeat <p>Offer safe opportunities to practice the skill – and fail forward</p> <ul style="list-style-type: none"> Repetition, repetition, repetition

3) Step Back and Observe: Provide the person with opportunities to practice with you or in the field.

- Avoid the urge to do it for them
- Allow the individual to try the intervention
- Observe them in action and note observations for your debrief

4) **Debrief:** What do I ask the individual to help him or her reflect on experience?

- What went well?
- What are you challenged by?
- What are some possible solutions?
- What are your goals/next steps?

5) **Monitor:** How I can I continue to support this person?

- Schedule periodic check-ins to support the individual in integrating this new or revised solution into his/her regular practice
- Find out how the situation has changed
- Assess whether the diagnosis and intervention was successful – and celebrate success!

As with other leadership practices, we develop the ability to coach by doing it and reflecting on what worked and how to improve.

To support the development of coaching practices, see Tool 12 for an agenda for establishing peer-to-peer co-coaching within a team, on page 145; and Tool 13 for an explanation of how to conduct before and after action reviews (BARs and AARs), on page 147.

QIO Best Practices On Coaching

West Virginia Medical Institute (WVMI) developed a community of practice in its work with five coalitions across the state. The QIO supported the community of practice by organizing conference calls; the two coalitions that were first developed were asked to those from the other three communities. The QIO was explicit about building a “going beyond” culture, asking coalitions to share best practices about how to identify and recruit leaders, develop a coalition and structure its teams, and take collective action. As all five communities gained on-the-ground traction, they mentored each other in various interventions, such as how to develop a resource guide. Coalition leaders from different communities now keep in touch with one another through email and individual phone calls. In addition, WVMI reports that care coordinators and case managers – employed at competing hospitals but working in the same coalitions – speak with each other regularly outside of the coalition to share best practices.

WVMI was also disciplined in providing regular coaching to coalition leadership teams, noting that it was challenging to shift the conversation from reporting to coaching. WVMI also shared learning resources with coalitions on sustainability and spread.

Delmarva Foundation for Medical Care (DFMC) reported, “After each community meeting, an After Action Review was conducted and lessons learned were incorporated into subsequent agendas. For example, the QIO team learned that community members brought various levels of familiarity with the project to the meetings. Therefore, meetings needed to include briefings on ‘where we’ve been’ to ensure participants were oriented to the project.”

Arkansas Foundation for Medical Care (AFMC) team conducts co-coaching activities within the QIO team. They meet regularly to reflect on their work, conduct before and after action reviews, practice interdependent leadership skills, and co-coach one another. One QIO leader stated, “[We engaged in co-coaching] in planning coalition meetings, developing our narratives, practicing one-to-ones, [and] determining clear ‘asks.’ This is not something we have done in the past. It works wonders, and we do it before every [coalition] meeting now.”

In addition, AFMC coaches coalition leaders in using interdependent leadership practices. For instance, they coached leaders to share narratives at coalition meetings, community events, and in other settings. They also taught home health nurses to use the narrative practice with patients as a method for providing improved care by connecting around shared values.

QIO Best Practice on Internal Team Coaching

After the one-year anniversary of the 11th SOW, each QIO within the **Great Plains QIN** held a session to identify challenges, successes and lessons learned in the first year. Two alumni of *Leadership & Organizing in Action*, Patti Kritzberger and Jayme Steig, participated with their colleagues at **Quality Health Associates (QHA)** in North Dakota. Key themes included:

- Concern about working in internal, task-based silos
- Concern about “over-functioning” as a QIO and not enabling partners to lead
- Concern about QIO staff burnout
- Desire to “work smarter, not harder” as a more effective QIO team
- Desire to engage and align providers, stakeholders, beneficiaries and community partners across tasks (to avoid duplication of staff contact)

To tackle these issues, Patti and Jayme offered to train their QIO team in the organizing approach in a series of three webinars. They conducted the sessions virtually, with great success. All eighteen staff members attended two sessions; and fourteen attended the third.

Patti and Jayme requested feedback through a survey after the series was complete. Staff reflected on their understanding of material before and after the series, and shared how they put the tools into practice. 100 percent of those who completed the survey requested additional education on the organizing approach.

Patti and Jayme reported that by training and coaching others, they also developed a deeper appreciation of the framework and reinforced their use of the practices.

QIO Testimony On Coaching

"Coaching is a new role for us. As a leader of my QIO task team, and as a facilitator of coalitions, coaching is the most important new skill we can practice in the 11th Statement of Work. And when I say coaching, I mean the ability to ask questions to enable others to determine for themselves how to overcome the challenges they face."

"It takes patience to let the coaching process unfold. My instinct has always been to solve someone else's problem for them. I am learning to put my finger over my lip. It makes it look like I am thinking, but really, I use it as an internal cue to not blurt out my ideas! I constantly ask myself: 'What is the question that I need to ask?'"

"As a QIN-QIO, we are relying on our coalitions to make progress – and we are evaluated by it. As a coach, it is hard not to interject when I worry if they are advancing too slowly, or not gathering the data I need, or failing to make a real impact. I wrestle with this tension. But at the end of the day, either way, I have to trust them. I have to build strong enough coaching relationships to create a safe environment for them to lead, while clearly and carefully communicating my concerns in a way where my agenda does not take over."

Related Tools

- **Tool 11: Arkansas Foundation for Medical Care (AFMC) Coalition Meeting Agendas** – an example of coalition activities that develop interdependent leadership, page 140
- **Tool 12: Co-Coaching Agenda** – to establish peer-to-peer co-coaching within a team, page 145
- **Tool 13: Building a Learning Practice** – an explanation of how to conduct Before and After Action Reviews (BARs and AARs), page 147

Practical Tools





LIST OF TOOLS

Tool 1: Readiness Checklist	97
Tool 2: Leading Change Self-Assessment	99
Tool 3: Public Narrative	101
Tool 4: One-to-One Meeting	111
Tool 5: Mapping Actors, Assets and Power	114
Tool 6: Diagnostic Checklist for Leadership Teams	118
Tool 7: Team (Re)Launch Agenda	120
Tool 8: Teamwork Exercises	122
Tool 9: Snowflake Structure	129
Tool 10: A Process for Collective Decision Making	131
Tool 11: AFMC Coalition Meeting Agendas	140
Tool 12: Co-Coaching Agenda	145
Tool 13: Building a Learning Practice	147



Tool 1: Readiness Checklist

Organizing is a labor-intensive change process that requires an investment of time and resources to convene and equip a constituency with the tools to build its collective capacity. It is important that those embarking on this process understand the context – including potential barriers and enabling factors – to assess the likelihood of success early on.

Use this tool to guide your conversation with initial team members in assessing readiness for organizing in your context.

Readiness Signs	Diagnostic Cues in Interviews and Observations
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In Key Individuals

Democratic vs. Autocratic Leadership Models	<p>ENABLERS: Do key leaders have a history of participative practices? Do key leaders express democratic values?</p> <p>BARRIERS: Do key leaders express preferences for top-down decision making? Do they issue instructions to direct reports about work processes?</p>
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In The Potential Change Group

Shared Conviction	<p>ENABLERS: Do members of leadership groups independently articulate the same problem or aspiration, with passion? Are members of the constituency already expressing determination to change?</p> <p>BARRIERS: Are there relatively few people who want change?</p>
Collaboration and Learning	<p>ENABLERS: Are there key groups with a history of shared leadership? Do they debrief and learn together? Do they articulate lessons from past challenges and new practices as a consequence? Are there norms of “sticking together” in tough situations?</p> <p>BARRIERS: Do key groups operate solely as leader-led entities? Do they show signs of commitment to ineffective routines? Is individual autonomy or competition an overpowering norm? Are conflicts continually active – or buried – and left unresolved?</p>

In The Community Context

Resources	<p>ENABLERS: Can a group take a sustained coaching role? Are there people in the constituency who can make coalition work a core focus of their work? Are there existing representative bodies that convene? Are there development resources in the community? Are there data/information systems readily available to support their joint effort?</p> <p>BARRIERS: Are resources so tight that the constituency cannot offer people or time to advance shared goals? Will geographic dispersion constrain the ability to convene?</p>
Vision and Urgency	<p>ENABLERS: Are local priorities immediately discernible? Are constituents clear about what is the right future? Is there moral energy behind the vision? Is there a widespread sense that constituents are troubled by the current state? Is there a sense that change has to be now?</p> <p>BARRIERS: Is there a widespread sense of self-satisfaction? Are constituents overcommitted to priorities unrelated to the potential coalition? Is the vision vague and fuzzy?</p>
Credibility of Coalition Building / Convener	<p>ENABLERS: Has anyone in the constituency acted as a convener? Is there a history of successful coalition work? Is there adaptability/flexibility in the culture? Does/Do the QIO leader(s) have a positive reputation in the constituency?</p> <p>BARRIERS: Is there skepticism about grassroots change throughout the constituency? Is there a history of outsiders' leaving when the problems got too big? Is there bureaucracy/rigidity in the culture?</p>

Tool 2: Leading Change Self-Assessment

The following explores your practice leading change. This assessment tool is meant to be completed on your own. Once completed, review your answers to see what areas you would like to strengthen in yourself. For each area you would like to improve upon, consider listing key steps or specific ways you will work to develop over the next year or so. Feel free to enlist a coach (peer, supervisor, colleague, etc.) who can help you in improving your practice for leading change.

Complete this self-assessment on a yearly basis to see how you have developed and areas where you might need to readjust your practice to grow further.

Please rate the level of accuracy of the statements below as they reflect your point of view:

1 = Area of development for me

2 = In my repertoire

3 = A key strength of mine

Rating	Statement
	A high level of commitment to making positive and lasting change in the health system
	Collaborating with peers
	Articulating a vision for the future
	Inspiring others
	Empathy; genuine interest in others' concerns
	Willingness to accept feedback
	Excellent relationships with peers in other parts of the health system
	Curiosity and openness to new approaches
	Approaching and addressing conflict constructively
	Seeing myself as a steward, a leader with responsibility in a system
	Having a long time-horizon for my aspirations
	Analytical thinking about the system
	Confidence in my ability to make a difference
	Willingness to abide by collective decisions even when I have doubts
	Identifying and communicating a shared story between myself and a broader audience



	Building relationships that lead to commitments
	Creating a strategic leadership structure
	Being creative about turning the resources I have into what I need
	Taking effective action
	Formulating plans / vision
	Gathering relevant information
	Following through on my commitments
	Making sure others follow through on their commitments
	Communicating effectively
	Implementing change initiatives



Tool 3: Public Narrative

Learning Objectives:

- To understand how the leadership practice of public narrative works
- To develop your own public narrative and to coach others in telling theirs

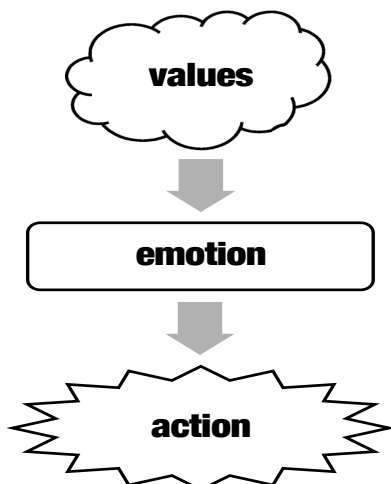
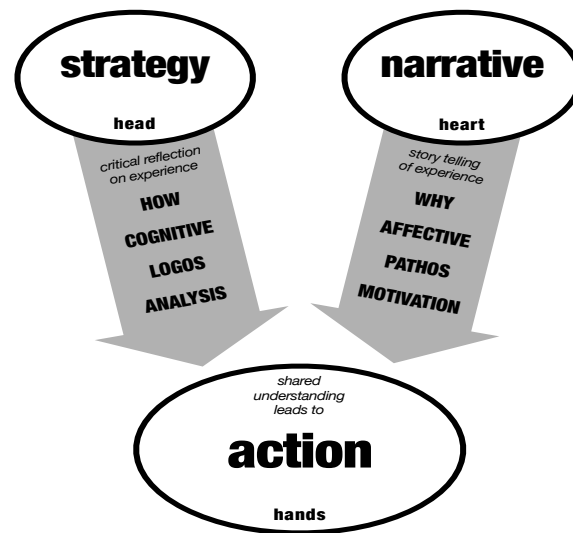
Leadership requires accepting the responsibility to enable others to achieve purpose in the face of uncertainty.

Leadership is not a matter of position, but of practice. Enabling others to act effectively in response to uncertainty requires strategic and motivational skills. The skillful use of the “hands,” in other words, depends on effective engagement of the “head” and the “heart.”

Strategically, we ask **HOW** to turn our resources into the power we need to achieve our goals.

Motivationally, we ask **WHY** these goals matter enough for us to find the courage to act despite uncertainty and inspire others to act with us.

Because stories speak the language of emotion, the language of the heart, they teach us not only how we “ought to” act, but inspire us with the “courage to” act. And because the sources of emotion on which they draw are in our values, our stories help us translate our values into action.

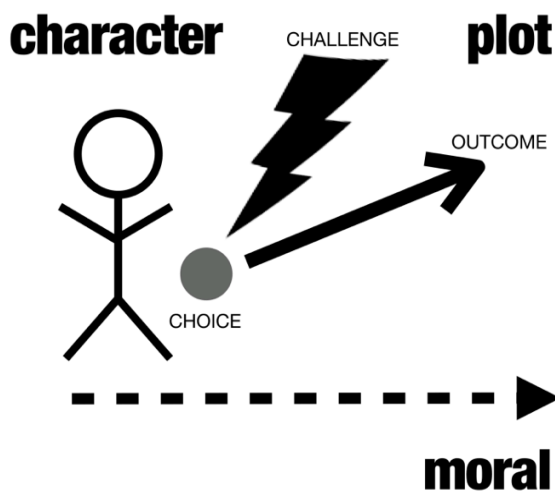
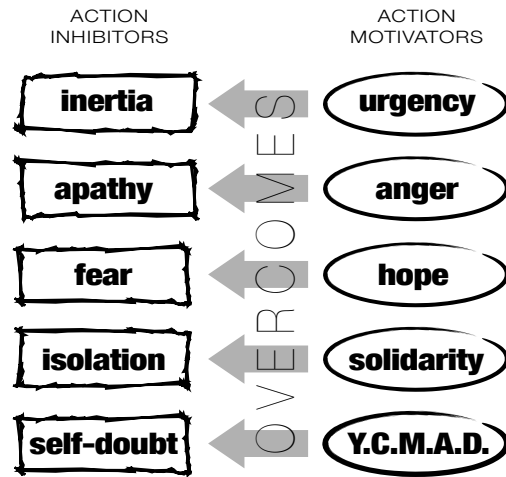


The Key To Motivation Is Understanding That Values Inspire Action Through Emotion

Emotions inform us of what we value in ourselves, in others, and in the world. Emotions are the way in which we experience our values. Emotions enable us to express our values to others. Stories access the power of emotion to express our values in action, helping us *feel* what matters, rather than just thinking about or telling others what matters. Because stories allow us to express our values not as abstract principles, but as lived experience, they have the power to move others.

Some Emotions Inhibit Mindful Action, Other Emotions Facilitate Mindful Action

The root word of emotion – *motor* – means that which moves us. Action is inhibited by inertia, apathy, fear, isolation, and self-doubt. Action is facilitated by urgency, anger, hope, empathy, and YCMAD (you can make a difference). Stories can help us mobilize action by accessing emotions that support the courage to act, as opposed to those that inhibit action.



Public Narrative Structure: Challenge – Choice – Outcome

A plot begins when a protagonist moving toward a desired goal runs into an unexpected event, creating a crisis that engages our curiosity. S/he makes a choice in response, which leads to an outcome. Our empathy with the protagonist allows us to enter the story, feel what s/he feels, and see things through his or her eyes. The moral, revealed through the resolution, brings understanding to the head and the heart. Stories teach us to access moral resources to face difficult choices, unfamiliar situations, and uncertain outcomes.

Public Narrative Combines A Story Of Self, A Story of Us & A Story of Now

(Each one embodies the challenge-choice-outcome structure described above.)

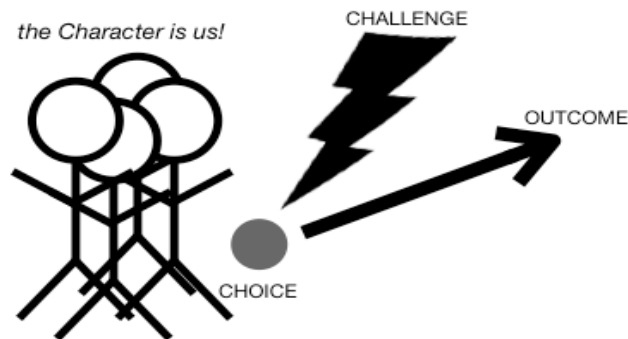


A "Story Of Self" Illustrates Why You Have Been Called To Act

Everyone has a compelling story to tell. We all have stories of pain, or we wouldn't think the world needs changing. We all have stories of hope, or we wouldn't think we could change it. We have all made choices that shaped our life's path – how we responded to challenges, whether to take leadership positions, where we found courage to take risks. In a story of self, we focus on choice points, moments in our lives when our values become real – when we exercised agency in the face of uncertainty. When did you first care about health and healthcare? Why? When did you feel you had to do something? Why did you feel you could? What were the circumstances? The power in a story of self is to reveal something of yourself and your values – not your deepest secrets, but the key moments in your life.

A "Story Of Us" Communicates Why We Are Called To Act

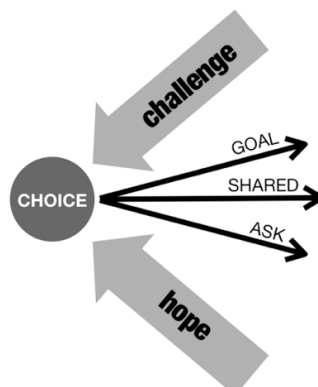
Just as with your story of self, the key choice points in the life of your community are those moments that express the values underlying the actions you take together. The key is to focus on the specific people and moments that shaped the identity of those listening to you and call on them to join you.



Stories of us describe how people came together, the challenges they faced, the obstacles they overcame, and the successes they had – to elicit the values that make “us” who we are. It is through shared stories that we establish our collective identities and express the values of the communities in which we participate (family, faith, and nation) and of the emergent communities we are forming (new movements, organizations).

A "Story Of Now" Illustrates The Challenge We Are Called To Face Now

The story of now focuses on an urgent challenge that requires action, a hopeful vision for a better future, and the choice we are calling upon others to make. In a story of now you call on others to join you in action.



Telling The Story

A Story Is Lived And Breathed In The Details!

Stories are specific – and visual – they evoke a time, place, setting, mood, color, sound, texture, and taste. The more you can communicate this visual specificity, the more power your story will have to engage others. This may seem like a paradox, but like a poem or a painting or a piece of music, it is the specificity of the experience that can give us access to the universal sentiment or insight they contain.

The Craft Of Narrative Involves Being Authentic And Speaking From The Heart

Learning the craft of public narrative is not learning a script, developing a message, or creating a brand. It is not a formula, but a framework. Our public narrative changes as our lives, communities, and challenges evolve. As a former student of Marshall Ganz, Jijanti Ravi, put it, “It is not about creating a *gloss* from the outside; it is about bringing out the *glow* from the inside.”

Once Again: Why Stories?

You may think that your story doesn’t matter, that people aren’t interested, that you shouldn’t be talking about yourself. But when you do public work, you have a responsibility to offer a public account of who you are, why you do what you do, and where you hope to lead. If you do not author your public story, others will, and they may not tell it in a way that you like.

A good public story is drawn from the series of “choice points” that have structured the “plot” of your life – the challenges you faced, choices you made, and outcomes you experienced. Your story gives others emotional and intellectual insight into your values, why you have chosen to act on them in this way, what they can expect from you, and what they can learn from you.

By telling our stories, we also become more mindful of our own moral resources. And because stories enable us to communicate our values not as abstract principles but as lived experience, they have the power to move others to join us in action now.

Example: Christie Smith's Narrative

Listen to Christi Smith address a group of quality-improvement leaders, by clicking the audio review link. If you are not able to listen to the audio, please read the transcript on the next page.

Audio Review: <http://youtu.be/YULG664MI-g>

Think about the elements of **self-us-now** that you hear in her story. Please use the space below to take notes.

SELF	US	NOW
What are the values and experiences that call her to leadership to transform health and health care?	Who is the "us" that she identifies? What are the shared values she appeals to? How?	What challenge to those values does she identify? What is her strategy to overcome this challenge? What is the first step that each person can take to be part of the solution?

1. What was Christi Smith's purpose in telling these stories? What was she asking people to do?

2. What values did her narrative convey?

3. What details or images in particular reflected those values?

4. What were the challenges, choices, and outcomes in each part of her story? What morals do the outcomes teach?

Public Narrative: Christi Quarles Smith, PharmD

Transcript

My call to leadership in health care began when I was a sophomore in high school. During a routine physical with his primary care physician, my father was diagnosed with a potentially life-threatening disease.

I was devastated by the news. I could not imagine life without my father. He is incredibly loving, devoted to his family, and hard-working. Prior to retirement, my father worked at the same job for thirty-eight years. I thought about what losing him would mean; it meant I would never get another hug and kiss before school. It also meant I would never get to smell and taste his incredible, homemade banana pudding, which you all are missing out on, by the way.

A few weeks later, a specialist placed him on four new medications, including one injectable, and sent us on our way. It was then that I realized how unprepared patients and families often are when trying to navigate the healthcare system and manage their disease states. We weren't exactly sure when and how my dad was supposed to take his new meds, how much they would cost, and we certainly weren't prepared for the debilitating side effects. In our confusion, we went to our local pharmacy to pick up the prescriptions. My parents had been using that hometown pharmacy and pharmacist for at least nineteen years. Our pharmacist, Fran, was almost like a family member. Fran was tall, red-headed, wore glasses, and that day she greeted us with a smile, and immediately we felt at home. Until that moment, we really had not realized her worth and value to us and the community in which she served.

She spent hours that day showing my mother and father how to give the intramuscular injections. She discussed the many side effects that he would experience with each one and how to manage those. Over the next several months, during the peaks and troughs of his disease, we would call her, at the pharmacy and at her home, to ask questions and seek advice. My family and I cannot imagine going through those two years without her constant care and support. And it was during that time that I realized I wanted to be a pharmacist. I wanted to be just like Fran.

Today, I believe that my family history, as well as my professional background as a pharmacist, has led me to better understand the urgent challenges facing our patients and communities. Had it not been for the close attention and education by our pharmacist, my father could have easily ended up with admissions and readmissions to the hospital due to poor patient education and subsequent illness. So it's easy for me to understand why the patients in the communities our QIOs serve have a thirty-day readmission rate higher than the national Medicare rate. In addition, where I live, greater than 17 percent of our patients are living below the national poverty line; they have an unemployment rate of greater than 7 percent and less than half have a high school diploma. These statistics won't surprise anyone who is on the call and facing even tougher circumstances in your areas. It is no wonder our patients are now using the Emergency Department as a means to seek health care. From the Emergency Department, they are being admitted and then probably readmitted to the hospital for various reasons – lack of access to proper health care; lack of patient education and poor health literacy; the inability to afford their health care and their medications; and the inability of our healthcare providers to properly communicate with each other. All of us in our QIOs are working now to

help our communities reduce thirty-day readmission rates, or on other quality improvements, and if we succeed, our patients will feel empowered regarding their health and health care. They will have a better understanding of their health issues, medications, and the resources available to them. Additionally, healthcare providers will be more compassionate towards their patients, ideally, and will be more willing to work with patients and fellow providers to ensure those needs are met.

Today we have a unique opportunity to expand our toolkits to lead this kind of change – and to ensure its sustainability. Kate has just introduced us to the practice of personal narrative. Over a year ago, I received a similar introduction to this skill. To be completely honest, I was very skeptical of the personal narrative, as I'm sure some of you guys on the phone are. I had never been encouraged in my professional training to share my personal story. I was always taught to rely on evidence-based information, and outcomes-based information, and so it was tough for me to understand.

But when I used it I was pleasantly surprised at the outcome. Just to give you a quick story. We had a coalition that we formed prior to our community-organizing training from the ReThink Health program in which we were taught these skills of narrative, relationship building, and team structure. When this coalition was denied formal funding for their work, there was a loss of morale, and this coalition floundered. During this time, we as the QIO decided to relaunch this coalition using the techniques we had learned from ReThink Health. Despite our doubts, my team and I decided that we would start off our big huge relaunch coalition kickoff meeting agenda by sharing our personal narratives. We were scared. We practiced our narratives internally in the week leading up to the meeting, which at times was comical, and also in the two-hour car ride on the way to the meeting. To say we were nervous and uncertain about this tactic is a complete understatement. We thought, "Let's just go ahead, we'll treat this like a PDSA cycle, we're always asking our providers to do this, we'll just use it as an experiment and see how it goes." We were absolutely amazed at the outcome. After finishing up our narratives, we opened it up to coalition members to share, and everyone wanted to tell their personal story. The twenty minutes we had allotted for this on the agenda turned into over forty-five minutes of sharing. It was incredible. It was our "a-ha" moment, as Oprah would say. We literally saw a culture change happen in the group before our eyes. As a direct outcome of this meeting, we had members sign coalition charters, and they have continued to grow this coalition. Additionally, our QIO team experienced right there the power of the personal narrative and how it applies in many of our aims and initiatives that the QIO is working on.

I know that right now all of us in the QIO world are facing many challenges. We are at the end of the current scope of work, and we have invested a lot in the past three years to reduce readmissions in our states, particularly in bringing together our stakeholders that we are counting on to move forward and sustain this work. Also as the start of a new scope is approaching, we are challenged to think, act, and lead differently than we have before. I think that using personal narrative offers each of us the possibility of motivating and engaging others in new ways to carry this work forward in order to sustain it. As a result, I want to ask all of you on the call now to commit to finding three opportunities to use narrative in the next two weeks before the next ReThink Health webinar on March 6. I promise you will be pleasantly surprised. If you will join me, please say so in the chat box so I know we are all in this together!

Develop Your Call To Action And Coach Others

ASSIGNMENT: Draft A Two-Page Narrative (If Possible, Email It To Another Quality-Improvement Leader For Feedback)

Narrative is an exercise of leadership by motivating others to join you in action on behalf of a shared purpose. The goal is to identify sources of your own calling (story of self) to the purpose in which you will call upon others (story of us) to join you in action (story of now).

A story of now: What urgent challenge do you hope to inspire others to take action on? What is your vision of successful action? How can we act together to achieve this outcome? What choice will you call on others to make now, as a first step?

A story of self: As connected to your story of now, why are you called to being a change agent in health? What stories can you share that will enable other leaders to “get you”? How can you connect with others to experience the sources of the values that move you not only to act, but also to lead? Identify key choice points that set you on your path. Focus the majority of the assignment here.

A story of us: What shared values and experiences can you appeal to when you call on others to join you in action? What stories can you share that describe who you are collectively? What stories raise up the identities and values you share?

Important note: This assignment is not about answering the above questions in order. However, we first conceive of the “ask” in our “story of now,” and then we develop our stories to motivate others to join us in this action. We almost always end with the ask itself: “Will you join me in _____?”

Also remember that learning public narrative is a process, and it is iterative. This is not about writing a script that will fit all situations. It can be learned only by telling, listening, reflecting, and telling again – over, over, and over. This work will be a beginning.

Coaching Stories

Listening to and coaching stories is just as important (if not more) as telling your own. Public narrative is not a script that comes ready-made to take into the world. It is important to ask sharpening questions that will guide the storyteller who delivers a public narrative to consider the narrative on deeper levels. And, as you help in another’s learning process, you in turn fine-tune your own story. Simply put: coaching is a crucial aspect of public narrative.

On the next page you will find coaching tips. Read carefully through the kind of reflective and probing questions that help bring clarity to someone else’s story.

When giving feedback remember to balance your comments between positive and constructively critical. The purpose of coaching is to listen to the **way** stories are told and think of ways that the storytelling could be improved.

- ☑ **The Challenge:** What were the specific challenges the storyteller faced? Did the storyteller paint a vivid picture of those challenges? For the story of “now,” is the challenge clear? Is there a sense of urgency around that challenge, not just for the speaker, but also for “us”?

“When you described _____, I got a clear picture of the challenge.”

“I understood the challenge to be _____. Is that what you intended?”

“The challenge wasn’t clear. How would you describe _____?”

- ☑ **The Choice:** Was there a clear choice that was made in response to each challenge? How did the choice make you feel? (hopeful? angry?) Again, for the story of “now,” is the choice we are being asked to make clear? Does it seem significant and doable?

“To me, the choice you made was _____, and it made me feel _____.”

“It would be helpful if you focused on the moment you made a choice.”

- ☑ **The Outcome:** What was the specific outcome that resulted from each choice? What does that outcome teach us?

“I understood the outcome to be _____, and it teaches me _____. But how does it relate to our work now?”

- ☑ **The Values:** Could you identify what this person’s values are and where they came from? How? How did the story make you feel? Is the value claim about the choice we need to make clear? What shared value does the narrative animate? How?

“Your story made me feel _____ because _____.”

“It’s clear from your story that you value _____; but it could be even clearer if you told a story about where that value comes from.”

- ☑ **Details:** Were there sections of the story that had especially good details or images (e.g., sights, sounds, smells, or emotions of the moment)? Did you feel like the moment was captured vividly? Or, did the speaker merely explain the circumstances from a certain angle of remove?

“The image of _____ really helped me identify with what you were feeling.”

“Try telling more details about _____ so we can imagine what you were experiencing.”

Develop Your Coalition's Motivating Vision

ASSIGNMENT: Draft A One-Page Motivating Vision For Your Coalition (If Possible, Email It To Another Quality-Improvement Leader For Feedback)

Strategizing occurs in response to a challenge, an “intolerable condition.” Our motivating vision will articulate both a “nightmare” – a concrete, urgent need for change in moral (injustice) and specific (lack of access to high-quality, low-cost care) terms – and will contrast this challenge with a “dream” – a source of hope, also articulated in moral (justice) and specific (access to high-quality, low-cost care) terms.

What is the motivating vision of the coalition? Building on the story of now, ask yourself:

- What is the intolerable condition that we want to end or avoid?
- Why is it urgent now?
- What is at stake?
- What will happen if we don't act?
- What could happen if we do?

As you consider these questions, try to be as specific as possible. Strategy is focused on achieving a practical, tangible change.

When thinking about our motivating vision it often helps to visualize the world as we want it to be and then describe how the world will be different once we have achieved that vision.

For example:

Think of a patient who will be positively impacted if the coalition is successful. Describe how their daily experience will be altered. How will their life be affected? How will they interact with the healthcare system? How will they take care of their health? How will their family and caregivers' experiences be changed? How many more patients could experience this?

Tool 4: One-to-One Meeting

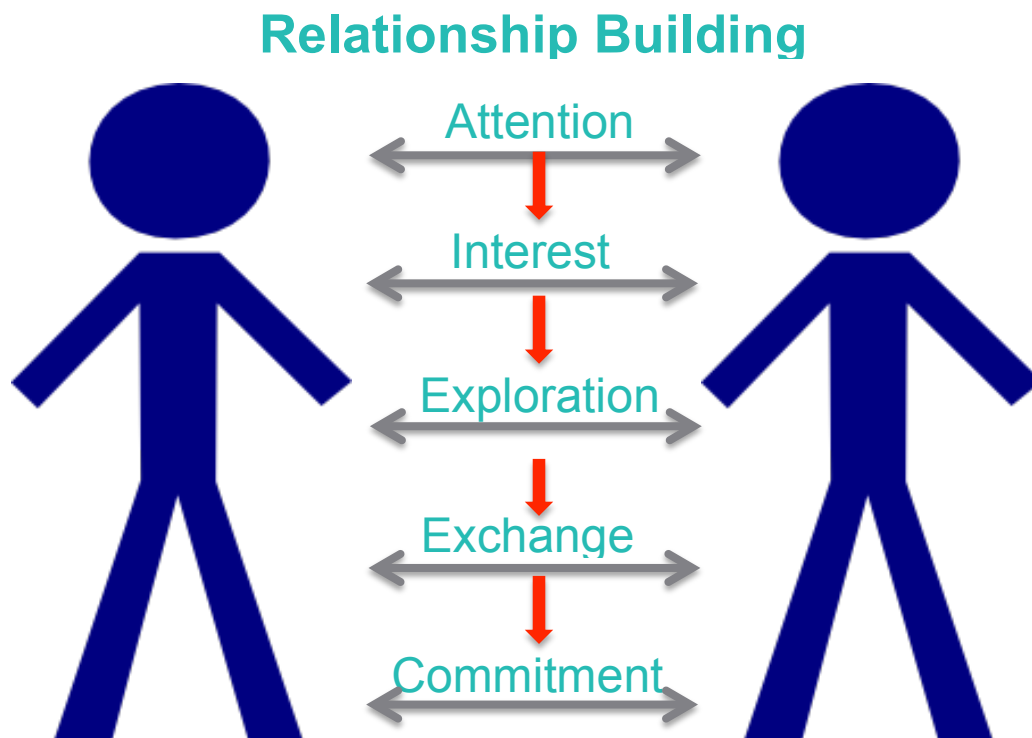
Practice Relationship Building

We build relationships with potential collaborators to explore values, learn about resources, discern common purpose, and find others with whom leadership responsibility can be shared. We need to invest significant time and intentionality into building the relationships that generate commitment to each other and our shared purpose. The more that volunteers or members find purpose in the intentional community we build, the more they will commit resources toward our shared purpose. Commitment is one of our greatest resources in organizing.

The one-to-one meeting is an effective technique for initiating relationships. This five-step method for relationship building has been developed and refined by organizers over many years. Use the guide below to practice the one-to-one meeting with a partner.

Worksheet: The One-To-One Meeting (15 minutes)

Choose a partner who you do not know well. One of you will initiate a 15-minute one-to-one meeting with the other. If you are the instigator, you may want to take a few minutes to think through and write down notes about your interest, purpose, and the specific “ask” before starting the activity. During the one-to-one, be sure to move through all five steps shown in the graphic below:



Step #1 – Get The Person’s Attention. In this exercise you have already gotten their attention by asking the other person to be your partner. Check to make sure that the person has 15 minutes for the meeting so you are clear from the start on when you need to end.

Step #2 – Describe Your Interest And Purpose. Be clear and straightforward when stating your reason for the meeting. For example, “I am working on a project to improve the health of our community by involving stakeholders to work together in new ways. I want to learn more about your interests; tell you about our efforts; and see if you want to get involved in some way.”

Step #3 – Elicit And Explore. Most of the one-to-one is devoted to exploration to learn about the other person’s values, interests, skills, and resources. Ask probing questions and listen deeply to get to choice points and specific experiences that shaped the other person’s life. Listen carefully for the motivations and the resources she or he might bring (particular leadership skills, network, etc.). Once you hear your partner’s story, briefly share your story of self – where you came from, what drives you, and what motivates you to participate in this work. Be specific – avoid talking about issues in an abstract way. Use the questions below to guide your exploration:

- **Story:** What in your life brought you here today? What made you care about this? How did you learn these values? From whom?
- **Hope:** What is your vision of how things could be different? What motivates you to act?
- **Challenge:** What keeps you from action? What do you fear? What would you want to learn?
- **Leadership resources:** What skills do you bring to this work? How would you describe your leadership style?

Step #4 – Make An Exchange. As you listen, take mental notes about what you are discovering and think strategically about possible exchanges of resources – it may not be the same exchange that you originally imagined. Also, identify the exchanges happening during the meeting such as information, support, appreciation, challenge, and insight.

Step #5 – Seek A Commitment. Make a specific “ask” of your partner. Put a date and time on it as a way to secure the commitment. If the person does not want to get involved directly, will he or she introduce you to others? Look for ways where you might find points of synergy and seek a commitment to those particular follow-up steps.

By the end of your one-to-one meeting, be sure you can answer the following:

1. What does this person **value**? What is her history of acting on her values?
2. What **interests** does this person have? How can the coalition support his interests?
3. What **skills** and **resources** do does she bring to this work?
4. When will we **meet again** and/or **what will we do next** to take action and continue building this relationship?



Reflection

How does this way of doing one-to-one's compare with other types of conversations you have? How is it different from an interview? How is it different from a sales pitch?

What was most challenging about conducting a one-to-one meeting?

How could this type of relationship-building tactic be employed in your setting?



Tool 5: Mapping Actors, Assets And Power

Mapping Actors, Assets, And Power And Developing A Relational Strategy

Mapping actors allows us to see the values, interests, resources, and power that each group brings to the table to achieve the coalition's shared purpose and understand the potential range of directions for change. We use this approach to develop and implement a relational strategy to build collective leadership capacity and enlist stakeholders' commitments to our coalition's shared purpose.

Work individually or with your team to create a visual representation of your actors and their values, interests, resources, and power. You can start mapping at any time, but it is important to periodically "re-map" as you continue to build relationships and engage new networks.

Set-Up To Map Actors, Values, Interests, Resources, And Power

If you are working individually, use the template on the next page to first map actors, then list the values, interests, and resources that each brings to bear.

If you are mapping actors with your team, consider using a more visually-effective technique. Use a 2'x3' piece of paper (or tape four of them together to create a 4'x6' map). Adhere the paper to a wall or easel. Sketch the template on the following page. As you map actors, use different-colored markers to code the names of people in your leadership team, constituency, supporters, competition, and opposition. When you brainstorm their values, interests, and resources, use different-colored sticky notes for each of these three categories. Place the sticky notes next to the name of the relevant actor.

Map Actors

What are their individual names? What organizations do they work in? What other community groups do they participate in? Where do they live? Some actors may belong in more than one category.

Map Values

Now consider the choices that various stakeholders make. What does that tell you about their values as individuals, groups, and organizations? List these values next to their names.

Map Interests

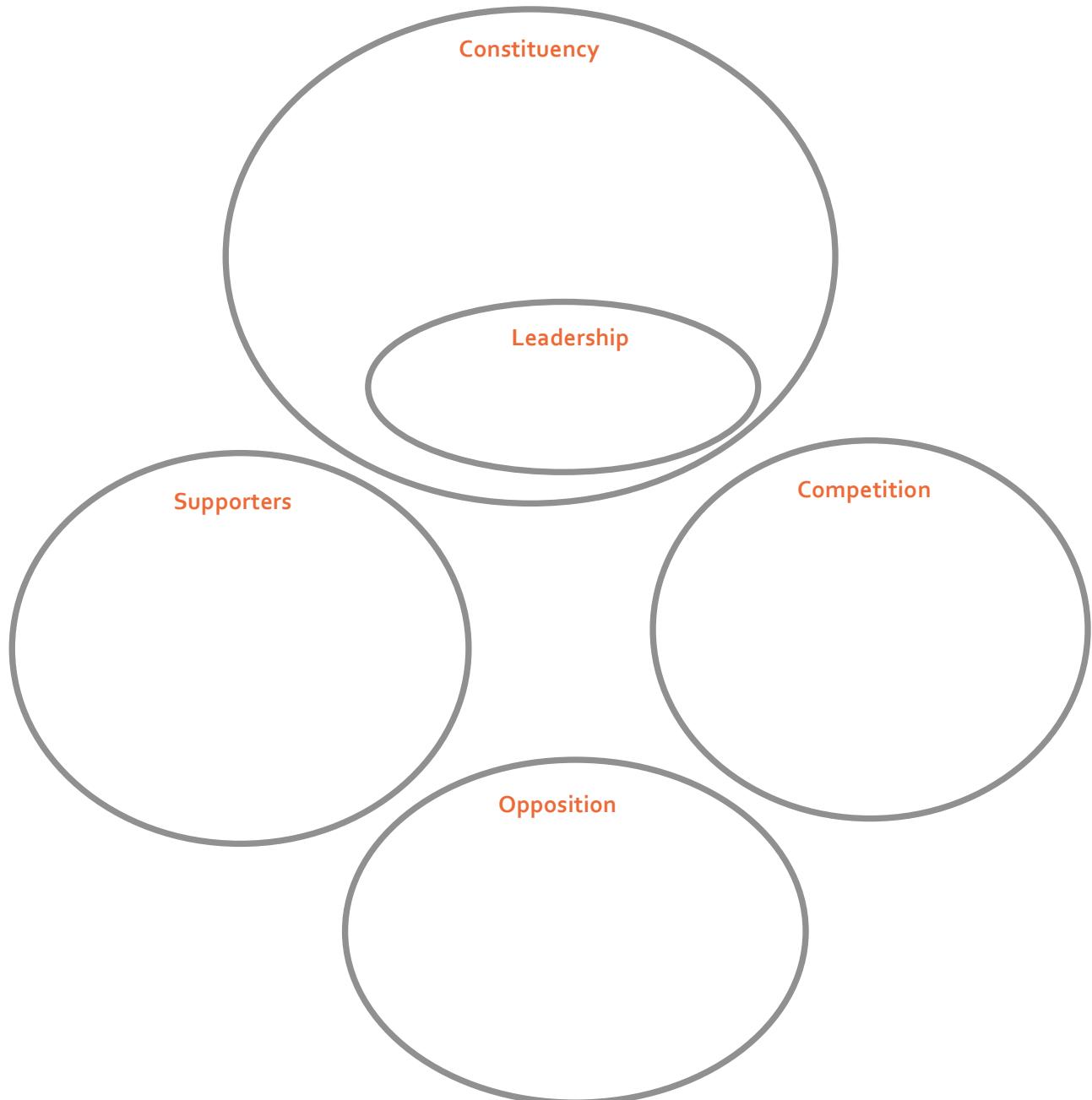
Next, brainstorm stakeholders' interests. Put yourself in their shoes. Remember that the same stakeholder may be operating on the basis of conflicting interests. In particular, consider stakeholders' interests in the work of the coalition.

Map Resources

To what specific resources does each stakeholder have unique access – directly or indirectly? What decision-making power do they have? What networks can they bring with them? Over whom can they exercise influence?



Template for Mapping Actors, Values, Interests, and Resources



After an initial wave of one-to-one meetings

Return to your map and consider whether you should move an actor from one category to another. List any additional values, interests, or resources that you identified during the meeting. Add the names of other stakeholders that were referred to you.

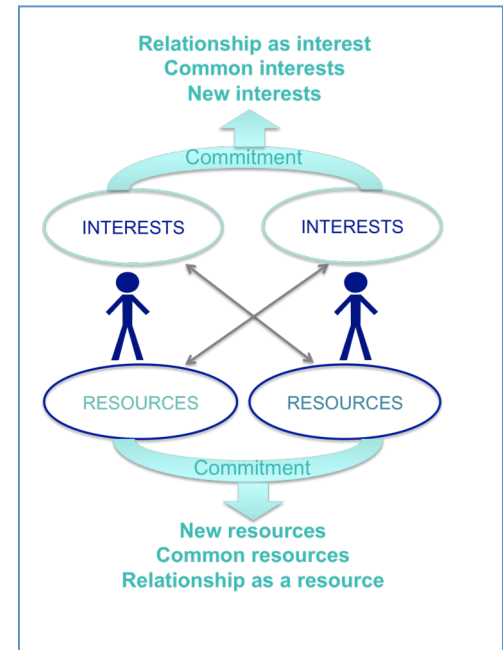
Map Power

Power is the influence created by the relationship between interests and resources. We “map power” by asking four questions:

- 1) What are the coalition’s interests?
- 2) Who holds the resources needed to address these interests?
- 3) What are their interests?
- 4) What resources do we hold that we can commit to meet their interests?

If the coalition’s interest in a stakeholder’s resources and the stakeholder’s interest in the coalition’s resources create an interest in combining resources to achieve a common purpose – we can develop collective power, or **power with**.

If the coalition’s interest in a stakeholder’s resources is greater than the stakeholder’s interest in the coalition’s resources, then that stakeholder has more power than the coalition. We call this **power over**.



Develop A Relational Strategy

A relational strategy is an intentional approach to developing relationships that generates commitment to an overarching goal. We develop relational strategies to: (1) build collective leadership capacity; and (2) enlist stakeholders’ commitments to a shared purpose.

Consider how you might use the relational tactics of one-to-one’s, house meetings, coalition meetings, engagement events, and leadership trainings. Set clear targets around the number of people you set out to engage. How many people will we build relationships with through one-to-one meetings, and by when? How many house meetings will we conduct, and how many people will we engage in each house meeting? What are our targets for an engagement event? How many people will we recruit to our first coalition meeting, and what numbers will demonstrate that we are building our capacity at coalition meetings over time? We set targets so we can evaluate and learn from our success and failure.

Use the blank graphic on the next page to “chunk out” your targets and milestones over space and time. It helps to start by listing your measurable aim and work backward. Then consider your very next step and work forward. An example of a completed timeline appears below.

Capacity



Tool 6: Diagnostic Checklist For Leadership Teams

Building Effective Leadership Teams

Many factors account for the success of multi-stakeholder groups, including the design of the leadership team. Use this checklist to assess the strength of your leadership team and devise solutions for improving its design.

How To Use The Diagnostic Checklist

The Diagnostic Checklist for Leadership Teams is meant to be completed as a group by the leadership team of your multi-stakeholder group. This checklist can be completed at the beginning of the life of the group to help it get off to a good start by addressing any missing key components and at various points throughout the group's lifecycle to assess and improve performance.

You should set aside at least 1 hour to complete the checklist with team members; discuss assessments; and identify solutions for improvement.

The checklist is organized into three sections: (1) Compelling Purpose; (2) The Right People; and (3) Enabling Structure. Section 1 assesses the degree to which the team's purpose engages members' motivations and orients them in a common direction. Section 2 asks you to look at team members involved and evaluate how they work together as a team, including their ability to think about the system in which they operate as a whole, not just their own institutions. Lastly, section 3 evaluates the effectiveness of how the group makes decisions and adheres to team norms.




Assess the leadership team's design. Move through the checklist by starting in the middle column of each section. For each statement in a section, assign a grade (A, B, C, D, or F); for example, you might assign an "A" to the first statement, "The team has a shared purpose that is clear to all members." The grade you assign to some statements might be clear-cut, while the assigned grade for others might require more discussion. You can start with whichever section you choose and feel free to jump around sections; you do not have to complete this in an orderly fashion.

Assign an overall grade. A team's score for each section is computed by averaging assessment responses for each statement.

Identify and write out steps for improvement. Once you have computed an overall grade for each section, discuss with your team members how you did. In what areas is your team strongest? What about the areas where you may need to improve? Write down the solutions and next steps that your team can take to improve your design.

As your leadership team grows and evolves, make sure to return to this checklist every so often to ensure that your team remains effective and stays on a positive trajectory over time.

Diagnostic Checklist For Leadership Teams

<i>How is this leadership team's design? A B C D F</i>		<i>How might we improve our design?</i>
Compelling Purpose  Grade Overall	<ul style="list-style-type: none"> — The team has a shared purpose that is clear to all members. — The shared purpose is seriously consequential for the health and health care in our community. — The shared purpose poses a significant challenge that will demand people's best efforts. 	
The Right People  Grade Overall	<ul style="list-style-type: none"> — Members are people who construe themselves as leading for a <i>community</i> (not just their home institutions). — All team members have collaborative skills such as empathy and integrity. — Members have the diversity of roles and perspectives to lead with legitimacy in the eyes of stakeholders. — The group has a high level of systems thinking. 	
Enabling Structure  Grade Overall	<ul style="list-style-type: none"> — The tasks we do are real leadership work involving important joint decisions. — The group has explicit norms of conduct that specify acceptable and unacceptable behavior. 	

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Tool 7: Team (Re)Launch Agenda

Beginnings matter. This tool is intended to support the effective launch of a leadership team. Alternatively, it can be adapted to relaunch a team that is not working effectively. In addition, its principles can be applied to a coalition launch and ongoing team meeting agendas.

Team (re)Launch Goals

- 1) Build relationships and shared aspirations among members
- 2) Identify shared values that can be the underpinning of a compelling, shared purpose
- 3) Clarify the team's purpose; establish a compelling direction
- 4) Explore definitions and measures of success for the whole initiative
- 5) Decide how or whether to expand, reduce, or alter the composition of the team
- 6) Review lessons from experience about conditions for success and for a great startup
- 7) Develop initial norms and work practices
- 8) Surface key strategic questions to guide the work of the group in its upcoming meetings

Sample Agenda

AGENDA ITEM	TIME
Review Agenda and Recruit Note Taker and Timekeeper	3 minutes
Tell Personal Stories <ul style="list-style-type: none">A story from your own history that will teach us something about you:<ul style="list-style-type: none">Why you aspire to lead this changeWhat leading this change means for you given your personal values and commitment	3 minutes per person
Establish Team's Shared Purpose	15 minutes
Conduct Before-Action Review (BAR) <ul style="list-style-type: none">What have we learned from prior efforts?	10 minutes
Review the Key Relationships and Capabilities Members Bring <ul style="list-style-type: none">Consider who is not at the table and may be needed	10 minutes
Dig into Key Strategic Priorities	as much time as needed





Establish Roles and Structure to Support Work of the Group	10 minutes
Establish Norms of Conduct <ul style="list-style-type: none">• Make sure to establish a norm for decision making and a way to hold the team accountable (to be revisited)	15 minutes
Clarify Upcoming Priorities and Immediate Next Steps	5 minutes
Evaluate the Meeting: <ul style="list-style-type: none">• Key insights• What went well• What we will improve (5 minutes)	5 minutes





Tool 8: Teamwork Exercises

Building Your Teams

Goals

The purpose of this exercise is to launch your leadership team and/or coalition by:

- 1) Developing a compelling, shared purpose
- 2) Identifying expectations and norms of conduct
- 3) Discussing and understanding one another's roles

Agenda

Below is the full agenda for the leadership team launch. You will find comprehensive guidelines for conducting each agenda item on the pages that follow.

Total Time: 55 minutes

AGENDA ITEM	TIME
Gather and review agenda. Choose a timekeeper .	2 min
Develop your shared purpose .	25 min
Decide on collaborative norms of conduct that will enable you to achieve your shared purpose.	10 min
Identify team roles . Brainstorm responsibilities to enable your team's work. Discuss how these roles might match up with the talents of those on the team.	10 min
Create a team name and chant. Decide on a regular meeting time and place. Exchange contact information.	8 min
If there's extra time, discuss key learnings . What did you learn about how to structure and run a good team? What worked? What didn't?	Amount of time leftover



Shared Purpose (25 minutes)

A clear team purpose has three parts: We are organizing (**whom?**) to do (**what?**) by (**how?**).

ITEM	TIME
Individual Work (Part 1) Silently brainstorm and craft a sentence to clarify your own thinking about your team's purpose.	5 min
Team Work (Part 2) Ask each person to read their sentence to the group and have the group record and share words that resonated with them.	10 min
Individual Work (Part 3) Use the highlighted key words and themes to craft a new sentence that describes your team's purpose.	5 min
Team Work (Part 2) Read individual sentences aloud again. Ask one team member to take responsibility for sharpening the team's shared purpose statement for review at your next team meeting.	5 min

Part 1: Individual Work (5 minutes)

On the next page is a template that you can use to write down your brainstorm.

- ☒ In the first column, write down **whom your team serves**: Who is your constituency? What are their values and interests? What is your role in engaging them?
- ☒ In the second column, write down the **goals that are unique to your team**: Be specific about what your team is trying to achieve.
- ☒ In the third column, write down the kinds of activities that your team could engage in to fulfill its purpose. What is the **unique work that this team will do** (share information, consult, coordinate, decide, etc.)?

We are organizing: (who – constituency)	To do: (what – outcome)	By: (how – list the specific activities that your team will undertake to achieve your goal)

After brainstorming answers to all three questions, take a few moments to write a sentence that you think best describes your team’s compelling purpose. Draw on all three columns.

Example of a shared-purpose sentence:

We are organizing hospitals, home health agencies, skilled-nursing facilities, hospice providers, medical and social service providers, patients, and their families to reduce readmission rates by 20% in three years by sharing information, consulting one another, coordinating existing activities, making decisions, and taking action together to improve care coordination for patients in XX geographic area.

Our team’s shared purpose is to...



Part 2: Team Work (10 minutes)

As each person reads his or her sentence, the facilitator notes the key words under the three parts of your purpose statement: (1) We are organizing whom? (2) To do what? (3) By what means? Note specific words that spark your curiosity, or that give you energy. When you are done, your facilitator circles the words that seem to resonate most strongly with your team.

Part 3: Individual Work (5 minutes)

In light of what you learned in the past 10 minutes, write a new sentence that you think can articulate a shared purpose, using some of the key words and themes.

Our team's shared purpose is to...

Part 4: Team Work (5 minutes)

Each person reads his or her sentences again. The team asks one member to wordsmith a shared-purpose statement based on the outcomes of this exercise, using his or her best judgment to select and combine with sharp edges. S/he will present it for team discussion and consensus at the next team meeting.





Norms Of Conduct (10 Minutes)

Review the sample team norms below. Add, subtract, or modify to create shared expectations for your team. Be sure to include expectations on each theme below and how you will self-correct if the expectation is broken. (If you do not self-correct, the new norm will be breaking the team's expectations.)

*** The list below is a sample; come up with your own for your team!**

Discussion and Decision Making: *How will we discuss options and reach decisions as a team to ensure vigorous input and debate, with real agreement at the end?*

Always Do

Engage in open, honest debate
Ask great questions
Decide in advance: is this a consensus decision?

Never Do

Engage in personal attacks
Fail to listen to what others say
Jump to conclusions

Meeting Management: *How will we manage meetings to make the most of our time together?*

Always Do

Start on time; stay on time
Be fully present throughout the meeting
Prepare an excellent strategic agenda in advance, with real team tasks in it

Never Do

Come to meetings unprepared
Answer cell phones or do email
Waste our time just reporting out

Accountability: *How will we delegate responsibilities for actions and activities? How will we follow through on commitments?*

Always Do

Clarify understanding
Provide follow-up on action items
Ask for/offer support when there is a need
Weekly check-in

Never Do

Assume you have agreement
Assume tasks are getting done
Commit to a task that you know you will not do

How will we "self-correct" if norms are not followed? (Try something fun, not just punitive)

Are there other norms or expectations that you want to add that may not fall into one of the abovementioned categories?



Roles (10 minutes)

Review sample roles below. Thinking about your team's shared purpose, what roles will you need in order to create an interdependent leadership team? What skills will someone need to fill each role? Based on discussion about roles, ask each person to tell others what experiences and talents they have, or want to learn to develop (30 seconds each). How might these talents and interests match up to particular roles? Are there any clear "fits"?

Role	Responsibilities	You would be good for this role if you...	Interested team members with related skills/talents
Team Coordinator	Coordinate the work of the leadership team. Prepare for meetings, give support and coaching to the team.		
Volunteer Coordinator	Coordinate and manage your team's volunteers (training, deployment, debriefing, and evaluating work of volunteers).		
Recruitment Coordinator	Coordinate and track your team's effort to recruit supporters to your effort.		
Allies Coordinator	Outreach to community organizations and individuals to build support for activities and get their constituencies to participate.		
Messaging Coordinator	Coordinate communications about coalition meetings and activities. Send emails to listservs; create a Facebook page; use online media to spread the message.		
Logistics Coordinator	Lead the team in creating a plan for coalition actions. Coordinate logistics and help identify resources needed.		
Data Coordinator	Coordinate and support the team in accurately reporting progress to goals and tracking all contact information in a database.		



Team Name And Chant (8 minutes)

Our team's name is...

Team Meetings

When and how will you coordinate with each other on a regular (daily, weekly, monthly) schedule?

Date:

Time:

Place:

Team Roster

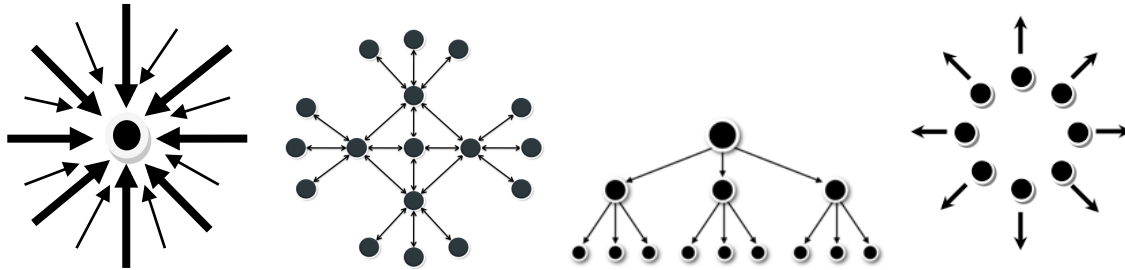
Name	Phone	Email Address



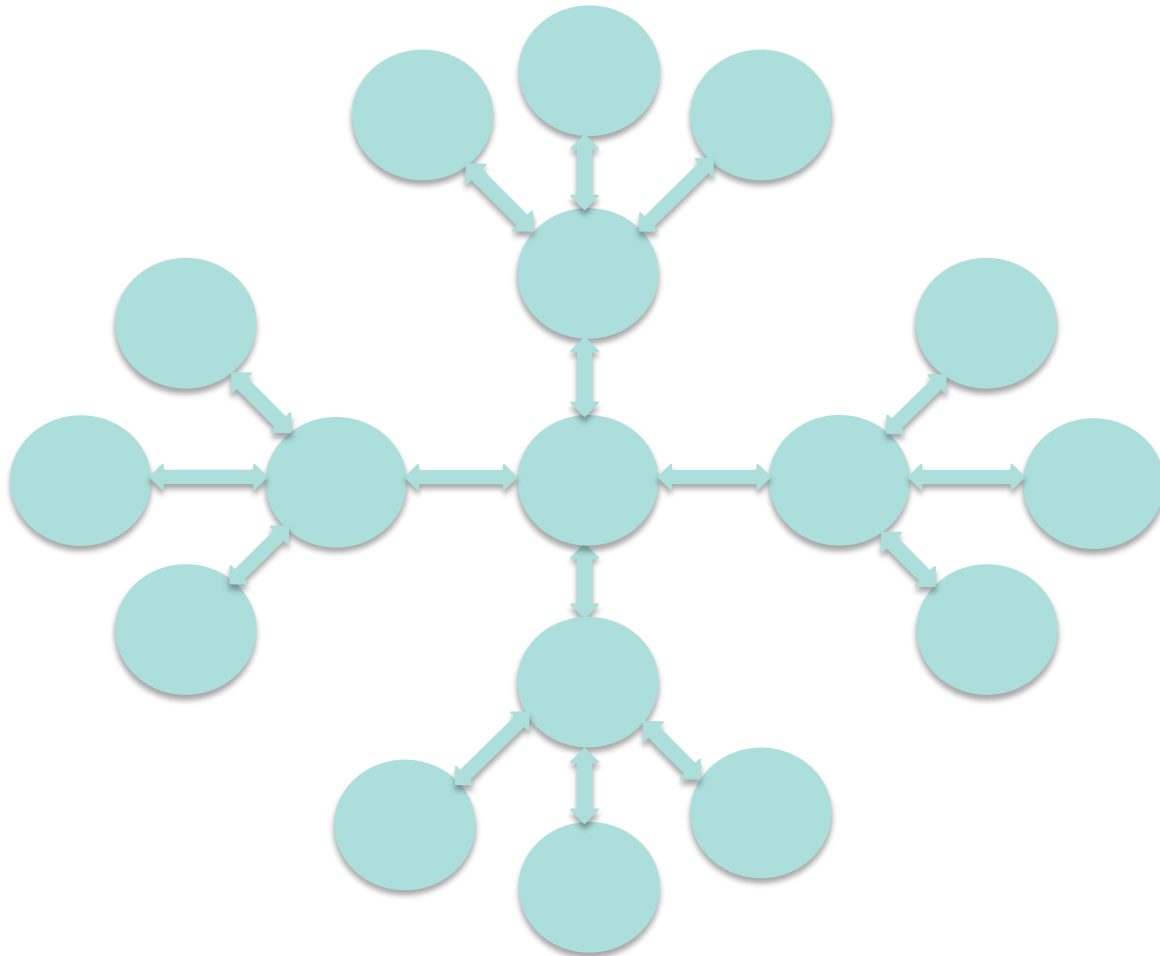
Tool 9: Snowflake Structure

The purpose of this exercise is to develop a more interdependent leadership structure on your team or coalition.

Step 1: Draw your team or coalition's existing leadership structure in the space below. You may draw on or combine multiple structures.



Step 2: Redraw your team or coalition leadership structure as a snowflake. Consider organizing teams by function, geography, and/or group identity. Weigh the consequences of these choices. To the best of your ability, name each team and its members by name.



Step 3: Take a moment to reflect on what it will take to transition from your existing leadership structure to a more interdependent structure.

Step 4: Building a snowflake requires creating opportunities for leadership development. For instance, are you and other leaders co-facilitating interdependent meetings? Do you delegate and hold others accountable to commitments? Are you coaching along the way?

What could you do to provide more support for leadership development? Why is that important to building the snowflake?

Tool 10: A Process For Collective Decision Making

Running A Collective Decision–Making Process

Learning Objectives

- Learn and practice the collective decision–making process on teams and in coalitions
- Use this process to brainstorm and decide on team and coalition tactics

Why Does Our Collective Decision–Making Process Matter?

The way we approach a collective decision–making process demonstrates our values. Are we creating a process in which everyone is heard and also one in which a decisive choice is made? Or do we fall into common traps: dismissing ideas too early, criticizing each other, arguing our own positions, and refusing to see others? Or do we seek so much agreement that we are unable to move forward?

Using a well-defined collective decision–making process does not guarantee that everyone will agree or automatically come to consensus. Instead, such a process acknowledges the differences between members of a community and seeks to harness these differences to produce as creative an outcome as possible.

The Six Stages Of Collective Decision–Making In Detail

A collective decision–making process unfolds in six stages, outlined below. As leaders of this process, it is your role to help everyone stay at the same stage at the same time.

1. Identify Your Goal

Identify a goal for the collective decision–making process. For instance, it may be to brainstorm and decide on tactics to take forth to achieve our coalition’s aim, or it may be to decide the aim itself. Communicate the goal clearly to everyone involved at the outset.

2. Identify Outcome Criteria

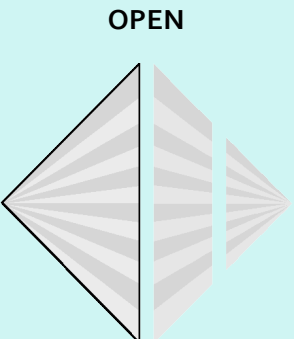
Criteria are how we decide whether an idea “measures up” to our collective expectations. A criterion refers to something we value – like contributing to people’s health. Having shared criteria is what allows us to make decision making a **collaborative** process. Instead of many people digging their heels in and arguing the virtues of their own preferences (which often happens, especially in large groups), we can assess every idea together against what we all agree is important.

3. Generate Alternatives (Open)

The “opening up” part of the decision process is when we generate as many ideas as possible. This process means using the rules of brainstorming by focusing on two things: **generating** ideas and **capturing** them for later processing. You can think of the generating ideas process as “making as big a pile of stuff to work from” as possible.

Focus on “opening up” as much as you can – be creative, think differently, throw wild ideas out there. Build on each other’s ideas, using someone else’s creativity as a stimulus for your own. Now is not the time to evaluate, criticize, or shut down. Do not let yourselves start thinking about “well, that won’t work because . . .” There will be plenty of time to evaluate later. It is also important to **use everyone’s** contributions. Do not ignore members of the group or allow some members to dominate the conversation. Make sure to **capture** these ideas – they will not help if you cannot remember them!

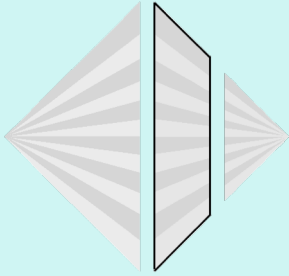
The table below shows specific tools you can use to generate alternatives.

PHASE: GENERATE ALTERNATIVES	TOOL	GOAL	WHAT TO DO OR SAY
	Narrow Opening → Propose Something	Get discussion started. Offer a straw man as a basis of exploring an issue area.	“Ok, we’ve identified a problem area here. Would anyone like to offer a proposal? After we talk about it a bit, we may need to recycle back to clarify the problem.”
	Mid-Size Opening → Make a List	Give each person a chance to engage (in a small group). Develop an initial map of an issue area. Have a small list for starting discussion.	“Let’s go around the room once and get each person’s favorite idea.”
	Wide Opening → Brainstorm	Enable the group’s creativity. Open a wide range of thinking. Collect and build a lot of ideas.	“Let’s take 10 minutes to catch any ideas we have – even if they are off the wall. “

4. Evaluate Alternatives (Narrow)

In the pile of ideas you generate, which ones have real promise? Which are you collectively really excited about? This step means whittling down your large pool of ideas through a collaborative process of **using decision criteria together**. The team tests each idea against the set of shared criteria, with the goal of choosing the ideas that best meet these shared criteria. Using the established criteria as a framework helps the team avoid polarization, where one subgroup or passionate individual advocates for or against particular ideas. Despite this framework, your group may still enter into debate, and that is okay. Group members may disagree about how well particular ideas fit within established criteria. While you evaluate, do not lose sight of your creativity – as you go, you can continue to alter ideas to help them meet more criteria. What the group should avoid is advocating for a particular idea because individuals or a subgroup personally prefer it for reasons not among the group’s criteria. If you find the group is really attracted to a particular idea that does not score well on its criteria, you can certainly ask, “Is there some hidden criterion here that is important to us that we missed?” **It’s critical to get those hidden criterion on the table so that we are all using them to assess every idea.**

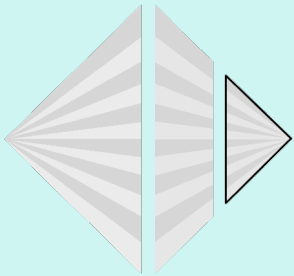
The chart below shows some tools you can use in this stage of the process.

PHASE: EVALUATE ALTERNATIVES	TOOL	GOAL	WHAT TO DO OR SAY
NARROW 	Combine duplicate or overlapping proposals.	Take out the redundancy.	“We have a long list here. Let’s see if we can shorten it by combining similar or overlapping items, but without losing any ideas. Do you see any candidates for this?”
	Weighted Voting (N/3): use a dot poll for choices, allowing each participant to have (number of choices/3) dots to vote with.	Focus the group’s attention on the choices it thinks are most important, but is not necessarily ready to decide upon.	“Okay, let’s see which of these ideas we want to spend more time with. There are 11 in our list, so please spend 4 votes among them.”
	Advocate	Bring out the strengths and reasoning behind each proposal. Encourage participants to refer to <i>group’s own criteria</i> when making their case.	“We are considering dropping some of the proposals that didn’t receive many of your votes. Before we do that, would anyone like to explain why we might want to consider them further?”

5. Decide (Close)

This step refers to reaching a collective agreement about the best option(s). Once we have assessed each item against the criteria there will often be some options that can clearly come off the list and others that look pretty good. Your group should use a collective process to narrow down to one or two (or however many you need to proceed). It is okay to not be completely in agreement; you can expect that some people will be disappointed by the outcome. We should, however, expect everyone to feel they genuinely had a voice and were heard by the entire group. As you close, the group should check to see if everyone agrees; and make sure that those who still have reservations are genuinely willing to “try this out” and see what is learned.

Listed below are specific techniques you can use at this stage.

PHASE: DECIDE	TOOL	GOAL	WHAT TO DO OR SAY
<p>CLOSE</p> 	Negative Poll / Eliminate	Verify that you have agreement on a decision. May focus on eliminating those that received no advocacy or clearly do not meet the agreed-to criteria	“Does anyone not agree that we can take this item off the list?” “Is there anyone who is not okay with combining items C and F?”
	Build Up / Eliminate	Gain agreement on a proposal by drawing acceptable elements from other proposals.	“What do you really need to have from option C that we could pull into option A so that it works for you?” “Bob is having trouble with the timeline on option B. Is there some way we can address his concerns?”
	Straw Poll	See how close the group is to agreement on a decision. Focus on problem areas of a proposal.	“So, who is comfortable with the proposal as developed so far? Show thumbs up, down, or sideways.” “I see some thumbs down. Let’s find out about those.”
	Both/And	Avoid win/lose decisions. Get the best of multiple proposals.	“Is there yet some way to support both proposals?”

6. Learn from the Decision

This last step can be engaged in three critical ways: (1) through our immediate reflections after we have made the decision about what worked and did not work in our collective decision-making process; (2) planning ahead to learn from our decision as we take action; and (3) learning from the choice we made.

First, how effectively did we engage in the process? In this reflection we address questions such as: Did we agree to the purpose of the process? Did we collectively understand the criteria, and were they adequate? Did we productively brainstorm, or were we critical of one another's suggestions? Did we evaluate alternatives in an honest but respectful way? Was it a close vote, and if so, how did that make us feel? How can we enable ourselves, collectively, to accept the group's decision and move forward?

Second, before we begin executing our decision, we plan ahead. What kinds of feedback, information, and data can we be attentive to as we roll out our decision? Alertness, learning from what happens, and being flexible and responsive in how we act are the essence of great strategizing.

Finally, how do we know we made a good decision? Once we go forward with it, we experience all kinds of consequences and other forms of feedback about whether it was a good decision. The feedback we receive as we proceed with our choice allows us to become much better decision makers in the future. The next time we face similar choices, we may be open to new alternatives we would have never considered previously.

Team Dynamics And Team Effectiveness: Three Behavioral Signs

We know that the best teams have certain qualities that allow them to succeed. In addition to using the stages of collective decision making to structure their process, teams need to create an atmosphere of psychological safety, open-mindedness, playfulness, and energy in order to engage in the creative work of strategizing.

A strategy is a hypothesis about how the world works (or will work) rather than an action plan set in stone. That is why we emphasize embracing ambiguity and guesswork – taking the leap of trying out ideas and learning from your decisions. In research about collective decision making, we look for three behavioral signs to indicate a team that uses the right spirit of creativity and learning in its strategizing.

- 1) **Can the team handle anxiety?** When team members do not know how to proceed, can they sustain hopefulness, note the places where they are unsure, and keep generating ideas; or do they get stuck, increasingly frustrated, and become unable to move forward?
- 2) **Do team members express understanding that a strategy is an experiment and that it is about trying out ideas?** In the group discussion, can you hear language of playfulness and new ideas; or do participants talk about doing the same thing for the millionth time?
- 3) **Does the team self-correct and learn? Does a team member ever say, “Guys, we’re evaluating, we should still be generating ideas?” or “Hey, we haven’t heard from Mike yet?”** Are those process corrections greeted by the rest of the team with appreciation rather than resistance? When the team tries something out and it's not working, do they readily say, “Okay, let's try something else and see what we learn”?



Teamwork: Collective Decision Making

Goals

- Learn the collective decision-making process by practicing it in teams of 4–6 people
- Present the teams' results to the combined group and conduct a collective decision-making process a second time

Agenda

TOTAL TIME: 50 minutes

AGENDA ITEM	TIME
Gather in your team; choose a timekeeper and a note taker; review the agenda.	1 minute
Take time as individuals to generate 1–3 ideas for the coalition to achieve its aim. Focus on an outcome of the coalition and/or 2 tactics that will help your team members get a clear sense of your idea(s).	5 minutes
Brainstorm ideas as a group.	10 minutes
Narrow the ideas using weighted voting.	2 minutes
Evaluate these ideas against the criteria	20 minutes
Make a decision.	7 minutes
Learn from the process.	5 minutes





Worksheet: Developing Collective Decision-Making Process

Step 1: Gather In Your Team; Choose A Timekeeper And A Note Taker; Review The Agenda (1 minute)

The note taker should have flip-chart paper ready for your group brainstorming session.

Step 2: Take Time As Individuals To Generate 1–3 Ideas For The Coalition (5 minutes)

Think about the coalition's measurable aim. What are different tactics that could allow the coalition to reach its aim? You can use the space below to brainstorm.

Idea 1

Idea 2

Idea 3

Step 3: Brainstorm ideas as a group (10 minutes)

Briefly report out all your ideas in a round-robin format (one person at a time adds an idea to the list, going around the table). Add ideas only if they are not already on the list. Have your note taker jot down ideas on a flip-chart as you go. Be conscious of your team dynamic – do not evaluate yet; rather, generate as many ideas as possible. Build on each other's ideas, add things inspired by others – nothing is too "silly" to include.



Step 4: Narrow The Ideas Using Weighted Voting (2 minutes)

Have the note taker distribute three sticky dots to each person. When the note taker says “Go!” team members “vote” by placing their sticky dots next to ideas on the flip-chart paper. You can choose to distribute all three dots to one idea or distribute them among more than one. Do not talk as you complete this step – just vote!

Step 5: Evaluate These Ideas Against The Criteria (20 minutes)

Pick the three ideas with the highest number of votes. Evaluate these ideas against your team’s shared criteria for tactics. *Note: you may need to conduct a collective decision-making process in advance to select these criteria!*

Evaluate your ideas against your shared criteria on the grid on the next page. Write your team’s shared criteria across the top. Write your three ideas in the left-hand column. Now, go through each category and give the idea a “0” if it does not fit the criterion at all, a “1” if it fits to some extent, and a “2” if it fits very well. Add up the points against each idea and enter in the last column. Look for the ideas that have high scores. As you go through this process, take some time to combine related or complementary ideas. Can any ideas be merged or modified to make their scores higher?

Step 6: Make A Decision (7 minutes)

Choose the strongest idea. Select one person from your team to present your idea to the larger group. Spend the remainder of your time assisting that person to prepare for the group presentation.

Be sure your presentation covers the following:

- 1.) What is your core idea?
- 2.) What are the strengths that you’re especially excited about with respect to our criteria?
- 3.) Where would you ask others to help you improve it?

Step 7: Learn From The Process (5 minutes)

This is an often-overlooked but vital step. What did you learn by going through this process? Spend 1 minute in silence reflecting on how the decision-making process unfolded, and then spend 4 minutes as a group identifying your key learnings.

Write your criteria across:

Write your coalition
ideas here:

Write your criteria across:					Write your coalition ideas here:					

0=Doesn't meet this criterion
1=Meets it somewhat
2=Meets it very well

Total
Score



Tool 11: AFMC Coalition Meeting Agendas

Best Practice: The Arkansas Foundation for Medical Care (AFMC) coalition meeting agendas demonstrate interdependent leadership in action. Leaders share responsibility; ground their work in values by taking turns sharing narratives about “Why We Do This” at the start of each meeting; build relationships across stakeholder groups by hearing from different leaders (not the same people); explicitly structure the coalition to function effectively; revisit their purpose; and make a clear ask to the Coalition Charter at the end of each meeting.



Arkansas Care Transitions (ACT) DELTA Coalition Meeting

"Improving care transitions among Medicare-Medicaid beneficiaries"



April 23, 2013 • 9 A.M.—NOON
Dumas Community Center • 18 Belmont St. • Dumas, AR

AGENDA

9–9:20 A.M. Welcome and Introductions

- Christi Quarles Smith, PharmD
Project Manager, Arkansas Foundation
for Medical Care (AFMC)

9:20–9:40 A.M. Introduction to the Care Transitions Special Innovation Project

- Amy Witherow, MPH, CHES
Coalition Coordinator, AFMC

9:40–10 A.M. Why We Do This

- Jennifer Conner, DrPH, MPH, MAP
Quality Specialist, AFMC
- Jamey Mantz, BSN, RN
Quality Specialist, AFMC

10–10:10 A.M. BREAK

10:10–10:30 A.M. Overview of the Data

- Kristy Bondurant, PhD, MPH
Epidemiologist, AFMC

10:30–10:40 A.M. Remarks from CEO Champion

- David Mantz, MBA, RRT-NPS
Chief Executive Officer, Chicot Memorial Hospital

10:40–10:50 A.M. Remarks from Home Health Champion

- Tammy Hensley, RN
Bradley County Medical Center Home Health

10:50–11:05 A.M. Remarks from Centers for Medicare & Medicaid Services (CMS) National Coordinating Center

- Lindsay Kirsch, MPH, Program Manager

11:05–11:45 A.M. Round Table Discussion

- AFMC Team Members

11:45–NOON Coalition Charter

- Christi Quarles Smith, PharmD

NOON

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Arkansas Foundation
for Medical Care®
www.afmc.org



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Arkansas Care Transitions (ACT) DELTA Coalition Meeting

*"Improving care transitions among
Medicare-Medicaid beneficiaries"*



August 1, 2013 • 9 A.M.–Noon

Drew Memorial Medical Center, Conference Center • 778 Scogin Drive • Monticello, AR

AGENDA

9–9:15 A.M. Welcome and Introductions

- Christi Quarles Smith, PharmD
*Project Manager, Arkansas Foundation
for Medical Care (AFMC)*

9:15–9:30 A.M. ACT Delta Project Update

- Amy Witherow, MPH, CHES
Coalition Coordinator, AFMC

9:30–9:40 A.M. Why We Do This

- Mayor JoAnne Bush
City of Lake Village, AR

9:40–10 A.M. Data Presentation

- Nichole Sanders, PhD
Statistician, AFMC

10–10:10 A.M. BREAK

10:10–10:30 A.M. Overview of ReThink Health

- Ella Auchincloss, MTS
Director, ReThink Health

10:30–11:30 A.M. Coalition Structure

- Predrag Stojičić, MD, MBA, MPH
Coach, ReThink Health
- Ella Auchincloss, MTS
Director, ReThink Health

11:30–11:50 A.M. Intervention

- Ashley Gibson, BSN
Quality Specialist, AFMC
- Jamey Mantz, BSN
Quality Specialist, AFMC

11:50–Noon Coalition Charter

- Christi Quarles Smith, PharmD

Noon

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Arkansas Care Transitions (ACT) DELTA Coalition Meeting

"Improving care transitions among Medicare-Medicaid beneficiaries"



October 24, 2013 • 9 A.M.–11 A.M.

Fire Station #2, Conference Center, Lake Village, AR • Hwy 65 & 82 • Lake Village, AR

AGENDA

9–9:15 A.M. Welcome and Introductions

- Amy Witherow, MPH, CHES
Coalition Coordinator, Arkansas Foundation for Medical Care (AFMC)
- Mayor JoAnne Bush, City of Lake Village

9:15–9:30 A.M. ACT Delta Project Update

- Amy Witherow, MPH, CHES

9:30–9:40 A.M. Why We Do This

9:40–9:50 A.M. Update on the Community Resource Guide

- Amy Witherow, MPH, CHES

9:50–10:10 A.M. Information on INTERACT

- Ashley Gibson, RN, BSN, AFMC

10:10–10:30 A.M. Report from HHA on INTERACT

- Tammy Carter, RN, Ashley County Medical Center Family Home Health
- Tammy Hensley, RN, Bradley County Medical Center Home Health

10:30–10:50 A.M. Discussion Period

- SIP Team

10:50–11 A.M. Coalition Charter

- Amy Witherow, MPH, CHES

11 A.M. ADJOURN



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Arkansas Care Transitions (ACT) DELTA Coalition Meeting

"Improving care transitions among Medicare-Medicaid beneficiaries"



January 23, 2014 • 9 A.M.–11 A.M.

Bradley County Medical Center Home Health Office • 204 Bragg St. • Warren, AR

AGENDA

9–9:05 A.M. Welcome and Introductions

- Christi Quarles Smith, PharmD *Project Manager,*
Arkansas Foundation for Medical Care (AFMC)

9:05–9:25 A.M. Community Resources: "Why We Do This"

- Hospice Home Care
- The Woods at Monticello
- New Beginnings
- Bartholomew Association/
Ebenezer Baptist Food Pantry

9:25–9:40 A.M. Readmission Measures

- Faye Nipps, MBA, BSN, CPHQ
Quality Specialist, AFMC

9:40–10 A.M. Data Report

- Nichole Sanders, PhD, *Epidemiologist, AFMC*

10–10:10 A.M. INTERACT Success Report from Nursing Home Partner

- Jerry Wicker, BS, LNHA, CPHQ, CDP
Quality Specialist, AFMC

10:10–10:20 A.M. Home Health Agencies' INTERACT Success Stories

10:20–10:30 A.M. Community Resource Guide

- Ashley Gibson, RN, BSN
Quality Specialist, AFMC

10:30–10:50 A.M. Breakout Session: Strategies to Distribute the Community Resource Guide

- Amy Witherow, MPH, CHES
Coalition Coordinator, AFMC

10:50–11 A.M. Coalition Charter

- Christi Quarles Smith, PharmD
Project Manager, AFMC

11 A.M. ADJOURN



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Tool 12: Co-Coaching Agenda

Members of QIO teams, coalition leadership teams, and teams across a coalition can develop a peer-to-peer coaching practice in the course of their work together. The purpose of these conversations is to challenge and support one another's learning and growth as a coalition, as a team, and as individual leaders. The template and associated times should be adapted for various purposes.

Co-Coaching Agenda Template

TIME	AGENDA ITEM
0:00-0:05	Check In: One word on how everyone is doing Recruit note taker and timekeeper Review agenda
0:05-0:10	Review norms: Are we honoring them? If not, how can we improve?
0:10-0:25	Group Discussion: After Action Review (AAR) <u>[fill in topic]</u> <ol style="list-style-type: none"> 1. What is the "ground truth" of what happened? In other words, what were we hoping to accomplish (2 or 3 things), and to what degree did we achieve them? What is your evidence about what was and was not achieved? 2. What "insights" would you offer (that is, why do you believe those outcomes, positive and negative, occurred)? 3. What does that suggest about how we might conduct a similar _____ in the future, drawing on what we believe we learned this time? 4. What opportunities may arise that would allow us to test those ideas and get a better outcome next time?
0:25-0:30	Person 1: Discuss how your individual leadership work is going <ul style="list-style-type: none"> • Things that are going well (1 minute) • Things that he/she is struggling with (4 minutes)
0:30-0:37	Group coaching
0:37-0:42	Person 2: Discuss how your individual leadership work is going <ul style="list-style-type: none"> • Things that are going well (1 minute) • Things that he/she is struggling with (4 minutes)
0:42-0:49	Group coaching

0:49-0:54	Person 3: Discuss how your individual leadership work is going <ul style="list-style-type: none"> • Things that are going well (1 minute) • Things that he/she is struggling with (4 minutes)
0:54-1:01	Group coaching
1:01-1:06	Person 4: Discuss how your individual leadership work is going <ul style="list-style-type: none"> • Things that are going well (1 minute) • Things that he/she is struggling with (4 minutes)
1:06-1:13	Group coaching
1:13-1:18	Person 5: Discuss how your individual leadership work is going <ul style="list-style-type: none"> • Things that are going well (1 minute) • Things that he/she is struggling with (4 minutes)
1:18-1:25	Group coaching
1:25-1:45	Strategy & Tactics Conversation <ul style="list-style-type: none"> • Discussion of team's strategy and tactics in moving forward from here, based on group and individual learning
1:45-1:55	Next Steps <ul style="list-style-type: none"> • Who has committed to doing what by when to improve his/her individual practice and advance the team's shared purpose?
1:55-2:00	Evaluation: How did we do in conducting this meeting? What are our plusses and deltas (+ / Δ)?

Tool 13: Building A Learning Practice

Overview

Emergent Learning is about designing a process to enable us to continue to learn from our experience, as that experience unfolds.

Emergent Learning is literally about learning that *emerges* from the work itself. Its tools and practices support surfacing, capturing, and employing those insights to inform future work. They help train our thinking process so that we make decisions and take action based on deeper and more robust hypotheses about what it will take to achieve the future to which we aspire.

You aim to create change in a dynamic environment with partners and stakeholders who view the world through their own eyes and use their own experience and thinking to make their own informed decisions; and so they should and always will. Their thinking will be different from yours and will evolve based on their own experience, as will yours.

Therefore, it is not enough to gather once, or even once a year, to reflect together. The tools and practices of Emergent Learning are designed to help people who have different perspectives engage with each other at the beginning of a project or initiative and during the work itself, as often as needed, in ways that are as simple as possible, to reflect and adjust their thinking as the situation unfolds.

Framing The Learning Practice

In a complex environment, there is quite literally too much to learn. We begin an Emergent Learning practice by identifying a handful of learning priorities and build a plan to learn from the work itself.

Testing Out Assumptions And Theories Of Change

A great place to start is by exploring your own strategic plan, logic model, or theory of change, and the underlying assumptions.

One simple way to look at logic models, theories of change, or strategy documents is that they all consist of a series of "if/then" *hypotheses*: "IF we make (this) decision or take (this) action, THEN we expect to achieve (that) result." (See examples of theory of change statements on page 18 of Chapter 1.)

Thinking in this way makes it easier to test out hypotheses in practice. The "if" is the decision or action; the "then" is how you would recognize success. The Before Action Review (BAR) described below begins by asking what our intended outcome is and what success will look like and ends with a plan to produce it. The After Action Review (AAR) stops to ask if you got there and what insights you plan to take forward. It turns work into a deliberate learning experiment.

Using Framing Questions To Train Your Focus

A **framing question** translates a learning priority (challenge, opportunity, or hypothesis) into a question that keeps people’s attention focused on it as they work. It encourages people to explore new ideas. It also helps bring a community of partners together to think together in an attitude of inquiry. Lastly, repeating it at the beginning of a BAR or AAR (see below) helps focus reflection.

Selecting an effective framing question is a bit of an art. The best framing questions typically take the form of “What would it take to . . . ?” or “How can we . . . ?” Let’s say, for instance, that a community health initiative is continually running into roadblocks and delays because of disagreements among key community stakeholders.

Problem Question	Why	Better Question
Why don’t our stakeholders support this approach?	Retrospective and analytical questions result in debate and fault-finding, but no movement forward.	What will it take on our part to get our stakeholders to support this initiative?
How do you build stakeholder alignment?	Big, abstract questions tend to lead to big, abstract conversations.	How can we help our stakeholders agree on a common goal for this initiative?
What will it take to get the clinic director and the mayor to kiss and make up?	Questions with embedded assumptions about the cause of a problem limit the group’s focus and options.	What will it take on our part to help key stakeholders listen to and understand each other’s needs?
How can we develop a good briefing document for the community?	Questions with embedded solutions limit the team’s options and may be seen as trivial or irrelevant.	How can we ensure that we are communicating effectively with the community on an ongoing basis?
How can we communicate our message, get buy in, and build momentum on our schedule so that slips do not impact ultimate deliverables?	Compound questions make the team learning process unnecessarily complex.	How can we ensure that delays caused by external circumstances do not impact our ultimate deliverables?

Turning Work Into A Learning Experiment

It is in the doing of the things that we do on an everyday basis that we either: (1) learn and improve; or (2) just move through the motions on the way to the next deadline. Making decisions, meeting with stakeholders, conducting routine health procedures, rotating shifts: these routine events can be seen as an opportunity to conduct a learning experiment.

Think about your framing question(s): what events or activities in your regular work would lend themselves to your trying new ideas?

Look for especially important upcoming events. These events offer great opportunities to help a group where it will matter most *to them*.

Look for repeated events. These provide a built-in opportunity to test out a group's thinking, see how it works, refine its approach, and try again. If you can improve something your group does on a repeated basis, the group will quickly see the benefit of a learning practice for themselves and start to look for other opportunities to try out new thinking deliberately.

Putting It All Together To Improve Practice

To summarize, an Emergent Learning practice identifies a learning priority, frames it as a question, identifies opportunities to test out ideas, and employs simple tools like BARs and AARs to test out ideas in practice. Over time, it helps a group deepen their understanding of what causes a persistent challenge or how to best take advantage of an important opportunity, and how to work together to learn and improve.

You can even use BARs and AARs to track the progress of the practice itself. You can bring the group together in a more intensive BAR as you get started, in order to get everyone's thoughts on the table. Periodically, you can use these tools to step back and reflect on what you have learned over the past month or quarter, and cast forward for the next month or quarter to what you want to focus on learning and what the opportunities are to test out new ideas.

Convening Stakeholders To Learn Together From Everyone's Experience

Too often, a meeting intended to bring stakeholders together to learn from each other's experience translates into a series of PowerPoint presentations with no real effort being made to create deeper insight or to think about what it would take to apply ideas to your own work.

What would it take to turn these gatherings into true peer learning sessions that help the whole community get better at achieving the outcomes they share? Emergent Learning tools and practices can help bring participants together as "experts in equal measure."

A framing question can create a theme for the meeting and a tone of mutual inquiry. It helps participants decide which stories to share. It increases the potential to deepen insight by comparing and contrasting stories in dialogue. In what ways are our experiences similar? How are they different? What meaning do we make of these similarities and differences? What other ideas do these comparisons suggest?

Participants can use the AAR format to prepare to reflect on their experience around the framing question – the story *behind* their success or their failure. They can use the BAR format to think about how what they have heard might apply to their own situation. (See "Growing Knowledge Together: Using Emergent Learning and EL Maps for Better Results," *Reflections: The SoL Journal of Knowledge, Learning and Change*, Vol. 8, No. 1.)

Tool: Before And After Action Reviews (BARs And AARs)

An **AAR** is a very simple tool that was developed by the U.S. Army after the humbling experience of Vietnam to involve every soldier in the process of reshaping the Army into a more skillful, adaptive organization. It has helped them prepare for new kinds of missions – conducting peacekeeping in Haiti; offering humanitarian assistance in Rwanda. Further, it has been used extensively in both Iraq and Afghanistan.

The tool is so simple and flexible that it has been adopted by many public agencies to learn from major crises, by corporations to improve performance, and by foundations and nonprofits to improve social outcomes.

But like so many things that look impossibly simple on the surface, there is an art to using AARs well. We at Fourth Quadrant Partners have intensively studied the masters who created and refined this simple tool over the past twenty-five years. We created the **BAR** to replicate some of the behind-the-scenes preparation the Army uses to set the stage for effective learning.

Before Action Reviews

The primary goals of the BAR is to make sure that everyone is on the same page with regard to intent; is thinking actively about how to affect outcomes; is taking into account past lessons and ideas; and is aware that there will be an AAR to reflect on results. The BAR goes beyond the “plan on paper” and asks “What *else* will it take?,” “What *else* can we try?”

A BAR asks the group to:

- 1) Declare their intended outcome and how they will recognize success;
- 2) Think together about what challenges they predict and draw on insights from their past experience; and
- 3) Develop a plan for achieving their outcome in the face of predicted challenges.

Time

Both BARs and AARs should be “fit for purpose,” depending on the complexity of the work and the number of actors involved. If preparing for a large event with a number of people who are involved in different aspects of the work or who represent different organizations, a BAR may take up to two hours. If there are several elements to an event or activity, consider breaking the BAR into smaller pieces, with one wrap-up BAR to “rehearse” how the parts fit together. These more complex BARs would benefit from skilled facilitation.

For most events and activities, however, a BAR should take from 10 to 30 minutes, and can and should be self-facilitated.

Participants

A BAR should involve those people who “have their hands on the task.” If not everyone can attend, it is more valuable to hold a BAR with the people who can be there than to cancel it.

Preparation

In most cases, the only preparation required is a flip chart or a notepad for note-taking. An optional template has been provided below.

For large or complex events and activities, any planning documents, including goals, schedules, and metrics, should be available. If a theory of change or logic model has been created, that should also be available. A visual timeline of the plan may be a valuable coordinating tool.

Conducting A BAR

While a BAR may take ten minutes or two hours, the same basic steps apply:

Step 1: What is our intended result?

This may be as simple as reviewing the goals for an initiative launch, a stakeholder meeting, etc. Without clear, shared intent, it will be difficult to compare intent with actual results.

Step 2: What are our success measures?

In your AAR, you will use your success measures to compare intended versus actual results – a very important part of the learning conversation. Your measures may be quantitative (meeting deadlines, budgets, quality standards; receiving funding; performing to standard) or qualitative (having every voice heard; having a clear idea of who will do what by when; gaining stakeholder commitment). But the more concrete the metric, the easier it will be to compare intent and results in your AAR.

Step 3: What challenges will we face?

This is the last chance to get real – to use the group’s past experience to *predict* what is likely to get in the way and to plan for it. Are there predictable scheduling bottlenecks to plan for? Is there a point in your process where you always seem to fall behind schedule? Are you likely to experience resistance from a particular stakeholder? Do you typically forget to keep certain key people in the loop? Your framing questions may guide you to focus on one particular dynamic that you want to work on changing.

Step 4: What did we learn from last time?

If any lessons exist from past activities conducted by this group, or from similar activities conducted by other organizations, this is the time to bring them into the conversation. The goal is not to exhaustively replicate every idea proposed by someone in the past but to realistically plan for stumbling blocks you might face and to identify *one* good idea that you can try.

Consider this step to be a requirement. In every organization we have worked with, the weak link in the learning process is between reflection and planning. Being rigorous about looking back helps to strengthen the link and ensure that you don’t keep learning the same lessons over and over.

Step 5: What do we think will make us successful this time?

Taking Steps 1–4 into account, what is the one thing the group could do that you predict will make the biggest difference in its results? *Create an experiment.* Think through any additional plans it will take to try this out. Because you will be conducting an AAR afterward, you will have a perfect opportunity to ask yourselves, “Did it work?”

After Action Reviews

In practice, many organizations only hold an “AAR” at the end of a project or initiative. These intensive AARs are seen as stand-alone events whose purpose is to extract and document all of the possible “lessons learned.” These are actually “postmortems” and serve a different purpose than a true AAR.

The primary purpose of an AAR is to work together to consciously test out and refine a group’s thinking and actions in a timely way within the work itself, while there is still an opportunity to correct course and improve the outcomes of a project or initiative.

An AAR is conducted after an event or a small piece of action. It asks those who had their hands on the action to get together to:

- 1) Compare what they intended to accomplish and what actually happened
- 2) To reflect on what caused their results
- 3) To identify “sustains and improves” for next time

Time

As with BARs, AARs should be fit-for-purpose. They may last anywhere from a quick ten-minute debrief to an extensive four-hour deep dive into causes and insights.

When deciding how long to plan for, do a cost/benefit analysis from the perspective of participants. Does the time spent result in visible improvement? **Remember that the goal of a single AAR is to get better,** not to thoroughly review every aspect of an event or activity. The goal is to go from *N* to *N+1*. Because you are building a practice rather than holding a single event, you will be able to come back and address other issues next time. It is better to come away with one good, actionable insight and idea than a whole report full of recommendations that will sit on the shelf.

As with BARs, longer, more complex AARs will benefit from skilled facilitation. Shorter AARs can and should be self-facilitated, especially if the availability of a facilitator complicates scheduling.

Participants

An AAR should generally involve the same people who conducted the BAR – the people who had their hands on the work itself. Sometimes organizational leaders who did not participate in the activity request to participate in the AAR. If and how they participate should depend on the culture and level of trust in the group. (See Facilitation Tips.)

Preparation

For simple AARs, nothing more than a flip chart or a pad of paper is needed for note-taking. An optional template has been provided below.

Using Visual Aids

At the beginning of an AAR at the Army's premiere National Training Center (NTC), where the AAR was born, the facilitator shows a "hero tape" – video clips from the day's battle, followed by a series of charts that review the intent they covered in preparation for the battle, actual results at the battle's end, and maps that illustrate their position, strength, and movement at decisive moments as the battle unfolded. In addition to establishing the "Ground Truth" for an honest learning conversation, this rich set of video clips, charts, and maps also serves to help the soldiers *step back into the experience in time*. This helps them unravel, by the end of the battle, what has become a very complex set of interactions and reflect on how and when specific actions affected the outcome.

For AARs of complex work or involving many participants, preparing visual aids will help participants step back through decisive moments. It will help them come away with a much more accurate understanding and a much more targeted and high-leverage set of insights to apply next time.

Effective visual aids might include any of the following:

- Charts of agreed-upon intent or goals for the activity
- Key metrics and performance against them
- A logic model
- A timeline of key events and milestones over the course of the activity
- Responsibility charts mapping out who was involved in what decisions when
- A process map for how the activity was designed to flow
- Group snapshots or video clips of the activity
- Products produced by the group along the way
- Anything else that might draw people back into what happened

Remember that the amount of preparation should be fit-for-purpose. If the preparation burden is too great, the group may experience one great AAR but resist committing to doing them on a regular basis.

Conducting An AAR

Whether an AAR takes ten minutes or four hours, the same basic steps apply:

Step 1: What was our intended result?

If you did a BAR, it should take very little time to restate what you agreed to in advance. If a participant questions the intent, rather than debating it here, include that as a topic for Step 3.

Step 2: What were our actual results?

If you have been able to document this prior to the AAR and prepare a chart or other visual record, this step will also not take very long, though participants should be encouraged to challenge your assessment of the results. Discussion about results should always reference intent and success measures. “We said we were going to do X. Did we do it?” If a discussion does get started, it will invariably drift into the question of “why,” which should be deferred to Step 3.

Step 3: What caused our results?

This is the meat of the reflection process. Depending on how much time you have, you can go deep into understanding causes, or you can focus on top-of-mind highlights. (See [Facilitation Tips](#), below, for suggestions about facilitating for deep understanding.)

Sometimes the answer is that the group did not get a chance to try out its thinking. This is not uncommon. But *everything feeds back into the AAR process*, so it is perfectly valid to ask “Why not? What would it have taken to try that out and how could we make sure that we try it out next time?”

Use a timeline to help move from generalizations to specifics. For more complex AARs, if you have a prepared timeline, it can be helpful to hand out sticky notes and ask participants to take a moment to write down their own thoughts about what happened when and why, and to get up one at a time and place it on the timeline. Even if you are reviewing a simple event, it can be useful to break your reflection down into sections (before/during/after, morning/afternoon, etc.). Some key insights may come from thinking about what happened (or didn’t) before you stepped into the room.

Step 4: What lessons should we take forward for next time?

The ideal outcome of this step is to find up to three of the most powerful insights or ideas that this group could take forward to improve its performance in its next opportunity. Consciously looking forward to the next opportunity helps to strengthen the weak link between reflection and planning.

There are a number of different ways to answer this question. One of the Army’s favorite techniques is “Three Ups/Three Downs” (three things that worked that should be sustained; three things that we need to improve). You can identify “Sustains and Improves”; “Key Lessons” or “Insights; and “Ideas and Experiments.”

AAR Facilitation Tips

Good preparation and good meeting management is the first step. Everything you already know about running an effective meeting applies here. Beyond that, here are a few basic rules to keep in mind:

- There is no more powerful way to set the tone before the AAR than to counsel the leader of the group to acknowledge something that she or he could have done better.
- Remember that this is the group's meeting, not yours. Stay focused on what they want to understand and improve, not what you think they should.
- Help the group stay focused on their own responsibilities, rather than shifting the blame to people not present. Register complaints in a parking lot and shift the focus back to what they can address themselves. Finish the meeting with a plan to address issues outside of their scope of responsibility.
- Design and facilitate the meeting so that participants do most of the talking. Your goal is not to teach the team but to help them learn themselves.
- When the conversation strays, use the visuals you've prepared to bring the team back to its intent and the Ground Truth.
- Ask the team to identify what worked as well as what didn't.
- Help the group to avoid generalizations and to get as specific as possible. When a participant makes a broad assessment (such as "Leadership is to blame"), ask for an example.
- When the conversation turns into advocacy for different points of view, ask each party to "ground" his or her point of view with the data. Focus on the next opportunity and get the team to choose one alternative to test out. Because it is part of a learning practice, you can always try out another alternative next time.

Ground Rules

You may choose to write your own ground rules. Here are some that have worked for us:

- 1) Everyone is on equal footing. Everyone participates . . . and everyone listens to each other.
- 2) No one here has the "right" answers. It is okay to disagree.
- 3) There is no success or failure here. There is always room to learn and improve.
- 4) There are the facts and then there is your thinking about those facts. Try to speak about them separately.
- 5) The goal is for us to understand and improve together . . . as a team. No thin skins . . . and no blame!
- 6) This is a place for candid discussion. This has two implications:
- 7) What gets said stays in the room, unless we decide to share what we've learned with others.
- 8) Nothing that gets said in this room gets used against anyone, whether present or not.
- 9) Take notes . . . take ownership for tomorrow's results.



BAR / AAR Planning Tool

Organization or Team:

Framing Question:

Event or Activity:

Before Action Review (BAR)

Date:

What is our intended result?

What are our success measures?

What challenges will we face? (Predictions)

What did we learn from last time? (REQUIRED FIELD: Lessons/plans from last AAR, if available)

What do we think will make us successful this time? (Hypotheses and Experiments)





After Action Review (AAR)

Date:

What was our intended result?

What were our actual results?

What caused our results?

What is our next opportunity?

What should we take forward for next time? (Sustains/Improves/Insights/Experiments)

Special notes: (Who we should copy this to; other action items; etc.)



About The Author



Kate Hilton, JD, MTS

Kate Hilton is a Founding Director of ReThink Health and Senior Faculty in the field of community engagement and mobilization. She designs organizing efforts, teaches leadership skills, and strategizes with multi-stakeholder teams to take collective action for regional health transformation, quality improvement and population health.

Kate is also the Lead Faculty for the IHI Open School Change Agent Network (I-CAN) where she teaches organizing to students in health disciplines in partnership with Dr. Donald Berwick and Derek Feeley. I-CAN's purpose is to coach, train, and support a learning network of students from schools of medicine, nursing, pharmacy, social work, and public health to organize around the challenge of improving the health of populations and achieving the Triple Aim.

Kate serves as the Engagement Advisor of 100 Million Healthier Lives, an unprecedented multi-stakeholder collaboration to improve the health of 100 million people. She is a member of its leadership team and faculty in its Community Health Accelerators Certificate Program. In addition, she serves as Faculty in the Management and Leadership Development Program for undergraduate students at the Rockefeller Center at Dartmouth College.

From 2012 to 2014, Kate co-led ReThink Health's regional health transformation work in partnership with Dartmouth-Hitchcock and The Dartmouth Institute in the Upper Valley of New Hampshire and Vermont. She also served as curriculum coordinator and faculty in ReThink Health's distance learning program. She coached the Special Innovations Project supported by the Centers for Medicare/Medicaid Services, which applied community engagement skills to improve outcomes in areas of low performance and high costs associated with chronic disease.

From 2010 to 2012, Kate led a community mobilization team to catalyze the Healthy Columbia campaign, exploring the contributions that organizing – and the development of distributed leadership – can make to the transformation of health and health care in South Carolina.

From 2010–2011, Kate served as lead coach and trainer on an eighteen-month program looking at how theory, practice, and approaches from community organizing can contribute to quality improvement and cost reduction in the National Health Service (NHS) of England. In partnership with colleagues at the NHS Institute for Innovation and Improvement, this culminated in adaptations of an engagement framework specifically for the NHS (Call to Action: Delivering QIPP and Achieving Common Purpose through Shared Values and Commitment; and NHS Change Day). In 2013, Kate published an in-depth learning report on NHS Change Day for NHS Improving Quality.

From 2010 to 2012, Kate was the Founding Director of Organizing for Health, a start-up initiative of ReThink Health. She designed and led its distance learning course, coached leadership teams, and led

trainings and webinars for healthcare organizations, including the Institute for Healthcare Improvement, Centers for Medicare and Medicaid Services, Colorado Foundation for Medical Care, Counties Manukau District Health Board of New Zealand, Harvard Vanguard, Danish Society for Patient Safety, South Carolina Hospital Association, and IHI Open Schools.

Kate taught in Marshall Ganz's organizing course at Harvard Kennedy School in 2004 and 2009; and she co-designed and led the first distance learning version of the course in 2010. She has worked closely with Ganz and the Leading Change Network to design online curriculum, lead trainings, teach courses, write articles, and coach teams in leadership skills and organizing strategy.

Kate received a J.D. from the University of Wisconsin Law School in 2008, an M.T.S. from Harvard Divinity School in 2004, and an A.B. from Dartmouth College in 1999. She is licensed to practice law in Wisconsin and Massachusetts. She lives with her husband, two sons, and dog in Lyme, New Hampshire.

About The Rippel Foundation



The U.S. spends twice as much per person on health care yet achieves far worse outcomes than other industrialized nations. To achieve better health, and contain costs, the U.S. must simultaneously improve population health and fundamentally redesign how care is delivered. The Rippel Foundation seeds and supports innovations at the frontiers of this challenging work.

"We need to develop a 'health care' system which will be recognized as distinct from 'medical care.' This is a real key to solving our medical problem."

– Julius A. Rippel, 1969

In developing this mission, the Rippel Foundation drew heavily on the insights of its first president, Julius A. Rippel. In the mid 1960's, he came to understand the unsustainable nature of our health care system, the limits of primarily focusing on treating sickness, as well as the overwhelming importance of individual behavior and the environment.

Today, the foundation carries his principles forward by fostering and growing innovative initiatives that are rethinking how health can be achieved, how care can be provided, how costs can be contained, and how resources can be better directed. The Rippel Foundation focuses on catalytic efforts that drive new thinking and transform health system design.

Vision

The Rippel Foundation's leadership believes in disruptive change. If there are to be major advances in health, care, costs, equity, and productivity, leaders must think and act differently. The Rippel Foundation focuses on strategically investing its resources to seed innovation, catalyze action, and create model processes that will lead to improvements for all Americans.

We fulfill this vision largely through our flagship initiative, ReThink Health, and by investing in efforts that might be traditionally overlooked.

For more information, go to: <http://www.rippelfoundation.org/>.