# *Transforming clinical outcomes through implementing change management theory into practice.*

Khrista Britt RN, MSN
Clinical Workflow Thought Leader
Philips Healthcare MA&TC
December 12, 2018

**Change the Narrative:**
*Transforming clinical outcomes through implementing change management theory into practice.*

**Abstract:**

*Shifting the mindset and view of technology adoption into clinical practice is challenging. As technology has advanced, so has the complexity and capabilities of diagnostic tools utilized in clinical practice. Successful adoption of these tools leads to improved clinician experience and outcomes. This presentation will explore in detail, strategies for "changing the narrative" around successful patient monitoring technology adoption in the clinical environment through utilization of proven change management theory and methodologies.*
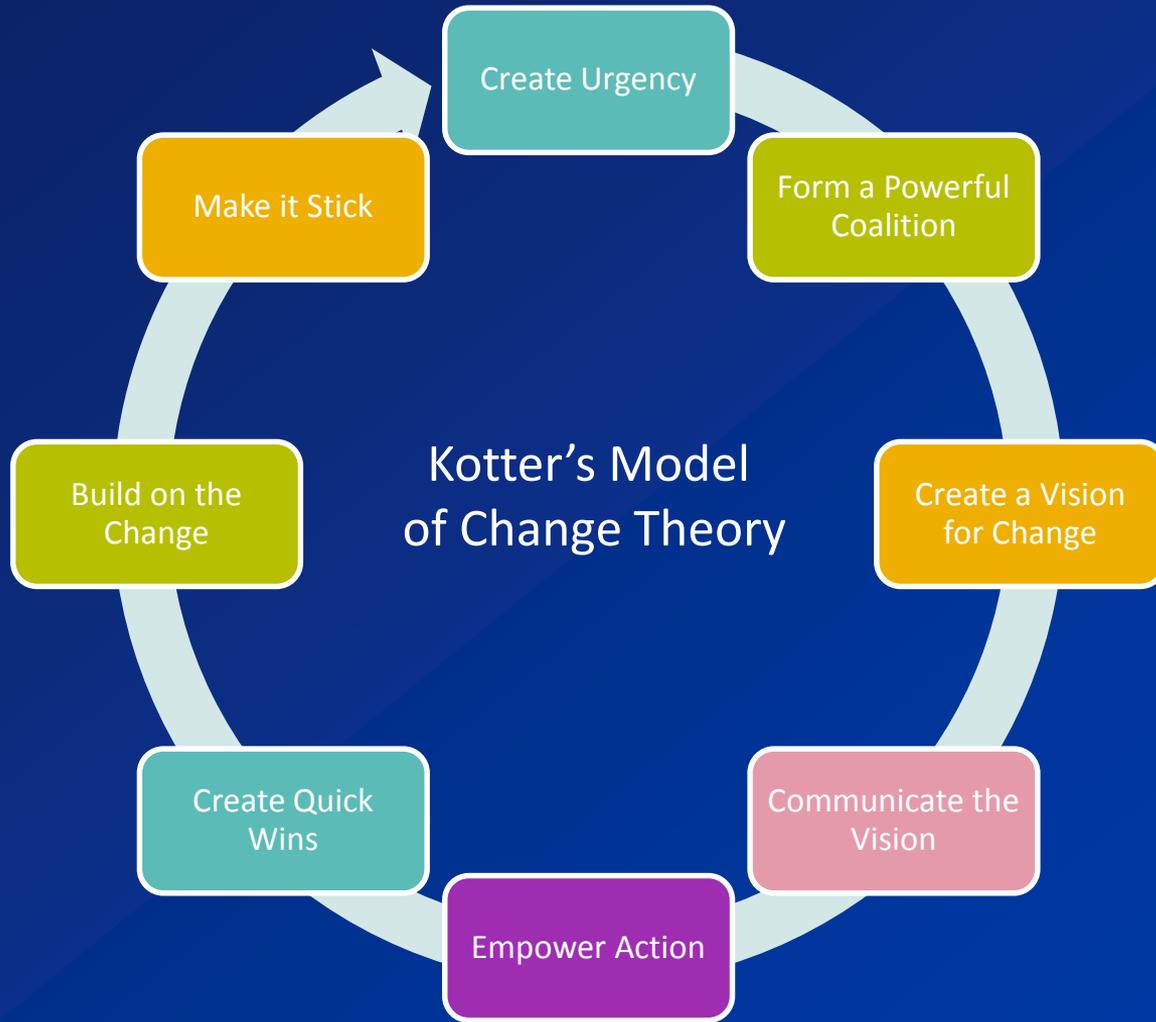
# Objectives

**Objectives:**

- **Examination of change management theory as it relates to technology adoption.**
- **Exploration of 2 patient monitoring implementation case studies.**
- **Identification of key strategies to successful technology adoption utilizing change theory.**

"Change is vital to progress, yet the nursing literature identifies numerous complexities associated with transforming plans into action, and *attempts at change often fail because change agents take an unstructured approach to implementation"* (Wright 1998).

"Between 60-90% of change initiatives flounder because leaders tend to focus on high-quality technical solutions while paying inadequate attention to developing a strategy for fostering acceptance of the proposed solution. (Zook 2001).

Kotter's Model of Change Theory

- Create Urgency
- Form a Powerful Coalition
- Create a Vision for Change
- Communicate the Vision
- Empower Action
- Create Quick Wins
- Build on the Change
- Make it Stick

# Case Study

351 bed regional medical center transitioning to new remote telemetry patient monitoring equipment and central surveillance software desired to make a clinical practice model change parallel to equipment implementation. Previous remote telemetry model was de-centralized. Previous model supported remote telemetry viewing capability and device deployment at nurses stations individually for 6 inpatient acute care nursing units.  Previous model did not support dedicated staff (monitor tech) to continuously view remote telemetry patients. Facility transitioned to Centralized Patient Monitoring platform with dedicated monitor techs in one dedicated space while simultaneously adopting new technology.

# Phase 1: Creating a Climate for Change

| | |
|---|---|
| **Create Urgency** | • Define the Why- "near misses", standardized practice needs, improved patient care.<br>• Equipment and technical needs ensured, guidance on successful solution implementations and workflow considerations.<br>• Plan development |
| **Form a Powerful Coalition** | • Change champions identified- Directors of Clinical Units, Unit RN's, Cardiologist's, Monitor Techs, Unit Secretary, Clinical Engineering, IT.- MULTI-DISCIPLINARY*. |
| **Create Future State Vision** | • Initial practice model change for remote telemetry communicated.<br>• Priorities and goals of remote telemetry surveillance model change championed.<br>• Vendor partnership to support clinical and technical needs.<br>• Physicians, RN's, NA's, all ancillary depts. included. |

# Phase 2: Engaging and Enabling

| Communicate the Vision | • Communication Plan- focus on instrumental stakeholders. "Why?"<br>• Internal Education- EKG classes, Policy and Procedure, Staff visits to sister campus- real-time view of best practice. Peer to Peer interaction. *<br>• Vendor Education- focused on functionality AND workflow considerations- collaboration between the combined forces.* |
|---|---|
| Empower Action | • Clinical practice staff engaged in workflow needs and decisions. *<br>• Usability discussed and reviewed with Vendor to meet needs. *<br>• Staff involvement in clinical configuration of system decisions- able to speak to functionalities and the "why".<br>• Goal alignment ensured. |
| Create Quick Wins | • Initial transition of 3 clinical units<br>• Secondary transition of remaining units- 3 months post.<br>• Workflow transition steps.<br>• Establish realistic expectations. |

# Phase 3: Implementing and Sustaining the Change

| Build on the Change | <ul><li>Secondary transition of remaining units- 3 months post.</li><li>Continued follow up. Continued Engagement*.</li><li>Internal changes to workflow- telemetry tech assuming more responsibility as time passed.</li></ul> |
|---|---|
| Make it Stick | <ul><li>Provide ongoing education and support for staff on updates and workflow efficiency.</li><li>Provide ongoing education and support for staff on technology.</li><li>Based on feedback from practice staff, hold trainings on topics that may impact workflow and efficiency.</li><li>Ensure that staff are aware of system updates.</li><li>STAY THE COURSE.</li></ul> |

# Case Study

478 bed Academic Medical Center with a commitment to improving patient outcomes on general care wards adopted a clinical practice change and new software technology to support practice change simultaneously. Previous clinical practice models did not employ use of a Modified Early Warning Scoring system (MEWS) for deterioration identification and detection.

## MEWS (Modified Early Warning System)

|  | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|---|---|---|
| Respiratory Rate per minute | | Less than 8 | | 9-14 | 15-20 | 21-29 | More than 30 |
| Heart Rate per minute | | Less than 40 | 40-50 | 51-100 | 101-110 | 111-129 | More than 129 |
| Systolic Blood Pressure | Less than 70 | 71-80 | 81-100 | 101-199 | | More than 200 | |
| Conscious level (AVPU) | Unresponsive | Responds to Pain | Responds to Voice | Alert | New agitation Confusion | | |
| Temperature (°c) | | Less than 35.0 | 35.1-36 | 36.1-38 | 38.1-38.5 | More than 38.6 | |
| Hourly Urine For 2 hours | Less than 10mls / hr | Less than 30mls / hr | Less than 45mls / hr | | | | |

# Phase 1: Creating a Climate for Change

| | |
|---|---|
| **Create Urgency** | • Defined the "Why"- Failure to Rescue, Code Stats, Experience level of staff.<br>• Equipment and technical needs ensured, guidance on successful solution implementations and workflow considerations.<br>• Plan development. |
| **Form a Powerful Coalition** | • Change champions identified- CMO, CNO, Directors of Clinical Units, Unit RN's, Unit Nursing Assistant's, IT, University assigned Change Management Leader, Vendor Partner. |
| **Create Future State Vision** | • Initial practice model change for pilot units communicated.<br>• Priorities and goals of Early Warning Scoring system model change championed.<br>• Vendor partnership and collaboration.<br>• Physicians, RN's, NA's, all ancillary depts. – Change Champions are sometimes in un-assuming places!.* |

# Phase 2: Engaging and Enabling

| Communicate the Vision | • Communication Plan- focus on instrumental stakeholders- REPEAT, REPEAT, REPEAT!<br>• Internal Education- Back to Basics vital signs, Policy and Procedure, Workflow Changes.<br>• Vendor Education- focused on functionality AND workflow considerations- collaborative effort aligned with goals.* |
|---|---|
| **Empower Action** | • Clinical practice staff engaged in workflow needs and decisions- change champions first to receive education.<br>• Usability discussed and reviewed with Vendor to meet needs.<br>• Staff involvement in clinical configuration of system decisions- able to speak to functionalities and the "why".**<br>• Goal alignment ensured. |
| **Create Quick Wins** | • Initial pilot of 2 units-** small test of change- results driven.<br>• Workflow transition steps- small test of change-does the hypothesis work?<br>• Establish realistic expectations. |

# Phase 3: Implementing and Sustaining the Change

| | |
|---|---|
| **Build on the Change** | • Monitor results and make changes as needed- Codes, Rapid Response<br>• Internal changes to workflow- monitor and change as needed<br>• Vendor follow-up and assist. |
| **Make it Stick** | • Provide ongoing training and support for staff on updates and workflow efficiency<br>• Based on feedback from practice staff, hold trainings on topics that may impact workflow and efficiency.<br>• Ensure that staff are aware of system updates. |

# Key Takeaways

- Successful patient monitoring technology implementations are multi-faceted and require use of a guiding change management theory to support successful adoption.

- Vision Creation is key to success.

- Progress, not PERFECTION!

- Rinse and Repeat.

- Communicate, Communicate, Communicate.

# References

- Kotter, J. P. (1995, March/April). Leading Change: Why Transformational Efforts Fail.  *Harvard Business Review,* 73 59-67.

- Zook, C. Profit from the Core: *Growth Strategy in an Era of Turbulence;* Boston: Harvard Business School Press 2001.

- Wright S (1998) Changing Nursing Practice. Second edition. Hodder Arnold, London.

# THANK-YOU!

Khrista.Britt@Philips.com

1-910-975-6960

@workflowRN- twitter