Creating the Space to Lead Change

An Independent Analysis of The Change Foundation’s Journey on the Frontline of Healthcare Transitions

By Marc Langlois, Ph.D, Social Innovations Evaluator
Published by The Change Foundation
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The Change Foundation (TCF) contracted with Marc Langlois, Ph.D to undertake this case study review of TCF’s role in the early phases of its Partners Advancing Transitions in Healthcare (PATH) project. Marc is an experienced evaluator of social innovation projects and was a member of the evaluation team contracted by TCF to complete its strategic-level evaluation of PATH.

The author would like to acknowledge the contribution of Tanya Darisi of the O’Hallaron Group to the development of this paper.
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INTRODUCTION

There are moments in time when an environment begins to reflect changes in inputs, power and direction. For players and organizations operating within a changing environment, the status quo becomes no longer sufficient and the need to adapt becomes more and more pressing. The Ontario healthcare environment, with its regularly changing pressures, demands and priorities, is a clear example where working to maintain the status quo is a losing proposition. Adaptation and deep shifts in culture and practice are required to ensure resilient and responsive institutions and settings.

The purpose of this article is to demonstrate the kind of catalyzing influence required to achieve positive adaptation and a more responsive healthcare environment, using The Change Foundation (TCF) and its Partners Advancing Transitions in Healthcare project - PATH - as a case example.

TCF is an independent health policy think tank that generates research, analysis and informed debate for the stewards, stakeholders and users of Ontario’s healthcare system. With a mandate to promote, support and improve health and delivery of healthcare in Ontario, TCF is committed to excellence, innovation, collaboration and inclusivity.

Armed with a strategic plan that prioritized the patient and caregiver experience, TCF initiated a community-driven project aimed at improving transitions in and across health care settings. This project, PATH, reflects the coming together of self-motivated seniors, family caregivers and health and social care professionals in a partnership to improve the experiences of seniors with chronic health conditions as they move into, out of and across healthcare settings over time and as their health changes.

TCF acted as a catalyst for this work, providing the funding, the framework for best-practices in patient engagement, and the infrastructure support for provider-patient partnerships. PATH marked a new approach to funding by TCF. With support from its Board of Directors, TCF was making the strategic decision to invest significant dollars in one convenor organization and community, and with a focus on one change initiative. It had never funded a project of this scale before. Both the risk and the opportunity were profound. However, it was clear that its status quo – smaller grants across a number of grantees – was not going to achieve the depth of excellence and innovation TCF aimed for.
The following discussion explores the role of TCF and the PATH process in greater detail, focusing on the two early phases of PATH: *discovery* and *design*; and *selection and early implementation*. Open Systems Theory is used as a theoretical framework for positioning the role of TCF and this demonstration project in the healthcare environment. The discussion focuses on how TCF created the space to learn, plan and act – first, within its own organization and second, within its partnership with the PATH project which was operating within a local healthcare environment.

**Method**

Six key informant interviews were conducted in preparation for this article. These informants were selected from the staff of TCF, the PATH convening organization, a citizen advocate involved in the project, and a Fairness Advisor contracted to oversee the community selection process. Each informant provided valuable insights to the early period of the PATH project. The interview questions were tailored to address the particular positioning of each individual vis a vis the project. The telephone interviews were semi-structured with flexibility for the interviewee and interviewer to further explore themes raised during the discussion. Notes were taken during the interviews and the interviews were recorded for reference afterwards.

Based on themes discussed during the interviews, specific PATH project-related documents were reviewed to verify and clarify information. In addition, evidence and perspectives from peer reviewed journals were reviewed to place the article in the context of the philanthropy sector and change management field as well as current thinking on social innovation and managing in complexity.

**A Theoretical Foundation**

The article uses Open Systems Theory (OST) as a theoretical foundation to give a fresh conceptualization of TCF’s role with the PATH project and its interactions in turn with the healthcare environment. OST recognizes that we cannot characterize any system separately from its environment. For this discussion, TCF and PATH are the systems we are characterizing, and so we must also take into consideration the environments these systems faced during their early phases. There are four parameters to understand in order to characterize a system and its environment: i) a system; ii) its environment; iii) the system learning about its environment; and iv) planning and acting to better adapt and change that environment (Emery and Trist, 1965).

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*(Open Systems Theory - The fundamental idea of OST is that there are systems and social environments, and there are direct correlations between them with a permeable boundary. Whatever the system - whether an individual, family, group of people in an organization, or community of interest - it is in a constant mode of learning about, being effected by, and adapting to its environment. “OST is a theory that views organizations not as simple closed bureaucratic structures separate from their surroundings but as highly complex entities, facing considerable uncertainties in their operations and constantly interacting with their environment” (Malikovich, & Gordon, 2009, p.165).)*
Figure 1 illustrates the four parameters at the time TCF began to conceptualize PATH: the Learn arrow indicates the system – in this case, TCF - learning from the healthcare environment; the Plan arrow reflects TCF then taking in information, interpreting it, and forming a plan to take Action to create the desired change in the healthcare environment generally, and later, in the healthcare transitions environment more specifically. The “learn, plan, act” is used throughout the article as a framing for TCF’s ongoing mode of learning about, being effected by, and adapting to their environment, and then PATH doing the same.
Changes in the environment require a response from those operating within that environment. Players who cling to established policies and aging practices while the environment around them rapidly changes can tie up time and resources trying to maintain the status quo, losing sight of those they serve. Players who recognize the status quo is no longer sufficient or relevant, who pay constant attention to the environment, who adapt and try out new ways of practicing are more likely to achieve resilience. As Charles Darwin put it, “It’s not the strongest of the species who survive, nor the most intelligent, but the ones most responsive to change.”

The ‘rules of the game’ in the world of fundraising and philanthropy have changed significantly. Progressive foundations in Canada are making moves to be more involved and more responsive to their funding environments (Hurvid, Ayer, & Ellison, 2011). In an article in The Philanthropist on the “Importance of Taking Risk in Philanthropy,” the authors speak about the need for funders to learn to be comfortable in spaces that are undefined and where they do not have the answers (Freeman & Ilkiw, 2012). The authors reflect on their own learning during a similar change process, “Being flexible and adaptable means being fluid and sensitive to how the process is evolving. For us it also meant being ready, willing, and able to change our roles as funders, the composition of the collaborative, the direction of the initiative, or any predetermined outcomes to ensure that participants and strategies remain relevant to the changing environment”.

Creating Space to Learn, Plan and Act within TCF

The rules of the game in the healthcare environment are also changing. TCF was stepping into a journey of learning how to become a significant community partner in a concentrated change initiative. The decision to step into this journey was the result of paying careful attention to needs and movement in the healthcare environment. The TCF CEO had to imagine what might be different if they adapted to what they were seeing and hearing about the challenges of healthcare transitions. Motivated by what she learned about strategic management at Harvard University, the CEO set about carving out the space to build something new and significant for the organization and the sector. As one staff member put it, the CEO knew “how to read the tea leaves.” This kind of internal work to achieve change is not to be taken lightly. Creating the space for PATH within TCF required significant leadership attention over a two year period. The CEO reflected
on that time, “I had to shut down a lot of stuff to clear the deck.” The need for some new directions first crystallized in a process of refreshing the organization’s strategic plan. The 22 month process resulted in the Foundation publicizing a logic model to guide its work, a framework for understanding the experience of individuals and caregivers, and a four year implementation plan for achieving its strategic directions. Three months later TCF announced PATH as its signature investment. TCF was taking a proactive stance to release energy and resources and creatively direct them towards new possibilities. Board members, the CEO, and senior staff created space for new forms of organizing. The new space had a sense of being separate from the usual way of operating, with more freedom and recognition of the need to experiment. For some senior staff, setting off with a new approach and an uncertain role was a stretch. This uncertainty was reflected in some staff feeling uncomfortable with “no set out plans”, feeling the journey was “stressful”, and feeling that “it was risky to even talk about it”. Staff at TCF admit the emergent nature of PATH, organizing around the one theme of health care transitions and with one community partner, felt risky, “For me personally, I was a little nervous at first, wondering if this was really going to flower.”

Amidst all this uncertainty, it was also a time to be inspired by the opportunity to have a significant impact. The creative tension between nervousness and uncertainty, and excitement and adventure was palpable at TCF. Yet the evidence suggests that behind the challenges and creative tension lie the opportunities for innovation to breakthrough (Westley, Zimmerman, & Patton, 2007).

**Sounding Board:**
To accentuate the opportunities for learning and discovery TCF struck up an external, advisory sounding board. The sounding board had no governance authority, rather the group was created to exchange ideas and share advice during the strategic plan cycle. Meetings of the group were convened by TCF staff when there was a perceived need for their input throughout the PATH project. The experience, knowledge and networks of the sounding board membership was diverse and their input provided valuable reflection.

**Designing a Project:**
TCF created an unprecedented opportunity to embed itself in the frontline of innovation and change in a healthcare environment. PATH was a concentration of resources granted to one large community intervention - a collaboration between a number of community partners and a convening organization. Not only did the project allow TCF a close up look at results, it was a first-hand experience with the nuanced challenges in a complex project environment. TCF’s involvement could garner valuable interpretations and new perspectives to inform how they might advocate for responsive new strategies of support. PATH was a bold and innovative move that had the potential to
create important innovations and lasting systems change. As the authors of “Getting to Maybe” - a popular book on social innovation in complex environments - shared, “Innovation is fuelled first by the energy, time and skills of people, but also needs financial capital and ultimately enough authority to penetrate the established structures so that the transformation becomes embedded” (Westley, Zimmerman, & Patton; 2007). TCF had the elements in place to create a transformative change story.

With the agreement of the TCF Board of Directors to fund one significant healthcare transitions intervention, TCF knew they had to reach out and learn more before they designed PATH. They carried out a significant discovery process to learn from the successes and failures of others focusing on transitions in the healthcare environment. During a 12 month period TCF intertwined discovery and design. They carried out consultations with partners, colleagues and government, and contracted for an extensive literature review (Fancott, 2011). During this period, the Point of Care Programme at The Kings Fund in the UK surfaced as a valuable learning partner for TCF.1 The Point of Care Programme was farther along in their own process, and their reflections and advice on components and processes were immediately relevant to PATH’s design.

As the process of discovery and design progressed, TCF’s primary and secondary goals for PATH came clearer into focus. The primary goal became to determine whether there was material benefit to engaging patients and their families in the re-design and implementation of transition care processes in the healthcare system specifically, and in the effective delivery of healthcare generally; and the secondary goal was to identify best practices in transitions through the healthcare system (TCF Contribution Agreement, 2012).

Figure 2: A depiction of PATH’s positioning in the healthcare environment, and the opportunity for TCF to observe and learn about the nuances of the experience for patients, caregivers, and healthcare professionals on the frontline.

1 The Kings Fund is an independent charity working to improve health and healthcare in England - http://www.kingsfund.org.uk. The Point of Care Programme is now The Point of Care Foundation – an independent charity working to improve patients’ experience of care and increase support for the staff who work with them - http://www.pointofcarefoundation.org.uk/Home/
**PANORAMA:**
During the same period that PATH was being designed, TCF also launched a complementary initiative - PANORAMA – a panel of 30 Ontario citizens living with long term health conditions or providing care to someone who is. With a 2.5 year commitment from its members, PANORAMA provided valuable input and advice on improving the patient and caregiver experience. TCF wanted to hear regularly from a group drawn from different parts of the province as to whether challenges and solutions playing out in the PATH community resonated with people in other parts of the province.

With its PANORAMA panel and other initiatives to learn about improving transitions in the healthcare environment, TCF made a significant effort to integrate learning, planning and action.

**Creating Space to Learn, Plan and Act within a Project**
Project infrastructure manifests in many ways: language, flow of power and resources, patterns of authority, norms, rules, routines, time commitments, roles and responsibilities, and procedures. TCF strived to create an infrastructure that was supportive yet with elbowroom, adaptable and able to provide real-time data to help the community collaborators make wise decisions in the midst of the ongoing project.

**Description of TCF Role:**
The role that TCF was shaping in relation to PATH was emerging as a more involved role than had been the case with previous grantees. The new role would require an infrastructure that was both outcomes-oriented, as well as responsive in an operating environment which was sure to be unpredictable, dynamic and complex. In addition to providing funding, TCF’s role would include: i) dissemination of knowledge, lessons learned, and policy implications; ii) provision of guidance and overall project direction; iii) assistance with development of measures and indicators; iv) assistance with the building and maintaining of provider-patient partnerships; and v) design and implementation of an evaluation plan.

The description of the role left broad and ambiguous turf to navigate in its implementation. As a funder, TCF would have to walk the fine line between supporting the community partner’s work and interfering with it. TCF spoke of this paradox, “We really tried to craft our role. We had to learn how prescriptive to be, when to step in if we saw something going in a direction we did not think it should go.” No one at TCF or the community partner would claim there had not been challenges but they were also quick to say the gains had been more than worth it. One staff member at TCF shared a perspective on the necessity of the challenges, “It has not been smooth and without challenges and I’m thankful for that.”
Assessing a Community Partner’s Readiness:

i) Selection Process:
With the Request For Proposals (RFP) community selection process, TCF searched for a community grantee to grow a culture reflective of the PATH principles. Through the discovery and design process, principles for PATH were endorsed. More than a grantee, TCF was looking for a learning partner whom they could hand over the project baton. TCF’s role description (as outlined above) was communicated in the RFP that went out to potential PATH communities. The successful candidate would need a learning culture to engage a broad project team in their own organization and in their surrounding community. TCF was also looking for evidence of leadership commitment to co-design with patient/caregiver and professionals, and continuous quality improvement. These criteria are valid indicators of an organization’s readiness to convene a collective impact initiative (Langlois, 2013).

To support the release of an invitation for Letters of Intent (LOI) submissions, TCF held two informational webinars with participation of 70 - 80 people involved with organizations who were considering submitting an LOI. A TCF staff member shared a reflection on the webinars, “The webinars proved quite helpful for the participants, and with their good questions, helpful for us too...to talk about PATH…it helped us clarify.” By the deadline date, 27 letters of intent were received from communities across the province.

ii) Fairness Advisor:
A Fairness Advisor was introduced as an independent third party to observe and monitor the selection process to choose the PATH community. The role was suggested by members of the TCF Board of Directors to provide appropriate oversight during the selection process given the potential for conflict of interest. It was decided that the Board would not be involved in the development of the application process or the selection of the PATH community, however, they still had a financial responsibility to ensure appropriate procurement practices were followed. The Board realized the use of a Fairness Advisor for the community selection process, “would be an important risk mitigation strategy that would lend credence and strength to the selection process” (MacMillan, 2011).

A review panel of three TCF staff and three external members met to review the applications and select the short listed communities. Three of the original 27 submissions did not meet the submission requirements and were deemed ineligible to proceed. From the 24 submissions, five were selected to submit a full proposal in response to TCF’s RFP. TCF provided financial assistance to the five partnerships to complete their application. The Fairness Advisor offered the opinion in her report that the selection process that resulted in the five short-listed communities, met generally accepted criteria of openness, fairness, transparency and impartiality (MacMillan, 2011).
iii) Site Visits:
A central component of TCF’s assessment of the five short-listed communities was the completion of site visits to the five communities. This element of the selection process was recommended by the Point of Care Programme. The visits were an opportunity for TCF to observe the nuances of relationships between proposed partners, seniors, family caregivers and healthcare professionals.

If a potential convener has pre-established relationships in the operating environment in which a systems change activity is to take place, they have a heightened awareness and capacity to navigate that environment (Langlois, 2013). Applicants that had established collaborative partnerships were deemed to have a significant advantage in carrying out the work-at-hand for PATH. Speaking about the site visit to the selected community, TCF said, “They seemed ready to engage. The proposal development process seemed welcoming and collaborative. There was a culture already established where everyone’s contributions were valued.”

The site visits were a wonderful opportunity to determine the level of commitment to patient and caregiver co-design and the partnership’s passion for the project objectives. TCF seemed aligned with the selected community. The Executive Champion of the selected convening organization shared her enthusiasm about the project, “The project is so exciting - it has spawned passion. It has helped us light the fire. This is not just another project.” The sense of commitment for quality improvement through partnerships and engagement in the selected community also seemed genuine. Commitment is about moving in a direction of patient/caregiver involvement before an RFP moves across one’s desk. As a result of the submission process TCF knew that the selected convening organization had already carried out significant citizen engagement. The convening organization’s Operating Plan was informed by a Citizens Advisory Panel and they had used civic lottery method for recruitment to that process.

PATH’s principles of patient and caregiver co-design and broad partnerships helped TCF shape the agenda of the site visit and clarify what they were observing. TCF staff reflection on the site visit was that, “They [the successful community partnership] had some experience of giving decision making over to citizens and inclusivity of patients. We saw this from the very beginning in their proposal. We were still nervous if this would be carried out in the project and wanted to make sure there wasn’t just a lot of head patting.” Having reviewed the documentation of the site visits, the Fairness Advisor commented, “The site visits were particularly about the culture of the sites. TCF was looking for alignment in what was said in the proposals and what they saw, and actually what they seemed to live. The site visits are a must. If you are skilled you can pretty well see where a team is.”

Backbone Support Functions:
Many of the functions of the infrastructure TCF established in their role with PATH are those commonly associated with “backbone support”, a term popularized in a 2011 article on collective impact.
in the *Stanford Journal for Social Innovation* (Kania & Kramer, 2011). The authors suggest a separate organization to provide infrastructure to help “plan, manage and support initiatives through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.” Clarifying and trying on the backbone support role is being explored in countless projects around the world.

In the time since PATH has been launched in the community, TCF has carried out the backbone support role in a manner that has won the praises of the convening organization and community partners. This is testimony to the design and execution of the component parts of the infrastructure. TCF’s ability to “walk the line” was further enhanced by the clarity with which they expressed project principles of patient / caregiver involvement and broad community partnerships.

As the project moved forward some of the nuances of carrying out backbone support as a funder came to light. The following is a deeper look at TCF’s version of backbone support.

i) Project planning and monitoring:
TCF has placed high value on the clarity and adherence to their project plan and that of the PATH Team. Considering the fact that the community partner has faced a certain degree of uncertainty, adaptation and fast paced decision-making, the trick for TCF has been to be guided but not dictated by established plans. Innovators need flexibility to adapt, as well as space for outcomes to emerge and evolve (Cabana, 1997). Structure can cause tension if not adaptable, “At first I thought this was such a tight structure. It looked like a lock down but it has certainly been a structure that can adapt and adjust - we have proven that from ideas to delivery.” The Executive Champion of the convening organization spoke to the creative challenge, “The task has become staying true to the mandate but not get so stifled such that it caused you to miss out on a gem of an idea.”

TCF has put other components of structure in place to create ways for them to be involved with the community partner, yet to also limit their interfering with the partners’ process. Like laying out a new sandbox, TCF created the sides to enclose the space and added implements to build with. Like a wise playground supervisor, TCF knew enough to let those in the space create freely. Collaboratively through conversation and example, the ‘sides of the sandbox’ were created in the form of documents such as a funding agreement, terms of reference for committees, roles and responsibilities for anyone engaged in the project, and a project charter for the evaluation team.

TCF also strived to create a reporting process that would be reasonably straightforward for the convening organization to complete, yet still being careful about accounting and auditing. They were hopeful the reporting process would be an avenue to
hear not only what was working but also what was not, “We knew we needed to learn as we went.”

TCF invested extra attention to the development of a budget monitoring system. A standardized system was not going to work in this case, “We had to create a system that allowed the community partner to track their activities. We had to do a couple of iterations to get to a budget sheet that would work for everyone.” This work was done with the gratitude of the community partner whose own project lead (PATH Project Manager) was inclined towards other priorities.

ii) Evaluation:

TCF envisioned two evaluations for PATH running parallel: (i) a local level evaluation to document the impact of the PATH components in the local healthcare environment; and (ii) a strategic level evaluation to understand the value and impact of patient and caregiver participation in quality improvement initiatives to re-design care processes across transitions in care, and working with broad partnerships of health and social care organizations to address problems with transitions in care. The local level evaluation was led by the community partner, and the strategic level evaluation was conducted by an evaluation team contracted by TCF. The TCF Executive Lead spoke to the process of setting up the local level evaluation with the community partner, “I wanted to make sure the measures were considered as we went along. I pushed a lot at the beginning but soon felt confident partly because they had a good data measurement partner and a broad array of partners.” For the strategic level evaluation, TCF carried out an innovative process for the design of the PATH evaluation and to find a candidate to carry it out. Determining what type of evaluation was needed was a significant creative challenge during PATH’s discovery and design period. “It took a long time to figure out how to do the evaluation as it related to our strategic plan. We had to do a lot of background work to try and understand the right evaluation approach. It took months.” TCF wanted an evaluation to gather, analyze and share valuable information for various audiences. Considering the complexity of the environment, the evaluation purpose had to be broad enough to allow for the discovery of unexpected areas of value, yet sufficiently narrow to make the focus manageable and the desired results achievable.

A senior program officer at another foundation shared a related perspective, “It is too limiting to only focus on the outcomes of a project. This needs to be complemented by an appreciation for their impacts at institutional levels and for the development of knowledge and tools” (Cawley, 2010). At the end of the project, TCF hopes to have a compelling argument for the engagement of patients and caregivers, and broad partnerships of providers, in healthcare process re-design, and identify some practices that can help achieve this result.

An innovative process was sponsored by TCF to recruit an evaluation team for the strategic level evaluation. Following an extensive call for registration and a review of statement of qualifications1, sixteen evaluators were invited to participate in a one-day evaluation planning workshop. In addition...

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1Participants of the workshop were required to demonstrate that they had experience in developmental evaluation, participatory evaluation, or action research.
to background context, the workshop provided significant time for discussion on the scale and scope of the evaluation objectives, and potential methods and techniques to achieve the objectives. In addition, there was time given at the workshop to clarify terms and conditions for the pending RFP process.

TCF implemented some interesting steps to attract the greatest possible evaluation team for the task at hand. A statement of qualification of all workshop participants was shared between participants, and workshop participants were encouraged to submit collaborative proposals. Ten of the 16 participants of the evaluation planning workshop were team members of the four proposals that were submitted in response to the RFP. An evaluation of the workshop revealed that the participants were supportive of the planning workshop approach for input to the design and dissemination of an RFP. Many of the workshop participants commented that the workshop content and discussion served an educational function for perspective bidders (September 2013, Summary of evaluation competitive process, TCF internal document).

iii) Boundary rider:
One of the most critical features of TCF’s support infrastructure was the appointment of the PATH Executive Lead. This individual helped to design and lead the RFP process to select the PATH community, and manage the space between the funder and the project convener in the community. This was a critical role for the space between TCF and the convening organization and partners in the selected community.

The Executive Lead’s first act was to learn all they could about the intent of the project. One valuable source of information was TCF’s strategic plan that helped to crystallize an internal understanding for the need for PATH. The Executive Lead also came to learn the value of the TCF team, “the whole team is well educated, they were there for me and if I didn’t know something or was stuck there were other staff that had something relevant to tell me.”

The boundary rider balanced between the need for clarity, timeliness and accountability of the funder on the one side, and the relative unpredictability of the project in the community on the other. The role comes with a sense of being alone out in the wilderness, “I did feel supported but sometimes I had more autonomy than I wanted. I was the only one doing it so I needed to know what questions to ask.” With all TCF had learned during the discovery process and with the experience of their team, part of the challenge was learning how to transfer knowledge diplomatically. Once the project launched and as things moved along, the boundary rider had various competencies called on, including those of a planner, coach, evaluator, mediator and facilitator.

iv) Network Relations:
TCF places great value on growing and maintaining its networks. It navigates strategically through a large network that spans spheres of influence in the healthcare environment. As a result of TCF’s networks and community partners, a need for a new direction and a project like PATH became apparent. Through the LOI and RFP processes, TCF became aware of
promising initiatives and innovative partnerships across the province – some of which were kick-started with the release of the LOI. TCF used this knowledge to advise its networks and contacts, particularly at the senior levels of the Ministry of Health and Long Term Care. As well, TCF was actively informing the senior leadership at the Ministry of the progress of the PATH project. In the words of TCF’s CEO, “We think it has been important to showcase what they do.” This commitment has gained the respect and appreciation from the PATH Team in the community. As well, the Ministry has publicly acknowledged The Change Foundation for influencing the design of Health Links.¹

The space created for PATH’s development first within TCF, and then within the PATH community and its healthcare environment, and with the support infrastructure designed, it was a question of where else TCF could lead. The answer lay in how it leads the frontline of the project with the convening organization and partners. It is one thing to create a “sandbox” and quite another to skillfully carry it out in a way that invites creativity and collaboration.

The PATH project principles were a helpful guide. TCF believed the principles would foster a successful project design and culture. The principles that were communicated in the RFP were:

- Patients, caregivers and providers participate as equal partners in co-design,
- Focus is on improving the patients’ experiences with transitions between healthcare settings, and
- Re-design work will be done by a broad community partnership representing the entire continuum of care.

A caregiver in the community shared this observation, “When I read some of the criteria - it was so amazing and I was so inspired.” The Executive Champion of the convening organization also commented, “When I saw the RFP it was clear a lot of thought went into the preparation work. The criteria were really clear.”

In an environment as complex as healthcare transitions, there is no better way to navigate the changing pathway than with a clear set of principles. Leading developmental evaluator Michael Patton states, “Principles provide guidance for action in the face of complexity” (Patton, 2011). With PATH now well on its way, TCF has modelled the principles as a funder on the frontline of healthcare transitions. The following are some of the themes that characterize TCF’s leadership during the early stages of the PATH initiative.

**Encourage a climate of adaptability:**
PATH started off initially with the TCF’s “good enough to put it out there philosophy” that continued on in the project in positive ways. In a complex environment, at some point the leadership needs to recognize that even though homework is done, one still does not have all the answers. The backbone support TCF and the PATH Team created is necessary but it is equally necessary to adapt. Not only did TCF adapt as needed, they created an understanding with the convener that they could be flexible. Though some described the convener’s project structure as, “looking like a lock down,” it proved capable of adapting to the needs of the frontline decision makers. There were those at TCF that also wondered if all the structures were necessary, “At first I thought all the decision making structure and committee term of reference etc. was over kill but now, I think it was a good thing.” The Executive Champion of the convening organization spoke about the emergence of PATH, “We had no idea how this would go. It became bigger and faster than we ever imagined. The almost limitless connections and possibilities have been so energizing.”
Listen to those with first-hand experience:
TCF has maintained a priority on learning from previous services—whatever the situation. From the early stages of project design - reaching out to its network, viewing the Point of Care Programme at The King’s Fund as a learning partner, hearing the senior and caregiver voice during site selection visits - TCF has listened and learned. With respect for community-based decision-making, TCF has been judicious with its use of authority with the convener, “We have not wanted to be the heavy handed funder, it reflects respect for their [conveners] processes.” And central to PATH has been the stories of those with lived experience that is a cornerstone of the experience-based design methodology that guided PATH. Stories and storytelling are the basis of experience-based design.5 “As the repository of experience, they contain almost everything that is required for a deep appreciative understanding of the strengths and weaknesses of a present service and of what needs to be redesigned for the future” (Hurwitz, Greenhalgh, & Skultans, 2004).

TCF carried out one more central intervention to increase its learning from the transitions to the healthcare environment. TCF launched the PANORAMA citizens’ panel which was one more cornerstone commitment to enable TCF to listen to first-hand experience.

Establish strong working relationships:
Strong working relationships allowed TCF to navigate the PATH project with a team both in their office and in the community. Strong working relationships developed from learning with mentors and coaches during project design to making the choice to carry out site visits to the shortlisted communities. Moreover, to take the time necessary to get to know PATH Team members in the community, TCF has kept quality relationships as a top priority. Leiterman & Stillman (1993) speak to the importance of this quality, “The building of and cultivation of relationships, are severely undervalued and underfunded”. Thanks to quality relationships, TCF has benefited from the convener’s Project Lead in being proactive in acknowledging the project challenges. The TCF CEO, spoke to the value of the working relationships established between the convener’s Project Lead and TCF’s Executive Lead, “If those two didn’t work well together the whole thing would have had a different flavour and tenor. The free flow of information has developed into a very positive level of mutual support.” It is well documented that in situations such as this requiring complex change, the more channels of open communication and understanding, the better (Wheatley & Frieze, 2006). The Executive Lead talked about her approach to building that relationship, “My default was to meet her in person at first. We had a very collegial role. She is very open.

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1Experience-based design is a user-focused design process with the goal of making user experience accessible to the designers, to allow them to conceive of designing experiences rather than designing services (Bate & Robert, 2006).
It never felt it was a chore for her to satisfy TCF’s questions. “The priority the Executive Lead placed on building good relationships with the PATH Team in the community, aided joint sense-making between TCF and the PATH team, and assured responsive answers to the questions of the PATH Team from TCF.

**Return to common ground:**
Throughout the design and early stages of PATH in the community, TCF kept their focus on establishing common ground and then returning to that place whenever things became messy. Common ground is that place of agreement when there has been a clear understanding established, whether written or not, and whether spanning a time period of a few minutes in a conversation or over a multi-week process of negotiating agreements. As with most comprehensive collaborations, PATH’s potential was in its collective that brought together diverse community stakeholders around a shared ideal and principles. The practice of focusing on common ground was first evident with the TCF Board of Directors, then as a staff team, and finally, during negotiating agreements with the convener and other community partners. To build and return to common ground is an appreciative approach that generates far more energy and community-building potential than focusing on barriers and problems (Cooperrider, 1990).

The practice came alive in the plans and agreements with the various PATH action groups. Though TCF may or may not have influenced the common ground practice of the PATH Team once these plans and agreements were in place, the respect for common ground never-the-less was active in PATH. The communications sub-committee went so far as to include a consensus decision making process as part of their terms of reference (PATH, Communications Sub Committee, 2012). The encouragement of common ground also helped to assure PATH an equal voice to the smaller partner organizations in the collaboration.

Figure 4: Themes that have characterized The Change Foundation’s leadership during the early stages of the PATH initiative.
The Change Foundation (TCF) made a bold decision to make a significant investment in one system change initiative in the transitions in the healthcare environment. This article is a reflection on the roles and actions of TCF during two early phases of the Partners Advancing Transitions in Healthcare (PATH) project. The reflection reviews the period of discovery and design of PATH, as well as the selection process of the convenor and early implementation of the project in the community. The article begins with a look at the effort to create an innovative new initiative of this nature within an established organization. TCF’s support infrastructure is also reviewed as well as the balancing act of being a funder embedded inside a project. The article frames TCF’s PATH systems change initiative with the use of an opens system theoretical foundation.

About the Author

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Marc Langlois is a developmental evaluator, social innovator and social entrepreneur that has worked in the field of youth engagement and community development for 35 years. Following his years as co-founder and Executive Director of HeartWood, Centre for Community Youth Development, Marc went on to work, study and research across Canada in collective impact community development and whole systems change. He works freelance with grassroots community and not-for-profit organizations and foundations, and in the design, facilitation and evaluation of enterprising social innovations.
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ABOUT THE CHANGE FOUNDATION

An independent health policy think tank, The Change Foundation is changing the debate, practice and experience in Ontario healthcare, prompting system-wide, patient-centred improvements. The Foundation engages the stewards, stakeholders and users of Ontario healthcare, advising, supporting and challenging them to work together on shared goals: better health and quality of care; better patient experience and engagement; better value for money. The Change Foundation turns 20 in 2015, ready for its next challenge as a think tank dedicated to doing.