

HS2045

WEEK THREE

September 23, 25, 27, 2013

HS 2045

Class #1: Diffusion of Innovation

September 23, 2013

REMINDER: Poll #1 (opened 12:30 Friday, closes 12 Wednesday) > graded Wednesday

- Will talk about the results Wednesday

Readings for This Week: Reminder. Expected.



2 Required Reading this week:

1. Go to Western Libraries and access, download, read the following:

[JAMA](#). 2003 Apr 16;289(15):1969-75. Disseminating innovations in health care. [Berwick DM](#).

2. Campbell: Change Management in Healthcare. 2003
(posted for you)

[Campbell.ChangeManagement.HCMgr,2008.pdf](#)

Other Updates

Disseminating Innovations in Health Care

- An enormous amount of scientific knowledge remains unused

EVIDENCE into PRACTICE?

- FIRST: Define evidence
- SECOND: Define what “they” mean by evidence

EVIDENCE into PRACTICE?

- 264 years
- 17 years

- James Cook
- The British Navy

Who has the BEST healthcare system?

- Article argues America.
- What do you think?

The evidence behind the evidence

- 3 clusters of influence
 1. Perceptions of the innovation
 2. Characteristics of the people
 3. Contextual Factors (communication, incentives, leadership and management)

Some HC Background

- More HCPs are somewhat (to very) risk averse
- When innovation requires change of (usual/normal/routine) practice, it is often met with hesitation
- Despite healthcare being seen as a 'forward-moving' field, it does so at a very (very) slow pace

1. Perceptions of the Innovation

1. Perceived benefit of the change
2. Compatibility with values
3. Complexity of the innovation
4. Simplicity
5. Trialability (incrementalism)
6. Observability (watch and learn)

2. Characteristics of the Adopters

- Innovators
- Early Adopters
- Early Majority
- Late Majority
- Laggards

3. Contextual Factors

- Nurture, praise, reward innovation and change

- *“Successful diffusion depends more on how an organization deals with its innovators, early adopters and early majority and the interface between early adopters and the early majority than with any other groups of phases”*

So what can we do with this knowledge?

- Now that we know the three factors, what next?
- How can we leverage this information to make adoption of innovation easier? More likely?
- What about the reverse? Could we slow, or stop practice (as an innovation) using this theory?
- Do you think this is the only way?
- What else might be important?

Individual Level vs Organization Level

- Vs system level
- *“senior leaders appear to leave this process to an imagined, latent professional culture that they assume is constantly scanning for new ideas”*

For example:

- 7,287 articles are published monthly in PC
- 627.5 hours per month to evaluate articles (730)

A Formula

1. Good Innovations
2. Good Innovators
3. Invest in early Adopters
4. Good communication
5. Trust and Enable Reinvention
6. Create Slack for Change

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Class #2: Diffusion of Innovation Cont'd

September 25, 2013

What's in the news?

OVERSIGHT Health care reforms called a disappointment (GLOBE AND MAIL)

- A decade of health care reforms heralded as a "fix for a generation" has yielded disappointing results and deluded Canadians into thinking their system of care is better than it really is, a report says. The report, to be released on Thursday, is the latest from the Health Council of Canada, an oversight panel created to monitor the progress of health accords introduced in 2003 and 2004. The federal government announced this year that it will end the group's financing. The council found the accords failed to usher in the "transformative change" politicians promised because of an absence of federal leadership, a lack of clear metrics to measure progress, and inertia fuelled by a risk-averse public. "Health care isn't as good as you think it is in Canada," Jack Kitts, an anesthesiologist and chairman of the panel, told The Globe and Mail editorial board. "Most Canadians think they have good health care; yet, the evidence suggests the system is not as good as they think it is." The report found that changes ushered in with the accords failed to keep pace with the evolving needs of the greying and diversifying population, noting that income, education and cultural factors affect access to care.

What's in the news?

Mental health at a distance (The Niagara Falls Review)

- It always takes a moment when the session's awkwardness to fade to black. A big part of psychiatry is about building a rapport with a patient and noticing subtle clues in body language. The video monitor takes some of that away. But it usually doesn't take long before everyone is comfortable. "Usually, they are uncomfortable at first with the idea of talking to someone on a monitor. But after a few minutes, the patient doesn't really seem to be bothered by it, or really notice it," said Dr. Joan Nagy, a Hamilton psychiatrist who helps Niagara residents through a regional telemedicine program. "The monitor does remove some of the little subtleties you would notice, but for the most part it works out."

A Formula

1. Good Innovations
2. Good Innovators (find them, support them)
3. Invest in early Adopters (invest in curiosity; SOWT)
4. Good communication (observability; boundary spanning)
5. Trust and Enable Reinvention (outside ideas; local changes, local adaption)
6. Create Slack for Change (change takes time...and energy)
7. Lead by example (leaders as “CHAMPIONS”)

Kotter's Change Management Model

- Dynamic and non-linear

Three Phases, 8 steps

1. Create a climate for change
2. Engage and enable the whole organization
3. Implement and sustain the change

People don't like change...

- Risk averse
- Bad feelings (negative attitudes)
- Need to shift the mindset: change thinking = change behaviour

- *“employees are motivated... when they feel it in their hearts and not in their heads ... (these things) impel them into action”*

- What evidence do they need/want? (recall the three circles)

Not 'Just the facts'

- *“When behavior is fueled by emotion, it is more likely to last longer than when fueled by analysis”*
- But... facts are needed
- Facts can strengthen the argument for change

Kotter's Change Management Model

PHASE 1:

1. Increase Urgency

- Anecdotes (insider)
- Success stories from outsiders
- Make it personal (what's in it for me?)

2. Build guiding teams

- Pick a leader
- Skills based on knowledge, familiarity, credibility, expertise and leadership

3. Get the vision right

- 6-7
- Picture it > envision a scenario

A warning

- The vision shouldn't (just) be about cost-containment
- Defining our terms: what does “full implementation of EHR mean?”
- Talk about behaviours wanted and eliminated

- The vision is just the beginning.. Need to come up with a strategy to achieve the vision

Kotter's Change Management Model

PHASE 2:

1. Communicate for buy-in

- Awareness, understanding, collaboration, commitment, advocacy
- E.g.: eating well.

2. Enable and Empower Action

- i.d. barriers (system- and individual-)
- Reward and incentivize
- Adequate information + accurate and timely feedback

3. Create short-term wins

Kotter's Change Management Model

PHASE 3:

1. Don't let up

- Don't stop at several short term wins (it's a marathon!)
- Keep sense of urgency; reenergize the group
- "Red Coats" (PICNIC)

2. Make it stick

- "*culture changes comes last not first*"
- rewards

- *“it is an iterative model, and its use will rely on the skills and knowledge of the health care manager charged with bringing about change within his/her HCO”*

Can you...


- Apply Kotter's change model to an emerging trend?
(maybe not yet... but keep this in mind as we go through!)
- Apply Kotter's change model to your own behaviour change?
- How is Kotter different than/same as DOI?
- How is Kotter different than/same as Bridges?

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Class #3: Making Change Happen in Healthcare

September 27, 2013

William Bridges and Transitions

- *“According to Bridges it is not the changes that determine the success or failure of a project, it is the transitions”* 
- Transitions are psychological
- Internal ‘re-patterning’
- People’s identities and ways of life are (often) tied to where they live and what they do
 - Feelings of security, self-identify and self-efficacy

Transitional Management

- Whereas Kotter is concerned w situational changes
- Bridges considers more the psychological effects created by the change
- He calls this 'transitional management'

Three Phases


1. Endings
 2. Neutral Zone
 3. Beginnings
- Changes focus is on the outcome
 - Transitions focus on an ending (rather than an outcome)
 - Eg: move to a new city

Endings




- What is the HCP loosing?
 - Kotter would focus on communicating the benefits
- *“it isn’t the changes themselves that the people in these cases resist. It’s the losses and endings that they will experience and the transitions that they are resisting.”*
- Cannot always be measured in concrete terms
 - Again, ‘the facts’ are not enough




Endings Strategies

- Compensate for loss  > give feeling of control
- Send a signal > loud and clear
 - Jolie Rodger
 - All hospitals did the EHR (no pilots)
- It's part of life
 - The only certainty in life is death and taxes... and change


Neutral Zone

- Not so neutral 
- Anxiety, lack of motivation, absenteeism, illness, overload, confusion, failure to communicate
- Warning: *'perpetual internment in the neutral zone'*

Neutral Strategies

- Normalization 
- Be visual (like Kotter)
- 7-point compass 
 - Incrementalism 
 - tools, skills, training, knowledge
 - Team work, all in
 - Real change

Beginnings

- The butterfly 
- Cannot be forced, only encouraged

- Strategies:
 - Purpose > explain it, make it clear
 - Picture > (sound familiar.. Kotter)
 - Plan > how will things change, timelines
 - Part to plan > all in, with clear roles

Change Management

- Situational (Kotter) and Psychological (Bridges)



EI-CM for Cdn HCOs (2012, CHSRF)

Top-down models of change are being replaced by models that emphasize multi-stakeholder and multi-level participation.

RECOMMENDATIONS

1. Encourage decision makers to develop, possibly in the context of the provincial/federal negotiations on innovation, a national/provincial “co-led” effort to emphasize the importance and need for improved change skills for decision makers.
2. Invest in the creation of an online website clearinghouse that would bring together in one easily accessible place the resources identified and referenced in this and other studies. Additional investment in the development of new tools for newer concepts would also be timely.
3. Develop an updated version of the Iles and Sutherland report in a handbook format that advances the findings of this study.
4. Make the above-mentioned handbook and online website resources available to health leadership and management faculty to influence the development of new graduate programs, to inform curricula changes in existing programs, and to create course material for health leaders and managers.
5. Hold a national round-table forum for individuals who develop and deliver post-secondary and professional development programs and curricula to discuss the findings from this project.
6. Create a strategy to translate the project findings into programs and curricula for health leaders and decision makers across Canada.

Canada Health Infoway



National Change Management Framework

The Pan-Canadian Change Management Network has concluded that ICT for health projects should incorporate the following six core change management elements:

- Governance & Leadership
- Stakeholder Engagement
- Communications
- Workflow Analysis & Integration
- Training & Education
- Monitoring & Evaluation



Learn more about eHealth change management and the

- Today's Class will wrap up Mon/Wednesday lectures and have some time for application of what we learned to real world diffusion of innovation challenges and success stories in healthcare.

Blog for This week

- Opens Friday
- Closes Wednesday

Readings for Week #4 (Sept 30-Oct 4)

- Monday

1. <http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php>
2. [http://www.conferenceboard.ca/press/newsrelease/12-10-31/primary care teams are not as effective as they could be because of three sets of barriers.aspx](http://www.conferenceboard.ca/press/newsrelease/12-10-31/primary_care_teams_are_not_as_effective_as_they_could_be_because_of_three_sets_of_barriers.aspx)

- Wednesday

1. <http://www.longwoods.com/content/18669>