Performance Improvement: Change Management and the Rocket Science of Improvement

Dawn Allbee, MA
Director, Corporate Robust Process Improvement
The Joint Commission

Patrick O’ Shaughnessy, DO, MBA, FACEP, CHCQM
Executive Vice President and System Chief Medical Officer
Catholic Health Services of Long Island
According to Merriam-Webster…

Simple definition of change

– To become different
– To make (someone or something) different
– To become something else
Why focus on CHANGE management?
To...

- Focus on the human side of change
- Build buy-in and support
- Gain acceptance and accountability
- Engage those closest to the process in identifying the best solutions
- Empower staff
- Sustain the gains of improvement
RPI is a blended set of strategies, tools, methods, and training programs – including Lean, Six Sigma, and Change Management – that is used to improve business processes and clinical outcomes.
What is Lean Six Sigma?

**Lean**
- Removes waste
- Increases speed
- Removes non-value added process steps
- Focus connections between process steps

**Six Sigma**
- ↓ defects, variation
- Improves quality
- DMAIC (Define, Measure, Analyze, Improve, Control)
- Validates root causes
- Targeted solutions

**FOCUS ON PATIENT**
Change Management

- Improvements often fail not for lack of a good technical solution
- Failure occurs when organizations do not accept and implement a great solution
- Facilitating Change™ addresses the challenge of change management directly
- Change management is a systematic way to implement and sustain good solutions
Studies show that between 50% and 75% of improvement efforts fail due to a lack of focus on facilitating change.

Adapted from General Electric Co.'s Change Acceleration Process © 2008.
Facilitating Change™ Model

Plan Your Project

Inspire People

Launch the Initiative

Support the Change

Facilitating Change™
Facilitating Change™

Key components of managing change

1. **Plan**: Engage all stakeholders, identify sponsor, champion and process owner
2. **Inspire**: Paint a convincing picture of how beneficial the change will be
3. **Launch**: Initiate the change, intensify communication to stakeholders
4. **Support**: Sustain the improvement; empower process owner

Change management is not linear
Facilitating Change™ Model

Plan Your Project
- Assess the Culture
- Define the Change
- Assemble a Strategy
- Engage the Right People
- Brainstorm Barriers to Success
- Build the Need for Change
- Paint a Picture of the Future State

Launch the Initiative
- Align Operations and Infrastructure
- Get the Word Out

Support the Change
- Permeate the Culture
- Monitor Progress
- Sustain the Gains

Inspire People
- Make It Personal
- Solicit Support and Involvement
- Look for Resistance
- Lead Change
Value of Facilitating Change™

Tools

- Innovation
- Improvement
- Team Building
- Productive and Efficient Meetings
- Positive Change
- Growth
- Progress
- ZERO HARM
Change Happens

- Change is around us all the time
- **Facilitate** = Making easy what seems difficult
- Central focus of facilitating change is people
Change in Motion

Starting Point
- Current state reality
- Where we are now

Transition
- Uncertainty
- Nothing to hold onto

Improvement
- The future
- The place envisioned
Typical Change Implementation

Your action
- Change the system or process

Others’ possible responses
- Ignore it
- Don’t comply
- Avoid it
- Work around it
- Don’t try to make it better
- Resent you for it
- Make it worse
- Embrace it
- Own it
Assess the Culture

Values  Beliefs  Decision-making
Behaviors  Symbols  Assumptions  Celebrations
Attitudes  Story  Ceremonies  Legends
Norms  Ceremonies  Artifacts  Heroes
  History  Jokes  Norms
Assess the Culture

*Cultural Landscape Map*

<table>
<thead>
<tr>
<th>Aspect of Culture</th>
<th>What's It Like Here?</th>
<th>What Is the Impact on Your Change Initiative?</th>
<th>Are Any Immediate Actions Needed?</th>
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<td>Values and Beliefs</td>
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<td>Ceremonies and Celebrations</td>
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<td>Heroes</td>
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<td>Stories, Legends, and Jokes</td>
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Build the Need for Change

- Validates importance
- Answers “Why are we changing?”
- Increases dissatisfaction with status quo
- Creates urgency
- Aligns project with key business drivers

Don’t assume the need for change is obvious
## Build the Need for Change

### Threat vs. Opportunity Matrix

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<th>Threats</th>
<th>Opportunities</th>
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<td>if we do nothing</td>
<td>with success</td>
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<td><strong>Short Term</strong></td>
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<td><strong>Long Term</strong></td>
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Resistance to Change

- Change is uncomfortable
- Change is a new beginning
  - Every beginning is the end of something else
  - Endings are unsettling
  - People may react out of fear, anxiety, or self-preservation
Look for Resistance

Bell Curve of Change

- Innovators
- Early Adopters
- Late Adopters
- Resistors
Engage the Right People

- Success = Leadership commitment and support
- Identify and engage key stakeholders
- Closest to issue
# Solicit Support and Involvement

*Stakeholder Analysis*

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<thead>
<tr>
<th>Stakeholder Name</th>
<th>Resistant</th>
<th>Skeptical</th>
<th>Neutral</th>
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Next steps...

**WWW Action Plan**

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<th>Who</th>
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Facilitating Change to High Reliability

Patrick M. O’Shaughnessy, DO, MBA, FACEP, CHCQM
Executive Vice President & System Chief Medical Officer
Catholic Health Services of Long Island

December 20, 2016
Disclosure

- Dr. Patrick M. O’Shaughnessy has nothing to disclose
  - No financial interests or affiliations with any materials presented or distributed at this lecture

- Catholic Health Services has not yet achieved High Reliability… but we are making progress!
  - We are moving along the journey which began in 2012
  - Every year our High Reliability Quality and Safety Plan brings us closer with actionable items and deliverables.
  - The journey of 1000 miles……needs to start with the first step
  - **People first….you need Change Agents!**
Session Objectives

- Making the Commitment to the Journey and how that journey has changed for CHSLI
- Discuss and Share High Reliability Tools and Processes and how they are embedded into QAPI.
  - Who are your People...Human Factors #1?
    - Who are your Change Agents?
    - How are you training them for your future?
  - What are your Processes...Engineering Robust Process Improvement (R. P. I) to reduce harm and error?
    - Lean, Six Sigma and Change Management embedded in your processes
  - Have you mastered & integrated your available Technology and Communication.... Clinical Decision Support (C.D.S) to reduce missed diagnoses and error? Don’t forget to include in FC training!

- Share lessons learned from our organization
- Share our next steps in our Journey for 2017-2019
Facilitating Change

You must be the change you wish to see in the world

~ Mahatma Gandhi ~

www.StatusMind.com
Catholic Health Services of LI

• $2.5 Billion Dollar comprehensive health care system spanning Nassau and Suffolk Counties of Long Island
• 28% of Long Island health care market share
• Long Island’s 2nd largest employer!
• 1,928 Acute Care Beds
  • St. Francis Hospital
  • Mercy Medical Center
  • St. Joseph Hospital
  • Good Samaritan Hospital Medical Center
  • St. Catherine of Siena Medical Center
  • St. Charles Hospital
• All service lines represented, minus transplant
Catholic Health Services of Long Island

- 790 Long Term Care/SNF/Rehab Beds
  - Our Lady of Consolation Rehabilitative Center
  - St. Catherine of Siena Rehabilitative Center
  - Good Samaritan Nursing Home
- Catholic Home Care
  - 1000 visits/day
- Good Sheppard Hospice and Palliative Care
- Maryhaven Center for Hope

Good Samaritan Hospital academic hub, 5 residencies and 2 fellowships

5,000 medical staff members; 1,100 employed FGP

CHSLI officially chartered as a NFP “system” in 1997 and is not affiliated with other US Catholic Health Organizations
High Reliability Healthcare Need

How to Stop Hospitals From Killing Us

Medical errors kill enough people to fill four jumbo jets a week.
Becoming a High Reliability Organization

It’s the right thing to do ...

“First Do No Harm”

• Our current healthcare system in the US is harming and killing patients at an unacceptable rate

• Accountability for transparent quality data

Increases Value.... By improving outcomes and decreasing cost associated with harm.
Building the case for FC Training

- **Lesson Learned #1:** *Why Facilitating Change Training*..aren’t Lean/Six Sigma more crucial->RPI?

- Is this really needed… doesn’t HR handle this “stuff”?

- **People, Process and Technology**

- Process:
  - PDCA-> TQM -> Lean/Six Sigma->Robust Process Improvement

- Technology:
  - EMR Clinical Decision Support

**PEOPLE TRUMP ALL OF THE ABOVE AND NEED THE TOOLS TO SUCCESSFULLY LEAD/INSPIRE CHANGE**

How many of your initiatives fail/ never conclude on schedule?
Change Management

- Within CHSLI...QA/PI..change management skills initially not valued as important as Lean/Six Sigma
- They are integral to your teams success across the healthcare space.
- The majority of failures relate to people
- Key Stakeholders
  - C –Suite..including CFO’s!
  - Clinical (Medical staff, Nursing)
  - Quality and Risk
  - Human resources
- Integral to supporting a strong RPI effort as well as to maintaining a strong culture of safety
“Process improvement in healthcare isn’t rocket science. It’s actually much more difficult than that because rocket science involves getting **machines** to behave as you want them to.

With process improvement, you need to change the behavior of **people**.”

Dr. Mark Chassin  
President, The Joint Commission
Lesson Learned #2

Vividly paint the “economics” of Why should we pursue High Reliability...Change Management part of that journey

Development and share your organizations Value proposition with everyone and anyone!

Our goal(s): Lead by System CMO

- Reduce Harm->”get to zero preventable harm”
- Improve Quality/Outcomes
- Develop a clinically integrated high quality network
- Improve the Income statement->increase our margin
Making The Finances Stick

- How do you get your BOD/CEO/ CFO engaged?
- Do you know your total number of preventable harm events in your campus?
  - HACs and HAIs
- Have you shared with your CEO/CFO the cost of this preventable harm?
  - Direct savings.... Average costs per event
  - CMS penalties of 1% if in lowest quartile (CMS HAC program)?
Cost of Harm

Based off of the To Err is Human Report

- Preventable Deaths #8 cause of death in the US
  - Cost of $17-29 billion
- Cost of Preventable Harm estimated at $80-100 billion
- Immeasurable cost in terms of human experience
People First: Reconfiguration of our Teams

- Campus level
  - CMOs and CNOs aligned
  - Quality and Risk Teams paired
  - Finance members included at quality conferences
  - Quality members included at finance conferences
  - QA/PI reporting standardized with organizational goals tiered with campus goals

- System level restructure for QA/PI
- Governance restructure
- System CMO Team restructure
High Reliability Healthcare

**People**......Our most important resource....

- **Ongoing training and education**
  - Expansion of patient safety simulation center
  - 2014 Leadership Academy (MBA programs, partnership with Adelphi University)
  - 2013-14 High Reliability Concepts Physician and Nursing Leaders
  - 2013-14 BOT/CEO/CAO’s
    - C Suite performance incentives aligned with quality indicators
  - 2015 Launch of Physician leadership academy
  - 2015 Launch of Facilitating Change™ Training with Joint Commission

- **Physician contracts** (Hospitalists and ED) restructured with Quality and HCAHPS based incentives....not just RVUs!!

- **High Reliability Concepts and Culture of Safety Training**

- **What were we missing?...Facilitating Change™**
Effective Change Management Training

- People training must come first
  - People bundles
  - Joint Commission Center for Transforming Healthcare

- Science to changing behavior
  - It’s not random events or chance

- Tools to help get the job done
  - Pick and choose from nay but make sure to use
GE’s Formula for Results

Quality x Acceptance x Accountability = Effectiveness

Studies show that between 50% and 75% of improvement efforts fail due to a lack of focus on facilitating change.

Adapted from General Electric Co.’s Change Acceleration Process © 2008.
Technology is only part of the answer

- **Lesson learned # 3**: Technological advances will not alone solve the challenges of providing highly reliable health care services. Do not try to engineer every solution around an IT fix.
- **People trump all!**
  - EMR
  - Bar code scanning
Who: How were change leaders chosen?

C Suite/Quality/Risk/HR Leaders Tier 1
CAO/CEO/CMO/CNO/VP Quality and Risk/VP HR
System C Suite

76 Senior leaders from across the CHS system
Emphasizing that each campus have a team of at least 4 Change leaders upon training conclusion

System also selected 4 leaders to train as Master Change Agents…corporate oversight for system projects and also serve as trainers for the campuses.
2015-2016 Facilitating Change Training

**Corporate Oversight/ Executive Sponsors**

System RPI team……... ALL completed the training!

System CMO (Lead Sponsor)
System CNO
System VP of Care Management (Lead Operations)
System VP of Quality
The Overall CHSLI Organizational Design was built with Center for Transforming Healthcare Team

THE DESIGN INCLUDES:

• Links between culture and change management

CULTURE =

• Components of the Facilitating Change™ model
• Applying the tools and concepts of RPI to daily work
How did we train?

Group forum at central corporate office

- Groups were composed of cross continuum staff from mixed backgrounds
  - SCS CMO, SCH CNO; VP Quality GSH, etc...
- Two full day sessions
- Lot’s of food/ snacks/beverages
- Breaks
- Ice Breakers and Story telling…what are your challenges?
- Curriculum tailored to our needs/ challenges
- **TIME MANAGEMENT**
RPI/FC Training Pictures
RPI/FC Training Pictures
RPI/ FC Training Pictures
RPI/FC Training Pictures
RPI/ FC Training Pictures
CHSLI FC Favorites

- P.A.G.E.R
  - Purpose, Agenda, Goals, Expectations, Responsibilities
- WWW: Who, What, When
- “Fist to Five”
- Parking Lot, More of/Less of and Plus Deltas
- Stakeholder Analysis
- Change Assessment
## Solicit Support and Involvement

### Stakeholder Analysis

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# Sustain the Gains

## Change Assessment

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<th>Plan Your Project</th>
<th>Not Meeting Expectations</th>
<th>Meeting Expectations</th>
<th>Exceeding Expectations</th>
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<td>Assess the culture</td>
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<td>Define the change</td>
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<td>Assemble a strategy</td>
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<td>Engage the right people</td>
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<td>Brainstorm barriers to success</td>
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<td>Build the need for change</td>
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<td>Paint a picture of the future state</td>
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<th>Inspire People</th>
<th>Not Meeting Expectations</th>
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<td>Make it personal</td>
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<td>Solicit support and involvement</td>
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<td>Look for resistance</td>
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<td>Lead change</td>
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<th>Launch the Initiative</th>
<th>Not Meeting Expectations</th>
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<td>Align operations and infrastructure</td>
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<td>Get the word out</td>
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<th>Support the Change</th>
<th>Not Meeting Expectations</th>
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<td>Permeate the culture</td>
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<td>Monitor progress</td>
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<td>Sustain the gains</td>
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RPI/FC Next Steps

- Integration of CL’s into existing projects
  - QA/PI -> High Reliability Quality Plan and Projects
    - Training for staff (Check backs/ S.T.A.R.)
  - Risk Management
    - RCA -> RCA2
- HR
  - Employee engagement and annual evaluations
- IT
  - Expansion into Clinical Decision Support projects
- Population Health
  - Pop Health IT and Processes
Organizational Design

The 2015 “two day training session” was compressed into a 2016 “single day training session” with minor adjustments to material to accommodate the busy schedules of our staff. This will move forward into 2017.

TOPICS COVERED

- Session Objectives
- Overview: Change Happens
- Facilitating Change™ Model
- Plan Your Project
- Inspire People
- Launch the Initiative
- Support the Change
2016
Over 150 Staff Members Trained in RPI to Date (Leaders n = 76 trained)

Plan Your Project
Inspire People
Launch the Initiative
Support the Change

Facilitating Change™

Catholic Health Services of Long Island
At the heart of health
2017
Expansion of
Robust Process Improvement Trainings

- Quarterly sessions will continue to be offered by Joint Commission trained Master Change Leaders.
- Organizational leaders are welcomed to send those staff members interested in participating to the CHSLI Care Management Administrative Assistant.
- Each session will train 25 participants from all CHSLI entities.
- Participants will be invited to join the one day training from 8-4pm via an outlook invite via email.
- Following the training participants will be welcomed to use the RPI tools available on the CHSLI shared drive.
RPI / FC Training

- Lessons Learned: #4
  - Broad scope, make the investment the ROI will be strong
    - “Big Bang” EMR install approach
    - Structured tiered approach
  - Scale and speed
    - Encapsulate all stakeholders in the organization
    - Begin to incorporate tools into projects as soon as complete
Where are we now?

- **FC incorporated into all projects and Teams across the CHS system**

- Lean/Six Sigma/ Facilitating change
  - New Master Black Belt recruited who is also a Master Change Agent
    - Will lead organizational tie in with change leaders to existing CS projects
    - Will scope and develop new initiatives tied to the CHS quality plan incorporating change management skills and people into those projects
    - Will oversee with additional 4 Master Change Agents 2 additional training programs each calendar year (Fall and Spring)
      - Goal 50 employees per cycle. (100/yr)
      - Will cycle until all clinical staff are trained
Results

Significant Reduction in System Harm Events

- Falls with injuries reduced to below benchmark across system
- Successful reduction of Sepsis related mortality
- Reduction in Mortality rates for AMI, CHF and PNA
- Reduction in HACs and HAIs

Certified Zero Awards

- 12 or more consecutive months of Zero harm events at some CHS campuses
  - Catheter associated UTI
  - Surgical Site Infections
  - Central Line Associated Bloodstream Infections
High Reliability Results

5-> 3 CHS Facilities NO HAC Penalties…others RPI in process and improving...

Many CHS Facilities have received high performance ratings (Leapfrog A, US News and World Report)

Reduction in HAC’s and HAI’s and Harm Indices across the board

Significant cost reductions of greater than $1 Million across the system

Opportunities for Improvement

* Not at Zero for all Harm events

* GOAL of ZERO HAC Penalties for 2017

* Front line High Reliability Training starting in Q22016
CHS and The Joint Commission

- Center for Transforming Healthcare Targeted Solutions Tools

  - Hand Hygiene…2014 pilot launch across system
    - 2016 successfully scaled across full CHS system
    - Hand Hygiene opportunities represent a huge value proposition
      - Improved compliance = reduced HAIs

  - Heart Failure Readmission Reduction 2015-2016

  - Falls with Injury 2015-2016 pilot->2017 All campuses
In Conclusion

- Make the investment
  - Large scale broad for “Big Bang”
- Do not underestimate peoples pre conceived ideas
- Train hard and integrate into design of programs/projects sooner rather than later
- Realize ongoing commitment needed
  - Lead by example at your committees/projects
- Never stop learning from each other to support Culture of Safety