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KEY MESSAGES

In order to implement and sustain the changes needed to adapt to evolving needs, decision-makers generally agree that clinical and managerial teams must develop greater ability to carry out improvement or innovation projects in their specific environments.

To follow up on their achievements in evidence-informed change, the managers of the Montérégie health and social services region agreed to try out a new form of support for innovation: the Healthcare and Social Services Management and Governance Experiments Project (LEGG).

Experienced as an incubator of innovation, the LEGG mechanism has made it possible to reconcile management and control roles with that of support for the organizations and for the teams that work towards implementing the necessary changes within them. By instigating and leading interactions that unite decision-makers, researchers and stakeholders who embrace different schemes for action, the LEGG has created a set of dynamics for supporting the change process that is focused on perfecting and carrying out innovations.

The LEGG has focused on three areas of intervention that appear to be essential for carrying out a portfolio of innovative projects and which, together, constitute a mechanism for providing interdisciplinary support:

- Implementation of change in project management, making it possible to design and carry out a change process that is tailored to the realities of the organization in question
- Active mobilization of knowledge by facilitating social processes, promoting the importance of tacit and explicit knowledge and jointly producing knowledge that is useful for achieving the project’s goals
- A course of action focused on the deliberate production of change thanks to a clear direction, the allocation of venture capital, and accountability that is conducive to achieving change and sharing lessons learned.

The LEGG has proven itself to be a systemic mechanism that can support knowledge-informed change. For that reason, the managers in the region have agreed to repeat the initiative.
EXECUTIVE SUMMARY

The ability to implement evidence-informed changes in the everyday practices of healthcare organizations involves many challenges. The managers of the Montérégie healthcare and social services network, the second largest health and social services region in Quebec, agreed to collaborate in order to better support their teams in strengthening their ability to carry out improvement or innovation projects. By this means, they hoped to better align the improvement priorities identified at the local level with those originating from the regional and provincial levels, and to build greater synergy among all the players – those in the institutions, those at the Agency and those in the research environments. This is how the Healthcare and Social Services Management and Governance Experiments Project (LEGG) came to be. Its goals were to act as an incubator of innovation, and to meet these needs.

The goal of this study was to evaluate how (in terms of implementation) and to what extent (in terms of outcomes) the LEGG contributed to the adoption of evidence-informed improvements. The evaluation would also assess the influence that the support provided by the Agency and by the researcher/coaches had on the actions taken by project teams in the local organizations. More specifically, the evaluation was intended to answer two questions:

1. To what extent and in what way has the LEGG succeeded in stimulating innovation and supporting change in the local organizations?
2. To what extent and in what way has the LEGG helped to mobilize existing and new knowledge to support the changes introduced in the local organizations?

The chosen analysis framework invokes two models which shed light on things in complementary ways. The main model, stemming from the work done by the Centre d'études en transformation des organisations (centre for studies in organizational transformation) (Rondeau, 2008), implies that to implement change in a complex environment, we must take three types of issues into account, which, once combined, revolve around three schemes of joint action. The second model, arising from the work of Denis and Lehoux (2009), enables us to analyze knowledge mobilization processes according to three dimensions: organizational capabilities, social processes and the coding of knowledge. In this study, we were able to combine these two models, that is, to establish a link between the dimensions relating to knowledge mobilization and those relating to change management.

Through its deployment, the LEGG has given rise to some concrete change projects and has provided a good deal of interaction and opportunities for knowledge sharing. It has generated plenty of dialogue between players at various levels, who make innovation, and an ongoing commitment towards carrying all the projects through to completion, their top priority: project teams, managers, researcher/coaches, a steering committee, etc. These interaction platforms have made continual mutual adjustments possible. Following these interactions, at the end of the first cycle of the activities to be evaluated, a regional symposium was held, providing a wonderful opportunity for team bonding, sharing of lessons learned and celebration of achievements.

After carrying out experiments over a 24-month period, the research team was able to distill a body of knowledge relating to the implementation of evidence-informed changes in healthcare organizations. Our analyses suggest that innovation and change are fostered by individual and group coaching in the following three areas:
1) **Coaching on change management and project management.**

In particular, we have observed that:

- Change benefits from a management model adapted to each project.
- Trying out new practices and mobilizing knowledge, promotes the adoption of new roles and new, collaborative relationships between the players, and makes it easier for them to embrace the change.
- Institutionalization of the change within the organization does not always coincide with the players’ adoption of it; achieving that coherence is a demanding phase of the transformation process and takes time.

2) **Coaching on the mobilization of knowledge and of players.**

We have observed that:

- Local teams are keen to engage in innovative processes, and their motivation increases as they move forward with the project and it enables them to stand out from their peers (3 out of 5 local projects sponsored by the LEGG won formal recognition).
- The teams in the field do not spontaneously tend to actively turn existing knowledge to good account before putting their new ideas to the test; however, mobilizing knowledge actively contributes to the various steps of carrying out a project. The contribution by researcher/coaches appears to be a key factor in the organization of projects and the mobilization of knowledge.
- Support for harnessing and coding knowledge at advanced stages of the change process makes it much easier to formalize the lessons learned, document the project experience and share and disseminate the results. In the case of the LEGG, such support was provided concurrently by researcher/coaches and by knowledge brokers reporting to the Regional Agency.

3) **Coaching on governance for initiatives focused on producing changes.**

We have observed that:

- Explicit, strategic determination, conveyed by managers and governance authorities, creates conditions that are conducive to the development of innovations in an organization.
- The injection of even a modest amount of venture capital can activate a latent capacity for innovation in an organization.
- A steering committee – represented in practice and symbolically by a credible leader – that supervises the initiative and the various projects, acts like a social intervener and elicits mobilization, discipline and perseverance on the part of the players.

At the end of the experimental period, the perceived value of the LEGG mechanism was sufficient for it to be continued, despite some factors of instability in the region, including the replacement of many key players.

The transformation of healthcare systems is a long-term endeavour. The trial of a coaching mechanism combining course-setting, the systematization of processes and the mobilization of knowledge proved worthwhile in the region where it took place. Indeed, the LEGG appeared to be a key factor in the emergence and production of evidence-informed changes. This type of coaching mechanism for guiding transformations strikes us as being worth deploying more broadly, in order to accelerate the development and introduction of innovations in the healthcare sector in other parts of Quebec and Canada.
INTRODUCTION

Since 2004, the Agence de la santé et des services sociaux de la Montérégie has rallied the decision-makers in the region in favour of systematically relying on performance evaluation and the use of evidence to guide change and make enlightened decisions. This rallying effort was made possible, in part, by putting collective leadership in place, in the form of the Montérégie Strategic Coordination Committee (CCSM). This committee brings together all of the general managers of the local and regional institutions in the region, as well as the Agency directors.

An ideal forum for jointly making strategic choices, the CCSM has formed collaborative networks focused on the major areas of intervention towards the population (clinical-administrative networks) and on resource management functions (resource networks). Managers from each of the institutions and from the Agency are brought together in these regional networks and collaborate in projects focused on best practices, with the support of knowledge brokers.

The data collected by means of questionnaires between 2005 and 2008 revealed, though, that despite the progress achieved at the systemic level, challenges still remained with respect to the ability to implement evidence-informed changes in the field, among the teams of professionals. The decision-makers in the region agreed at that point that the teams needed to develop their ability to carry out improvement and innovation projects in their organizations, and that the Agency needed to develop its capacity to support them. They also saw a need to better align the improvement priorities identified at the local level with those originating from the regional and provincial levels, and to build greater synergy among all the players – those in the institutions, those at the Agency and those in the research environments. This is how the Healthcare and Social Services Management and Governance Experiments Project (LEGG) came to be. Its goal was to try out a new form of support for conducting innovative projects in the region.

An evaluative research project on the adoption of this governance mechanism and its ability to induce evidence-informed changes at the local level was made possible by a grant obtained through the Linking Evidence to Action on Decisions (LEAD) Competition 2009 sponsored by the Canadian Foundation for Healthcare Improvement. This report presents the results of that research.
1 THE LEGG

1.1 Background and history of the project

In 2008, the Agence de la santé et des services sociaux de la Montérégie designed and set up a new governance mechanism intended to stimulate innovation and mobilize evidence to guide change at the local level: the Healthcare and Social Services Management and Governance Experiments Project (LEGG). This mechanism would promote the joint building of knowledge through interaction between the players in the field and those from the university environments, thanks to support from the Agency.

The creation of the LEGG fulfilled many needs that had been expressed in the region and fit into a propitious cultural environment. It was welcomed enthusiastically, not only by the managers but also by the teams in the field.

1.2 Description of the LEGG intervention

The main goals of the LEGG were to induce innovations in the delivery or organization of services based on relevant knowledge, and to enhance the ability of players in the field to drive the implementation of changes. The initiative was launched in the form of a call for proposals – the Innovative Projects competition – which generated a portfolio of innovative projects that were chosen as being the most promising of the proposals put forward by the teams working in the institutions in the region.

The process of selecting and executing the projects to be sponsored by the LEGG, as originally planned, consisted of four phases, as illustrated below:

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filing a preliminary proposal</td>
<td>Developing a detailed proposal</td>
<td>Executing the project</td>
<td>Sharing and disseminating knowledge</td>
</tr>
<tr>
<td>5-6 weeks</td>
<td>8 weeks</td>
<td>12-14 months</td>
<td>Annual symposium</td>
</tr>
<tr>
<td>- $10,000</td>
<td>- $50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coaching by a researcher</td>
<td>Evaluation</td>
<td>Coaching by the Agency</td>
<td></td>
</tr>
</tbody>
</table>
Seventeen preliminary proposals were received in response to the competition launched in 2009. A review of these proposals based on five selection criteria (innovation, transferability, relevance, precision and feasibility) whittled them down to seven projects which received a first round of funding, i.e. $10,000, for the next step, that of producing a detailed proposal. Once these proposals were analyzed and meetings were held between each project team and the LEGG steering committee (consisting of representatives of the Agency, the institutions and the universities), five projects were chosen (Table 1).

**TABLE 1: List of projects chosen**

<table>
<thead>
<tr>
<th>INSTITUTION(S)</th>
<th>NAME AND DESCRIPTION OF PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSSS Pierre-Boucher, Centre de réadaptation en dépendance Le Virage</td>
<td>MOSAIC: A partnership trial between two institutions to better serve clients presenting, or at risk of presenting, concomitant mental health and addictive disorders</td>
</tr>
<tr>
<td>Centre montréalien de réadaptation</td>
<td>DARE TO INNOVATE: Set-up of an initial group service for children with language deficiency</td>
</tr>
<tr>
<td>CSSS Champlain</td>
<td>BLITZ: Trial of a fast and intensive intervention using a solutions-oriented approach</td>
</tr>
<tr>
<td>CSSS Richelieu-Yamaska, CSSS Pierre-Boucher</td>
<td>PUBLIC HEALTH: Evaluation of an organizational model promoting the achievement of the goals of the local action plan on public health</td>
</tr>
<tr>
<td>CSSS la Pommeraie</td>
<td>INTERGENERATIONAL COOPERATION PROGRAM: Transmission of legacies by nurses reaching the end of their careers</td>
</tr>
</tbody>
</table>

The project teams received:

1. A start-up grant of $50,000, specifically intended to release the local project team members from their regular duties for the purpose of carrying out the project

2. Ongoing support from the Agency’s team. This support pertained both to project management and change management, and to the mobilization of evidence. Under the leadership of the LEGG’s scientific director, it turned to good account the expertise of the managers and professionals of all of the Agency’s departments, including knowledge brokers.

3. Guidance and evaluative follow-up by a university researcher who contributed expertise which complemented that provided by the Agency team; $20,000 were allocated per project as compensation for the researcher/coach.

The main terms of reference of the researcher/coach were to ensure that the new knowledge generated by the trial was captured and formalized so that it could be shared and transferred. The relevant knowledge that was sought was that pertaining to either of the following two, complementary areas:

1. The innovation that was tried out, and its effects (anticipated or not)

2. The local circumstances and their influence on the innovation and its effects.
To achieve this, the project team’s main task was to carry out the innovation and follow up on the project’s execution; meanwhile, the researcher/coach was responsible for selecting the specifications and subjects of study that were deemed most useful and most interesting, and to extract, organize and formalize the new knowledge. The evaluation activities were supposed to lead to the writing of a report or a scientific article.

In this way, the LEGG, with support from the Agency (in funding and in kind), guided five local teams in trying out an innovative practice over a period of approximately two years.

2 EVALUATION OF THE LEGG

Thanks to the grant received from the Linking Evidence to Action on Decisions (LEAD) Competition 2009 sponsored by the Canadian Foundation for Healthcare Improvement (CFHI), the LEGG conducted an evaluative research project with the goal of analyzing the implementation and the repercussions of this governance mechanism. The goal of the research was to evaluate, based on a cross-sectional study of the five selected projects, how (in terms of implementation) and to what extent (in terms of outcomes) the LEGG contributed to the emergence of evidence-informed changes at the local level. The evaluation would also assess the influence that the support provided by the Agency and by the researcher/coaches had on the actions taken by the project teams in the local organizations. More specifically, the evaluation was intended to answer two questions:

1. To what extent and in what way did the LEGG succeed in inducing innovation and supporting change in the local organizations?
2. To what extent and in what way did the LEGG help to mobilize existing and emerging knowledge to support the changes introduced in the local organizations?

2.1 Analysis framework

The LEGG intervention lies at the point of convergence between various fields of knowledge. Its main support lies in knowledge about change management and the mobilization of knowledge. It takes the social interaction between researchers and decision-makers/agents of change into account, recognizing the importance of deliberative processes in joint knowledge building.

The chosen analysis framework invokes two models which shed light on things in complementary ways. The main model, stemming from the work done by the Centre d'études en transformation des organisations (centre for studies in organizational transformation), was developed during multiple change guidance projects (Rondeau, 2008). It suggests that to implement change in a complex environment, we must take three categories of issues into account, which materialize through actions that are combined according to three schemes of organized action (Table 2). It is broken down into nine separate, but complementary, sub-dimensions associated with the successful implementation of change. This model was used to analyze the conditions in which each of the emerging innovations supported by the LEGG, evolves.
TABLE 2: Model of the capacity for change (Rondeau, 2008)

<table>
<thead>
<tr>
<th>LOGICS OF ACTION</th>
<th>CHANGE ISSUES</th>
<th>LEGITIMIZATION (emotional)</th>
<th>EXECUTION (cognitive)</th>
<th>BUY-IN (behavioural)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGIC (players’ intention)</td>
<td>VISION</td>
<td>Important change</td>
<td>STEERING</td>
<td>Credible steering structure</td>
</tr>
<tr>
<td>Direction perspective</td>
<td>Committed sponsor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partners involved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUNCTIONAL (nature of the systems)</td>
<td>MODEL</td>
<td>Deficiencies are established</td>
<td>CAPACITY</td>
<td>Resources, process and appropriate competencies</td>
</tr>
<tr>
<td>Structural perspective</td>
<td>Direction is documented</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATIONAL (practices adopted)</td>
<td>COMMUNICATION</td>
<td>Appropriate information</td>
<td>EFFORT</td>
<td>Availabilities and appropriate collaborations</td>
</tr>
<tr>
<td>Cultural perspective</td>
<td>Sustained membership</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to this model, the successful implementation of an organizational change is tied to the ability to appropriately deal with three major issues: the legitimization, execution and buy-in of the change. In other words, the implementation process should foster the feeling among the players that the change in question is both legitimate and achievable, in order to improve the operation of the organization. Furthermore, the implementation process must enable people to buy into the change. The model also suggests that these issues are handled very differently, depending on the various logics of action that exist in the organizations and the perspective of the players involved. For example, in strategic terms, to successfully implement a change, we must clarify how the strategic intention to change can be translated into a clear and shared direction. In systemic terms, however, successfully implementing a change is linked to the fact of specifying which organizational processes are most likely to produce the desired change, and how they should be deployed. Finally, in an operational perspective, the successful implementation of the change will depend on the process whereby the desired behaviours are adopted for carrying out everyday work activities.

The second model, arising from the work of Denis and Lehoux (2009), enables us to analyze knowledge mobilization processes according to three dimensions:

1. Organizational capability, i.e. the resources, the way they are arranged and the standards that enable an organization to capture and manage knowledge,
2. Social processes that converge around learning and the use of knowledge, and
3. The coding of knowledge, which refers to the formalization of the knowledge and lessons learned, according to defined methods and technologies.

This model was used to assess the extent to which the use of evidence increases in the organizations involved; it charts a course for change and supports the emergence of the innovation.
As part of the research activities, the researchers, the decision-makers and their collaborators\(^1\) crossed the two models discussed above in order to identify the main questions that should be explored to show the contribution that knowledge makes to each dimension of the capacity for change (Table 3). For example, analyzing the ability to mobilize knowledge clarified how and at what points in time various types of knowledge can be used to increase the project teams’ ability to change and to introduce innovations in their practice or their organization of services. Given the dynamic nature of any process used to mobilize and transfer knowledge, the strategies, mechanisms and methods used to mobilize knowledge can contribute to several sub-dimensions associated with the change process.

**TABLE 3: Main questions arising from the integration of the two analysis models**

<table>
<thead>
<tr>
<th>Legitimization</th>
<th>Execution</th>
<th>Buy-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has knowledge been used to legitimize the change? If so, what types of knowledge? How was it used? Does the knowledge refer to a standard or to an organizational model?</td>
<td>Does the steering team include the various groups or individuals who possess knowledge and competencies that are useful to the change project? Does the information circulate among the various authorities?</td>
<td>Has knowledge been produced which demonstrates the value of the change, which objectivizes the resulting improvement?</td>
</tr>
<tr>
<td>What signs suggest that the intervention model is supported by knowledge?</td>
<td>How are the teams supported and given the ability to put the change into practice? How do we mobilize the knowledge and competencies that are needed to put the model into operation?</td>
<td>Are the lessons learned about the intervention, and the adaptation of it, captured in the real context? How do we organize ourselves to learn, based on what each person does, and to capture the new practices? Are new processes or practices, tailored to the particular context, formalized?</td>
</tr>
<tr>
<td>What platform(s) exist(s) for sharing points of view and knowledge (scientific or experiential) about the change project? What knowledge is shared there?</td>
<td>Are the necessary space and support provided to try out the change and to analyze the results of these trials? Is the value of sharing the lessons learned (new knowledge) arising from the trials, recognized? Are feedback mechanisms in place to adapt the change along the way, if necessary?</td>
<td>Are the adjustments that must be made to roles, responsibilities and tasks, in order to sustain the change, formalized? Is there a measurement and feedback mechanism that will allow continuous improvement? Are the change and its results disseminated in professional or other networks? Who does so?</td>
</tr>
</tbody>
</table>

\(^1\) For a list of the members of the steering committee and their collaborators, see Appendix 1.
2.2 Methodology

The analysis of the LEGG’s implementation and repercussions used four strategies for data collection: (1) analysis of documents; (2) direct observation; (3) semi-structured interviews; (4) questionnaires.

The analysis of documents focused on three types of text: scientific literature (factors associated with the emergence and adoption of innovative practices, based on comparable experiences); institutional literature, such as guidance manuals, planning documents, management reports (characteristics of the intervention and of the management of local projects that were supported); and evaluation reports produced by the researcher/coaches for each project, which identified the points of convergence or divergence between the various cases. Direct observation was carried out of four types of activities: meetings of the steering committee, meetings with the network of LEGG collaborators, meetings between the local teams and the researcher/coaches, and a symposium. The semi-structured interviews consisted of individual and group interviews with three categories of key players: the steering committee, the researcher/coaches and the local teams. Finally, the questionnaires were administered twice: at the mid-point of each project, and at the end.

3 IMPLEMENTATION OF THE LEGG MECHANISM

This section describes the various phases of the intervention in more detail, and explains the contributions made by the scientific director and the steering committee, by the researcher/coaches and knowledge brokers, and by the ongoing interactions between the various levels of the hierarchy, in particular during the regional symposium which brought the cycle of LEGG activities to an end.

3.1 Phases of the LEGG intervention

The table below presents the main phases and activities that were carried out in the first cohort of LEGG projects.

<table>
<thead>
<tr>
<th>PHASES</th>
<th>LEGG ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcement of the competition and call for preliminary proposals</td>
<td>◭ Mobilization of the project’s partners and the necessary resources</td>
</tr>
<tr>
<td></td>
<td>◭ Pre-analysis of the preliminary proposals</td>
</tr>
<tr>
<td>Selection of preliminary proposals</td>
<td>◭ First feedback from the steering committee to the teams, via letter</td>
</tr>
<tr>
<td></td>
<td>◭ Release of the first round of funding</td>
</tr>
<tr>
<td>Development of detailed proposals</td>
<td>◭ Meeting of all the teams, overview of project management principles, and formal offer of support</td>
</tr>
<tr>
<td>Selection of detailed proposals</td>
<td>◭ Presentation of detailed proposals to the steering committee, in person</td>
</tr>
<tr>
<td></td>
<td>◭ Second feedback from the steering committee to the teams, in person and via letter</td>
</tr>
<tr>
<td></td>
<td>◭ Final selection of projects to be supported</td>
</tr>
<tr>
<td></td>
<td>◭ Release of the second round of funding</td>
</tr>
<tr>
<td>PHASES</td>
<td>LEGG ACTIVITIES</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Introduction of researcher/coaches | ▪ Search for, and recruitment of, researchers  
▪ Clarification of terms of reference and roles 
▪ Support from the scientific director 
▪ Development of the evaluation specifications |
| Execution of projects   | ▪ Monitoring by, and support from, the scientific director  
▪ Preparation of the evaluation specifications 
▪ Mid-point meetings between the teams and the steering committee, with feedback in person |
| End of cycle            | ▪ Production of the researchers’ evaluation reports  
▪ Writing of end-of-project summary reports (with support from a broker)  
▪ Support for the preparation of Pecha Kuchas 
▪ Symposium |

### 3.2 Contribution by the LEGG’s scientific director and steering committee

The LEGG’s scientific director was the primary respondent towards the Agency on the project teams’ behalf. While he symbolized the sponsor’s authority, his main role was to provide support. Among other things, he ensured that the role of the researcher/coaches was well aligned and that they were well integrated with the teams, saw to it that the projects unfolded smoothly and participated in several steering committees, represented the Agency at various events held to disseminate results or to bestow recognition, and conducted the meetings and activities that brought all of the teams together. On a few occasions he served as mediator to resolve disagreements between the project teams and the researchers.

As for the steering committee, it was responsible for the initial selection of projects, which occurred after the committee had met with the teams. It monitored the implementation of the LEGG mechanism and the progress of the projects; to that end, it held meetings with each of the teams at the mid-point of the process. It acted like a social intervener who elicits mobilization, discipline and perseverance on the part of the players.

### 3.3 Contribution by the researcher/coaches

The main contributions by the researcher/coaches proved to be fairly close to what had initially been planned.

First of all, all the researchers had to **design evaluation specifications** and to determine, in collaboration with the steering committee for their respective projects, what was going to be measured (impacts of the change, client satisfaction, perception of the players, effects of an action on costs, wait times, etc.). They had to propose methods for obtaining those measurements, and develop the measurement tools accordingly (survey, satisfaction questionnaire, interview outlines, etc.). This first step enabled many teams to pinpoint the objectives of their projects and to better identify what results were expected. In some cases, these deliberations showed that the logical model of the intervention had not yet been clearly formalized. Here we see a second role that was played by the researcher/coaches: that of pointing out the importance of a logical model, in order to better achieve the project’s objectives.
Next, all the researcher/coaches produced new knowledge based on their own observations and those of the participants in the change, and they all wrote an evaluation report. The capture of emerging knowledge and the formalization thereof in a written report represented value-added for the managers and the caregivers. While the work teams are aware of the importance of capturing new knowledge in a change process, these activities are rarely given priority in a service organization where resources are often limited. In several cases, some of the knowledge that was captured during the project made it possible to fine-tune, adjust or improve the intervention that was to be carried out.

All of the researcher/coaches were also called upon to present the evaluation results, sometimes to the steering team only, sometimes to much wider audiences consisting of managers, caregivers or officers. For example, in a project where the proposed innovation did not receive unanimous support in the organization, and where resistance on the part of a group of players presented a significant impediment to the smooth advancement of the project, the researcher was asked to present the evaluation data to all of the stakeholders as part of a mini-symposium. According to the project team, this presentation of the evaluation results by an external researcher increased the trust and buy-in on the part of those who would be participating in the change.

Apart from these contributions relating to the evaluations, the researchers played various roles associated with their coaching mandate. In this regard, their contribution to the process of achieving change took various forms, according to the teams’ specific needs. In one case, the researcher’s coaching encouraged the team to stay true to its original model throughout the evaluation process, despite the doubts and uncertainties that arose along the way. In another case, the researcher/coach’s arrival had the effect of revealing the absence of a logical model to support the actions carried out by the players involved in the project. In another project, the researcher was able, following the initial collection of data, to identify certain weaknesses of the proposed model and help the team think up new activities that could be introduced to remedy those weaknesses. The formal and informal discussions between the researcher and the members of the steering team enabled the teams to receive feedback on their actions and gave them food for thought throughout the project. In another case, the researcher/coach provided individualized coaching on project management to the project leaders, enabling them to follow a structured process and to measure the performance of their respective initiatives.

### 3.4 Contribution by the knowledge brokers

The Agency’s team of knowledge brokers was available to support the local teams, but it was noted that they were not solicited much in the initial phases of the projects. The fact that the brokers were not full-fledged members of the project teams may account to some degree for this under-use of their services. Up to a certain point, knowledge must be available at the time when it is required. When the project teams discover a deficiency, if no-one takes note of it, it can easily be overlooked due to lack of time, lack of expertise or simply because no-one is taking responsibility for it. Requiring the brokers to attend the steering committee meetings might be one way of overcoming this difficulty.

On the other hand, all of the local teams called upon a knowledge broker from the Agency to help them prepare their summary report at the end of the project, and their presentation to the symposium (see Section 4.5). This contribution clearly meets a need for which the teams are generally ill equipped. Indeed, the ability to document the history of a project and the lessons learned from it is essential, if they are to be shared with others. The researcher/coach contributes to that in part, but the perceptions held by the teams themselves are also important; they provide a better picture of the specific circumstances of each project.
Consequently, in addition to responding to requests that involve capitalizing on existing knowledge (especially during the design phase of the detailed specifications), the brokers can also participate, throughout the project, in recording and disseminating the experience and the lessons learned from it.

The LEGG did not, as it did for the researcher/coaches, specify a role for the broker who, in retrospect, could have formed a coaching duo in the field together with the researcher/coach.

### 3.5 Synergy of roles and socialization of knowledge

The LEGG succeeded in instigating numerous interactions and opportunities for knowledge sharing by tying these to concrete change projects. It gave rise to multiple discussions between players acting at various levels, maintaining a constant focus on innovation and an ongoing commitment to the execution of all the projects: project teams, managers, researcher/coaches, steering committee, etc. These discussion platforms made continuous adjustments by everyone involved, possible.

Following these interactions, the regional symposium provided a wonderful opportunity for team bonding, sharing and celebration. The explicit goal of the symposium was to present the results of the LEGG projects and the results of the research on the LEGG mechanism. It forced the teams to organize the knowledge that was gained during the project on both the trial process and the specific issues surrounding their projects. The procedure that was chosen for sharing this knowledge was a short presentation (approximately 7 minutes long) on each of the projects in Pecha Kucha format, followed by an interactive workshop lasting 35 minutes organized according to the participants’ spontaneous questions. Combining Pecha Kucha with the discussion workshops worked particularly well, as was shown by a very positive evaluation of the event, which was attended by nearly 150 people from the various institutions in the region.

### 4 CROSS-SECTIONAL ANALYSIS OF THE COHORT OF 5 PROJECTS

The five projects of the first LEGG cohort, all very different from each other, completed the first cycle of a trial and received coaching from an external researcher from a university environment. They all progressed at very different paces using very different approaches, depending on the goal and the particular circumstances of each one. A brief summary of each project is provided in Appendix 2.

The next section presents the results of the cross-sectional analysis carried out using the framework described in Section 2. The results are presented according to the nine dimensions of the Rondeau model (2008) and include the findings regarding the mobilization of knowledge, as suggested by the work of Denis and Lehoux (2009).

#### 4.1 Legitimization

*Strategically speaking*, the legitimacy of a change is often enshrined in statements by executives. Such statements convey the organization’s vision regarding the importance of the change, and the extent of its commitment to achieve it.

What emerges from the LEGG projects is that the more clearly defined the strategic intention is at the outset, and the more efforts are made to communicate it throughout the organization, the more it will be anchored at the core of the project throughout the change process, and the better chances the project will have of being carried out. Furthermore, if this vision lies within the framework of an

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2 A Pecha Kucha is a presentation consisting of 20 slides which are displayed automatically for 20 seconds each, for a total duration of 6 minutes 40 seconds.
emergency situation (whether the emergency is real or fabricated), or if the importance of the project is recognized by the players who will be implementing it, this will go a long way towards rallying the players in favour of the change.

The strength of the vision depends on the individuals and their leadership. This strength arises from the fact that the promoter is very familiar with the environment in which he is working and that he knows how to use all the knowledge available to him to persuade the people around him. In projects where the vision is founded on scientific knowledge, evidence or objective measurements of performance, the legitimacy of the change is increased, especially in the eyes of professionals. On the other hand, as many research projects have shown, this condition does make things easier, but is not sufficient in itself. For all sorts of reasons, scientific data can be disputed, refuted or ignored, even when they are plausible and robust.

Managers tend to spontaneously use performance data to legitimize their actions, while caregivers seem to pay more attention to evidence on best practices. Our observations therefore suggest that the combined use of tacit knowledge, evidence and performance measurements increases the chances of a successful change.

**In functional or systemic terms**, legitimization takes the form of a more elaborate action model. Evidence on the most effective interventions or best practices is used to identify or to construct a model, while contextual evidence gives us a better understanding of the organization or the system, so that we can adapt the action model to the local environment.

In most of the LEGG projects, the researcher/coach's contribution in this regard was considerable. However, the deployment of a logical action model did not happen spontaneously. In the second phase of the competition (a $10,000 grant to develop the model as part of a detailed proposal), the teams described in more detail the steps through which they would put their project into operation, and identified the factors to be considered in order to manage the change more effectively, but most of them did not go into the underlying knowledge or the theoretical model of their intervention in more detail, before the researcher/coach arrived on the scene.

In operational terms, the degree of buy-in and engagement on the part of the players involved in the change provides evidence of the true legitimacy of the change. This assumes that the vision or the action model is shared within the organization and is the subject of discussion between the various players concerned. In theory, opportunities for dialogue and feedback on the application of the model in the environment in which the players practise should support their endorsement of the change, especially if attention is paid to experiential knowledge, and if those who will be executing the change are allowed to express their concerns and points of view.

In the LEGG projects, few formal sharing and discussion platforms were put in place to promote interaction between the players, except in one project. Training was used in at least three of the projects as a communication vehicle for sharing the vision and the model. We also note that more conventional organizational communications (one-way, top-down) contributed fairly little to the operational legitimization of the projects. In some cases, they even constituted a hindrance.
4.2 Execution

In strategic terms, to carry out a change and increase its chances of success, setting up a steering structure and mechanism is generally considered to be essential. Ideally, this steering structure should bring various players (project manager, subject matter experts, agents of change) together, and plan a process that can support those who will be required to change their practices.

Various steering models were tried out in the LEGG projects; some relied on a particular individual, others on a steering committee, while others adopted a more collaborative approach and formed multiple committees. Although “collective” steering can facilitate the sharing of information and provide more opportunity for feedback, there does not seem to be any clear link between the type of steering structure, on one hand, and the performance and outcome of the LEGG projects, on the other hand.

However, while the type of steering structure seems to have wielded little influence, the expertise it provided and the roles it played proved to be important. The projects seem to have made progress thanks to interventions by the steering committee affecting both the content of the project and the change process itself. In other words, a steering structure that is familiar with the subject of the change and able to incorporate new knowledge into it is a factor for success, in particular by contributing to its legitimacy. Furthermore, if the steering structure also masters the change process, it can better clarify each player’s role, keep the players’ attention focused on the project and intervene in the right place at the right time to provide the appropriate feedback or support.

In fact, it is difficult to know whether the effectiveness of the steering effort stems from the fact of having released a project manager from his normal duties so that he will have enough time to spend on the project, as is suggested by the literature on the subject (IHI 2005; Langley et al. 2009; Nolan, 2007) or whether it is due to the players’ engagement in the improvement processes, as is suggested by reports on high-performance healthcare organizations. In any case, we must conclude that the mobilization of expertise and sharing of knowledge within the steering structures played an important role in supporting the change processes and the execution of the projects.

In functional or systemic terms, effecting a change requires equipping oneself with the necessary capabilities and resources. Apart from financial resources, there are various ways to develop competencies, support the teams and increase the organizational capability; these include training, coaching, access to experts, participation in communities of practice, and the production of new practice manuals.

In a significant way, the LEGG intervention contributed an overall capability to the projects in the form of resources (researcher/coach, funding, external observation, mobilization of knowledge, etc.) and with respect to the process (change process, release of project managers, etc.). More particularly, this new capability gave the teams some leeway for the use of resources. Moreover, the rendering of accounts acquired more flexibility, becoming more focused on direct reports from the teams to the LEGG steering committee and to the scientific director. This promoted continuous brainstorming, both on ways to mobilize the knowledge required for the success of the project, and on the mechanisms and processes to be deployed to produce the change.

According to the participants, the interactions between the players during the project (clinical meetings, training sessions, discussions) were opportunities for knowledge sharing, enabling the various players involved in the change to develop a common language and an atmosphere of trust. This interaction also helped to develop their competencies, although these new competencies were not always documented to the extent that they might have been.
In operational terms, carrying out change requires that the players get out of their comfort zone and accept to work differently, and to try out, and then adopt, new practices. This requires both willingness and availability to change on the part of the people involved. The trial period requires being open to new knowledge, and often calls for some adjustment in the roles expected of each player.

In the LEGG projects, this period of clarifying roles and fashioning new ones was clearly recognized. In some cases, the roles evolved in an emerging way; in others they were defined more formally by the steering structure. Both of these approaches appeared to be equally effective. Furthermore, this trial period benefited, it seems, from the presence of an intervener or a mechanism put in place to take charge of the problems and the learning that arise. Such a mechanism proved itself useful, especially when it promoted discussion between the players, helping them to embrace the change. In other words, the trial period during which the new practices are deployed becomes, in a way, a period of “sharing meaning” that increases the legitimacy of the change and, in the end, makes it easier for people to embrace it.

4.3 Embracing the change

Even though the concept of embracing change refers first and foremost to the personal process of gradually adopting the change, it also entails an organizational component. Setting up mechanisms for recognizing the players involved in the change, formalizing the lessons learned and standardizing the new practices are all examples of this institutionalization of the change. The absence of such mechanisms can constitute a serious deficiency in the process of implementing a change.

In strategic terms, in order for the players concerned to embrace the change, they first must recognize its value. Indeed, the interest in and commitment towards a project and its results constitute an initial form of buy-in. If one is convinced that the proposed change is the right thing to do, one will be more inclined to invest one's energies in it. Therefore, the fact of believing from the outset that the change can produce positive outcomes or observable gains can induce people to embrace it.

In the LEGG projects, it must be noted that the anticipation of professional benefits (quality of care provided to clients, compliance with a preferred practice) or personal advantages (renown, visibility, financial incentives) makes it easier for people to embrace the project. The LEGG projects that seem to be most successful are those that appear to be rewarding for the players concerned, in particular by enabling them to improve their environment and their practice, be it through the adoption of cutting-edge practices, the development of professional competencies or the resolution of irritants or major problems that they are facing. We also note that the presence of clinical leadership that promotes such benefits is a factor that makes it easier for people to embrace the change. The data produced in the researcher/coaches’ evaluations were used in this way in many cases.

In functional or systemic terms, embracing the change is accomplished by institutionalizing it in the existing system through a process that takes the specific context into account. From an organizational perspective, functional buy-in refers to formalizing or standardizing new processes and new practices. Naturally, this assumes that the players have managed to capture the new knowledge and lessons learned, and then code them, organize them and put them into operation in a systematic fashion.

In the case of the LEGG projects, we note the key role played by the researcher/coach in transforming the tacit lessons learned into explicit lessons, and in formalizing them, which promotes the institutionalization of the new practices.
In operational terms, embracing the change is accomplished through observing progress. For the individual, buy-in takes the form of the permanent adoption of new practices, and a willingness to perfect the mastery thereof. It becomes easier when people perceive themselves to be more effective when using the new practice, compared with when they used the old one.

Some of the LEGG projects used measurements developed by the researcher/coaches to demonstrate such progress, and this seems to contribute to this operational buy-in.

From the organizational perspective, setting up a system of continuous improvement provides tools through which this desire to learn and move forward can be translated into action. Operational buy-in can also involve making adjustments to processes and to the roles, responsibilities and tasks of certain players, in order to make the change permanent.

Several projects won external recognition (AQESSS award, best practices recognized during the approval phase); this, and the dissemination of their results, are other levers that had a positive effect in supporting the permanence of the change and ensuring progress.

To sum up, it normally takes longer to embrace a change than to legitimize and to achieve it, since it is a question of making it permanent. At the conclusion of the evaluation project, most of the LEGG projects had not yet reached this point. One of the projects did produce a change that was considered to be permanently adopted within the organization, probably because the implementation team was wise enough to move forward by baby steps, consolidating each success as it was achieved. Whether the other projects will continue seems to still depend on the ongoing leadership wielded by one or a few key individual(s).

5 GENERAL FINDINGS ABOUT THE CHANGE PROCESS

With respect to the change processes observed in the implementation of the LEGG projects, the main lessons learned from the cross-sectional analysis of the five local projects are as follows:

- Recognition that there is something to be gained from the project is fundamental. This may stem from external circumstances, or arise from an internal intention; it is conveyed by a credible player and translates into shared, internal legitimacy. The LEGG mechanism and its process for selecting and evaluating projects had a significant impact on the legitimization of the project, and on the players’ perception that it was a sound course of action.

- Mobilizing the players is not a prerequisite for the change; the mobilization happens during the change. In many LEGG projects, a concrete trial was started without all the players being convinced that the project was desirable. The ability to objectively demonstrate positive results helps to build mobilization.

- The method of communication used with the players in the various projects has an influence on legitimization and on resistance to the change. Dialogue promotes legitimization better than one-way communication, but is not sufficient in itself to produce the change.

- There is no change process that can apply in all situations; the LEGG experience confirms that change varies, depending on the specific conditions of the environment and the particular issues of each situation. However, making an effort to provide structure to the change using a project management approach, with an intervention model and trial specifications to spell things out, is a key factor in producing change.
No particular steering structure can be pointed out as being invariably superior in terms of achieving change.

To develop the new, collaborative relations that are necessary for change, the teams need to have some leeway for trying out new practices and for negotiating and redefining the roles of the players, as well as the methods of collaboration. The availability of space and time, the autonomy of the players and the flexibility of the organizational structures make it easier to exchange knowledge and try out new roles.

Setting up a mechanism like the LEGG has the effect of shining a spotlight on the change. This channels the teams’ efforts, keeps the players’ attention focused and maintains the pace with which they carry out their project.

The achievement of the change and the success of the projects depend on sustained leadership, until the point is reached where processes are formalized and practices are standardized.

6 GENERAL FINDINGS ABOUT THE CONTRIBUTION OF KNOWLEDGE

With respect to the contribution of knowledge observed in the implementation of the LEGG projects, the main lessons learned from the cross-sectional analysis are as follows:

Both tacit knowledge, and that arising from research or measurements, are critical ingredients of the coaching process, and are key to the players’ ability to reach their objectives. In an improvement or innovation project, the role of knowledge, and the type that is useful and relevant, change over time.

At the beginning of the project, scientific knowledge is a factor that underpins the robustness of the vision, and helps to make it convincing; it plays an important role in legitimizing the projects in the players’ eyes, especially in the case of professionals. As the trials progress, experiential knowledge, contextual and administrative data and evaluation results are all types of knowledge that are put to good use in the change process and that encourage the players to continue their efforts and embrace the change.

The LEGG mechanism generates a local dynamic of a quest for, development of and sharing of knowledge between professionals, managers and researcher/coaches. It contributes strongly to the production and mobilization of knowledge in the process of revamping practices. This observation reinforces the importance of the role played by the researcher/coaches, since, in the cases studied, the role of activating knowledge and turning it to account did not arise naturally within the teams.

Showcasing the project at a regional symposium, another level of knowledge sharing called for by the LEGG, encourages the players to formalize the knowledge, promote its value and disseminate it more broadly for the benefit of a network of organizations. This ability to formalize knowledge calls for convergence between the role of the researcher/coach and that of the knowledge broker, and influences the culture and the systemic dynamics.

The presence of a credible and impartial researcher/coach reinforces the players’ ability to use knowledge to increase the organization’s receptiveness to, and commitment towards, the change.
7 SUMMARY OF THE LEGG EXPERIENCE

The LEGG deployed three major levers, each of which actively contributed to the coaching of the transformation process in the organizations that were studied: implementation of change in project management mode, intense mobilization of knowledge, and a steering method focused on the deliberate production of change. While a structured body of knowledge does exist regarding each of these levers, the strength of the LEGG lies in combining these three levers into a single mechanism.

7.1 Implementation of change in project management mode

The observations of the LEGG’s implementation confirm that strict project management is not really a part of the culture of local healthcare institutions. Setting measurable objectives, defining deliverables and meeting deadlines are important factors in the successful execution of a project; generally speaking, the teams were not sufficiently proficient with these practices.

In some of the projects, the researchers who possessed expertise in change management were asked to provide types of coaching that exceeded the role that was originally planned for the researcher/coach. Thus we observe that coaching needs also exist for aspects more specifically related to change management and project management.

The presence of a coach or an external observer helped the players fulfil the requirements of sound project management. In addition, the scheduled meetings with the LEGG steering committee, the scientific manager or the researcher/coach kept the pace going and imposed deadlines to be met, factors that are frequently deficient when change is implemented.

7.2 Intense mobilization of knowledge

Despite some reticence, mainly associated with fears about increasing the players’ workloads in order to meet the requirements of the research project, the evaluation of the LEGG project teams clearly shows that the teams were extremely satisfied with the coaching they received from the researchers. Three findings are most evident.

First of all, the presence of the researcher/coaches generated greater discipline in the execution of the projects. In the majority of the LEGG projects, the researcher had an impact on the way the project was carried out, and on the steering team members’ ways of thinking and of doing things.

Secondly, the involvement of a researcher associated with a university seems, in most cases, to have had an impact on the legitimacy of the project and the credibility of the evaluation results. Internally, for example, the fact of the evaluation results being presented, with subtlety, by a neutral and impartial researcher, can have a favourable effect on mobilization within the organization.

In addition, the fact that the project was evaluated by a university researcher seems to have encouraged the players to write articles, participate in symposia or submit the project for awards of excellence. Indeed, two of the five projects that enjoyed support from the LEGG were submitted for the AQESSS 2011 awards. Both of them were among the finalists, and one of them won the prize in its category. In another case, the project was recognized as a best practice during the certification process.

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3 The Intergenerational Cooperation Program, submitted by the CSSS La Pommeraie, won the award in the “Human Resources” category.
Finally, the fact of being coached by a researcher throughout the change project promotes a **better understanding of evaluative approaches and their value added**. Both the evaluation results and the evaluation process itself enabled the steering teams to move forward by acquiring a variety of new knowledge (Dagenais et al., 2010). Many teams said they felt better equipped to embark upon a new project.

In short, the coaching provided by the researchers contributed to two different forms of support: 1) in terms of content (familiarity with the environment, clinical expertise, evaluation) and 2) in terms of processes (organizing the project, using effective methods, developing discipline in the approach). These two roles are very different and can arise at various points in the process of designing and carrying out the project.

The table below sums up the components of the model of the capacity for change (Rondeau, 2008) and includes the contributions that can be made by a researcher who is coaching a team responsible for spearheading an organizational change.

**TABLE 5: Contributions that can be made by a researcher/coach through the various dimensions of a change process**

<table>
<thead>
<tr>
<th>Legitimization</th>
<th>Execution</th>
<th>Buy-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>▮ Identify, make an inventory of, and transfer knowledge to support strategic brainstorming about the problem being considered</td>
<td>▮ Increase the credibility and discipline of the steering team’s activities</td>
<td>▮ Produce and present evaluation results (client satisfaction, reduction of wait times, increase in accessibility, savings, etc.) that could (or not) be used to demonstrate the benefit of the change</td>
</tr>
<tr>
<td>▮ Propose relevant subjects for evaluation to fill in knowledge gaps or to promote buy-in and sustainability of the project</td>
<td>▮ Help identify indicators with which to measure the change</td>
<td></td>
</tr>
<tr>
<td>▮ Support the formalization of an intervention model, and ensure that it is consistent with existing knowledge</td>
<td>▮ Offer advice about content or processes as needed</td>
<td>▮ Document new practices and new processes</td>
</tr>
<tr>
<td>▮ Create opportunities for interaction between the players concerned by the project (team meetings, etc.) as part of the research work (e.g. group interviews)</td>
<td>▮ Observe the project and compile information about its progress and the steps of its implementation</td>
<td>▮ Propose methods for coding and formalizing them</td>
</tr>
<tr>
<td>▮ Show the links between the players’ experiential knowledge and scientific knowledge</td>
<td>▮ Capture the new, useful lessons learned as they emerge</td>
<td>▮ Identify indicators to be used for continually monitoring the processes and results</td>
</tr>
<tr>
<td>▮ Observe the project and compile information about its progress and the steps of its implementation</td>
<td>▮ Help to disseminate the results</td>
<td>▮ Help to disseminate the results</td>
</tr>
</tbody>
</table>

**Operational**
7.3 A steering method focused on the deliberate production of change

While the funding granted to the projects by the LEGG was modest ($50,000 for the teams and $20,000 for the researcher/coaches), it did have a significant leverage effect, in that it made it possible to guide a process for planning and executing the projects, and provided coaching. We would stress the fact that this financial support did not involve any conventional, administrative rendering of accounts. Formally, the teams were required to prepare a summary report on their project, and to give a presentation at the symposium; as for the researchers, they had to produce an evaluation report.

In addition, the teams had to report on their progress and the results achieved as part of a systematic follow-up process and knowledge sharing activities. These activities, including, in particular, a meeting between each team and the LEGG steering committee at the mid-point of the project, two meetings with all of the teams and the symposium that was held at the conclusion of the projects, took place in a spirit of reflective thinking and deliberation, with learning as the primary goal.

It appears to us that this method of rendering accounts had a powerful and rallying impact on the teams. Being under the watchful eye of the steering committee, whose members had a symbolic value and recognized scientific credibility⁴, as well as the eyes of their peers, generated a strong degree of emulation and a desire to excel in the teams.

These observations reinforce the importance of personalized follow-up that stimulates much more engagement than simply writing a report or submitting a financial rendering of accounts.

To encourage information sharing and reflection about the projects, the LEGG could add another condition to its funding: an obligation for the teams to present their project to various strategic authorities in their organization (e.g. to the steering committee or the board of directors).

7.4 To sum up

Acting with the deliberate intention of incubating innovation, the LEGG is a governance mechanism that has succeeded in reconciling the paradox of fulfilling management and control roles while supporting the organizations and the teams that it supervises. By instigating and leading interactions that unite decision-makers, researchers and caregivers who embrace different schemes for action, the LEGG has created a set of dynamics for guiding the change process that is focused on perfecting and carrying out innovations. This coaching has been based on three pillars (Figure 1) which, upon the completion of the trials, appear to be essential for carrying out a portfolio of innovative projects:

- Implementation of change according to a project management method (focusing on processes):
  - Specification and careful management of the change process
  - Coaching that is tailored to the realities of the organization

⁴ The membership of the steering committee is provided in Appendix 1.
Intense mobilization of knowledge (focusing on content):

- Facilitating social processes with a view to using knowledge
- Promoting the importance of tacit and explicit knowledge
- Jointly producing knowledge
- Coaching that is tailored to the project objectives

A course of action focused on the deliberate production of change:

- A clear direction
- Allocation of venture capital
- Support for carrying out the change
- Mediation/arbitration
- Accountability focused on achieving change and sharing lessons learned

**FIGURE 1: Three essential components of the LEGG mechanism**
CONCLUSION

The evaluation of the experience of the first cohort of LEGG projects shows that a governance mechanism combining direction and support can become a powerful lever for mobilizing change. Despite these positive results, the continuation of the LEGG mechanism for a second cohort of projects was not automatic.

At the time of closing the first cohort of LEGG projects, and before the second cohort was launched, the Montérégie region experienced several significant changes in its governance which had an impact on the ability to renew the LEGG experience. These included the departure of the President and Director General and that of the Director, Management of Information and Knowledge, who had initiated the LEGG. Several general managers of institutions, one of whom was a member of the LEGG steering committee, also left. The effect of these departures was to briefly weaken this new governance mechanism. An initiative like the LEGG relies on the assumption that the regional governance body is comfortable with the concept of supporting innovation by performing a role of guidance and inspiration rather than one of leadership or control of the process.

It is important to be aware that the aforementioned changes in governance occurred at the same time as other changes in circumstances: the quasi-abolition of budgetary developments, the deployment of regional strategic planning closely based on the model put forward by the ministry authorities, and the launch of several optimization projects requiring significant budget cuts for all the institutions. In this state of affairs, enthusiasm for bottom-up projects, like those valued under the LEGG, had faded. Fortunately, the symposium that concluded the LEGG activity cycle had a favourable impact on people’s perceptions about the importance that should be attached to innovation and knowledge transfer in the region. As a result, a few days prior to the symposium, approval was received by the steering committee for the launch of a second cohort of LEGG projects. In light of the pressure that was being exerted by the MSSS’s optimization projects, and the obligation to generate substantial savings through their deployment, it was agreed to align the next cohort of LEGG projects with the same focus as the optimization projects, in order to wield a leverage effect.

The transformation of healthcare systems is a long-term endeavour. The trial of a coaching mechanism combining course-setting, the systematization of processes and the mobilization of knowledge proved worthwhile in the region where it took place. Indeed, the LEGG appeared to be a key factor in the emergence and production of evidence-informed changes. This type of coaching mechanism for guiding transformations strikes us as being worth deploying more broadly, in order to accelerate the development and dissemination of healthcare innovations in other parts of Quebec and Canada.
REFERENCES


