Change Management: Making Sure Changes Spread & Stick

July 19, 2016

Part 3 of Change Management Webinar Series sponsored by California Primary Care Association

Wendy Jameson, MPH, MPP
Change Management Consultant, Coach & Trainer
My Introduction

► Consultant, Coach & Trainer
► Former Director of Quality Improvement, OLE Health
► Founding Executive Director, California Health Care Safety Net Institute
► Partners with health care organizations & leaders to build capabilities for transformation, so that they can dramatically improve community health.
Goals for Today’s Webinar

I. Provide framework for thinking about spread and sustainability
II. Offer tips and tricks on methods for spread and sustainability
III. Share a few stories from the field
IV. Provide a tool to support your organization in spreading and sustaining change
Change Is Difficult, Messy & Often Not Successful

80% of change efforts result in limited success or outright failure

Common Reasons Change Falters or Fails

► Weak case for the need/purpose for change
► Insufficient resources (time, materials, tools, training, leadership, $, attention)
► Failure to anticipate and/or respond to factors or events that can derail change
► Not enough communication (about purpose, what’s in it for us, results, successes)
► Not enough effort to engage people in the change effort over time
Common Subconscious Beliefs About Change

- It doesn’t improve things
- We never finish it
- Resistance will always kill it
- Managers can’t lead it
- It ruins what we had which was always better
ReFRAME the Change

► If leaders can view change as what your organization is about, and process that can be managed, we can influence how people think about it, participate in it and respond to it.

► Reframing the change, and becoming influencers, will help spread the change.

► So how can leaders be influencers?
Lifecycle of an Improvement Initiative: Moving into Stage 3
Lifecycle of an Improvement Initiative

Phase 1
• Develop & Communicate Vision & Strategy
• Lay the Foundation for Transformation

Phase 2
• Generate & Test Change Ideas
• Create Standard Workflows/Processes

Phase 3
• Implement Standard Processes
• Spread & Sustain Standard Processes

Throughout Each Phase:
- Model New Behaviors
- Recognize & Reward People
- Align Organizational Practices to Support Changes
When to Shift from Testing to Implementing?

Is your change an improvement?

Yes! Was conducted as planned, data collected, show improvement

No. Was conducted as planned, data collected, does NOT show improvement

Don’t know?

Test not conducted as planned

Problem with data collection

--Institute for Healthcare Improvement’s Open School’s Online Course: QI102 Lesson 5: https://www.youtube.com/watch?v=eYoJxjmv_QI
Key Tasks

Implementation ➔ Spread

- Ensure new processes are adopted in 1 unit or site
- Develop system for feedback and continuous measurement of results
- Embed (“hardwire”) new standard processes
- Develop spread plan; ID resources or support needed
- Develop communication & dissemination plan
- Package content for easy adoption by new sites/teams
- Spread to additional sites, monitor adoption & performance
Roger’s Diffusion Theory of Change

Plan to Scale the Mountain
Six Sources of Influence in Spreading Change
What Methods Do You Use to Influence Employee Behavior?
Six Sources of Influence

MOTIVATION

PERSONAL

Want To

ABILITY

Can Do

SOCIAL

Peer Pressure

Help from Others

STRUCTURAL

Carrots & Sticks

Structures, Environments & Tools

Personal Motivation: Help Them Love What They Hate

- Connect desired behavior to intrinsic motives
- Create direct experiences
- Make it a game!
- Tell meaningful stories
Personal Motivation - Telling Meaningful Stories: “DIEGO’S” STORY

- 60 yr old disabled former truck driver
- Diabetes, dizzy spells, frequent skin abscesses
- Used ED for primary care
- Last abscess → infection → 7 wks in hosp

Since enrolling in Complex Care Management:
- Med adjustment & frequent insulin titration
- No ED or hospitalizations
- Calls Complex Care RN with any questions or concerns
- Reports ↑ happiness, self-esteem and level of activity

“I used to hate medical care, but now I feel that I can care for my own health”

--Used with permission from OLE Health
Personal Ability: Changing Behavior Requires New Skills

► Deliberate practice in realistic conditions w/coaching & feedback
► Break behaviors into smaller actions
► Build in resilience so staff can recover from setbacks, difficult starts
► Train on problem-solving skills
Personal Ability: Building in Resilience

- Performance Improvement embraces “failure”
- You can change how staff & providers face setbacks
  - “Aha! Thank goodness we just discovered what doesn’t work. What can we try next?”
Social Motivation

- Opinion leaders and peer influence
- Changing norms
Social Motivation:

- Healthy competition
- Share data transparently
Social Ability

- Engage social structure to reinforce desired behaviors
- Provide concrete assistance in crucial moments to help people change
- “Each one teach one”
Structural Motivation

- Attach appropriate incentives or sanctions to motivate people
- Use extrinsic rewards last, after maximizing use of personal and social motivators (which are more powerful and lasting).
- Extrinsic rewards should be:
  - Nearly immediate
  - Gratifying
  - Specific to behavior you’re encouraging
  - Less is more
Structural Ability

- Make sure that THINGS support the new behavior
  - Systems – E.g., EMR
  - Processes
  - Reporting Structures
  - Visual Cues
Strategies to Sustain the Gains
Keeping the Change Aloft

► All change exhibits patterns of ups and downs
► To keep the change work from losing momentum & stalling:
  ► Focus on a strong start of initiative
  ► Leadership team lead by word & deed
  ► Pace the change to meet the urgency needs and capacity
  ► Resolve to lead the change to the end
  ► Deal with obstacles quickly (events, circumstances and people)
Monitor for Slippage

- Performance data slipping
- Missed meetings
- Attitudes & teamwork deteriorating
Visual Management (for sustainability)

Allows you to detect quickly what is normal and what is abnormal

Visual Improvement Board

Clinic Vision/Aim

Outcome Measures

Current Improvement Projects/Process Measures

Staff Engagement

Customer Service

Visitor Comments

safetynetmedicalhome.org/sites/default/files/Webinar-Spread-Sustainability-MH-Transformation.pdf
Visual Management

Source: Multnomah County Health Department, Portland OR, Telephone Improvement Kaizen

Source: Old Town Clinic, Portland OR, Leadership Improvement Board
Final Thoughts

- Change by its nature is unpredictable and requires management
- Reframe the change in positive terms
- Start strong: build in spread plan from the beginning
- Use all six sources of influence to maximize spread
- Keep change aloft by monitoring it, visual management, dealing quickly with obstacles, and making it as easy & as possible for your staff and clinicians
1. Clarify what is being spread
As the team did with sustainability planning, prior to initiating spread it is important for the team to agree on what is being spread. Is the team attempting to spread a specific change idea such as max packing patient visits to do as much as possible with the patient at each visit? Or, is the team attempting to spread the change concept of reducing demand for visits through a number of change ideas (e.g., max packing but also reducing no shows, and extending revisit intervals)? The team could also be spreading a new or redesigned system of care such as advanced access.

<table>
<thead>
<tr>
<th>Checklist</th>
<th>We are spreading...</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ The team has documented what they are planning to spread.</td>
<td>We are planning to spread:</td>
</tr>
<tr>
<td>✓ The components of the change to be spread have been described.</td>
<td>Adaptation ideas are:</td>
</tr>
<tr>
<td>✓ The advantages of the change have been identified.</td>
<td></td>
</tr>
<tr>
<td>✓ Ideas for potential adaptation have been documented.</td>
<td>Materials (tools, process maps, etc.) we will distribute to support the spread activities:</td>
</tr>
<tr>
<td>✓ The changes are packaged in a way that they can be easily understood and tested by adopters.</td>
<td></td>
</tr>
<tr>
<td>✓ Copies of helpful tools and methods used by the pilot sites, copies of process maps that outline the process, and policies and procedures are gathered and ready to be distributed as part of the spread activities.</td>
<td></td>
</tr>
</tbody>
</table>

| Name | Status (i.e., to be developed by..., ready for distribution) |
Spread: Make a Plan

2. **Determine how best to spread the change**

   The best way to spread a change is unique to your individual practice and culture. In some clinics, talking with colleagues face-to-face about your experience and story might be the best way to spread a change; in other clinics, it might make a difference who delivers the message. Build on your past experiences.

<table>
<thead>
<tr>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ The team has identified who the change is being spread to.</td>
</tr>
<tr>
<td>☐ The team has identified communication methods that work for each audience.</td>
</tr>
<tr>
<td>☐ The team has identified the message that will be the most important to each audience.</td>
</tr>
<tr>
<td>☐ The plan includes “sticky messages” – those that are: simple, unexpected, concrete, credible, emotional, stories (Heath &amp; Heath, 2007).</td>
</tr>
<tr>
<td>☐ There is a plan to provide opportunities to observe the success of the change.</td>
</tr>
<tr>
<td>☐ The team has identified how the changes are compatible with the practice/clinic’s current culture and values.</td>
</tr>
<tr>
<td>☐ There is a mechanism to acknowledge and address concerns.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our plan to best spread the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are we spreading the change to?</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
3. Identify and confirm resources
There are resources required to support a spread initiative. Leadership support, someone charged with leading the spread efforts, trained staff, and the required equipment will improve the likelihood of successfully spreading the improvement within your practice/clinic. It is helpful to identify these resources early in the spread initiative.
### 4. Monitor and communicate progress

Planning how you will monitor and communicate your spread progress will support ongoing learning and improvement within your practice/clinic.

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Our plan to monitor and communicate progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ There is a mechanism to encourage communication between the spread team, original pilot members and the adopters.</td>
<td>We will measure our spread efforts by:</td>
</tr>
<tr>
<td>□ Indicators for monitoring what is spread and the rate of spread and adoption have been determined.</td>
<td></td>
</tr>
<tr>
<td>□ Someone has been identified to collect, plot and share the data.</td>
<td></td>
</tr>
<tr>
<td>□ The spread progress will be regularly shared across the organization.</td>
<td></td>
</tr>
<tr>
<td>□ There is a way to capture and share new learning and knowledge from the spread efforts.</td>
<td>We will communicate across the practice/clinic/organization about our progress of spread by:</td>
</tr>
<tr>
<td></td>
<td>We will capture and share new learning and knowledge from the spread efforts by:</td>
</tr>
</tbody>
</table>
“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”

- Charles Darwin
Sources

► Health Quality Ontario (http://www.hqontario.ca)
► www.coachmedicalhome.org
QUESTIONS?

Wendy Jameson, MPH, MPP
Consultant/Coach/Trainer
wendyjjameson@gmail.com