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Rapid Results!

**How 100-Day Projects
Build the Capacity
for Large-Scale Change**

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At the start of 2000, Johnson & Johnson began integrating its two major pharmaceutical R&D groups. One of the first groups selected to form a single global organization with common processes, standards, and skills was the Quality Assurance function of Clinical R&D, led by Tom Kirsch.

Quality Assurance carries out some very challenging tasks in association with Clinical R&D. They must respond to tight deadlines and always be prepared for unannounced inspections by regulatory agencies. Their work can influence the fate of multibillion-dollar products.

The two organizations coming together had two major locations in Europe and three in the United States responsible for the quality assurance of dozens of clinical trials of promising new drugs around the world. Not only did the two groups differ but the individual locations within each group had their own unique work processes and systems.

To minimize the time and energy that the integration would require, QA leader Tom Kirsch and his management team decided to run it as they would an external merger—with an emphasis on rapid-cycle projects. They decided to focus first on how QA did their audits of clinical trials and on two other business processes. They started in just one of Kirsch's four functional groups. For each process they assigned a team with the following goals:

- To develop a new common and improved global process (including the necessary tools and materials)
- To gain management team approval for all the standard operating procedures, tools, and materials
- To train all staff and have the new processes in use

And do all that within a hundred days.

At the time, this objective seemed almost unattainable. The teams were launched in a work session in Belgium. In three days, they mapped the current processes and developed a set of new global processes as

well as the plans for shifting to these processes. During the hundred days, team members worked with each other via e-mail, conference calls, and videoconferences. At the midway point the teams reassembled to assess progress and to plan the final push.

When the team that was focused on developing a standard best-practice process for auditing clinical trials developed a new process and communicated it, all the groups served by QA finally understood more exactly what the QA people did in their audits. In addition to achieving this clarity, the time for audits was reduced by more than 30 percent—a huge gain in productivity. The other teams also achieved their “impossible” goals, and the new processes were being put to immediate use.

Shortly thereafter, a second wave of process teams was launched in a similar fashion, and after them a third. And then the other major functional groups all launched their own rapid-cycle integration efforts—combining all their processes in two hundred-day cycles.

Since that time, Clinical R&D QA has become a source of ongoing innovation. In the following two years, they have integrated the Clinical QA functions of three major J&J acquisitions around the globe, all with increasing ease and effectiveness.

Conclusion

Companies can treat mergers, acquisitions, and major transformations somewhat as improvisational theater—doing the best they can, modifying the process day by day as they gain experience and explaining why it can't possibly be done better. Or they can recognize that they need some skill and methodology—and work to develop both. One critical key to success here is to use rapid results projects as the learning vehicle.

Chapter Nine shows how these same principles apply to generating effective action in some other very large-scale social and organizational change: issues of public health and economic development in countries of the developing world.