Change Management

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Change management refers to how teams, units, or organizations transition from a current state to a desired future state. It encompasses a series of processes, tools and techniques designed to manage the impact of change on stakeholders and achieve desired outcomes. Research has estimated that two-thirds of healthcare projects fail due to a lack of engagement, poor planning or design, or ineffective leadership.[1] Effective change management is critical for healthcare organizations and professionals to navigate the complexities of evolving environments, technologies, and patient needs while ensuring high-quality care. To successfully implement change, healthcare organizations must adopt structured approaches to address the operational and human factors involved.

There are multiple models to guide the change management process in a team or organization, including, but not limited to, Lewin's Theory of Planned Change, Kotter's 8-Step Change Model, and Roger's Diffusion of Innovation Theory.[2] While all have unique aspects, they are similar in dividing the change process into three distinct phases: establishing the need for change, planning and implementing the change, and consolidating the change into the culture of the team/organization.

Effective change management begins with recognizing the necessity for change and establishing a clear vision. To begin the change process, leaders must clearly communicate the reason/need for change and the desired end state to all involved stakeholders. When change is necessary, there are often multiple good reasons for the change. Tailoring the message to amplify the reasons most important to each stakeholder group can build engagement. Engaging all affected stakeholders in the initial assessment of the situation will help the change leaders best understand the issues underlying the current state.

Change leaders should also include representatives from all stakeholder groups on the project teams involved in the planning and implementation phases. This enables the identification of a full range of possible solutions and facilitates vetting of the impact of these potential changes on patient care and those in various job roles. Multi- and interdisciplinary teams can also effectively identify the full range of barriers to change and define the resources required to successfully implement the change. Communication should occur through multiple channels to ensure that all involved parties understand the rationale for the change and the new processes/procedures that result from it. During the implementation process, success measures or key performance indicators (KPIs) should be monitored and regularly shared with the project team. Consider recognizing and rewarding staff who exemplify the desired changes. Successes should be widely celebrated. Feedback obtained through meetings, individual conversations, and surveys may be helpful in identifying reasons for underperformance and suggesting alternative approaches.

Once success is achieved, further work is necessary to sustain it. Change leaders should continue monitoring success measures/KPIs and design interventions when necessary. After a period of sustained performance at or above target, the project team can formally declare success and move on to the next opportunity while continuing to monitor KPI performance.

Example:

An OBGYN department recognizes that their observed hysterectomy surgical site infection (SSI) rate exceeds the expected rate. The department leadership team clearly communicates the significance of the issue and the need for change to improve the quality of care delivered. The organization's Chief Quality Officer works with the Department Chair to designate the leaders, a physician and a hospital administrator, of this change process. Next, these leaders assemble a team involving stakeholders from all relevant surgical services, anesthesiology, perioperative nursing, infection control, pharmacy, information technology and the quality team. Current processes are compared against best practice standards and the workgroup develops a set of recommendations for implementation. The interventions include changing preoperative order sets to make the preferred antibiotic regimen the default selection, standardizing the surgical preoperative preparation process, and monitoring intraoperative normothermia. A standardized checklist is developed to review all surgical site infections with feedback given to all members of the care team as to whether expectations were met for each item on the checklist. Overall compliance with the proposed changes is monitored and this data, along with the aggregate SSI rate, is shared with the department on a monthly basis. In addition, each surgeon is provided with their individual quarterly SSI rate. As the interventions become successfully entrenched in the organization's culture, the SSI rate steadily approaches the benchmark. The department and organization celebrate the steady improvement.

References:

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