Intermountain Health's LD Coaching Cohort Program: Maximizing the Leader Factor

Intermountain Health and Alchemy Strategy Group

Best Advance in Coaching and Mentoring

January 2024

Brandon Hall Group
HCM Excellence Award
LEADERSHIP DEVELOPMENT
GOLD 2023

Company Background

Intermountain Health

Company-at-a-Glance	
Headquarters	Salt Lake City, UT
Year Founded	While Intermountain Health was established in 1975, its legacy of compassion and care extends over many generations. Hospital operations were first established in Colorado and Utah in 1873 and 1910 respectively. Intermountain Health has since become a 60,000+ person strong non-profit health system with operations in 7 states across the interior west.
Revenue	$13.9 billion
Employees	64,000
Global Scale	7 Primary States (UT, NV, ID, CO, MT, KS, WY)
Customers/Output, etc. (Key customers and services offered)	Intermountain Healthcare is a team of 64,000 caregivers who serve the healthcare needs of people across the Intermountain West, primarily in Utah, Idaho, Nevada, Colorado, Montana, Wyoming, and Kansas. Intermountain is an integrated, non-profit.
Industry	Healthcare
Website	https://intermountainhealthcare.org

Company Background

alchemy STRATEGY GROUP
alchemystrategy.com

Company-at-a-Glance	
Headquarters	Denver, Colorado
Year Founded	1998
Revenue	1.5 million annual
Employees	15 contractors
Global Scale (Regions that you operate in or provide services to)	Globally worked in Canada, Mexico, Latin America, UK, Switzerland, Germany, Austria, France, Brazil, Sadi Arabia, Sweden
Customers/Output, etc. (Key customers and services offered)	Consulting, Strategic Planning, Culture, Talent Development (coaching), Team Development, Organizational Development
Industry	All – with specialty in healthcare
Website	www.alchemystrategy.com

Budget and Timeframe

Budget and Timeframe	
Number of (HR, Learning, Talent) employees involved with the implementation?	5 caregivers: 1 CHRO, 1 VP of Learning & Development, 1 System Director of Learning & Development, 2 Education Architects
Number of Operations or Subject Matter Expert employees involved with the implementation?	14 caregivers: 1 Senior Director of Nursing, 13 Nursing Managers
Number of contractors involved with implementation	2
Timeframe to implement	June 2021 - November 2021
Start date of the program	November 2021

Business Conditions and Business Needs

This submission outlines the concept, design, development, and implementation of SCL Health's Leadership Development Coaching Cohort Program in support of growth and development, organizational performance and effectiveness through a systematic framework between November 2021 and February 2023.

Business Conditions: Intermountain Health and SCL Health merged into one healthcare system April 1, 2022, to better serve caregivers, patients, members, and communities. The combined organization is named Intermountain Health. For the purposes of this submission, most collateral incorporates SCL Health branding as the program described herein was launched prior to the merger. SCL Health will transition over time to the Intermountain Health brand.

The ongoing COVID-19 pandemic continued to drive healthcare worker shortages, heightened mental health issues, and a deepening imbalance between work and personal life. Nursing units were no different in experiencing these devastating impacts. This presented both a challenge and an opportunity for SCL Health to directly deliver on the mission of the organization which is: We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Source: SCL Health Mission Forward 2025 Strategic Imperatives

Business Needs: The Enterprise Learning & Development team, referred to herein throughout this submission as EL&PD, with the support and approval of the Chief Human Resources Officer (CHRO) and led by the Vice President of Learning & Development (VP), was tasked with developing a program that incorporated leadership development elements for a group of peer-based nursing leaders for a hospital in Montana. They were furthermore challenged with the following guideposts:

- Design using the talent management strategy program components of learning & development, coaching, and mentoring.
- Connect with line-of-sight organizational performance and effectiveness goals.
- Create a learning journey that can be flexible and sustained.
- Develop a modularized approach for repeatable deployment across the enterprise for selected groups, teams, and/or cohorts.

Audience: This program was established to meet a specific request for leadership coaching at a hospital in Montana. In the needs assessment review, it was determined there was a group of new nursing leaders from the same care site all reporting to the same leader that would benefit from individual coaching. The front-line nursing leader role was prioritized and identified for this scope of work as they impact organizational performance in many ways, including patient experience, clinical processes and outcomes, and associate and physician engagement on the unit.

Overview

Over the course of the previous few years, the Human Resources division, led by the EL&PD team, deployed the Talent Management Strategy. The Talent Management Strategy outlines complementary programs that come together to deliver upon ministry requirements and associate aspirations to achieve strategic imperatives of the organization.

SCL Health

The Annual Talent Management Strategy
Leader Companion Guide 1

SCL Health's Talent Management Strategy

The SCL Health Talent Management Strategy is an ongoing process to identify the skills and talents required to achieve strategic imperatives. At the core of the strategy are the requirements of our ministry and our associates' aspirations. Here is an illustration of the components of SCL Health's annual talent strategy and process.

Engaging our associates in a thoughtful talent assessment process can help boost our organization's associate engagement, motivation, and retention rates. It also can help align individual behavior more closely with our organization's mission, creating a better work environment and a stronger organization for us all and the patients and communities we serve.

Source: SCL Health Talent Management Strategy

Three of the ten components, mentoring, learning & development, and coaching, as seen in the Talent Management Strategy visual above in the 6, 7, and 8 positions, had only thus far been utilized in standalone instances. The coaching and mentoring programs were in the pilot stages and had not yet been implemented widely across the enterprise.

Coaching had been used effectively for executives and physician level leaders and was in the process of expansion with a wider audience. Specifically encapsulating the manager and director audience in addition to the executive and physician and advance practice provider audiences. These leader of people audiences were critical to directly impact and influence improving team performance, increase focus and productivity, and favorably impact patient outcomes.

The mentoring program was created to serve as a professional development experience and exposure opportunity to enhance and grow knowledge, skills, competencies, behaviors, and abilities that support personal development and professional expertise.

Knowing that individualized engagements with a coach and a mentor are core components of an experiential and exposure professional development plan and can be done concurrently or consecutively, the EL&PD team saw the opportunity to design and deliver a comprehensive journey-based program to meet leadership development needs and connect to organization outcomes.

There were several goals established at the beginning of the journey and continuously improved throughout the timeframe. They are as follows:

Goal: Senior Hospital Leadership desired a foundation for the program to directly speak to a commitment to the mission, vision, and values of the organization. This commitment was outlined in a document of common language, dialogue, and demonstrated behavior expectations that all staff used as a true north called Leadership Behaviors in Action as seen below. Specifically, leaders enrolled in the program would be charged with increasing their own understanding of, and engagement in, the leadership behaviors in their own leadership practice. Additionally, the leaders were asked to use coachlike skills and mentoring as lived practice with their own peer groups, direct report teams, and teams they influence. This provided a foundation for leadership practice, fostering good working relationships, safely addressing conflicts, differences in opinion, inquiring about new processes, and decision making that everyone was committed to. The program administrators had a survey plan that included establishing a baseline at the beginning of the journey where the participants were introduced to the leadership behaviors as well as surveying for the same element at the mid-point and end-point surveys. All learning experiences in the journey were designed to maintain a line-of-sight connection to the

leadership behaviors whether learning was oriented in a formal learning module or informal developmental individual or group coaching or mentoring experience.

This goal was successfully achieved on the end-point survey with 90% of survey respondents rating their improvement of leadership behaviors as a result of the program content between a 4 and 5 resulting in a 4.2 rating on a 5-point scale.

SCL Health

Our Leadership Behaviors in Action

① **Accountability for results**
- We jointly set stretch goals, allow leaders latitude and hold tight responsibility for outcomes.
- We define and communicate our success metrics and behavior expectations.
- We have clearly identified line-of-sight leadership for key initiatives as defined with Mission Forward 2025.
- We actively engage and develop solutions – we don't just "call out" or "admire" the problems.
- We hold each other accountable for what we say – if a statement is made that is "out of left field" or not supported by facts/data, we have an obligation to call each other out on it and correct the misstatement before it becomes "urban legend."

② **Engagement and enthusiasm for change**
- We communicate the drivers of change and bring the care sites and system together to define new responses.
- We encourage and reward associates who positively embrace change and motivate others.
- We are committed to associate engagement as essential to improving the patient experience and outcomes.
- We make a unified and consistent positive impression of SCL Health to suppliers, consultants and the public-at-large.

③ **Adaptability and continuous learning**
- We face change and conflict with curiosity.
- We seek and share best practices across the system to accelerate outcomes.
- We use Lean Principles to redesign and continually improve processes and outcomes.

④ **Trust, respect and collaboration**
- We embrace servant leadership – serving those in need and each other.
- We value our collective capabilities, recruit the best people and nurture joint accountability.
- We reconcile differences by challenging assumptions, assuming good intentions and staying in dialogue.
- When difference or conflict occur we commit to working through the issue before moving on.
- We do not "triangulate." If we have a concern/problem with someone or something they are doing/not doing or saying, we will approach that person directly, versus expressing our issues/frustration with a 3rd person and asking/hoping they will intervene on our behalf.
- We call out and eliminate "toxic" comments.
- We pull together as ONE TEAM; we don't create divisiveness.
- We are unguarded and genuine with one another.
- We share accountability with clinicians encouraging their participation and ownership of outcomes.

⑤ **Transparency and candor**
- We share information openly to build trust, understanding and improve decision making.
- We respectfully share and solicit "left-hand columns."*
- We challenge one another's thinking to foster better decisions.
- We respect inquiry and questioning is supported and appreciated.
- We make it safe to bring forward concerns, but also propose suggestions for improvement.

⑥ **Efficient, data-driven decision making**
- We maximize the use of technology and information to support effective decisions
- We tackle tough decisions, engage stakeholders and communicate both process and outcomes.
- We continually improve the processes for decision making, ensuring they are made at the right time and at the right level.

⑦ **Urgency and follow-through**
- We respect the demands of the environment and engage passionately to defend the mission.
- We are disciplined in project management.
- We clarify expectations, commitments and consequences for not meeting each other's needs.

*According to Chris Argyris, behavioral psychologist, people place their thoughts and feelings in either a right-hand column (what we say) or a left-hand column (what we think or feel but don't say).

Source: SCL Health Leadership Behaviors

Goal: Favorably impact organizational performance and effectiveness.

Senior Hospital Leadership wanted to create an opportunity for new nursing leaders to learn in the flow of work and at the same time, apply their skills with their teams in support of favorably impacting leadership and engagement indicators from the 2021 to 2022 engagement survey.

As an overall result, the 2022 overall hospital engagement score was 4.28 and the organizational engagement score was 4.12 on a five-point scale.

Goal: Develop a modularized approach for repeatable deployment across the enterprise for selected groups, teams, and/or cohorts. Using the three key components, leadership development modules, coaching, and mentoring, a journey was developed that supports leaders' growth and development and can be further customized in alignment with executive sponsorship, performance-based objectives, associate engagement goals, and competencies. This goal was achieved and is articulated in the design phase of this program.

This program was built with an eye on repeatability and the opportunity to leverage it across the enterprise. There has been a steady stream of departments, groups, and teams utilizing this integrated learning strategy with a future goal to create additional understanding in how the coaching and mentoring element can complement formal learning opportunities for a more wholistic development plan. As a part of a previous deployment of the leadership development strategy, all leaders were encouraged to access leader companion guides featuring tools and resources that guide the development of creating pathways using organizationally endorsed learning resources. Access to these tools was available in a centralized repository and the learning team utilized opportunities to share deeper during existing learning events.

Organizational Objectives: This program is rooted in the aligned & empowered organization organizational objective. To fulfill the organizational objective in aligning the organization through structure, decision making, and behaviors in order to accelerate associate engagement and retention, the learning team gladly accepted the challenge to design and deliver a comprehensive journey-based program to meet these leadership development needs and connect to organization outcomes.

Design and Delivery of the Program

Design: In considering all available resources and needs, the VP sought a unique solution. To keep the organizational guideposts, program management, and the mission aligned, internal resources would be critical to shepherd the program across the journey. Those were sourced from within the EL&PD department led by the Senior Director of Organizational Systems & Services. However, to set this initial program up for success, external expertise in coaching, defining organizational performance and effectiveness within a program would be needed to meet the objectives of the work.

Trusted external consultants and executive coaches from Alchemy Strategy Group were sought out to partner in the design and delivery due to their deep knowledge in talent, team, and organizational development. As a strategic consulting company, Alchemy Strategy Group was already frequently engaged for individual executive coaching engagements as well as team effectiveness and team facilitation interventions. Their approach is always customized to the client's needs and follows a systematic, goal directed methodology that is measurable and results oriented. For all executive and leadership development coaching interventions, Alchemy Strategy Group follows the principles outlined in The Executive Coaching Handbook, from the Institute of Coaching (Ennis, S., Goodman, R., Hodgetts, W., Hunt, J., Mansfield, R., Otto, J., Stern, L., 2015). The Institute of Coaching describes coaching as an "experiential and individualized leader development process that builds a leader's capability to achieve short- and long-term organizational goals. It is conducted through one on-one and/or group interactions, driven by data from multiple perspectives, and based on mutual trust and respect. The organization, the leader, and the leadership coach work in partnership to achieve maximum impact" and furthermore outlines the coaching partnership as "a win-win approach in which all partners plan the process together, communicate openly, and work cooperatively toward the accomplishment of organizational objectives."

The VP felt that this partnership approach would lend itself to a successful design, pilot, and implementation and could be used as a template for years to come and thus a preliminary outreach to seek the interest and capacity of the Alchemy Strategy Group was initiated. As a result, they were delighted to partner on a solution based on their experience and exposure in this arena. Brainstorming sessions took place to solve how to support multiple new leaders within the same department, contribute to organizational objectives and outcomes, and ensure cost stewardship for the organization. Alchemy Strategy Group conducted interviews with several Senior Nursing Leaders to gather and assess information that would be useful in consideration of the program design.

At the same time as the brainstorming and interview sessions were taking place, an opportunity to synergize efforts surfaced in support of operationalizing the coaching and mentoring components of the Talent Management Strategy. Specifically, the coaching component was being actively developed to include a formal philosophy and standardized approach. As a part of the plan for this approach, three internal resources, who were previously tapped to enroll in coach certification training, were nearing the end of the education portion of training and ready to work towards coaching experience hours that would meet the requirements to gain accreditation. As the design elements continued to come together, the team capitalized on the fact that the coaching experience hours could be obtained by the internal resources by serving as coach resources for this program and that also assisted with keeping costs contained by not having to fund further external resources.

A solidified approach began to take shape. From the intake conversations Alchemy Strategy Group had with Senior Nursing Leadership, they learned that there were additional new department leaders who worked closely with the original department at the focus of the request. It was also discovered that the respective departments had shared goals and outcomes in common. As a result, Alchemy Strategy Group and EL&PD generated the design of a cohort formation model where pre-identified, formal leadership development modules would be thoughtfully paired with informal learning experiences including coaching and mentoring experiences, across the duration of the program.

This model would allow these new leaders to learn and grow while concurrently building relationships within their departments fused together by the interdependent nature of their clinical work and patient care. Because the program participants were from the same hospital, this allowed tracking of real time results for nursing division and hospital-based shared goals and outcomes. Given the interdependent nature of their clinical work and patient care responsibilities, offering this development opportunity in a structured format granted the new leaders the chance to move through the leadership development and relationship building journey together while receiving the additional benefit of touchpoints for individual coaching, group coaching and mentoring.

The outline for cohort participation and program membership was as follows:

- 13 nursing people leaders
- 2 external consultants who were also executive and leadership development coaches.
- 3 internal coach practitioners

- 2 EL&PD Education Architects whose role was to shepherd the journey and facilitate formal learnings as applicable.
- 1 Nursing Senior Executive Leader Sponsor

The key elements of the journey outline included:

- 6 Leadership Development Focused Learning Modules
- 6 Cohort Group Coaching Sessions
- 12 Individual Coaching Sessions

The focused learning modules portion of the program consisted of existing leadership content that could be found in the EL&PD "off the shelf" library. It was also the responsibility of EL&PD to facilitate these formal learning opportunities. This work was coupled with a mix of content that Alchemy Strategy Group designed and facilitated. The target was half-day sessions scheduled every other month throughout the program. To meet clinical workforce needs, modules were arranged to support flexibility so that patient care remained at the center of the experience. Each topic was selected based on what skills, behaviors, and knowledge best supported a new people leader, focusing specifically on valuable leadership effectiveness content, tools, and application tips required to be a more effective leader.

The group coaching sessions were designed to apply the content from the learning modules to real life scenarios that the cohort is facing. Participants openly shared significant challenges they faced, offered insights, and ideas in support of one another's success, and asked compelling questions on how to apply the learning module content to real life challenges they were facing. In addition, cohort members connected with one another outside the sessions to mentor, seek advisement, and/or offer one another counsel. This affirmed the goal of using the group sessions to encourage participants to find unity within one another and their work. By design, this activity was encouraged in real time and used as a momentum example of how practical application and ongoing sustainment can hardwire beyond the end of the program.

The individual coaching sessions provided each cohort member access to a professional coach each month for at least one hour. The primary focus of these sessions was to formulate and distill a clear and compelling set of development objectives for each participant and to support them in learning and applying new strategies, behaviors and actions that result in being more effective when leading their teams. Upfront time was spent in the client discovery phase, rapport building, and goal development based on the initial assessment which focused on emotional intelligence. Each participant was asked to focus on up to two items that if deep focus was given, would favorably impact goals and outcomes. They were also asked to connect their development goals to existing

action plans so that the work in the cohort was connected at the point of performance. Coaches and participants alike reported real signs of growth as self-awareness and a sense of presence in their roles as leaders in a very challenging environment deepened.

The program's structure included mid-point and end-point program surveys that allowed progress to be tracked and satisfaction of the learning throughout the program.
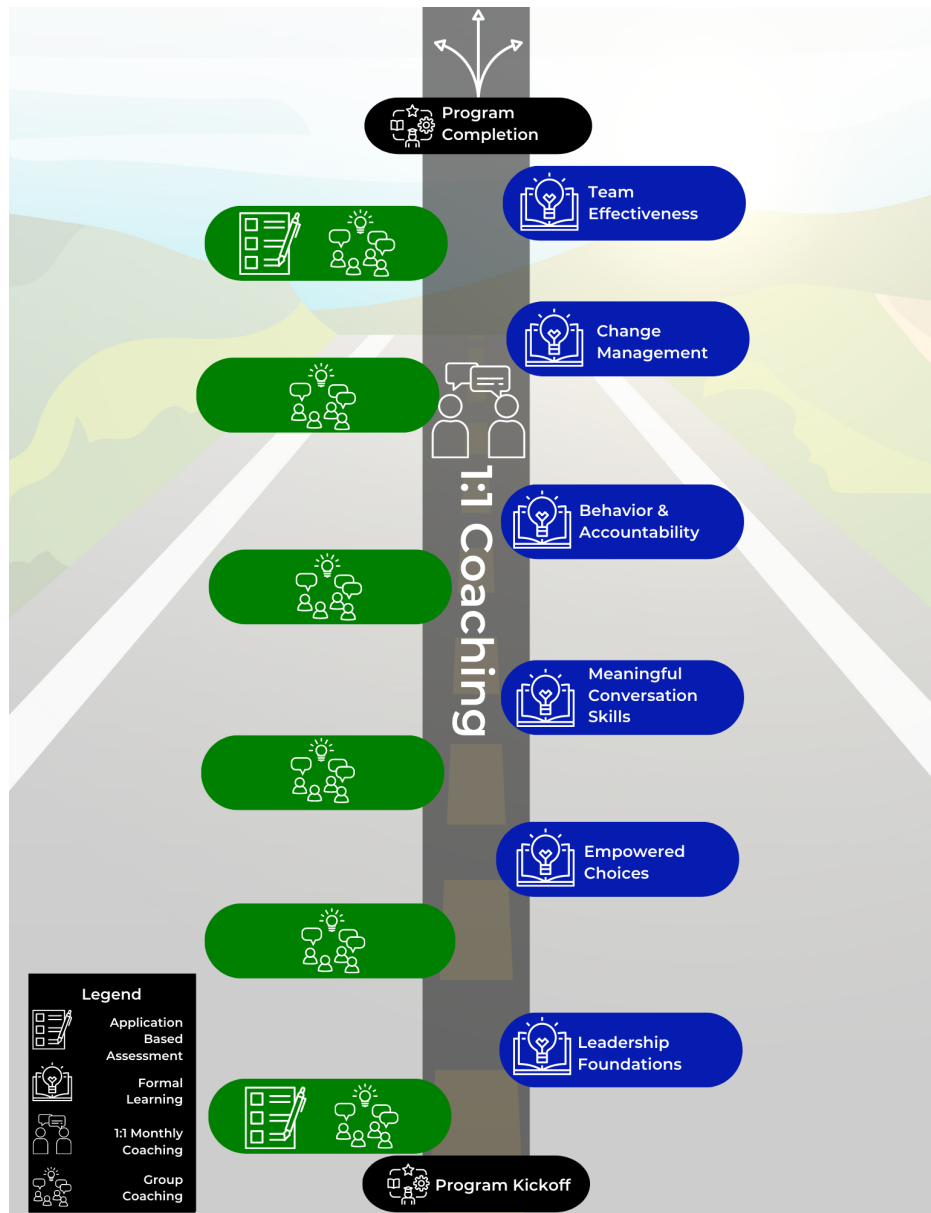
Source: SCL Health Leadership Development Coaching Cohort Pathway

Delivery

Focus of the implementation: As noted above, this program was started with the 13 people leaders identified as needing leadership support. The goal of focusing on this group was two-fold. The first focus for impact was to provide learning they could implement into their leadership practices that would improve associate engagement survey results in a year's time. The second focus for impact would come later in reviewing the overall course outcomes in hopes that this program proved successful enough to continue to be modeled in future work across the organization.

Program Implementation: To support a balance of patient care, learning experiences, and application opportunities, the learning was intentionally spaced across span of one year. For participants, this allowed for the ability to ensure patient care was un-interrupted as hospital capacity ebbed and flowed that was dictated by the ongoing pandemic. For the program administrators this allowed for course corrections dictated by the pandemic as well as merger-related activities that impacted on the delivery timeline. The initial goal was a one-year cohort journey and the actual length from kickoff to graduation celebration was 18 months.

All program elements (learning modules, individual coaching, and group coaching) were delivered in a virtual setting. Virtual delivery was standard organizational directive due to the ongoing COVID-19 pandemic and cost stewardship. The organization also underwent a merger in the middle of the journey which added additional geographic distribution of resources that further supported the leadership development learning elements of the program.

Source: SCL Health

As the final learning module was scheduled, an opportunity presented itself to hold it as an in-person event as pandemic guidelines were being relaxed across the organization. Program administrators agreed that holding the learning module in person would complement the content of the learning which focused on agility and evolving character strengths. Additional future forward concepts in the content allowed participants time for reflection to assess their growth from the initial assessment and a windshield in which to identify elements they desired to include in their next round of development for themselves as the new year approached.

This final content delivery also paired well with routine annual programs that kick off at the beginning of each year such as the performance appraisal process, goal setting, and associate engagement action planning. This demonstrated that by learning in the flow of work and leveraging existing touchpoints, pairing with routine annual programs, leader efficiency could be capitalized in a learning journey where experience and exposure learning opportunities are embedded and personalized through natural progression and can favorably impact organizational goals.

Adoption of the Program

Several departments and teams were using early versions of the key elements (personas, learning model, and learning pathway), the EL&PD team immediately capitalized on the opportunity to assess the force field and employ them as early adopters. Tapping into existing change management methodology, the VP and System Director of Organizational Systems & Services met with several executive sponsors and stakeholders of in-flight programs and shared further details to deepen understanding, provide a space for questions, course corrections, and building a positive coalition and commitment used to propel the work forward to finalize the key elements.

Challenge: Supporting a clinical area requires flexibility and support in many ways – learning approach, modality, and understanding that the front-line nursing leader is balancing minute to minute patient health needs and at times, is covering for direct patient care.

Defined Strategy: Flexibility, communication touchpoints, and coordination between the program managers and the external practitioners. The program design had built in connection points with the hospital senior leadership team at the beginning, middle, and end of the journey. However, to ensure connections were maintained and any issues that surfaced were quickly addressed, the external practitioners and program managers also scheduled frequent touchpoints. These touchpoints allowed for nimble shifts in scheduling and attention to any recently surfaced needs. From a learning standpoint,

formal learning scheduling was shifted to meet capacity and workload of the group and hospital when the needs called for it, which turned out to be a couple of times during the length of the program. Mentoring and group coaching touchpoints were utilized to keep the group connected as they were shorter timeframes which were much easier to schedule during high capacity on the nursing units. These touchpoints provided an outlet for the participants who, at times, also served directly on the front-line, in-patient care.

Challenge: As the merger of SCL Health and Intermountain Health continued to progress after the official merger date of April 1, 2022, the EL&PD department was one of the first departments in Human Resources to undergo team integration.   By August of 2022, the EL&PD department was effectively dissolved, the VP and CHRO had left the organization and all EL&PD team members were placed among newly integrated learning teams. Prior to departure, the directive set forth by the VP was to ensure an uninterrupted flow of current work and to support the expanded work of the newly formed integrated teams.

Defined Strategy: Because the program managers and external practitioners already had scheduled touchpoints, the challenge was to ensure that the program stayed up and running through the planned completion with little or no impact to the participants who had yet to go through integration (which was planned at a later time). There was one impact on two participants in the program and that was to reassign them a new individual coach since their coach was the CHRO, who had left the organization. The remaining senior leader, the System Director of Organizational Systems & Services, took on these two participants in order to minimize any additional impact or cost to obtain new coaches.

Measurable Benefits

As a planned part of the program, mid-point and end-point surveys were sent to program participants. The mid-point survey had a 69% response rate with 9 of 13 participants responding. The end point survey had a 77% response rate with 10 of 13 program participants responding. Both response rates pleased the program leaders as well as provided several important insights on behalf of the current program and provided opportunities to pull forward into future programs with a similar blueprint.   One of the main priorities was to ensure to capture not only solid outcomes and measurable benefits at the intake conversation and then tracking to those throughout the program and all survey points so that a solid thread could be pulled through the entire program from a data perspective.   A second prioritization was to consistently weave the impact opportunities and outcomes throughout the program elements and furthermore articulate how they impacted the participant, their team and peer relationships and the organization. These two prioritizations were important to create a cohesive program as

well as a journey that felt like it had a solid foundation with a clear beginning, middle, and end.

Tangible Benefit: Increase awareness, cascade, and application of core Leadership Behaviors to increase individual, leadership, and team performance.
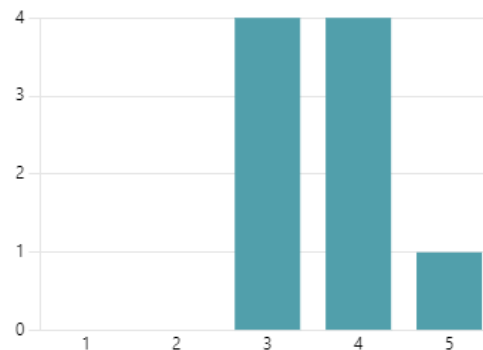
The program leaders had a survey plan that included establishing a baseline at the beginning of the journey during the kickoff session where the participants were introduced to organizational leadership behaviors. Leadership Behaviors served as a true north across the entire learning experience for the cohort members. During the kickoff, participants were asked "What they hope to gain from the program related to the leadership behaviors?". Then during the mid-point and end-point program surveys, participants were asked to share their assessment of how their leadership behaviors have improved since the start of the program.

The mid-point survey reported a 3.67 rating on a 5-point scale from survey respondents as a result of the program content.

The end-point survey results showed that 90% of survey respondents rated their improvement of leadership behaviors as a result of the program content between a 4 and 5 resulting in a 4.2 rating on a 5-point scale.
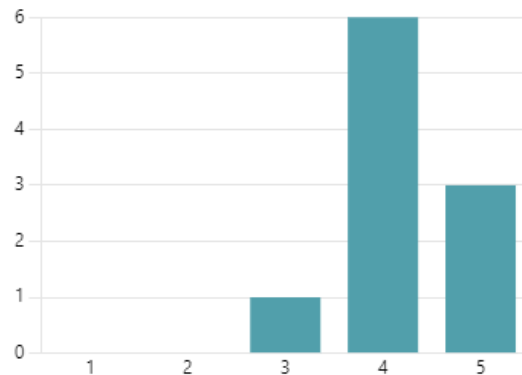
2. On a scale of 1 to 5, how have your leadership behaviors improved as a result of the content from this program?

More Details   Insights

4.20
Average Rating

This showed an overall improvement of .53 in improved leadership behaviors over the course of the program.

Tangible Benefit: Promotion Rate

Two of the 13 participants were promoted during the program timeframe. One participant was promoted from manager to director.

When asked to share any impact(s) seen since the beginning of the cohort experience in the end point survey, this participant shared the following quotes "I received a promotion! This cohort has been a huge part of my success as a new manager. THANK YOU!!!" and "Can't say enough good things about this! I 10/10 recommend this for any new leader in the organization".

The engagement survey ratings for this newly promoted leader in 2022 are as follows:

- 2022 Engagement Survey Ratings
    - Engagement Indicator is a 4.34 on a five-point scale which is +.22 vs. overall organization and +.31 vs. the National Healthcare Average in 2022.
    - Team Index 1 and is among the 54% of teams who are in the top tiered team at this hospital. This indicated the level of team functioning and viability that is needed to drive improvement and positive outcomes.

Not only was a top performer retained and promoted, but the survey ratings and promoted participant feedback indicate that an investment in leadership development and coaching has directly impacted team engagement and effectiveness.

Additional Impacts:

Benefit: Impact on Engagement.

One of the three key goals established at the beginning of the process was to favorably impact organizational performance and effectiveness over the course of the year long program. Outcomes for the overall organization exceeded this goal for the 2021 to 2022 year. The 2022 overall organizational engagement score is 4.12, which is the 61st percentile nationally. This is the fifth year the organization has improved as an organization — even in the midst of change and a pandemic — and the score is up significantly from the 2021 score of 4.03. The score is a direct reflection of what associates (now referred to as caregivers as a part of the merger) and leaders are doing every day to enhance the experience for each member of their team. There are 59% of teams that are considered Team Index 1 teams. The Team Index illustrates the level of team functioning and viability. Scores in this index indicate the level of support needed to effectively drive improvement and positive outcomes. There are three levels of Team Index, 1, 2, and 3 with 1 as the pinnacle. For this particular hospital, their overall engagement score was 4.28 and 54% of teams reached a Team Index 1 and 30% reached a Team Index 2.

The concept is simple: the greater number of healthy teams means the organization is healthier. Leader's influence and action in fostering cultures of respect, recognition, teamwork, safety, and career development have led to scores that outperform national healthcare averages.

Benefit: Demonstrated how people and performance can be positively changed using a journey-based process rather than a singular learning event.

The program completion survey returned favorable results for the overall program that further pointed to the relevance of content and effectiveness of not only the leaders but to the overall cohort experience elements and approach used. Through the group coaching sessions and the program completion survey, the cohort participants repeatedly indicated that the learned leadership development and coaching tools and resources are ones they are already using with their teams. This initial and ongoing growth and development was one of the initial objectives of the program.

Details:

- 100% of respondents agreed that the skills learned in the course are required in their job. 80% of respondents answered with a confidence level of 100% for this question.
- 100% of respondents answered that their effectiveness as a leader improved between 50% and 100% since the start of the cohort experience with 6 of the 10 total respondents rating at 75% or higher.
- 100% of respondents answered that the applied content of the course is critical or very critical to their success.
- 80% of survey respondents shared they were likely to recommend a similar cohort experience. This is an excellent indicator and benchmark in program and content satisfaction and gives weight to the success of future use of a similar implementation of this program.

13. On a scale of 0 to 10, how likely are you to recommend a similiar cohort Leadership Development Experience to a friend or colleague?

More Details   Insights

Promoters	8
Passives	2
Detractors	0

80
NPS®
-100   0   +100
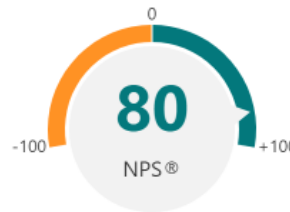
Source: SCL Health

Benefit: Sponsorship of this program at the executive level of leadership made the business impact more likely.

At the same time the program participants were asked to respond to an end-point survey, the Senior Nursing Leadership was asked to share thoughts on growth and impact as it related to the cohort experience.

The results are as follows:

- Increased self-awareness and presence
- Improved capacity to have tough conversations in a productive way.
- Increased collaboration and cohesion across departments…cohort members leaning in to support one another when working through challenges and opportunities.
- Improved ability to both receives and provide feedback.

- Growth in team engagement and team effectiveness. The degree to which these cohort members genuinely care about their teams is palpable and is making a difference.
- Increased resilience in the face of some unimaginable challenges through Covid, supply chain disruptions and staffing challenges

Benefit: Created a systematic and repeatable framework that blended three components of the Talent Management Strategy into one cohesive journey for a pre-identified audience.

This journey incorporated a design concept from the organization's leadership development strategy where formal leadership development modules were paired with informal learning experiences that included coaching and mentoring experiences across the duration of the program.

This gave birth to a blueprint that can be utilized for years to come across many different audiences. This best practice is a prime example of how the EL&PD team intentionally crafted a collective of integrated learning experiences instead of a singular event that were diverse and connected through the organizational and program objectives and goals as well as content and social learning elements. Due to modularization, the entire program can be tailored to specific needs of any type of audience or function. Moreover, because the journey included experience and exposure elements that happened away from the traditional learning settings (classrooms), the experience was designed to sustain through healthcare and/or industry challenges while also promoting time for the participants to apply the learning to real life scenarios. Specifically, exposure elements such as coaching and mentoring can be scheduled per the needs of each participant and their coach and mentor. This purposeful space was built into the program to support feedback, reflection, building on existing knowledge and skills and connection to professional development goals.

Overall

The overall results of this inaugural cohort program show that this program is a benefit not only for the individual participants, but for the organization as well.

For the newly graduated cohort of participants, the forward focus is on sustaining and hardwiring their newly enhanced and/or newly acquired skills to leverage further individual and leader effectiveness.

An opportunity also exists to follow the 13 leaders through the next few years and study the correlation of this programmatic approach of a focused time and effort investment relative to their organizational impact and professional trajectory. The ideal outcome is that this will affirm that the upfront design and delivery time investment as value add. And that a modularized approach for repeatable and scalable deployment across the enterprise for selected groups, teams, and/or cohorts demonstrates how people and performance can be positively changed using a process, rather than an event.

Improving the frequency of the feedback loop and data collection process is on the horizon as well with a new vendor for engagement surveys across the organization. Associates and leaders will have several, more frequent opportunities to review their impact and adjust their leadership practices for effectiveness and impact before, during, and after programs such as this.

The future state for the program is currently under evaluation. The program structure that existed as a legacy organization functioned under one umbrella which allowed for seamless collaboration in deploying and readjusting the work. The work under the new organization alignment has split each program component into separate departments under the learning function. To bring the cohort structure forward is going to take time as each group continues to acclimate to the culture of the business standards as the newly merged organization and not just a legacy organization.

Individuals involved in the leadership development modules and program shepherding and the coaching components of the program have respectively integrated into new organizational roles that will gratefully provide the opportunity to collaborate to keep the work moving forward.

Gratefully, an opportunity recently surfaced through the implementation of a new cohort that can utilize the blueprint of the program outlined in this submission. Currently, it is focusing on two separate departments within the newly merged organization. This program will adopt a 6-month timeline as opposed to the yearlong timeline and will include coursework facilitated by the newly integrated leadership development team. Group cohort sessions are also planned for this program to reflect the nature of content learned and application to the daily work of each cohort. Still under consideration is factoring in the blending of individual coaching and/or mentoring. Further exploration needs to be completed to determine what, if any, relationship cohort participants have had with coaching and/or mentoring prior to participating in this new cohort.

As a closure to the journey described herein and the possibilities of what's ahead, a Leadership Development Coaching Cohort participant quote sums it up nicely.

"I really enjoyed participating in this cohort over the past year. I honestly wish it was ongoing. It has given me continuous perspective and tools to use to improve my leadership style and relationships with my team. I appreciate the coaching sessions and coaches that gave me so much insight into, well into myself. I have learned so much about the person and leader that I am and who I aspire to be. It has given me confidence and courage to explore and look beyond who I am today but also to look at who I will be in the future. I love learning and know it is a lifelong journey for me. I will absolutely look for other classes to enhance my journey. Thank you for the opportunity."

References:

Ennis, S., Goodman, R., Hodgetts, W., Hunt, J., Mansfield, R., Otto, J., Stern, L. (2015). The Executive Coaching Handbook: Principles and Guidelines for a Successful Coaching Partnership. Retrieved from: https://www.instituteofcoaching.org/resources/executive-coaching-handbook-principles-and-guidelines-successful-coaching-partnership.

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