CHANGE MANAGEMENT: HOW TO ACHIEVE A CULTURE OF SAFETY

SUBSECTIONS
- Eight Steps of Change
- Organizational Change
- Team Member Empowerment
- Creating a New Culture
- Planning for Change
- Teamwork Actions

MODULE TIME: 2 hours 15 minutes
OBJECTIVES

SAY:

Pursuit of the goal for the safest and highest quality health care requires optimization of a complex and integrated delivery system that includes people and processes. To achieve this goal, the medical profession must evolve and adapt, using both new approaches and tools. These will include such process techniques as systems analysis, process analysis and reengineering, and individual skill training in improving communications.

The adaptation necessary to achieve this goal will therefore require change, including recognizing the need for change, developing a culture that will accept change, and fostering actual change in individuals’ approach to the health care delivery process. Paramount in this effort is institutionalizing the concept that health care is delivered not by a series of people but by a coordinated health care team whose techniques and goals must be understood and aligned within a system.

This module will help guide you through the phases and steps necessary for your nursing home to successfully change its culture.

In this module, we will:

• Identify and discuss the Eight Steps of Change
• Describe the actions required to set the stage for organizational change
• Identify ways to empower team members to change
• Discuss what is involved in creating a new culture
• Begin planning for the change in the nursing home
EIGHT STEPS OF CHANGE

SAY:
Realizing that change is difficult, John Kotter has outlined an eight-step model for successful change efforts. Steps 1–4 help unfreeze the status quo, Steps 5–7 introduce new practices, and Step 8 grounds the changes in a new culture to ensure sustainability (Kotter, 1996). Because we know that implementing and sustaining change is difficult, it requires a comprehensive strategy. Briefly, the steps are:

• **Step 1: Create a Sense of Urgency.** Help others see the need for change and the importance of acting immediately.

• **Step 2: Pull Together the Guiding Team.** Pull together the guiding team. Make sure there is a powerful group guiding the change—one with leadership skills, credibility, communications ability, authority, analytical skills, and a sense of urgency.

• **Step 3: Develop the Change Vision and Strategy.** Clarify how the future will be different from the past, and how you can make that future a reality.

• **Step 4: Communicate for Understanding and Buy-in.** Make sure as many others as possible understand and accept the vision and the strategy.

• **Step 5: Empower Others to Act.** Remove as many barriers as possible so that those who want to make the vision a reality can do so.

• **Step 6: Produce Short-Term Wins.** Create some visible, unambiguous successes as soon as possible.

• **Step 7: Don’t Let Up.** Press harder and faster after the first successes. Be relentless with instituting change after change until the vision becomes a reality.

• **Step 8: Create a New Culture.** Hold onto the new ways of behaving and make sure they succeed until they become a part of the very culture of the group.

We’ll spend a little time talking about these steps and their implications for the change efforts in the next few minutes.
SET THE STAGE AND CREATE A SENSE OF URGENCY

SAY:

The first phase in implementing change is *setting the stage*. As we noted previously, the first step is to create a sense of urgency. Ensuring a sense of urgency among people is crucial to getting cooperation for change. Unless individuals understand the urgency of a situation, complacency sets in, and change becomes very difficult, if not impossible. Think about the forces of complacency—what are some of them?

Begin thinking about who are the key stakeholders, groups, and individuals in the nursing home who must feel the need for change for team training to happen. Are they on board yet?

Talking about the need for change, the consequences of not changing, and ways to solve the problems is essential to making the case for change.
PULL TOGETHER THE GUIDING TEAM

SAY:

For the change effort to be successful, a powerful group must lead the change; and members of that group must work together as a team. Key characteristics that must be represented on the team include power, leadership skills, credibility, communications ability, expertise, authority, analytical skills, and a sense of urgency.

Remember that no one person can implement wide-scale change; a coalition is essential. Most nursing homes have a guiding coalition already in place. Think about our nursing home. Is there a guiding coalition already established? Do they have the right mix of skills, knowledge, and capabilities?

**Recommendation:**

- Consider existing committees within the nursing home and designate the one most appropriate as a guiding coalition. Especially in larger nursing homes, a change team should be in place in each unit. These teams could all report updates to the guiding coalition.

**Instructor Note:** (Optional) Include exercise on guiding coalition/change team membership.
DEVELOP THE CHANGE VISION AND STRATEGY

SAY:

An organization fosters a “culture of safety” with its practices, processes, and procedures. Patterns of behavior determine the commitment, style, and proficiency of an organization in relation to safety. A positive culture of safety has:

- Foundation built on mutual trust
- Shared perceptions on importance of safety
- Confidence in efficacy of preventive measures

The second phase in implementing change is *deciding what to do.* Leaders must create a compelling vision—one that answers the questions “What do we want to achieve?” and “Where do we want to be in the future?” It’s important that the vision engage both head and heart. Leadership must also develop the strategy to make that vision a reality. It’s also important that the guiding coalition be instrumental in the creation of the vision and strategy. Michael Fullan writes, “The role of the leader is to help create a process that helps people see new possibilities that engage their emotions and thus change behaviors or reinforce changed behavior” (Fullan, 2004).

ASK:

Do we have a vision and strategy in place?
COMMUNICATE FOR UNDERSTANDING AND BUY-IN

SAY:

The third phase in implementing change is *making it happen*. When the vision and strategies have been determined, they must be effectively communicated. Failure to implement change is often the result of undercommunicating or communicating poorly. In addition, people must both understand and accept the vision and strategy.

Creating a vision and implementing change are time consuming and a great deal of hard work. It’s essential that trust be built in the early stages within and among the guiding coalition/change team, staff, and leadership. It’s also important that an environment be established where concerns can be brought forward and discussed without fear of retribution. Every communication channel available should be used to put forth the vision and the strategies in a planned way. It’s also essential that the guiding coalition and change team model the expected behavior of employees.

Accept and plan for resistance. Resisters help to clarify the problem, and by addressing their concerns, you can actually improve the change.

Use the following actions to overcome resistance to change:

- Acknowledge change as a process
- Empower stakeholders
- Encourage all stakeholders
- Set concrete goals
- Show sensitivity
- Model process skills
- Develop strategies for dealing with emotions
- Manage conflict
- Communicate
- Monitor process dynamics
EMPOWER OTHERS TO ACT

SAY:

Leaders must change the systems or structures that undermine the change vision and also remove other obstacles to change. They should also encourage risk taking and nontraditional ideas, activities, and actions. It’s essential that leaders remove as many barriers as possible so that those who want to make the vision a reality can do so.

- Give people freedom and direction
- Give people permission to find their own team-driven solutions
- Encourage people to speak up, even to differing views
- Encourage people to take risks
- Affirm and refine the vision—make room for others’ ideas
- Tell people as much as you know
- Encourage teamwork and collaboration
- Encourage personal reflection and learning
- Provide people with training and support
- Use existing quality improvement methods in your nursing home to track activities on a daily basis
- Set short-term goals
PRODUCE SHORT-TERM WINS

SAY:
Creating visible, unambiguous successes connected to the change effort as early as possible demonstrates success of the initiative. Plan and create the wins and be sure to visibly recognize and reward people who made the wins possible.

Some additional issues to think through:

- Think through the power of short-term wins in the first unit to be trained or early adopters of the change.
- Think of the method you use to integrate lessons learned into your own process modification. Will that method apply here?
- How do you plan to leverage lessons learned to drive change in the second unit to be trained? To design and drive change as you train up multiple departments across the nursing home?
- What measures provide evidence of success?
- It takes a lot of courage to openly communicate when resisters are present (e.g., at a staff meeting). What method do you find successful for communicating to staff where there are numerous resisters present? How can you leverage your change team to strategize, plan, and control the impact of resistance?
- What means or methods tend to build momentum? Is our facility a “storytelling” place? Are stories an effective manner to help staff hear and internalize the short-term “win”?
DON’T LET UP

SAY:

Press harder and faster after the first successes. Be relentless in instituting all the necessary changes until the vision is a reality. To realize the vision, you may have to change systems, structures, and policies that don’t fit together and don’t fit the transformation vision. You may need to reinvigorate the process with new projects, themes, and change agents.

Kotter recommends that to solidify the changes you should:

• Hire, promote, and develop people who can implement the change vision
• Reinvigorate the process with new projects, themes, and change agents
CREATE A NEW CULTURE

SAY:
The final phase in implementing change is *making it stick*. Hold onto the new ways of behaving and make sure they succeed, until they become a part of the very culture of the group. Also develop a means to ensure leadership development and succession. Remember that changing culture comes last, not first. It is only after people change their actions that there can be a change in culture.
SAY:

Training is not a stand-alone function. Pitfalls commonly arise and derail organizations overly eager in their rush to change. Listed on this slide are some things to avoid.

New approaches and methods become part of a culture when they are effective. Dr. Kotter identifies ways to institutionalize change and counter these errors:

• Build new habits and skills
  – Providing opportunities for discussions and tools to reinforce skills (e.g., pocket guide) may assist staff in institutionalizing processes
• Reward incremental change
• Make all staff accountable
• Assign responsibilities for change actions
• Encourage mutual leadership
SHIFT TOWARD A CULTURE OF SAFETY

SAY:

As we undertake this change initiative, it’s helpful to identify where we are in the process. This model is one that TeamSTEPPS recommends and we’ll go through this in more detail during the Implementation module.

The process of change naturally lends itself to certain groupings:

**Phase 1:** Setting the stage and deciding what to do—Assessment

**Phase 2:** Making it happen—Training and implementation

**Phase 3:** Making it stick—Monitoring, integrating, and providing coaching for the initiatives to sustain over time

As you can see, each of these major action organizers correlates with Kotter’s steps.
CULTURE CHANGE COMES LAST, NOT FIRST

SAY:

According to Kotter, the process of anchoring change in the culture has the following characteristics:

• It comes last, not first. Most alterations in norms and shared values come at the end of the transformation process.

• It depends on results. New approaches usually sink into the culture only after it’s very clear that they work and are superior to old methods.

• It requires a lot of talk. Without verbal instruction and support, people are often reluctant to acknowledge the validity of new practices.

• It may involve turnover. Sometimes the only way to change a culture is to change the key people.
ROADMAP TO A CULTURE OF SAFETY

SAY:

These steps and activities form a high-level roadmap to create a culture of safety. They provide an outline for a vision and strategy. In the next activity, we’ll begin to think through these issues in our nursing home. Once the vision and strategy are determined, you must take these high-level ideas and develop a TeamSTEPPS Action Plan for your nursing home.

✉️ Instructor Note: You should update the group on where your initiatives currently stand and the work that is left to accomplish.
EXERCISE: SIZING UP THE ICEBERG

Instructor Note: The prerequisite for the “Sizing Up the Iceberg” activity is for participants to have read John Kotter’s *Our Iceberg Is Melting*. If they have not, then you can either create your own exercise or use the TeamSTEPPS exercise “Sizing Up the Culture.” The purpose of this exercise is to have the group begin discussing and addressing the change steps in their nursing home.

“Sizing Up the Culture” is provided in the train-the-trainer/coach exercise sheets.

DO:

• Have the participants break into groups of 3-4 that correspond to their work units if possible.

• Have the groups read through the questions and answer them. Depending on the amount of time, you may want to assign questions to different groups so that all the questions are addressed.

• Circulate through the room and answer questions as needed.

• Bring the group together and review the questions in order. Ask the groups to summarize their answers to the questions.

• Add other relevant information as needed.

• You may not get through all the questions, but inform the group that they will be working through all these issues as the teamwork initiatives are implemented in the nursing home. Note where actions have already been implemented and update people on the status as appropriate.

TIME: 60 minutes

MATERIALS:

• Sizing up the Iceberg Exercise Sheet

Continued…
DISCUSSION:

- Do you have a “Fred” in your nursing home? If so, how is this person treated?

**Step 1: A Sense of Urgency**

- What information do you have that may indicate a need for change in your nursing home?
- Where else might you look for “hidden” information?
- In the story, Fred took Alice to see and experience the potential dangers for herself. How would you do that in your nursing home?
- Have you ever known a “Nono?” What impact has that person had on change in your nursing home?
- How is the need for change communicated in your nursing home? What do you think is the most appropriate way to communicate the need for change?
- What can you do to create a sense of urgency for change in the nursing home?

**Step 2: The Guiding Team**

- What characteristics would you look for in a team to guide change in your nursing home?
- What do you think is the most crucial thing to enable this guiding team to truly function as a team?

**Step 3: A Change Vision and Strategy**

- How might you best determine what your change strategy needs to be?

**Step 4: Understanding and Buy-In**

- How could you best ensure understanding and buy-in of needed changes in your nursing home?
- Identify ways to communicate and reinforce change that you believe would be most effective in your nursing home.

Continued…
**DISCUSSION:**

**Step 5: Fewer Obstacles, More Empowerment**

- Where might you anticipate and eliminate barriers to change in the nursing home?
- What do you believe might be behind people’s resistance to change?
- What are the norms of your “colony” that may interfere with change?

**Step 6: Short-Term Wins**

- Identify examples of successes relative to the changes needed in your nursing home that you have already seen.
- What could you do to reinforce success? (Remember the festival at the school?)

**Step 7: Not Letting Up**

- Describe what you think it will take to really keep change going in your nursing home.
- What resources and/or support will people need to implement the needed change?

**Step 8: A New Culture**

- Describe the new culture that you see for your nursing home. What will the benefits of such a culture be?

**Instructor Note:** On John Kotter’s Web site www.ouricebergismelting.com, you can purchase change step cards that include questions to help your team get on the same iceberg.
TEAMWORK ACTIONS

SAY:
Teamwork actions include:

- Relate the steps of change within your nursing home
- Within each change step, identify at least one key action to affect your nursing home

“Create a new culture. Don’t let up – Be relentless. Empower.”
John Kotter

Instructor Note: You should revise and customize these as appropriate.

ASK:
What teamwork actions will you begin to implement?
REFERENCES


