

# Rules of Engagement:

## Six Practical Steps for Getting the Most from a Consulting Engagement

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**C**hallenging, evolving, and complex are just three words that could be used to describe the contemporary health care environment. Everyday agenda items are filled with such issues as quality improvement, regulatory compliance, financial targets, service expansion, and staff retention. Therefore, when an in-depth evaluation and rapid redesign of operating processes, financial turnaround, or a new strategic approach is needed, an external consulting group is often used to support or even lead these efforts. A good consulting group brings a

national perspective, expert knowledge, and effective management tools to the table and can facilitate an organization's progress in a positive direction. A leader's active participation is essential for success, but to gain added benefits from both the individual consultant and the entire engagement process requires a leader to work in tandem with the consulting group to bring about the necessary changes. This article discusses specific actions necessary to maximize the return and create the best outcome from a consulting engagement.

## GET ON BOARD FROM THE BEGINNING

A consulting group may be brought into a hospital from a number of sources including the board of directors, chief executive officer (CEO), senior executive team, or the nurse executive. It is not unusual for the board of directors or CEO to make the decision to engage an external consulting firm without the full consensus of the senior executive team, thus causing a threatening, uncomfortable, and even hostile situation. Whatever the sequence of events that led to the engagement, once the decision is made it is in the nurse executive's best interest to get on board and to assemble the resources necessary to make the most of the engagement.

A thorough understanding of the purpose, scope, and intended outcomes of the engagement are important for the nurse executive to be able to gauge the direct and tangential effects of the project on specific areas of responsibility. Armed with this knowledge, nurse leaders can begin to internalize the changes that will be occurring in the near term, begin transition planning, and communicate an articulate message to both subordinates and the senior executive team.

Participating in a consulting project inevitably brings change to work processes and individual roles and responsibilities. The project scope and intended outcomes will allow the nurse leader to identify early the losses that might be felt from these changes, anticipate the new reality, and plan for the transition. Failure to appreciate the impact of even seemingly minor changes on the workforce often delays the process and adds unnecessary barriers to completing the project.<sup>1</sup>

## CREATE STRONG RELATIONSHIPS

Developing a good working relationship with the consultant assigned to the nursing team begins before the arrival of the on-site consultant team. Typically, the data is sent from departments such as payroll, finance, and quality improvement, but additional data may be requested from the nursing department, such as individual cost center scope of service, master staffing plans, vacancy reports, position control, detailed organizational chart, and quality report card. A nurse executive should also request to receive the same reports from the responding departments so she knows what data the consultants are reviewing and the impression they may form from that data. Reviewing this data with the nurse leadership team also assists in their learning and engagement.

As an effective leader, the nursing executive will have established a vision for the future, developed strategies for attainment, aligned people around the work, and provided motivation for its achievement. Documents describing these key elements should also be sent to the consultant group, even if not initially requested, in order to give context to the nursing opera-

tional plans and assist them to understand the department's priorities.<sup>2</sup>

The initial face-to-face meeting with the consultant assigned to the nursing departments presents an opportunity to lay the foundation for a productive working relationship and ideally should take place before the consultant meets with other nursing leadership or team members. From the consultant team's perspective, the relationship with the nurse executive is the key to the project's success, and they will want to discuss the department's vision, nursing operations, and first impressions from the initial data. During the meeting, the consultants will begin to identify problems, barriers, and potential solutions. They will also want to assess the sense of urgency the CNO demonstrates for the project, knowing that if an appropriate amount of urgency is not present it will

be very difficult to gain the needed traction to engage the rest of the organization and energize change.

During the initial meeting, the nurse executive should discuss the organizational structure, nursing service's vision, and challenges the departments are facing. In addition, it is useful to discuss single departments that seem to be having particularly serious difficulties or a history of difficulties, as well as departments that are considered high functioning and successful in their operations. This gives the consultant a snapshot of the range of departmental performance, raises the awareness for areas that may require special attention, as well as provides a definition for what the organization defines as success. The CNO should list individuals for interview by the consultants who will give a complete picture of the service's processes and structure. This list may include names of individuals who work closely with nursing departments and have insight into the particular needs and issues they face. For example, there may be a particular individual from the finance department that assists most nursing units with developing and monitoring their budgets.

Another area for discussion is the organizational culture and its level of risk tolerance. Both of these factors directly affect how the project should be approached and the potential barriers to progress. These factors will play heavily into the work steps and target dates of the plan.<sup>3</sup>

During this session the purpose, scope, intended outcomes, work plan and timeline of the project and the extent to which the nursing departments will be involved should be reviewed in detail. Included in the work plan should be regularly scheduled meetings between the consultant and nurse executive where work plan progress is charted, barriers identified, and next steps discussed. Typically, these meetings should be scheduled weekly either in person or via conference call. The CNO should also ascertain the consultant team's schedule for being on-site and the easiest method to communicate with them when needed.

**Organizational culture and its level of risk directly affect progress**

Although the work plan may not be complete at this point, it should have a basic structure and approach, including identification of assessment interview participants, focus of the work teams, and additional data that may be needed. Discuss these in detail so that reasonable objections can be raised, membership can be planned, and realistic timelines can be set. It should also be determined which data and reports will be important for decision making and should be reviewed by the nurse executive as the project progresses.

## COMMUNICATE THE URGENCY

Communication from the nurse executive to the nursing leadership team and staff is perhaps the most essential element to assuring that a consultation project goes well and is ultimately successful. That means that the nurse executive must communicate the project's purpose, scope, timeline, and expected outcomes using forums such as individual meetings, group meetings, e-mails, and memos. Once these project components are clearly disseminated, the nursing leaders and staff can begin to understand the process and the work that is expected to be produced. The nurse executive should further communicate the work plan, data needed, and expected time commitments. The project consultant can assist the nurse executive in creating a message that includes significant details regarding the process, direct thinking early on, and provide reassurance that the process is organized and predictable. It makes a tremendous difference to the project and its outcomes when communication is clear and widespread.

Recently, I met with a department director in her office to conduct an initial departmental assessment. To open the meeting, I asked her if she understood why I was there and inquired whether she had any questions before we began. She responded by saying that she was told I was coming, but not the purpose and therefore did not feel she could openly share information or data. This decreased the ability to assess her department and necessitated another visit, and the data had to be supplied by interfacing department heads.

Early in the process, members of the consultant team will schedule individual and group meetings with departmental managers and staff. Inquire in advance if there is any specific data or information that would be helpful to be transmitted prior to the consultation meeting. This step will give the manager good insight into the types of issues the consultant will want to cover in their meeting.

Most work plans include task forces and work teams, and the nurse executive should begin listing potential member to be participants. Selection of team members

should be based on personal skill to work productively within a team environment, involvement with the work team issue of focus, and time availability to participate in the meeting and complete any additional work assigned.<sup>4</sup>

A frequent pitfall to this process occurs when a difficulty personality or die-hard follower is appointed to a work group under the philosophy that if this individual is convinced then everyone will follow suit. Unfortunately, the result of this type of selection is that the work group process is slowed and a great deal of energy is spent on managing that individual. Work group selections should be activist followers, individuals supportive of the organization who are energetic, engaged, and ready to develop solutions in the best interest of the organization.<sup>5</sup>

A very effective way for the leader to demonstrate support for the project is through personal participation in meetings and forums connected with the project. In our contemporary society, where time is nearly as valuable as money, the leader's presence at a meeting is a powerful reminder that the project is a priority. One nurse executive with whom I worked requested the opportunity to organize all of the individual department head meetings.

The result was that she attended each nursing unit's assessment interview along with the nursing department's financial director so that the department heads not only understood the significance of project, but that investment in its success came from the top.

## OVERCOME RESISTANCE

No matter how engaged the nurse executive, leadership team, and staff are with the project there is a time when resistance will become apparent from certain individuals or groups. Consultants recognize this resistance in the form of one word answers, changing the subject, compliance, silence, early push for solutions, or attacking the process or even the consultant. Resistance behavior is not limited to any particular organizational level, but occurs across the board and needs to be dealt with in concert with the consulting group. It often is a sign of grieving for the loss of the comfortable status quo, but nonetheless the project needs to keep moving as planned and the leaders, the consultant, and the work teams will need to develop strategies to move past the resistance.<sup>3</sup>

It is not uncommon for resistance to be seen early in the process when the presentation of an initial data analysis doesn't agree with the perception of the department or organization held by individuals. Therefore, it is imperative for the nurse executive to understand the data, its implications, and then be able to explain it to her team and those concerned with the findings. The consultant on the engagement should not only be able to assist your learning, but bring in other resources to analyze the data and

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provide additional drill-down data that gives an in-depth look at potential causes.

Although the consultant will have experienced resistant behavior and have strategies to overcome the resistance, the nurse leader may be best positioned to deal with and overcome the resistance and move the project forward. Knowing the organization, culture, and individuals gives the nurse leader insight into the basis of the resistance and potential remedies or ways to offset its effect. It may take a personal supportive conversation, increase in written directive communication, or resolving other linked problems to ease the resistance. Clear communication with the consultant is essential to whatever strategy is adopted so its actions will be consistent, as well as appearing seamless to the staff and managers.<sup>6</sup>

## **EXPECT THE UNEXPECTED**

Even the best planned and least controversial projects run into surprise difficulties that threaten to waylay the progress and necessitate a work plan redo. Besides the resistance discussed earlier, issues such as resource allocation, physician objections, and political maneuvering may occur. Identifying areas of vulnerability with the consultant partner will allow for preventive action steps to be integrated into the work plan. These vulnerable areas can often be classified as psychological, organizational, or political in nature.

People are psychological and not always logical in nature, so unexpected problems may result from even a strong program supporter reacting to a small detail in the plan or a comment made by a work team member. Problems resulting from psychological bias are highly unpredictable and may result from an unrealized need to maintain the status quo or from an illusion that the project will bring about idealized changes.

The organization itself with its unique channels of formal and informal communication and ways of accomplishing work will be challenged during the project. Communication and relationship silos serve as natural filters in an organization, and therefore communication may not be dispersed as needed, causing misunderstanding with regard to the project's intent and organizational effect. Organizational vulnerabilities are difficult to predict because individual people harbor their own perceptions and possess only fragmented pieces of information.

Political vulnerabilities are much more predictable because they arise from the known power structure and stakeholders with their special interests to protect. The political dynamics of most organizations are complex and best known to the internal players who use them to accomplish their work. They can often be influenced through informal communications and networking but must be done with great care.

The consultant and the nurse executive working together can identify areas of vulnerability and take proactive steps to decrease the risk. As an internal expert on the organization, the nurse executive understands the po-

litical milieu, personalities, and bias for not only the leadership team, but stakeholders and many of the informal leaders. The consultant brings to the table a new set of eyes and ears and an experience base of dealing with similar situations with other clients. Completing together a fairly in-depth risk analysis will bring to the surface the areas of vulnerability that are more predictable. These may include political positioning, areas where stakeholder psychological investment is high, and long-term sacred cows. Actions to minimize risk include widespread and frequent communication so more people have more of the picture, bringing the issues to the forefront as soon as they occur so they can be dealt with quickly, and mobilizing people across the organization to work on solutions.

Consultants can also be a valuable tool to remove barriers that are impeding progress. As external agents responsible for the project outcome, they often have leverage to remove barriers or re-script the situation without the political ramifications that would result from an insider taking the lead.<sup>7</sup>

## **STRUCTURE DECISION MAKING**

Throughout the project decisions will need to be made to move the project to the next steps, deal with linked problems, and optimize the final outcome. A unique feature of a project supported by an external consultation firm is that the nurse executive is supplied with more data than is normally available, written input from work team members, and a consultant to serve as a personal advisor. Using these resources increases the likelihood that decisions will be made with confidence and in a reasonable timeframe.

The operational definition of a perfect decision that I use in my practice is one that will meet the long-term goals without compromising short-term goals. Keeping that in mind, working with the consultant to clearly define the long-term and short-term goals is the first step to good decision making. Using these goals as a guiding principle, the nurse executive can identify the problems that are keeping her from achieving the goals. It is fundamental to decision making that problems are defined before good solutions can be found. I have observed in practice that there is an attraction to quickly settle on a solution before the problem is defined, which tends to lead to unsuccessful outcomes. A consultant advisor brings objectivity to the situation and can keep the focus on accurately naming the problems.

Good data will support an objective decision-making process. However, it is important to be selective in the data chosen to be used because the sheer volume generated from a project and the presentation format can cause confusion rather than clarification. Use the consultant to determine what is already known, what needs to be validated, and what factors remain unknown and therefore

Continued on page 51



ticular diagnosis, 1-day stays, patients who are readmitted, and so forth. If these audits of patient records uncover a significant number of quality of care concerns, red flags can be raised that lead to heightened scrutiny.

Medicare discharge plan appeals can be challenging because they require a quick response. Nonetheless, they are part of the reality that hospital staffs must deal with daily. To respond, hospitals need to look beyond the IM procedures alone to consider the overall quality, efficiency, timeliness, and cost-effectiveness of the care delivered to all patients. In response, hospitals need to take a more proactive approach. This requires leadership by nurses and case managers, who are on the front lines of patient care.

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## Rules of Engagement

Continued from page 43

need clarification, then determine what data are needed and what format is useful. The consultant advisor will validate the nurse executive's data choices, retrieve, format, and explain the necessary data. Evaluation of analyzed objective data along with subjective data gathered should begin to point to a number of alternative solutions.

The nurse executive working with the consultant should identify the alternatives and their intended and unintended consequences in relation to the goals. Trade-offs will be necessary and it is unlikely that the perfect decision will be made; but with the data for support and advice from the consultant advisor, a reasonable decision can be reached.<sup>8</sup>

## STAY IN TOUCH

At the conclusion of the engagement a final report will be presented with components that include data findings, completed work plans, process changes, and validated results. In addition, the consulting group may ask for feedback from the senior leadership team and members of the work teams to help them improve their processes and evaluate their own performance. But after all of the work and relationship building, staying in touch provides the nurse executive another very useful network contact, while the consultants are always interested in the progress and the sustainability of their efforts. It is the highlight of my day to receive an e-mail from a former client who is doing well or asking for information about current practice.

With strong leadership, a project with an external consulting group is an experience that brings new ideas and innovations to an organization. During the project, new skills are developed, new perspectives gained, and confidence is increased that change can happen in even the most traditional departments. Nurse executives actively engaged in the process reap the greatest benefits and bring to their organization a new sense of vigor and mastery.

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