Promoting Primary Vaginal Deliveries Initiative

PROVIDE 2.0 and Change Management

PROVIDE Collaborative Session Webinar

Partnering to Improve Health Care Quality for Mothers and Babies
Welcome!

• Please join by telephone to enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.

• If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

• This webinar is being recorded.

• Please provide feedback on our post-webinar survey.
Agenda
April 11, 2019

Announcements

PROVIDE 2.0
Extended, Expanded & Enhanced

Understanding Change Management and Improving Physician Engagement

Q&A
May 30-31, Lakeland Regional Medical Center

**Quality Improvement Methods Training for Perinatal Healthcare Providers**

Register at: [https://tinyurl.com/QItrainingFPQC](https://tinyurl.com/QItrainingFPQC)
New! Online Discussion Forums

🎉 Join our Maternal Health Discussion Group!

🎉 Visit us @theFPQC on Facebook and find our “Groups”

🎉 Direct link:
https://www.facebook.com/groups/618131375299397/
Recruiting New Hospitals!
NTSV Rates by Delivery Attendant

“Providing delivery attendant rates was the most important component in reducing our cesarean rates.” Elliott Main, CMQCC

- Provides quarterly **NTSV cesarean** rate by delivery attendant.
- Successfully updated **12 months** of birth certificate data for **9 pilot hospitals**.
- Department of Health offered to assist all **PROVIDE hospitals**.
- **Stagger start** interested hospitals over time.
Time to Pass the Nurse Consultant Baton

Annette Phelps APRN

Betsy Wood RN
PROVIDE 2.0

*Extended, Expanded & Enhanced*
2017 NTSV Cesarean Rates, 116 FL Hospitals

Range: 17.1—60.8%
Median: 29.4%
Mean: 30.6%

National Target = 23.9%

17.2% of FL hospitals meet national target

Joint Commission Reporting >30.0%

47.4% of FL hospitals above threshold

Source: FL Vital Records, 2017
Hospital NTSV Cesareans Rates by Month

FPQC PROVIDE

Percentage of NTSV Cesarean Deliveries

Data Source: Birth Certificates
Hospital NTSV Cesareans Rates by Month
FPQC PROVIDE

Percentage of NTSV Cesarean Deliveries

Data Source: Birth Certificates

7% Decrease
Delivery Hospitals NOT Participating in PROVIDE

- High Volume (>1000 Annual Births)/High NTSV Cesarean Rate (>30%)
- High Volume (>1000 Annual Births)/Low NTSV Cesarean Rate (<30%)
- Low Volume (<1000 Annual Births)/Low NTSV Cesarean Rate (<30%)
- Low Volume (<1000 Annual Births)/High NTSV Cesarean Rate (>30%)

Note:
* Thick black lines are ACOG section borders
* Locations are approximate
PROVIDE 2.0 Enhancement

- Focus on change management—Nursing leadership
- Develop new maternal education campaign
- Transform webinars to personal support & coaching
- Provide quarterly delivery attendant NTSV rates
- Launch online hospital reports including new options
- Advice from leading national experts
- Recruit new hospitals—offer advance regional training
PROVIDE 2.0: The Next Generation

Next Learning Session: May 9, 12 Noon EDT
Stay tuned for details!

Partnering to Improve Health Care Quality for Mothers and Babies
Understanding Change Management and Improving Physician Engagement

Karen L. Bruder, MD
Associate Professor,
USF Morsani College of Medicine
Department of OB/GYN

Partnering to Improve Health Care Quality for Mothers and Babies
Change Management Overview

The aim of argument, or of discussion, should not be victory, but progress.

- Joseph Joubert
CREATE
a sense of urgency

INSTITUTE
change

BUILD
a guiding coalition

SUSTAIN
acceleration

FORM
a strategic vision
and initiatives

GENERATE
short-term wins

ENLIST
a volunteer army

ENABLE
action by
removing barriers
Advantages to Kotter Approach

- Has structure + resources
- Steps 1-4 Set up the climate for change and unfreezes the status quo
- Begins with wins!
- Steps 5-7 introduce new practices
- Eliminates or amends old practices and structure
- Step 8 grounds the changes in a new culture to ensure sustainability

Without an approach, you can just evolve but it takes a long time and you don’t know how it will turn out!
Why change fails

- IT Perspective not Integrated: 36%
- Silos/No Horizontal Process View: 41%
- No Organizational Change Plan: 43%
- Scope Expansion / Uncertainty: 44%
- Project Team Lacked Skills: 44%
- Business Case not Compelling: 46%
- Poor Project Management: 54%
- Unrealistic Expectations: 65%
- Inadequate Sponsorship: 72%
- Resistance by Employees: 82%
What you will hear....

- It’s not a good time
- It’s been done
- It’s never been done
- It’s not in our policies
- It’s not the way we do it here
- We don’t have that problem here.

- This doesn’t apply to my patients
- My patient’s won’t like it
- You can’t tell me what to do with my patients
- You want me to practice cookbook medicine
- My liability will be increased
- My productivity will suffer
- The doctors won’t like it
- I don’t want to get in trouble
What all that means....

NO WAY

IS THAT

GOING TO

HAPPEN!!!
Negative behavior is a symptom

- Confused and embarrassed to ask questions
- Uncertain of ability to do the new job
- Upset that decisions are being made without them
- Inference that they are doing things incorrectly in current state/practice
Classic reasons to resist change

FEAR and EMOTIONS

• Scared of transition, not idea- Fear of the unknown, confusion
• I feel like I have no say/how do I fit in? Fear of rejection, powerlessness
• What am I going to give up? Fear of loss
• What if my job changes? Fear of failure
• I’m fed up with PHONY change that goes nowhere. Cynicism! Exhaustion!
People don’t hate change
Categories of Innovativeness

![Graph showing the categories of innovativeness: Innovators (2.5%), Early Adopters (13.5%), Early Majority (34%), Late Majority (34%), Laggards (16%).](image)

*Adopter categorization on the basis of innovativeness*

How do managers react to resistance?

- Take it personally
- Address behaviors directly with arguments, rather than reasons
- Blame other people for not changing (character, personality)

VS

- If we don’t change, we had a valid reason
Structural vs. Cultural change
CHOICES?

OPEN MIND
- Make a real difference

CLOSED MIND
- Blow a rare chance

GENUINE OPPORTUNITY
- Get hopes up for nothing

EMPTY PROMISES
- I told you so

IM possible
What is UP with the doctors???

- Learn the craft of medicine, “craft-based autonomy”, not “cookbook medicine”
- Surgeons “fix” things (want permanent fix vs improvement)
- Very competitive
- We “own” mistakes, pride in personal competence
- Aren’t taught that errors are systemic and do not reflect personal competence
What we give and what we get

Give:
• years of training
• debt
• sacrifices in personal life
• acceptance of liability

Get:
• autonomy
• control over professional life
• respect
• personal fulfillment

Current situation:
• business pressures
• regulatory agencies
• doing more for less with increasing risk
• peers deciding what we do (AKA best practices)
• process management (QI/QA)
Engaging physicians

- Involve them early, make them part of the team (let them think it was their idea)
- Guarantee success (low hanging fruit)
- Put the patient in the center
- Improve patient outcomes
- Give data, be transparent (no one wants to be an outlier)
- Change culture, not “stuff”
- Value physicians time
Engaging physicians

📚 Changes should make their lives/jobs easier
  • Less time at the hospital, less liability, fewer hassles
  • Standardization reduces error on everyone’s part

💡 Praise them when they are doing well
  (Let them have the credit)

💡 Use realistic expectations
  (If we don’t do this someone else will do it for us)
Lessons learned from panel discussion “Physicians Coaching Physicians to Reduce Cesarean Sections”

Know the person you are coaching

• Ask questions about practice situation and concerns
• Know their starting place with interpreting data, experience with QI
• Be patient, be persistent, be understanding of vulnerability
• Avoid being judgmental
• Emphasize collaboration
• Nurses may provide info on practice patterns that are not in the chart
Lessons learned continued…

- Find appropriate meeting place in neutral setting.
- Expect tension
- Expect different reactions
- Expect data and motives to be challenged

Use Data
  - holds us accountable for our own performance
  - creates examples of how our practice can be better

- Fully transparent data allows competitive encouragement among team members
- Consider increasing transparency gradually
- Recognize individual success, use positive reinforcement
- Introduce reality: Advise that c/s rates will become available to the public soon!
First Steps

• Be thoughtful. Know individuals, know the data, anticipate questions and reactions
• Consider early adopters as cheerleaders
• Encourage positive messaging in casual conversation
• Keep patients in the center
• Leverage education opportunities that exist because of students at institution
• Bring groups of docs together who have common problems, circumstances
• Be patient and persistent
• COMMUNICATE
Questions?

Success

what people think it looks like

what it really looks like
Q & A

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THANK YOU!

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https://health.usf.edu/publichealth/chiles/ fpqc/provide

Technical Assistance:

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