Preventing Change Fatigue: Exploring Sustainability, Spread and Scale

Diana R. Jolles PhD
CNM
Wednesday, March 28, 12:30-1:30pm PST
Objectives

• Distinguishing how testing, implementing, and spreading a change are all different steps in the sequence of improvement

• Building communication strategies that foster and support spread

• Addressing how to hardwire new processes, methods, and systems to create the 'new norm'

• Exploring next steps in sustainability, standardization, and spread
Clinical Practice

Holy Family Services, Texas,
Used with Permission
Rapid Cycle Improvement Iterative Change

Multiple PDSA Cycle Ramps

- Develop office systems
- Use structured screening tools
- Work as a team
- Discuss parent concerns
- Continuous learning system
- Partnerships with community resources
Consumer Demand
IOM Rules for Healthcare Redesign

<table>
<thead>
<tr>
<th>Concept</th>
<th>Hardwired</th>
<th>Occasionally</th>
<th>Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care is based on a continuous healing relationship</td>
<td>80 (59.7)</td>
<td>42 (31.3)</td>
<td>10 (7.4)</td>
</tr>
<tr>
<td>Care is customized according to patient needs and values (designed to meet the most common types of needs, individual preferences and choices).</td>
<td>88 (65.6)</td>
<td>40 (29.8)</td>
<td>6 (4.4)</td>
</tr>
<tr>
<td>The patient is the source of control (eg. patients are given sufficient information and opportunity to exercise the degree of control they choose)</td>
<td>67 (50.0)</td>
<td>58 (43.2)</td>
<td>8 (5.9)</td>
</tr>
</tbody>
</table>
# IOM Rules for Healthcare Redesign

<table>
<thead>
<tr>
<th>Concept N=134</th>
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<tbody>
<tr>
<td>Knowledge is shared and information flows freely. Patients should have access to their own medical information and clinical knowledge.</td>
<td>77 (57.4)</td>
<td>47 (35.1)</td>
<td>9 (6.7)</td>
</tr>
<tr>
<td>Decision making is evidence based. Patients receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or place to place.</td>
<td>68 (50.7)</td>
<td>55 (41.0)</td>
<td>11 (8.2)</td>
</tr>
<tr>
<td>Transparency is necessary. Information on health care system's performance on safety, evidence-based practice and patient satisfaction should be made available to patients and their families when selecting health plans, hospitals and providers.</td>
<td>58 (43.2)</td>
<td>49 (36.6)</td>
<td>20 (14.9)</td>
</tr>
<tr>
<td>Needs are anticipated. The system should anticipate patient needs, rather than react to events.</td>
<td>66 (49.2)</td>
<td>49 (36.6)</td>
<td>18 (13.4)</td>
</tr>
</tbody>
</table>
HUSTLE.

ALIGN.

Accreditation and National Quality Strategy
Preventing Change Fatigue

Three Blind Men

Appreciative Inquiry
The one good thing about repeating your mistakes is that you know when to cringe.
Preventing Change Fatigue

- Joy breakers (volunteer sorry)
- Excellence is the enemy of good
- Joint Commission x 2
  - Cordy thingy
- Houston Floods, Hurricane Irma, Hurricane Maria
Preventing Change Fatigue

Appreciating Phases

• testing,
• implementing,
• spreading change

Distinguishing how testing, implementing, and spreading a change are all different steps in the sequence of improvement
IF THE PLAN DOESN'T WORK, CHANGE THE PLAN BUT NEVER THE GOAL.
Prevent Change Fatigue: Hardwire Communication

- Building communication strategies that foster and support spread
  - Communication
  - Frequency
  - Mode

Megan Lewis DNP FNP Implementing Effective Oral Health Screening, Intervention and prevention in a Rural Health Clinic in Hawaii
Prevent Change Fatigue: Hardwire Communication

- “The Gathering”
- Efficiency, Workflow, Accountability
- Survey Monkey: accountability, strategic organization.
- 1 page documents (Policy, Procedure)
- Monthly, quarterly, annual report
- Minutes
Prevent Change Fatigue: Hardwire Communication

- Teaching Hospitals and Centers
- Structuring Orientations, Messaging, Training
- “Board” Report
- Competency Days
- Performance evaluation
- Patient Satisfaction
Clinical chart audits occur for the APRN on an ongoing basis, at least annually.

N = 316
133 (42.09)
118 (37.3)
65 (20.7)
Hardwiring Communication: Continuous Performance Evaluation Quality Metrics

316 Respondents
Sustaining, Spread, Scale

hardwire new processes,

methods,

and systems

to create the 'new norm'
Sustaining the Gains and Spread

1. Supportive Management Structure
2. Structures to “Foolproof” Change
3. Robust, Transparent Feedback Systems

Kerry Traugott, MSN, APRN, FNP-BC, Bremerton WA

IHI, 2006, A Framework for Spread
Structure to “Foolproof” Hardwired Patient Preferences

“Will”
Compliments of Nancy Ostertag Photography
NOTHING IS FOOLPROOF TO A SUFFICIENTLY TALENTED FOOL.

iliketoquote.com
| Measurement and Audit | • Provide tools for ongoing measurement and audit  
|                       | • Data collection forms  
|                       | • Surveys  
|                       | • Instructions for electronic health record reports |
| Standardize the Process | • Guideline  
• Policy  
• Memo describing the new process  
• Checklist for chart audit  
• Clinical checklists  
• Orientation/education for new employees (PPT teaching)  
• Communication and dissemination plan |
Sustaining the Gains and Spread

1. Shared Sense of the Systems to Be Improved
2. Culture of Improvement and a Deeply Engaged Staff
3. Formal Capacity-Building Programs

Stephanie Walker APRN North Carolina

IHI 2006 Framework for Spread
SEVEN SPREADLY SINS

• Give one person the responsibility to do it all

• Rely solely on vigilance and hard work

• Spread success unchanged

• Require the person and team who drove initial improvements to be responsible for spread
SEVEN SPREADLY SINS

- Expect huge improvements and spread right away
- Don’t bother testing - do a large pilot
- Check huge mountains of data just once every quarter
Scale

9 Levers National Quality Strategy
1. Payment
2. Public Reporting
3. Learning and technical assistance
4. Certification, accreditation, regulation
5. Consumer incentives, benefits design
6. Measurement and feedback
7. Health Information Technology
8. Workforce development
9. Innovation and diffusion
Billing Audits and Feedback

Billing chart audits occur for the APRN on an ongoing basis, at least annually.

- 126 (40.0)
- 116 (36.8)
- 73 (23.2)

N 315
High performance organizations participate in high level performance measurement including measures for quality, reliability, cost, value and population health.

N=134

26.52% 35
41.67% 55
19.70% 26
12.12% 16
Case Study

- Sustainability
- Spread
- Scale
Align patient preferences with outcomes
Pilot: Pain relief intentions and Breastfeeding
## DHMC Sustaining the Gains

<table>
<thead>
<tr>
<th>Service</th>
<th>National Rates</th>
<th>Denver Health 2005 N=269</th>
<th>Denver Health 2010 N=1,064</th>
<th>Denver Health 2015 N=1253</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous labor support</td>
<td>------</td>
<td>2%</td>
<td>67%</td>
<td>55%</td>
</tr>
<tr>
<td>Ambulation</td>
<td>24%</td>
<td>12%</td>
<td>75%</td>
<td>64%</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>6%</td>
<td>3%</td>
<td>61%</td>
<td>38%</td>
</tr>
<tr>
<td>Intermittent auscultation</td>
<td>15%</td>
<td>2%</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>Intermittent auscultation only</td>
<td>3%</td>
<td>0%</td>
<td>29%</td>
<td>21%</td>
</tr>
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### DHMC Sustaining the Gains

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<tbody>
<tr>
<td>Success with pain relief intention</td>
<td>------</td>
<td>50%</td>
<td>76%</td>
<td>75%</td>
</tr>
<tr>
<td>Physiologic pushing</td>
<td>21%</td>
<td>.....</td>
<td>59%</td>
<td>79%</td>
</tr>
<tr>
<td>Non-lithotomy birth position</td>
<td>43%</td>
<td>1%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Delayed cord clamping</td>
<td>------</td>
<td>.....</td>
<td>58%</td>
<td>67%</td>
</tr>
<tr>
<td>Breastfeeding initiation in the birth room</td>
<td>------</td>
<td>45%</td>
<td>75%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Maintaining Transformation

HARDWIRE TEAM

• Extremely important looking to the future - Strong physician support moving forward.
• Strong support throughout hospital administration and with other departments.
  • Participation in executive committees - i.e. medical staff.
Maintaining Transformation

HARDWIRE TEAM

• How to maintain a happy team that is adhering to the mission and providing quality care.
  • work/life balance
  • Fostering strengths
  • Building trust, credibility
• Developing leaders
  • Formal
  • Informal
Maintaining Transformation

HARDWIRE TEAM:

- Constant vigilance to maintain highly-functioning collaborative team.
  - Building and maintaining trust, credibility, integrity vital
  - Continuing to learn from each other - MDs, RNs, etc. Supporting our differences and similarities.
  - Participating in collaborative groups - QI, P&P
  - Being a voice in broader hospital groups and initiatives - Priv/cred, MSEC, community health
Maintaining Transformation

- **HARDWIRE ACCOUNTABILITY AND DATA DRIVEN DECISIONS**
- Ongoing self-assessment, data collection and analysis
  - Data collection over 13 years.
    - Peer review - chart audits, formal CNM review of cases, QI
    - IPE - informal to formal - constant education despite formality.
  - OBs, FPs, med students, RNs
Drivers of Social Change

Demand

Workflow
Exploring Next Steps
Sustaining, Spreading, Scaling

Dr. William “Buzz” Brown III, Physician Champion DHMC


Resources

• IHI Open School www.ihi.org/education/openschool
• Frontier Nursing University https://frontier.edu/