



Outcomes/ Best Practices Committee Discussion Call Summary

Tuesday, October 23, 2018

12:15-1:00 pm EDT

DISCUSSION TOPIC: How do we Implement a Change in Practice?

1. Introductions

IPRC member organizations who participated in the discussion

- Blythedale Children's Hospital
- Children's Healthcare of Atlanta
- Frazier Rehab Institute
- HSC Pediatric Center
- Memorial Regional Hospital/Joe DiMaggio Children's Hospital
- Mary Bridge Children's Hospital
- Nemours
- Primary Children's Hospital
- Seattle Children's Hospital
- St. Louis Children's Hospital
- Cindi Hobbes, IPRC Director and Facilitator

2. Group Discussion:

a) How do you engage staff and colleagues to accept and implement a change in practice?

- Most difficult part is the "why do we have to change practice" for employees to get on board/understand – need to communicate that piece to get buy in.

b) What strategies are most effective for introducing change?

- ORG A: the entire organization uses a systematic approach (Leading Change). It was developed in house but is based on established models. Included in this approach are 6 agreed upon steps (ex: build a case for change, design a guiding team, create a stakeholder map). All managers and supervisors are required to take a class as part of leadership training on this process. Drawback to this model: time consuming. There are times when change must be implemented quickly and some steps are skipped.

- ORG B: Also use a “Leading Change” model. Have organizational-wide classes for leaders to attend who will implement changes. Also have a mechanism for frontline staff to identify things that need to be changed and they can work with their supervisor in small groups to implement those changes. KEY idea: Stakeholder input.
- c) How do you “set the stage” for a new practice or a change in practice?
- Make the case for why change needs to happen
 - Ensure that sufficient resources are allocated (time, technology, education).
 - Make sure there are not too many other changes happening at the same time.
 - Be transparent and visual about the change that is happening
 - Identify “champions” to help with implementation
 - Survey a team of stakeholders.
- d) What has been effective in making the jump from “knowing” to “doing”?
- Start with a team of stakeholders –
 - Share in live meetings in addition to via email. Provide face-face explanation and opportunity to ask questions.
 - Audit your change, secret shoppers, chart audits.
 - Build in time to read, practice, implement. Be realistic.
- e) What barriers exist to effective, sustained change in practice?
- Consistency across an entire organization, especially those with multiple or distant sites
 - Coordination and timing for rolling out changes – too much change happening at once is overwhelming for staff.
 - Manpower/time (costs) - lots of reinforcement can be needed – finding resources to do this.
 - Lack the data support for automated tracking/audits
 - Staff engagement/acceptance of change
 - Vision or purpose of the change can be unclear/needs further development or needs to be communicated better. End goal not identified.

STRATEGIES for these barriers:

- Identify “Quick Wins” within the bigger project – celebrate the small successes throughout the project.
- Create an organizational “Change Calendar” – accessible to all leadership to see what is changing in the organization. Allows leaders to pace, plan, and communicate change.

- Utilize a staggered roll out – pilot with a small group and work out the snags. Hand select your pilot group based on willingness to change and ability to problem solve.
 - Use Focus PDCA Model
- f) What formats are best to elicit feedback after a change in practice has been implemented? What frequency do you use?
- Chart checks
 - Reminders
 - Shadowing
 - In-person or phone trainings
 - Schedule feedback meetings
 - Formal Surveys (survey monkey) – can be helpful to use initially to generate baseline data on a practice/knowledge and repeat after implementation.
 - Excel spreadsheet for a running record of feedback
 - Problem: many of these are manpower heavy. Can be very time consuming.
 - Work a feedback format and schedule directly into the proposal and timeline.
- g) How does your organization handle ongoing “continuing education” and mandatory education? How do you ensure that the education is implemented?
- All staff are required to provide a presentation upon return for staff who did not attend.
 - Have an identified staff person to track courses and presentations to group.
 - “Brown bag and brainstorm” – use meeting or lunchtimes to informally work through education topics.
- h) How do you determine and prioritize which initiatives are given resources?
- 1. Regulatory or Patient Safety
 - 2. People related initiatives
 - 3. Financial initiatives
3. Upcoming Resource on Knowledge Translation and Implementing Change
- IPRC Best Practices Committee is developing a resource tool for use when implementing changes

Summary compiled by: Cindi Hobbes