



AMERICA'S ESSENTIAL HOSPITALS

Holding the Gains: A Model for Sustainability

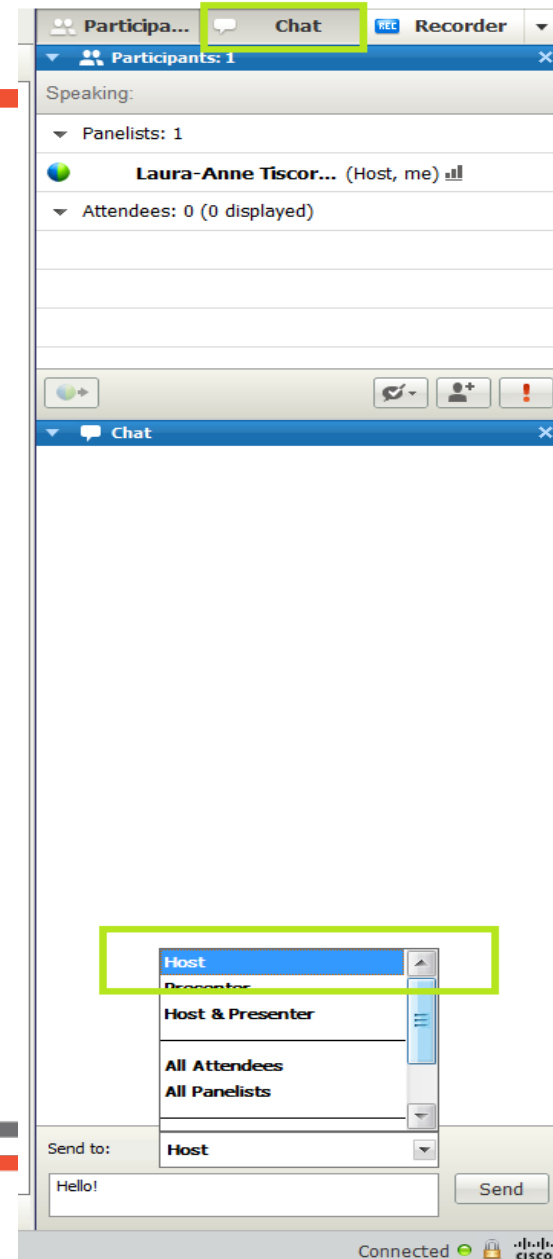
Essential Hospitals Engagement Network

September 17, 2014



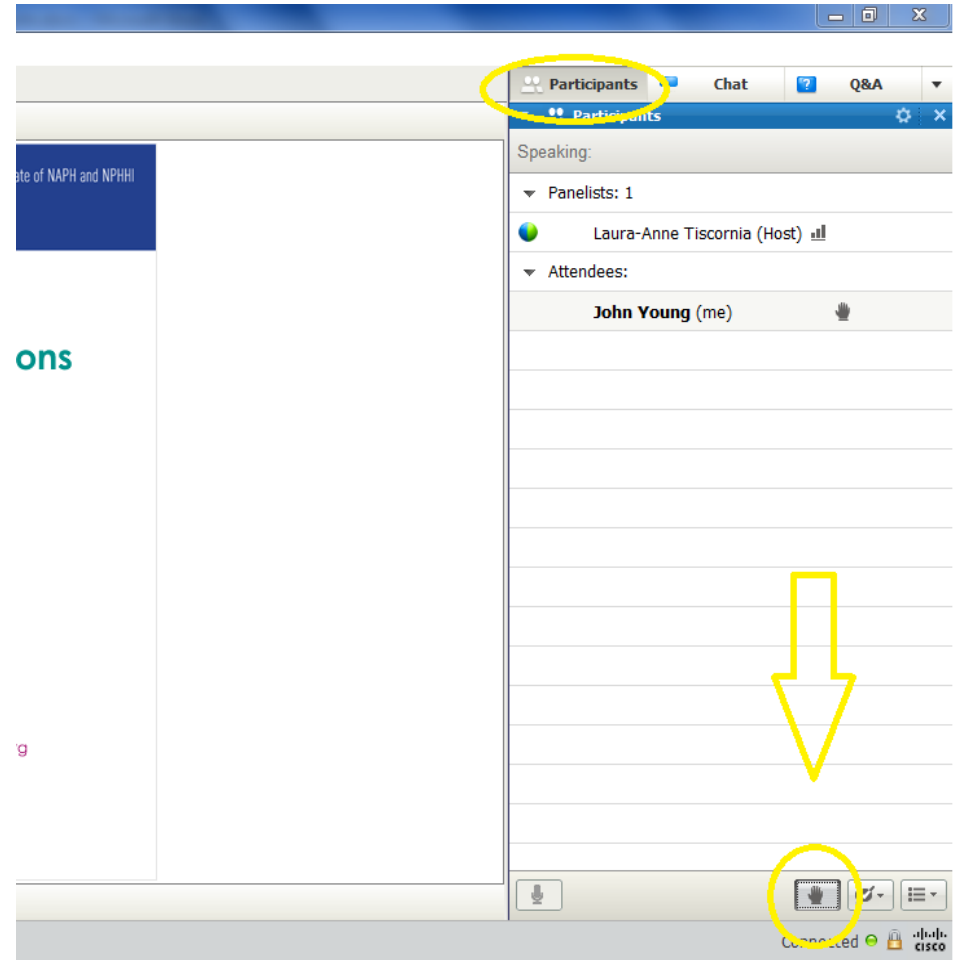
CHAT FEATURE

The chat tool is available to ask questions or comments at anytime during this event.

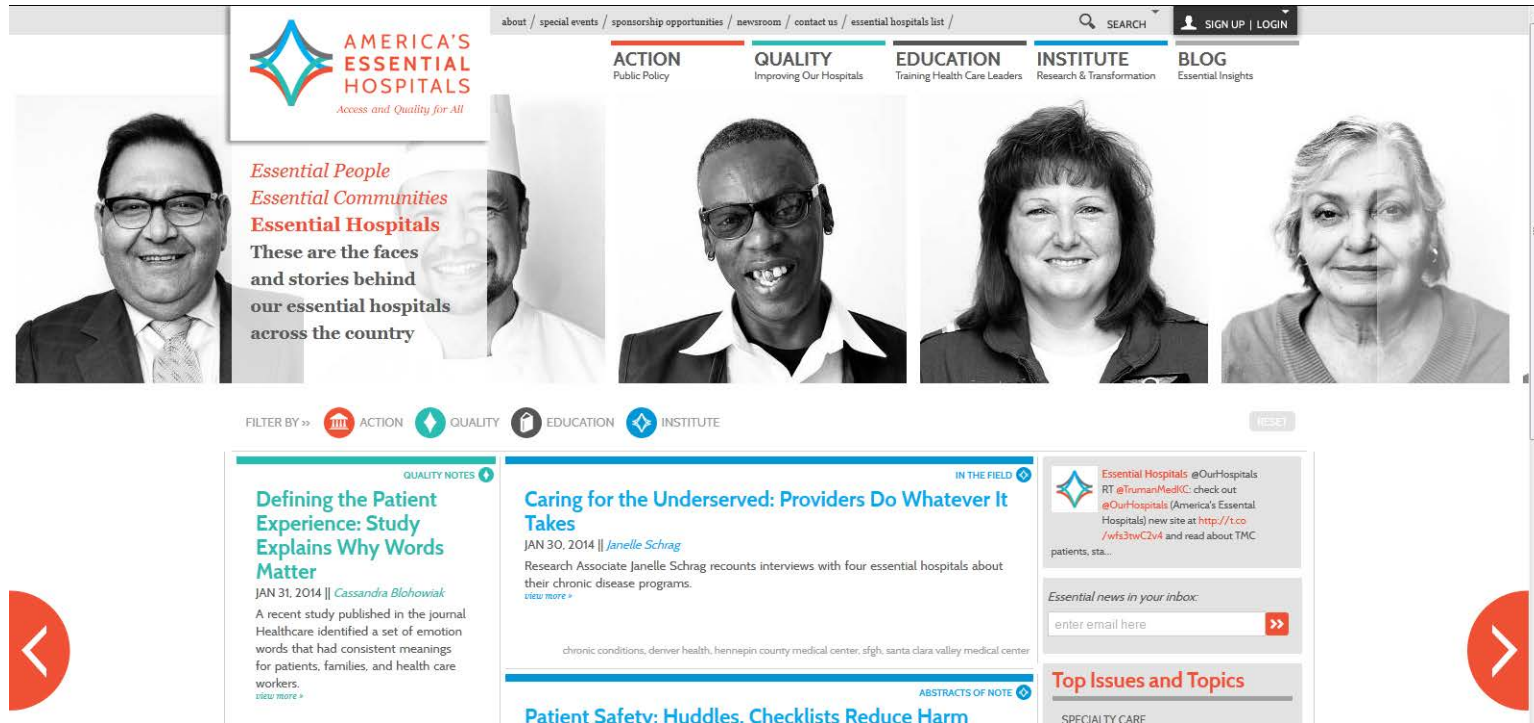


RAISE YOUR HAND

- If you wish to speak telephonically, please “raise your hand”. We will call your name, when your phone line is unmuted



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AGENDA

- Introduction
- Holding the Gains: A Model for Sustainability
 - » Lynne Maher, PhD, MBA of Ko Awatea and University of Auckland
- Q & A
- Next Steps and upcoming events



SPEAKERS



Lynne Maher, PhD, MBA



Sustainability Session 1

Awareness of factors which impact on
sustainability of improvement and
preparation for using the Sustainability
Model

Dr. Lynne Maher

Director for Innovation, Ko Awatea

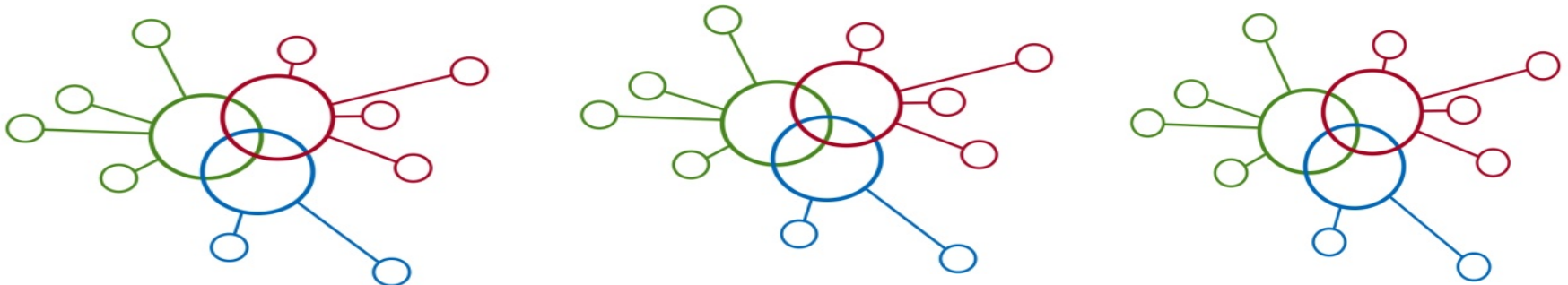
Associate Honorary Professor of Nursing, The
University of Auckland



@LynneMaher1

Plan for this session

- Share some learning on Sustainability
- Provide an overview of how participants can use the Sustainability Model
- Share the plan for 'homework' prior to the next WebEx



Sustainability

*‘Holding the gains and
evolving as required,
definitely not going back to
the old way’*



Evaluation of Improvement Initiatives in England showed.....

- In England we found that around 33% of improvement projects had reverted to their previous way of working when evaluated 1 year after the project had formally ended.
- Around 33% had maintained the improvement but it had not been adopted by others in the organisation
- Around 33% had maintained the gain and there was evidence of adoption out side of the core change area.



Are these frustrations unique to healthcare?

- PriceWaterhouseCoopers surveyed 200 leading companies (Global)
 - They ran a total of 10,640 projects per year
 - Only 2.5% (254) delivered the desired business benefits

Source: Boosting Business Performance through programme and Project

- There is considerable evidence of high failure rate in projects sustaining their efforts (as much as 70%) (Beer & Nohria 2001)
- Within Fortune 100 companies success rates of projects reported to be between 20% & 50% (Strubel 1996)

Key Learning from improvement projects in England

Sustainability is the result of effective preparation and implementation.

Sustainability will not 'just happen'; you need to plan for it.



Key Learning– Winners and losers

Improvement projects will not work unless clinicians can be persuaded to take part

Where there are powerful ‘winners’ from change, sustainability may be high, but not where there are powerful ‘losers’.

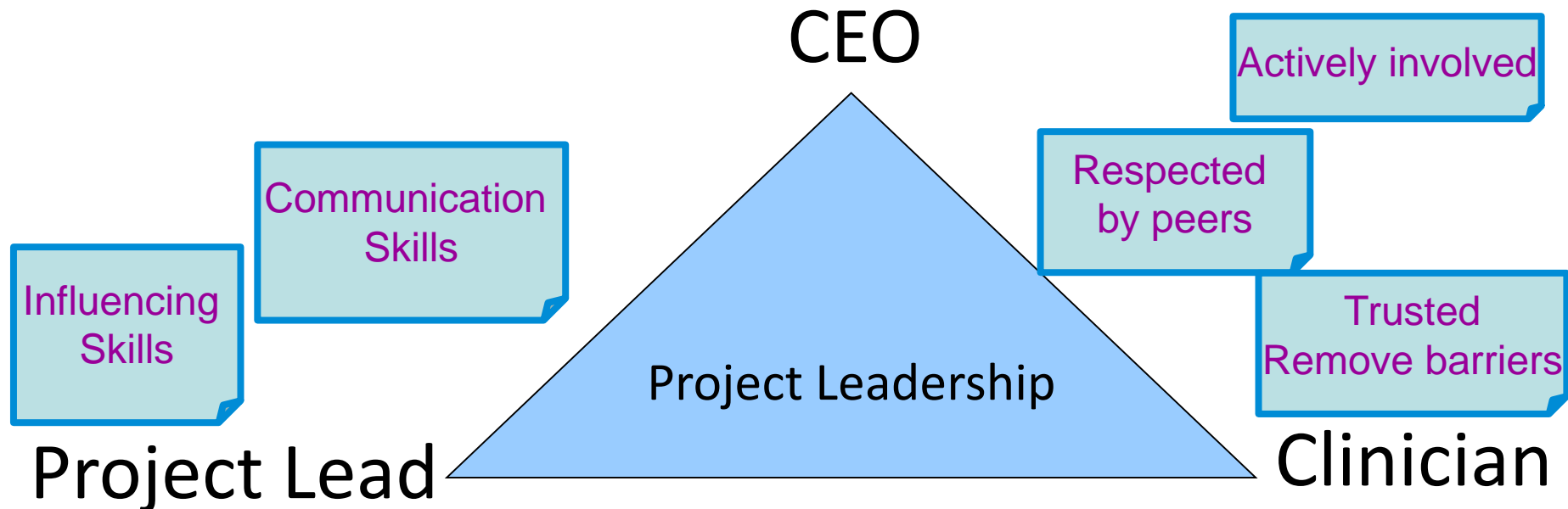
(Plant 1995)



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Leadership

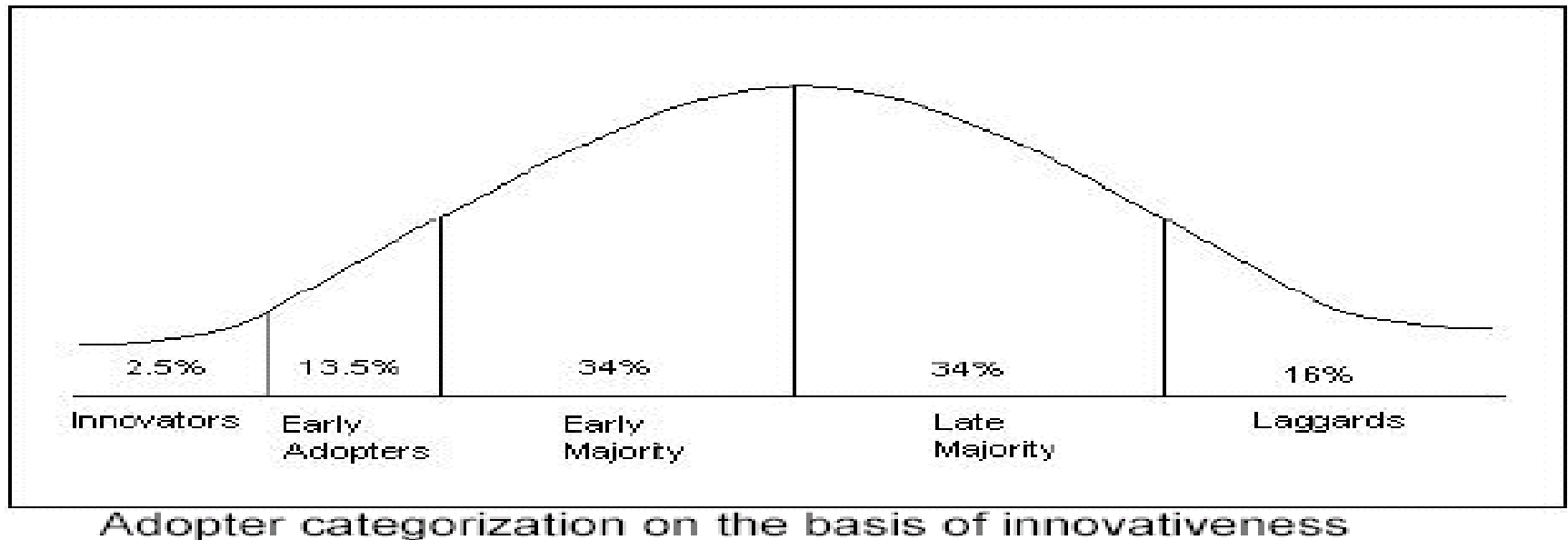
There is an optimal leadership triangle (Ham 2001, MA 2003)



Key Learning- consider the Rogers curve

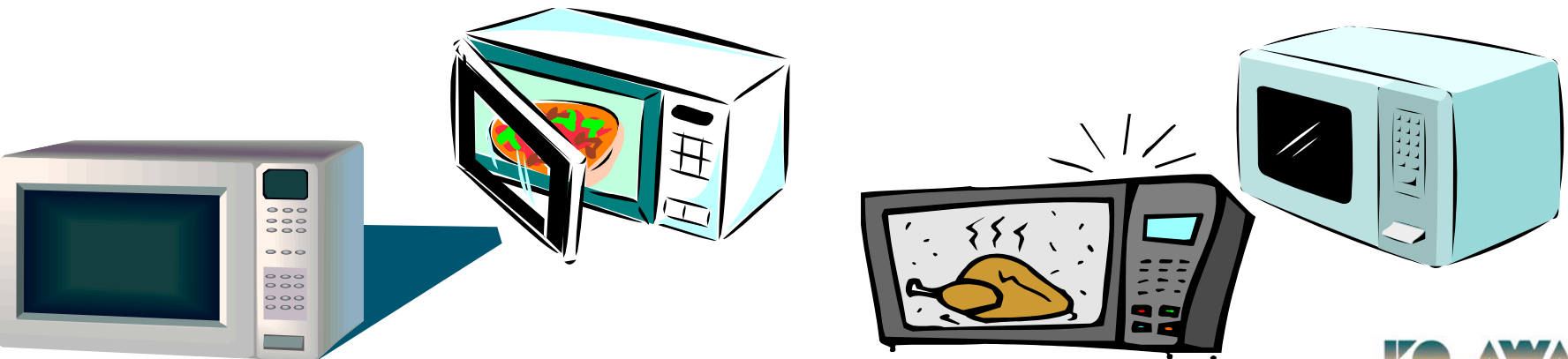


Starting with enthusiasts is a good way of making progress but those at the far end of Rogers curve will help you to understand what can go wrong. They will essentially help you to develop your risk assessment so do not ignore them!



Laggards- Chat action.....

- “Think about an area in your life where ‘you’ are a laggard. Something that most other people have or do, but not you!”
- Share it in the chat box and explain your reason



What is in it for patients, for the organisation and what is in it for me?

Staff must be able to see that 'they' will benefit (WIIFM) if scepticism is to be tackled

- Patients
- Staff
- Organisation

Key Learning

“Give high priority to organisational development”

“Fundamentally, no amount of guidance, support, hectoring or cajoling can substitute for the lack of **capability** and **understanding** of the need to reshape the provision of health care services”

Health Service Management Centre 2002



Remember.....include everyone

"Tell me, I'll forget. Show me, I may remember. But involve me, and I'll understand."

Chinese Proverb



Creating Attraction for Change

‘Its about people and relationships’

- The concept of “resistance to change” is negative and emotionally draining
- We all change naturally; at our own pace with our own rationale
- Stop speaking of “us” and “them”
- Think about how you can make your change more naturally attractive to others.

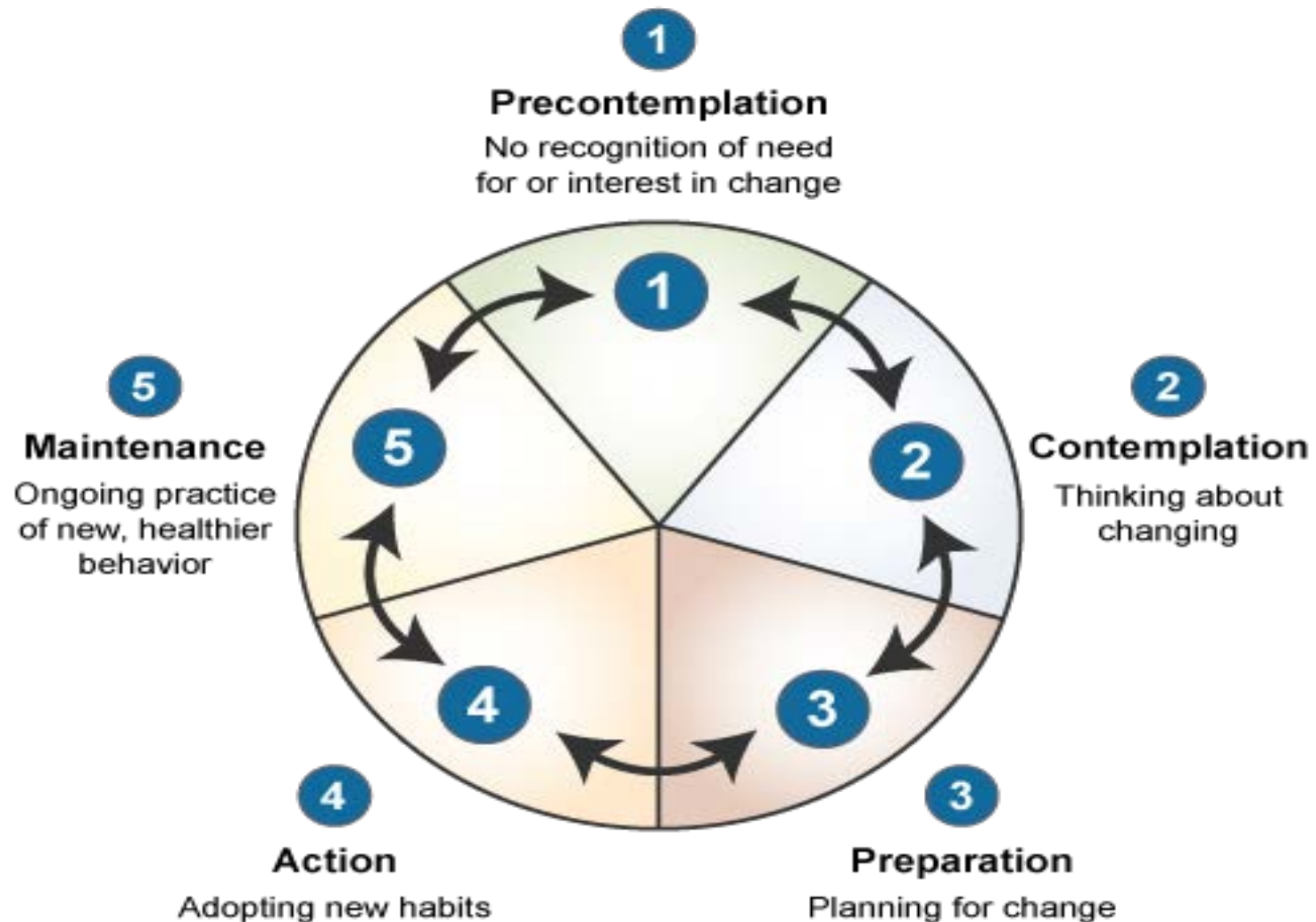
Framing our message, what often happens..

“What the leader cares about (and typically bases at least 80% of his or her message to others on) does not tap into roughly 80% of the workforce’s primary motivators for putting extra energy into the change programme”

Scott Keller and Carolyn Aiken (2009)

The Inconvenient Truth about Change Management

Transtheoretical model of behaviour change



Prochaska, DiClemente & Norcross (1992)

How can we create attraction which results in behaviour change?



HOMEWORK- watch Piano Stairs video from U Tube

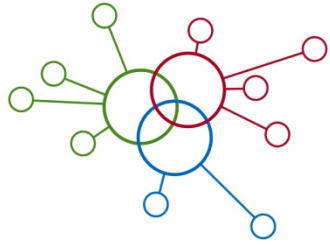
The NHS Sustainability Model





“All models are wrong but some are useful”

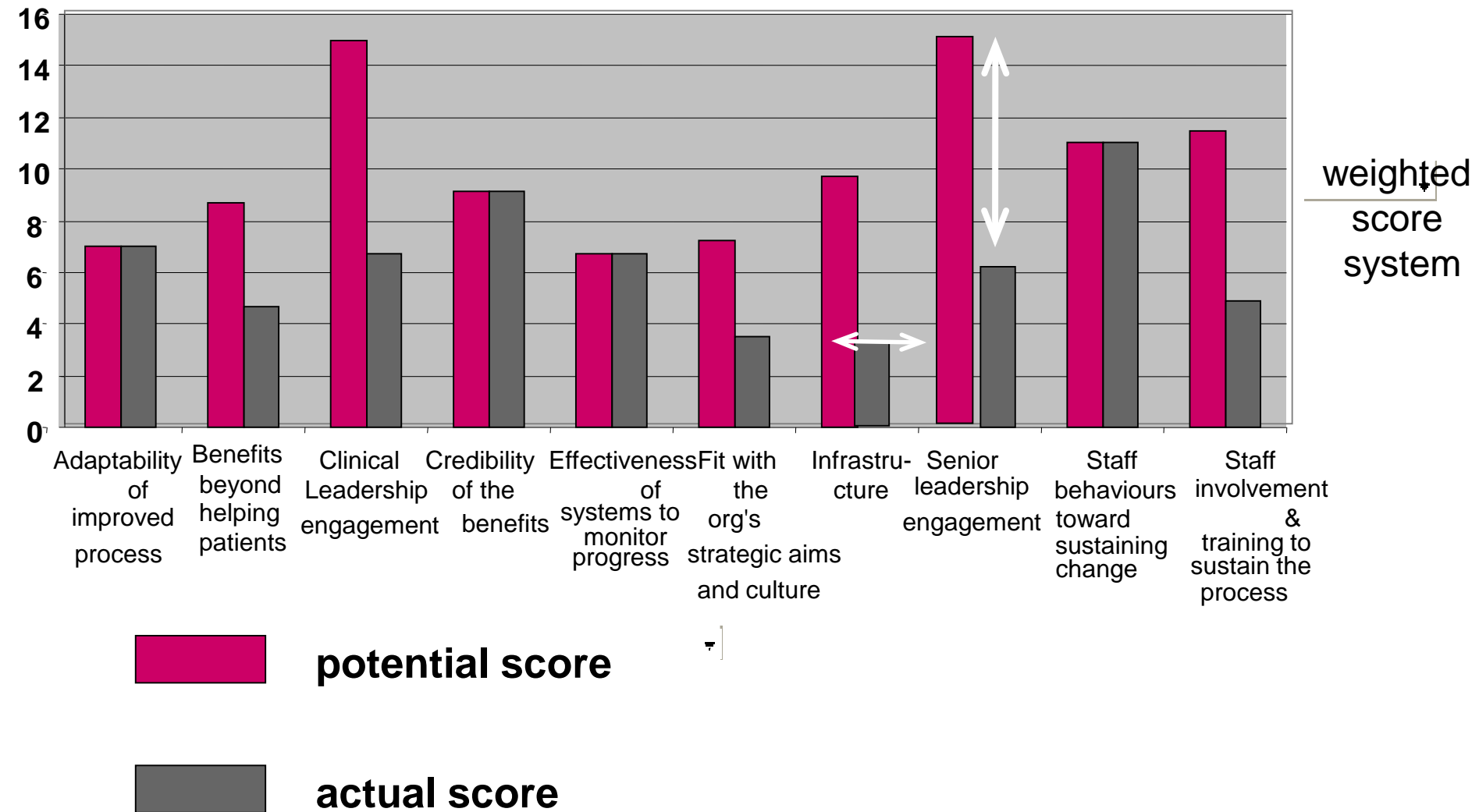
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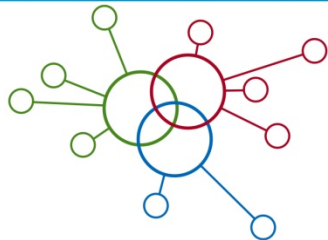


How to use the Model

- Designed for use at the beginning and throughout your improvement project
- Designed for use at the level of a specific planned, or ongoing improvement project
- **Not** designed to assess whether a department with multiple projects, whole organisation or health community is likely to sustain change in general
- Can be used as a ‘diagnostic’ for the project lead
- Is much better if multiple members of the team use it
- The score is useful, the insight and ensuing conversation from the whole team scores is extremely valuable

The potential for performance improvement

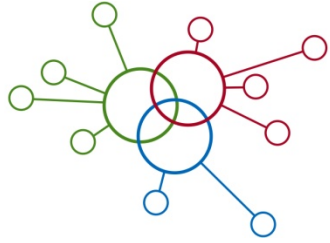




How to apply the model

- Identify the factor level best describing your situation.
- Do this for each factor
- Add scores across all 10 factors
- Look at the total score

| Factor | Score | Factor Level |
|-----------------------------------|-------|---|
| Benefits beyond helping patients. | 8.5 | Has a wide range of benefits e.g. reducing waste, creating efficiency.... |
| | 4.7 ✓ | Some additional benefits but not a wide range..... |
| | 4.0 | Only one or two additional benefits.... |
| | 0 | Benefits only articulated as directly relating to patients. |



The NHS Sustainability Model

Are you ready for this.....





Benefits beyond helping patients

- In addition to helping patients, are there other benefits?
- For example, does the change reduce waste, duplication and/or added effort?
- Will it make things run more smoothly?
- Will staff notice a difference in their daily working lives?



- **Are the benefits to patients, staff and the organisation visible?**
- **Do staff believe in the benefits?**
- **Can all staff clearly describe the full range of benefits?**
- **Is there evidence that this type of change has been achieved elsewhere?**



Adaptability of improved process

- Can the new process overcome internal pressures or will this disrupt the change?
- Does the change continue to meet ongoing needs effectively?
- Does the change rely on a specific individual or group of people, technology, finance etc to keep it going?
- Can it keep going when these are removed?



Effectiveness of the system to monitor progress

- Does the change require special monitoring systems to identify and continually measure improvement?
- **Is there a feedback system to reinforce benefits and progress and initiate new or further action?**
- Are mechanisms in place to continue to monitor progress beyond the formal life of the project?
- **Are the results of the change communicated to patients, staff, the organisation and the wider NHS?**

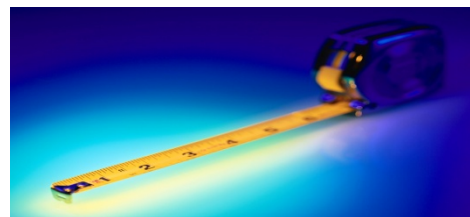


“what matters more than raw data is our ability to place these facts in context and deliver them with emotional impact”

Daniel Pink –A whole new mind 2008

“the point is to emphasize that each of the cases involved an actual human being. Describing them as a percentage would dehumanize the physical impact on a real person, someone's mother, father, sister, or brother”

Paul Levy CEO 2008



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Staff involvement and training to sustain the process

- Do staff play a part in innovation, design and implementation of the change?
- **Have they used their ideas to inform the change process from the very beginning?**
- Is there a training and development infrastructure to identify gaps in skills and knowledge and are staff trained to take the change/new way of working forward?



Staff behaviours towards sustaining the change

- Are staff encouraged and able to express their ideas throughout the project and is their input taken on board?
- **Do staff think that the change is a better way of doing things that they want to preserve for the future?**
- Are staff trained and empowered to run small-scale tests (PDSA) based on their ideas, to see if additional improvements should be recommended?



*Change is inevitable; success is not,
leadership is vital.*

“Many leaders are quick to step forward as enthusiastic sponsors of change without really understanding what the role demands”



Senior leadership engagement

- Are the senior leaders trustworthy, influential, respected and believable?
- Are they involved in the initiative, do they understand it and do they promote it?
- Are they respected by their peers and can they influence others to get on board?
- Are they taking personal responsibility and are they giving time to help ensure the change is sustained?

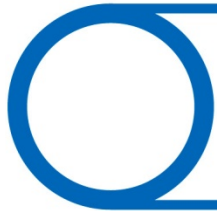


Clinical leadership engagement

- Are the clinical leaders trustworthy, influential, respected and believable?
- Are they involved in the initiative, do they understand it and do they promote it?
- Are they respected by their peers and can they influence others to get on board?
- Are they taking personal responsibility and are they giving time to help ensure the change is sustained?



Organisation

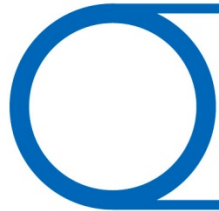


Fit with the organisation's strategic aims and culture

- Are the goals of the change clear and shared?
- Are they clearly contributing to the overall organisational strategic aims.
- Is improvement important to the organisation and its leadership?
- Has the organisation successfully sustained improvement in the past?



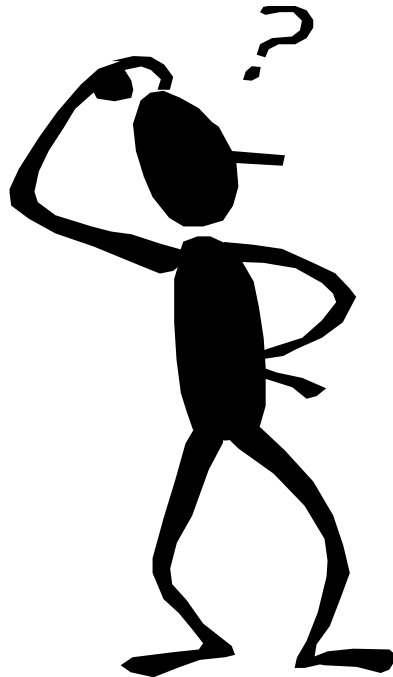
Organisation



Infrastructure for sustainability

- Are the staff competent in the new way of doing things?
- Are there enough facilities and equipment to support the new process?
- Are new requirements built into job descriptions?
- Are there policies and procedures supporting the new way of working?
- Is there a communication system in place?

Questions/ Comments?



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Your Homework

- Work with your team if at all possible
 - Each member to use the Sustainability Model and check the box that is most like how they feel the project is going
 - Each member to complete a bar chart
 - You create an overall bar chart showing an average for all of the scores in your team.
 - Send the bar chart to me – lynne.maher@middlesmore.co.nz by Monday 6th October and I will collate them for discussion at the web session on Wednesday 15th October



@LynneMaher1

UPCOMING EVENTS

- **Webinars**

Holding the Gains – A Model for Sustainability, Part II

Oct 15 | 4-5pm EST

- **In Person Event:**

Summit on Harm Reduction – Sustaining Progress, Building on Success

Nov 10 | Chicago



THANK YOU FOR ATTENDING

- **Evaluation:** When you close out of WebEx following the webinar, an evaluation will open in your browser. Please take a moment to complete. We greatly appreciate your feedback!
- Check out the new EHEN Leadership for Safety Program website:
<http://essentialhospitals.org/institute/ehen-leadership-safety-program/>

Visit <http://essentialhospitals.org/groups/ehen/> to collaborate today.



Sustainability:recommended reading

- Berwick D ((1989) Continuous Improvement as an Ideal in Health Care. *New England Journal of Medicine*. 320: 53-6
- Bridges W (2003) Managing Transitions: Making the Most of Change. London. Nicholas Brealey Publishing.
- Buchanan D. Ketley D, Gollop R, Jones JL, Lamont SS, Sharpe A, Whitby E. (2002) No Going Back: a review of the literature on sustaining strategic change. NHS Modernisation Agency.
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