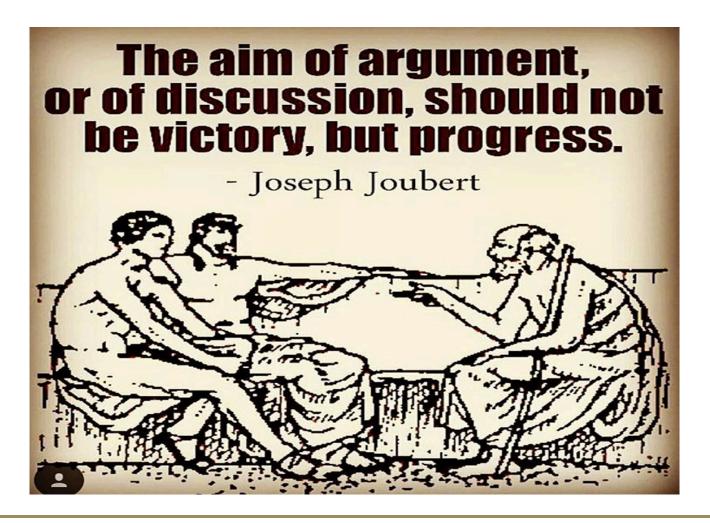# No Guts, No Glory!
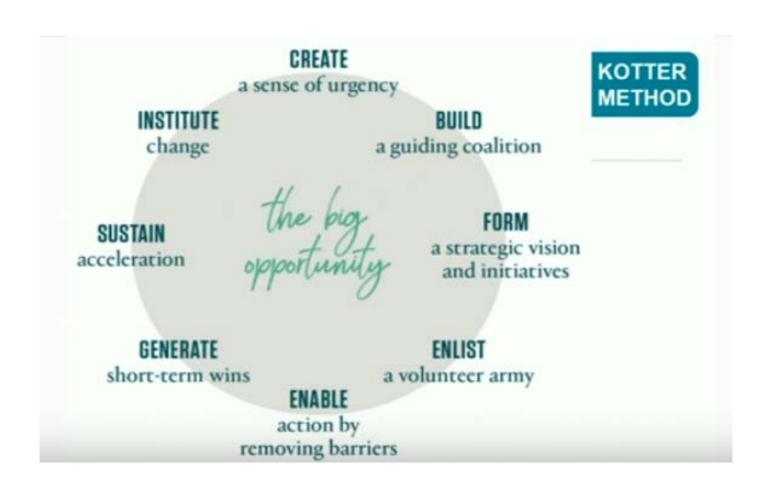# Change Management for PROVIDE

Karen L. Bruder, MD

Provide 2.0 Clinical Co-Lead

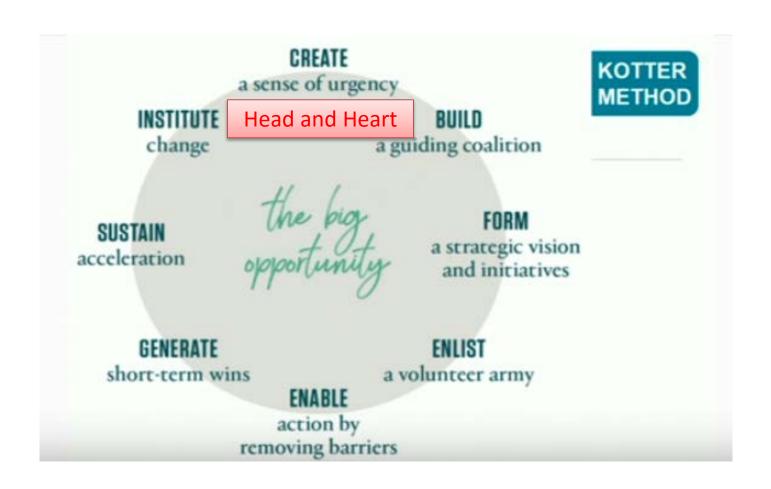Associate Professor, USF Morsani College of Medicine, Department of OB/GYN

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Change Management Overview

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

- Joseph Joubert

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Embraced by all, Concrete

CREATE
a sense of urgency

Head and Heart

BUILD
a guiding coalition

KOTTER METHOD

INSTITUTE
change

SUSTAIN
acceleration

the big opportunity

FORM
a strategic vision and initiatives

GENERATE
short-term wins

ENABLE
action by removing barriers

ENLIST
a volunteer army

CREATE
a sense of urgency

INSTITUTE
change

BUILD
a guiding coalition

Non-hierarchical, diverse, multi-level, multifunctional, small, energetic

the big opportunity

SUSTAIN
acceleration

FORM
a strategic vision
and initiatives

GENERATE
short-term wins

ENLIST
a volunteer army

ENABLE
action by
removing barriers

KOTTER METHOD

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CREATE
a sense of urgency

KOTTER
METHOD

INSTITUTE
change

BUILD
a guiding coalition

the big opportunity

SUSTAIN
acceleration

FORM
a strategic vision
and initiatives

Motivational, aligns,
clarifies, the future state

GENERATE
short-term wins

ENLIST
a volunteer army

ENABLE
action by
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CREATE
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KOTTER
METHOD

Broad, >15% of your service

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CREATE
a sense of urgency

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the big opportunity

SUSTAIN
acceleration

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KOTTER METHOD

Innovate, take away
the rules

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Data, tell the story to everyone

Press forward, add people, audit

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CREATE
a sense of urgency

INSTITUTE
change

BUILD
a guiding coalition

Make it stick, new
policies, communicate

the big
opportunity

KOTTER
METHOD

SUSTAIN
acceleration

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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!

What could **POSSIBLY** go wrong?

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Why change fails

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
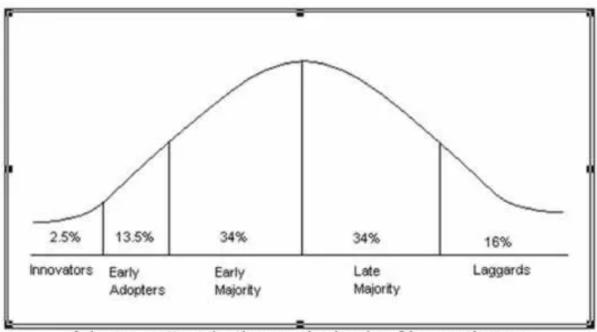
Classic reasons to resist change

- 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

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Categories of Innovativeness

Adopter categorization on the basis of innovativeness

Source: Everett Rogers with F. Floyd Shoemaker, Communication of Innovations: a Cross Cultural Approach, 2nd ed. New York: The Free Press, 1971, p. 182.
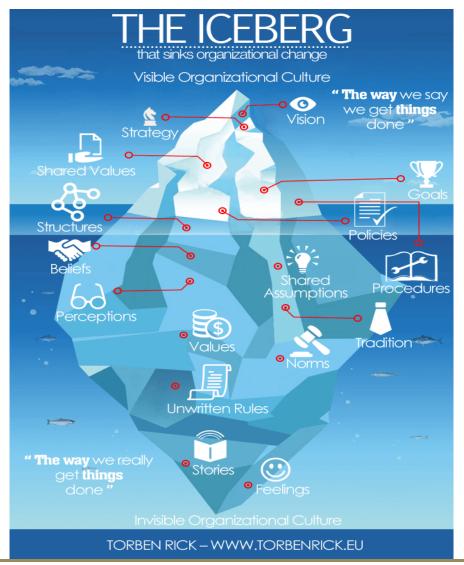
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How do managers react to resistance?

- 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	CLOSED MIND
GENUINE OPPORTUNITY	Make a real difference	Blow a rare chance
EMPTY PROMISES	Get hopes up for nothing	I told you so

What is UP with the doctors???

- Learn the craft of medicine, "craft based autonomy" , not "cookbook medicine"
- Surgeons "fix" things (want permanent fix vs slow 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

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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)

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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

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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 CS rates will become available to the public soon!

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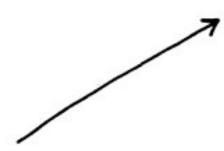
First Steps

- 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

Success

what it really
looks like

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