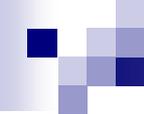




# Why won't they follow?

## The essence of change management

Jeff Glasheen, MD  
Chief Quality Officer  
Associate Dean, Clinical Affairs  
Professor of Medicine  
University of Colorado Denver



# What we'll discuss

- Change leadership
- 8 steps to leading change
- Apply to a personal leadership challenge

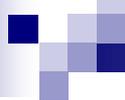


# Vancomycin use in the ICU

- Only 50% of 1<sup>st</sup> vancomycin troughs within range of 10-20 mcg/mL
- Develop simple weight-creatinine based nomogram
- ICU and Pharmacy leadership buy-in
- Rolled out nomogram for the ICU, email sent to residents/faculty every month

# Vancomycin use in the ICU: Email orientation

- I wanted to make everyone aware of the ongoing QI initiative in the MICU addressing initial vancomycin dosing. The standard 1 gram every 12 hours is not appropriate for many ICU patients and the first troughs have been in the therapeutic range of 10-20 mcg/mL only about 50% of the time. We have developed a very simple dosing nomogram (attached) that also includes guidelines on dosing for HD and CVVH, and when the troughs should be checked. Based on the existing data, we expect this nomogram to eliminate about 75% of subtherapeutic troughs and 50% of suprathreshold troughs.
- The nomogram requires only the patient's actual body weight and MDRD-estimated GFR with age, gender, race, and serum creatinine (online at [www.mdrd.com](http://www.mdrd.com)).
- We rely primarily on you as treating physicians to follow the nomogram and correctly order the antibiotics, decreasing the risk of under- or over-dosing your critically ill patients in the crucial initial 24-72 hours of therapy until the first trough is obtained. The MICU pharmacists will be helping you with the nomogram as well.
- Thank you in advance for your help and your hard work. We welcome all questions and feedback on this quality improvement initiative.



# Vancomycin use in the ICU: Outcomes

- Pre-intervention trough 10-20 50%
- Post-intervention trough 10-20 50%
- Protocol concordance rate 20%

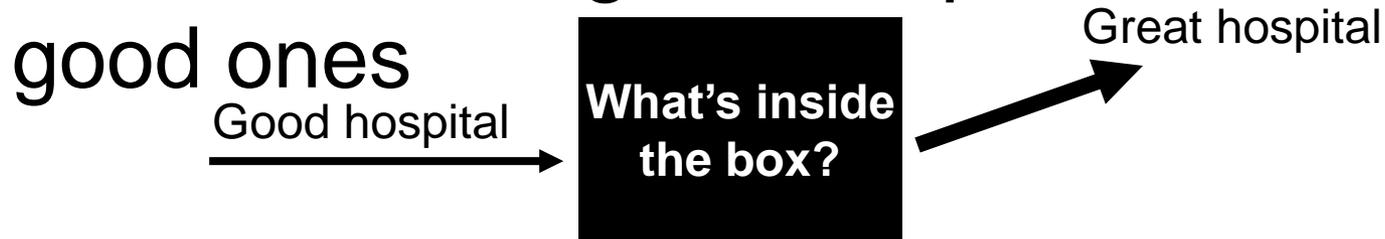
# Thinkin' caps



- Do you work at a great hospital?
  - What's keeping it from being great?
  - Do the leadership, staff and doctors want greatness? Do you?
- If we all want to work at a great hospital...

# Why don't we have great hospitals?

- People generally want things to be different
  - They just don't want to have to change
- Successful organizations change
- But change is very hard
- Good is the enemy of great
  - Good + change being difficult = no change
- We don't have great hospitals b/c we have good ones



# Leadership



- Dictionary.com
  - Leadership: Ability to lead
  - Leader: A person or thing that leads
  - Lead: A guiding or directing head
- Getting people to go somewhere they otherwise wouldn't go

# Step 1—Establish a sense of urgency

- People need to think there is a problem
  - Is this an important problem?
  - What is the crisis?
  - What are the opportunities?
  - How can these be related to your colleagues?
- If you cannot create a sense of urgency...
  - Probably not worth doing
  - It'll fail. Guaranteed!
  - Don't go to step 2 unless you've got this

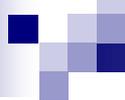
## Step 2—Create Guiding Coalition, AKA Leadership

- Leadership is not being in charge, a position of power, autocratic
- Not just the Dean, Chair, hospital CEO
- Find the thought leaders and engage
  - Who are the thought leaders?
  - Don't forget the other professions
  - Does this group have enough clout/frontline to make this happen?
  - Get this group together; convince them of #1



# Vancomycin Project

- You are ask to lead the Vancomycin Project
- Step 1: Create a Sense of Urgency
  - How will you build that burning platform/aspiration?
- Step 2: Create a guiding coalition
  - Who will be your executive sponsor and Johnny's and Sarah's?
  - Specifically, what do you need them to do?



# Step 3—Develop a vision and strategy

- Vision should inspire
  - Power of collective vision
  - Overcome barriers
  - Should be inspirational and aspirational



# BIDMC Vision

- BIDMC will eliminate all preventable harm.
- Now, what is your vision? Not your plan!
- Develop specific strategies

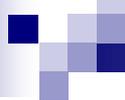
# Step 4—Communicate the change vision

- Dogged & constant
  - Think of as many ways as possible to disseminate your strategies.
  - Ensure the guiding coalition role models these behaviors.
  - How many times do you need to tell people about the program?



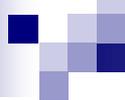
# Vancomycin Project

- Apply concepts to the Vancomycin Project
- Step 3: Create a Vision
  - What is your inspiring vision that you can tie your plans back to?
- Step 4: Communicate the Vision
  - List at least 5 ways you'll communicate your vision.



# Step 5—Remove Obstacles

- Why aren't people already doing this?
- What systems or structures are undermining the vision/strategy?
- How can you remove these barriers?
- Take it a step further—how can you make it easier to do the right thing?

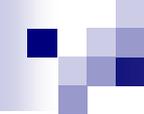


## Step 6—Generate Short-term Wins

- Plan and create these; reward the “changers”
- What rewards will motivate behavior change?

# Steps 7 & 8—Consolidate Gains into Culture

- Use credibility for more change
  - What next steps to try will extend gains?
  - What other structures/systems could be changed to make this even more successful—beyond the short-term win?
- Anchor new approaches in the culture
  - Begin to hire/promote/develop people who believe in this type of culture?
  - Develop future goals that tie into your new culture.



# Vancomycin Project

- Apply concepts to the Vancomycin Project
- Step 5: Remove Barriers
  - List 3 barriers you may encounter.
  - Create plans to overcome these barriers.
- Step 6: Create Short-term Wins
  - List 3 short-term wins that you could celebrate.
  - Remember, keep the bar very low.

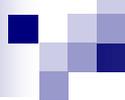
# The Change Process

- Establish a sense of urgency
  - People need to think there is a problem
- Creating a guiding coalition
  - Find the thought leaders and engage
- Develop a vision and strategy
  - “Why” and “how” things will change
- Communicate the change vision
  - Must be dogged & constant: coalition on board
- Empower broad-based action
  - Remove obstacles
- Generate short-term wins
  - Plan and create these; reward the “changers”
- Consolidate gains, produce more change
  - Use credibility for more change
- Anchor new approaches in culture
  - Make this part of the culture going forward

# Break Assignment

- Think of project that you personally\* led that didn't go as well as you'd like.
  - Begin to think of the reasons why it struggled.
  - Can any of these be tied back to the 8 steps of change?
- Think of a project that you are tasked with leading or would like to lead.

\*If need be can use a project someone else tried to lead but that you were involved in



# Change Challenges

- Table Discussion
  - Briefly describe a project that you led that was less successful than planned.
- Table Report Out (15 minutes)
  - 3 minutes each
    - What was the project/your role? (60-90 seconds)
    - What's ONE reason it didn't succeed (60-90 seconds)
      - No need to 'solve' the problem; just identify why it didn't work

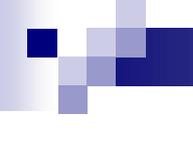
# Change Roadmap: Example

## ■ Problem to solve

- Too many patients come during “happy hour”
- Day people staying too long
- Night people walking into tons of work
- We need a “swing” shift

## ■ Why will this fail?

- 95% of group doesn't work nights
  - People don't want to work “nights”
- Swing work not c/w academic mission
- Lack of funding



# Change Roadmap: Swing Shift

## ■ Sense of Urgency

### Nocturnists

- Your job is hard, unsafe, un-fun

### Dayists

- You want to get home in time for dinner
- You don't want to work nights
- Without swing we'll have to add a person at night—you

### Educators

- Not doing a great job teaching because too busy

### Patient delays result in bad outcomes

# Change Roadmap: Swing Shift

## ■ Guiding Coalition

### □ Nocturnists—Larry and Jason

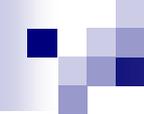
- Credibly attest to poor pt outcomes, tough work, unsustainable nature → no hires → day people working nights

### □ Vocal dayists

- Becky—runs night's program
- Darlene—education director to speak to need to improve learner experience
- Kristin—strong desire for shorter days
- Ethan—respected group member; people follow him

### □ CEO

- John—had to pay for this!



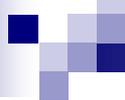
# Change Roadmap: Swing Shift

## ■ Vision

### □ Group Vision: Undeniably Best in the Country

- To provide outstanding patient care
  - The best group would provide the best care
- To have sustainable, fulfilling jobs
  - No one overworked
  - Home for dinner

## ■ Plan



# Change Roadmap: Swing Shift

## ■ Communicate Vision

- Discuss at 3 monthly business meetings
  - Feedback put into rework and re-presented
- Mention progress in every weekly director email
- Director to have off-line discussions w/ skeptics
- Night & Day service line directors meet w/ individuals
- Front-line leaders extol benefits
- Learners give feedback of need for change

# Change Roadmap: Swing Shift

## ■ Empower Broad-base Action

- Barrier: work not academic in nature

  - Add learners

- Barrier: don't want to work nights

  - Finish by midnight; avoid working overnight

- Barrier: want to be paid more

  - Paid shift differential

- Barrier: impossible shift; harder than others

  - Initially made it relatively easy; ramp up over time

# Change Roadmap: Swing Shift

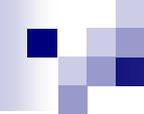
## ■ Short-term Wins

- Immediate & obvious improvement in day/night
- Recognition through daily emails from director
- Cake at our business meeting celebrate 1 month
- Weekly updates of volumes on swing/nights, time leaving to reinforce effectiveness & impact
- Provide learner feedback frequently
- Higher pay
- Weekly director updates including easier to hire nocturnists—decreased chance for nights

# Change Roadmap: Swing Shift

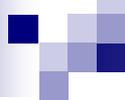
## ■ Consolidate Gains/More Change

- Goal of night resident teaching—possible due to more time
- Expand day teaching program—possible because time to teach curriculum
- Positive movement on overall group goals—morale improvement allows for change in general.
  - Easier to move forward when HMG not tense, burned out, unhappy



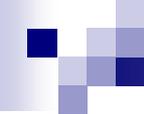
# Change Roadmap: Swing Shift

- Anchor New Approaches In Culture
  - Culture is that we do swing—new hires expect it as its part of the culture.
  - Reinforces our commitment to teaching—enables 24/7 teaching, which is concordant with group vision and values.
  - Group cohesion—doing swing gives more people skin in the game after hours—before it’s “their” problem. Now it’s “our” problem.



# Change Challenges

- Table Report Out (15 minutes)
  - How would you improve the step you previously reported in the last table top?
  - 2 minutes per person



# Change Roadmap: CTP Project

- Table Work
  - Apply the Change Roadmap to your project
- Spend 30 minutes in group work:
  - Apply Steps 1 and 2 (7 minutes)
  - Apply Steps 3 and 4 (7 minutes)
  - Apply Steps 5 and 6 (7 minutes)