

# Successfully Implementing Change

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Change is a fundamental component of continuous quality improvement. Any improvement methodology involves introducing change and measuring its impact. In health care there has been recognition of the need for system change to support the delivery of safe, quality care. As Berwick stated “every system is perfectly designed to achieve exactly the results it gets.” This focus on system change has been associated with the development of a number of tools and improvement strategies. Health services are also implementing system change in response to risk areas identified through review of adverse events.

This paper is designed to assist the beginner in project management who, although enthusiastic, may be unprepared for some of the barriers that are normal to confront during the change process. It is not enough to provide the tools and strategies with which to improve safety and quality of health care and expect success. There is a need to be aware of what to expect when introducing change, how to engage staff and to make change sustainable. Knowledge or awareness of change processes may assist in ensuring success of a project.

Successful implementation of system change is essential in the provision of safe, quality care to consumers. Implementation of improvement projects and sustaining the resulting change can be a difficult process. It has been stated all too often that quality improvement projects fail on a regular basis. The individual or the teams introducing change have a challenging task. Change management is one component of a successful project; the need for project planning and the use of quality improvement tools are also critical. (Appendix 1)

This paper will discuss some issues that are common to confront when introducing change, and outlines some strategies that may improve the likelihood of success.

### Engaging others in improvement

It is important to consider how people will personally be affected by the change process, “change requires that people do something they have not done before” (Galvin 2003). People are generally the most critical resource, supporter, barrier and risk when managing change. The uncertainty of change can provoke strong emotions, with most people experiencing some sense of grief and loss as they let go of the old and move towards the new. A range of emotions may be displayed by those affected by the change process: frustration, anger, despair, acceptance, enthusiasm and elation. Which emotion is encountered will depend on whether staff make the change willingly or unwillingly, the level of consultation that occurred and the support provided by leadership. Awareness of the range of reactions to change will help the leader of the change process respond appropriately to concerns that are expressed. Understanding why these emotions occur may assist the leader to introduce change in a manner that anticipates, acknowledges and responds to concerns.

Staff may:

- not be aware of the reasons why change is necessary
- feel that there are other more important issues to be dealt with
- not agree with the proposed change, or feel that there is a better way to achieve the outcome
- disagree about how the change should be implemented
- feel there is a criticism about the way they do things implied in the change process
- feel that they have done this before and nothing changed
- feel that there will be extra work for them as a result of the changes.

*(NHS Managing the human dimensions of change, 2005)*

How can the leader of the change process use this knowledge to improve the likelihood of success of their project? Since improvement depends on the actions of people, ultimately it comes down to winning hearts and minds. Staff will not respond well to just being told to change, nor can the project leader stand over staff to ensure compliance. To be successful, a change management process must include an effective communication strategy. All stakeholders must have opportunities to express their views and attitudes as part of the planning process. A lot of improvement is about changing mindsets. It is about having the tools, techniques and confidence to work with colleagues to try something that is different. It is about understanding the possibilities of thinking differently and aiming to make practical improvements for patients and staff.

## Guiding Principles

Some guiding principles in planning a change include:

- having a plan for the project implementation but being prepared to adapt this if the outcomes at different stages show this to be necessary
- having Executive (or senior) support which is essential for the success of a project, but recognising that change will come from bottom up
- setting objectives and congratulating the team when each objective is achieved, but remembering that improvement is an ongoing process
- recognising that a plan for introducing change and monitoring the effects of the change is important, but gaining commitment of people is vital in the success of a project.

*(NHS Managing the human dimensions of change, 2005)*

## Communication

Communication should take place in some form with all those affected by the proposed change, staff, consumers, internal and external stakeholders. Early communication and consultation, while the change implementation is still in the planning stage, will assist in getting people interested and prepared to participate in the change process. They will have some ownership of the project and an interest in its success.

Stakeholders will have different levels of involvement. At various stages of the implementation they can be informed, consulted, collaborated with or be active participants. Stakeholders should be provided with as much information as possible, including baseline data, the objectives of the change, and should be involved in anticipating problems and determining solutions.

Implementing change in healthcare requires commitment from the people who will be affected by the proposed changes. Two important aspects are motivation and resistance.

## Motivation

Change will be more successful, and more people will be committed to the change, if they believe it will improve things. The “What’s in it for me?” test helps to identify useful motivators. The best scenario is to have a ‘win-win’ situation for all, where the change management will have a positive outcome for all.

Encouraging debate and discussion about the need for change through data presentation can help to create a sense of urgency. People tend to move away from a problem and towards an improved state. Clinical leaders can influence this process and create a positive planning environment and encourage staff to contribute creativity and innovation to the change.

Health professional teams have been found to work most effectively when there is:

- influential and high level endorsement and support
- recognition of different values and skills within the team
- effective leadership, which bridges the gap between management and staff
- training in communication and team processes
- appropriate infrastructure and resources
- opportunity to reflect and evaluate.

## Resistance

'Resistance is a natural, universal, inevitable human response to a change that someone else thinks is a good idea, and resisting change or improvement does not make someone bad or narrow-minded.' (NHS *Managing the human dimensions of change*, 2005)

## Evaluation

Evaluation is an important component of any change process. As part of the project planning a decision needs to be made about measures that will be used to determine if the planned change leads to an improvement. (Appendix 1)

## Using a Pilot

It is often a good idea to begin with a pilot, a small trial of the proposed option or solution, which can be undertaken in an area that is keen to be involved. Using people in an area who are enthusiastic about implementing the change will increase the chances of success and pave the way for a positive broader rollout. This pilot may be a particular unit, medical specialty or a specific group of patients.

The pilot or trial can highlight any barriers to change as well as provide valuable learning in successful change strategies. The information and outcomes achieved from a pilot can re-define the approach used in implementing change. The purpose of conducting a pilot project should be clarified with stakeholders. Generally a pilot project is run to assess the best method of implementation, not to determine if the project will go ahead.

## Sharing the Results

Dissemination of the evaluation is important and consideration of the audience, the method and format of communicating the feedback should be undertaken. Present the final package containing all the planning, data, outcomes and learning to staff and stakeholders. If this evaluation is shared, and the emphasis is on learning in a non-punitive environment, then it can become a benchmark (or standard) for implementing change.

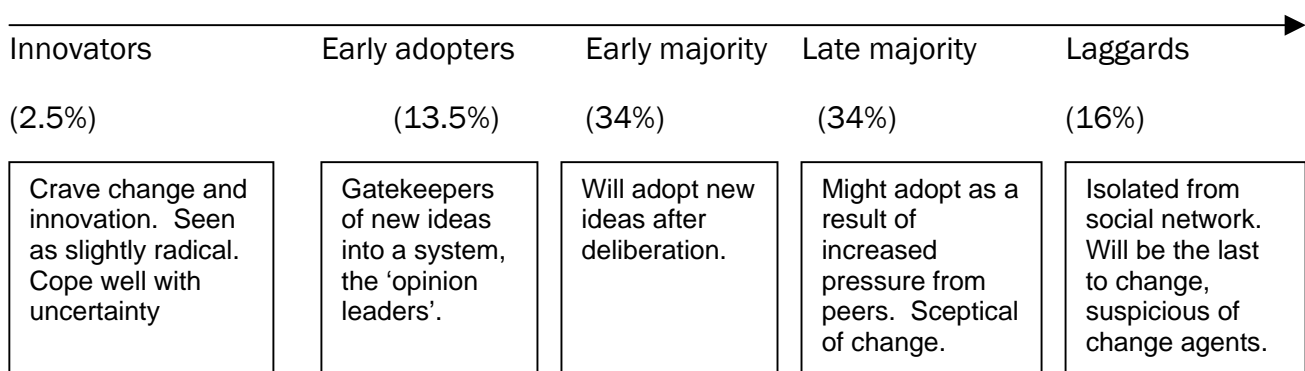
Even a small change benefits from an evaluation, as sharing of the outcomes and lessons learned will bring attention to the activity. Evaluation of many small change implementations can provide a valuable accumulation of information about what works within that organisation or health care in general.

Celebrate success – what worked, be open and honest about what didn't work, the lessons learned and recommendations for the future. The evaluation needs to show the improvement in the light of the stakeholder and organisation values that were identified in the planning stage.

## Tips

- Have a defined communication strategy
- Be consistent about sharing information
- Consider using a variety of media to reach people
- Involve stakeholders in the planning process
- Support staff with training and opportunities to practice
- Listen and act on questions, feedback and concerns
- Celebrate ideas, achievements and successes
- Have a clear reason for implementing change
- Have a shared vision about what the change will achieve
- Learn about the target population
- When developing strategies, consider the barriers to implementing change and cater for them within the strategy development
- Remember that resistance is a natural response to change that is introduced by somebody else
- Identify the change champions, the innovators; these are the people who will be prepared to introduce change
- Be aware of the different rate of uptake of change (see below)
- Provide feedback of progress to stakeholders

## TIME



Rogers EM, 1995

## Conclusion

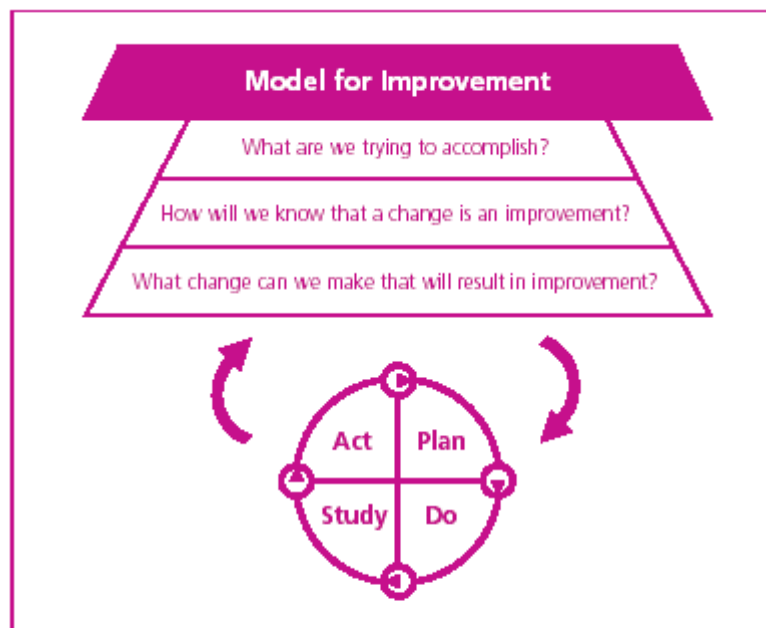
The key to implementing change and continuous improvement is the effective exchange of information between people and process, a combination of business and human dimensions towards a shared objective. Case studies are presented in Appendix 2.

## Appendix 1

### Model for Improvement

Planning for 'how are we going to achieve the change' should be done at the same time as planning 'who or what is involved'. During planning, the indicators of success should answer the question – 'How will we know it worked?' As well as showing the intended and unintended impact of the change, it can demonstrate if the resources, time and energy invested represent value for money. Ongoing evaluation can demonstrate the extent to which changes have been sustained. (NHS *Managing the human dimensions of change*, 2005)

A commonly used model for improvement is the IHI model, also known as the Nolan model and modified from quality improvement leaders including Deming and Juran.



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## Appendix 2

### Case Studies

#### VQC Hand Hygiene Pilot Project

A VQC Hand Hygiene pilot project was conducted in 2004, with the aim of developing a practical model for sustained improvement in hand hygiene practices, to reduce the risk of healthcare-acquired infections. The model developed will be rolled out to all Victorian health services. The participating pilot sites trialled the model on a select number of wards, and the following data was collected and analysed on a regular basis:

1. Accurate and sustainable measurement of clinical MRSA infections
2. Assessment of HH compliance per sentinel wards
3. Hand hygiene solutions used by participating wards

Participating pilot sites noted a number of features of the project, which assisted with implementing practice change:

- Use of posters, brochures to promote the practice change
- Gantt chart to assist with project planning
- Realistic time frames assisted with implementation
- Identification of champions in each clinical area
- Launch with Executive support (wearing promotional T shirt)
- Use of various media to publicise project, eg hospital intranet, competition to decide slogan
- Identification and early involvement of key stakeholders
- Regular feedback to staff of audit results
- Policy change to reflect the objective of the project
- Barriers to project implementation acknowledged and addressed in the education program
- Adequate resource allocation

## VQC Pressure Ulcer Prevention Project (PUPPs)

In 2004 the VQC reported on data collected in the first statewide pressure ulcer point prevalence survey (PUPPS Report, 2004). A range of recommendations was developed to assist acute and subacute public health services with pressure ulcer prevention and management. A second statewide pressure ulcer prevalence survey was conducted to ascertain the scope and severity of this known problem area in Victoria's health services, and to review changes made since PUPPS 1.

PUPPS 2 tracked the level of improvement in pressure ulcer prevalence, prevention and management since the release of the first report. The findings of PUPPS 2 indicated that significant improvement had occurred, but that more needs to be done.

A number of lessons were learnt throughout these projects about implementing practice change:

- Use best practise clinical guidelines
- Practice change is facilitated by environmental change, eg provision of appropriate equipment such as pressure reduction foam mattress
- Executive support
- Education program
- Agreed targets, measures
- Feedback to staff results of data collection
- Integrate with associated programs
- Support of multidisciplinary committee
- Identify staff resources eg wound management staff
- Articulate the aim of the project and the benefits to patients/staff
- Use a multifactorial approach
- Focus on high risk areas
- Include patient information/education
- Ensure practise change is supported by change in organisational policies

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