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Walter Reed Bethesda— Much More Than Changing Names

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Background and Complexity of the Merger

Walter Reed National Military Medical Center (Walter Reed Bethesda) in Bethesda, Maryland, is a new organization. It is the result of a merger, or integration,¹ of two prominent military medical centers located less than seven miles apart. Walter Reed Army Medical Center (WRAMC)² opened in 1909 in Washington, D.C., and the National Naval Medical Center (NNMC) opened in 1942 in Bethesda, Maryland. This merger occurred under terms of a 2005 Congressional law mandating Base Realignment and Closure (BRAC). The U.S. Department of Defense (DoD) then ordered the 2011 closure of WRAMC and the realignment of NNMC.

Walter Reed Bethesda is the largest military medical treatment facility in DoD. Under the same BRAC law, the DoD’s newest community hospital was constructed at Fort Belvoir, VA. Many aspects of this regional system integration contain useful lessons for Organization Development (OD)

practitioners.³ Walter Reed Bethesda is the focus of this article, as it is the part of the system where the authors are most experienced.

Walter Reed Bethesda integrates Army, Navy, and Air Force medical expertise into one tertiary care, state-of-the-science medical center. It falls under a Joint Task Force, that reports to the Health Affairs division of DoD. Soldiers, Sailors, Marines, and Airmen are accountable to the Walter Reed Bethesda Commander, as well as to the higher commands of their respective Services. More than half of the nearly 7,000 personnel are civil servants and contract employees.

Integrating these two medical centers posed distinct challenges for OD practitioners because the two organizations had different:

- » cultural norms, traditions, and organizational assumptions,
- » decision-making practices and ways of communicating to and among leaders,
- » patient census regarding scale and medical acuity,
- » organization structures,
- » personnel systems with position titles

1. “Integration” is the preferred term of senior leadership at Walter Reed Bethesda. In this article, while “integration” and “merger” are interchangeable, the authors typically use “merger” to refer to the BRAC mandate, and “integration” to refer to the process.

2. Named for Major Walter Reed Walter (1851–1902), an army physician who led the team that confirmed yellow fever transmission by mosquitoes.

3. Ann-Marie Regan has been on staff as an internal Organization Development practitioner at Walter Reed Bethesda (and its predecessor National Naval Medical Center) since 2002. Loretta Hobbs, currently under contract with Walter Reed Bethesda, served as an OD contractor at several of the military treatment facilities since 2006. At intervals, no fewer than 15 OD consultants worked on various, time-specific projects during the years before the merger.

and position classifications that did not align, and
» standard work practices.

Periodic leadership changes at the top of both organizations required new leaders to rapidly orient to this complex process and establish working relationships with leaders of different Services. Military personnel typically serve two to three years in a position before moving to their next assignment. This built-in military mobility resulted in WRAMC having four Commanding Officers and NNMC having three, from May 2005 to September 2011.

This article offers insights into the experiences and intricacies that emerged during the joining of two distinguished military and medical cultures. It also highlights how OD can help guide culture change, while supporting the entire system through a prolonged period of realignment. This article contains five major elements of the OD response to this years-long merger: (1) vision; (2) framing the process phases; (3) attending to people; (4) staying grounded in theory and method; and (5) maintaining OD support systems.

1. Vision—Keeping the End in Sight

The overarching visionary concept of the future medical center was for world-class patient care, joint Military Service integration, outstanding research and graduate medical education, and simply the best people, practices, and processes to rival the nation's civilian medical sector. Keeping this vision before everyone was significant in setting direction, guiding the merger, and engaging leaders and staff to move toward the future. It helped personnel at WRAMC and NNMC understand the realities of the coming merger well before new structures were built and patients were moved to the new facilities with a consolidated medical staff. Consequently, vision played an extremely vibrant and anticipatory role in establishing the integrated organization.

A guiding vision was also essential given the unprecedented nature of the merger within U.S. military medicine. While there was no template or direct

applicable experience, the vision provided a direction for leaders and staff.

In summer 2005, the lead author assisted the two Regional Commanders of NNMC and WRAMC craft a statement of Shared Vision for Integration (Eggars et al., 2006, p.6–8). Appreciative Inquiry encourages provocative propositions (Cooperrider et al., 2005; Watkins et al., 2011) in defining a desired future state, and this approach was the framework for the Regional Commanders' descriptions, which became the Shared Vision statement.

Validation discussions of the Shared Vision statement led to identification of language differences, and the leaders worked through the meaning of terms they elected to use. For example, they deliberated at some length on the terms "integration" and "merger." "Integration" was preferred as it implied collaboration and a win-win for military medicine, bringing the best from both organizations.

The Regional Commanders jointly presented the Shared Vision statement in August 2005 to more than 350 representatives from both organizations. It was a key moment early in the integration process,

OD practitioners can assume a powerful role in keeping the vision before leaders, and also before people at all levels. Strategic and operational planning processes are ready-made mechanisms to discuss vision. When these processes occur at both the organization-wide and department levels, substantive discussions about the vision have more opportunity to cascade throughout the organization. In the interim, various communication mechanisms can work just fine. The point is that it is vital to continually elevate people's thinking about the future and spotlight the benefits.

when both leaders stood together in a public forum, fully supporting the eventual merger of their organizations. The Shared Vision exemplified their commitment and willingness to integrate, which helped those they led prepare for a new reality.

As time passed and top leaders changed, the overarching vision of the desired end state remained constant. The vision also was an important defense against periodic resistance and cynicism.

Another way to help staff envision the future was through the use of symbols. The BRAC and Integration Journey Room at NNMC was a powerful example. Three walls of the room were devoted to a timeline from 2005 to 2011 with symbols, images, quotes, and photographs that highlighted progress. Architectural models of planned buildings and grounds were displayed in this room. This space was used for integration meetings and working sessions, and offered a means for staff to build momentum and keep the vision in sight.

WRAMC utilized symbols and rituals in special events and celebrations such as its 100-year anniversary, Walter Reed Society honors, certificates for all staff commemorating its 103-year existence and historical vignettes performed by the Commander. A countdown-to-closure-clock located in the WRAMC board room became one of the most dramatic symbols of integration.

These efforts had the combined practical effect of encouraging personnel at both medical centers to recognize and engage the vision of the merger several years before its culmination. The value of envisioning the future, of articulating this vision in statements, and planning ahead helped create direction and roadmaps for leaders and staff in navigating uncertainty.

2. Frame the Process Phases

The multi-year, complex systems (Kimball, 2008) change unfolded in different phases. Among the authors' responsibilities was to help leaders and staff track and identify the emerging shifts in operational phases. These phases were known as: Integration, Synchronization, Alignment, Transition, and Realignment. Each phase

required the application of different tools and approaches.

While integration characterized the overall process, it also framed the start, 2005–2007. This first phase saw WRAMC and NNMC leaders meeting regularly, sharing work processes, and learning about leadership styles, structures, and organizational cultures. This effort helped in building relationships among leaders and clinical and administrative subject matter experts.

In fall 2005, an Office of Integration was established as the program management office, and it proved to be an effective component of the integration process. A WRAMC Army Colonel was appointed Director and a NNMC Navy Captain was named Deputy Director. The lead author played a key role in the organization and design of the Office of Integration, and in supporting its leaders in establishing norms, structure, work systems, and processes. Committee and sub-committee infrastructures evolved and were also supported in their charter development, team-building, and meeting facilitation. Five OD practitioners were assigned to the staff in 2006.

Next, regional commanders appointed Deputy Commanders for Integration (DCI). The appointment of an Army Colonel to the NNMC Board of Directors, and a Navy Captain to the WRAMC Governing Body demonstrated high level support for the merger process. The DCIs led integration in the organizations where they were assigned, and partnered across organizations to move integration forward.

Also in 2006, the lead author planned and designed two Change Leader conferences and partnered with 12 internal and external OD consultants and facilitators in the delivery of conference proceedings and workshops. The first Integration Plan was developed by the more than 325 change leader participants during the conferences.

Imposed change is much harder to accept and embrace than change from within. This proved true.

The synchronization phase emerged in 2007 and was marked by leaders clarifying their roles and working relationships. It was a time for leaders to assess process and progress, and to reposition how they and their reports could best work together in a swiftly changing environment. The co-author led the design and data collection that set the stage for facilitation of two Synchronization Conferences by a team of nine OD practitioners. One was for senior leaders and the other was a large-scale event of nearly 250 leaders and subject matter experts.

As the complexity magnified, a Joint Task Force was established to oversee implementation of BRAC requirements. Integration continued as the overarching goal throughout all phases, though a period of alignment had begun, incorporating all military hospitals and clinics in the region. The Office of Integration staff was also aligned under the Joint Task Force, while the DCIs continued to function within the two medical centers.

The Transition phase was underway by 2009. Although two years before the BRAC merger deadline, emphasis was placed on transitioning personnel, equipment, spaces, practices, leaders, and most importantly, the patients. Pressure was felt at NNMC to complete construction and renovations, to furnish and equip new and renovated spaces, and prepare to receive many of WRAMC's patients and staff. WRAMC was preparing to close and move equipment and thousands of military and civilian personnel to Bethesda and Ft. Belvoir. They also prepared to transfer patients, while still receiving weekly incoming injured from the war. Still, both organizations delivered on their vow to continue delivering exceptional patient and family-centered care throughout all phases.

As one phase peaked, aspects of all preceding phases continued simultaneously. While there was not necessarily clear demarcation among the respective phases, each new phase included key components of the previous phase. Consequently, integration and synchronization and alignment and transition all co-existed, but only one was the priority focus at a time.

In the post-integration-realignment phase, framing a vision statement for the new organization became vital. The new Commander of Walter Reed Bethesda arrived in September 2011, and the new team of three OD practitioners worked closely with leaders and staff to design and facilitate strategic planning initiatives. From October 2011 to January 2012, the hospital's Board of Deputies (BOD), led by the Commander, created and presented to staff and stakeholders a new vision, mission, strategic pillars, and operating slogan: "Walter Reed Bethesda - What I do Matters!" The planning initiatives required daily work with leaders, staff engagement efforts, feedback looping, facilitated off-sites, and processes for clarity and buy-in.

3. Attend to People!

When the BRAC Commission recommended the closure of WRAMC and then Congress made that recommendation into law, both WRAMC and NNMC experienced endings as both "closed." After all, the Army's largest and most prestigious hospital was closing during the time of a ground war in Iraq and Afghanistan. NNMC was being realigned to close and integrate with the Army and Air Force. Professional lives of military personnel and civilians at both hospitals were to be altered markedly. Many staff worried about potential job loss, position and role change, and losing familiar co-workers, work place, and office space.

William Bridges' (2003) transition theory and model in many respects was pertinent and applicable throughout the integration process. The theory speaks to the internal reorientation and emotions that may surface in people as they experience change. Many people in the system had begun to experience losses, though supervisors, managers and leaders still needed to lead through change as effectively as possible. Bridges' stages of transition—endings, neutral zone, and new beginnings—were quite helpful and applicable as a diagnostic tool, and for self-discovery by the individuals and groups integrating. The model's simplicity allowed for staff to grasp it readily and to

identify where they were in the transition process. The model offered reminders about the difficulties of change, especially imposed change.

Prior to moving to new workspaces, staff needed access to information on changes around them, and particularly those changes directly affecting them. Staff needed forums to learn about changes, to communicate their concerns, and to receive answers to questions. Many such forums were provided at both organizations, including town halls, broadcast emails, brown-bag lunches, auditorium briefings, newspaper articles, videos, frequently asked questions, and brochures, among others.

The authors, one at NNMC and one at WRAMC, collaborated with other OD practitioners in support of the organizations and at all levels of the system. The support to integrating departments included design and facilitation of “meet and greet” events and team-building sessions. One large clinic was inspired to assign “BRAC Buddies” for all staff, an idea that other areas adopted. Several OD practitioners also assisted with strategy off-sites and planning processes for integrating departments. On behalf of clinical leaders, two practitioners at WRAMC interviewed nearly 35 wounded warriors, other patients, and families to gauge their concerns and needs in preparation for the patient transport.

Staff who connected with their counterparts at the other organization prior to moving experienced an easier transition, especially those who had established standard operating procedures (SOPs.) The authors learned that leaders who attended to staff needs for information eased their transition. Communicating new and updated information was essential to keep staff focused, informed, and reassured about integration, construction, renovation, staffing, and other challenges. Customizing the communication form, frequency, and format increased opportunities for staff to receive timely, sound, and current information throughout the system.

Staff at all levels and all locations needed proper orientation to their new work environment before and after they

Invoking a systems perspective can be a gift, if the analysis is offered at an appropriate level of complexity and in a good format. In this regard, OD practitioners can become thought partners with leaders.

moved to their designated workspace. Once staff began working together with different ways of working, different processes, decision-making patterns, and expectations, it was essential to clarify roles and responsibilities. Without support and foresight, relatively simple processes could take months, even years to properly form teams (Tuckman, 1977) and build harmony.

To be sure, it was vital that information flowed continually to people who were distant from decision-making and daily operational discussions about the integration process. This flow was important in addressing rumors, which inevitably emerged. Workplace stresses were minimized by frequent flow of current information from credible sources.

Activities allowing for both the task and social aspects of the work typically were included (Schein, 1999) when the authors were asked to develop team-building sessions or design off-sites and retreats. In such settings, it became noticeably easier for staff members to become acquainted with one another, to develop relationships, and to engage in meaningful conversations about collaborative work projects.

4. Stay Grounded in Theory and Method

It is necessary to any system that OD practitioners maintain a systems perspective, offer sound and current data (Broom & Seashore, 2009), and work to ensure information that affects people gets to them in visible and digestible ways. Sharing systems analyses was a way to promote mindfulness about change and choice at all levels of the system.

Effective use of OD theory and method

can help distinguish the field from other types of consulting and scholar-practitioners continually build upon existing work. Grounding in theory and method helps practitioners to see systems and uncover what is unseen (Oshry, 1996), and name dynamics that are operating, such as resistance.

The authors, along with other practitioners, were called upon for an array of tasks including strategic planning, conflict resolution, team building, workshop design and facilitation, leader coaching, change management, and more. However, it is OD theory and method that determined the approach. As such, central to OD work in the integration was action research (Lewin, 1948) methodology, use of self (Jamieson et al., 2010) and the capacity to engage and identify complex adaptive systems.

Reliance on action research was an integral tool for working with teams. Use of self helped practitioners appreciate when and how to enter a system and engage. The authors and practitioner colleagues have a systems perspective that balances interpretations of how things were and are evolving. Key to maintaining a systems perspective is to know which system narratives have traction.

For example, a staff engagement questionnaire was designed and distributed electronically to all staff in October 2011 for their input on organizational values⁴ that would best serve Walter Reed Bethesda. The results were then shared with the board for incorporation into the strategic planning initiative. The board trusted staff’s wisdom and defined the strategic pillars in relation to these organizational values.

Maintaining a systems perspective proved essential for leaders in being kept informed on staff morale, various projects, and other stakeholders. Looping information back to decisions-makers and key persons of influence proved vital for helping staff at all levels of the system focus on

4. The staff engagement questionnaire was based on the organizational values found in the Baldrige Criteria for Performance Excellence. http://www.nist.gov/baldrige/publications/upload/2011_2012_Health_Care_Criteria.pdf.

tasks. Barry Oshry's (1996, 1999) notion of tops, middles, and bottoms is a poignant reminder that no matter where people reside in a system, it is important to be abreast of what is going on.

An important method adopted in promoting substantive conversations among staff was the World Café. As stated in the *Café to Go* guide, "Café Conversations are an easy-to-use *method* for creating a living network of collaborative dialogue around questions that matter in service of the real work" (2008, p. 7). This method was tailored and employed several times from 2006 to 2011 for strategy cafés, for team building, and for conflict resolution.

5. Maintain an OD Support System

It matters that OD practitioners in a system work together. In larger systems, OD practitioners may function in different organizations within the system. Especially when this is the case, these practitioners need a connection and the capacity to work together.

It also matters that they develop and tap an informal network of OD practitioners not immediately associated with the demands and intricacies of the merger process. An informal network need not be greater than a few OD practitioners, and need not be consulted regularly or often. But the opportunity to periodically invite additional perspectives and insight proved invaluable.

In 2006, Frederick Nader, a veteran OD consultant with expertise in healthcare mergers, was brought into the integration process as the senior advisor to the Flag and General Officers—those most senior leaders in command of the Army, Navy, and Air Force medical regions in the NCA, and the president of the Uniformed Services University (USU),⁵ Nader partnered with the OD practitioners during his consultancy, and remained a resource to the practitioners as part of the support system throughout the merger. Additionally, Alan

Drexler and Russ Forrester trained several OD practitioners in the use of the Drexler-Sibbet Team Performance Model (2008).

Eddie Seashore and Michael Broom also entered the system to consult with leaders in various capacities—sometimes as coach, sometimes as facilitator, and always with a wise and mindful presence. They conducted three sessions of a customized Triple Impact Leadership program (Seashore & Broom, 2006) for senior leaders of WRAMC and NNMC. These programs were attended by 45 participants.

Of course, a pronounced measure of discretion was always required when seeking insight and advice from the informal network. Care was taken not to divulge proprietary or confidential information. As such, the periodic informal conversations sometimes were defined by generalities and an absence of specifics. Even so, the conversations on occasion led to important awareness and direction. This OD support system was a vital mechanism for connecting to the OD field and theory, for enhancing resiliency, and for receiving support when needed.

Conclusion

This article tells an important portion of a much larger story about a merger of unprecedented dimension that took six years to complete. The article emphasized the importance of articulating vision early in the process, as well as promoting and maintaining a multi-source information flow. It was important to be aware and adapt to the changing needs of the people and the systems throughout the integration process. Drawing on OD literature for guidance or reassurance proved invaluable in the process, as did maintaining a systems perspective, and creating and nurturing formal and informal practitioner support systems.

The mandated merger of NNMC and WRAMC to create Walter Reed Bethesda demanded vision, flexibility, communication, and resiliency. The multi-year process of integration offers reminders to OD practitioners about the importance of long-term planning, of dexterity in responding

to inevitable and unpredictable leadership transitions, and of being ever mindful of the people side of change.

With each change of commanding officer, it was necessary to establish working relationships with the incoming leaders. During leadership transitions, it was important to assess the OD function's span of influence, recognize and nurture champions, and gauge readiness for change within the system. It became clear relatively early in the integration process that the practice of OD was unfamiliar to many senior military leaders. Those familiar with the field utilized OD well, relying on the competencies of the practitioners.

Walter Reed Bethesda's OD practitioner team worked closely with a number of clinical and administrative departments as they integrated. It is important to note that units or departments that moved promptly to begin to integrate personnel, practices, and processes generally had greater success post-merger.

The authors encouraged leaders to channel energies to invest in the people side of change and make time for connecting individuals across the organizations. It was vital to support and engage the system's leaders, form partnerships with formal and informal leaders, and with strategic communications experts.

Mergers of this scale take years to fully complete. Daily, the authors continue strategic and implementation planning, promoting staff engagement, monitoring the staff climate, information looping to leaders, and working to strengthen teams.

It is important for OD practitioners to be confident in their training and invest in continuous life-long learning. Organization Development can and does make a valuable contribution. What we do matters!⁶

5. USU is the U.S. military medical school for health professions, located on the same campus as Walter Reed Bethesda.

6. Walter Reed Bethesda's inspirational slogan is "Walter Reed Bethesda—What I do matters!"

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