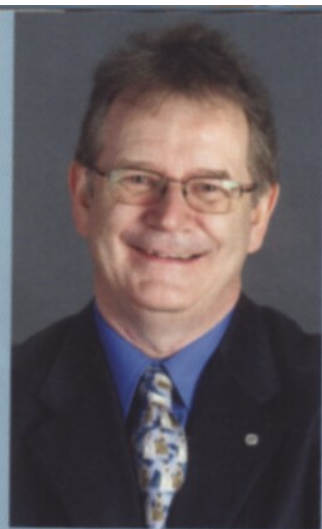




It's a bad time just now

New initiatives, organisational procrastination
and the myth of the ideal time



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IT'S RIGHT UP there at the top of the predictability scale with 'the cheque's in the mail' and 'my wife doesn't understand me'. Every manager and every consultant will hear this regular 'bad time' refrain from people explaining why it is just too hard to introduce that initiative, review that strategy, evaluate that service or bring in those fresh eyes to examine an old or intractable issue.

So when exactly is a good time to do this? In 1999 an ailing and near bankrupt dialysis company in the USA, DaVita, enticed a new CEO, Kent Thiry to join. As the company was defaulting on loans and could scarcely pay its staff, Thiry would have been forgiven for classifying this as 'a bad time just now' for anything other than the woefully predictable 'slash-and-burn' cost savings. Thiry had other ideas though and understood that DaVita's ideal time for organisational culture change was right now. He spent over six months of intense staff and management effort clarifying and gaining widespread support for the company's new values and mission. He also invested \$5 million per annum in the 'DaVita University' and 'Academies' to support staff training and education and to reinforce the company values. The comparison with other organisations that see an education or staff development budget as the lowest hanging fruit to lop off at the first whiff of financial stringency is stark. DaVita is now the only healthcare services company on

Fortune Magazine's 2009 list of Top Companies for Leaders.

Closer to home, there is perhaps a general consensus that the global financial crisis has not impacted on Australia as markedly as it has elsewhere. Faced with such a crisis there would have been no shortage of suggestions to the government that this was 'not a good time' to launch a stimulus package and to spend and invest.

Ask a woman or a couple 'when is the ideal time to have a baby?' and watch for the knowing smiles, for the answer is that there is no 'best time'. No risk-benefit analysis will ever plot this decision for you.

Real estate agents are fond of quoting the maxim that 'the market does not ring a bell', meaning that there is no clear, predictable signal of the time when house prices will reach their peak or bottom. Similarly in health care, there is no ideal time that will announce itself and thus make new initiatives, changes and projects 'timely'.

The litany of justifications offered as to why 'this is a bad time' include:

- **We are restructuring.** It would be difficult to find a time when we were not anticipating, undergoing or recovering from a reorganisation of some form.
- **Our key staff are on leave/off sick/completing a course.** If we wait for the window of opportunity where everyone is available at the same time, this will be one long wait. The best leaders will always ensure that their staff are capable of 'stepping up' to handle a new challenge rather than seeing themselves as personally indispensable.
- **We have no budget/no money.** This one is so hoary it should have its own pension. It is rarely the case that an organisation has 'no money'. All organisations have budgets that they choose to spend in some ways rather than others.
- **We're really busy just now.** This is the new 'badge of honour' in health care. Perhaps one of the big mistakes here is to equate hard work with busyness when they are not synonymous. The second error is not taking the time and opportunity to immediately question and review a system where being permanently 'busy' is seen as a desirable norm for skilled and creative knowledge workers such as health professionals.
- **We are waiting on a report/a committee's findings.** Pure 'Yes Minister'. 'Waiting for Godot' would be more effective.

'Can anybody remember when the times were not hard and money not scarce?'

RALPH WALDO EMERSON



Paradoxically, it may be precisely during the most difficult and challenging times that new initiatives and projects should be commenced. If I were to assess and evaluate the patient-focused culture or staff engagement level of an organisation, I'd certainly want to learn how they functioned during their most challenging times. Would you consider rolling out any major service improvement initiative in a clinical area lacking the knowledge as to how well the unit responds during its peak or busiest periods?

Perhaps the 'good time' is when the healthcare system is awash with surplus funding, when staff have endless spare time to devote to the project and when we have entered a period of calm, predictable, stability in 'the system'. Anyone believing that such a scenario is remotely likely in virtually any health system in the world should submit to voluntary drug testing.

While waiting for the 'not a good time' to pass and the 'good time' to emerge, various other things will assuredly happen:

- Staff will continue to need more skills, greater knowledge, a deeper understanding of their own practices and a keener appreciation of the lives and stories of the patients and clients who pass through their services;
- Patients, clients and their families will continue to expect higher standards of care and ever-improving services;

- The demands on the existing health service or organisation will continue to make themselves felt;
- Vital local and national reform agendas will remain unaddressed;
- Research knowledge and new understandings will continue to emerge that should be informing practice and service provision, if the staff in your service are not 'too busy' to find, understand and use it;
- The 'Yes We Can' organisations and services will be instituting the changes and initiatives needed to address these issues; and
- Your staff will hear about them and wonder why their organisation is not doing the same.

Health organisations cannot do absolutely anything at any time but 'it's a bad time just now' should not be allowed to become the default position and an unworthy industry standard for inertia and inaction.

John Lennon famously said that 'life is what happens to you while you are busy making other plans'. Meanwhile, the 'life' of our health services may forego vital examination, questioning, investigation, evaluation and improvement while we are busy waiting for the ideal time to reveal itself. 