

How many letters are there in  
**CHANGE?**

Jeff Greenwald, MD, SFHM  
QSEA 2015

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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](http://www.merriam-webster.com/dictionary/improvement)

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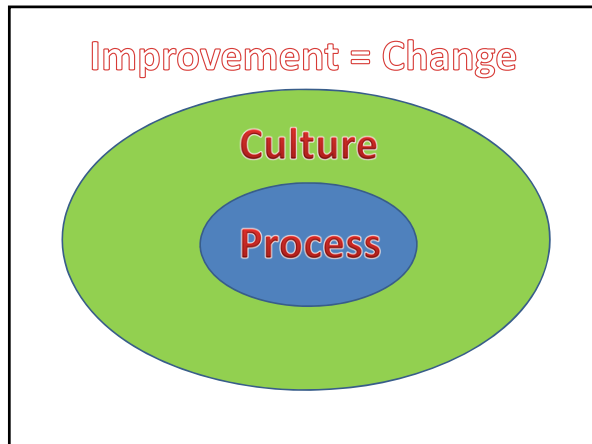
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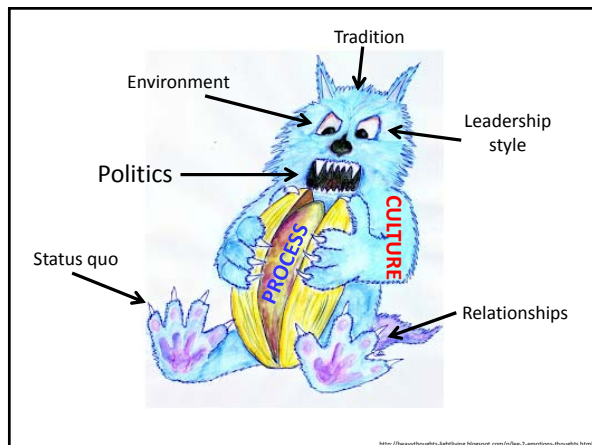
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### Objectives

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

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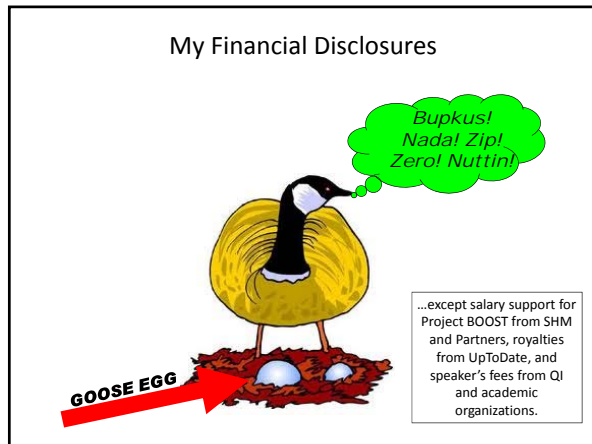
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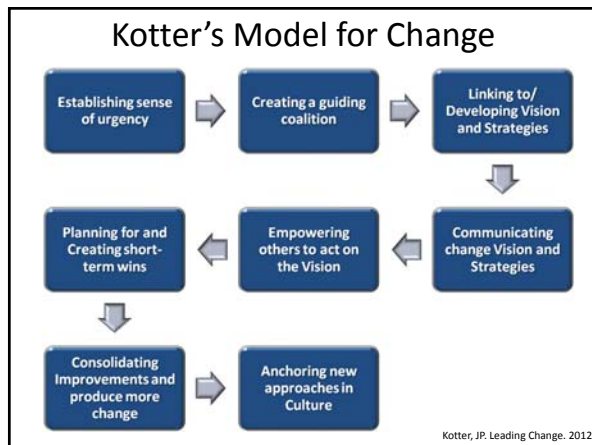
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**Implementing Interprofessional Rounds in the Hospital**

You are the program director. You have been asked by the hospital, along with nursing and case management departments, to institute interprofessional 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.

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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

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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

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Linking to/ Developing Vision and Strategies

## Interprofessional Rounds

~ Setting the Stage ~

Where are we going and why?

K.I.S.S.



Vision

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Communicating  
change Vision and  
Strategies

## Interprofessional Rounds

~ Making It Happen ~

Talk the talk

Walk the talk

Repeat

Repeat

Repeat

Communicating Vision

Where?When?

How?

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Empowering  
others to act on  
the Vision

## Interprofessional Rounds

~ Making It Happen ~

Promote innovation by  
process experts.

Clear barriers.

Empowering Others to Act

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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

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Consolidating Improvements and produce more change

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

## Interprofessional Rounds

~ Making It Stick ~

Consolidation

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Anchoring new approaches in Culture

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

## Interprofessional Rounds

~ Making It Stick ~

Anchor Change in Culture

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One final thought...

**Process Change**

**Without**

**Culture Change**

**Equals**

**Failure**

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## Notes from the Balcony



### Benefits:

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

**Just try it!**

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**WHAT QUESTIONS DO  
YOU HAVE?**

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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

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## Learning Objective

After this session you should be able to:

1. Manage your emotional response to making change

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- I have no disclosures...



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## Traditional Rounds



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UNIVERSITY OF Cincinnati

What skill is the resident demonstrating?

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




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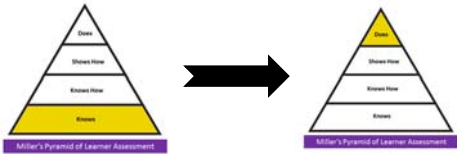
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What learning is best done at the bedside?

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




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Traditional Rounds




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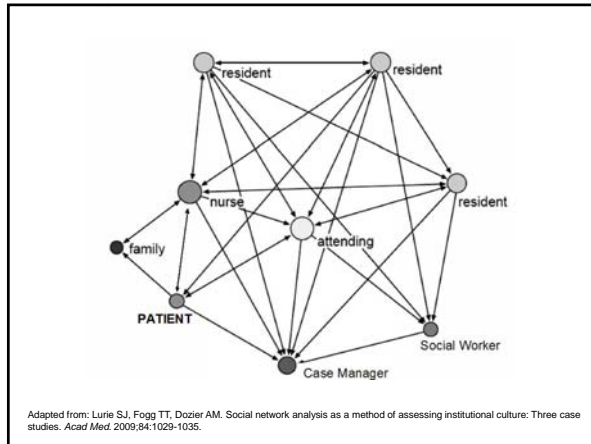
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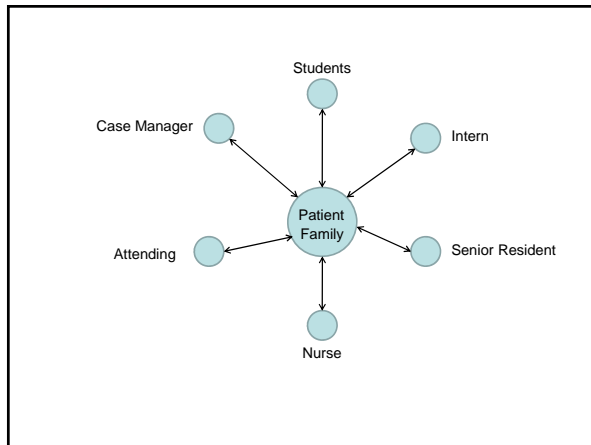
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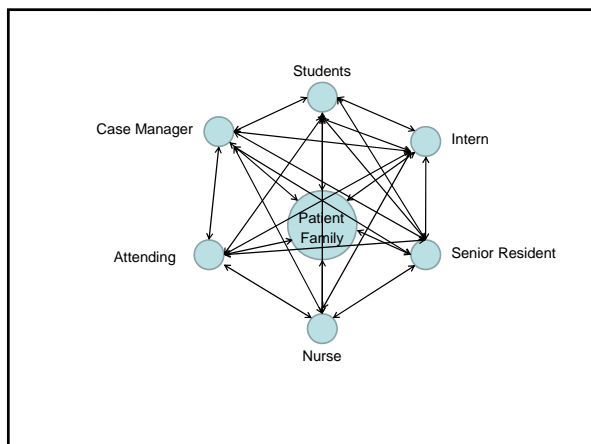
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
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## Patient Centered Care: Vision

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

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## Patient Centered Care: Vision

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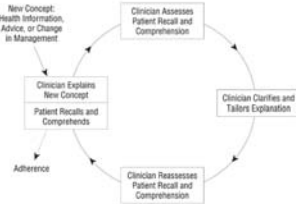
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## Patient Centered Care: Vision

- Patient preparation (night before)
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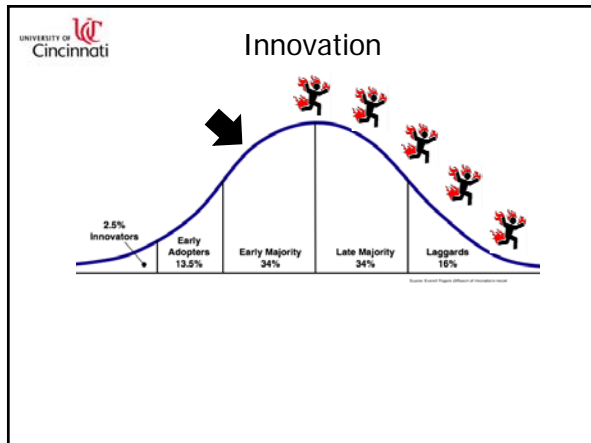
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My job is \_\_\_\_\_,

and I give good  
care! Dammit!

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## Professionalism

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



Potter Stewart

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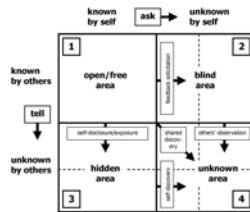
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## Professionalism

"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).

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## Professionalism

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



## Johari Window

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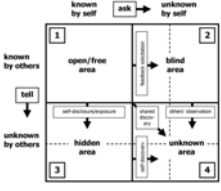
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These people don't come to work thinking they're unprofessional.

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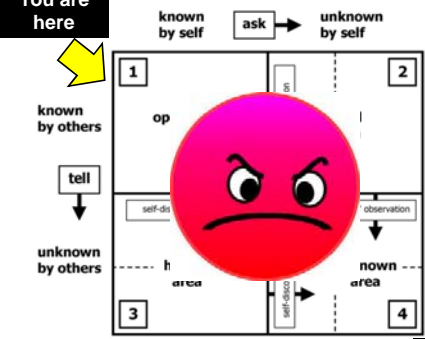
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**You are here**





**They are here**



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I wonder?

Why?

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

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I wonder why  
they are acting  
the way they  
do?

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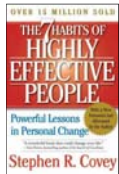
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Because we listen autobiographically, we tend to respond in one of four ways:

- 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>

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## Motivational Interviewing

**Readiness for change = importance x confidence**

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

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What is the purpose of rounds?

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

(Alphabetical Order)

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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...**

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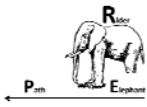
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**Three surprises about change:**

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



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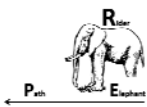
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**Three surprises about change:**

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

Provide Clarity  
Direct the Rider

Overcome Exhaustion  
Motivate the Elephant

Improve the Situation  
Shape the Path

Do they know the true outcomes?

What can be removed?

What are the forces shaping the current path?

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**Three surprises about change:**

1. What looks like resistance is often lack of clarity
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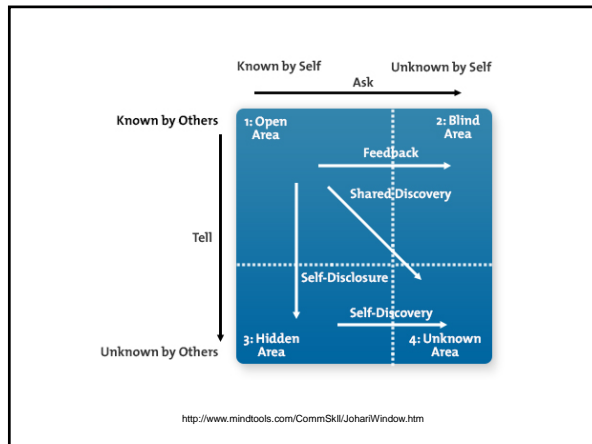
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Not everybody moves, so you have to accept that.

What is your behavior then?

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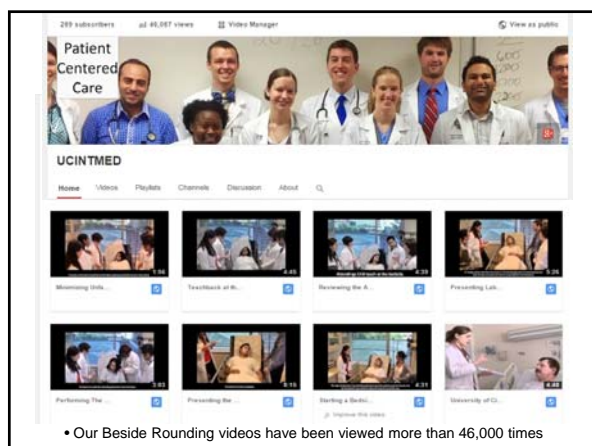
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Learning Objective

After this session you should be able to:

1. Manage your emotional response to making change

**Table top exercise**

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