The Science and Art of Becoming a Change Agent: Influencing Improvement and Safety in Healthcare

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Cynosure Health
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Who is responsible for “quality” in your organization?
Are you satisfied with the status quo?

Imagine this...
What would it look like if “quality improvement” was everyone’s job?
The Value of Engagement: The Parable of the Bricklayers

Bricklayer #1

Bricklayer #2
How Many of Your Team Members Are:

1. Just laying bricks?
2. Building a portion of a wall?
3. Creating a legacy?

Is Improvement an ART?
Or is it a *SCIENCE*?

Effective Improvement Requires *BOTH*

What can we learn about engagement from synchronous fireflies?
How do we engage the other fireflies?

Secrets of a Change Agent

Successful Change Agents Understand:

• The psychology behind change management
• That engaging the right people drives positive change
• That “the right people” don’t necessarily have an official leadership title
• That early engagement informs sustainable system design
• That most DON’T like change

Influencer Model: Science and Art

• Six areas related to an individual’s ability to make a change and their personal motivation to put their abilities to work - Need BOTH to change habits
• Not just the sharing of information, but the shaping of behaviors
### Six Sources of Influence

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Personal</td>
<td>Do they want to engage in the behavior?</td>
<td>Do they have the right skills and strengths to do the right thing?</td>
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<tr>
<td></td>
<td>Make the undesirable, desirable</td>
<td>Help them surpass their limits</td>
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<td>Social</td>
<td>Are other people encouraging or discouraging behaviors?</td>
<td>Do others provide the help, information and resources required?</td>
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<td>Harness peer pressure</td>
<td>Find strength in numbers</td>
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<tr>
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<td>Are there systems that keep people in place and on progress?</td>
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<td>Design rewards and demand accountability</td>
<td>Change the environment</td>
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### Influencer Model in Action

- Clarify the results you want to achieve. What are you trying to accomplish?
- Define the vital behaviors necessary to achieve that goal
- Use at least 4 of the 6 sources of influence to achieve that goal

### Sources of Influence: Readmissions Prevention

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<td>Are we asking our patients what matters to them?</td>
<td>Are we using teachback in a meaningful way to ensure our patients or caregivers have the skills needed after transitions of care?</td>
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<td>Are we connecting our patients to resources that can assist them to reach their goals of care?</td>
<td>Are we connecting across the continuum to partner with and problem-solve with those that share the care of our patients?</td>
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<td>Are we working with partners that share the care of our patients to develop shared action plans, emergency department huddles, or outpatient services that address social determinants of health?</td>
<td>Do we have an effective handoff process and a process for following up after transitions with either the patient/caregiver or providers at next level of care?</td>
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What would it take to get others engaged?

One small step...
Is there someone in your organization that could influence effective change if he or she was engaged?

Are the right people on the improvement bus with you?

• Do you find you are the only driver of the bus?
• Are you tired from doing all the driving?
• Are the seats on your bus empty?
• Do you have unruly passengers?
• Do you have a route map?
• Are you stalled from lack of new ideas?
The Kotter 8-Step Process for Managing Change

- Create a Sense of Urgency
- Incorporate Change into the Culture
- Build a Guiding Coalition
- Form a Strategic Vision and Initiative
- Enlist a Volunteer Army
- Enable Action by Removing Barriers
- Generate Short Term Wins
- Sustain Acceleration

Rules and Myths of Engagement

MYTH

Myth #1: Showing the Evidence is Sufficient
Rule of Engagement #1: Connect to the Core

Our team must be able to see that:

• The work is meaningful
• They are part of something big
• Their contributions matter
Myth #2: Everyone engages at the same time

Rule of Engagement #2: Engage the Engaged

- Work with the willing, as we only must engage 10-20% (the innovators, the early adopters, and a few early majority members) to reach a tipping point
- Identify improvement champions
- Start small (think PDSA cycles for improvement)
What else do Change Agents know about Engagement?

We need a “first follower”!

The first follower is what transforms a lone nut into a leader.

- Dennis Sivers

Adopters and Who to Persuade First

Myth #3: The same message works with everyone
Know Your Audience:
"How was Your Day?"

- "What makes a good day?"
- "What makes a bad day?"
- Where is the passion?

**Rule of Engagement #3:**
Customize Communication

- The *messenger* matters
- The *message* matters
- The *medium* matters

**The Messenger Matters**
- The relationship matters
- Respect matters
The Message Matters

Simple
Unexpected
Concrete
Credible
Emotional
Stories

The Medium Matters

Are We Communicating to Share Information or Shape Behavior?

Share Information  Shape Behavior

General Publications
  - flyers
  - newsletters
  - videos
  - articles
  - posters

Personal Touch
  - letters
  - cards
  - postcards

Interactive Activities
  - telephone
  - email
  - visits
  - seminars
  - simulation

Public Events
  - Road shows
  - Fairs
  - Conferences
  - Exhibitions
  - Mass meetings

Face-to-face
  - one-to-one
  - mentoring
  - seconding
  - shadowing
Myth #4: Every intervention is equally easy/hard to implement

Rule of Engagement #4: Align and Segment

- Connect improvement work to organizational priorities and other work in progress
- Celebrate small wins
- Don’t try to do it all at once

Myths of Engagement

- Showing Data is Sufficient to Change Behavior
- Everyone Engages at the Same Time
- The Same Message Works with Everyone
- Every Intervention is Equally Easy/Hard to Implement

Rules of Engagement

- Connect to the Core
- Engage the Engaged
- Customize Communication
- Align and Segment
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<td>Let your patients tell their stories. Interview readmitted patients in real time to better understand what drives their hospitalizations, and how their story may motivate change at the organizational level.</td>
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<td><strong>Engage the Engaged</strong></td>
<td>Invite the local SNF to meet monthly to discuss challenging cases, how we can partner together to help our patients.</td>
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<td><strong>Customize Communication</strong></td>
<td>Patient: Identify what matters to them Organizational Leadership: quality ratings, financial penalties, stories from patients</td>
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<td>Use data to identify your highest risk population – focus efforts on that segment Make improvement smaller – focus on 7-day readmissions to start Make readmissions prevention teachback education part of focus</td>
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**How will we fill our PI Bus?**
Beyond rules and myths

https://cynosurehealth.org/resources/getting-there-guide/

Strategies for Engagement at All Levels

Board of Directors
Senior Leaders
Middle Managers
Physician Leaders
Bedside Caregivers
Patients and Families

Engaging the Board

- Develop quality goals with CEO.
- Participate in leadership rounds.
- Share board reports with data and ongoing quality improvement efforts.
- Share patient stories and experiences that highlight how the organization has succeeded (or fallen short) in delivering patient-centered care.

WIIFM?

- Improve patient satisfaction.
- Improve care.
- Enhance reputation.
- Be a better-informed board member.
Engaging Senior Leaders
- Present at existing leadership meetings
- Share patient stories and experiences
- Invite bedside caregivers to share updates
- Assign an executive sponsor for quality projects

**WIIFM?**
- Improve patient satisfaction
- Improve care
- Enhance reputation
- Connect with staff

Engaging Middle Managers
- Help them know how their role supports the mission and business vision.
- Allow autonomy in meeting organizational objectives.
- Provide the opportunity to develop new skills, receive recognition for their achievements, and be a part of high-performing teams.

**WIIFM?**
- Be part of “how” change occurs.
- Gain knowledge, skills and expertise.
- Advance career.
- Connect to patient-centered purpose for nonclinicians

Engaging Physician Leaders
- Find out what’s important to them before you ask to engage in a project.
- Give the champions the tools they need for success.
- Appeal emotionally regarding the benefits of quality improvement for patients and clinicians alike.

**WIIFM?**
- Partner in the future direction of the organization
- Achieve better outcomes for the patients they serve
- Growth, development and joy
Engaging Bedside Caregivers

- Ask staff closest to the patient to suggest and test solutions on a small scale
- Inspire a shared vision.
- Engage as champions
- Provide administrative time to work on quality improvement activities
- Encourage the heart

**WIIFM?**
- Be a part of “how” change occurs
- Be a part of “what” gets changed
- Gain knowledge and skills
- Advance career
- Find more joy in work

Engaging Patients and Families

- Create a patient-family care council with patient family advisors.
- Facilitate communication and feedback through patient rounding, community meetings and forums.
- Provide opportunities for input into management and processes.

**WIIFM?**
- Achieve better care and better understanding.
- Improve health, wellness and happiness.

Who are you going to engage to improve quality?
Why Is Quality Everyone's Job?

Because You Never Know When You Will Need It

Thank you!

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