

Complexity Education for TRAiners

C.E.TRA.

**The AZIENDA USL 6 Livorno
Case Study**



MENON Network

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1. GENERAL INFORMATION

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| Main activity: | Public agency providing health & medical services |

1.1 The Organisation

The ‘Azienda USL 6’ (local Health Agency of Livorno) is located in Livorno, Tuscany. In 1996 it acquired the present status, following the sector restructuring proposed by the national Ministry of Health. ASL 6 is a service company whose head office is located in Livorno. Since it covers a rather large territory, it is divided into four work areas (Livorno, Bassa Val di Cecina, Val di Cornia and Isola d’Elba) where field offices have been set up.

It is now part of the Tuscany regional public health service and, together with other regional health agencies, it is part of the so-called ‘Area Vasta Nord Ovest’ (North-Western Broad Area) covering a large portion of the regional territory and providing an integrated set of public health services. The ‘Broad Area’ as an organisational, technical and professional entity is the result of a collective work which involved the key regional sector players between 2000 and 2001. At that time, the Regional Government, with the support of the local health agencies, took the decision to rationalise and concentrate the 16 local public health agencies in three ‘Broad Areas’, whose overall objective is to assure that the health services are economically sustainable, synergistically working, and increasingly of good quality so to meet citizens’ needs and requirements. In each Broad Area the involved public health agencies have gathered together in Consortia, so to better manage responsibilities and assignments. Each Broad Area Consortium is responsible for planning, coordination and delivering services and activities within the territory of competence, assuring coordination and synergy among the involved agencies.

At present the ASL 6 serves a public of approximately 350,000 citizens, and employs approximately 3,500 staff members. Most of the staff members are professionals of the medical and nursing sectors with very high schooling profiles. In this respect, half of the work force has high levels of specialisation: approximately 20% of the staff hold a second-level university degree or a Ph.D. in medicine; 30% of the staff members have a first-level university degree in nursing sciences. The rest of the staff members have technical profiles, generally with upper secondary school degrees; a residual part holds a lower secondary school

degree. The staff turnover rate is rather low; among the medical and nursing staff problems linked to burnt-out syndrome are rather common, but these seldom lead to resignation or to radical professional changes. However, since it is a public agency it is possible that a person is transferred to another of the agency services.

1.2 Rationale, Scope and Activities

According to its mission described in the Statute, ASL 6 is committed to *assure that suitable assistance provisions are available to citizens, as defined in the national and regional planning documents*. In order to achieve this general goal, the agency can make use of a variety of intervention instruments, ranging from prevention measures, to the delivery of assistance and medical services, in a perspective of high socio-medical integration consistently with citizens' needs and requests. The ASL 6 manages directly hospitals and medical centres and has special agreements with private accredited medical centres.

In this context, the ASL 6 is also part of the regional HPH– Health promotion in Hospital – network, whose aim worldwide is to assure to all citizens a range of specific and direct services so to prevent diseases and promote a healthy lifestyle.

The ASL 6 is a service provider. Its key 'products' are therefore *health services*. These are delivered to citizens on the basis of specific expertise and knowledge regarding the regional territory and, in some cases, even other regional contexts. Most of the investments concern medical equipments (technology and consumables), as well as training actions aimed at updating and improving the staff's professional performance. Approximately 1% of the 2004 consolidated budget was used for renovating tangible goods necessary to increase and improve the services towards customers/citizens.

In this respect, the services lifecycle is linked to the needs expressed by the customers as well as to the policy lines and priorities determined by the regional office for health. Therefore the *average life* of a service generally depends on its scale (e.g. the number of customers who need to be reached, the territorial extension, etc.) and on the set of objectives that are to be achieved. For instance, primary or secondary prevention programmes usually imply mid-term investments and commitment. The *reference standards* or *parameters* against which a programme or an action is structured, measured and evaluated are determined by the Toscana Region and have validity throughout the regional territory for all public health agencies. Thus, the lifecycle of each service strongly depends on the timing, schedule and working parameters defined by the competent public administration authority.

In other words, the complexity of the context where the ASL 6 operates is determined by:

- the body of regulations and norms which are legally binding;
- the changing scenario regarding prevention priorities and public health measures;
- the evolving needs and requirements emerging from the assorted and differentiated addressed public.

The reference market is for the most part local (accounting for approximately 80%); this is mainly due to the fact that there is not any university polyclinic in the territory that ASL 6

covers. Only for some highly specialised medical services ASL 6 represents a target for people coming from other parts of Italy (these services amount to approximately 15% of the total).

As regards *gender issues*, a policy of equal opportunities is normally implemented. Selection processes occur via public examinations in which the candidates' curriculum of studies and professional records are taken into account. 'Affirmative actions' are not needed since competence and expertise are the key factors determining the selection outcome. Therefore, among the 3,500 staff members there is an equal distribution of men and women. This is actually rather common in the public administration, where individuals are appointed to managing positions as well as to executive ones on the basis of their competences and skills.

However, gender is a cause of complexity, especially given the characteristics of the medical and health professions. These often imply a round-the-clock engagement, or very irregular time schedules. This naturally affects the organisation of work and the treatment of involved staff members. For instance, a project for creating an internal kindergarten is at present under discussion with the aim of making life easier for workers (especially women) with children.

2 INNOVATION STORY: "INNOVATIVE TRAINING FOR THE PROMOTION OF A CUSTOMER-ORIENTED ORGANISATIONAL CULTURE"

For ASL 6 the key question concerning complexity sounds as follows:

How can complexity (both internal and external) be handled and managed with the limited resources available?

The focus on complexity management articulates in a balanced approach combining objective performance standards and the provision of good services for the citizens 'measured' by means of customer satisfaction. In this respect the ROI is not always quantifiable but is indeed visible in terms of satisfaction and levels of prevention and general health levels.

ASL 6 Livorno started in 2002 an innovative initiative aimed at introducing a customer-oriented culture and the related processes and procedures. This idea turned out to be groundbreaking for the public administration sector, which in Italy is traditionally identified with bureaucratic structures and scarce attention to performance and customer satisfaction.

The novel approach and the complex set of actions which have been designed and implemented have been based on a fundamental change of perspective in the organisational strategy and management style. This has focused on the full consideration of the potential of internal staff members and of its implications in terms of customer satisfaction (both internal and external customers have been taken into account).

At the start-up of the initiative, the key concern has focused in the internal staff's training needs. Based on the assumption that only a well-trained and motivated staff can respond to the multiple requests expressed by customers/citizens, the ASL 6 Direction opted for an

integrated learning management system which comprised not only traditional training provisions (based on face-to-face classes) but also network-based and technology-enabled learning solutions inspired to concepts and practices of *Knowledge Management* and *organisational learning*. Elearning has therefore represented an important solution for supporting and fostering learning processes in new and more dynamic ways.

The ultimate objective consisted in supporting all staff members in the acquisition and development of the knowledge to provide concrete and sustainable ‘responses’ to real organisational needs. In this respect the Training Department had to adopt an integrated view of training and human resources development schemes which combined training methodologies, organisational strategies and concrete operational needs. The impact of these initiatives has been measured regularly against the feedback of the final users: the citizens.

Citizens (as stakeholders expressing specific needs and preferences) represent in a way an additional element of complexity to be understood and managed, especially because they are not only the *beneficiaries* of the ASL 6’s actions but also the *buyers* of its services.

2.1 Organisational Change in a Changing Context

This change has coincided with the regional initiative “Society of Health” which represents a relevant and successful attempt to integrate together the medical and the welfare systems. The Society of Health project moves from the willingness to actively involve local authorities (municipalities and other locally competent institutions), local communities, social parties, third sector and charity organisations, in the identification of social and medical needs as well as in the process of territorial planning. This also entails that the services are designed and delivered in a way which is consistent with:

- the quality and compliance standards as defined in the regional Quality System;
- efficiency and effectiveness criteria;
- equal access and universalistic principles.

At local level this implies that public health agencies and municipalities promote the creation of local not-for-profit consortia which are responsible for the management and planning of socio-medical services. This solution is being validated in pilot experiences as defined in the 2005-2007 Regional Health Plan.

The ASL 6 promotes a ‘community dialogue’ and manages a ‘meeting point’ where all involved parties can discuss common themes regarding ‘health needs’ as they emerge from the key players living in the territory. In this respect, the professionalism of involved staff is a key requisite and the availability of coherent training programmes becomes a necessity.

The use of elearning is to be considered within this institutional context and within the organisation’s approach to *system thinking in the training sector*. ASL 6 has been paying particular attention towards systematisation, optimisation of processes, and innovation as way to make the organisation move forward in a perspective of real exchange, creation of knowledge among its staff members, and networking. It is important to stress the fact that the

ASL 6 has been developing initiatives well beyond the compliance criteria that the Region has determined, committed to pursue innovation and quality in order to provide better services to all citizens.

Against this background, in 2004 it has started a process to define Quality standards within the organisational training system, adopting the *ISO 2001-Vision 2000 Quality approach*. The certification process has been bottom-up and focused on the following elements:

- Vision;
- Processes;
- Use of resources;
- Evaluation.

Why has the organisation opted for the Quality certification of their training system, in addition to the regional certification system?

The adoption of the ISO 2001 has been motivated by the willingness to optimise the rules and regulations for the training sector according to internationally acknowledge standards. As a matter of fact, the ISO 2001 certification is totally voluntary. The ASL has taken on the challenge of deepening its attention for quality and efficiency and has decided to start the path towards ISO certification as an addendum to the compliance to the regional system and criteria. The ASL 6 training system is indeed a critical sector worth 800,000 Euro each year. It has emerged clearly that training managers, together with the top management, had to understand how resources were used and how to optimise their use.

The traditional training system has been analysed starting from the trainers and the other staff working in the training service, such as: managers, administrative staff, training managers responsible for specific sectors (e.g. hospital, prevention, veterinary, technical-administration, etc.). Each of these sectors was used to working according to their own specific procedures and processes, without following any common model at organisational level. Therefore the homogenisation process has affected deeply the different organisational units.

A thorough revision has been carried out, focused on the following elements:

- the entire training system;
- the available resources;
- the evaluation model and criteria which are used for the internal assessment of the training system.

The Quality objectives are not static. They tend to change and to increase or decrease according to the customers' needs and demands. As for the training service, the key customer is the internal one. In this respect, the next challenge consists in adopting a quality approach for the elearning system, too. Not only does ASL 6 want to comply to the rule, but it also wants to go beyond in terms of innovation. They are adopting the quality approach proposed by the project SEEQUEL, whose vision of quality implies a global quality orientation and implementation which is adapted to the specific organisation's needs and assures efficiency and effectiveness.

Whereas process analysis has proceeded rather easily, the complex issues which had to be 'handled with care' have been those related to the human resources. As a matter of fact, the

training system presents a number of criticalities especially as regards the addressed beneficiaries. Therefore the ‘design and managing staff’ (made of the coordinator, the administrative staff, the full-time training designers) have been accompanied by a network of 37 training animators, that is to say employees who on a part-time basis take care of training needs analysis, delivery. The animators can be doctors, technical staff, administration staff, depending on the topic addressed by each particular training event. They can be metaphorically described as the *watchtowers* of training, capturing training needs from the population of potential trainees, and providing for the inputs necessary to translate the needs into concrete training actions.

2.2 Innovation in the Training Provisions

Embedded in the Quality process, *elearning* has turned out to be an important though still small portion of the overall training provision. Its role and relevance had never been elicited before and it was not clear what its impact and potential were within the overall training framework. To date, out of 800,000 Euro budget dedicated to training, 57,000 (14%) are for open and distance learning (ODL) provisions. It is the only case in Toscana. The objective is to bring approx 20-25% of the training offer in an ODL mode.

But why has the ASL 6 opted for elearning ? Under many aspects, the organisation is a forerunner as regards its attention towards innovation, improvements in relation to Continuous Professional Development and optimisation of resources. Elearning is understood as an additional tool which integrates other existing (traditional) modes and offers interesting opportunities which add to the existing ones. In this context, the Toscana region has a well-established tradition in the use of elearning for training.

The TRIO project¹ has been working now for more than 5 years with the aim of providing all citizens with flexible learning opportunities based on an elearning platform. The ASL 6 experience therefore has been developed in a regional context where elearning is indeed considered as a great opportunity to open up the otherwise narrow borders of training to all citizens. In 2002 the Department for Health Prevention was involved in the pilot activities, based on the TRIO catalogue courses. Based on the involved users/learners’ learning needs, the contents were heavily changed, redesigned and customised. The involved users were familiarised with the available online environment; in addition, a customised environment was created using the freeware virtual learning environment (VLE) ‘Moodle’. This VLE was selected because it offered the possibility not only to store contents and courses, but also to host discussion fora and other spaces for community activities. Already at the beginning of the elearning experience, it was clear that the community dimension would gain central importance according to a constructivist approach to learning and collaborative knowledge creation.

As regards the *introduction of elearning as a ‘normal’ learning medium*, after the initial pilot experience, the regional government identified the three ‘proxy’ organisations which had to work on the experimental activities: ASL 6 Livorno for the North-Western area; the Empoli

¹ <http://www.trio.org>

ASL for the Central area, and the Siena ASL for the South-Eastern regional area. Selected representatives of these three agencies have been working with an external consultant (from ISVOR, Turin) with the aim of detecting fundamental needs, and designing relevant and coherent training actions addressing the purpose of training those professionals who are going to be involved in the elearning system, namely those who are responsible for the different phases related to the delivery of elearning training. The training courses have been delivered throughout the regional territory. The training courses addressed the profiles of open and distance learning manager, open and distance learning designers, content creator and manager, and evaluator. These are the essential professionals needed in an ODL system.

The pilot experiences have been carried out at regional level, with the participation of competent consultants: CNR Genoa (for learning methodologies in a community of practice perspective), SCIENTER Bologna (for the quality approach), ISVOR for the learning system.

The main objectives of the experimental phase have been:

- to make participants familiarise with the media and the approach;
- to test the effectiveness and validity of proposed contents;
- to test the effectiveness of communities of practice for responding to health needs;
- to set development lines for further improvements and upgrading.

A group of seven people have been involved in this experience. In one year they have developed the elearning-related quality system concerning the four typical processes: analysis, design, delivery and evaluation. It has been defined who does what, with what instruments and resources. In a process approach, it has turned out to be fundamental to elicit the attribution of roles and competences (so to have clearly described who is responsible for what and within what limits), and to make a coherent organisational system. The revision of the system has started from a need already expressed by the Directorate General to the local agencies. Finally, the organisational training plan has determined the objectives of each single event/action, besides the economic resources and the profiles involved.

The organisational scheme adopted consists in a flexible and *lean* structure, as engine to introduce innovation within a complex organisation. This approach has been introduced gradually by increasingly involving employees and managers. However initially the pilot experience was really of small dimensions. This was intentionally done, with the aim of avoiding the risks of raising too many expectations, of managing too many interests and of being blocked by too many conflicting requests and pressures. This solution, which is typically implemented in the private sector, has indeed represented a novelty for the public administration.

In this experience, the *key external players* are:

- External consultants, providing for high-level and state-of-play methodological/organisational solutions.
- TRIO as institutional partner assuring coherence of the scheme with regional policies and broad, 'democratic' access to the elearning provisions.
- A small software house working on customisation of the adopted freeware. This company will soon obtain quality certification.

The rationale underlying all the activities consists in working with a small number of providers, with flexible agreements which can be adapted according to the emerging needs and requirements of the organisation. This contributes to establish a collaborative and open working style supporting dialogue with different agents so to share knowledge and points of view. At the same time, ASL 6 internal services have been actively involved in order to assure sedimentation and retention of newly-created knowledge.

This system requires a lot of energy, especially in terms of people's motivation and commitment.

The leading team is composed of Marco, his boss Paolo Franchi (responsible for Training), a few designers called whenever they are needed for specific training actions, a few tutors, a content creator. Human resources from other ASL of the Area Vasta. The culture of networking they are promoting is expressed also by this networking of brains, skills and competences.

It is not possible to work in a solipsistic way any longer.

Evaluation of the system:

1. Evaluation on procedures through the quality certification initiative. Possibility to elicit and clarify processes and procedures and translate them into quality objectives.
2. Evaluation of CoPs through a series of indicators which they have develop on purpose. These focus on evaluation of the individual, the group and the VLE.
3. Evaluation of invested resources: they use criteria and standards taken from mainstream management literature.

However, he thinks that the key indicator of elearning success will be the degree of growth and consolidation in the mid- and long-term.

Evaluation should also be focused on the outputs of the elearning system, produced by both elearning professionals and e-trainees.

The research on suitable and customised integrated learning solutions has also showed how important *communities of practice* can be for fostering learning processes and knowledge creation within an organisation. In this respect it has become clear that learning occurs in situations and environments in which learners (in this case, adult professionals) can deploy their potential and contribute effectively to the construction and sharing of relevant knowledge. Communities of practice can help the health system grow and advance.

Concretely, communities of practice make it possible to:

- network relevant players of the regional context (i.e. universities, health agencies, etc.) so to improve the quality of the service delivered;
- reduce the time spent for solving problems;
- support and facilitate communication among professionals.

This brings about additional elements of complexity. It is much easier to deliver standard catalogue courses, one- fit-for-all, than customised materials which meet individual learners' needs. The attention for communities and construction of knowledge, and for customised courses fosters targeted design and re-design, customisation of exercises and proofs, constant monitoring and animation of fora and discussion groups. This has however proved to be very

effective for the present time as well as for the future. For example, international projects such as the networks of hospitals called 'HPH' help promote the 'network culture' around the concept of health promotion and professional collaboration.

In this picture elearning is a tool to be used to support communities of practice and their work of sharing existing knowledge and creating some new knowledge bits useful for specific tasks. It is critical to gradually introduce innovation, since people need to get familiar with innovative solutions which break with tradition. The risk in introducing changes abruptly implies hostility and refusal.

2.3 Handling complexity and innovation processes: skills, knowledge and attitudes

Managing complex situations and innovation requires a multifaceted professional profile, comprising a number of skills, knowledge and know-how, attitudes and values.

Since 1999, the interviewee Mr Luvisi, has been cultivating his interest for Knowledge Management (KM) systems. At the beginning a personal interest, it has then become a useful approach for his job. The analysis of 'classical' case studies describing advanced and innovative organisations (such as: Nokia, Scandia, Siemens) has given him the opportunity to identify those key elements which need to be contextualised when implementing a KM solution. The insight into KM has opened up possibilities for self-observation and for the identification of organisational elements which had to be changed or improved. In this respect, the idea of investigating on the appropriateness of the existing traditional training system has revealed other opportunities for better and more effective training solutions based on enabling technologies.

Mr Luvisi's key competences (understood as a combination of knowledge, skills and attitudes/value orientation) are:

- Strong scientific background in health and medicine.
- Management skills (acquired when working for the private sector, they refer to the capacity to best invest resources, pursue performance, optimise times and processes in R&D).
- Knowledge of English.
- Analytical skills to scan the environment and identify existing situations to be used (capitalisation) and orientation to the future (identify new trends and opportunities for future developments).
- Ability to work in team (implying the ability to work in multidisciplinary teams, tackling complex issues from different points of view).
- Ability to manage the organisation as a whole (knowledge about technology, methodology, training).
- System vision.
- Relational skills, needed also to handle industrial relations, internal customers, managers, etc.
- Negotiation skills.
- Curiosity and willingness to learn, also redefining prior learning.

- Determination.
- Willingness to continuously study and get professionally updated.

This complex professional profile demands continuous training in a perspective of continuous professional development (CPD). Generally, this occurs through self-training geared to job requirements and assignments. Therefore non-formal learning is key, such as: on-the-job learning activities, attendance in conferences and workshops, web-surfing and access to specialised press. However, also participation in training courses is fostered with regards to technical and specific subject areas.

Provided that most of the learning opportunities have a non-formal character, in the interviewee's opinion it is relevant that those competences developed in non formal and informal contexts are formally recognised and taken into account for career planning and advancement. In this respect, the organisation supports those employees who decide to attend (formal) specialisation courses (such as Master's). The interviewee is going to enrol in a course for high potentials (at the Scuola Superiore S. Anna in Pisa) whose main subject areas are management and economics (considered as essential for his position).

The support from the organisation is important in order to keep the commitment and adhere with the organisation's vision and priorities. The interviewee's activities are constantly monitored and discussed with his boss, in line with the Directorate General's priorities and development lines, as well as with the regional policy lines.