Quality Improvement 501: Change Management

With

Leadership's role in *"change"* in a time of crisis

GLOBAL HEALTH CONFERENCE

NOVEMBER 2020

Objectives

- To understand the barriers, roadblocks, and pitfalls in leading change in Patient Safety and Quality Improvement (both administrative and clinical)

- To become familiar with a roadmap on how to help your staff, while implementing change, to thrive in today's healthcare crisis

Evidence-Based Medicine + Evidence-Based HC Delivery (Management)

Once we have implemented EBM^2 in Healthcare we can provide

The Right Care, to the

Right Patient, at the

Right Time, at the

Right Site, in the

Right Way

To Every Patient, every Time!

If so, You will have “Delighted” your Patients

Does it seem to you that you are actually leading: “Hamster Health Care”?

What is Change?

- Change: to cause to be different or to “transform” (to learn is the “ability to change”) [QI is “Change”]
- Change is fundamental to improve HC systems - to “change” an organization you must have both the “will” and the “way” to succeed at change
- Continuous Quality Improvement joins together Patient Safety and QI
  - It emphasizes avoiding personal blame
  - It assumes that there is a “process” to be altered and that the staff involved in that process are needed to identify how to approach that problem

Why Do Hospitals not Change?

- Not because the problems are not complex or easy to solve
- Not because staff are not motivated, lazy or incompetent
- However, in a typical system things seem to be working reasonably well
  - The apparent calmness is illusory:
    - Employees experience an increasing sense of frustration and exhaustion
    - Worn out by the task of swimming upstream against an incessant tide of small, annoying problems, they leave [turnover]

Is the problem your staff or your system?

Do your staff members come to work each day thinking of how they can harm patients?

Are they lazy?

Not Committed?

No!

Why Change Then?

"It is not necessary to change -

Survival is not mandatory"

W. Edward Deming, Ph.D.

Why People Resist Change?

- Good Reasons:
  - Fear of losing control
  - Uncertainty
  - Unease with surprise
  - Fear of threatening one's way of doing things
- Resistance is the feeling that the proposed change threatens what staff are currently doing
- Resistance is seen as various emotions that are meant to impede being changed
  - Apathy, hopelessness, complacency, self-doubt, outright rejection, and most important: FEAR

Changing Healthcare is A Very Tough Job

- It takes longer than we want
- Providing healthcare is a highly demanding job
- The prevailing theory of change (searching for “bad apples” – the “blame game”) is bankrupt
- Current system (rules, training, beliefs) is a deeply embedded culture

Quality Improvement = Change

- Not all change is improvement, but all improvement is change
  - Real improvement comes from changing systems
- To make improvements we must be clear about:
  - What we are trying to accomplish
  - How we will know that a change has led to improvement
  - What change we can make that will result in an improvement

Quality Improvement (QI) Themes:

- Quality can be continually improved
- Cost is part of "quality," which can be continually improved; generally, improving quality may reduce cost
- Each patient is an individual, with individual needs – "quality" is meeting those individual needs

What Gets in the Way of Success?

- Teams don't really utilize the PDSA model – Failure is an opportunity to learn

- Teams skip to solutions
  - Failure to have your team do its own measurement
  - Not setting a "starting" or "finish" date
  - Belief that you can do it a lot faster than you think
  - Settling for a mediocre goal

Facing Reality as you attempt to Change a System

Staff response to identified System Defects:

1. The Data are Wrong ..... Denial

   "No, it can't be true"

2. Why Give Me this Data? ..... Anger

   "Why Me?"

3. "Yes, my data, but not a problem" ..... Bargaining

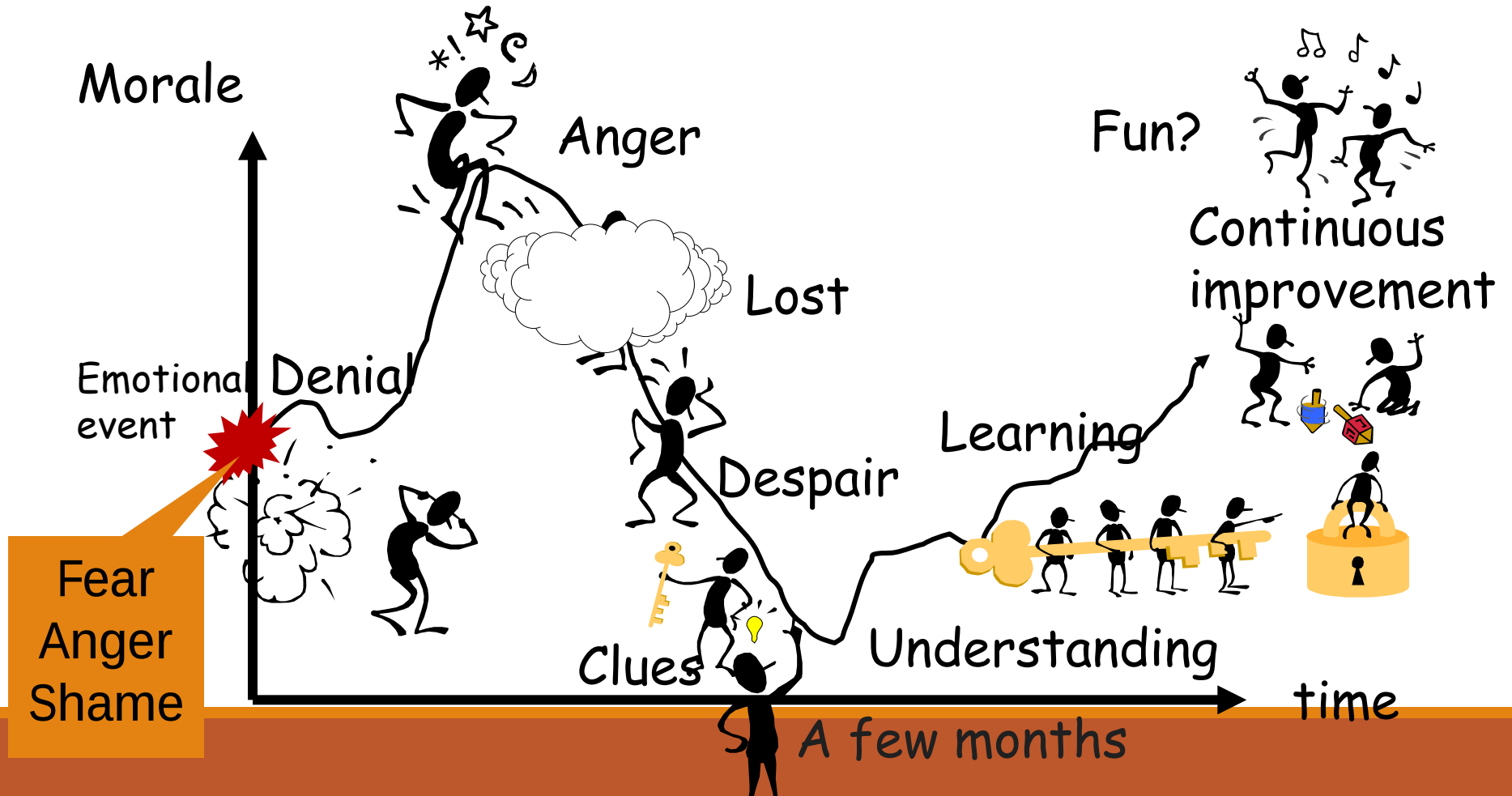
4. "Yes, poor me" ..... Depression

5. I accept/admit the burden of "change"

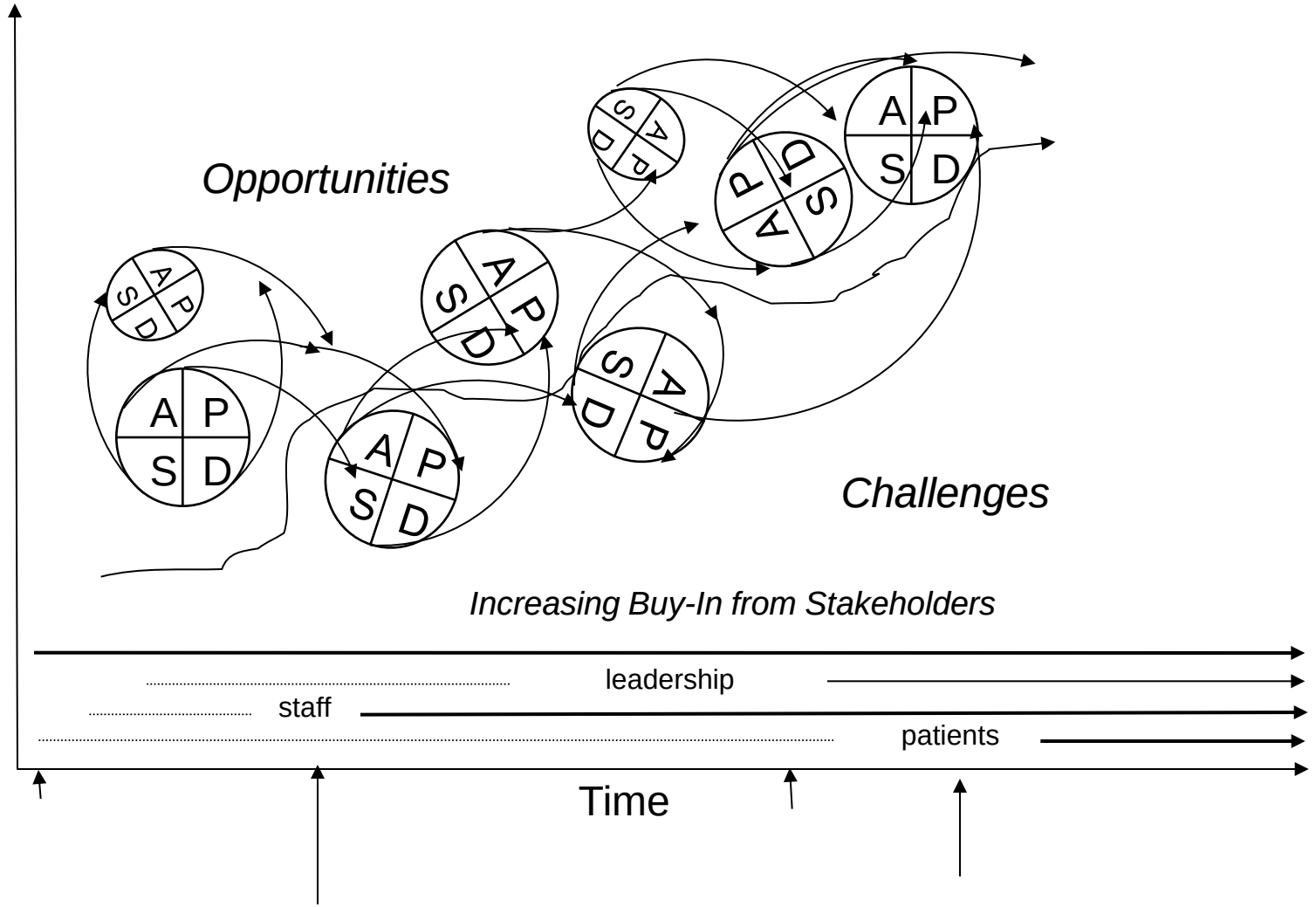
   "It's OK, what will I do" ..... Acceptance

Kubler-Ross: Stages of Grief

“Change” Process Curve…..



A More Realistic Model of Rapid Cycle Change



TASEKI

"Your Burden"

JISEKI

"My Burden"

Changing Systems – How?

- By a **journey** where healthcare leadership transform themselves from **rescuers** arriving with ready-made solutions into **problem-solvers** helping colleagues learn the experimental method [Method of Improvement]

- Leaders should be spending close to 70% of their time sponsoring/facilitating Quality Improvement!

Four Fundamental Change Principles for Senior Managers

1. There is no substitute for direct observation:

"You can learn a lot by Watching"

Yogi Berra

Not indirect observation (reports, interviews, survey, etc.) but direct observation - - you must learn to observe with precision

Four Fundamental Principles for Senior Managers in HC Transformation

2. Proposed changes should always be structured as experiments:

Follow the scientific method: experiments are used to test hypotheses and results are used to refine or reject the hypothesis [Method of Improvement: PDSA]

Problem solving should be structured so that you explicitly test assumptions in your analysis of your work

You next need to explain gaps between predicted and actual results

Four Fundamental Change Principles for Senior Managers

3. Workers and Leaders should experiment as frequently as possible

The focus is on many, quick, simple experiments (PDSA cycles)

Help your "Team" (Front-line Staff) practice the process of observing and testing many times

[This is a key to Quality Improvement]

The Target = decrease the "burden" on the staff not the system

Four Fundamental Change Principles for Senior Managers

4. Leaders should **coach** not **fix:** Staff solve problems not leaders
   - The more senior the manager, the less likely she will be solving problems herself
   - Senior managers become “enablers” (Teachers, Coaches not IT specialists)
   - Leadership training should be focused on not making direct improvements but a producing a core group of team leaders who learn through continuous experimentation
   - Teach staff how to find opportunities for improvement
   - Make it “Safe” for staff to test as many ideas as possible (pilot changes)

Change

How do you eat an elephant?

One bite at a time

C. Abrams

Practical Leadership Tips to Spread “Change”

- The Role of Leadership:
  - Not Passive permission to proceed
  - but Active Engagement in the Process
- Leaders set the tone for your facility
  - Success at Quality Improvement at your facility depends on the “culture” you establish
- “Leaders who want to spread change must change themselves first”

Don Berwick, M.D. IHI

Practical Leadership Tips to Spread “Change”

- Give Positive Feedback:
  - Teams that have leadership support do better than those who don’t
    - Public Support: your direct involvement / support in implementing QI will be noticed
  - **“What you reward will be valued by your staff”**
- A data wall is defined physical space where measures of performance (graphs/A3) can be posted
- QI “Fair” where “positive” examples [Storyboards] are on show for your employees to consider

Time Problem?

"I was just too busy trying to cut wood with this dull saw to stop and sharpen it."

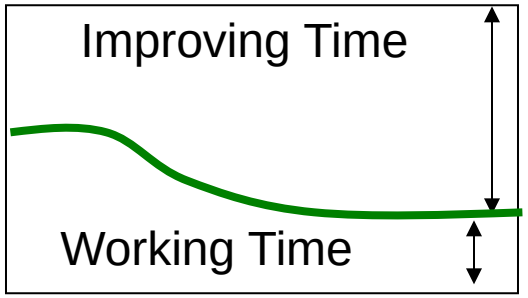
Exhausted Wood-cutter

"If I am given a task to cut a cord of wood in six hours, I will spend the first four hours sharpening my ax, and leave the last two hours for the actual work"

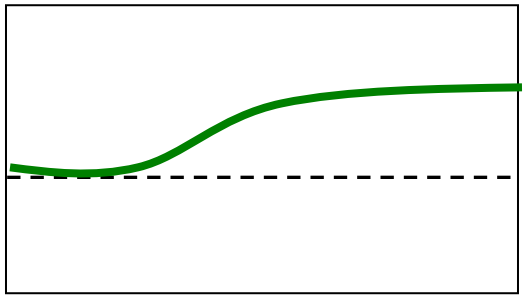
A. Lincoln

System Paradox: Work Smarter

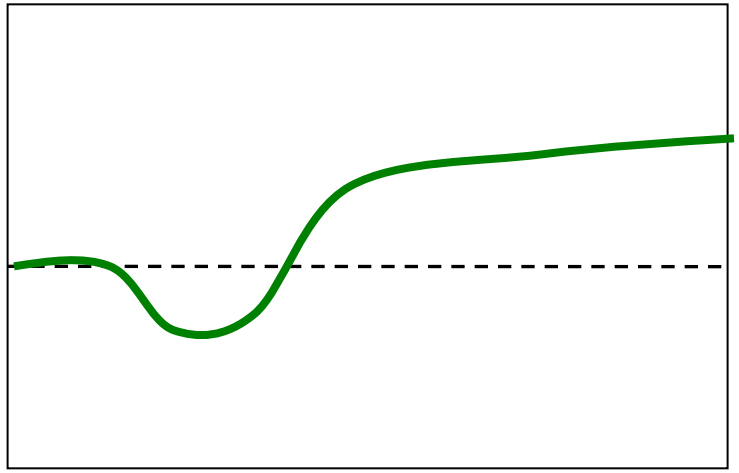
Effort



Capability



Actual Performance



Time →

Repenning, NP and Sterman, JD: Nobody Ever Gets Credit for Fixing Problems that Never Happened
www.webmit.edu

The Human Side of Change

- Deming stressed the “Human side of change”
  - The way people think and feel
  - How people behave:
    - What motivates/demotivates them

- All improvement occurs in *human systems*:
  - To be successful (Improvement = Change) staff need to master/understand interpersonal relationships
  - People are the fundamental source of VALUE
    - It takes work and expertise to create a culture that respects and motivates people!

Approach to Change

INSANITY:

Doing the same thing over and over again and expecting different results

Albert Einstein

Why Leaders Struggle with the "Chasm" Between Performance and Possibility

- How does it feel?
  - "Why can't we go faster?"
  - "Why don't staff "get it?"
  - "When will we be done with this struggle?"
  - "Do I have to be involved in the details?"
  - "Are we the only ones who feel this way?"
  - *"How can we get ahead of this struggle?"*

Change?

"If you don't like change,
You are going to like
irrelevance less"

Courage

- Courage is the emotional resources a person has to choose to act in the face of a challenge

- Courage comes from:
  - Knowing ourselves – understanding what is going on around us
  - Creating circumstances in which others can act

QI – Pace of Change

"When I was a resident, I was learning so much, so fast, that I sometimes felt my brain was on fire"

Strong “Change” Concepts

1. Improvement is not an accident!

   To get improvement – You have to start by declaring your intent to do so: **Aim**

   - The Aim must be BOLD
   - Project leaders must know how to negotiate these aims
   - Have a bias towards Action (try something now rather than later)
   - You must have a Pragmatic mindset
   - Theory is boring, but practical ideas are helpful

Strong “Change” Concepts

2. Successful Teams learn/use the “Method of Improvement”
   - They follow instructions!
   - The Team:
     - Does its own measurement
     - Measures its progress frequently
     - Plots its measurements graphically

Strong “Change” Concepts

3. Paradox: Teams working in resource poor areas excel in creating local infrastructure:
   - Why? Being resource poor nurtures cleverness and innovation
   - A positive relationship between resource availability and willingness to change
   - Does it always take a “burning platform” to motivate people to change?

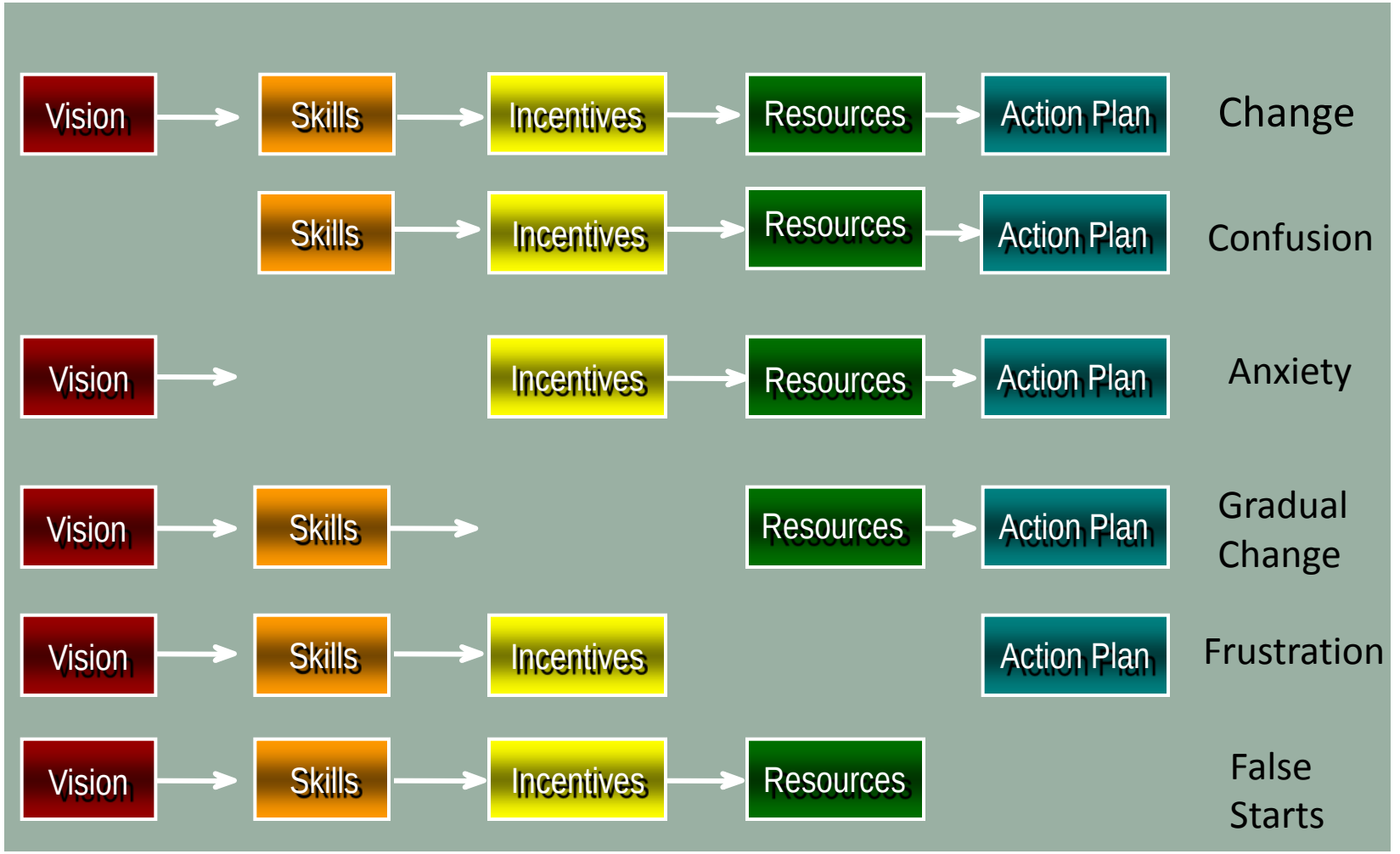
- Leadership role: set free hidden talent to make a productive changes in your system

Strong “Change” Concepts

4. Successful improvement efforts comes from teams that are **Agile** in handling their political context

- “**Manage Well**” in keeping projects going despite shifting political winds and changing administrative staff members
- Successful teams do it with balance, gracefulness, wisdom in a long-term time frame (stability)

Managing Complex Change



Quality Improvement "Communication" Guidelines

1. Speak the truth; but do it in love Eph. 4:15

2. Speak to those directly involved in the issues Col. 4:5

3. Speak respectfully: Ok to be passionate, but speak with respect
   Col. 4:9 Eph. 4:29

4. Remember you are addressing a problem, not the person you are talking to: Not testing motives, evaluating behavior, but addressing a problem
   Acts 15: 6-14 Eph. 4:2,25

Roadblocks between Will, Ideas and Execution

1. **Invisibility of Waste (Delay):** in the local setting, the local workforce may be blind to the problem

   Why?

   If 20 patients are waiting for a given procedure and this delays definitive therapy has anyone noticed [measured] this?

   If one patient in four local hospitals has an adverse problem every 4 months has anyone noticed?

Roadblocks between Will, Ideas and Execution

2. Our current *modus operandi* is scientifically out of date:

   Bad people cause errors

   While in reality most errors are committed by competent, caring people

   Remember, poorly designed “Systems” cause ~ 80% of all errors

Roadblocks between Will, Ideas and Execution

3. Myth: Improving System always costs money?

Technical changes: (new equipment) – Yes

Redesigning jobs – No

Cultural Change / QI [new training/new ways to interact] - No

Roadblocks between Will, Ideas and Execution

4. Changing Systems is Hard:

Dozens of entrenched systems (all hospital departments including support systems) and patterns of activity must change:

Rounds,

Ways we keep records,

Meetings,

Training programs,

Policy manuals,

Procedures

Step #1: Activate “Intrinsic Motivation”

- Intrinsic Motivation generates creativity, engagement, adaptive learning and achievement
- Tasks done because of intrinsic motivation produce greater commitment, than with extrinsic motivation (rewards)
- Conditions for Intrinsic Motivation: (“Psychological Safety”)
  - The experience is *meaningful* (my work is important to my purpose)
  - *Responsibility* (how well the task gets done is up to me)
  - *Results* (as I do the work, I can see whether or not I am doing it well)

Step #1: Activate Intrinsic Motivation

- To "activate" intrinsic motivation, Leadership needs to understand what "matters" to staff:
- When *what "matters" to staff* is acted upon, it limits the fears associated with change
  - This concept honors staff's goals, preferences and hopes – it flips the focus from treating system problem(s) to together change to more effective healthcare delivery
- Celebration: an opportunity to stop and reflect, interpret and honor what has happened, give thanks for contributions and learn from success and failures

Step #2: “Staff-Driven Change”

- QI efforts test new ideas
  - Idea generation is a continuous process

- “Change” occurs best when staff choose how to change *with each other* instead of having it designed *for them*

  - Those affected by change have the greatest interest in designing the improvement

  - “Team:” Everyone who touches or is touched by an improvement has something to contribute! *“All teach, all learn”*

Step #2: “Staff-Driven Change”

- Leaders should emphasis what *“We”* are trying to accomplish, thus:
  - How will *“We”* know that change is an improvement?
  - What change can *“We”* make that will result in improvement?
- Not *only* focusing on the problem/solution (the “What”)
- Or *only* focusing on the implementation strategy (“How”)
- But by including the staff (the “Who”) experiencing the problem (as part of a team)

How To Facilitate “Staff-Driven Change”

- Craft *People-Driven* Aim Statements: state *who* is involved, not just *what* and *how* and *when*
- Aim Statement:
  - We (“Who” are the improvement team members)
  - Are designing with *“Whom” (*all staff involved)
  - To do “What” (the Aim)
  - By “How Much” (the measurement)
  - By “When” (the timeframe)
  - By “How” (changes to test), in order to meet goal
  - “Why” the change ? (staff’s intrinsic motivation)

Step #3: "Leadership-Staff *Authentic* Relationships"

- Relationships are "Authentic" when staff are able to:
  - Inquire, listen, see, and commit to each other [basic requirement: "Psychological Safety"]
    - This requires presence, mindfulness, genuine curiosity, humility, courage to show vulnerability, and the ability to listen

- QI is not a just a "Transactional" change where leadership seeks ideas from front-line staff, but only on a "superficial" level (they have no genuine part in decision-making), on the contrary it is part of an "authentic" relationship

How to Produce *Authentic* "Team" Relationships

Steps that help teams be authentic:

- **Set-Up**: dedicated attention by all team members
- **Purpose:** why this is happening- state with energy
- **Exploration:** open, honest questions and listening (80% of the time) - learning what matters to the team members
- **Exchange ideas**
- **Commitment**: a clear statement of who will do what, by when

- Listen Deeply: no technology in room, extraneous thoughts are parked, attention given, curiosity is aroused. You listen for understanding, for the emotion behind the words and for commitment

Step #4 "Adapt in Action"

- Action shows courage. Positive feedback: action begets action
- Be Agile in using the "Method of Improvement:"

  "What can we do by next Tuesday?

  - The PDSA cycle is an opportunity for testing, learning and adaptation
    - While it's "OK" to make mistakes, it is essential to analyze and learn from them
    - Analyze your data - find "Bright Spots" to share
    - Tracking results over time can lead to urgency to act

Step # 4 How to Adapt in Action

- Leaders are Coaches: the act (and art) of activating people to achieve purpose in the face of uncertainty by:
  - Observing and gathering data
  - Diagnosing motivational, conceptual and practical challenges
  - Intervening with open and honest questions to help the other solve their own problem
  - Set out the next action steps to take
  - Follow-up with support

Leadership

- Leading improvement is not an “I have to act” mindset, instead it is an “I choose [get] to act” that exercises power that comes from choice
- QI centers its attention on an organization's greatest asset: its people
- Improving staff’s ability to act improves:
  - Joy, resulting in job satisfaction and health
  - Builds capacity as an ongoing resource for the next improvement challenge

Change Management

Learn from the people,
Plan with the people,
Begin with what they have,
Build on what they know,

Of the best leaders
When the task is accomplished,
The people all remark,
We have done it ourselves

Leadership in the COVID-19 Era

- The COVID-19 pandemic has become the central health challenge of our time
  - It affects every Continent, Race, Socio-economic group; thus, every country, every Hospital System, every Clinic…
- No matter how well-equipped a HC system is, without adequate staff it will be hopeless (the remaining staff will feel helpless)
- Maintaining a healthy staff requires not just an adequate number of physicians, nurses, pharmacists, therapists, etc., (while improving the ability of clinicians to care for an increased number of patients), these staff have to perform over an extended time frame

Adapted from Shanafelt et al, JAMA, 323:2133-2134, June 2020

Leadership Survival Principles

- Leadership's overall aim should be to **create a system** in which everybody can experience "Joy" in their work
- Leaders: should **model** the expected behaviors; this helps create a culture that supports improved engagement and joy in work
- Appropriate physician leadership behaviors **positively** influences the well-being and engagement of staff physicians

Leadership Survival Principles

- Leaders work in Partnership with staff to contribute to their need for *"Fulfillment"*:
  - *Physical and psychological safety*
  - *Meaning and purpose*
  - *Autonomy and control*
- Address COVID-19 pandemic-related working conditions:
  - Time pressures
  - Chaos and loss of control in a time of pandemic-caused anxiety

Adapted from Shanafelt et al, JAMA, 323:2133-2134, June 2020

Leadership Survival Principles

- In addition to visible “action” (change) HC staff want “VISIBLE” leadership during turbulent times
  - Hospital executives, nursing leaders, etc. need to find innovative ways to be “present” and connect with their teams in this time of “Social Distancing”
  - Critical that leadership:
    - Understands the sources of concern
    - Assure HC professionals that their concerns are recognized
    - Work to develop approaches that mitigate concerns to the extent they are able

Adapted from Shanafelt et al, JAMA, 323:2133-2134, June 2020

Requests from HC Staff to their Organization

- “Hear Me”
- “Protect Me”
- “Prepare Me”
- “Support Me”
- “Care for Me”
- “Honor Me”

Adapted from Shanafelt et al, JAMA, 323:2133-2134, June 2020

“Hear Me”

Physical and Psychological Safety

DO	DON’T
Conduct frequent, brief wellbeing huddles (at the beginning and end of work) to learn about current pressing issues	Assume you know, since concerns may vary by individual
Listen, do not interrupt	Ignore the strengths and bright spots
Learn what is going well	Underestimate the learning required (and time) to care for COVID-19 pts in addition to other patients
Acknowledge the complex emotions of delivering care in face of uncertainty	

Adapted from Conversation and Action Guide to Support Staff Wellbeing and Joy in Work, IHI, 2020

“Protect Me”

Physical and Psychological Safety

DO	DON’T
Be Fact-based	Don’t make things up just to have an answer
Focus on what we can control	Assume everything is in chaos
Use QI methods and conduct small tests of change (PDSA)	Provide False assurances: “We will be through this in 2 weeks”
Offer *Realistic* hope	

Adapted from Conversation and Action Guide to Support Staff Wellbeing and Joy in Work, IHI, 2020

“Prepare Me”

Autonomy and Control

DO	DON’T
Be Honest	Assume you know what each person needs to be competent in new roles or work
Be Clear	Provide info that staff do not need
Encourage rapid test of change (PDSA cycles)	Assume staff have all the info needed
Communicate-Realtime: Text, Huddles, Video conf.	Blame when failure happens
Ensure staff can communicate with leadership	Rely on email
Develop “safety nets” for staff	Expect staff in new roles to function quickly with limited support

“Support Me”
Meaning and Purpose

DO	DON’T
Be Positive and present in as many ways possible	Avoid Staff
Use consistent value statements (purpose and meaning, physical and psychological safety)	Be silent
Endorse self-care	Assume staff know what you are thinking
Provide emotional and psychological support	Give confusing messages
	Ignore self-care
	Assume stress reduction is an individual responsibility alone

Adapted from Conversation and Action Guide to Support Staff Wellbeing and Joy in Work, IHI, 2020

“Care for Me”

Physical and Psychological Safety

DO	DON’T
Identify what support looks like for staff • Volunteers, social workers, community members Recognize that psychological stress may increase during a pandemic Find ways for staff to support colleagues who are sick or died Ensure staff know about resources if they are furloughed	Ignore the personal and family toll on staff Ignore that staff may have mental health needs Assume that stress will not affect everyone’s wellbeing Assume that staff know how to navigate HR or local agencies on their own for help

“Honor Me”

Respect

DO	DON’T
Express Gratitude	Assume leaders don’t need to express their thanks just because the public is already thanking them
Link appreciation to meaning and purpose	Be silent about essential requests / concerns
Promote and praise teamwork	
Link daily work to the values of senior leaders/organization	
Ensure support systems (IT, HR, MH/EAP) are in place to ease burdens	Expect usual problems-solving by overburdened or anxious staff

Caring for your Staff in the COVID-19 Era

- Leaders must understand the importance of simple and genuine expressions of GRATITUDE for the commitment of your staff and their willingness to put themselves in harm's way for patient

- A final and overarching staff request (even if only implicitly stated) is "Honor Me". The genuine expression of gratitude is powerful. It honors your staff and serves to reinforce the compassion of your HC professionals risking their lives to help patients with this deadly disease

Caution

- Change Principles can not be implemented by Senior Leadership Mandate
  - Instead - implementation occurs by teams working in their administrative / clinical unit
- Using “Change” principles may lead to different processes in different sites – You staff should have “freedom” to innovate

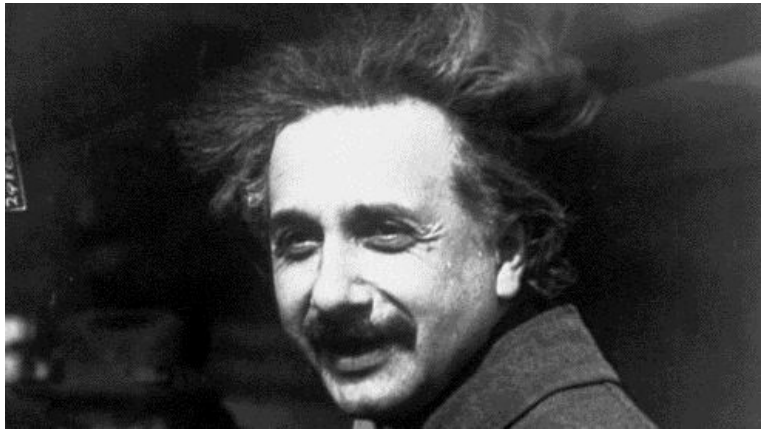
Lessons Learned in Successful QI:

1. **Simplify Everything:** Improvement does not need to be complex:
   - Set Aims
   - Track data (initial and ongoing)
   - Find great ideas (change)
   - Change something every day to find a better way
   - Involve everyone (team)
   - Don’t assume today’s new rules must be the rules of tomorrow

Complexity is Waste!

Those with few resources demonstrate a knack for demonstrating elegance in the simplicity of approach they take to needed improvement

A QI (Systems Redesign) Caution



"Everything should be made as simple as possible, but not simpler."

-- Albert Einstein

Lessons Learned in Successful QI:

2. Take Teams Seriously: Improvement is about cooperation; no one is more important than the team

Uncooperativeness is waste!

Shower your teams with your willingness to let them try new methods!

3. Be Pragmatic about Measurement:

Sophisticated IT is nice, but not the point of QI

Use the least amount of measuring that helps

Too Much Counting is Waste!

Lessons Learned in Successful QI:

4. Leadership: there may be a finite pool of skilled, mature, system-oriented HC leaders in your region

Lack of Skilled Leadership is Waste!

5. Strip the Support System for Improvement to a Minimum:

Flatten the organization

Consultants should become unnecessary ASAP

Dependency is Waste!

In spite of clever change (innovation) a core amount of infrastructure (resources) is needed

Despite helpfulness of consultants, it is crucial for spread and sustainability that dependency on outside advisors falls steadily (grow your own coaches!)

Lessons Learned in Successful QI:

6. **Manage the Political Interface Wisely:** does your system have fossilized, dysfunctional rules and habits about job roles?

   It is wiser to use the system than to fight it

Political Inexperience is Waste!

7. **Travel:** Getting people together for planning and implementing spread can be difficult

Centralized planning is Waste!

8. Help Patients become advocates for Change:

Keeping Patients Silent is Waste!

Lessons Learned in Successful QI:

9. Go Quickly / Start Now:

   Delay is Waste!

10. Make QI spread part of your new way of operating:

    find the channels in your system where change can flow - include "Scalability" – how to spread change in your system

    Lack of Planning is Waste!

11. Don't Complain:

    Complaining is Waste!

Quality Improvement Themes:

- Soon is not a Time!
- Some is not a Number!
- Hope is not a Plan!
- Caring is not Whole Person Care!

Leadership Challenge:

- Was to meet the **Triple Aim**:
  - Improving the patient **Experience** of care (including quality and satisfaction);
  - Improving the **Health** of populations
  - Reducing the per capita **Cost** of health care
- Now: meet the **Quadruple Aim:**
  - Also to "Improve the experience of those ***providing*** care"
    - Staff that "**Thrive**"

http://www.ihi.org/IHI/Programs/StrategicInitiatives/TripleAim.htm
Sikka, Morath and L. Leape. "The Quadruple Aim: Care, Health, Cost and Meaning in Work" BMJ Qual Saf 2015;8:1-3

Invitation

- Think about the PS/QI *Change* principles presented
  - Try using these ideas and methods in your daily work. Start now!
  - Do what makes sense to you
  - Master at least one Improvement methodology; refine it with your good judgment, hard work, and intelligent adaptation to the conditions that shape your world
  - Celebrate your successes and share what you have learned with others – invite them to do what you have done!

Change

Thus, change…

from within,

discovered, implemented, and celebrated

by the staff

who need to do the change

is a surefire win

References:

Various Aspects Adapted from:

1. -Shanafelt T, Ripp J, Trockel M.
"Understanding and Addressing Sources of Anxiety Among Healthcare Professionals During the COVID-19 Pandemic" JAMA, 323:2133-2134, June 2020

2. Conversation and Action Guide to Support Staff Wellbeing and Joy in Work, IHI, 2020

3. Hilton K, Anderson A,
"IHI Psychology of Change Framework to Advance and Sustain Improvement"
IHI White Paper. Boston, MA: IHI; 2018 (Available at www.IHI.org)