

How many letters are there in
CHANGE?

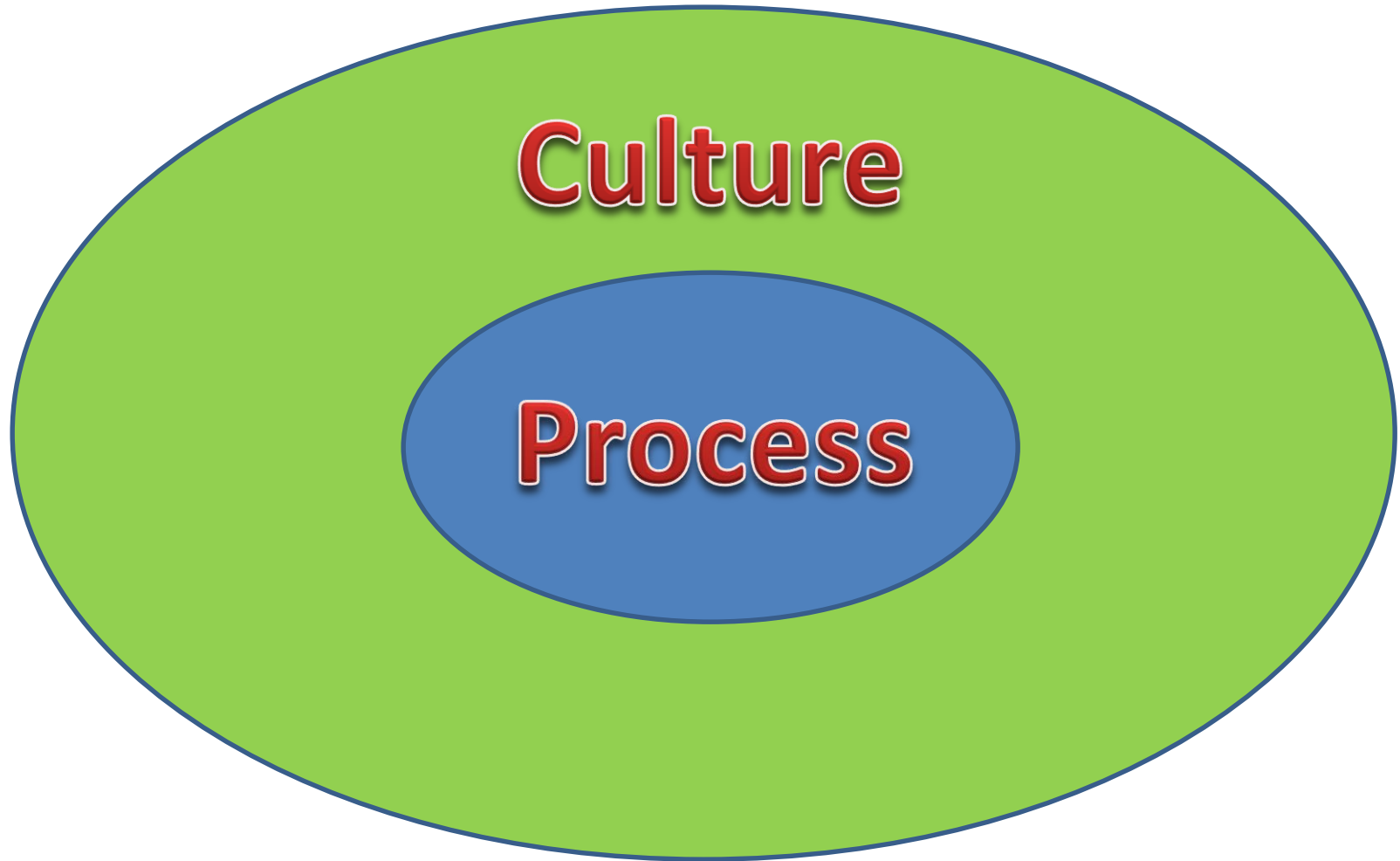
Jeff Greenwald, MD, SFHM
QSEA 2015

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

Improvement = Change



Objectives

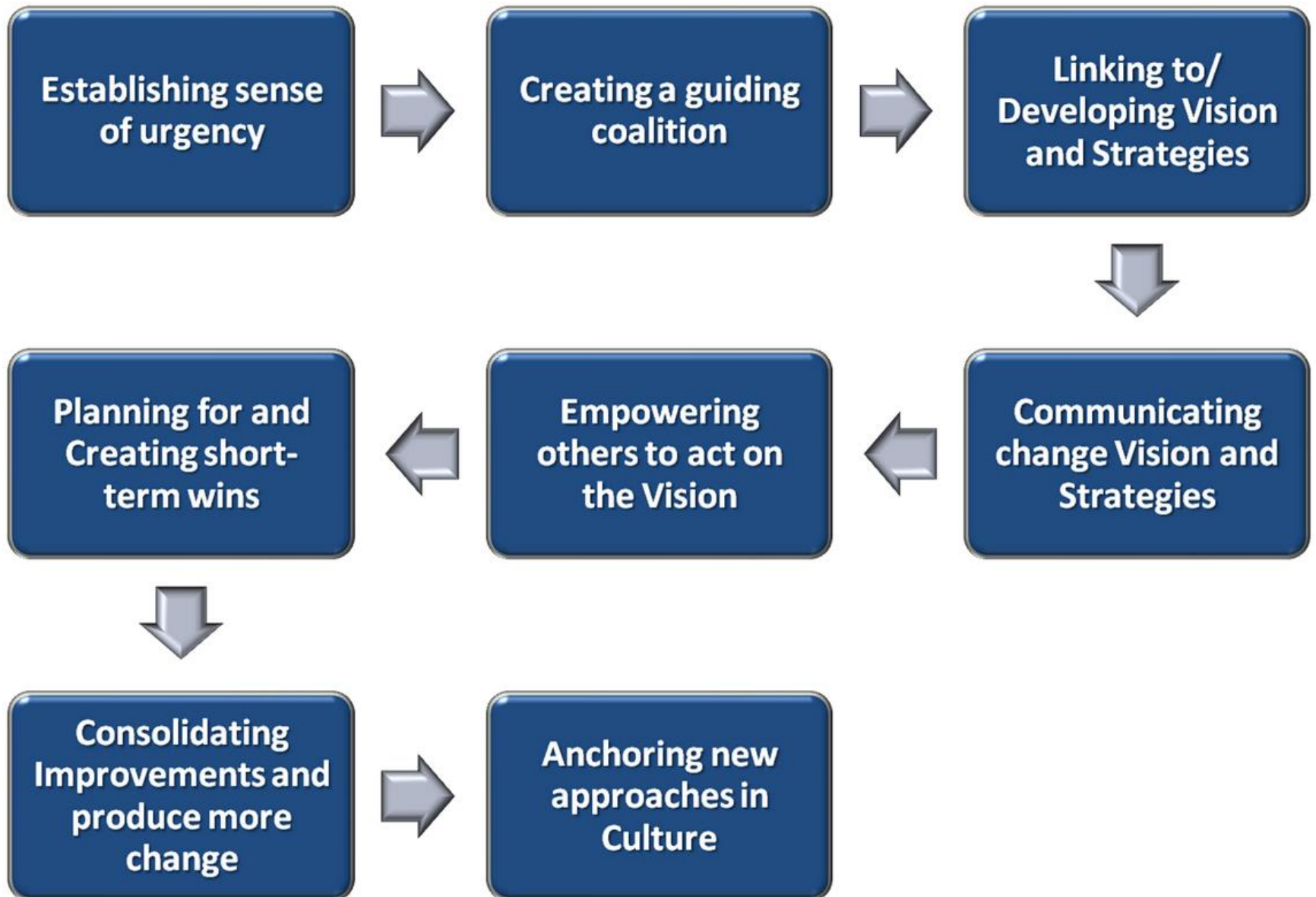
Over the next 25 minutes, learners will:

- Recognize how culture impacts process ✓
- Become familiar with Kotter's Model for Change
- Apply the 8 Stages to QI

My Financial Disclosures



Kotter's Model for Change



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.

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 ~

Repeat

Repeat

Repeat

Communicating Vision

**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.

Gain momentum.

Avoid complacency.

Consolidation

Anchoring new
approaches in
Culture

Interprofessional Rounds

~ Making It Stick ~

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**

**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



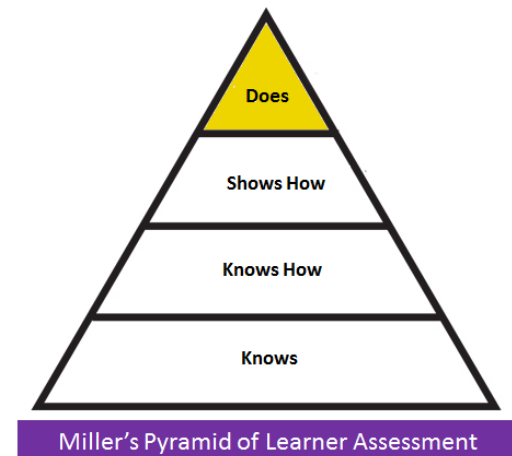
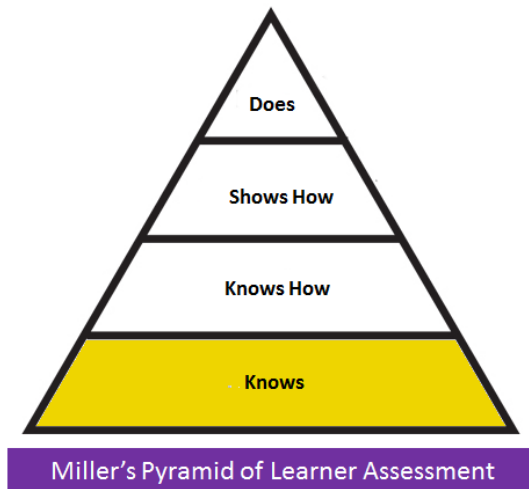
What skill is the resident demonstrating?

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



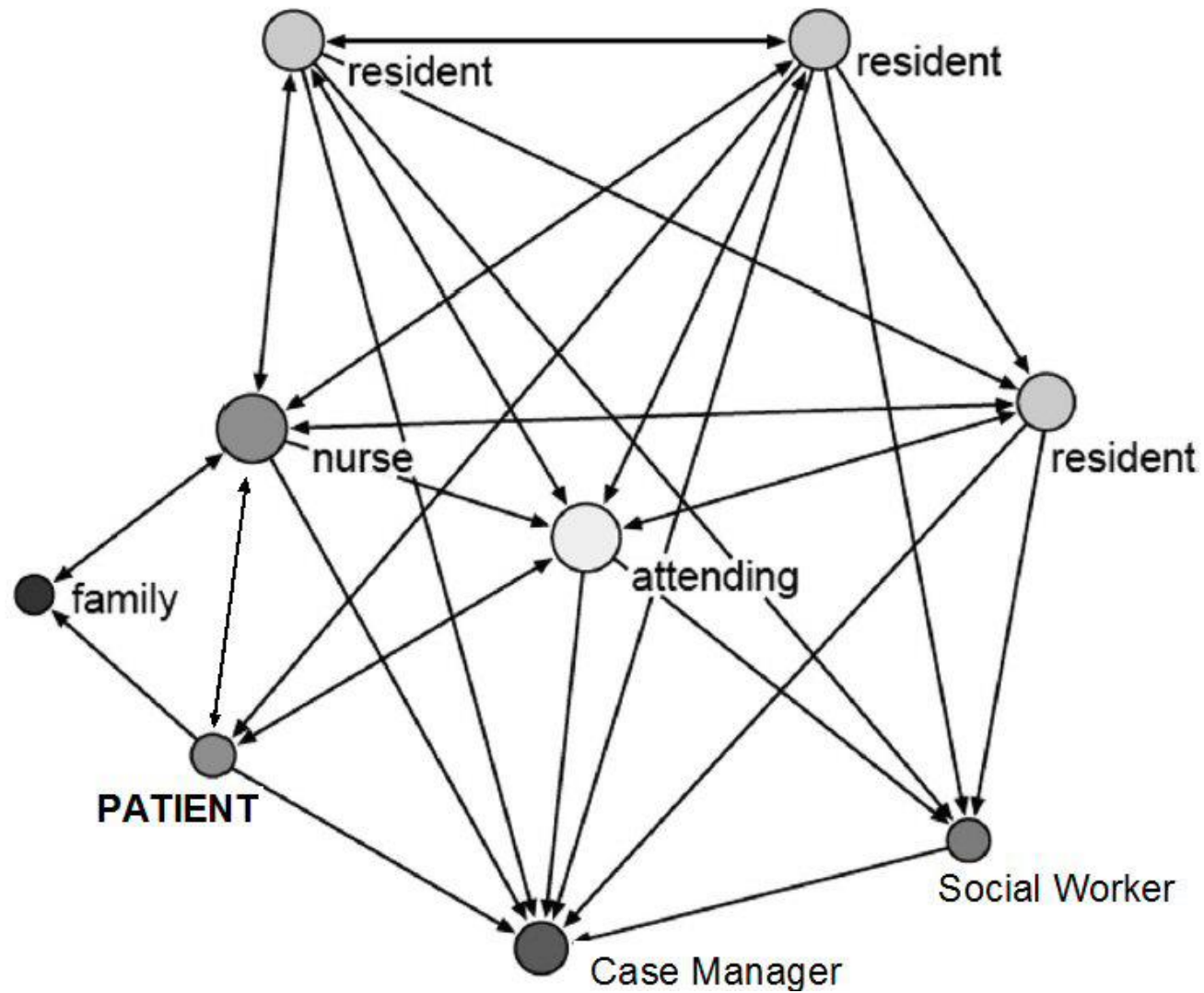
What learning is best done at the bedside?

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

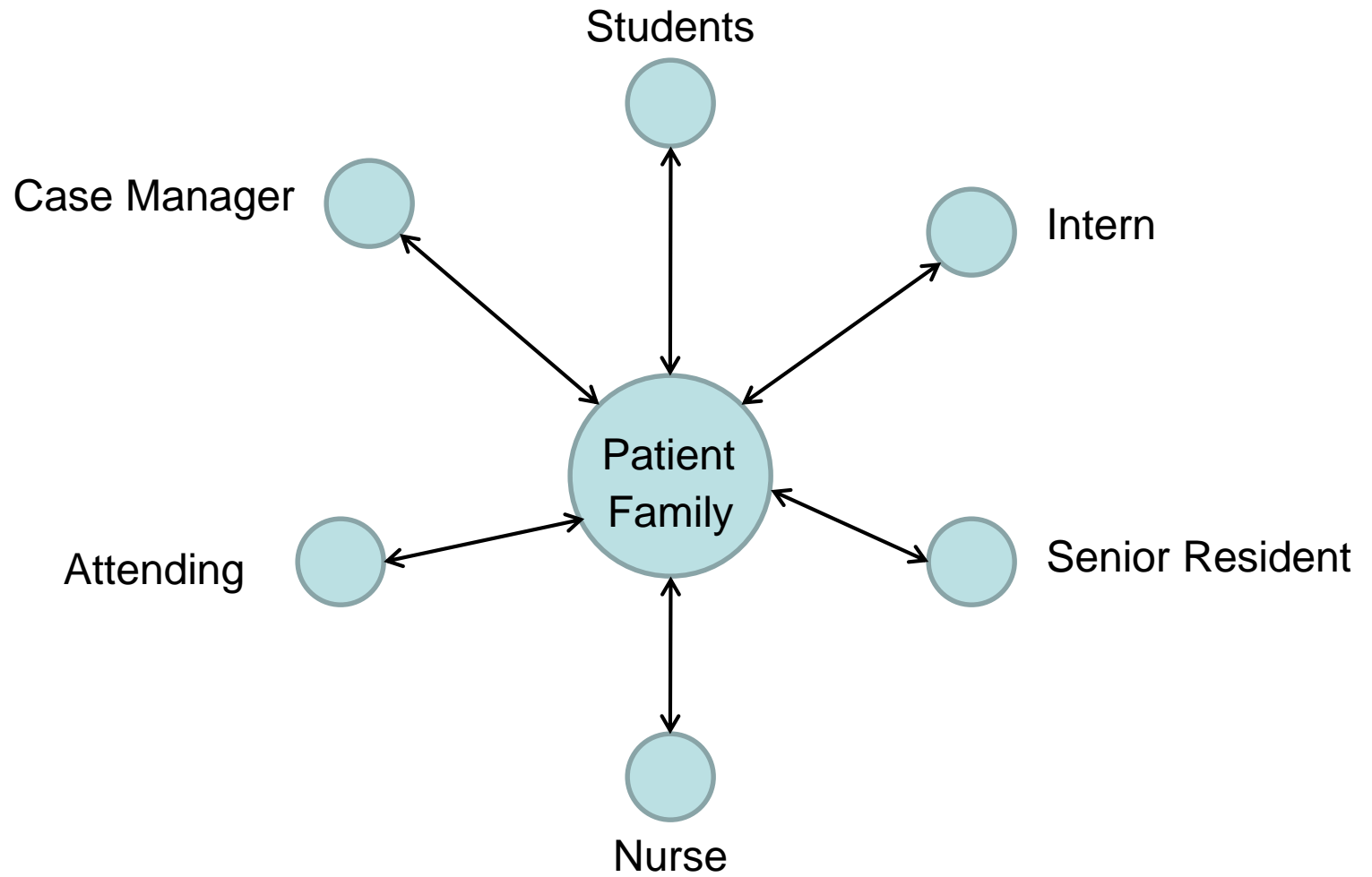


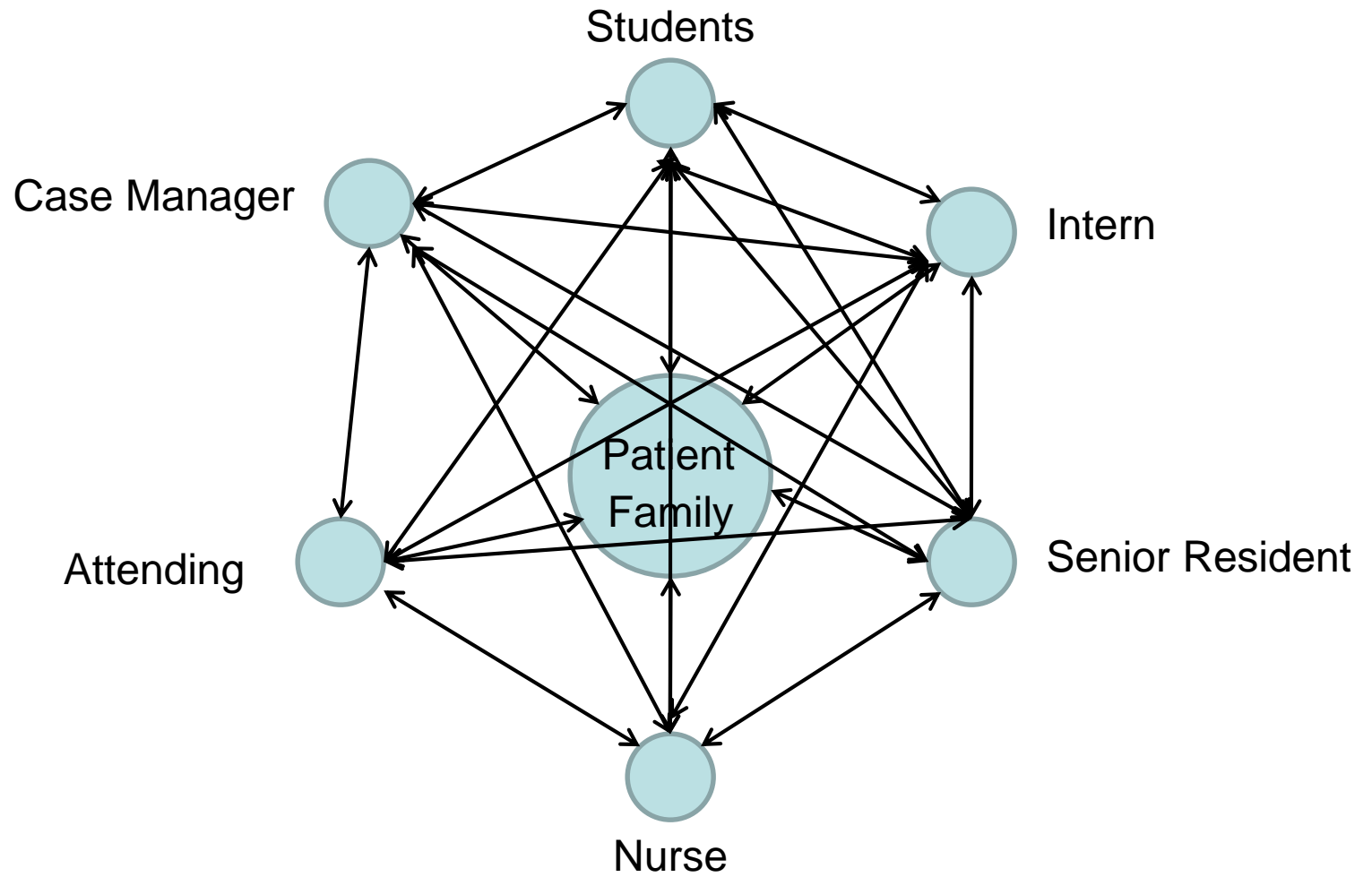
Traditional Rounds





Adapted from: Lurie SJ, Fogg TT, Dozier AM. Social network analysis as a method of assessing institutional culture: Three case studies. *Acad Med.* 2009;84:1029-1035.





Patient Centered Care: Vision

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



Department of Internal Medicine
Blue Medicine Team

Attending:
Dr. Leasure



The team of doctors taking care of you is the Blue Medicine Team. Those primarily responsible for your care are circled.

Resident Doctors:

Student
Doctors:



Dr Jacobs



Dr Lombardo



Dr Clark



Dr Wilkes

Brad Budde
Jesse Capone

Erika Osterholzer

Notes:

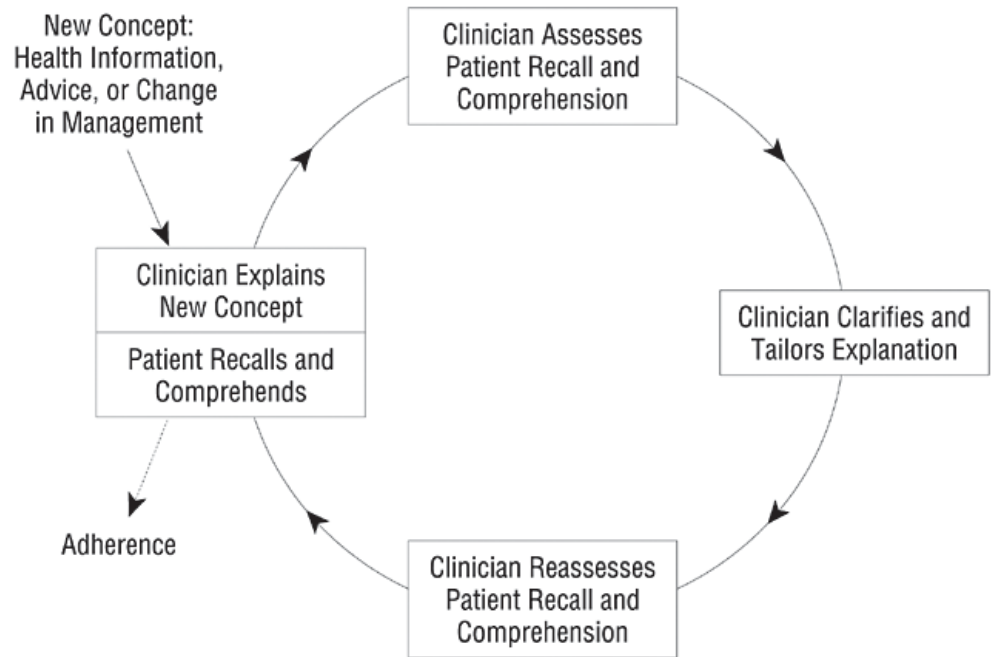
This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Patient Centered Care: Vision

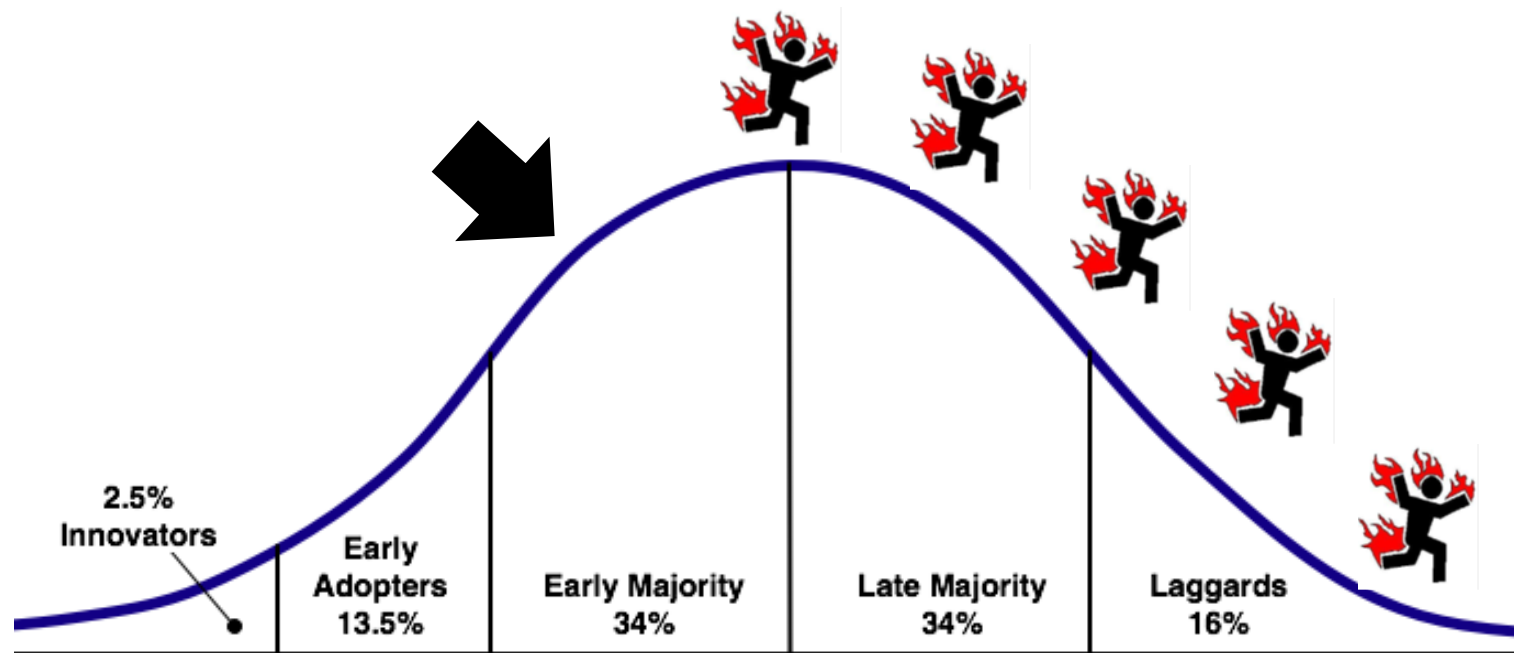
- Patient preparation (night before)
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Patient Centered Care: Vision

- Patient preparation (night before)
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Innovation



Source: Everett Rogers, Diffusion of innovations model



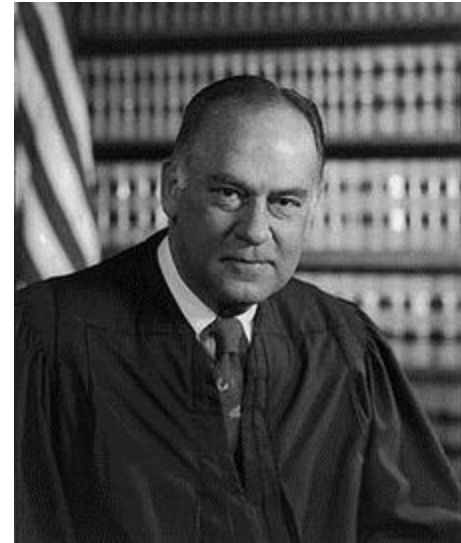
My job is _____,

and I give good
care! Dammit!

Professionalism

"I know it when I see it."

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

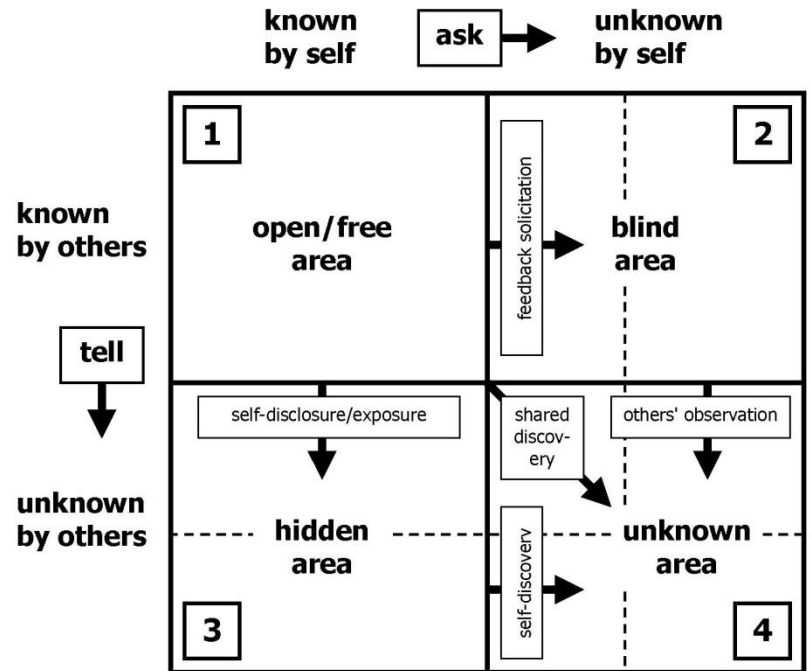


Potter Stewart

Professionalism

"I know it when I see it."

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

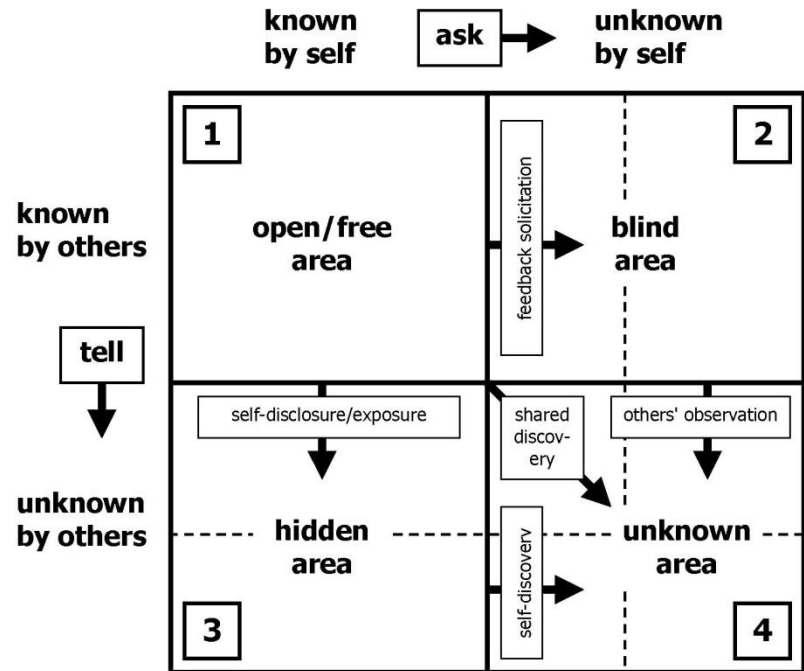


Johari Window

Professionalism

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

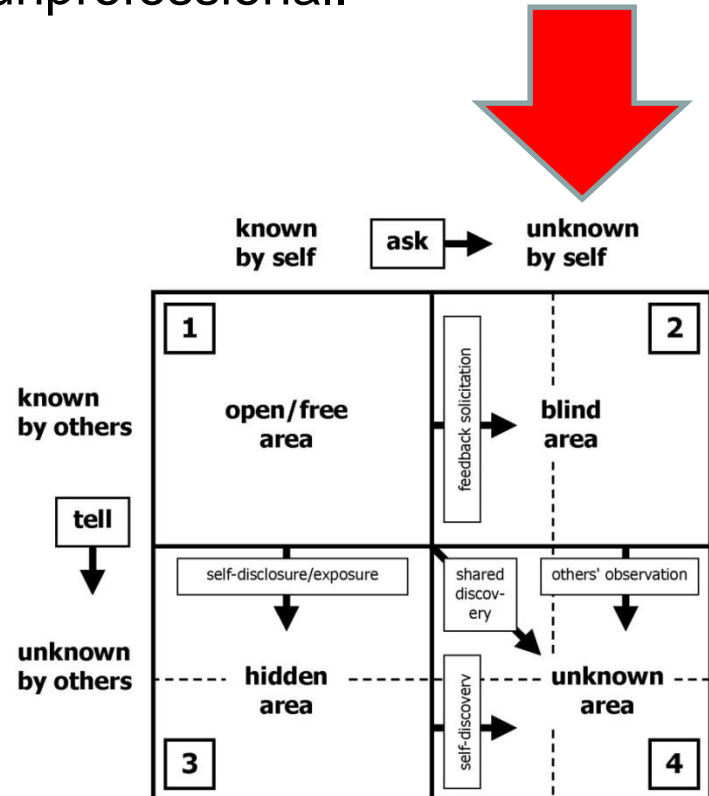
"I don't know it when I don't see it."



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.



**You are
here**

known
by self

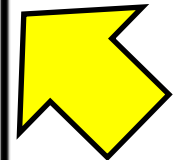
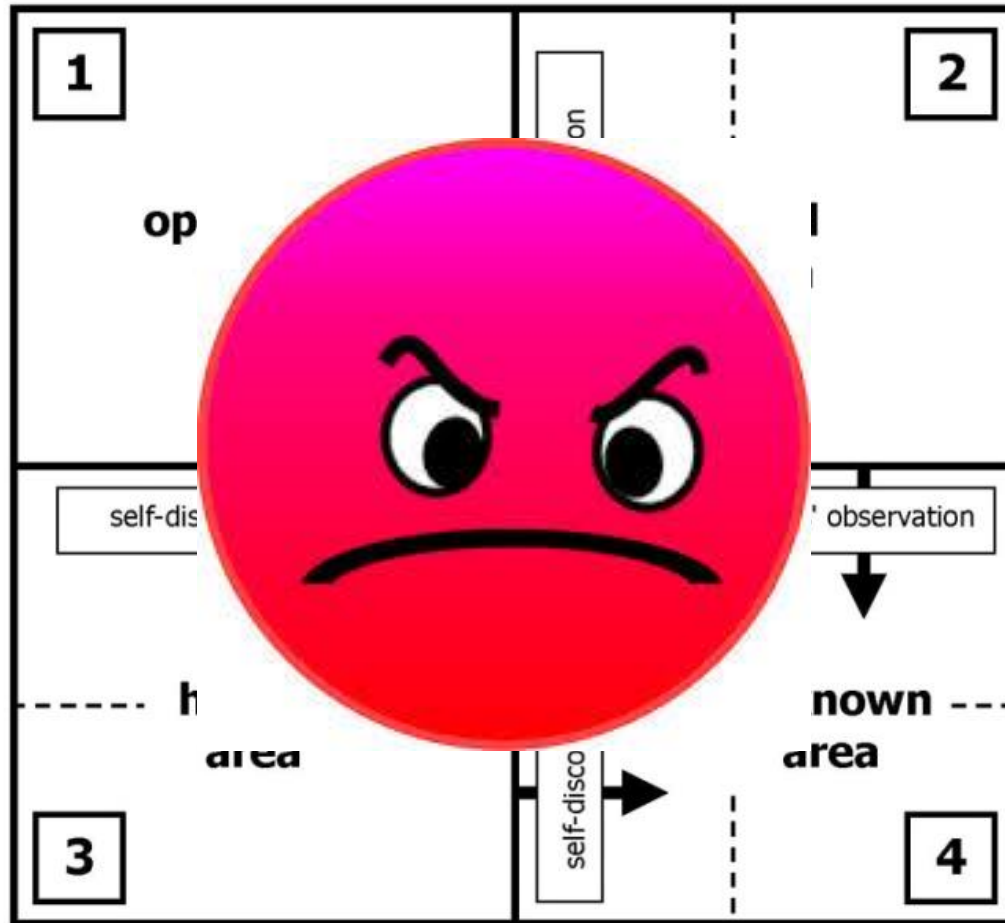
ask

unknown
by self

known
by others

tell

unknown
by others



**They are
here**

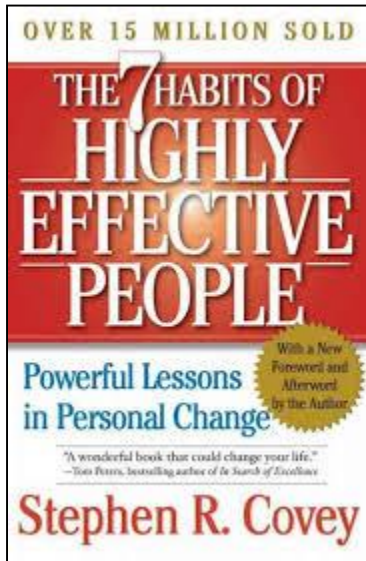
I wonder?

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...”

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

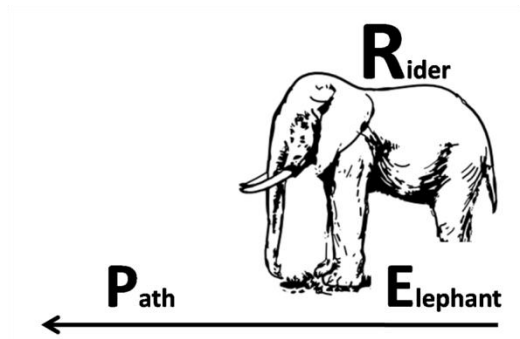
1	Patient Engagement
2	Patient Safety
3	Resident Assessment
4	Role Modeling
5	Teamwork
6	Quality
7	Outcomes
8	Information Transfer
9	Efficiency/Throughput

Person B

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

I wonder...



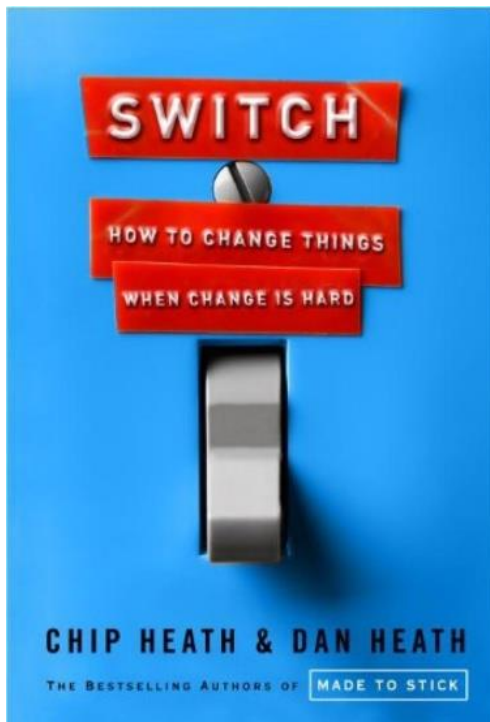


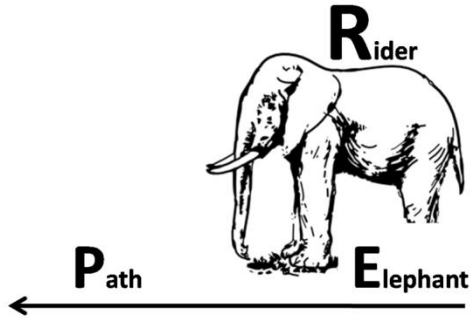
Three surprises about change:

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





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

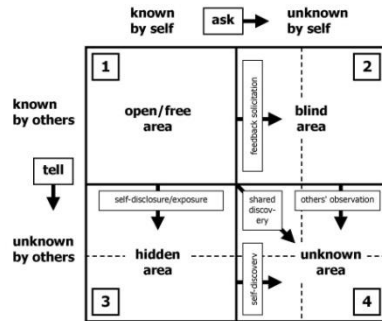
Do they know the true outcomes?

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?



Three surprises about change:

1. What looks like resistance is often lack of clarity

I'm doing fine!

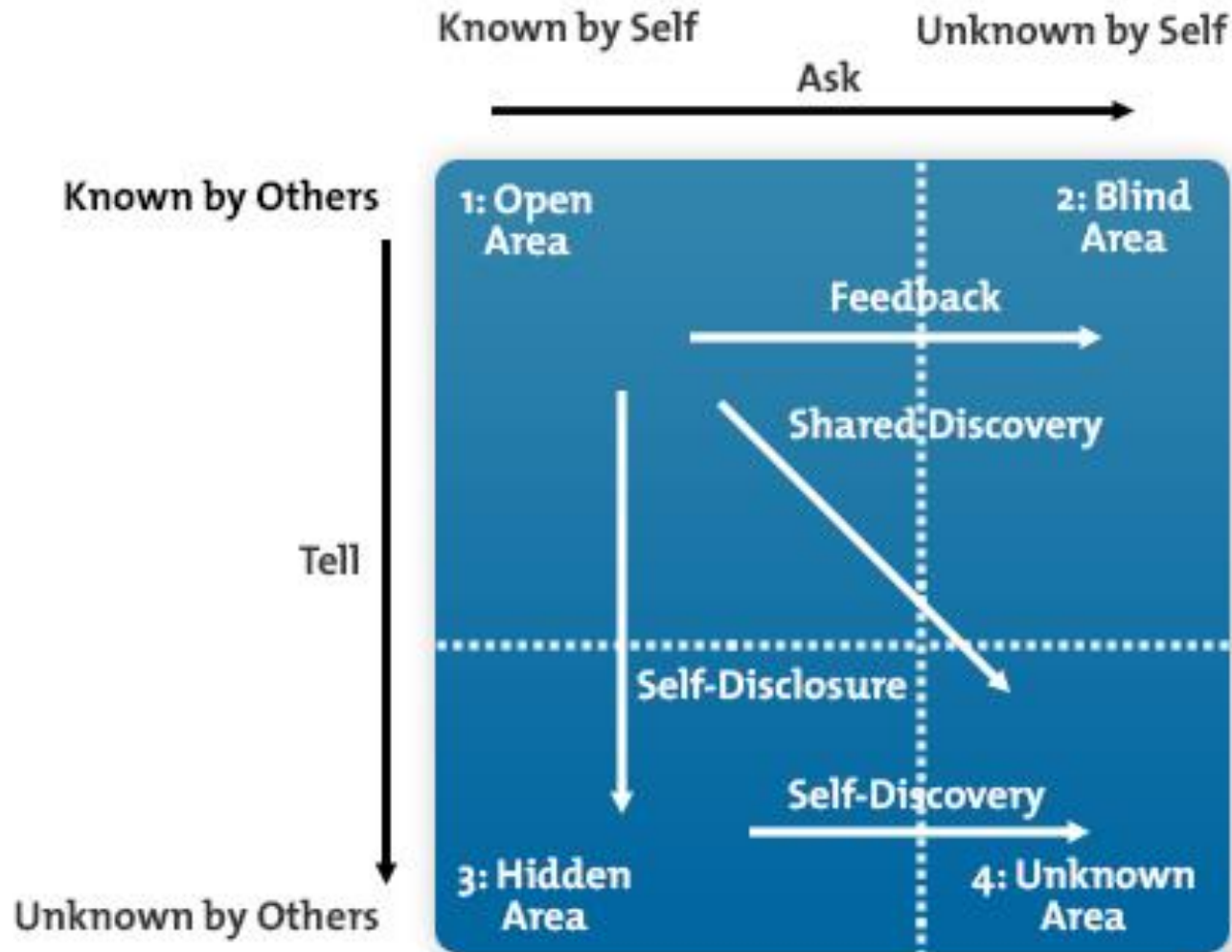
2. What looks like laziness is actually exhaustion

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?

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1:56

Minimizing Unfa...



4:45

Teachback at th...



4:39

Reviewing the A...



5:26

Presenting Lab...



3:03

Performing The ...



8:15

Presenting the ...



4:31

Starting a Bedsi...



Improve this video



4:40

University of Ci...



- Our Beside Rounding videos have been viewed more than 46,000 times

Learning Objective

After this session you should be able to:

1. Manage your emotional response to making change

Table top exercise