

Sweden Study Tour – Lessons on Leadership from an Emerging Leader’s Perspective

Graham Gaylord, BSc, MHA

Introduction

May 2010, 19 senior leaders participated in the 2010 Canadian College of Health Service Executives (College) Sweden study tour. The majority of participants were senior leaders from public and private healthcare organizations across Canada. One participant was from the United States of America and another from the United Kingdom. The 19th participant was the recipient of the 2010 ARAMARK-College Emerging Health Leader Sweden Study Tour Scholarship. The award recipient was asked to author this report outlining what he learned during the Sweden study tour regarding leadership from the perspective of an emerging leader.

This article provides an overview of the 2010 Sweden Study Tour, an overview of the LEADS in a Caring Environment Leadership Competency Framework (hereinafter referred to as the LEADS Framework) and an analysis of examples of leadership in the Swedish Healthcare System. Discussions focus on lessons learned from the perspective of an emerging leader.

Sweden Study Tour Overview

The 2010 Sweden Study Tour began May 2nd in Stockholm Sweden and spanned five days. The tour consisted of site visits to various healthcare organizations in a Swedish County Council and Healthcare Region: Stockholm County Council (population approximately 2 million)¹ and Vastra Gotaland region (population approximately 1.6 million)². Participants toured a number of healthcare organizations and attended presentations by leaders in the Swedish healthcare system. The site visits included a broad spectrum of healthcare organizations including acute care facilities, county council head offices, emergency hospitals, primary healthcare centers, children hospitals, maternity wards as well as rural healthcare centers.

Identifying Examples of Leadership in the Swedish Healthcare System

During the 2010 Sweden Study Tour, the author set out to identify examples of leadership in the Swedish healthcare system. To accomplish this he asked

the participants to analyze the Swedish healthcare system and discuss examples of leadership they observed using the LEADS framework.

The LEADS framework was developed as a leadership competency framework for the Canadian Healthcare System. This framework is based on original research by, and collaboration between, the Healthcare Leaders’ Association of BC and Royal Roads University. The LEADS framework is consistent with current literature on leadership as well as with emerging leadership frameworks in other international arenas³. The LEADS framework has been adopted by a number of organizations including the Canadian Health Leadership Network, the Canadian College of Health Service Executives and the Healthcare Leaders Association of BC as their leadership capabilities framework.

The LEADS framework covers five major leadership domains. These include Lead Self, Engage Others, Achieve Results, Develop Coalitions and System Transformation. Each of the five domains are made up of four measurable capabilities⁴.

The following sections explore LEADS leadership domains and capabilities observed by the participants of the 2010 Sweden Study tour. Each section covers one LEADS domain and is comprised of a vignette developed by the author and is based on the feedback and input provided by the study tour participants.

Lead Self – The Stockholm Breast Clinic

The first LEADS framework domain is Lead Self. This domain has four capabilities, which include being self-aware, managing self, developing self and demonstrating character.

The Stockholm Breast Clinic. The Stockholm Breast Clinic is an outpatient diagnostic center that acts as a one-stop-shop for fast and accurate diagnosis of breast illness symptoms. The clinic encourages walk ins and aims to provide patients with a final evaluation during their visit.

The CEO of the Stockholm Breast Clinic created a vision for a clinic that would provide comprehensive breast diagnostic services. He saw the opportunity to develop a new interdisciplinary model that would bring all breast cancer related services under one roof. This

new model was vastly different from the previous model and the CEO understood that drastic changes would be required.

The Stockholm Breast Clinic encountered a number of challenges implementing the new model, including the loss of 75% of the staff of the existing clinic. The CEO demonstrated the LEADS framework competency of Lead Self by continuing to implement the new model despite the challenges and adversity he faced. This demonstrated character, integrity and courage in the face of great financial and operational risk.

The Stockholm Breast Clinic now offers multidisciplinary breast diagnostics. These services include mammography, ultrasound, cell sampling, tissue analysis, counselling and follow-up. By demonstrating character, the CEO has achieved his vision of creating a center that provides comprehensive breast cancer diagnostics.

Leaders in the Canadian healthcare system could learn from the Stockholm Breast Clinic experience in demonstrating character during times of change to achieve results.

Engage others – The Stockholm BB

The second LEADS framework domain is Engage Others. This domain has four capabilities, which include fostering development of others, contributing to the creation of healthy organizations, communicating effectively and building teams.

The Stockholm BB. The Stockholm BB is a for-profit maternity ward. This organization is managed and operated by midwives and performs approximately 2000 low-risk births a year.

The Stockholm BB management team has implemented daily interdisciplinary patient rounds. The management team have deliberately involved all available staff to participate in patient rounds, including clinical, logistics, food services and housekeeping staff. The management team has exhibited the leadership capabilities of Engage Others by building teams through the implementation of interdisciplinary rounds. The team environment created through these rounds has led to collaborative problem solving across roles. Results of this collaborative team environment have

been improved infection control measures through the teamwork of clinical and housekeeping staff.

Leaders in the Canadian healthcare system could learn from the Stockholm BB experience in interdisciplinary team building that transcends the traditional idea of interdisciplinary care.

Achieve Results – Sophia Hemmet

The Third LEADS framework domain is Achieve Results. This domain has four sub-domains, which include setting direction; strategically aligning decisions with vision, values and evidence; taking action to implement decisions; as well as assessing and evaluating.

Sophia Hemmet. Sophia Hemmet is a not-for-profit outpatient surgical health center. This organization performs both publicly funded procedures as well as those not covered through the public healthcare system. 75% of Sophia Hemmet funding comes from public funds while 25% is provided through private means (out of pocket and private health insurance).

Sophia Hemmet has a vision to “be the private hospital for individual and professional care.” The organization’s values include professionalism, engagement, accessibility and tradition.

The management team have exhibited the leadership domain of Achieve Results by strategically aligning their operations with their vision and values. Sophia Hemmet has lived their value of engagement by collaborating with private organizations to provide professional services such as labs and diagnostic imaging. They have also lived this value by creating an operational model where they partner with individual physicians who use Sophia Hemmet facilities. This engagement strategy has allowed Sophia Hemmet to focus on the value of professionalism by reinvesting surplus funds into state of the art facilities and professional clinical staff. This has in turn, attracted leading physicians to join Sophia Hemmet.

To date, Sophia Hemmet is well on its way to achieve its vision of becoming the private hospital of choice for individuals and professionals as the hospital serves the Swedish Royal Family and staff from a number of Swedish companies requiring private insurance. During the Swedish study tour, the CEO

indicated that Sophia Hemmet has also recently achieved 92% brand awareness among the general population. By aligning their decisions and operations with their vision and values, Sophia Hemmet has been able to achieve results including developing significant brand awareness, growing a patient roster of high profile individuals and attracting high calibre professional clinical staff.

Leaders in the Canadian healthcare system could learn from the Sophia Hemmet experience in aligning decisions and operations to achieve an organization's goals and vision.

Develop Coalitions – The Agrenska Institute

The Fourth LEADS framework domain is Develop Coalitions. This domain has four capabilities, which include purposefully building partnerships and networks to create results; demonstrating a commitment to customers and service; mobilizing knowledge; and navigating socio-political environments.

The Agrenska Corporation. The Agrenska Corporation runs a center for children, teenagers and adults with disabilities and rare diseases. The programs that the Agrenska offers are holistic in nature and involve not just the person with disabilities but the person's close family and primary care professionals. Through the Agrenska's programs patients, families and primary care providers are put in touch with, and are taught by, rare disease specialists.

The Chair and founder of the Agrenska foundation was instrumental in making this center a reality by exhibiting the leadership capabilities of Develop Coalitions by purposefully building partnerships and networks to create results. The founder of the Agrenska was able to negotiate the political environment in Sweden to secure a base of funding from all levels of government including federal, county council and municipal. The founder was also able to develop a network of specialists in rare diseases and create a forum for them to share their expertise with those in need through the programs offered at Agrenska.

By developing governmental and clinical coalitions, the Agrenska has been able to develop a one-of-a-kind patient centered organization that brings clinical expertise on rare diseases to the patient, their

family and their local healthcare providers to improve patients' outcomes and quality of life.

Leaders in the Canadian healthcare system could learn from the Agrenska experience in creating patient centered organizations through stakeholder engagement.

Systems Transformation – Stockholm County Council/PRIMA Child and Adolescent Psychiatry Company

The final LEADS framework domain is Systems Transformation. This domain has four capabilities, which include demonstrate systems and critical thinking; encourage and support innovation; orient self strategically to the future; as well as champion and orchestrate change.

The Stockholm County Council. The Stockholm County Council, like most county councils and regions, is responsible for funding healthcare, public transport and regional planning. The Stockholm County Council has accomplished system transformation in the healthcare sector by demonstrating systems thinking as well as encouraging and supporting innovation. This transformation began when the Stockholm County Council launched a strategy to increase competition and diversity in primary care. To accomplish this, the County Council developed an open tender system for all organizations, for-profit and not-for-profit, to competitively bid on the right to provide publicly funded healthcare services. The successful bidders would then have managerial and operational freedom to run their businesses. The healthcare provider would then receive funding based on the number of patients who choose to join their practice. By focusing on a system level transformation, the Stockholm County Council has created an open bidding system that encourages and supports healthcare delivery organizations to be innovative. The creation of a new service delivery model at the PRIMA Child and Adolescent Psychiatry Company provides an example of the type of innovation promoted through the Stockholm County Council open bidding system.

The PRIMA Child and Adolescent Psychiatry Company is the largest private caregiver of psychiatric care in Sweden. PRIMA started in 2007 and was the successful bidder for the provision of services for two

children's psychiatric clinics. PRIMA is now comprised of three children and adolescent clinics, five adult outpatient clinics, two inpatient wards and five specialized clinics.

The founders of PRIMA were employees of the county council run psychiatric clinics prior to the development of the open bidding system in the Stockholm County Council. They enjoyed their jobs but were not proud of the long wait lists that existed nor of the quality of care they were able to provide to patients. They also felt that they had no ability to influence or improve their organization. This provided, in part, their motivation to take part in the open bidding system developed by the Stockholm County Council.

After winning the initial bid for the provision of two clinics, the new management team worked to create a new model of care that they believed was more patient focused by reducing wait times and increasing face-to-face time between clinicians and patients.

With this new model, PRIMA was able to double patient throughput through improved access and operational efficiency. The new model developed by PRIMA allowed them to become the successful bidders on additional psychiatric services.

By demonstrating system thinking, the Stockholm County Council has developed a health service bidding system that encourages providers to develop innovative care delivery models, such as the one created by PRIMA, to provide more patient focused care in an efficient manner.

Leaders in the Canadian healthcare system could learn from the Stockholm County Council experience in enabling innovation through systems transformation.

Lessons Learned

The five vignettes discussed in this article are only a representative sample of leadership capabilities observed throughout the 2010 Swedish study tour. They also only scratch at the surface of what Canadian healthcare leaders can learn from these organizations. Despite these limitations, a number of lessons can be drawn from their analysis.

First, the analysis of the vignettes displays the utility the LEADS framework in identifying and analyzing examples of leadership in an international context.

Second, the vignettes provide examples of what leaders in the Swedish healthcare system have been able to accomplish through the application of specific leadership capabilities. Each provides an exceptional example of accomplishments in personal leadership, teamwork, organizational alignment, stakeholder engagement and system transformation at either the organizational or the system level.

Finally, these examples highlight the importance of leadership in organizational accomplishments. For emerging leaders, this should underpin the importance of personal leadership development in becoming an effective leader. With this in mind, the author would like to challenge other aspiring leaders to include leadership capabilities development in their professional development plans. In the same spirit, the author would also like to challenge Canadian healthcare organizations to adopt, develop and structure professional development programs based on nationally recognised healthcare leadership capabilities, such as those found in the LEADS in a Caring Environment framework, to ensure they are able to recruit and retain the future leaders of the Canadian healthcare system.

Conclusion

The author found the College's Sweden Study tour to be a rich learning experience on a number of levels as an emerging leader. First, the broad spectrum of organizations visited throughout the tour helped provide an understanding of the inner workings and challenges faced by organizations along different points of the continuum of care. Second, presentations made by leaders from Swedish government organizations provided different perspectives on system level challenges in the Swedish healthcare system. Third, the study tour participants, from different corners of the healthcare industry, provided a multifaceted look at the challenges facing Swedish and Canadian healthcare systems. Finally, through reflecting on his, and the other study tour participants', observations on leadership in the Swedish healthcare system, the author has developed a better understanding of leadership, and in turn, the importance of leadership development in becoming an effective leader.

In closing, the author would like to thank the College and Emerging Health Leaders for their collaboration in creating the ARAMARK-College Emerging Health Leader Sweden Study Tour Scholarship and he would also like to thank ARAMARK Healthcare for making the scholarship a reality through their generous sponsorship.

References

¹ Statistics Sweden (2010). *Population by municipality, marital status, age and sex: Year 1968-2009*. Retrieved July 7th, 2010.

http://www.scb.se/Pages/List_250611.aspx

² Statistics Sweden (2010). *Population by municipality, marital status, age and sex: Year 1968-2009*. Retrieved July 7th, 2010.

http://www.scb.se/Pages/List_250611.aspx

³ Dickson, G. (2010) *The LEADS in a Caring Environment Leadership Capability Framework: Building Leadership Capacity in Canada to Lead Systems Transformation in Health*. Canadian College of Health Service Executives, Communiqué, February 2010.

⁴ Leaders for Life (2010). *LEADS in a Caring Environment Framework*. Retrieved July 7th, 2010.

<http://www.leadersforlife.ca/leads-caring-environment-framework>