

CCI

CENTER FOR CARE  
INNOVATIONS

# Leading Profound Change Webinar: Clinic Experiences with Change Management

November 12, 2019

# Webinar Reminders

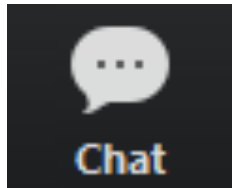
1. Everyone is UN-muted; please be aware of your background noise!

2. Join us by video by clicking the



button.

3. Remember to chat in questions along the way! Use the chat window



to ask/answer questions.

4. Webinar will be recorded, posted on the PHLN website, and sent out via a follow up email.





# Agenda

1. Welcome & Introductions
2. Recap of Leading Profound Change Webinars
3. Managing Change
4. Serve the People Community Health Center
5. Vista Community Clinics
6. Wrap Up & Evaluations

# Leading Profound Change: Webinar Series

1

Brainstorming Techniques

4

PDSA

2

Journey Mapping

5

Leveraging Multiple Tools  
to Address Primary Care  
Issues

3

Prototyping

6

Clinic Experiences with  
Change Management



# Christi Zuber

Managing Director, Aspen Labs  
[christi@aspenlabsnetwork.com](mailto:christi@aspenlabsnetwork.com)

Christi, PhD, MHA, RN has over 20 years of experience leading teams, observing and partnering with users, creatively generating ideas and conducting field experiments to develop solutions that work at organizations.

She founded Kaiser Permanente's Innovation Consultancy and is a faculty member at Northwestern University.




# Profound Change

Blending methodologies to lead change



# Overview

- What we should know about change and how to effect, influence and help lead it
- Tangible methods to help frame up the problem and help to solve it in a way that leads to more lasting change
- 2 case examples from our peers



# How might we (re)discover (re)learn (re)appreciate

The melody of methods in our world  
to lead change and innovation?



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The **failure** of large scale transformational change is **rarely due** to the **content** or **structure** of the **plans** that are put into action.

Well...why **DOES** it fail?



**The nature of change is  
changing**

A thick, solid yellow horizontal bar is positioned directly beneath the word "changing" in the main text.

Researcher: Edward deBono- Mental Valleys







“

Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to *influence their feelings*.

The heart of change is in **the emotions**.

**John Kotter (2002), The Heart of Change: Real-Life Stories of How People Change Their Organizations. Harvard Business School Press**



**Understand the way behavior change happens and how giving people a starting place in both the logical and the emotional sense may be our best bet.**

Rider and the elephant.

<https://www.youtube.com/watch?v=X9KP8uiGZTs>



## **Dominant Approach** OLD POWER

**Power through hierarchy**

**Mission and vision**

**Rational judgement**

**Leadership-driven innovation**

**Based on evidence**

**Transactional**

## **Emerging Approach** NEW POWER

**Power through connections**

**Shared purpose**

**Emotional connections**

**Viral creativity**

**Open approaches and sharing**

**Relationship-driven**

# IHI's 7 principles for leading change

IHI's study in social movements in health, has found that these seven engagement principles are key when organizing people to lead change and face uncertainty, both in and outside of health care settings.

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- **Clarify purpose.** On the basis of shared motivations, develop a mutual purpose together. When people perceive and — better yet co-create — a clear and consequential purpose, they work for their own benefit as well as the interests of the whole.
- **Share power.** Listen to the wisdom of those who are closest to what needs to change. Those with lived experience of a problem have the power to solve it
- **Celebrate courage.** Leaders foster the conditions for change by identifying exemplary behavior. Senior leaders should publicly celebrate innovators and early adopters who show courage and take initiative.
- **Move to action — quickly.** It is better to make a small-scale, low-stakes change and see what happens than to get paralyzed in preparation and analysis. PDSA cycles and prototyping for example.
- **Build a coaching culture.** The change process is hard. The best change-makers seek coaching and give coaching, creating room for everyone to improve their skills over time.
- **Count engagement.** Build a culture of (ac)countability. Measure health outcomes, but don't stop there. Count networks engaged, partnerships formed, leaders developed. Count new ways of thinking and acting, and new cultural norms forged.

<http://www.ihl.org/communities/blogs/leading-change-seven-principles-to-guide-your-work>



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# Why a human-centered change is important

You don't even know...It's so rare that people tell us **why** we're doing what we're doing. Usually, they just say, 'here, this is what we're doing now.' And it is even more rare that people ask us what we think about the idea, and how it might be better."

Med-Surg RN

**Understand how adoption and change may happen differently for different people. Learn how adoption unfolds and what drives each group**


The Adoption Curve

<https://www.youtube.com/watch?v=9QnfWhtujPA>





# Discussion/comments about change



How do you see personal change connecting with organizational change?

How do you see your role in that work?

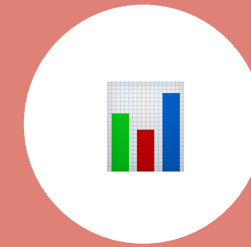
How (or how well) are our organizations set up to articulate purpose vs measure outcomes?

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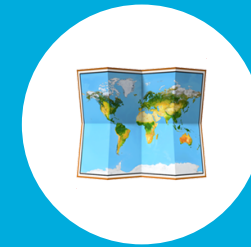
**KNOWLEDGE**  
**Scaffold and try ideas**



**VARIATION**  
**Share through storytelling**



**PSYCHOLOGY**  
**Build empathy**



**SYSTEM**  
**Demonstrate  
connectedness**

# Methods used in **Our Series**

●  
HCD

●  
Lean

●  
Improvement  
Science



## Scaffold and try ideas

PDSA cycles ●

Brainstorming ●

Prototypes ●

## Share through storytelling

Aim statements ●

Problem Statements ●

Run charts ●

## Demonstrate connectedness

Driver diagrams ●

Gemba walk ●

Co-design ●

## Build empathy

Ethnographic observations ●

Journey maps ●

Visual controls (huddle board) ●



# Tools that help you build empathy



## Ethnographic Observations

Utilizing tools and approaches to create many divergent and creative ideas around a topic.



## Journey Map

Moving from an idea into a physical form or an acted out simulation that helps people to contribute and provide feedback.



## Visual Controls

Cues to allow quick recognition of the information being communicated to increase clarity and communication about the change

# Tools that help you share through storytelling

Aim Statements

The Three Improvement Questions

What are we trying to accomplish?

What change(s) can we make that will result in improvement?

How will we know that a change is an improvement?

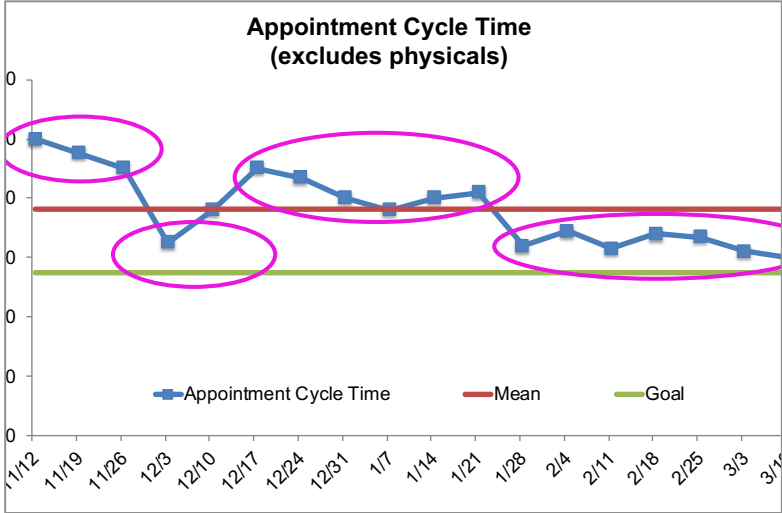
→ AIM statement

What is the purpose of an AIM statement?

▪ “True north” for an improvement effort

▪ Scopes the effort: defines the system that you will improve

I AM	TRYING TO	BUT
Athletic Director	Manage my debt	Budgets have been cut by 35%
Professor	Find stability in my job	Contract tenure



## Aim Statements

The change you seek, how you will know if you achieved it and over what period of time.

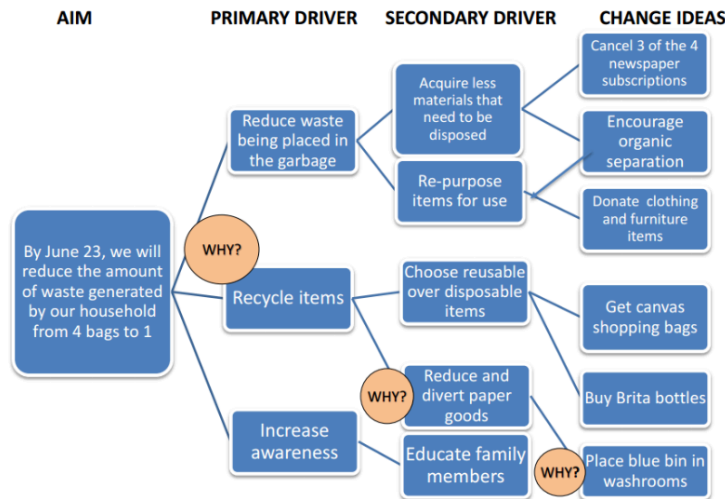
## Problem Statements

The problem you are trying to solve through the voice of the person it will impact (ex. patient, staff, community member)

## Run Charts

Showing data plotted over time in a chart to help identify if a change has occurred based on the number of data points above/below a set threshold

# Tools that help demonstrate connectedness



## Gemba Walk

The problem you are trying to solve through the voice of the person it will impact



## Co-design

The problem you are trying to solve through the voice of the person it will impact



# Tools that help you scaffold and build ideas



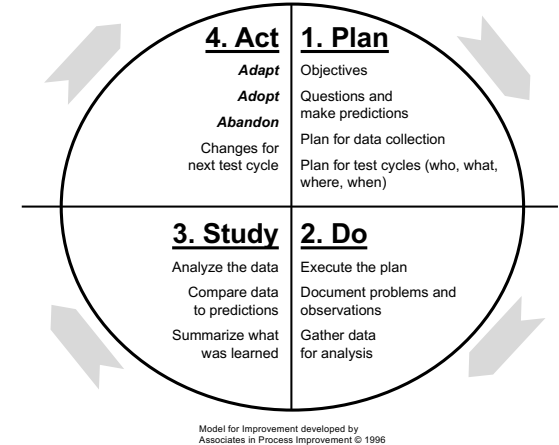
## Brainstorming

Utilizing tools and approaches to create many divergent and creative ideas around a topic.



## Paper Prototypes

Moving from an idea into a physical form or an acted out simulation that helps people to contribute and provide feedback.



## PDSA Cycles

Rapid learning cycles that include the stages of plan, do, study, act which provide a roadmap for testing ideas with people.



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Brainstorm

Prototypes

Demonstration

Driver diagrams

Gemba walks

Co-design ●

## Share through storytelling

Aim statements ●

### Listen to the next 2 speakers and note:

- Which, if any, of these methods did they use?
- What leadership principles did they seem to employ when guiding the change?
- What thoughts, questions or advice would you have for them?

Visual controls (huddle board) ●

# Serve the People Community Health Center

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# What is one change you worked on in the PHLN?

*Not changing the focus, but refining it!*



1. *State assessment*

2. *Mini PDSA'ing*

- *Fielding the Survey*
- *Patient involvement*
- *Resource Database*



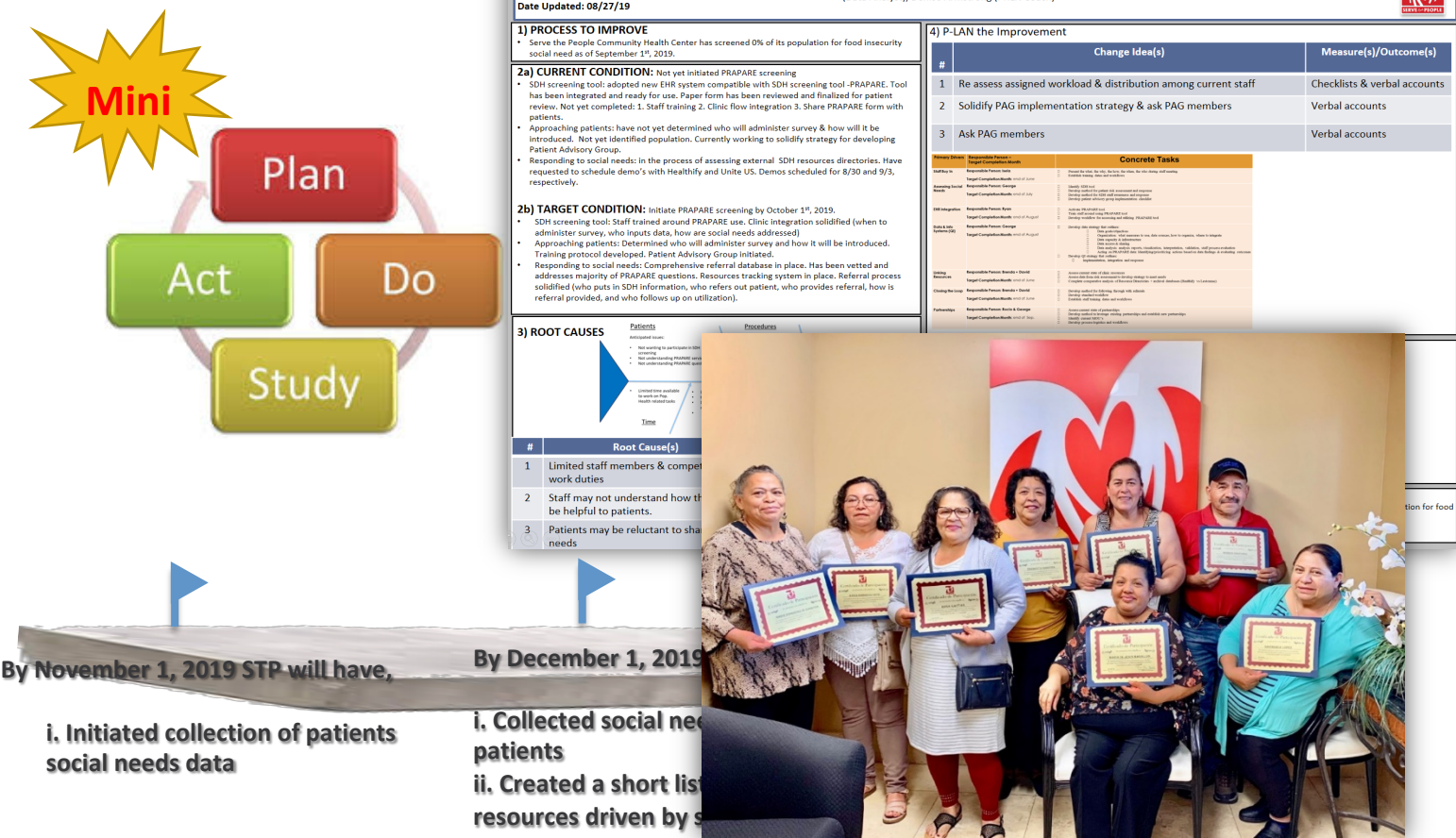
# What challenges have you faced testing or implementing your change?

- *Competing responsibilities & limited time*
- *Staff turnover*
- *Not fully knowing how to respond to logistical matters*
  - *Who will be available & appropriate to administer surveys*
- *Not knowing what to expect from our patients*
  - *How acceptable was this to our patients*



# What strategies or tools have helped you mitigate challenges and manage your change?

- *A3 assessment*
- *Concrete milestones*
- *Mini PDSA'ing*
- *Patient Advisory Group*



# What words of wisdom or insight can you share with the PHLN team?

- *Going the distance- PHLN coaches and CCI website*
- *Setting clear goals and milestones*
- *Valuing the smaller, simpler steps*
- *Being open to the uncontrollable, to change, to trouble shooting!*
- *Patient involvement is a win-win*



# Questions and Reflections for Serve the People

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# Methods used in Our Series

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# Vista Community Clinic

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# What is one change you worked on in the PHLN?

- Identified the PHQ 9 as the most appropriate screening tool to achieve accurate scores. This screening tool will be able to identify at-risk adolescents and provide them with support that they require.
  - Medical assistant (MA) provides laminated tool to the teen. This ensures that an accurate PHQ 9 screening tool is completed in the exam room.
  - Team changed screening tool requirement from January to December.



# What challenges have you faced testing or implementing your change?

- Year 2 project team turnover
- Clinical staff turnover - retraining of project workflow
- Clinician concerns about inflation of at-risk adolescents
- Protective parenting - not allowing adolescent to complete the screening
- Lack of staff commitment

# What strategies or tools have helped you mitigate challenges and manage your change?

- Switching directly to the PHQ-9 and skipping the PHQ-2
- No matter the circumstances, our team regularly meets on the designated day and time to review project updates
- Having pediatrics director onboard
- Identifying a core pediatric department team to help increase staff buy-in
- Additional check-in by the team, trainings, observations, and discussions about questions and concerns
- When adding a new clinician to the pilot, we utilize a current clinician on the core team to provide training

# What words of wisdom or insight can you share with the PHLN team?

- Have good communication with the **entire team**
- **Strategic** formulation of staff



# Questions for Vista

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# Reflections and words of wisdom for peers

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**The nature of change is  
changing**



**And we are learning how to  
change with it.**

# PHLN Reminders for Dec 5<sup>th</sup> In-Person

**By Nov 15:** [Register here](#) by the end of the week if you haven't yet!

**By Nov 26:** Submit your storyboard to [meaghan@careinnovations.org](mailto:meaghan@careinnovations.org). You have been emailed the template slides, but you can also find them on the program page:

<https://www.careinnovations.org/phln-portal/activities/phln-learning-session-3/#pre-work>





# Thank You!

For questions regarding today's content, contact:

Christi Zuber

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For CCI questions, contact:

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Please fill out the  
post-webinar survey linked  
in the chat box!



# Thank you!!!

