



# 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

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# 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



No  
Cost!

May 30-31, Lakeland Regional Medical Center

**QUALITY IMPROVEMENT METHODS  
TRAINING FOR PERINATAL HEALTHCARE  
PROVIDERS**

Register at: <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/>



Florida Perinatal Quality Collaborative

@TheFPQC



# 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



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# PROVIDE 2.0

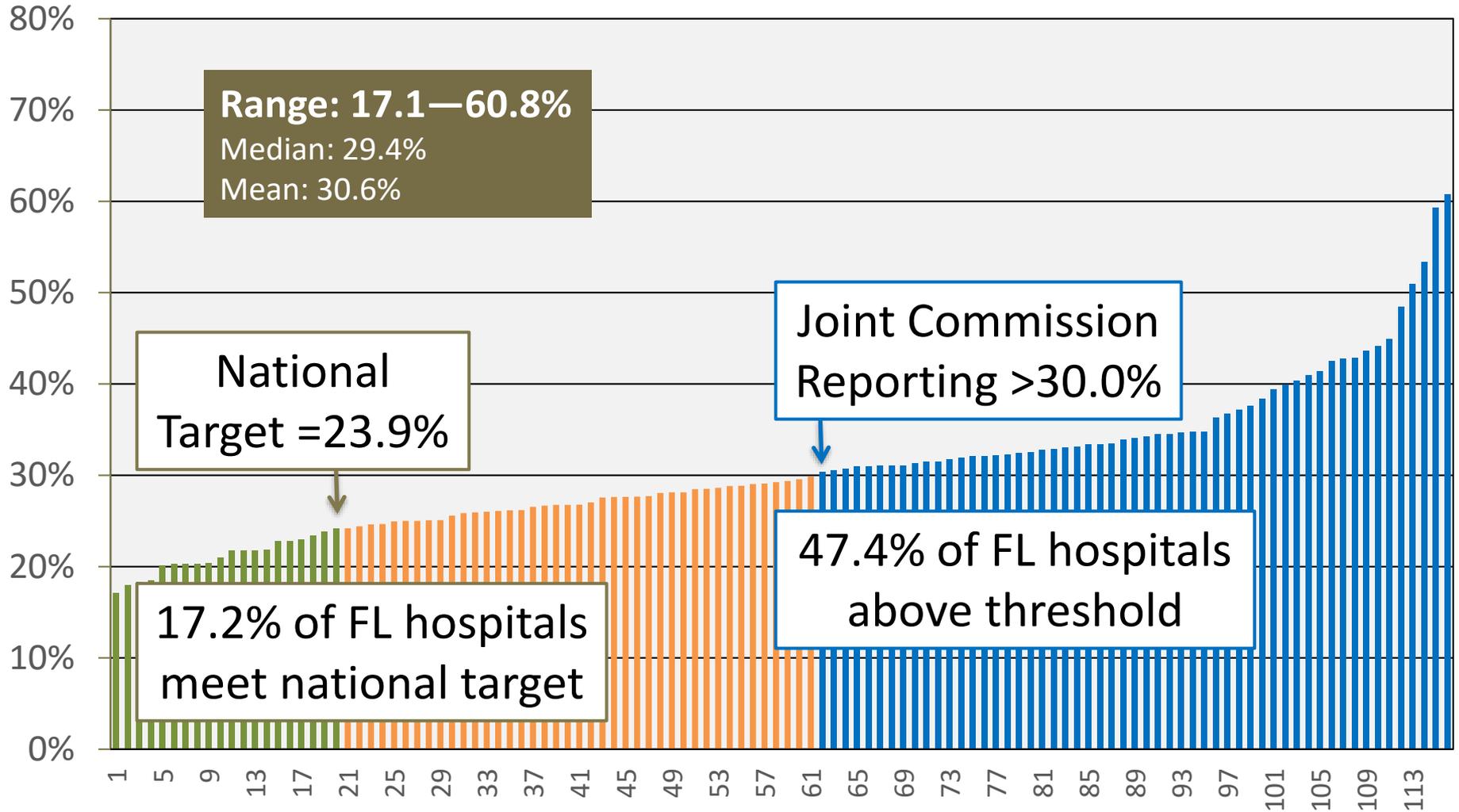
*Extended, Expanded & Enhanced*



ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH **A I M**

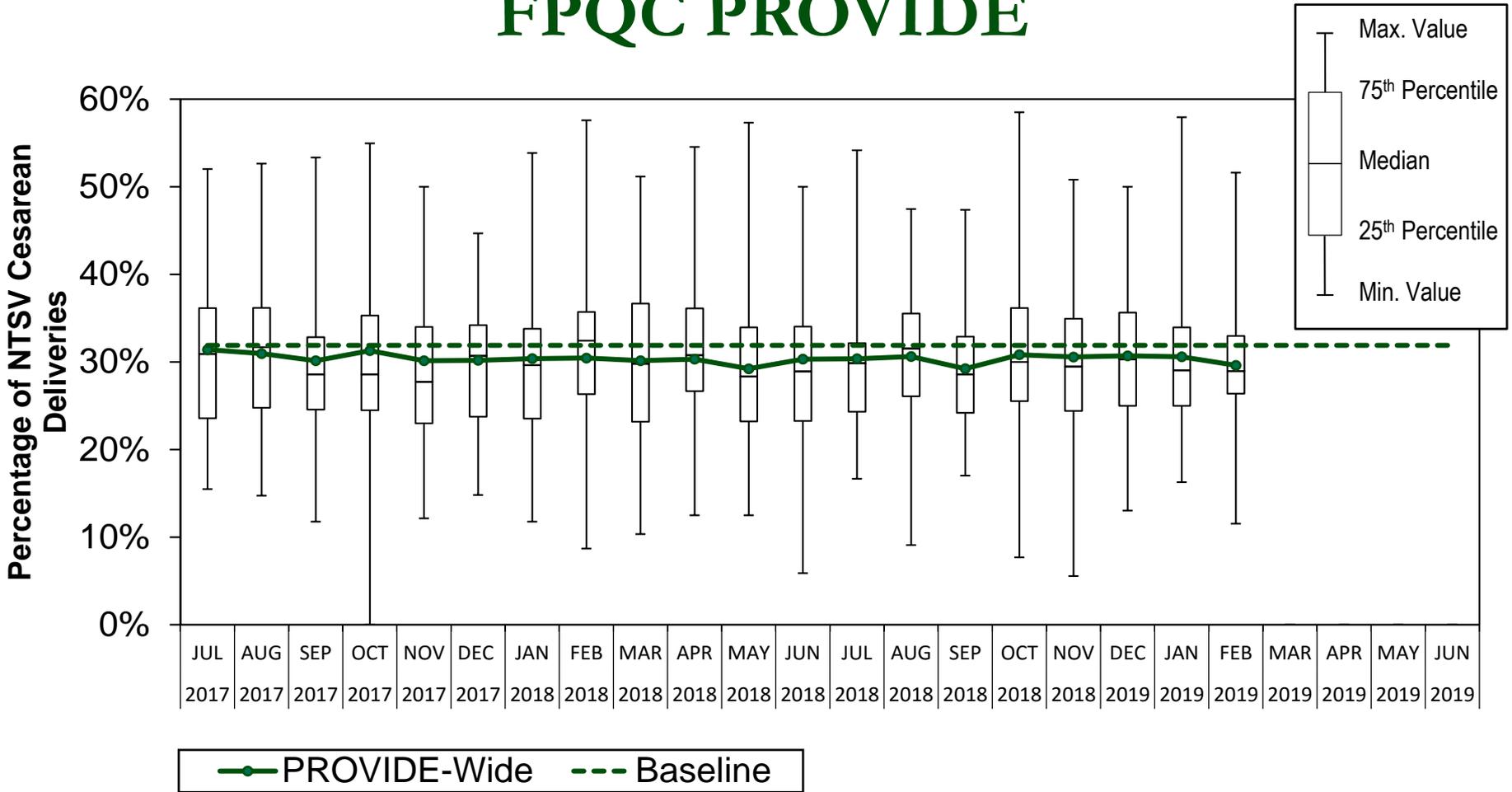


# 2017 NTSV Cesarean Rates, 116 FL Hospitals



# Hospital NTSV Cesareans Rates by Month

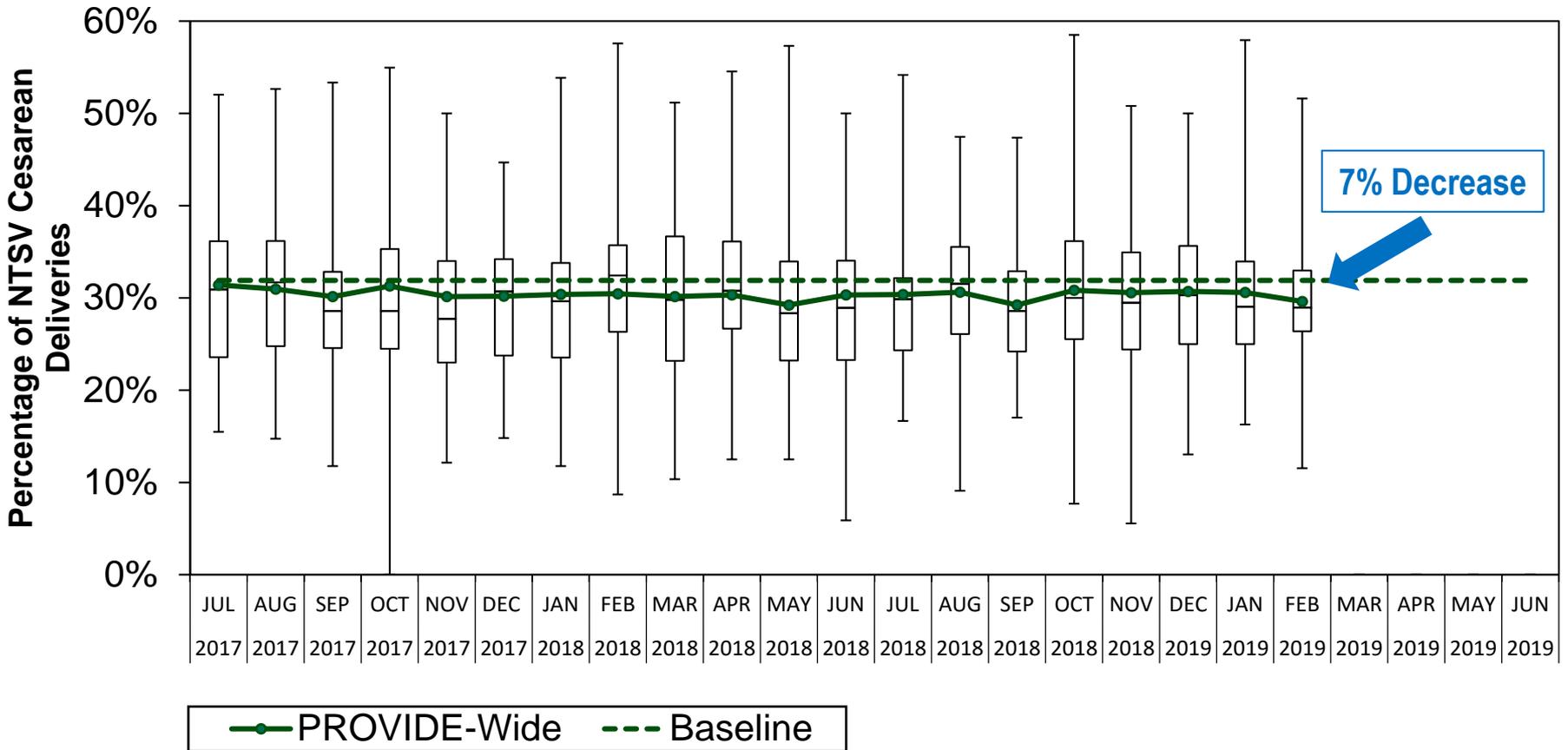
## FPQC PROVIDE



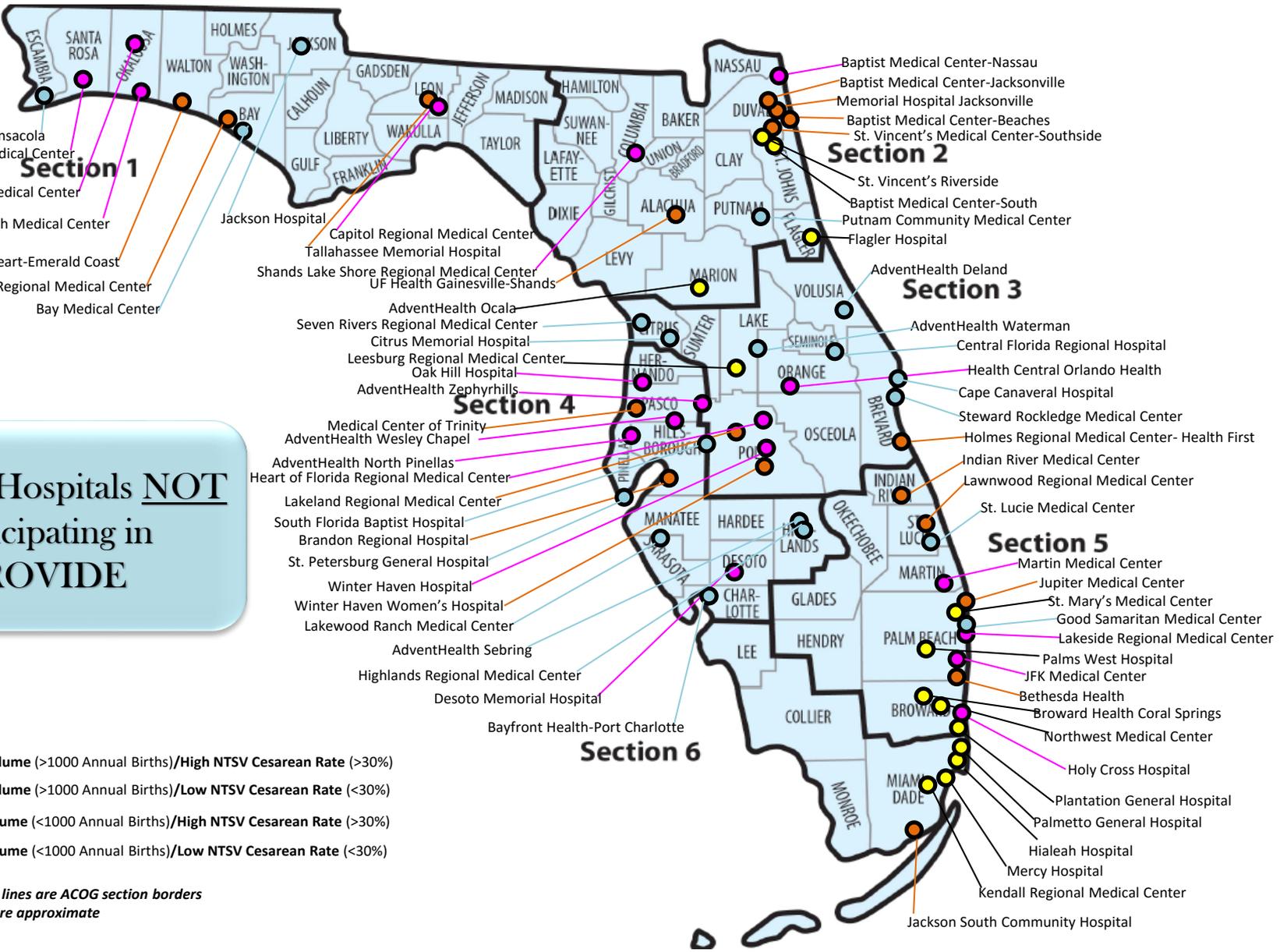
Data Source: Birth Certificates

# Hospital NTSV Cesareans Rates by Month

## FPQC PROVIDE



Data Source: Birth Certificates



**Delivery Hospitals NOT Participating in PROVIDE**

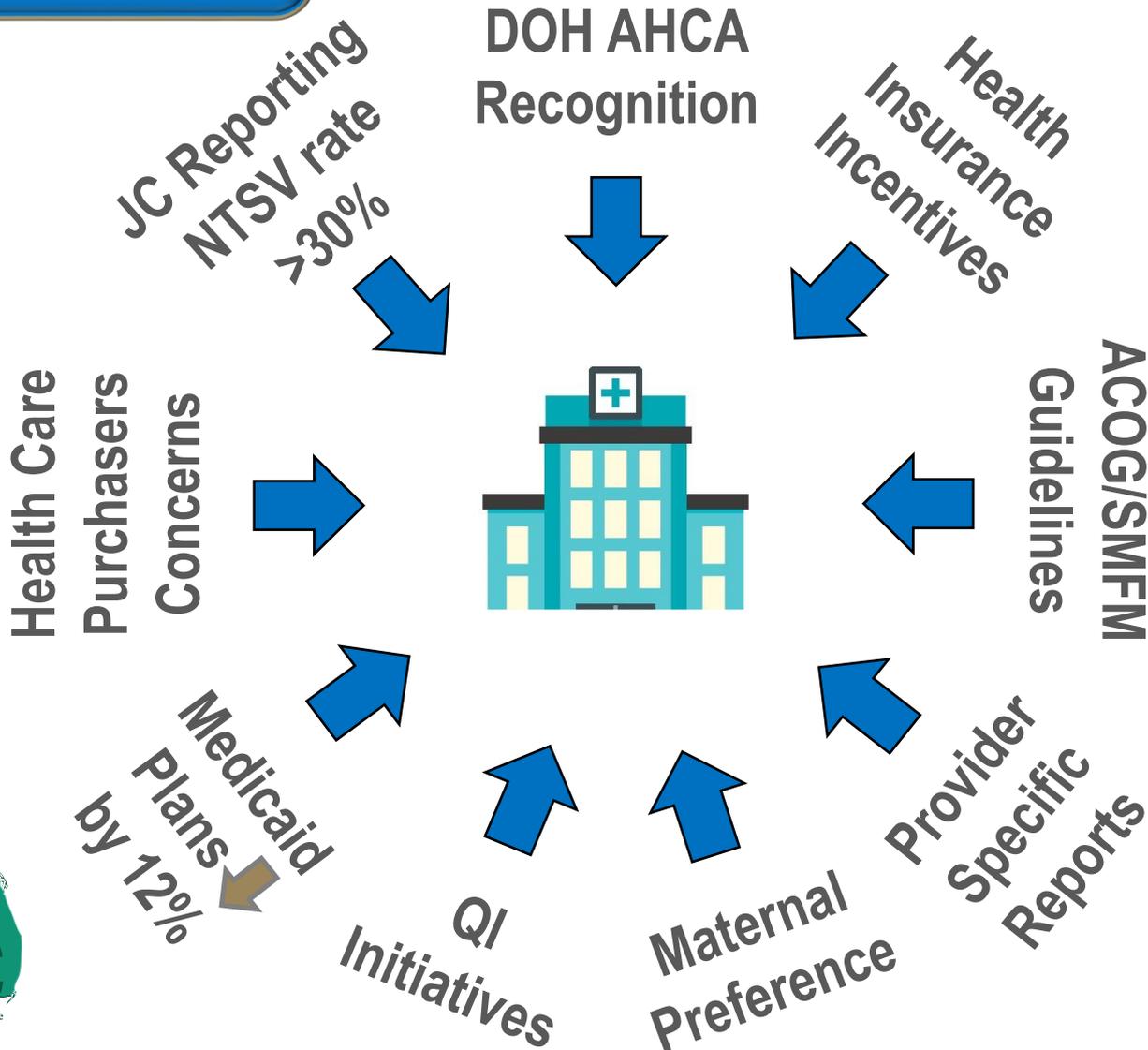
- Yellow dot:** High Volume (>1000 Annual Births)/High NTSV Cesarean Rate (>30%)
- Orange dot:** High Volume (>1000 Annual Births)/Low NTSV Cesarean Rate (<30%)
- Pink dot:** Low Volume (<1000 Annual Births)/High NTSV Cesarean Rate (>30%)
- Blue dot:** Low Volume (<1000 Annual Births)/Low NTSV Cesarean Rate (<30%)

**Note:**  
 \*Thick black lines are ACOG section borders  
 \*Locations are approximate



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# Multiple Pressure Points



# 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!*

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# Understanding Change Management and Improving Physician Engagement

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

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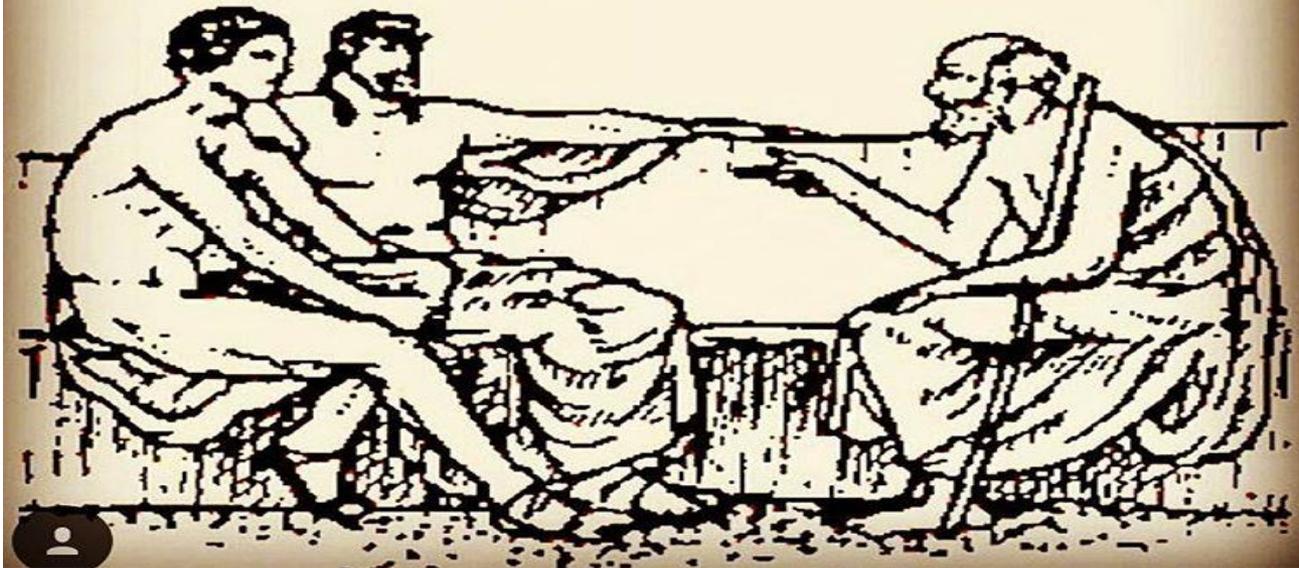
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# Change Management Overview

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

- Joseph Joubert





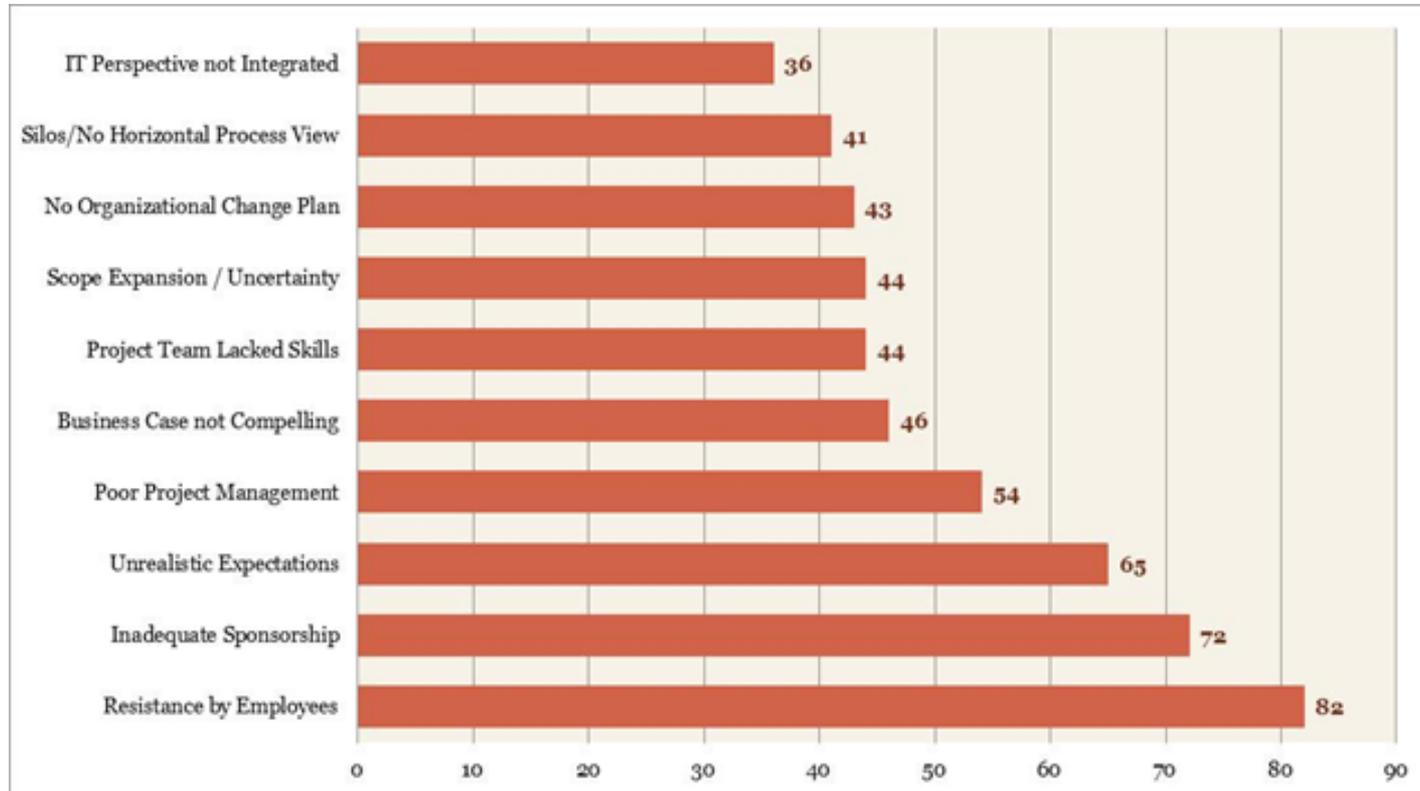
# Advantages to Kotter Approach

- 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



# 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

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

# Classic reasons to resist change

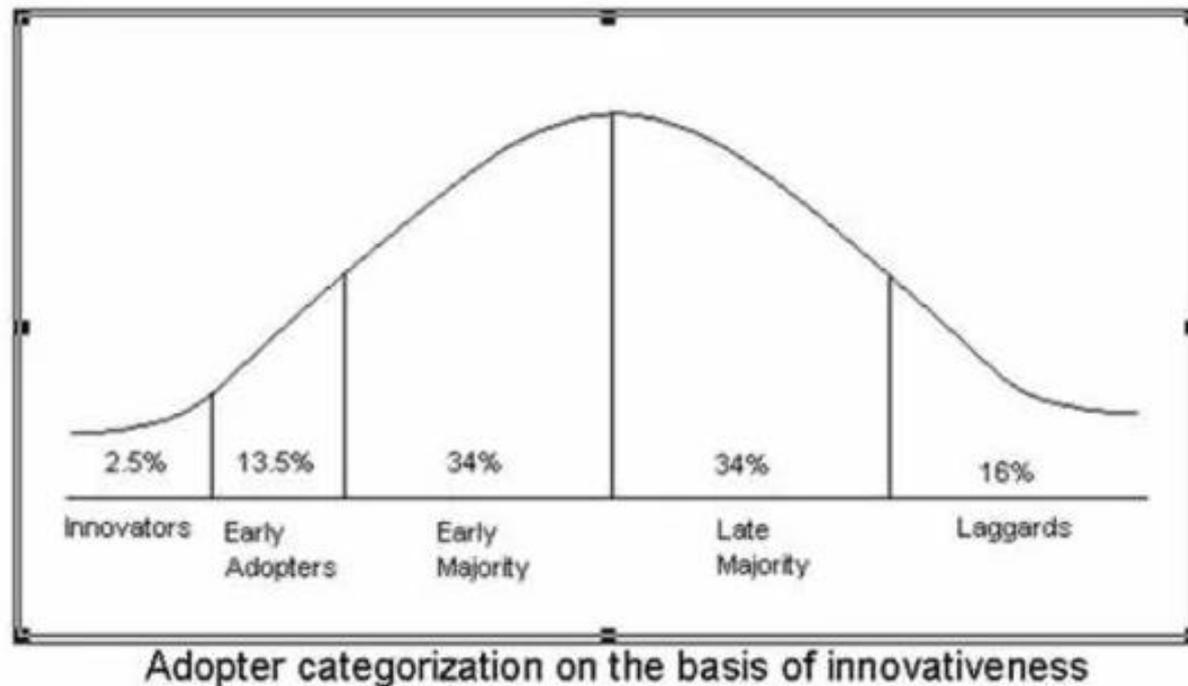
## FEAR and EMOTIONS

- 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



Source: Everett Rogers with F. Floyd Shoemaker, *Communication of Innovations: a Cross Cultural Approach*, 2nd ed. New York: The Free Press, 1971, p. 182.

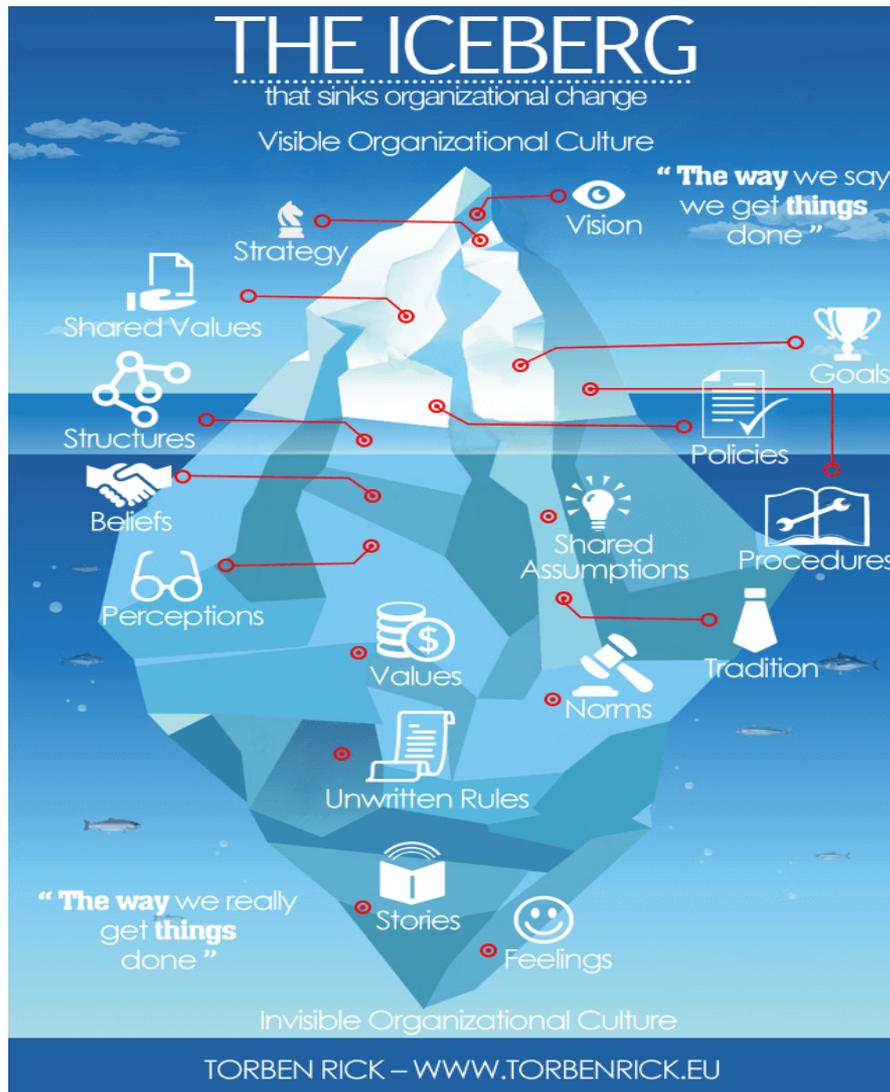
# How do managers react to resistance?

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

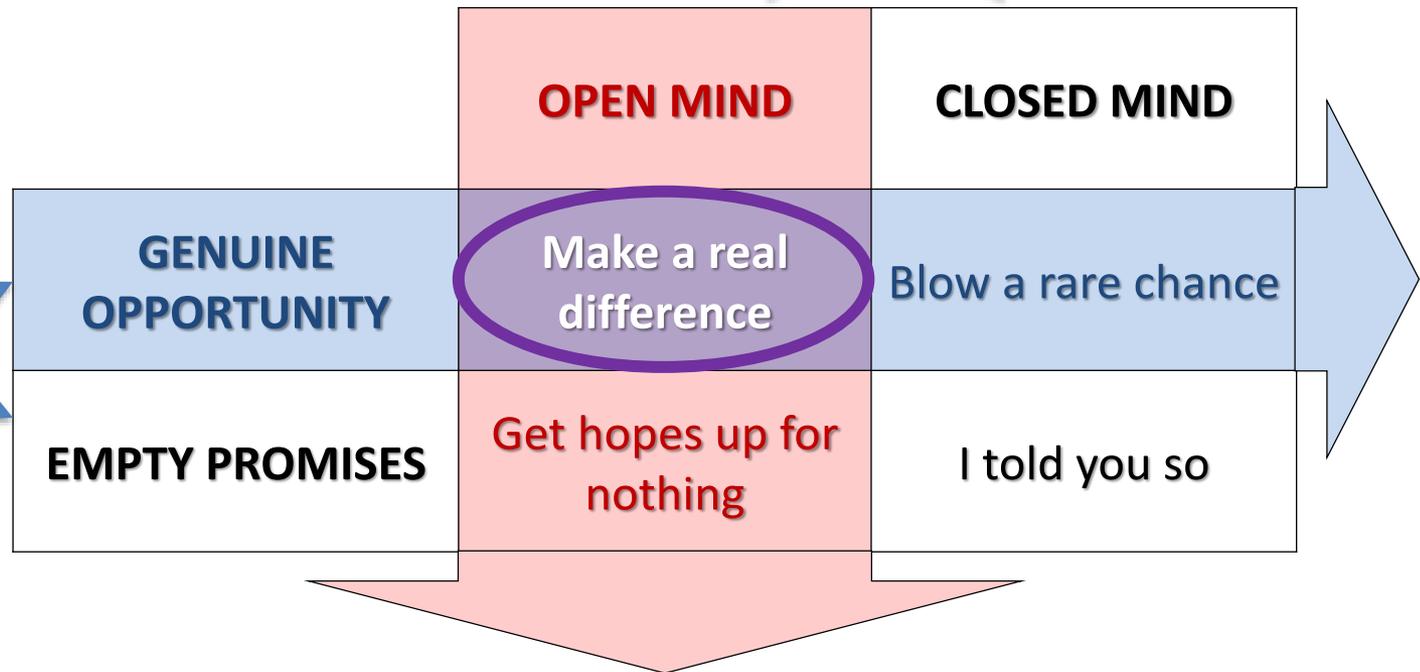
VS

- 👤 If we don't change, we had a valid reason

# Structural vs. Cultural change



# CHOICES?



# 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**

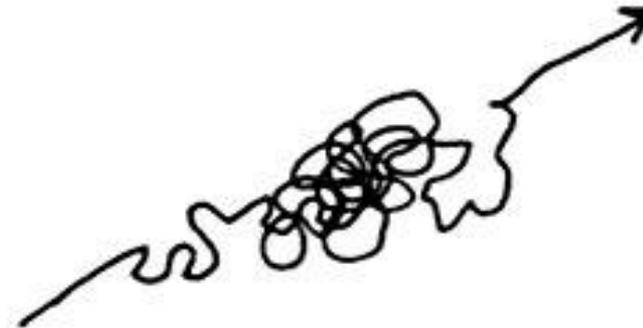
# Questions?

Success



what people think  
it looks like

Success



what it really  
looks like



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# Q & A

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

We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).



# THANK YOU!

Archived webinars, Resources, and Tools can be found online  
at

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

Technical Assistance:  
FPQC@health.usf.edu

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