



Neeley School
of Business

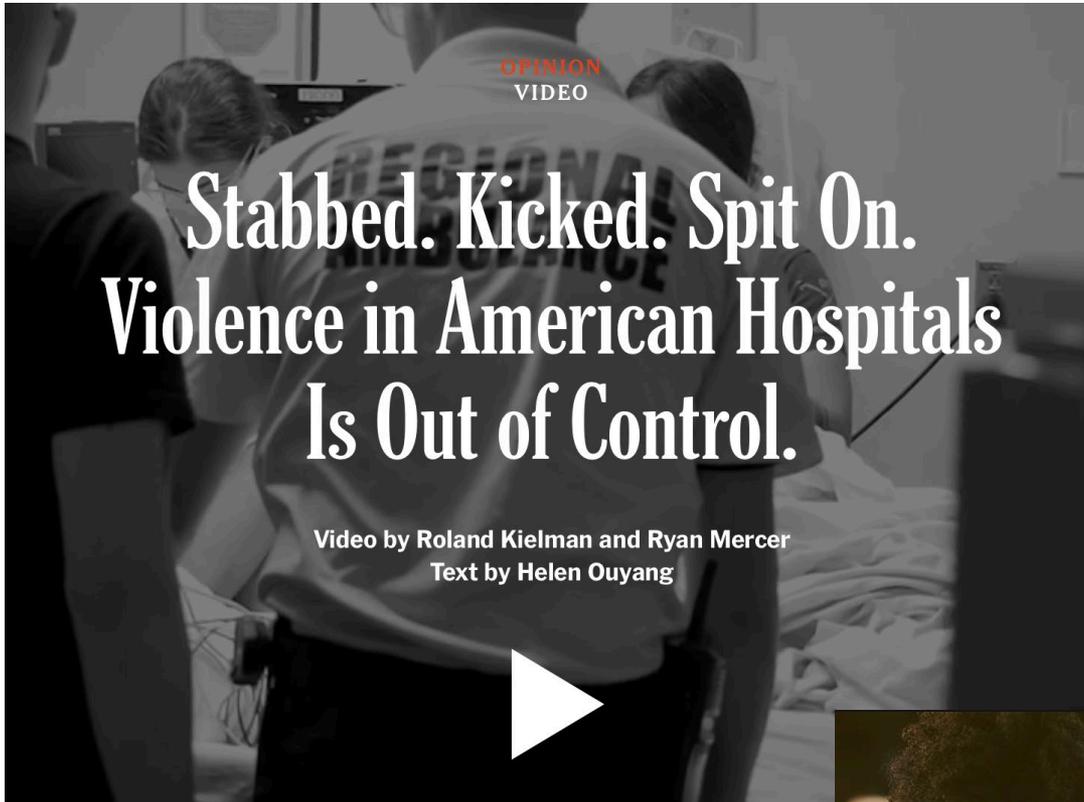
EXECUTIVE EDUCATION

Leading In (and Through) Complexity

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BNSF Railway Endowed Professor of Leadership



What is complexity?





Saolta University Health Care Group



More delays for patients at ED

● Nurses' group calls for surprise inspections by Health and Safety Authority

BY DARA BRADLEY
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PATIENTS were packed like sardines into the Emergency Department at UHG this week as the number of people waiting on trolleys soared past 540 for the first two weeks of February. Management and nurses both issued warnings in separate statements at University Hospital Galway on Tuesday while waiting to be seen became available – the highest so far in 2022.

Analysis of the Irish Nurses and Midwives Organisation (INMO) Trolley Wait Figures show 542 patients waited on trolleys for a bed to become available at UHG over 14 days in February.

There is an average of 41 per day and does not include weekends or Bank Holiday Monday. The figures show the unsafe overcrowding conditions at UHG have continued since 2022, which was the worst year on record for patients on trolleys. On Tuesday, Saolta University



Significant delays for patients: the Emergency Dept at University Hospital Galway

Healthcare Group conceded the ED at UHG was "under significant pressure" with high strain during and long wait times. "The high number of people awaiting should be admitted for ongoing treatment means that there is pressure on beds at all times. This is resulting

in significant delays being experienced by patients in the Emergency Department who are waiting for a bed to become available on a ward," its statement said. The INMO called for unannounced inspections of overcrowded EDs by Health Inter-

national and Quality Authority (HIQA) and Health and Safety Authority (HSA). "Our members are once again expressing serious concerns about their ability to provide safe care to all who need it in our hospitals," said INMO General Secretary, Phil N

Shaghda. "We continue to present issues to the Health Service Executive and the Health and Safety Authority at national and local level. In addition, HIQA and the HSA must carry out more planned inspections across over-

crowded emergency departments. "This is an intolerable situation for vulnerable patients and frontline workers alike. Nobody should have to endure this in a modern health service."

“TRUCKS AND THE HSA MUST CARRY OUT MORE UNPLANNED INSPECTIONS ACROSS OVERCROWDED EMERGENCY DEPARTMENTS AND WARDS.”

'Hospital waiting lists are to blame for excess deaths'

A former Mayo councillor believes hospital waiting lists and lengthy delays in patients receiving vital treatments are to blame for a spike in winter deaths in Mayo.

"Delays in our health system are now causing excess deaths all over the country, and indeed here in Mayo," said Harry Barrett, a former councillor who expects to run for election next year.

Mr Barrett's claim comes in the wake of a statement from Mayo coroner Pat O'Connor who says that he has never seen so many deaths in his 30 years as a coroner. It also follows on

from a *Western People* report which revealed a 45% surge in the death rate in the county.

The former Labour councillor points to recent figures from the UK, where the Royal College of Emergency Medicine estimated that delays in emergency departments were leading to 300 to 500 additional deaths a week.

Mr Barrett claims that by a similar yardstick, hundreds of Irish patients have died this winter as a result of delays in receiving treatment, being infected while in a healthcare setting, or missed diagnoses.

"The figures are quite

alarming, and there is no doubt in my mind that delays in healthcare in this county are costing us lives," he said.

"Why is it that delays in receiving treatment never feature on a coroner's report? Keeping a sick older person on a hospital trolley up in the accident and emergency department for hours on end is having an impact, and also putting them on crazy waiting lists is causing a dramatic increase in our death rate."

Mr Barrett is calling for an emergency meeting by the HSE Forum West to discuss these excess figures.

Patients leaving without treatment

More than 2,000 patients left the emergency department at Mayo University Hospital without being seen last year.

Figures released by the minister for health in response to a parliamentary question raised by Aontú TD and party leader Peadar Kirby show that 2,131 people left the ED at MUH without being seen in 2022, an average of nearly six

people per day and a rise of 78% from 2021 figures.

Aontú's representative for Mayo, Paul Lawless, said the situation has deteriorated since the pandemic, with long waiting times and busy waiting rooms leading patients to leave MUH prematurely.

"When we compare the figures for 2022 to 2019, we can see a 106% increase," he said.

"This is a shocking in-

crease and highlights the deterioration in the conditions at the hospital. There's no doubt the long wait times and the congestion is what's driving people home again."

"While the average wait time at MUH is just under seven hours, many people remain on the waiting list for much longer. I know one patient who was 14 hours on a chair in immense pain."

Elderly are waiting longer for hospital care

Mayo Sinn Féin TD Rose Conway-Walsh has slammed the Minister for Health's failure to tackle the crisis in the emergency department of MUH, with over 75s now waiting an average of 13.1 hours. That is over four hours longer than the average in December 2019.

"The average patient who was admitted through an emergency department was left waiting nearly nine hours in the ED in December 2022. For the elderly, the situation is even worse. Patients aged over 75 are waiting longer than other patients on average with the average wait now over 13 hours. This represents a 50% increase since 2019.

"The crisis in our emergency department continues to get worse

under this Government because they have no plan for ratcheting up hospital capacity. They have no plans for increasing the number of community recovery beds, or supplying more home care packages."

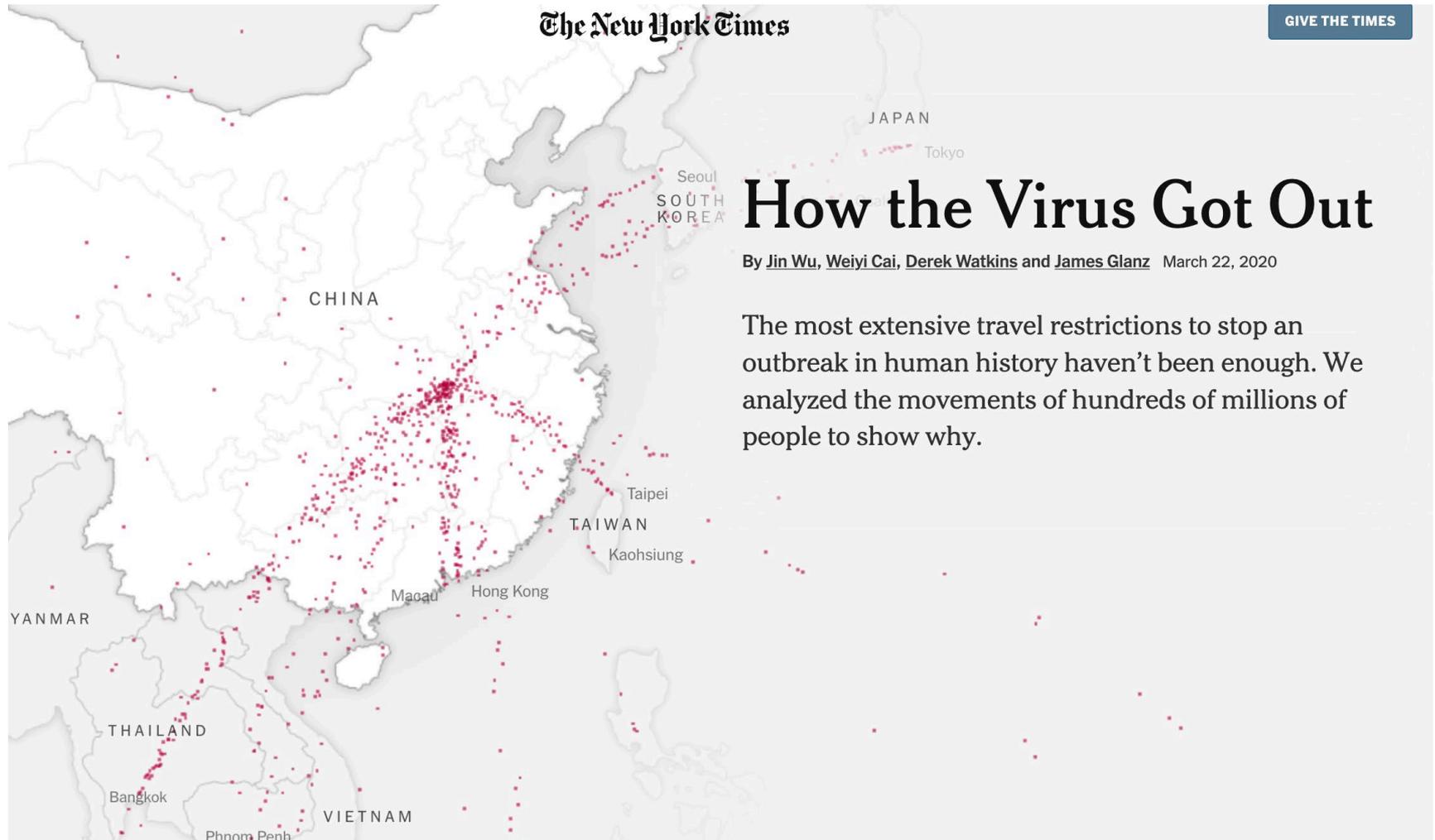
She said the issues were laid out clearly in last month's overview report on HIQA's monitoring of emergency departments. "That report made it clear that understaffing and a significant reduction in beds in district and community hospitals such as Ballina, Swinford and Belmullet are causing delays in discharging patients. The crisis in the emergency department in MUH has been caused by successive governments removing hospital beds from local

areas. This has resulted in people spending longer in acute hospitals that they should. This has a knock-on effect and leads to other people being unable to access healthcare through the ED."

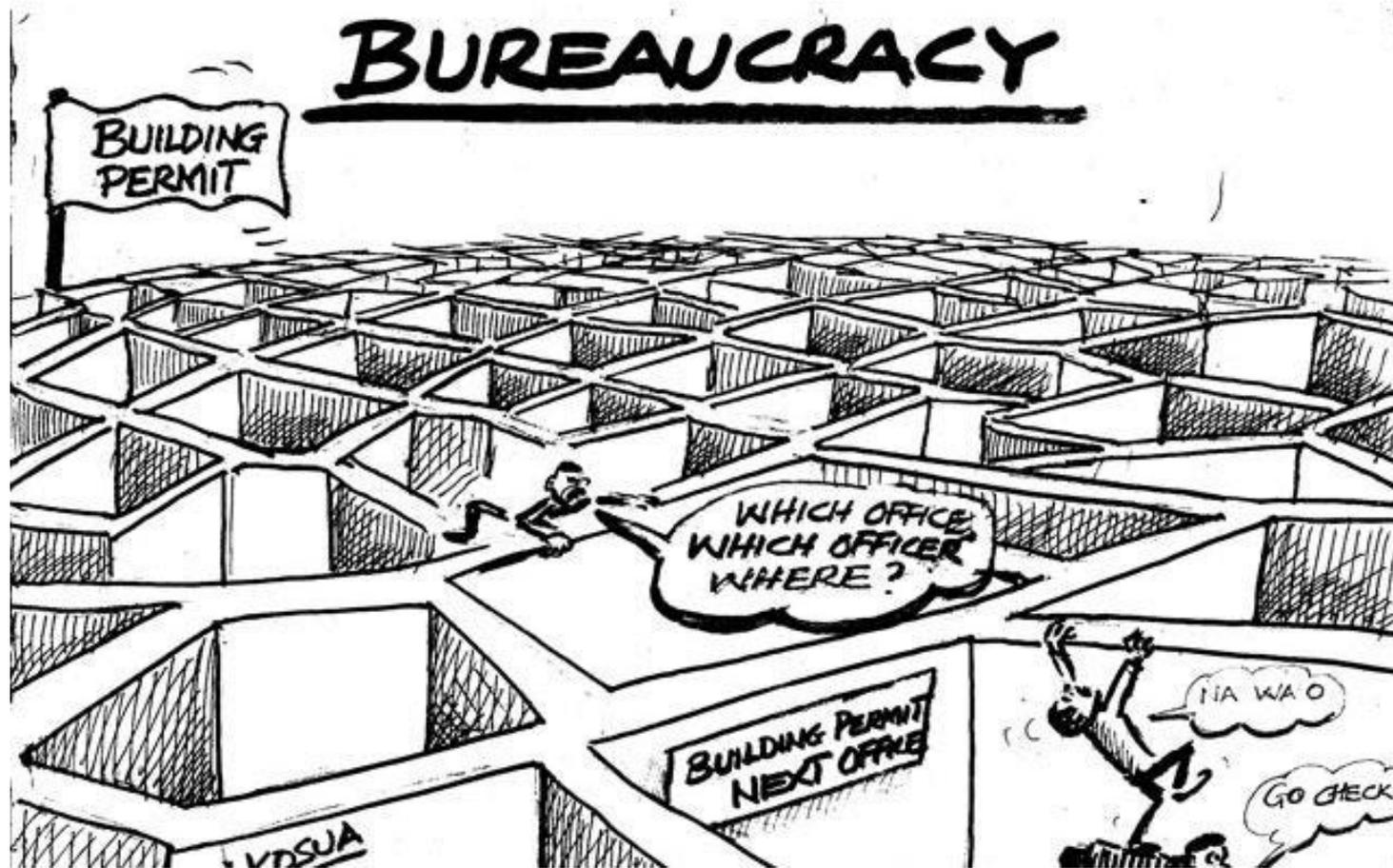
Deputy Conway-Walsh said urgent investment is required.

"We urgently need a multi-annual capacity plan from the Minister for Health that will deliver enough beds and staff in our hospitals to cope with the demand they are facing. We need enough community recovery beds and home care packages to speed up discharges. And we need significant investment in GP and primary care to keep more people from needing hospitals in the first place."

Why are we in it?



Why do we struggle with it (organization-level)?



Why do we struggle with it (individual-level)?

Maurer 3 Levels of Resistance To Change

I don't get it

I don't understand the purpose of the change or how to change



I don't like it

Emotional reaction to change



I don't like you

Lack of trust and confidence

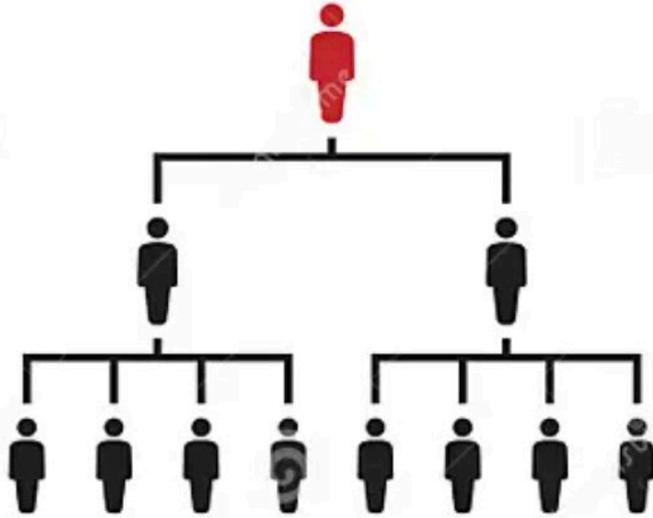


Complexity Leadership

- Old models of leadership were “managerial”
 - Focused on top-down
- Complexity models view leadership as a *collaborative* process
 - The focus is on enabling adaptability



Complexity Leadership



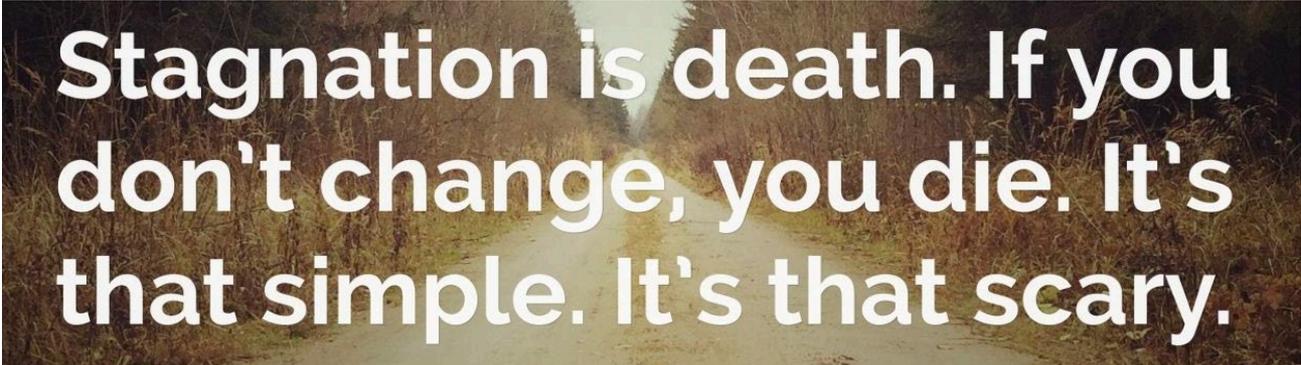
Adaptive v. Order Response

- Adaptive Response: Enables adaptability into a system (a person or an organization)
- Order Response: Keeps a system in outdated order



The Problem of the Order Response

- Focus on stability and old order
- Pull back to equilibrium
- Leads to stagnation and death

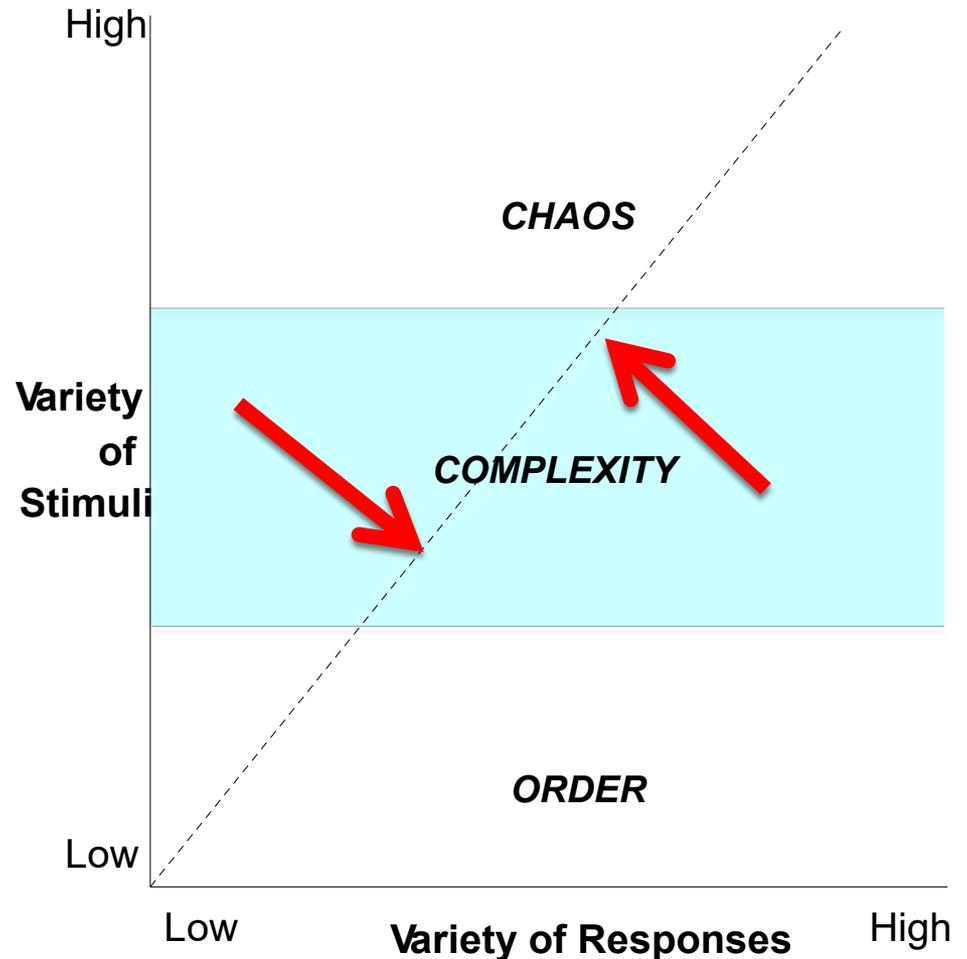


**Stagnation is death. If you
don't change, you die. It's
that simple. It's that scary.**

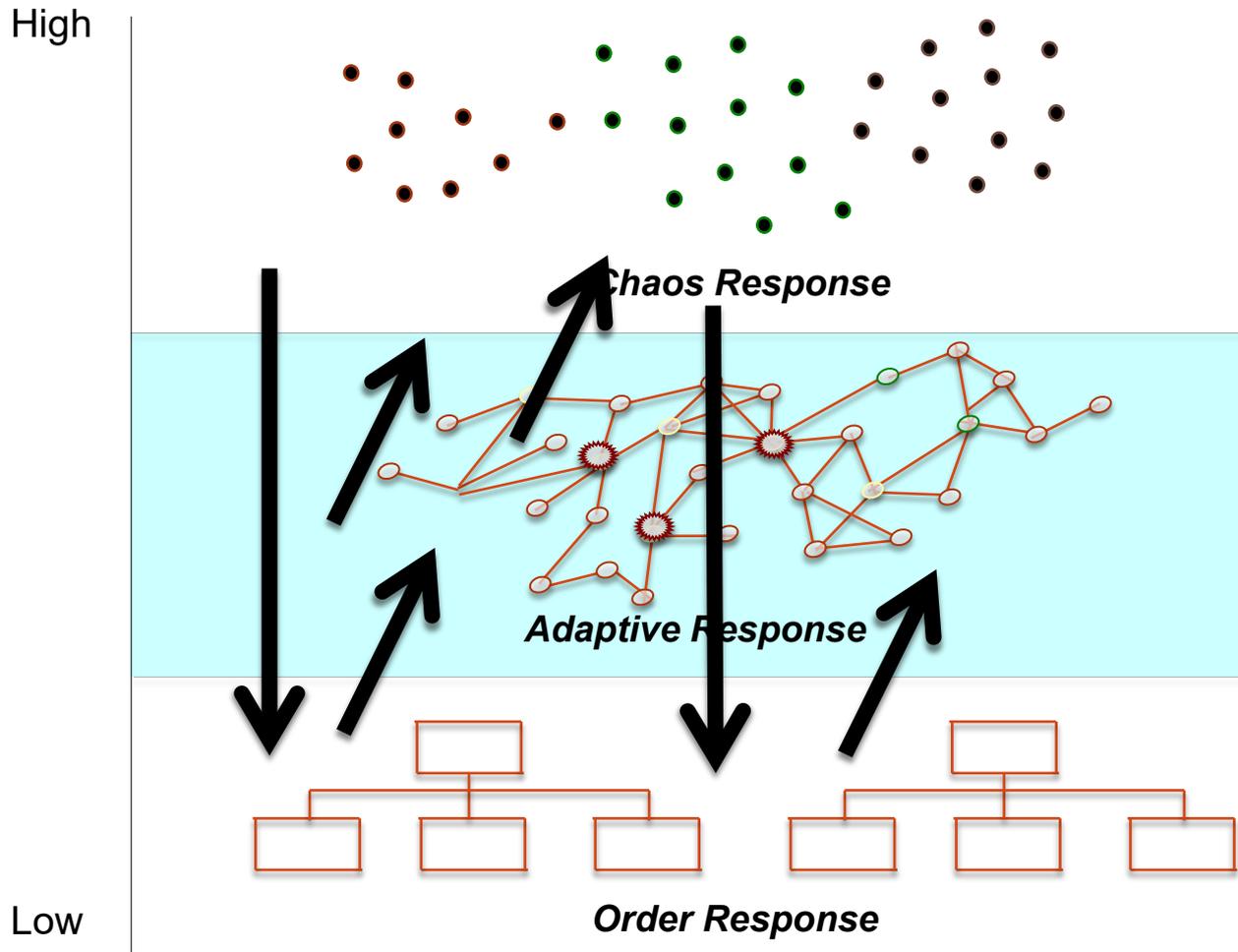
The Challenge of the Adaptive Response

Law of Requisite Complexity:

“It takes complexity to beat complexity”



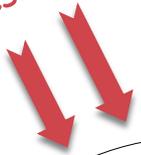
Engaging Adaptive Tension



Adaptive Response

Adaptive Response

*Complexity
Pressures*



**COMPLEXITY
CHALLENGE**

Adaptive Response

*Complexity
Pressures*

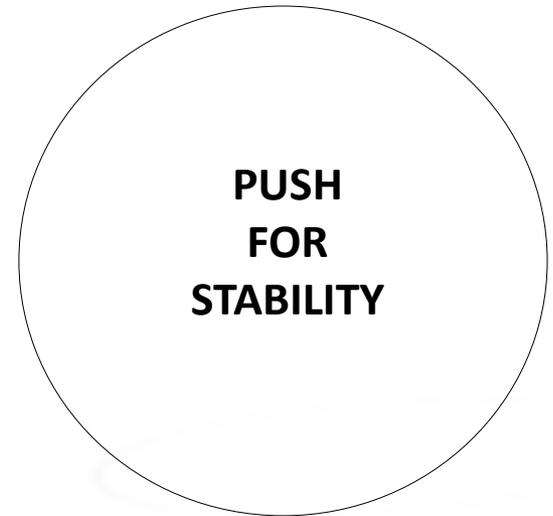
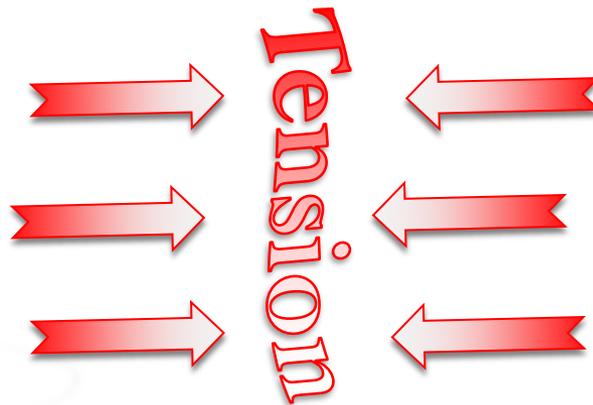


**COMPLEXITY
CHALLENGE**

**PUSH
FOR
STABILITY**

Adaptive Response

Complexity Pressures

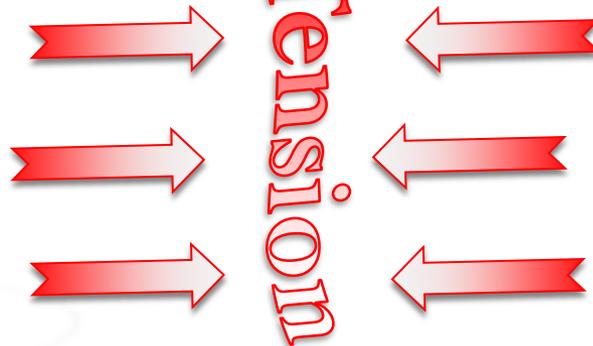


Adaptive Response

Complexity
Pressures



**COMPLEXITY
CHALLENGE**



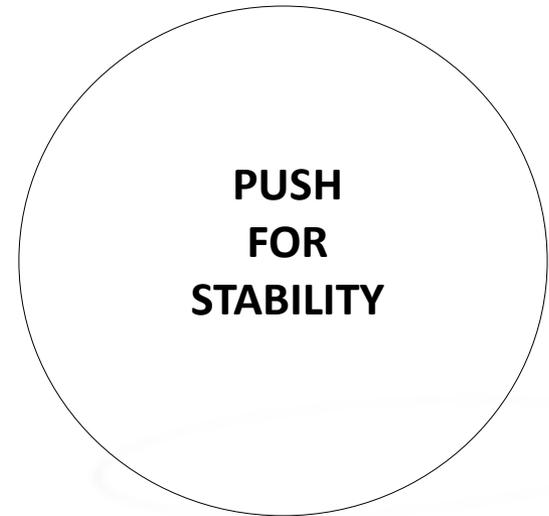
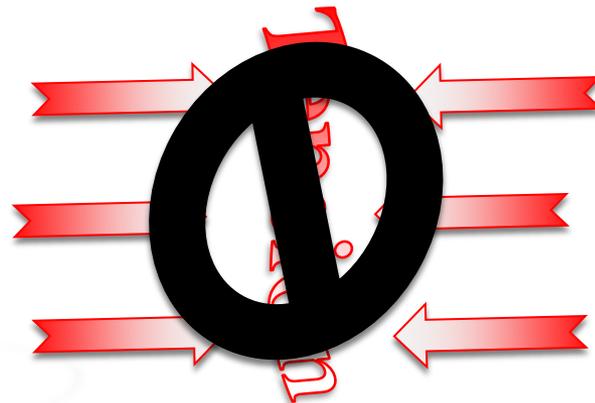
**PUSH
FOR
STABILITY**

Order Response

Complexity Pressures



The Order Response:

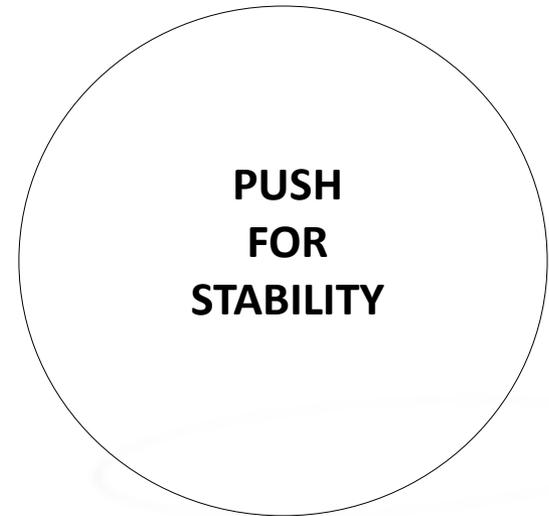
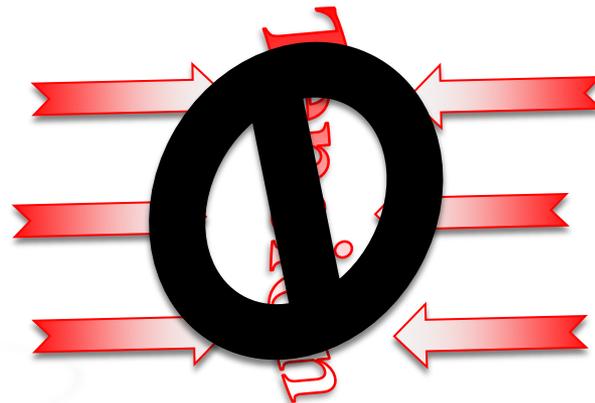


Order Response

Complexity Pressures



The Order Response:

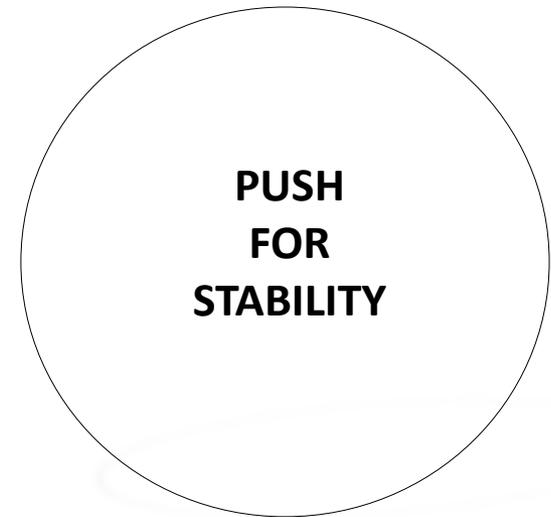
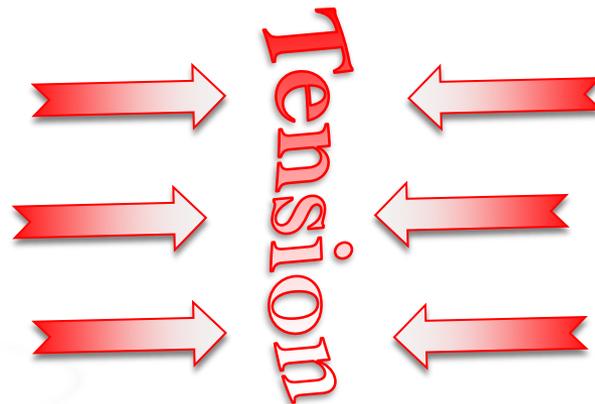


Adaptive Tension

Complexity Pressures



Adaptive Response:



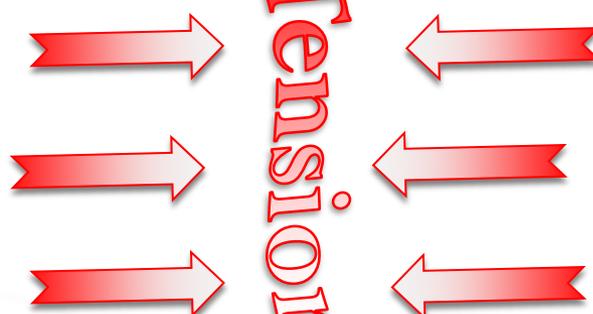
Adaptive Tension

Pressures



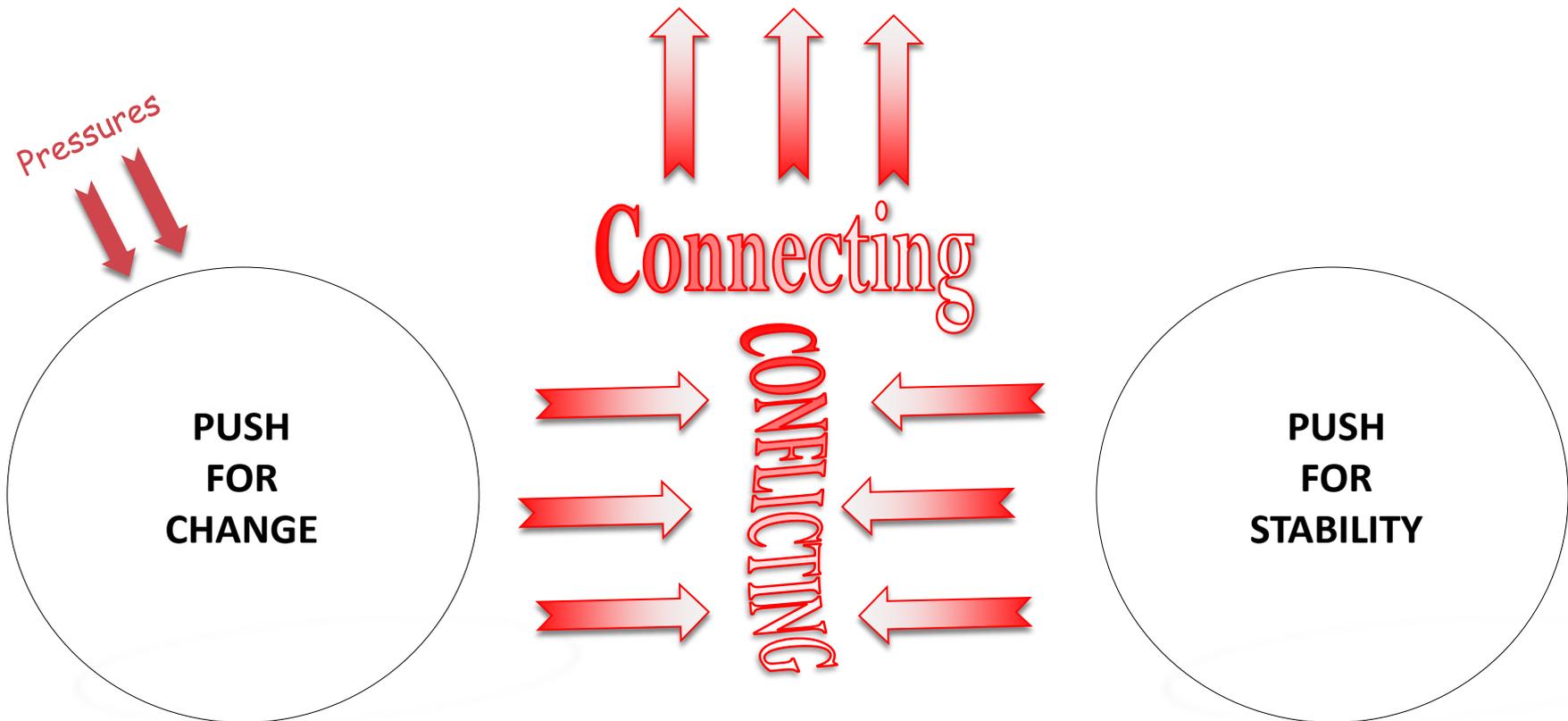
**PUSH
FOR
CHANGE**

Tension

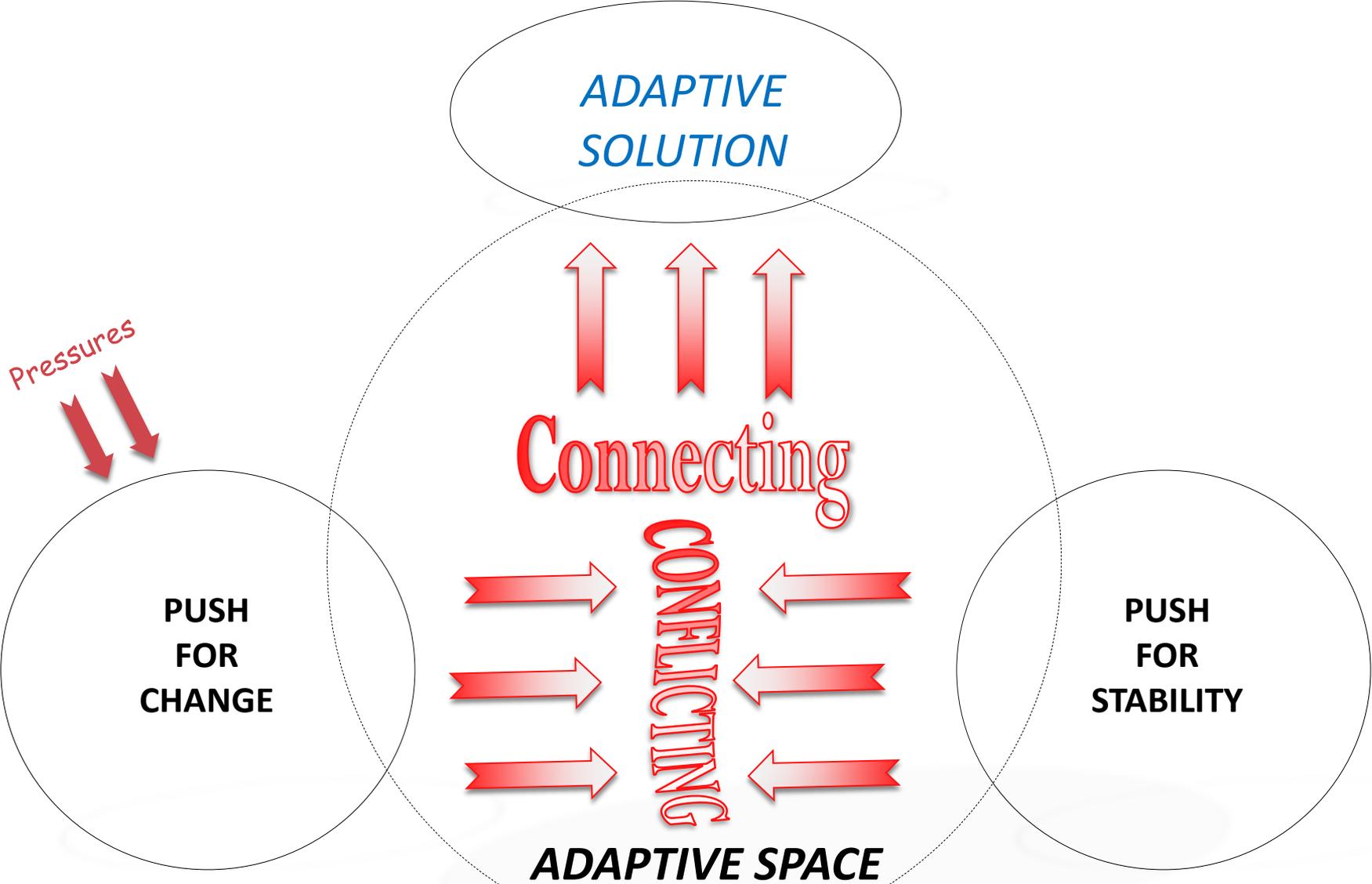


**PUSH
FOR
STABILITY**

The Adaptive Process



The Adaptive Process



The Adaptive Process:

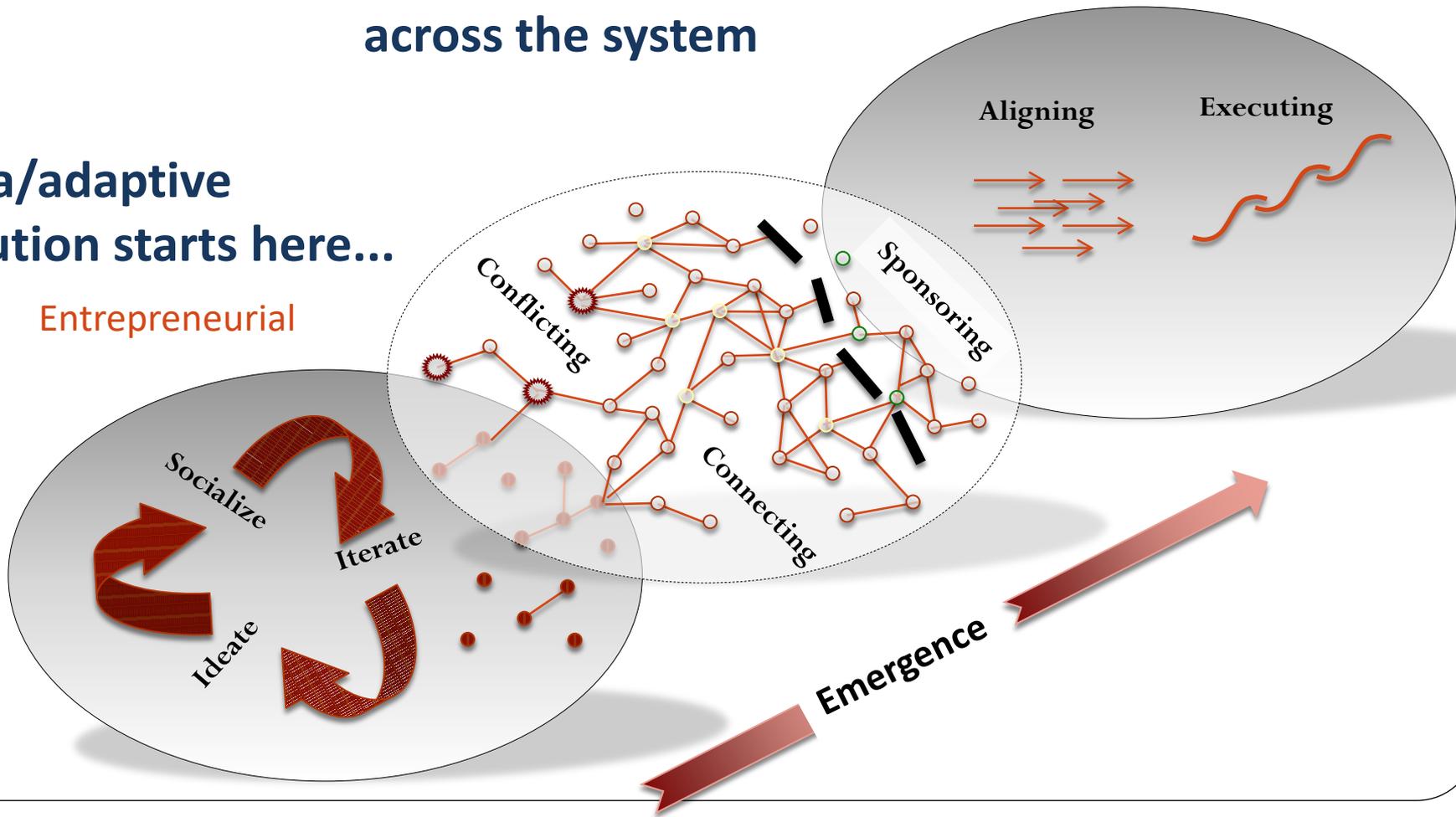
... implementation (looks different here)

...have to flow it across the system

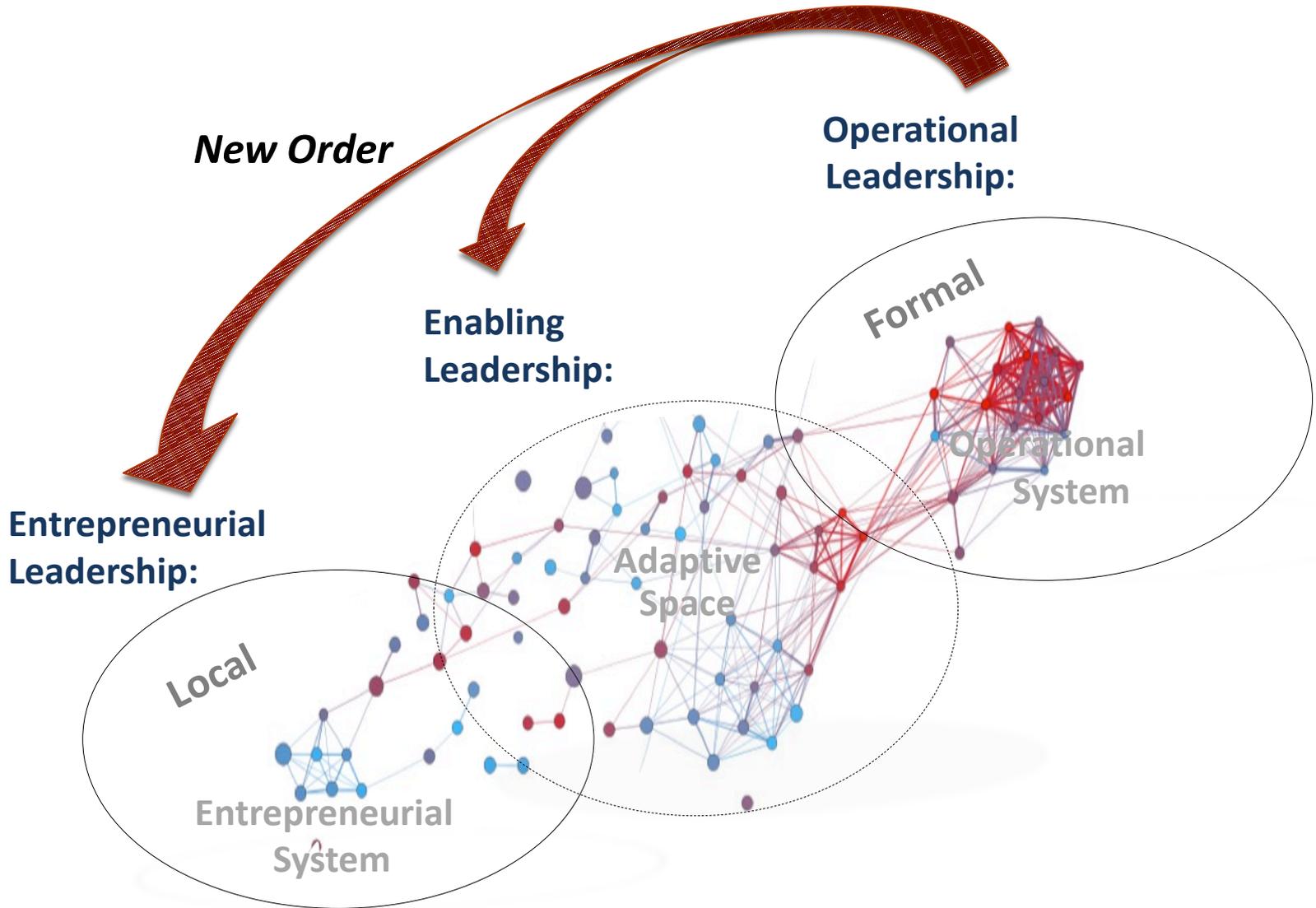
Idea/adaptive solution starts here...

Entrepreneurial

Operational



Leadership View



Conclusion

The key to surviving and thriving in complexity is:

- Understanding what it is (and that it is here to stay) and embracing, rather than fighting, it
- In doing this, we can see complexity not as a threat, but as an opportunity.

