

How many letters are there in
CHANGE?

Jeff Greenwald, MD, SFHM
QSEA 2015

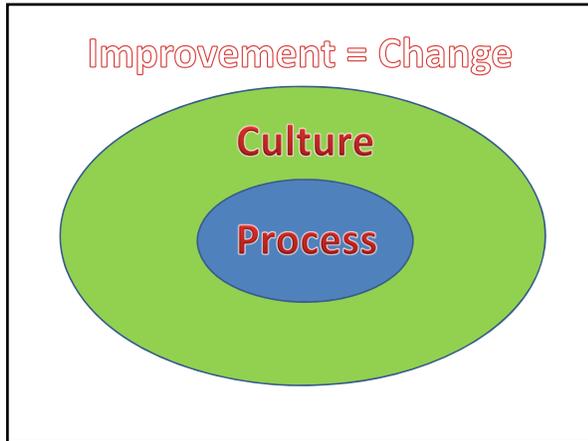


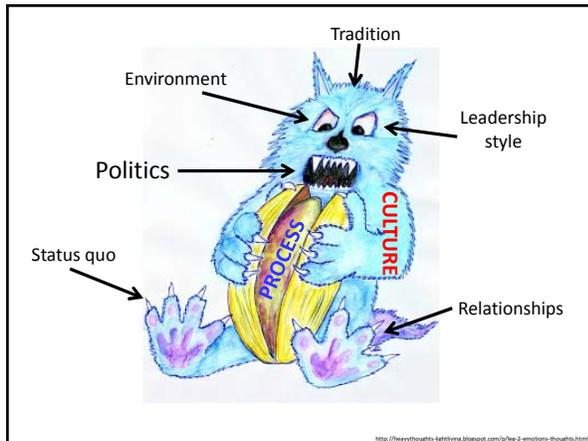
Define: *Improvement*

Definition:

- the act of improving something
- the act or process of making something better
- the quality of being better than before
- an addition or change that makes something better or more valuable

www.merriam-webster.com/dictionary/improvement



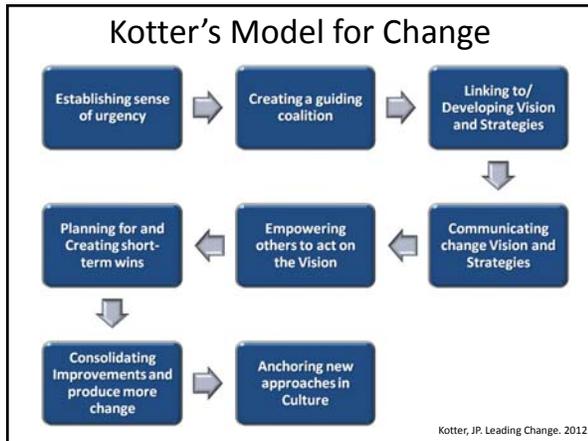


Objectives

By the end of my portion of this session, learners will be able to:

- Explain how culture impacts process ✓
- Apply Kotter's Model for Change to a QI culture problem.
- Use large group interactive "teach-type" as a teaching method





Implementing Interprofessional Rounds in the Hospital

You are the program director. You have been asked by the hospital, along with nursing and case management departments, to institute inter-professional rounds to improve communications, efficiency of inpatient care, and HCAHPs.

Your residency program decides to begin holding interprofessional bedside rounds in 2 weeks in the hospital. Each morning, residents will meet from 10:00-10:30 with the case manager, nurse, and pharmacist to review patients at the bedside.

Establishing sense of urgency

Interprofessional Rounds

~ Setting the Stage ~

Why change?

- What will those who need to change find credible, important and urgent?

Establish Urgency

Creating a guiding coalition

Interprofessional Rounds

~ Setting the Stage ~

Who is your army of leaders of change?

Leaders:

- Power
- Influence
- Important relationships
- Knowledge

Teamwork

Guiding Coalition

Linking to/ Developing Vision and Strategies

Interprofessional Rounds

~ Setting the Stage ~

Where are we going and why?

K.I.S.S.



Vision

Communicating change Vision and Strategies

Interprofessional Rounds

~ Making It Happen ~

Talk the talk
Walk the talk
Repeat
Repeat
Repeat

Communicating Vision
Where?When?

How?

Empowering others to act on the Vision

Interprofessional Rounds

~ Making It Happen ~

Promote innovation by process experts.
Clear barriers.

Empowering Others to Act

Planning for and Creating short-term wins

Interprofessional Rounds

~ Making It Happen ~

Early wins create:

- Energy
- Credibility
- Morale

Celebrate and promote!

Creating Short Term Wins

Consolidating Improvements and produce more change

Interprofessional Rounds

~ Making It Stick ~

Build on earlier success.
Recruit supporters.
Gain momentum.
Avoid complacency.

Consolidation

Anchoring new approaches in Culture

Interprofessional Rounds

~ Making It Stick ~

Metrics improved!
Connect the dots:
Change → Success
Repeat
Repeat
Repeat
The new status quo.

Anchor Change in Culture

One final thought...

**Process Change
Without
Culture Change
Equals
Failure**

Notes from the Balcony



Benefits:

- Good way to show learners you hear them.
- Good way to capture learner thoughts.

Just try it!

WHAT QUESTIONS DO YOU HAVE?

How many letters are there in Wonder?



Eric J. Warm M.D., F.A.C.P.
Program Director, Internal Medicine
Richard W. and Sue P. Vilter Professor of Medicine
University of Cincinnati College of Medicine

Learning Objective

After this session you should be able to:

- 1. Manage your emotional response to making change

- I have no disclosures...



Traditional Rounds



UNIVERSITY OF Cincinnati

What skill is the resident demonstrating?

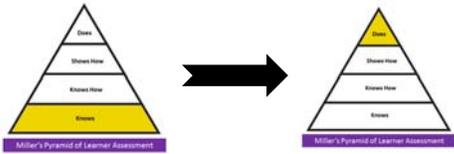
- Ability to recite a history and plan
 - Is it the *right* one?



UNIVERSITY OF Cincinnati

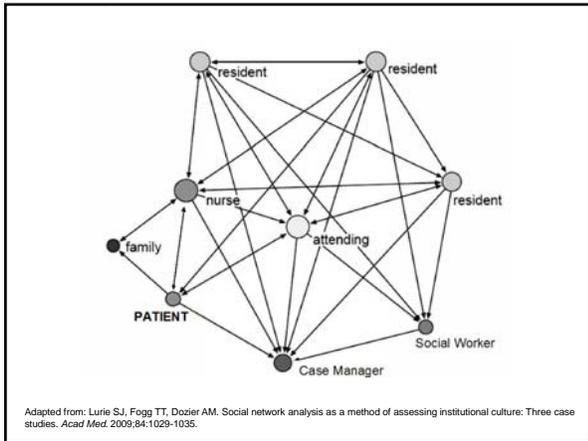
What learning is best done at the bedside?

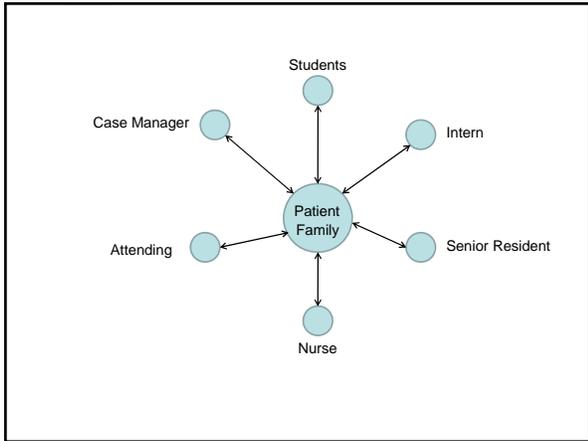
- History-Taking
- Physical Exam
- Communication
- **Clinical reasoning**
 - problem solving with the patient

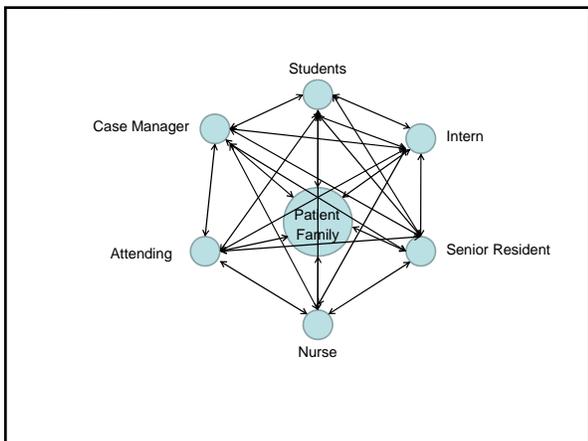


Traditional Rounds









Patient Centered Care: Vision

- Patient preparation (night before)
- Rounding card
- Team introduction
- Bedside presentation
- Team discussion
- Patient teachback





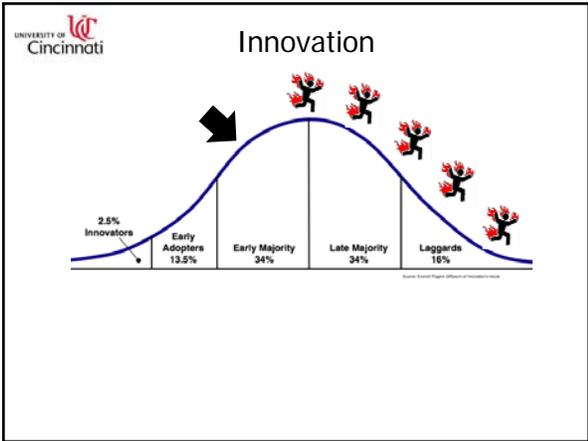
Patient Centered Care: Vision

- Patient preparation (night before)
- Rounding card
- Team introduction
- Bedside presentation
- Team discussion
- Patient teachback



Patient Centered Care: Vision

- Patient preparation (night before)
- Rounding card
- Team introduction
- Bedside presentation
- Team discussion
- Patient teachback



My job is _____,

and I give good care! Dammit!

Professionalism

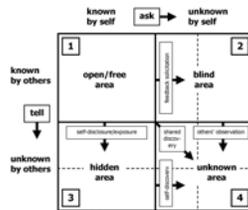
"I know it when I see it."
"I know it when I don't see it."



Potter Stewart

Professionalism

"I know it when I see it."
"I know it when I don't see it."

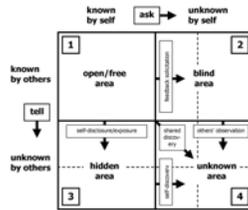


Johari Window

Luft, J.; Ingham, H. (1955). "The Johari window, a graphic model of interpersonal awareness". *Proceedings of the western training laboratory in group development* (Los Angeles: UCLA).

Professionalism

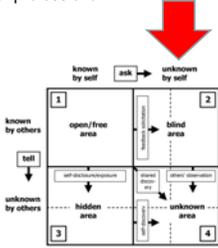
"I don't know when I see it."
"I don't know it when I don't see it."



Johari Window

Luft, J.; Ingham, H. (1955). "The Johari window, a graphic model of interpersonal awareness". *Proceedings of the western training laboratory in group development* (Los Angeles: UCLA).

These people don't come to work thinking they're unprofessional.



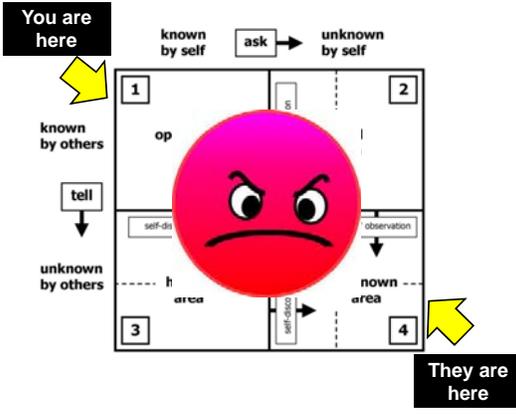
known by self ask unknown by self

known by others open/free area blind area

self-observation observation

unknown by others hidden area unknown area

You are here



known by self ask unknown by self

known by others op blind area

self-di observation

unknown by others h area nown area

You are here

They are here

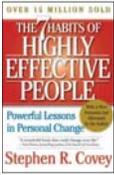
I wonder?

Why?

~~...They are so stupid?~~

I wonder why they are acting the way they do?

Because we listen autobiographically, we tend to respond in one of four ways:



Evaluating: We judge and then either agree or disagree.
Probing: We ask questions from your own frame of reference.
Advising: We give counsel, advice, and solutions to problems.
Interpreting: We analyze others' motives and behaviors based on your own experiences.

“Diagnose before you prescribe...”

<https://www.stephencovey.com/7habits/7habits-habit5.php>



Motivational Interviewing

Readiness for change = importance x confidence

- Most people are ambivalent to change
- All change is loss
- Motivational interviewing techniques uncover the ambivalence

What is the purpose of rounds?

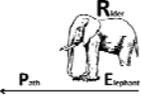
Efficiency/Throughput
Information Transfer
Outcomes
Patient Engagement
Patient Safety
Quality
Resident Assessment
Role Modeling
Teamwork

(Alphabetical Order)

What is the purpose of rounds?

Person A		Person B	
1	Patient Engagement	1	Information Transfer
2	Patient Safety	2	Role Modeling
3	Resident Assessment	3	Outcomes
4	Role Modeling	4	Efficiency/Throughput
5	Teamwork	5	Quality
6	Quality	6	Patient Safety
7	Outcomes	7	Resident Assessment
8	Information Transfer	8	Teamwork
9	Efficiency/Throughput	9	Patient Engagement

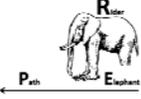
I wonder...



Three surprises about change:

1. What looks like resistance is often lack of clarity
2. What looks like laziness is actually exhaustion
3. What looks like a people problem is often a situation problem





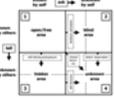
Three surprises about change:

1. What looks like resistance is often lack of clarity
Do they know the true outcomes?
2. What looks like laziness is actually exhaustion
What can be removed?
3. What looks like a people problem is often a situation problem
What are the forces shaping the current path?

Provide Clarity
Direct the Rider

Overcome Exhaustion
Motivate the Elephant

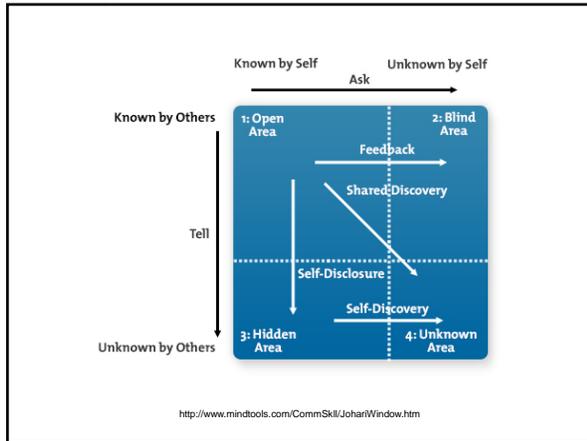
Improve the Situation
Shape the Path



Three surprises about change:

1. What looks like resistance is often lack of clarity
I'm doing fine!
2. What looks like laziness is actually exhaustion
Are you calling me lazy?
3. What looks like a people problem is often a situation problem
No one could do better in my situation.





Not everybody moves, so you have to accept that.

What is your behavior then?

Learning Objective

After this session you should be able to:

1. Manage your emotional response to making change

Table top exercise
