PACE OF CHANGE IN CHANGE/IMPROVEMENT WORK

by Julie Kliger, RN, BSN, MPA
Founder and CEO, The Altos Group, LLP
www.thealtosgroup.com

People often ask me "How long will it take to reduce sepsis mortality, or reduce medication errors, or improve our CLABSI (central line-associated blood stream infection) rates?"

But really what they are asking me is "How long will it take to change the way we do our work here so that we can always have zero errors?"

The first question is about brute-force — changing policies, monitoring, auditing, and feedback that is often punitive. This will change the numbers, but it will not change the culture of safety or the value health professionals place on those activities. And it will only change the numbers as long as someone is watching and auditing.

This kind of brute-force approach tends to focus on the past and is not focused on creating a different type of culture moving forward. This kind of "change" can change back and often does. That is why I see organizations that tell me stories of how they were able to "fix" a problem, but it came back. I'd hazard to guess that is because the change concept came from management or some other source, where the front line clinician was not brought in to help identify good solutions.

The second question is about transformation—about changing the way people see their roles, the way professionals work and interact together and the willingness to adopt new tools, including strategic communication, local data and regular meetings. This question is asking how to change "the way things are done around here" so that we can accomplish that which we have not been able to do previously.

The difference between change and transition can seem subtle since both cause results to occur. According to work done by William Bridges, change is something that happens to people, whereas transformation is an internal process, it is something that happens within people. Transformation involves seeing and perceiving the problem differently — not as something that must be "fixed," but rather as a transition of letting go of unhelpful attitudes, beliefs, and patterns by developing new ones.

Change can occur quickly (but might be short lived), whereas transformation takes time, but lasts.

What we are looking for in organization-wide "change work" (or improvement work) is a complete transition away from the status quo which involves being "OK" with low expectations in performance, such as, being OK with poor work flow or poor response time or poor communication between professionals, towards a value of high performance.

To get to zero errors, we first need to see things differently and to develop a different tolerance level for poor care and disrespectful environments. We must value respect, communication, all professionals, evidenced-based care, and data. This requires a transformative mindset—not a quick fix one.

So, let's return to the question people often ask me about how long it will take to improve CLABSI rates (for example). In order to get to a transition of care that will sustain new goals, like reduced sepsis mortality or improved CLABSI rates, we must build in the time and attention to developing new pathways for work and communication. And this takes time. Typically this takes an organization about 18 months.

According to social science research and recent studies published in the European Journal of Social Psychology, individuals take anywhere from two to 10 months to form a new habit. And we are talking about simple habits like walking 10 minutes before breakfast. Behavioral change involves forming new pathways in the brain, according to research.

However, what we are asking people to do when we are planning to improve say, sepsis care, is to form the equivalent of five to 10 new habits, in cooperation with many other people! So not only are we trying to change your habit, but we are trying to change a unit's habit of responsiveness to pages or the pharmacist's ability to stock a core set of antimicrobials on the unit, when previously it had not done so.

This kind of change requires changing the habits and behaviors of an entire organization. And due to this, we must ask how "ready for change" the organization is. For example, does the organization value change? Do they have a structure for addressing problems and fixing them? Is there a committee or council where you can take your ideas for improvement? Do these committees welcome input from non-members?

Organizational culture has a lot to do with whether new habits can form quickly or not. With any change project, you are up against core beliefs about how things get done. For example, if nurses are not allowed to use physician-approved order sets, then it will be hard to try to put a protocol in place that allows nurses to order a blood test when indicated by a positive sepsis screen.

So the values and norms an organization holds will determine largely the pace of change, which I put at 15 to 18 months for large scale, organization-wide projects.

Tips for Changing Organizational Behaviors:

1. **Organize for change - put into place a formal structure including a committee comprised of front line clinicians and directors.** Every project needs structure otherwise it will fail. Making sure there is a clear AIM statement and vision of success at the outset of a project is key. Successful projects have committees that meet every week or two in order to review data, discuss barriers and talk about stakeholder engagement.

2. **Use data as your guiding light in making all decisions.** While it takes a lot more to change organizational values and norms than data, data will lead the way in letting you know what you need to focus on first, second and so forth. For example, if you have high rates of unreliability to checking two forms of identification when administering medication, that would be an urgent place to focus on. Then once improved, you can move onto ensuring say, medications are labeled throughout the administrative practice.

3. **Make sure the data are as small and local as possible.** While hospital-wide or state/government measures are important, people only believe their own data. Make data as localized as possible. For example, with sepsis care, we know that the Early Goal Directed Therapy bundle involves process steps. Measure the compliance with each element of the bundle by unit. Clearly the ED will have different compliance rates than the ICU and so on.

4. **Engage in strategic communications to get the word out (constantly) about the project.** There is a lot of competition for our time and attention. The only way to make sure others think this project is a priority is if they think other people think it is a priority! Strategic communications including posters, data displays, key messages and key messengers is critical to keeping your project in other people's minds!

5. **Make sure "important" people are talking about the project and its relevance to the organization.** People listen to the boss; it's just a fact of life. So make sure the "boss" (or "bosses") are talking about this project. They should be blogging about it, including it in their newsletters, and mentioning it in the halls. One CEO I know used his monthly television talk time to highlight the sepsis project and the lives saved. This not only made him look good in the community, but also signaled to others that this was a priority.

Information About the Author

Over the last 30 years Julie Kliger, RN, BSN, MPA has been measurably improving outcomes in hospitals and health systems. She has done this by applying Performance Improvement (PI), Change Management and Leadership Development principles into large, complex health care organizations.

Through Ms. Kliger's many publications and presentations, she has been nationally recognized for unprecedented achievements in outcomes' research including reducing medication administration error and sepsis mortality. In addition to the above work, her current activities also include implementation of protocols into the operating room to improve physician outcomes and developing performance strategies for Accountable Care Organizations (ACOs).

Associated with the University of California at San Francisco's Center for Health Professions, Ms. Kliger led and managed a $16 million, multi-year/multi-system project (The Integrated Nurse Leadership Program) to measurably improve outcomes. Current outcomes include:

- 55.4.% reduction in sepsis mortality
- 89.0% reduction in medication errors

In addition to the above noted work, Ms. Kliger has consulted with the California Association of Public Hospitals, Society of Critical Care Medicine, Stanford University's Clinical Excellence Research Center, University of California at San Francisco, Institute for Healthcare Improvement (IHI), Agency for Health Research Quality Innovator, 3M, Wolters Kluwer, and San Francisco Department of Public Health, among other private and not-for-profit organizations.

To further her work, Ms. Kliger established The Altos Group (www.thealtosgroup.com), an organizational improvement and management advisory firm that works exclusively with healthcare organizations. Her group focuses on applied clinical outcomes-based research in order to optimize evidence-based care in healthcare.

Prior to establishing her own firm, Ms. Kliger worked for the University of California Office of the President in the Division of Clinical Services as Associate Director of Quality. In this position she led the implementation of the first ever system-wide, web based error reporting program, which is still active across all five academic medical centers.

Ms. Kliger is a published author and her articles can be found in the *Agency for Healthcare Research Quality (AHRQ)*, *Archives of Internal Medicine-JAMA* (April, 2010), Joint Commissions' *Journal on Quality and Patient Safety* (Dec, 2009 and Feb, 2012), and *Journal of Nursing Administration* (March, 2010), among several other notable publications. She has been an invited speaker at numerous national conferences including The Joint Commission, National Quality Forum, University Health Consortium (UHC), RAND Corp., Stanford University, American College of Emergency Physicians (ACEP), BMJ's International Conference, Robert Wood Johnson Foundation (RWJF), Moore Foundation, Institute for Healthcare Improvement (IHI), and American Organization of Nurse Executives (AONE).

Ms. Kliger completed her Master's degree in Public Administration at Harvard University's Kennedy School of Government where she focused on patient safety and error reduction policies. She holds a Bachelor of Science degree in Nursing from Columbia University in New York City and a Bachelor of Arts degree from UC Berkeley.

CE QUESTIONS: PACE OF CHANGE IN CHANGE/IMPROVEMENT WORK

1. Long term change is most successful when front line clinicians help identify solutions.
    a. True
    b. False

2. What is "Transformation"?
    a. Changing way people see their roles
    b. The way professionals work and interact together
    c. Willingness to adopt new tools including strategic communication, use of local data and regular meetings
    d. All of the above

3. Change can occur quickly but might be short lived whereas transformation takes time but lasts.
    a. True
    b. False

4. Organization wide "change work" is:
    a. Complete transition away from status quo
    b. Being OK with low expectations in performance
    c. Being OK with poor work flow or poor response time
    d. Poor communication between professionals

5. Typically it takes an organization about 18 months to get a transition of care that will sustain new goals.
    a. True
    b. False

6. To determine how "ready for change" an organization is, the following questions must be considered:
    a. Does the organization value change?
    b. Is there a structure in place for addressing problems and fixing them?
    c. Is there a committee or council to take ideas for improvement?
    d. All of the above

7. Making sure there is a clear AIM statement and vision of success at the outset of a project is key.
    a. True
    b. False

8. There is no need to review data in changing organizational behaviors.
    a. True
    b. False

9. Strategic communication about a new project includes:
    a. Display of posters
    b. Display of data
    c. Key messages and key messengers
    d. All of the above

10. Make sure "important" people are talking about the project and its relevance to the organization.
    a. True
    b. False