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Change Management for Effective Quality Improvement: A Primer

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Abstract

Technological and medical advancements have dramatically accelerated the speed of change in the realm of health care. New technology, the changing needs of patients, and economic pressures all contribute to the need for health organizations to modify practices continually. Quality improvement (QI) of current processes is central to these efforts. To best manage the introduction of change through QI in a health organization, a focus on the people side of change is necessary. Change management is any action or process taken to smoothly transition an individual or group from the current state to a future desired state of being. The authors provide an overview of the steps to design and execute QI projects that require change management. Key steps for successful change management include assessing readiness for change, establishing a sense of urgency, assembling the steering team, developing an implementation plan, executing a pilot, disseminating change, and anchoring the change within the organization. Adoption of change management practices increases the odds of success because focus is placed on the people in the organization who make things happen.

Keywords

change management, quality improvement, process improvement, change

The inevitability of change promises that as soon as one becomes familiar with something, it is already time to enhance it.¹ Technological and medical advancements and social and financial imperatives have dramatically accelerated the speed of change in the realm of health care. With continual discoveries being reported, it is unfortunate that it takes physicians an average of 17 years to enhance practice in accordance with research recommendations.² Developing technology, the changing needs of patients, and economic pressures are among the many factors that contribute to the need for health organizations to continually modify their practices.³ Quality improvement (QI) of current processes is central to these efforts. To best manage the introduction of change to a health organization via QI, it is crucial to focus on people and relationships as a part of change. Change management is a term used to describe any action taken to smoothly transition a business process encompassing an individual or group from a current state to a future desired state of being. Adoption of change management practices undoubtedly increases the odds of success because focus is placed on the people in the organization who make things happen and the resultant effects.

Published estimates of change adoption suggest failure levels as high as 70%.⁴ Although many change initiatives

fail completely, others succeed but to levels lower than desired.⁵ According to a survey of 93 companies, the 3 most frequent problems that affect change implementation include a longer than planned time frame to complete the change process; major unanticipated problems; and ineffective coordination of activities.⁶ Other obstacles that impede change include resistance from employees, lack of adequate communication, an attempt to change everything at once, and halfhearted management commitment.

The difficult task of persuading individuals and groups to change their modus operandi has been addressed by many existing change management strategies present in the literature (Table 1). Kotter's 8-step model for change management is widely used in the business sector and is a comprehensive series of steps that focuses on people and their feelings toward change.⁷ Other change management models include Lewin's 3-step process for change

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Table 1. Commonly Used Change Models

Lewin, 3 Stages of Change	Prosci, ADKAR Steps for Individual Change	Kotter, 8 Steps for Change Management
Unfreeze	Awareness of the need for change	Increase urgency for change Build a team for the change Construct the vision Communicate
Transition	Desire to make the change Knowledge on how to change Ability to implement new skills and behaviors	Empower Create short-term goals Be persistent
Refreeze	Reinforcement to retain the change once it has been made	Make the change permanent

management, which entails “unfreezing” from the current state, changing to a future state, and freezing in the new state of being,⁸ and Prosci’s ADKAR model, which defines awareness, desire, knowledge, ability, and reinforcement as the basic building blocks for change.⁹ Using either of these strategies typically increases the odds of success for a change project.

There is a dearth of published literature concerning frameworks that are successful for change in health care. By means of this article, we present a practical framework (Figure 1) for change management in health care. We draw from the perspectives of the leading thinkers in change management from various industries to present a methodical framework to promote healthy absorption of change initiatives into an organization in a timely manner. We provide an overview of the steps to design and execute QI projects that require change management. Key steps for successful change management include assessing readiness for change, establishing a sense of urgency, assembling the steering team, developing an implementation plan, executing a pilot, disseminating change, and anchoring the change within the organization. These steps are detailed in the following sections.

Assess Readiness for Change

Change initiatives should first be scrutinized for alignment with the core values of the organization, following which the potential for successful implementation must

be assessed. Indications that suggest a readiness for change include high participant interest, high perceived success rate, management support, correlation with the goals and values of the organization, and adequate financial resources for the change project. If an organization is not ready, the project should be shelved until a more appropriate time. The presence of other ongoing change efforts should also be addressed before embarking on a new venture, to prevent overlap. Too many changes at once can produce change fatigue,¹⁰ although compatible change initiatives can be combined to achieve better overall results and even more positive change.

Establish a Sense of Urgency

The number one reason for success in change management efforts is the presence of a highly visible, strong executive leader.¹¹ The chances for success are low without a directed, resilient sponsor for a project. To execute the plan expeditiously, the leader of the organization should take ownership of the project, be intimately associated with the project, and feel great urgency for the change. The first step for the leader is to establish a sense of urgency to convince the organization that change is the only appropriate response to move forward. Convincing people to change their behavior is not effective by itself; it is more effective to engage them using a compelling reason for the need to change. One method to do this is to show that the status quo is more dangerous than the proposed change. Similarly, showing facts and figures is not as effective as illustrating the need for change in a dramatic, eye-catching way that compels participants to feel the need to change themselves. Urgency can be effectively induced by using compelling patient case studies or stories to demonstrate need and gain emotional support for the project.¹² For example, visually representing numbers of medical errors, patient wait times, accounts of misdiagnosis, examples of improvement in other places, or results of process walk-throughs are effective for QI projects that require change.

Assemble the Steering Team

To enact and share the new vision, the leader must create an infrastructure to give the project solidarity and power.¹³ A steering team must be assembled with key people whose mission will be to plan, coordinate, and monitor progress. In *The Heart of Change*, John Kotter states that effective individuals for the steering team must have relevant external and internal knowledge, credibility, connections, formal authority, managerial skills, and leadership skills.⁷ The steering team should include members from all appropriate sectors (eg, physicians, nurses, senior management, allied health personnel, staff, patients) to create a microcosm that is representative of the whole

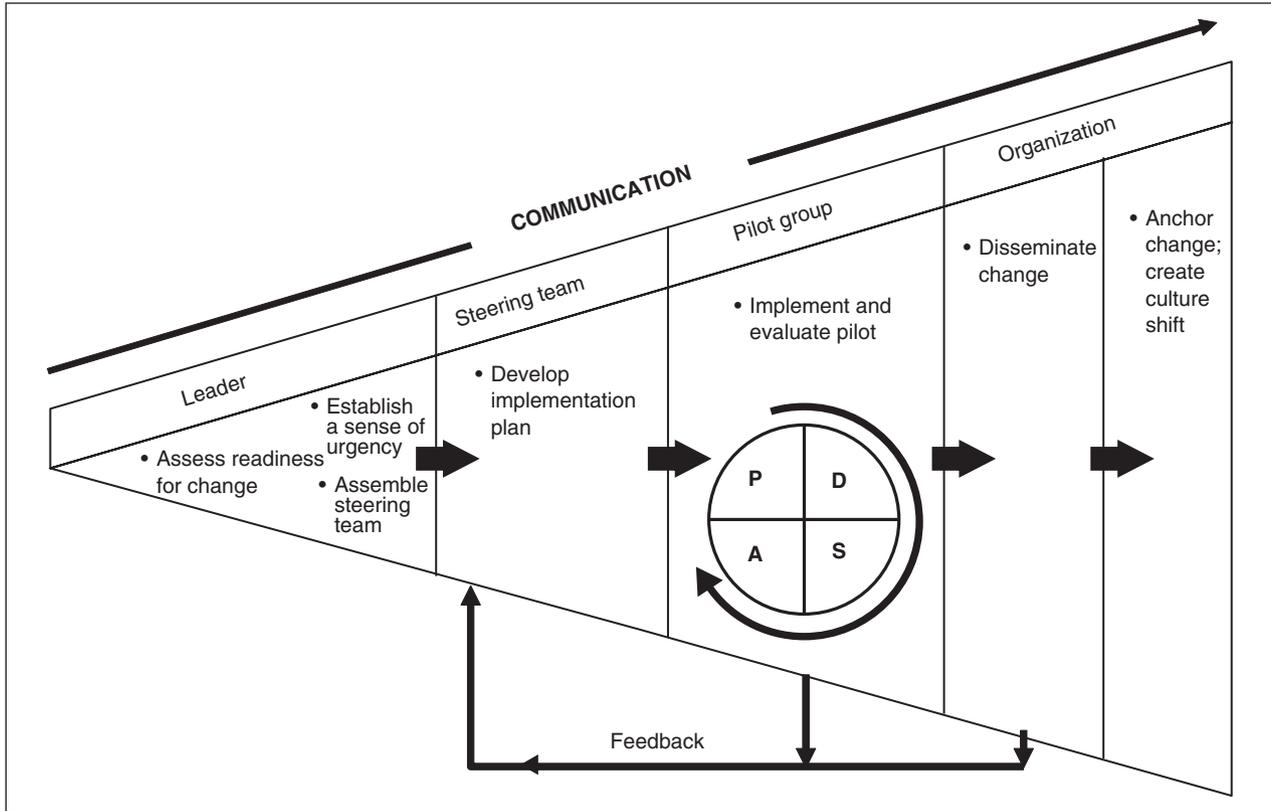


Figure 1. A framework for change management

organization.¹⁴ For example, for the implementation of an integrated clinical information system at North Shore–Long Island Jewish Health System, small work groups comprising subject matter experts from clinical and administrative departments were key to the success of the initiative because each member could contribute his or her specific insight to the plan.¹⁵

The benefits of a cross-sectional team are many. It is easier for the team to glean information from those on the front lines, generate ideas, overcome boundaries, get initiatives approved, and ensure that plans are carried out at all levels of the organization. As the change process reaches the working levels of larger health organizations, supplementary teams can be formed to encourage action in different work units.⁷ When several teams actively work to spread change throughout the organization, a guiding coalition is formed that maintains the direction of vision from the lead steering team.

Create an Implementation Plan

Figure 2 includes the necessary components of a working plan. A holistic examination of the organization necessitates discussion about how the intended change will affect the people, culture, performance, technology,

structure, workday, and processes of the organization. This sort of brainstorming allows the steering team to discover what personnel or issues might be the driving and restraining forces of the project. Within the implementation plan, it will be important for the steering team to note the specific phases of the project as well the necessary tasks that will be completed in each phase, accountable leaders for the tasks, communication plans, and when and how to conduct feedback interviews or polls. Training schedules for the education of employees about new technology, equipment, or procedures should be included in the time line.⁹ For projects that involve electronic medical records (EMRs) or other health information technology implementations, consider hosting an open house where physicians, nurses, management, and other staff can see a demonstration of the benefits of the new technology or processes and acquire hands-on experience.¹⁵

Having to encounter unanticipated problems is the second most frequent barrier that occurs during implementation of strategic projects,⁶ and contingency planning for unforeseen problems is a critical aspect of change planning. Forecasting problems that the team might encounter will keep the change process smooth and effective. It is important to have backup plans in case

- Budgets
- Step-by-step plans
- Implementation schedule
- Communication plans
- Elevator speech
- Training schedules
- Feedback mechanisms
- Contingency plans
- Observation plans
- Strategies
- Short-term and long-term goals

Figure 2. List of components to include in the implementation plan

the rollout of the change does not work. Methods to work around possible problems or, in extreme cases (especially software), to revert to the old process or systems are critical elements of smart change coordination.

Resistance to change is another important element that needs careful attention. One way to win over resisters is to embrace resistance and use it to examine real issues that might exist within the working plan. Other ways to prevail over resistance include negotiating with resisters, recruiting them to be a part of the process, educating them about the project, being supportive of low change tolerance, or when necessary, coercing them to accept the change initiative—especially if the concerned change affects patient safety.¹⁶

Pilot Test

Prior to dissemination of change, implementation and evaluation of the same through pilot testing is critical to ensure objective evidence of the need for change and the process for implementing the same. The innovators and early adopters of the organization are excellent candidates for participation in the pilot.¹⁷ Constant replanning and flexibility, akin to the Plan Do Study Act methodology,¹⁸ with continuous response to feedback from participants affected directly and indirectly by the change throughout the pilot is key to effective change management (Figure 1). In a study by Mold et al,¹⁹ implementation of preventive services in a primary care practice was most effective when a multicomponent implementation strategy, consisting of ongoing feedback, benchmarking, academic detailing, facilitation, and information technology support was used.

Along with reports of general progress, simple and surefire wins should be planned, accomplished, and reported throughout the course of the change process. These milestones are powerful motivators for the project,

especially if they are visible, unambiguous, and clearly seen as related to the change effort.²⁰ Celebrating milestones also provides a chance for the steering team and health care management to commemorate and recognize those physicians and allied health personnel who have been agents of change. Immediate, sincere verbal recognition is a great form of reinforcement and boosts momentum for the project.

Disseminate the Change

Once the pilot is successfully completed, the change can be disseminated to the rest of the organization. Some of the questions that must be examined prior to dissemination include the elements that created successful outcomes, those that did not, steps that must be changed to implement this in other areas, and determination of the need for remotivation of affected employees. An especially important step to retrace is to maintain urgency in compelling ways. Additional teams will usually need to be assembled to provide structure for the large-scale implementation of the change initiative. All the steps used to enact the pilot event should be used again when rolling out the change program to the entire organization.

In our institution, an initial pilot on outpatient medication reconciliation was successfully conducted using patient verification of a printed list of medications recorded in the EMR, along with academic detailing and feedback for prescribers.²¹ Lessons learned from this pilot were used to create institutional teams to disseminate modified institution-wide medication reconciliation strategies, including electronic education modules on medication reconciliation for prescribers, preliminary patient interview by a nurse or medical assistant for verification of medications previously listed in the EMR, and creation of an electronic tool for physician reconciliation of medications.

Anchor the Change Within the Organization

When a change management process has been successful, the organization typically absorbs the change. As a result, the culture, processes, and people in the organization typically change to conform to the innovative changes.²² Training of current employees, redistribution of personnel, or hiring of new employees might be applicable endeavors, depending on the outcome of the change. Old processes or technology that were deemed necessary in the past should be discontinued or modified in light of advances in processes. By educating new employees about the importance of the core values and

Communication Matrix							
Stakeholder	Meeting	E-mail	Newsletter	One-One	Telephone	Poster	Memo

Mark frequency of contact for each stakeholder and method used:
 Weekly W
 Biweekly B
 Monthly M
 As needed A

Figure 3. Example of a communication matrix

promoting those employees who exemplify the changes that have been made, organizations can aid in more rapid adoption of the new adjusted culture.⁷

Communication

Communication is integral to the success of change management; however, it is underused in most organizations. Effective communication empowers participants to take part in the creation of the change process, as well as to contribute to its evolution and adoption. Individuals who will be directly affected by the changes often can provide valuable job-specific insight from experience to aid in the creation of the change process. Creation of mechanisms by which physicians, nurses, staff, allied health professionals, patients, and all health systems involved can communicate back and forth with the steering team is key. Some suggestions for the same include an online portal dedicated to the change initiative, an e-mail address where all communications can be sent and received, or a Web page to exhibit information about the change process.²³ Communication is most effective when many different methods of transfer are used, including telephone calls, Web portals, home pages, posters, meetings, e-mails, memos, and one-on-one dialogues.²⁴ Feedback mechanisms should be installed to assess the impact of the change process on patients and their families.²⁵ A useful tool to keep track of methods of communication for different stakeholders is the stakeholder communication matrix. Figure 3 provides an example of such a matrix, modified from Lehman's

version of the same, which is used by nursing administrators involved in staff development.²⁶

Conclusion

The success of change efforts is critical to improve quality of care. Adoption of change management practices increases the odds of success because focus is placed on the people in the organization who make things happen. As physician executives set about implementing change, it is also important to note that change is more readily accepted when it is viewed as a state of being rather than a onetime event.²⁷

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