

# Mindset First, Strategy Second: Finding the Savings and Performance in Changing Culture

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**ABSTRACT** Resolving major challenges for health care organizations is a constant challenge. Each military service provides its leaders with superb education and training to lead the constant needs and changes of the mission requirements. The primary trap we leaders may fall into, though, is when we mistake our own expertise and perspectives as the solutions to our organizational challenges. To fully unleash the potential of our people and organizations, we must be deliberate in setting a culture that leverages all the diversity within our organization. At the Carl R. Darnall Army Medical Center, Fort Hood, TX, our leadership team initiated an effort to shift the organizational mindset to create this cultural soil. The seeds of our education, training and strategic initiatives then were able to flourish and address our organizational challenges, but only after we addressed our own leadership mindset gap. By establishing and modeling a foundational outward mindset to ensure our team focused on the impact of our actions, we nurtured a culture that was inquisitive, collaborative, and without blame. In doing so, we eliminated negative financial and safety outcomes that threatened our institution and transformed it into a leading Army Medical Center.

## STANDARD PREP

The military has a very regimented framework to develop and prepare leaders as part of a continuous learning enterprise (Fig. 1).<sup>1</sup> This framework is defined by three domains that further shape training curriculums for military members, civilians, and even contractors across the Department of the Army. Each domain can be further defined for schools, courses, individual learning experiences, and institutional training opportunities based on one's specialty and career path. For example, someone board-selected to command a medical facility would be expected to have had appropriate leadership development opportunities, educational opportunities, and have demonstrated success in prior roles based on their performance evaluations. The Army promotion process has a board of directors (i.e. Department of the Army Senior Leaders) review a candidate's files to ensure selectees for a Chief Executive Officer position have appropriately demonstrated leadership competencies to be successful in these coveted roles.

The Department of the Army has also published a Handbook for Leadership Transitions<sup>2</sup> that provides methodologies distilled into best practices, proven techniques from military and civilian sources, and helpful tips and checklists that leaders should consider when assuming new leadership roles. The handbook includes the courses that these leaders should have attended before assuming key positions. For example, in addition to a master's level education, Army Medical Department leaders are expected to have completed the Command and General Staff College or Intermediate Level Education, a Senior Service or War College, the Basic Healthcare Administration Course, the Army Medical Department Executive Skills Course, a Pre-command Course, and other

training on topics such as best practices, enterprise metrics, current programs, and process improvement methodologies. The handbook provides a solid basis for addressing the preparation leaders should get from each of the three domains listed above. This breadth of preparation is essential for helping leaders implement key competencies for performance in their new role.

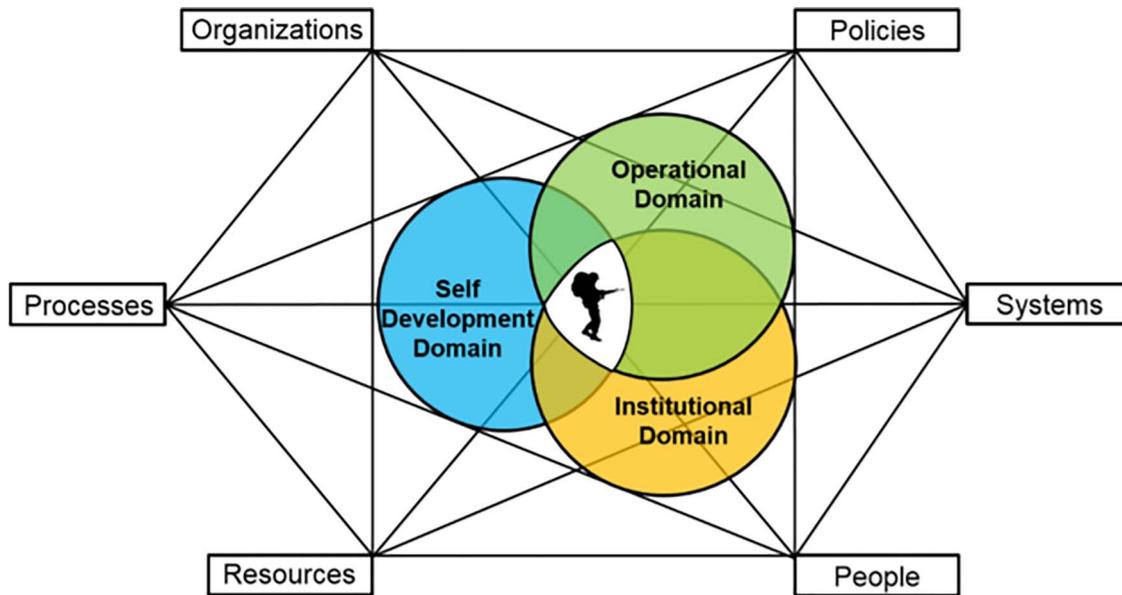
Upon assuming command, the Army has formal and informal performance expectations for each commander. For example, as part of an Army program, each unit will undergo a variety of anonymous surveys that will be returned to the new commander as well as the new commander's supervisor. The most notable survey is the Defense Equal Opportunity Management Institute Organizational Climate Survey (DEOCS).<sup>3</sup> This in-depth assessment is focused on apprising the new leadership team of the organizational climate, the multiple facets of equal opportunity, and organizational perspectives by different individuals and groups across the enterprise (ie, military, civilian, by grade, etc.). This survey, coupled with other assessments such as the Army Readiness Assessment Program (ARAP),<sup>4</sup> interviews with internal and external stakeholders, in-briefs and meetings, collectively provides invaluable insights regarding what is working as well as problem areas for the organization's climate. This information is important to incorporate into a larger environmental scan focused up and out of the organization to address operational challenges and shape, respond, or exploit strategic opportunities. With this background and preparation, the next challenge for the new commander is the art of execution.

## STANDARD EXECUTION FRAMEWORKS

The military places great emphasis on the use of checklists to produce better outcomes and prevent disasters. In Atul Gawande's book, *The Checklist Manifesto*,<sup>5</sup> Gawande distinguishes between errors of ignorance and errors of ineptitude—mistakes made because what was known was not

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**FIGURE 1.** The Army Learning Enterprise (TRADOC Regulation 350–70)<sup>1</sup>. The matrix framework of the Army Learning Enterprise addressing the Self-development, Operational, and Institutional Domains supported by Systems, People, Policies, Resources, Processes, and Organizations.

appropriately or correctly applied. Gawande describes how brilliant and accomplished surgeons can improve their success in complex, clinical cases by using checklists for simple tasks that often become errors because of the volume, stress, and effect of other contributing factors competing for the surgeon's attention. In the medical arena, surgeons and others throughout the health care environment are encouraged to adopt checklists and standardized approaches to think through a series of possible outcomes and plan to mitigate those risks. However, checklists are not enough.<sup>6</sup> Despite compliance with procedures and following the checklist, the tasks on a checklist still can be performed incorrectly or missed, resulting in compounded and undesirable, to sometimes tragic, outcomes.

The military health system (MHS) has embraced the 5 tenets of a high-reliability organization (HRO) across the global Army Medicine enterprise.<sup>7,8</sup> These tenets include: (1) preoccupation with failure, (2) reluctance to simplify, (3) sensitivity to operations, (4) commitment to resilience, and (5) deference to expertise. The Army recognized that all HROs are fundamentally organizations and industries whose success is inextricably linked to human endeavors and that the experts for most operations are on the front lines of patient care. This drove senior Army Medicine leadership to leverage a variety of programs and tools by which to improve people, processes, systems, and strategy.<sup>9</sup> Inculcating these tenets to address safety and chase zero preventable harm goes beyond traditional messaging, training, and preparing for The Joint Commission Survey. To get at the root necessitates engaging and connecting with people.

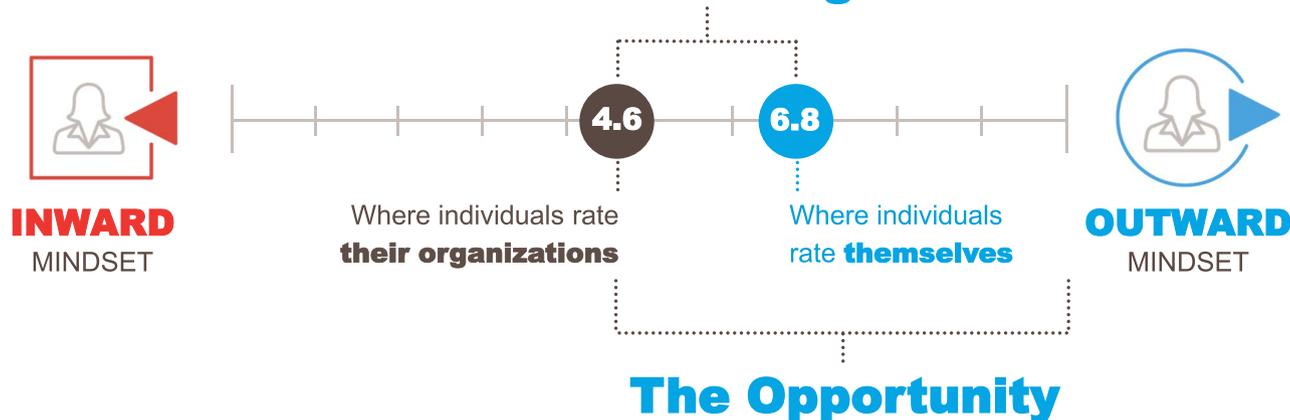
Many would assume that in the military and in military health care, orders or directives would be issued, subordi-

nates would comply, and everything would run like a fine Swiss watch. Although commanders do have authority to issue directives, policies, and orders, leadership at its core is about influence. This is especially important since most health care systems are highly matrixed. For example, at the Carl R. Darnall Army Medical Center (CRDAMC) in Fort Hood, Killeen, Texas, the governance structure included 42 committees that reported into an Executive Committee—cooperation and collaboration in the course of coordinating, synchronizing, and integrating these groups can only be achieved with influence. The Army Handbook for Leadership Transitions is a great tool filled with best practices and numerous checklists; however, successful leadership depends on executing influence to leverage the efficiencies and synergies from collaboration and innovation across these groups.

### GETTING TO EXECUTION—ADDRESSING THE GAP BY SHIFTING MINDSET

In command positions, we mostly do not lack the key knowledge, strategy, or resources to succeed. The key resource, though, that is often underutilized is the human operating system. When people in organizations are asked what the challenges to improving the organization are, they often cite common challenges including: poor communication, poor collaboration, siloes, lack of transparency, and lack of teamwork.<sup>10</sup> The Arbinger Institute has researched thousands of organizations and identified the source of these challenges. Their work describes this challenge on a scale of an inward mindset, where individuals are focused on their own goals, needs, and objectives, versus an outward mindset, where individuals are focused on the collective results by doing their jobs

## The Challenge



**FIGURE 2.** Arbinger Data on The Self-Deception Gap, Opportunity, and Challenge. Why Change Waits: Organizations are full of individuals who rate themselves more outward than their colleagues. Although all organizations want to shift and become more outward overall (The Opportunity), efforts to shift tend to wait while individuals wait for “the ones who need it” to change first, not realizing they themselves are the ones who need to shift (Self-deception). The Arbinger Institute framework helps organizations address this gap (The Challenge). Copyright 2020 Arbinger Properties, LLC. All Rights Reserved. Used with permission.

in a way that takes into account the goals, needs and objectives of others. Invariably when asked to rate their organization’s mindset score on a scale from 0 to 10, individuals will rate their organization as about a 4.6, whereas they rate their own mindset at a 6.8.<sup>11</sup> This result varies slightly depending on where individuals sit within the overall management hierarchy of the organization, but invariably individuals score themselves about 30–50% better than their organizations.

How can this be? How can an organization where everyone thinks of themselves as a 6.8 be a 4.6? Arbinger describes this as the “self-deception” gap. In other literature, it has been defined as the “above-average effect,” as in “I may not be perfect, but there are a whole lot of other people in this organization that have to improve before I have to do.”<sup>12</sup> And because of this gap, change waits—not because people do not perform the things they are asked to, but because they perform them in a way that does not necessarily help the collective outcome. There may be some slight improvement, but never the chance to achieve “the opportunity” until this gap, this challenge, is addressed (Fig. 2).<sup>11</sup>

The key to addressing this challenge is to help individuals shift to an outward mindset, thus allowing the organizational culture to shift as well.<sup>13</sup> This shift reduces the “self-deception” gap, enabling efficiencies to be found by leveraging greater collaboration and teamwork and allowing innovation to flourish. What is at first seen as a major challenge becomes minor in the face of what can be accomplished when leaders are able to identify and address this gap within themselves.

### CRDAMC SITUATION AND CHALLENGES

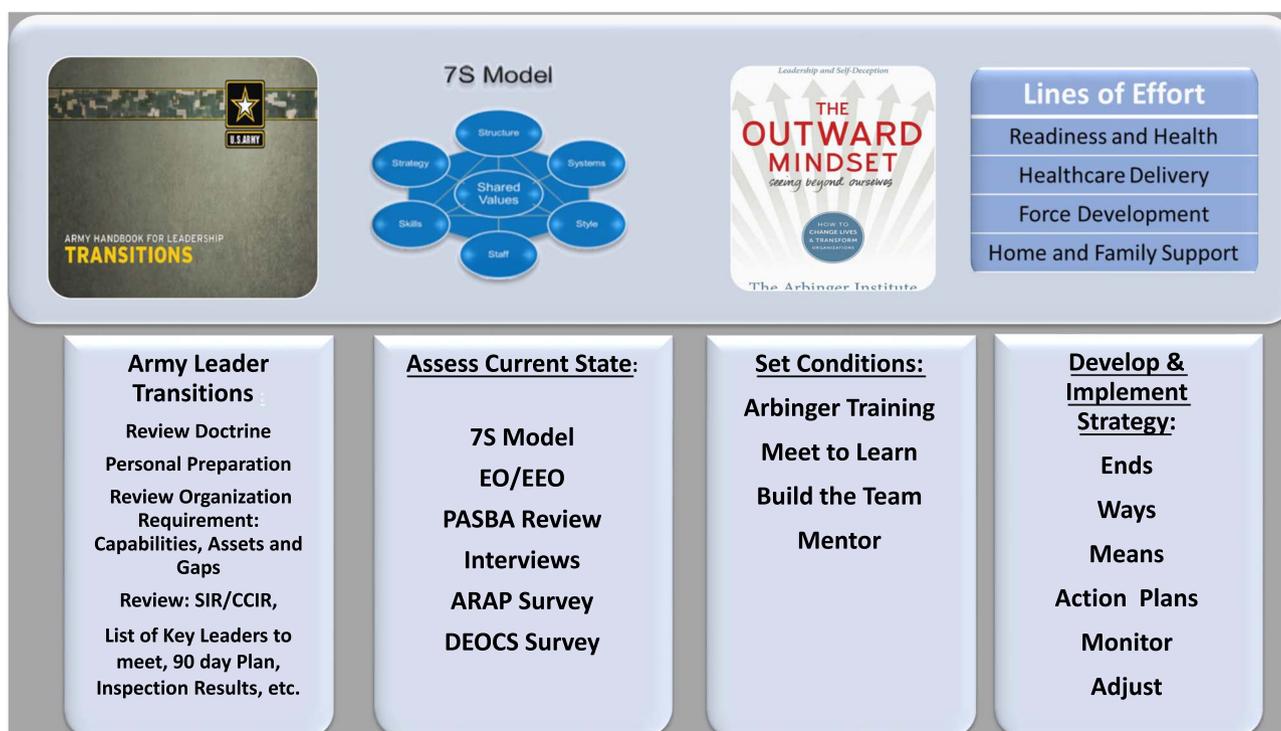
For CRDAMC in 2017 the dynamics described above were no different. At that time, the CRDAMC’s 95 building campus was fortunate to have a new \$600 M facility for the main

hospital. Yet despite having a new facility, the medical center still had an enormous list of challenges as might be expected of any organization of its size. CRDAMC’s challenges included: working through a long punch list of new facility deficiencies; the pending modernization of many long-lead time capital investment and equipment systems; renovation or replacement of buildings across the campus and in the community; and building relationships with key stakeholders on and off the installation. Of even more concern were challenges of the basic sustainability and performance of the medical center including addressing the center’s \$20 M financial deficit; low patient care and satisfaction scores; and addressing the morale, engagement and professional development of the workforce.

At the same time, the Department of Defense (DoD) was undergoing the single-greatest change to the MHS in a generation by implementing a multiyear plan to meet congressionally directed mandates of the 2017 National Defense Authorization Act.<sup>14</sup> This legislation required the MHS to consolidate the Army, Navy, and Air Force medical systems into one integrated system of health with a new headquarters, the Defense Health Agency (DHA). The uncertainty around what changes would be required by MHS and DHA throughout this transition added to the complexity of the challenges and relationships that needed to be addressed to resolve these challenging organizational issues.

### CRDAMC COMMAND APPROACH

Starting by addressing mindset and culture, the CRDAMC command team developed a shared vision and charted a strategy for evolutionary—and revolutionary—changes to address the initial shortfalls. Although “culture trumps strategy,” strategy and performance management systems are still important for tracking and guiding successful implementation. CRDAMC implemented Lean Six Sigma



**FIGURE 3.** CRDAMC Comprehensive Strategic Elements for Change. Outward Mindset Training sets the conditions for success of the preparation, tools, and strategies used to execute organizational transformation. Army Leader Transitions: standard elements in the education, preparation, and resources for executive leaders. Assess Current State: standard tools and data sources for organizational assessment [7S McKinsey Model, Equal Opportunity and Equal Employment Opportunity data, PASBA, ARAP, DEOCS]. Set Conditions: Using the Outward Mindset Training and Tools as the foundation for cultural change. Develop and Implement Strategy: standard goals and concepts in the Lines of Effort for organizational transformation.

practices as the framework for developing and tracking the process improvement strategy and execution. This framework was applied by and across service lines. Well-performing service lines are critical for health care delivery. High-performing health care requires cross-service line collaboration. Every issue developed an appropriate A3 to document and track efforts to achieve goals and objectives. However, the cooperation and collaboration necessary to move the projects forward was enabled by the climate (Fig. 3). The implementation and tracking proceeded as follows:

**Phase 1: Leader Preparation**

This phase included: environmental scanning, data collection, and personal preparation. This phase provided the transitioning leadership perceptions and insights that were further refined after assuming the Chief Executive Officer role. The Army Handbook for Transitions provides a collection of checklists to ensure new leaders are planning and preparing for actions that assist with their transitions in alignment with the framework described in “The First 90 Days” by Michael Watkins.<sup>15</sup>

**Phase 2: Assess the Current State**

This phase focused on significant data collection, sharing that data with key leaders, and enabling them to articulate

their assessments and recommendations in the framework of the McKinsey 7S model.<sup>16</sup> The key aspect of this phase was the enabling of the “guiding coalition” to make their own assessments of the data and begin formulation of feasible solutions. This approach incorporated broader staff engagement as part of the strategy development and solution process.

In addition to the DEOCS and ARAP surveys, The Patient Administration and Biostatistics Activity (PASBA)<sup>17</sup> collects data that can provide leaders insights into coding practices, encounter management, encounter opening and closure practices, and much more by clinic. These insights directly impact data quality, records management, relative value unit, Medical Severity-Diagnosis Related Group (MS-DRG), and Current Procedural Terminology (CPT) Code-level assessments billing, and more. Understanding the implications of these insights is key to resolving the underlying issues (eg, staffing adequacy, clinical documentation and coding, and cost structures, etc.). These surveys were administered to the employees and provided to the executive team at CRDAMC.

**Phase 3: Outward Mindset Development and Implementation**

The 2-day “Developing and Implementing an Outward Mindset” workshop<sup>18</sup> was intentionally provided after the initial assessments in order to shape how leaders approached devel-

oping their strategies before charting the course. As with all behaviors, strategic planning and execution can be done from an inward mindset or an outward mindset. When starting from an inward mindset, the strategy generally becomes “all the things we need to get other people to do in order to help us” versus, from an outward mindset, where the objective becomes “how can we help others achieve the things they are capable of accomplishing?” It was essential that senior leaders received the training first, to model and set the conditions for inviting the shift to an outward mindset by their direct reports, followed by midlevel managers, then frontline staff.<sup>19</sup>

The outward mindset material changes how people see challenges as individuals, teams, and organizations. More than empathy that attempts to just understand another’s feelings through the context of one’s own experience, an outward mindset creates collaboration by acceptance of another’s perspective without a justification of one’s own experience to verify that other’s perspective. By seeing differently, leaders change how they lead and develop their subordinates.<sup>20</sup> They change how they approach problems and challenges; for large, highly matrixed organizations, this is key to collaboration and innovation. Failure to see other’s individual, team, or departmental needs, goals, and challenges creates a much greater risk of suboptimizing solution sets. Proliferating this mindset awareness throughout an organization addresses the self-deception gap and shifts the culture.

#### **Phase 4: Develop and Operationalize the Strategy**

This phase required bringing key leaders together to discuss their greatest challenges, possible solutions, and development and championing of action plans and associated metrics with input from stakeholders and the appropriate subject matter expertise. This part of the process was executed and modeled consistently well by the CRDAMC leadership team. The Deputy Commanders (executive staff such as Executive, Senior, and Vice Presidents) actively listened to their colleagues’ challenges and how they could best collaborate to assist in delivering solutions. Many of the biggest challenges were addressed in the room and resulted in identifying executive sponsors among different medical center departments. The outward mindset culture created efficiency in addressing solutions, freeing time, and space for addressing additional challenges.

#### **START WITH LEADERSHIP—THE RESULT**

The CRDAMC leadership team valued the outward mindset tools and the intellectual diversity they cultivated. Collectively, the leadership team focused on setting the conditions for organizational change that led to a rapid creation of a shared vision, goals, and strategic priorities. Most training and enterprise leadership tools lack the emphasis on addressing culture and mindset—two pillars that underpin an organization’s ability to implement change. The multistage approach

to shifting mindset provided a framework to improve organizational culture that started with leadership and allowed for a rapid shift in the organization’s mindset. The 3-stage approach started with (1) shifting mindset, followed by (2) outward leadership development, and then (3) systems outward transformation.<sup>13</sup> This process emphasized the value of having leadership understand what an outward shift entailed and the cost of not addressing their own gap, then providing the means to help lead others to make the shift to working more outwardly, followed by a deliberate revision of systemic practices to invite outward shift throughout the organization. This approach resulted in a consistent framework for implementing mindset change and addressing organizational barriers to meet the ongoing missions and address newly evolving requirements.

Advancing the organization required leveraging talent internally and externally. Sometimes, the best solutions to problems come from external sources. These solutions are useless if those in the organization are not in a mindset to accept them. At CRDAMC, the hospital leadership team focused on shifting their own perspectives outward to invite a similar commitment and willingness of staff to shift outward and be more open to diverse ideas and solutions.

Engaging the executive committee first, followed by rolling the outward mindset tools out across the medical center, established the mindset conditions with key staff to address: staffing adjustments, improve data quality, validate cost structures, improve clinical performance, improve operating room utilization, increase cycle time of the revenue cycle, and improve morale of patients and staff. The strategic goals, initiatives, and associated metrics were secondary to focusing on the most important component of developing a dynamic organizational strategy—the outward mindset culture of the organization.

#### **MINDING THE GAP**

Critical to implementing this outward mindset shift organizationally was for leadership to model and actively identify when they may be slipping toward an inward mindset and adjust accordingly. An example in our implementation included our own outward mindset implementation and communication plan. We thought we had a good plan. Leaders who want to rapidly implement change must address the environment and culture to create the conditions necessary for organizational evolution. Influencing the culture for a large and geographically dispersed organization requires more than reliance upon a waterfall of information flow. Leaders must communicate strategically to reach, connect to, and resonate with their organization’s staff and stakeholders. Communications must be tailored for specific stakeholders.<sup>21</sup>

The CRDAMC leadership team worked extensively on communicating and executing the strategy for outward mindset training for the needs of the complex medical center with three primary work shifts, functioning 24 hours a day, seven days a week, 365 days a year. There are many barriers

to reaching all members of the clinical and administrative staff in this type of environment. Command used multiple methods and forums to communicate the overall plan and strategy—townhalls, waterfall messaging, newsletters, etc.

We thought we did a good job: but we had missed a critical element. The sequence of providing outward mindset training as planned with an approach of cascading was not executed well, particularly regarding the expectations for midlevel leaders. Although command staff completed the workshop and assumed midlevel leaders and so on would do so as well, many required subordinates to attend the training even if their respective supervisors had not. We had mistaken knowledge of the requirement with understanding of the expectation.

When this challenge surfaced, leaders initially shifted inward, seeing the midlevel management as a problem. Yet identifying their own frustrations with the implementation process allowed the executive level leadership to consider the challenges of midlevel management in meeting the expectations. Often in organizations, it is the midlevel management team that is most stressed between the performance requirements and metrics expected from the top—with the reality of time and space limitations of human performance and capacity. The midlevel leaders are instrumental to driving all strategic efforts and must be adequately engaged to achieve desired results. In fact, engaging midlevel leaders is instrumental to achieving organizational momentum.<sup>22</sup>

What became clear on seeing the midlevel leadership challenges was the mistake on the Command team's part to understand the challenge for midlevel leaders—even with an aggressive communication plan and efforts to model the significance and importance of the training. The leadership team committed to helping the midlevel managers by ensuring their own presence and speaking at the beginning and ending of all training sessions to demonstrate their support for these subordinate leaders. By sharing their own commitment and practice of the material and how it could be integrated in the culture and values of the organization, the Command leaders supported the midlevel leaders' concern for helping their reports see this was not something done "to" them by leadership but as a practice for all of them to adopt. By minding the gap and recognizing the "blaming" inward shift, the Command team was able to shift outward to see the challenge for midlevel leaders caught between the requirements of senior leaders with the time and resource limitations of the midline and frontline. Seeing our own "gap" and adjusting to support the efforts of the midlevel leaders provided substantial credibility and support to the overall organizational transformation effort.

## MINDING THE GAP PAYS

CRDAMC experienced the success of the cultural mindset shift in many areas. First and foremost was in resolving the financial insolvency that was an existential threat to the via-

bility of CRDAMC within the overall DHA assessments and planning. The \$20 M deficit was resolved and an additional \$36 M was realized over the planned performance target. In addition to achieving financial targets, CRDAMC improved service line operations, population health, patient satisfaction, and employee morale, receiving multiple awards for the accomplishments in these areas (Table 1). These accomplishments validated the attention focused on addressing the culture of the organization as the first priority. Quality, performance, and reducing cost were all achievable improvements when the culture promoted two key elements that came from transforming the organizational mindset.

First of these was the development of people who held themselves accountable and did not need to be held accountable. Every leader wants to build high-performing teams and all high-performing teams are constructed of committed, high-performing team-members operating in learning environments. A favorite saying of mine is that "when it comes to a bacon and egg breakfast, the chicken is involved, but the pig is committed." The point of this saying is that we need commitment over compliance, and commitment only comes from an environment that engenders trust and safety. Trust and commitment, the development of people who hold themselves accountable, are essential to high-performing teams and organizations. This is critically important in creating HRO qualities where employees must feel safe surfacing and reporting near-misses for mistakes that could lead to harm. We all want employees to feel safe in reporting preventable mistakes without fear of retribution. It is only when these concerns are shared that they can be addressed and communicated enterprise-wide to fully reduce the risk. Shifting the mindset of an organization, particularly starting with leadership, creates a true "servant leadership" culture, where those above see their work as helping those reporting to them to do their work, not holding them accountable for organizational metrics. This engenders the trust and commitment of those staff who are naturally committed to being valued for their work.

Secondly, with an organizational transformation, staff see the value of listening and learning and truly cultivating the diversity of the organization. Henry David Thoreau is quoted as saying, "Could a greater miracle take place than for us to look through each other's eyes for an instant?" His question is a powerful lesson in how to connect with others and how to "see" people as people. Plato was quoted as stating, "Be kind, for everyone you meet is fighting a harder battle." Seeing others goes beyond being kind and trying to understand the many battles in others' lives. Seeing someone as a person requires not just understanding or appreciating their point of view. Seeing someone as a person requires you to put yourself in their shoes, see the world through their eyes, based on their circumstances, and internalize their perspective. When you see their perspective, consider how you would think, feel, and act if you were them. If you arrive at that point, you

**TABLE 1.** CRDAMC Accomplishments and Recognitions 2017–2019

<ul style="list-style-type: none"> <li>• Improved customer satisfaction from beneficiaries as measured in many areas and multiple survey instruments; most notably the Interactive Customer Evaluation system operated by the installation garrison</li> <li>• Achieved #1 in DoD for American College of Surgeons National Surgical Quality Improvement Program and #7 of 718 of nationally participating military and civilian hospitals</li> <li>• Recognized as the 2<sup>nd</sup> best DoD teaching facility by Uniformed Services University</li> <li>• 2019 Passed The Joint Commission Accreditation Survey with lower than expected findings from like-sized medical centers nationally (The Joint Commission)</li> <li>• 2019 EMS Lifeline Mission Silver Plus Award (American Heart Association)</li> <li>• 2018 and 2019 Top 25 Environmental Excellence Award (Practice Greenhealth)</li> <li>• 2018 Environmental Leadership Award (State of Texas Alliance for Recycling)</li> <li>• 2018 Gold Standard Accreditation (College of American Pathologists)</li> <li>• 2018 Army Safety and Occupational Health Star (The Army Safety Center)</li> <li>• 100% American Society for Clinical Pathology (ASCP) Pass Rate</li> <li>• Dean’s List of Institutional Training</li> <li>• Only DoD Facility to Earn Simulation Center 5-year Accreditation</li> <li>• Urology Top Service in DoD</li> <li>• West Killeen Medical Home Opened</li> <li>• The Bennett Clinic Remodeled</li> <li>• 120,000 Soldiers Processed for Deployment and Redeployment</li> </ul>
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will now have a broader, more diverse set of mental maps, models, frameworks, and perspectives to achieve a common understanding.

Our perspectives are shaped by our background, training, experience, and mental models we reference on a given issue. This is referred to as cognitive bias and everyone brings a cognitive bias to the challenges they face. Although this bias can create obstacles, it also provides diversity of thought. When this diversity is embraced and leveraged, the results are clear—performance that leverages diversity is better.<sup>23</sup> Understanding the impact of an inward or outward mindset unleashes this appreciation for the perspective of others and the additional knowledge or information that expands the alternatives and options to better address the challenges of the organization.

**THE ART OF EXECUTION: MINDING THE GAP**

Outward mindset training is only the first step to improving awareness and appreciation of one’s impact on others. The training provides insights, tools, and practices that enable people of all specialties and education levels to improve how they see themselves and others. The training does not serve as an inoculation to ensure empathetic tendencies, but rather initiates the beginning of a journey that helps consider what others may be thinking or experiencing. This journey experiences successes and failures, but when people commit to the practices individually, transformational change can be achieved in both their personal and professional lives. Practice is essential.

We all have the standard preparation and frameworks. These are essential and critical elements in and part of the strategy for execution and performance achievement. An analogy to see where this is not enough is comparing the seed and

soil. These frameworks and strategies are the seeds. Sometimes they grow well, sometimes they do not. When considering our preparation or the strategies we implement, it is like we are looking for the best seed. What this does not address is the soil. The soil is the culture that we cultivate and grow our results from. Our organization is only as good as all our people and the culture, the soil, we collectively operate in. The 3-step process to organizational transformation by shifting mindset, developing outward leaders, and then systematically shifting the standards processes and practices cultivates the diversity, engagement, and accountability of everyone in the organization. That soil then allows not only a seed to germinate but also becomes a fertile foundation for growth of many other seeds coming from the accountability of the people in our organization. We can only cultivate it by tending our own “gap,” our awareness that we may be contributing to the health or toxicity of the soil. When leadership eliminates the gap by seeing outwardly and truthfully, we initiate the process that fertilizes that soil.

**CONFLICT OF INTEREST**

The views expressed are solely those of the authors and do not reflect the official policy or position of the U.S. Army, U.S. Navy, U.S. Air Force, the Department of Defense, or the U.S. Government. Neither the author nor their family members have a financial interest in any commercial product, service, or organization mentioned in this article.

**REFERENCES**

1. Army Learning Policy and Systems: TRADOC Regulation 350–70, July 10, 2017. Department of the Army. Available at <https://adminpubs.tradoc.army.mil/regulations/TR350-70.pdf>; accessed March 1, 2020.

2. Army Handbook for Leadership Transitions. Department of the Army. Available at <https://usacac.army.mil/sites/default/files/documents/cal/LeadershipTransition.pdf>; accessed March 1, 2020.
3. Defense Organizational Climate Survey. Defense Equal Opportunity Management Institute. Available at <https://www.deocs.net/public/index.cfm>; accessed March 1, 2020.
4. U.S. Army Combat Readiness Center, Army Readiness Assessment Program. Available at <https://arap.safety.army.mil/>; accessed March 1, 2020.
5. Gawande A. *The Checklist Manifesto*. New York, Metropolitan Books, 2009.
6. Raman J, Leveson N, Samost AL, et al: When a checklist is not enough: how to improve them and what else is needed. *J Thorac Cardiovasc Surg* 2016; 152(2): 585–92.
7. Chassin MR, Loeb JM: High-reliability health care: getting there from here. *Milbank Q* 2013; 91(3): 459–90.
8. Malish RG, Sargent P: High-reliability uncaged: safety lessons from army aviation. *Mil Med* 2019; 184(3/4): 78–80.
9. Wolf RW: Becoming a high reliability organization: Army medicine Foundation for Patient Safety. *Army Med* January 14, 2015. Available at [https://www.army.mil/article/141122/becoming\\_a\\_high\\_reliability\\_organization\\_army\\_medicine\\_foundation\\_for\\_patient\\_safety](https://www.army.mil/article/141122/becoming_a_high_reliability_organization_army_medicine_foundation_for_patient_safety) accessed March 1, 2020.
10. Gentry WA, et al *The Challenges Leaders Face Around the World*. Center for Creative Leadership. 2016. Available at <https://www.ccl.org/wp-content/uploads/2015/04/ChallengesLeadersFace.pdf>; accessed on March 1, 2020.
11. The Arbinger Institute: Mindset Assessment Illustrates Self-Deception Gap (New Data). June 13, 2017. Available at <https://arbingerinstitute.com/BlogDetail?id=22>; accessed March 1, 2020.
12. Kim YH, Kwon H, Chiu CY: The better-than-average effect is observed because “average” is often construed as below-median ability. *Front Psychol* 2017; 8: 898. Available at <https://www.frontiersin.org/articles/10.3389/fpsyg.2017.00898/full#h10> accessed March 1, 2020.
13. The Arbinger Institute: Our Approach. Available at <https://arbingerinstitute.com/approach.html>; accessed March 1, 2020.
14. S. 2943 - National Defense Authorization Act for Fiscal Year 2017. U.S. Congress. Available at <https://www.congress.gov/bill/114th-congress/senate-bill/2943/text>; accessed March 1, 2020.
15. Watkins M. *The First 90 Days: critical success stories for leaders at all levels*. Boston, Harvard Business Review Press, 2013.
16. Waterman RH, Peters TJ, Philips JR: Structure is not organization. *Bus Horiz* 1980; 23(3): 14–26.
17. Patient Administration Systems and Biostatistics Activity. U.S. Army Medical Department. Available at <https://www.pasba.amedd.army.mil/History.html>; accessed March 1, 2020.
18. The Arbinger Institute. Developing and Implementing an Outward Mindset Workshop. Available at <https://arbinger.com/Workshop/Publicdiom.html>; accessed March 1, 2020.
19. The Arbinger Institute: Arbinger Training Dramatically Improves Culture in Healthcare. Available at [https://arbingerinstitute.com/registerWhitePaper.html?file=Whitepaper\\_Dramatically\\_Improving\\_Performance.pdf](https://arbingerinstitute.com/registerWhitePaper.html?file=Whitepaper_Dramatically_Improving_Performance.pdf); accessed March 1, 2020.
20. The Arbinger Institute. *The Outward Mindset*, Ed 2nd. San Francisco, Berrett-Koehler Publishers, 2019.
21. Katzenbach JR, Steffen I, Kronley C: Cultural change that sticks. *Harv Bus Rev*, July-Aug, 2012. Available at: <https://hbr.org/2012/07/cultural-change-that-sticks>; accessed March 1, 2020.
22. Gutberg J, Berta A: Understanding middle Manager’s influence in implementing patient safety culture. *BMC Health Serv Res* 2017; 17: 582 PMID: 28830407.
23. Simons SM, Rowland KN: Diversity and its impact on organizational performance: the influence of diversity constructions on expectations and outcomes. *J Technol Manag Innov* 2011; 6(3): 171–83.