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PART 3 — SUPERFLUIDITY: ENGAGING RESISTANCE TO PICK UP SPEED IN HEALTHCARE

This is the third in a series of four articles about working towards being a “superconducting organization,” where results come faster and are sustainable. In this article, we detail one of the levers that can help build this kind of organization, *Superfluidity*. (Read [Part 1](#) and [Part 2](#).)

Superfluidity in Healthcare

In today’s healthcare organizations, having a strategy is still key to success. Yet leaders need to pay more attention to changing signals in the environment and adapt quickly. We find the most effective executives know what is *happening across the organization* and in the market by tapping into leaders at all levels. The feedback and insights that emerge inform strategic direction and help leaders anticipate shifting conditions before making a misstep. When an organization leverages this process for results, they move closer to superfluidity, when leaders create positive energy and engagement to speed needed change.



When executives engage people across their organization, they are sometimes surprised by the views they field. Every leader advancing change faces some resistance to change. Often leaders choose to bypass the opposition, identifying “resistors” as having their heads in the sand. But resistance is not necessarily an obstacle — it is a fundamental part of the change process itself. In this article, we show why engaging *with resistance rather than suppressing it is an essential new skill for healthcare leaders*.

Surprised by Resistance

We have been working with an academic medical center to help them reduce readmissions, when patients return to the hospital with the same ailment within 30 days of discharge. This is a clinical priority but also a financial imperative, as hospitals are now being penalized when these patients return.

The readmissions initiative’s leadership team knew patients often went to the ER within a few days after discharge with almost any kind of problem — because they just were not sure what else to do. Research showed that having nurses make follow-up phone calls would lower readmissions. The leadership team asked us to formulate a plan with them to launch post-discharge phone calls in one hospital. We advised them to look across the hospital and talk to every unit that was already following up with patients over the phone, asking, “How do you do it?”

The leadership team found pieces of the solution across the hospital. One unit had developed a script to ensure every patient got the same information and was asked the same core questions. Others were notifying the health system’s home care agency that also called patients, so patients were not confused by getting two calls in one day. Yet another had given an administrative assistant the task of following up with low-risk patients to maximize use of clinicians’ time.

We helped the leadership team form a cohesive plan with elements *they would not have thought of without their workforce*. They piloted the package on units with the most readmissions, where patients suffered from chronic, debilitating illness. The leaders thought there was no way this would fail — they had taken good ideas from the “bottom up” instead of simply mandating what to do. They were giving nurses the go-ahead to spend time doing something that would directly help patients, and to do it their way.

Contributors:
Carey Huntington Gallagher and
Jennifer Tomasik
To learn more about
Carey and Jennifer, [click here](#).

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But something unexpected happened. They realized the call logs were very low. The nurses weren't making the calls. The leadership team was upset. They thought they had done the right thing, investing time and energy in putting together a strategy that took people's good ideas into account. And they thought highly of their workforce. Post-discharge calls were clearly in the interest of the very patients that nurses had cared for days earlier. Didn't the nurses care? Were they just lazy? Challenging authority? What was going on?

Building Superfluidity

When we met with the leadership team, we too were surprised. But in our experience with change initiatives, we see a lot of resistance to new behaviors at first. Resistance can feel like running into a brick wall, but that impact is full of potential energy. If you approach resistance *like a kind of jiu jitsu, the energy within the opposition can be flipped to support it*. Resistance can be hard to understand at first, but we find that often, when you peel back the layers, there's helpful information embedded in it.

We thought there must be more to the story. We suggested the leaders return to the units to talk with nurse managers. It turned out there was indeed more going on. When a nurse on duty would call recently discharged patients, she would find one of three things: the patients were fine; they were having serious symptoms and needed to go to the emergency room; or they were having some mild difficulties. The nurses knew exactly what to do in the first and second cases, but in the third case, which was most common, they had nothing to offer. The nurses weren't being lazy — they cared about their patients. They simply felt stuck. The leadership team felt excitement and relief in equal parts. The nurses wanted to make the program work; they were not disengaged. And all the nurses were asking for were more ways to connect the patients to what they needed.

The leaders set up a direct way to make post-discharge appointments. They got the word out there was something new to help patients address mild difficulties. The resisting nurses changed course and call volumes started rising on the key units. Readmission rates dropped, due in part to the power of working with resistance to get to the useful ideas inside. *By listening to workers on the front lines, understanding the sources of their resistance to the change, and working with that resistance, leaders came up with a better solution.*

In the next issue, we will explore how vision and infrastructure — helping your workforce see themselves in the future of your organization and aligning the resources to get them there — can propel your organization from strategy to “superconducting” action quickly.

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