



Institute for  
Healthcare  
Improvement

Middle East Forum

# Closing the Know – Do Gap: Leading Change

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*Assistant Professor of Surgery, Weill Cornell Medical*

*College in Qatar*

March 2019

*With deep gratitude to Kate B. Hilton & Alex Anderson for  
leading the way*

# Session Objectives

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- Understand the Psychology of Change Framework and barriers to adaptive change
- Identify actions leaders can take to enable others to take action for collective systemic change – to close the Know – Do gap
- Discuss learnings from stories of resistance to change and the solutions that overcame them; identify how to apply in your own settings



# IHI White Paper



WHITE PAPER

## IHI Psychology of Change Framework

to Advance and Sustain Improvement



AN IHI RESOURCE

53 State Street, 19th Floor, Boston, MA 02109 • [ihi.org](http://ihi.org)

**How to Cite This Document:** Hilton K, Anderson A. *IHI Psychology of Change Framework to Advance and Sustain Improvement*. IHI White Paper. Boston, Massachusetts: Institute for Healthcare Improvement; 2018. (Available at [ihi.org](http://ihi.org))

We invite you to download the free white paper at:

[www.ihi.org/psychology](http://www.ihi.org/psychology)

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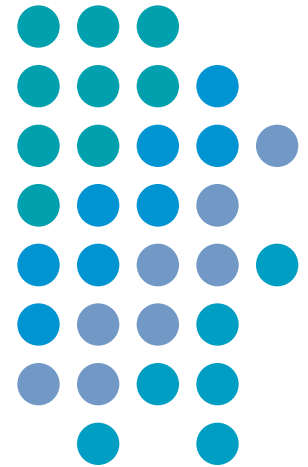
# Lessons from the Field

*Yussef Al Maslamani*



# Change Management

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# Employees Have Found Meaning in Their Work

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- Most employees feel their work matters -- that they're contributing to something larger than themselves. The majority of our employees have found a sense of meaning in the work they do today.



# Change Readiness and Comfort

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- Comfort with the current state
  - Do not underestimate the power of “comfort” with how things are today
  - The natural reaction to change is pause and reflection

“Many change agents are surprised by the reaction to change, when in fact they should plan for many reactions.”

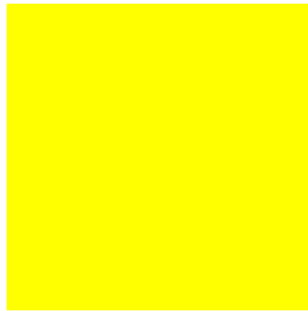


# Phases of Change

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Current  
State

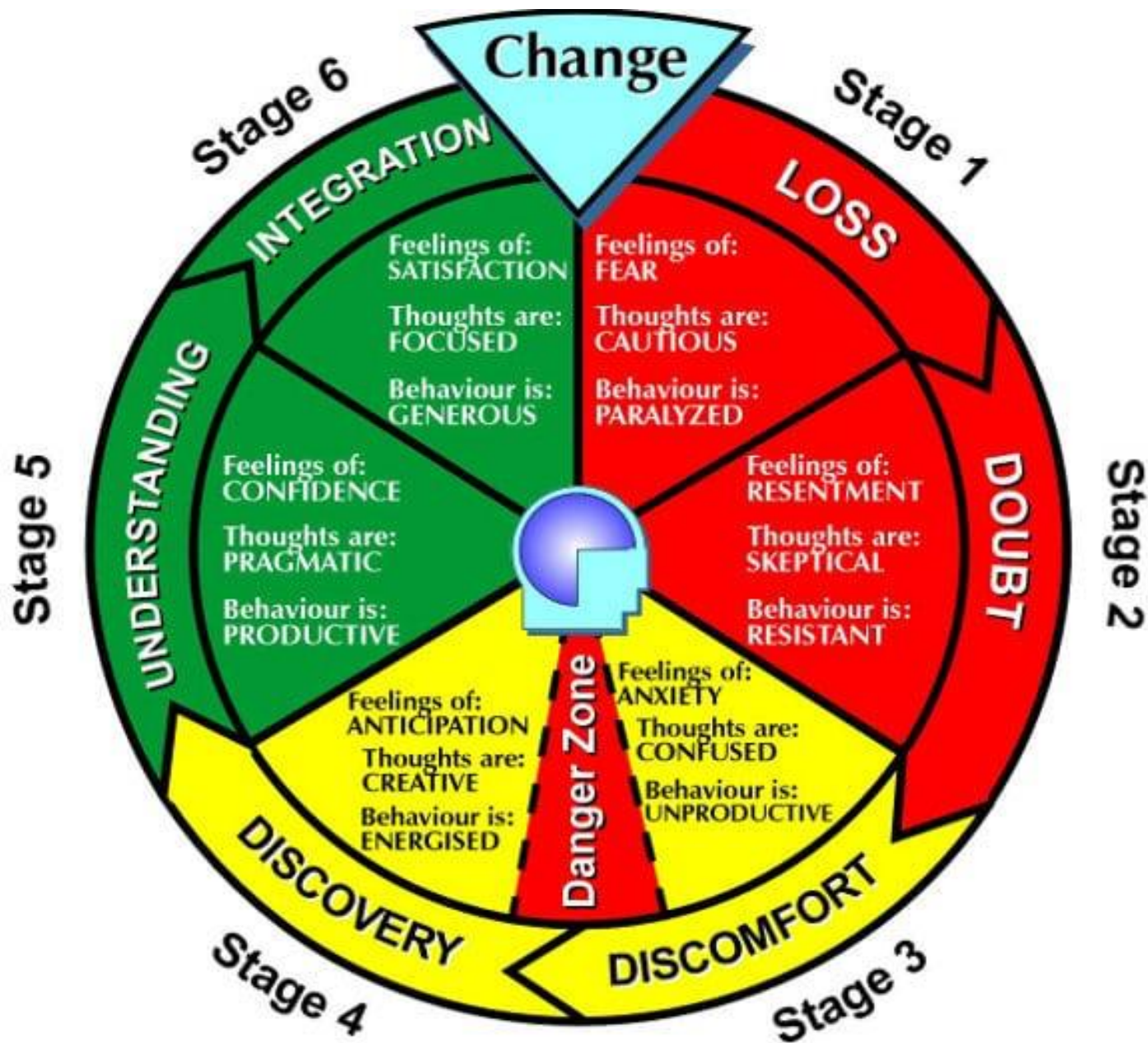


Transition  
State



Future  
State





# Current State

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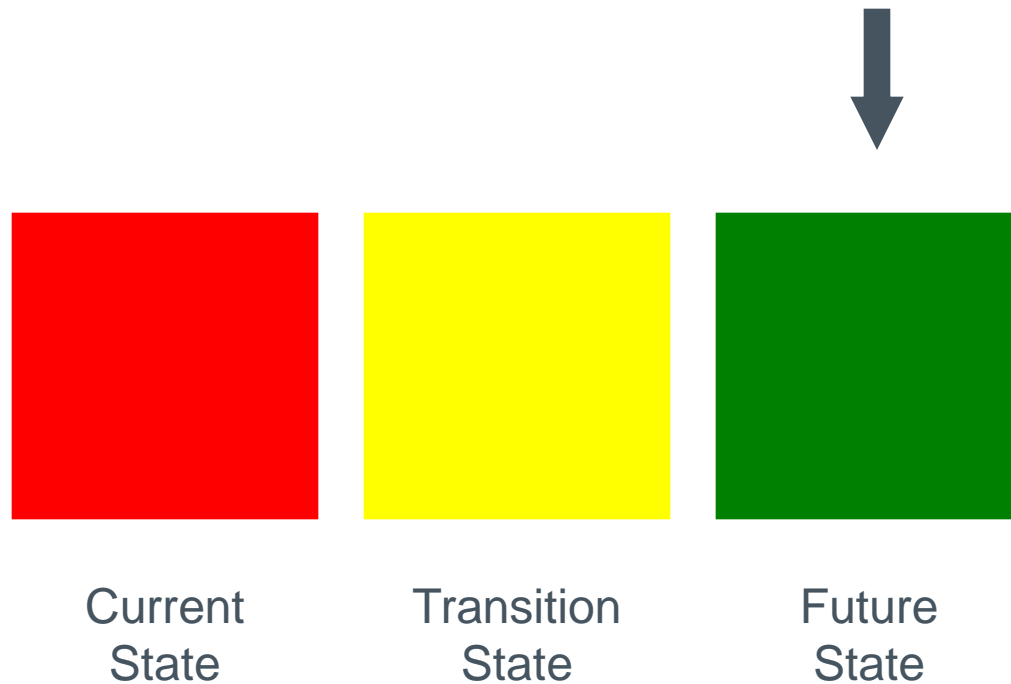
- Employees generally prefer the current state



# Future State

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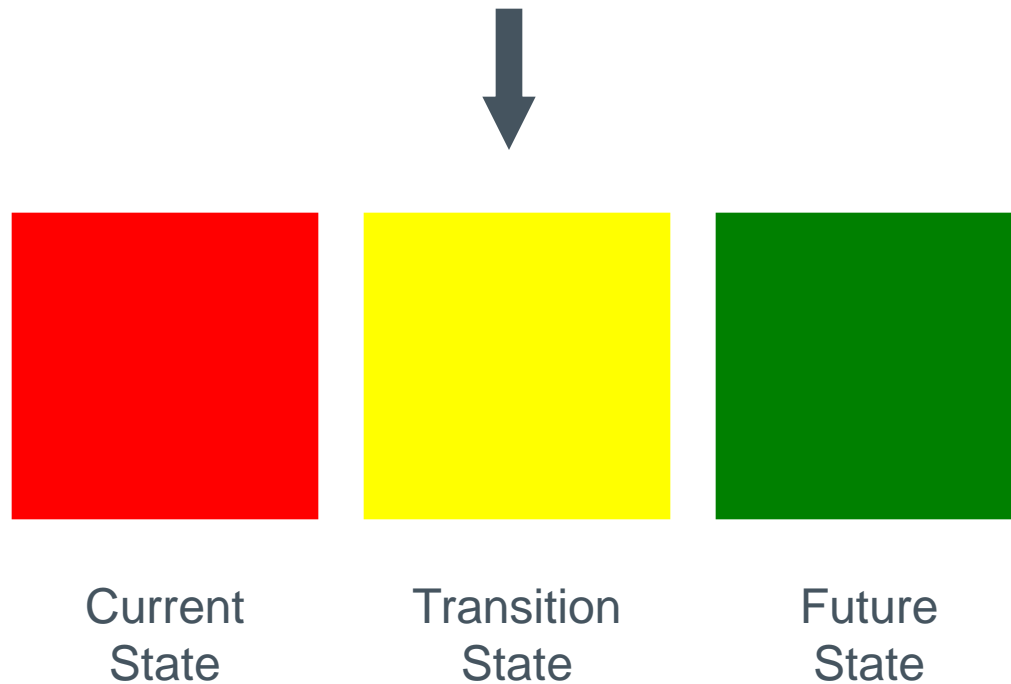
- The future state is unknown to the employee.

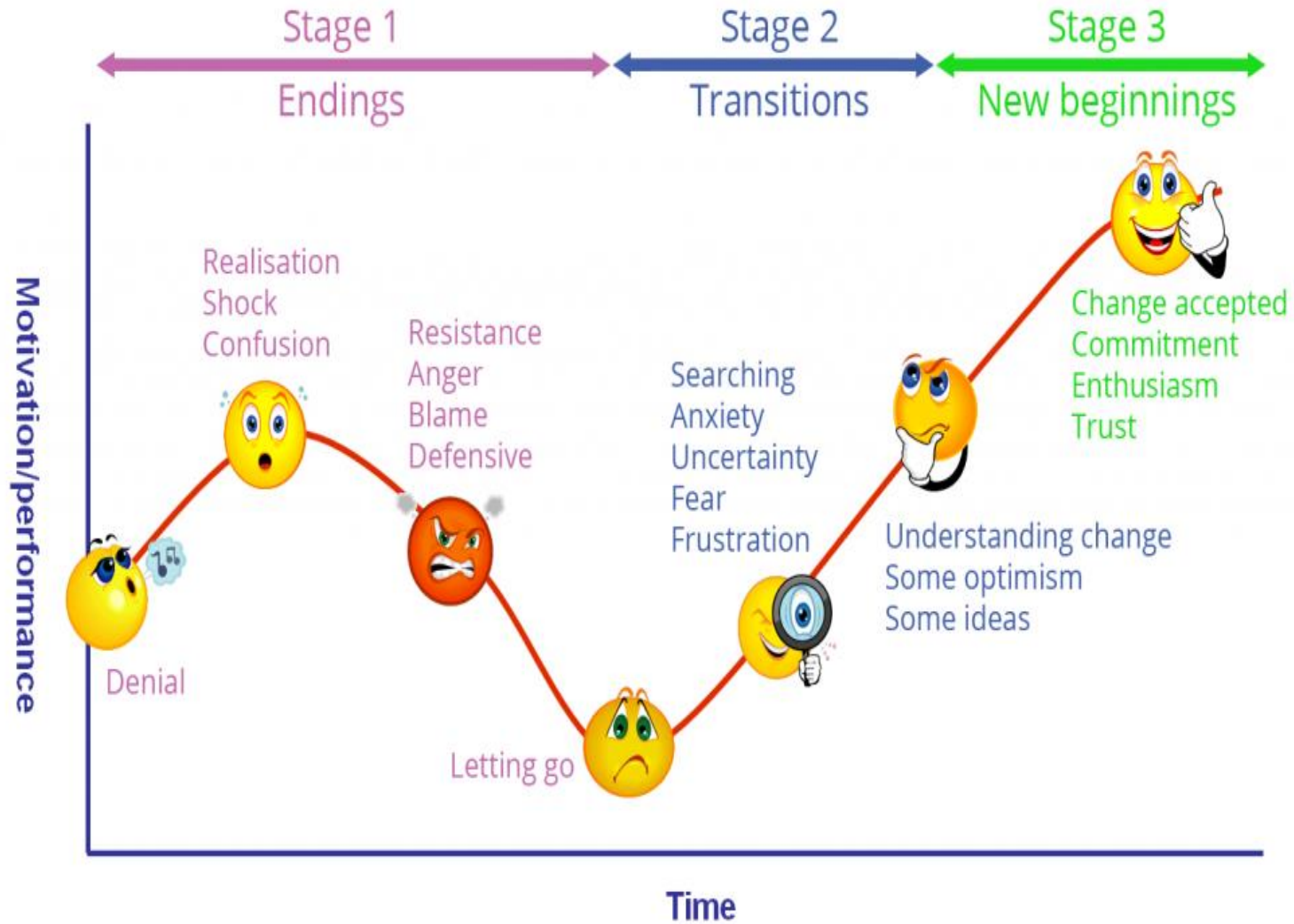


# Transition State

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- The transition state creates stress and anxiety





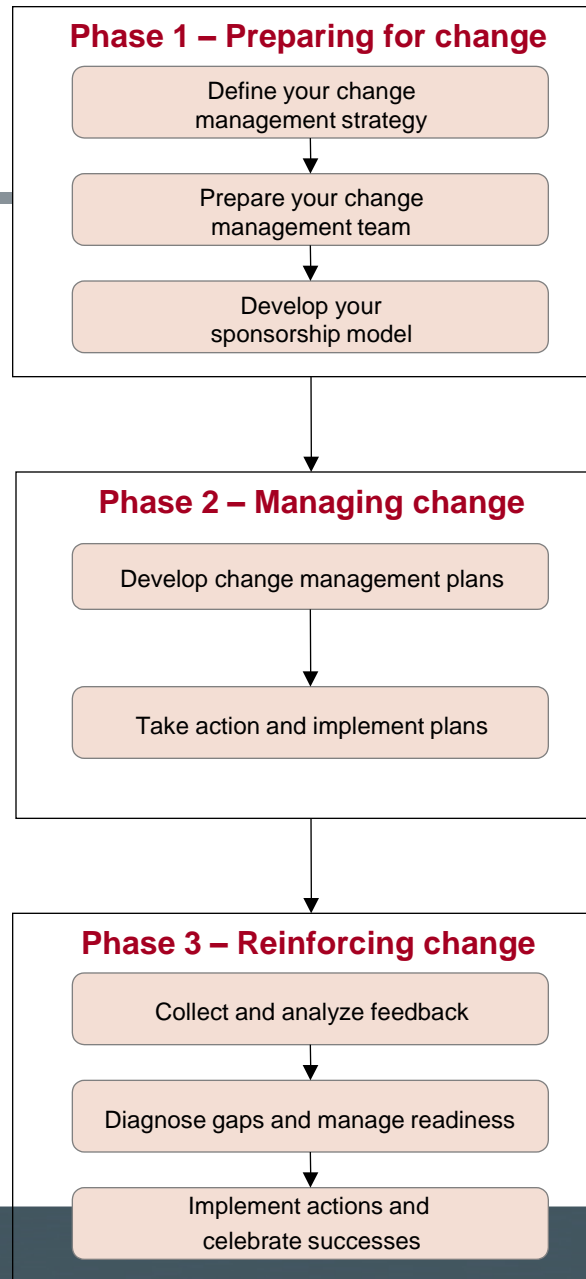
# What is Change Management?

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A structured process and set of tools  
for leading the people side of change.



# One Comprehensive Change Management Approach



# Sizing the Change

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- **Scope the Change** (workgroup, department, division, enterprise)
- **Determine Number of Individuals Impacted**
- **Define Change Type** (policy, process, system, organization, job roles, etc.)
- **Determine Amount of Change** (incremental improvement v. dramatic change)





# Organizational Attributes

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- **Value system and culture** (adaptability to change)
- **Capacity for change** (how much more change can the organization absorb)
- **Leadership styles and power distribution**
- **Residual effects of past changes** (past failures may result in “baggage” that burdens a future change)
- **Middle-management’s predisposition to change**



ADKAR is useful for individual change management between supervisor and employees.

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Awareness

Desire

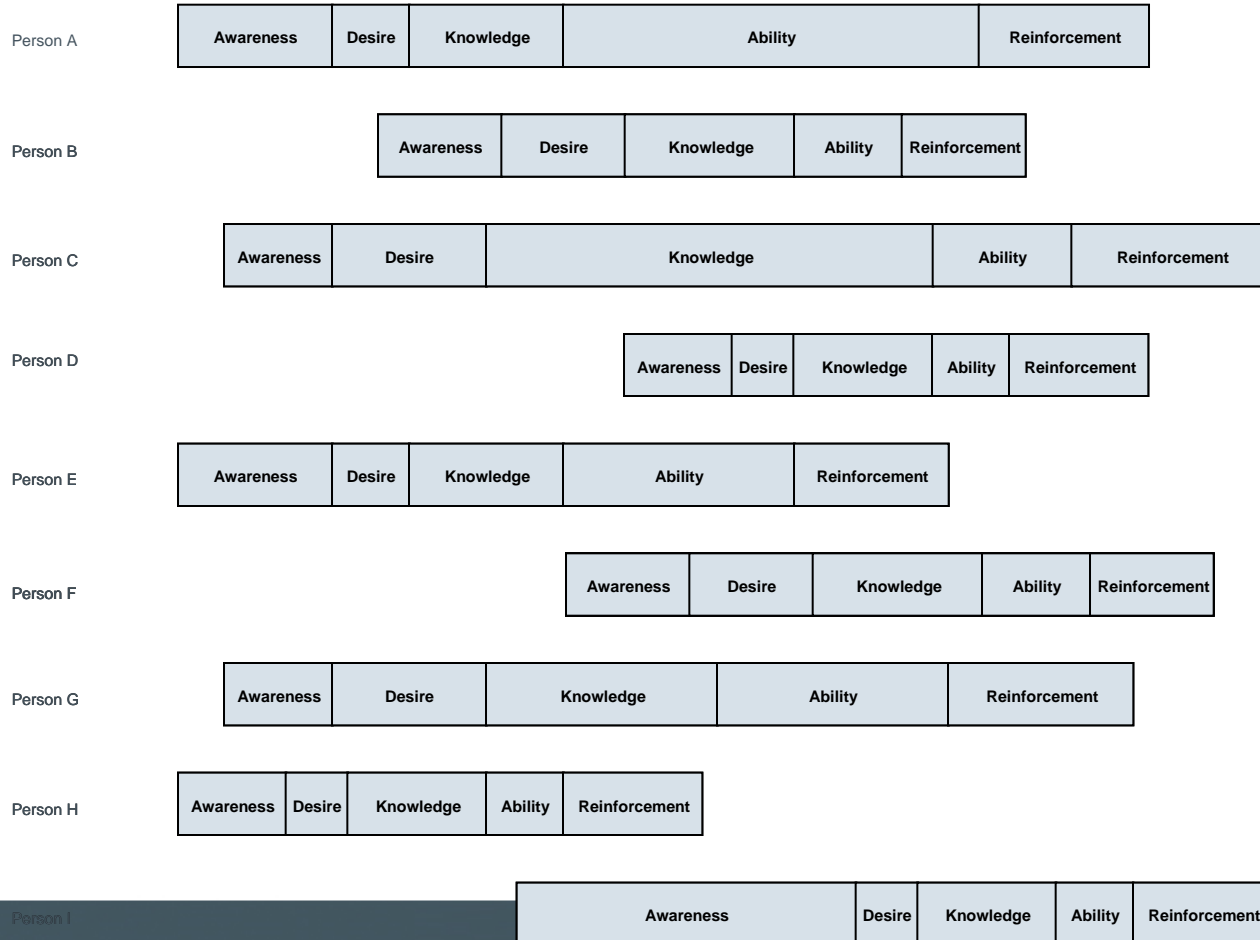
Knowledge

Ability

Reinforcement



# Not Everyone Changes at the Same Pace



# Best Practices Approach to Reinforcing Change

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## Preferred senders

- Immediate supervisor

## Best Practices:

- Repeat messages 5 to 7 times
- Use face-to-face
- Answer WIIFM (What's In It For Me)
- Utilize question and answer format
- Understand their interpretation



# Factors Influencing Employee's Perspective on Change

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- Whether they trust the sender
- What they have heard from others
- How satisfied they are with work
- Experience with other changes at work



# Experience in change management at HMC Urology .

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- 2004-2008
- Urology division was evolved through several stages of changes ;
  - Introducing subspecialties
  - Creating new service lines
  - Creating clinical support services
  - Staff development
  - Admin support



# Surgery Department Transformation 2009

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- Several meetings were conducted
- Several models were discussed
- Extremely was big challenge
- Still ongoing projects
- We tackled one by one
  - Trauma
  - Bariatric
  - Breast
  - Oncology
  - Acute Care Surgery



# Trauma

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- Was given a high priority in the surgery department to move forward and to deliver high level quality care
- Now Hamad Trauma Center is an internationally recognized and accredited center





# Bariatric Surgery – Center of excellence

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- With collaboration with international experts we were able to build a high standard service comparable to the best centers in the world .
- Thousands of cases operated per year
- Clinical pathways were developed .
- Staff development .



# Breast Surgery

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- A compressive MDT service was developed in the surgery department .
- Early detection was an essential goal
- Public awareness and education about breast cancer .
- Guidelines development.



# Surgical Oncology

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- Several Visits to the international oncology surgery center were performed .
- Gap analysis was conducted .
- Senior staff was involved in the change management .
- Program managers were involved in implementation of changes.



# Acute Care Surgery

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- Consultant delivered model of care was introduced.
- 24/7 coverage model
- Nurse-led discharge guidelines
- Staff development and fellowship in ACS was established.




# Contributing Disciplines & Thinkers

Discipline	Contributors	Suggested Content
Quality Improvement	W. Edwards Deming, Institute for Healthcare Improvement	The New Economics, IHI Leadership Framework
Psychology	Edward Deci, Richard Ryan, Albert Bandura, Carol Dweck	Self-Determination Theory, Self-Efficacy, Growth Mindset
Organizing	Marshall Ganz, Hahrie Han	Organizing: People, Power & Change
Design Thinking	IDEO, Stanford School of Design	Design Thinking – IDEO U
Organizational Development	Robert Kegan & Fredric Laloux	Immunity to Change, Reinventing Organizations
Transformational Change	John Kania, Mark Kramer, Peter Senge, John Kotter	The Fifth Discipline
Co-Production	Maren & Paul Batalden, Edgar Schien	Co-Production, Humble Inquiry
Scaling-Up	Becky Margiotta, Joe McCannon, Robert Sutton, Huggy Rao	Skid Row School, Scaling Up for Excellence
Behavioral Change	Dan Heath and Chip Heath	Switch
Adaptive Leadership	Ronald Heifetz	The Practice of Adaptive Leadership
Teamwork	Amy Edmondson, J. Richard Hackman	Teaming, Motivational Task Design
Courage & Authenticity	Parker Palmer, Brene Brown	Center for Courage & Renewal

# Technical v. Adaptive Change

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	Problem & Solution	Who's Work	Type of Work
Technical	Clear	Expert	Quick fix
Both			
Adaptive	Requires learning	Stakeholders	Experiment to make progress



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# BEJOY CHACKO

ACT.DIRECTOR OF NURSING  
EMERGENCY DEPARTMNET







# Background and Context

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- **HMC is the major provider of Healthcare in the state of Qatar**
- **HGH has the busiest ED in the world**
- **Considerable issues of ‘flow’ within the hospital system**
  - **Issues of capacity/ demand**
  - **Variability**
  - **Lack coordination**
  - **Lack of communication**



07:00



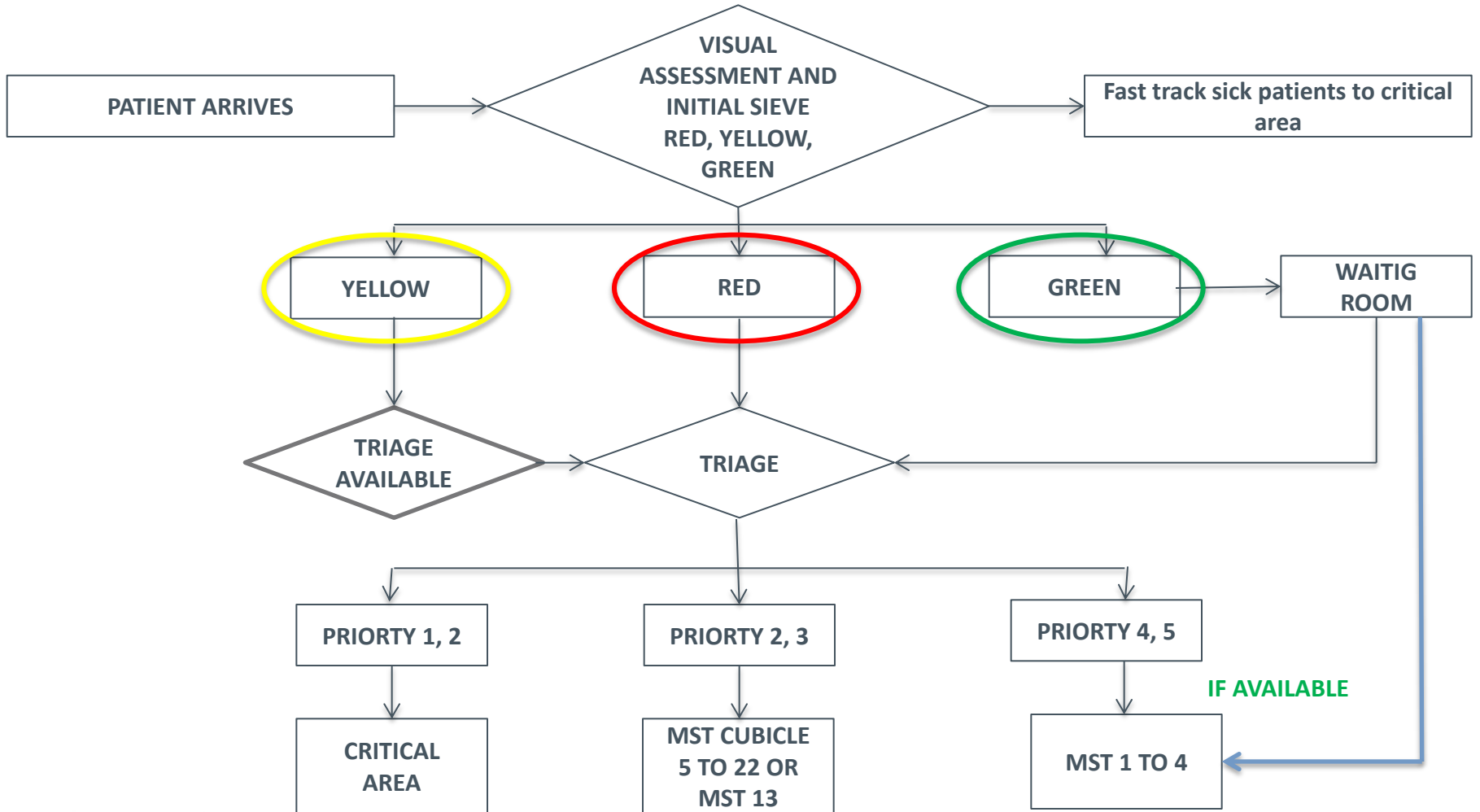
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# PDSA-1



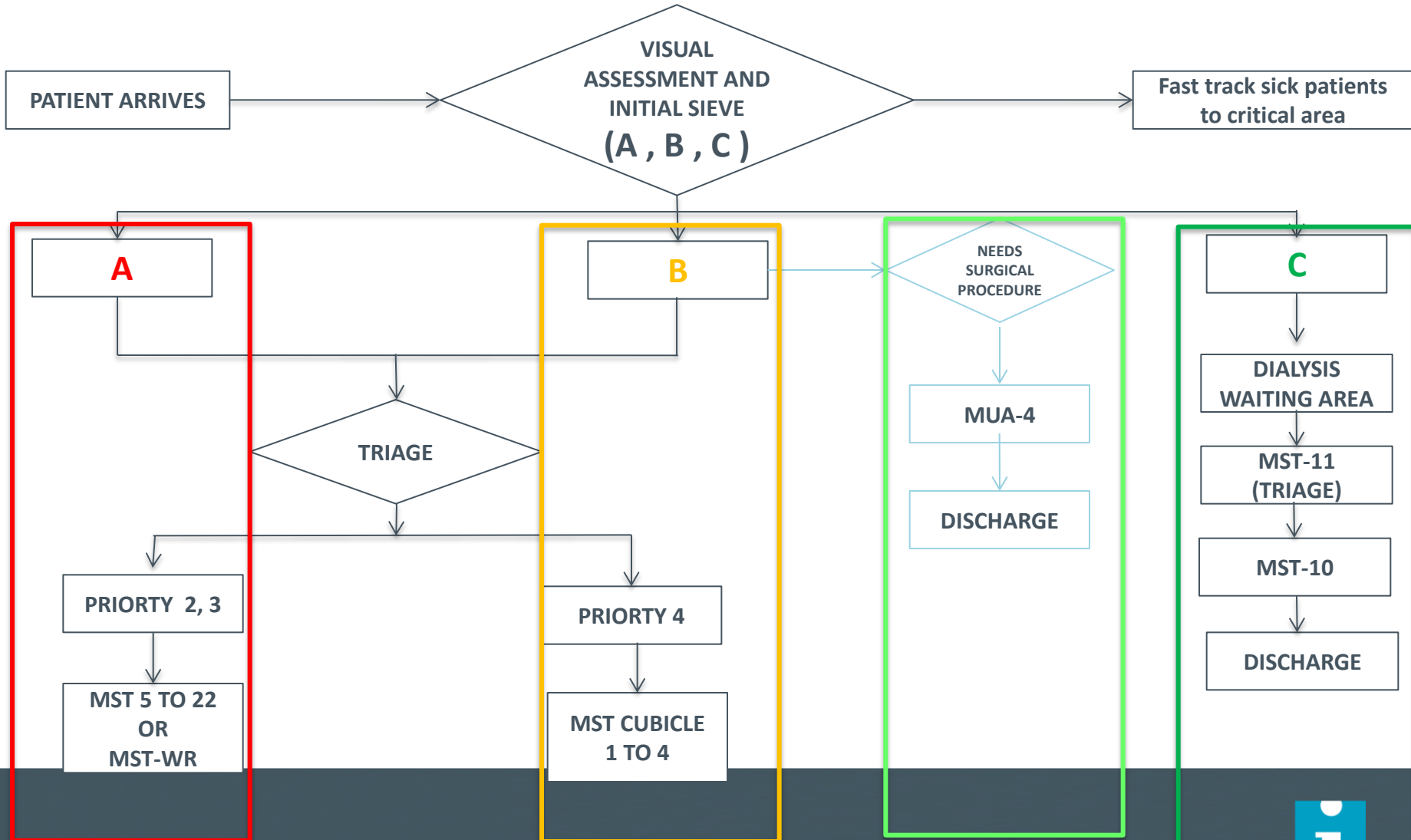
## MALE TRIAGE PROCESS FLOW



# PDSA-2



## MALE TRIAGE PROCESS FLOW



# PDSA-3



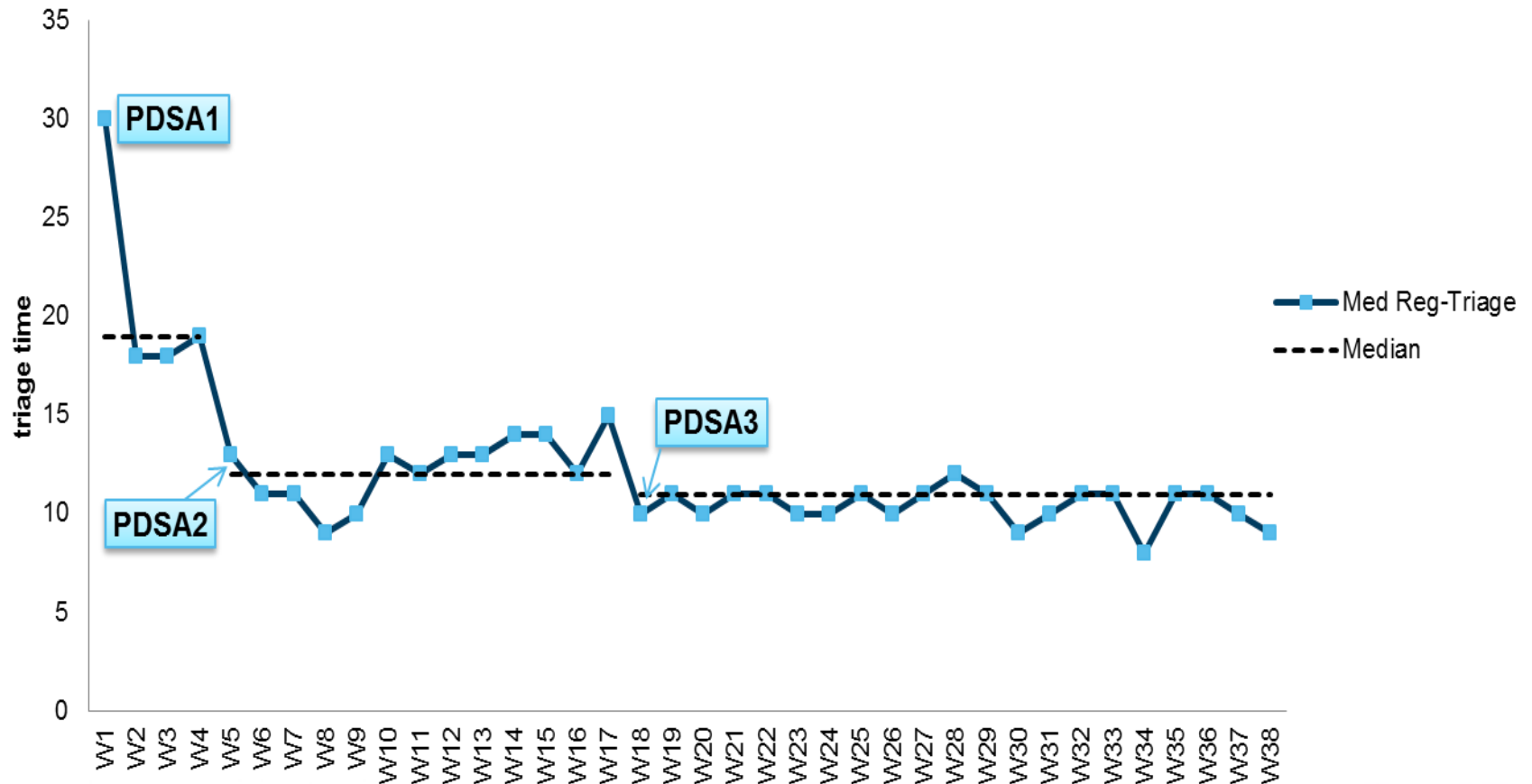
- Monitor triage nurses performance
- Select the highly performing staff
- Dedicate triage team to reduce variation
- Standardize the practice
- Educate the team (CTAS program)
- Sustain the change

# MONITORING TOOL FOR TRIAGE PERFORMANCE

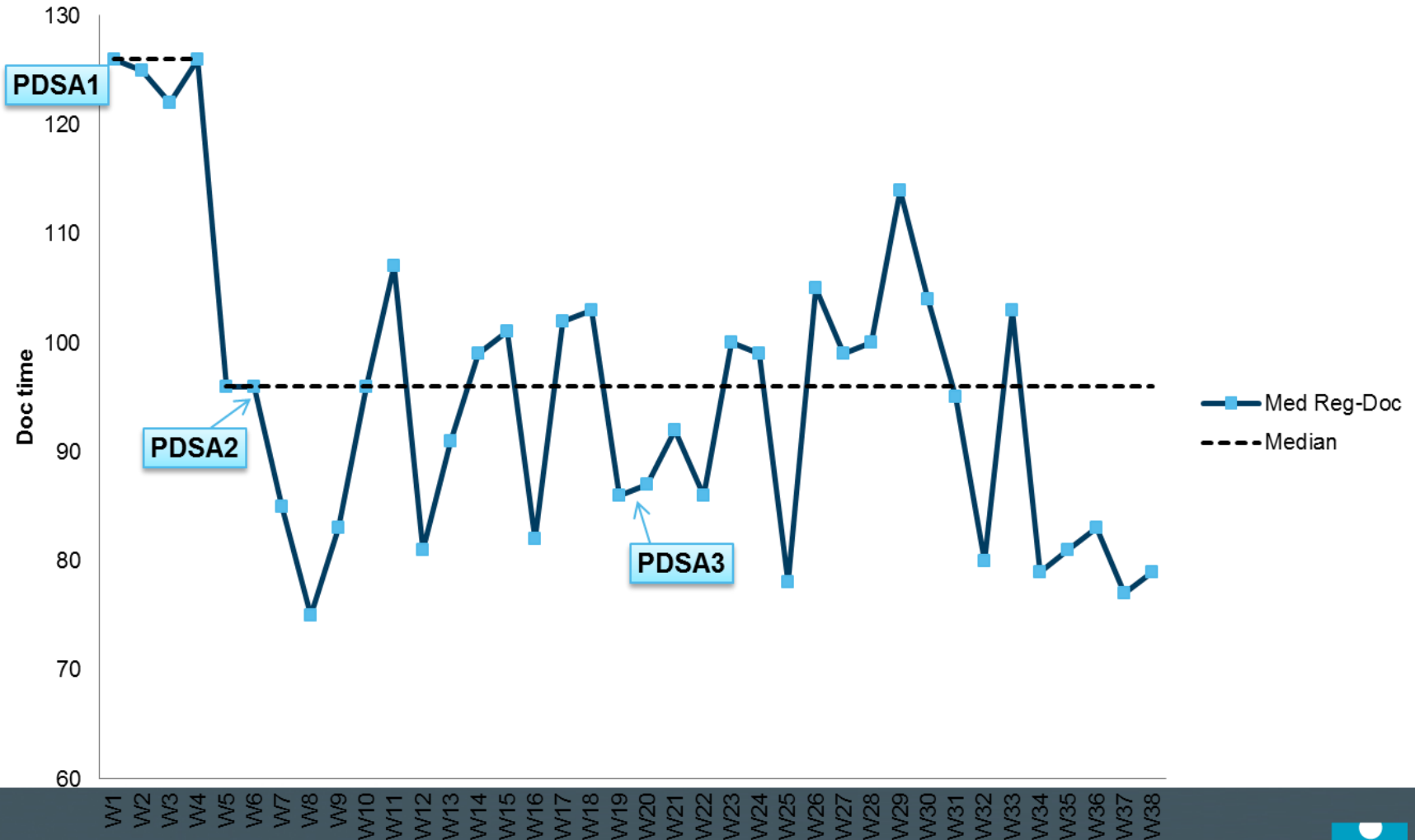
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# Time from registration to commencement of triage-minutes

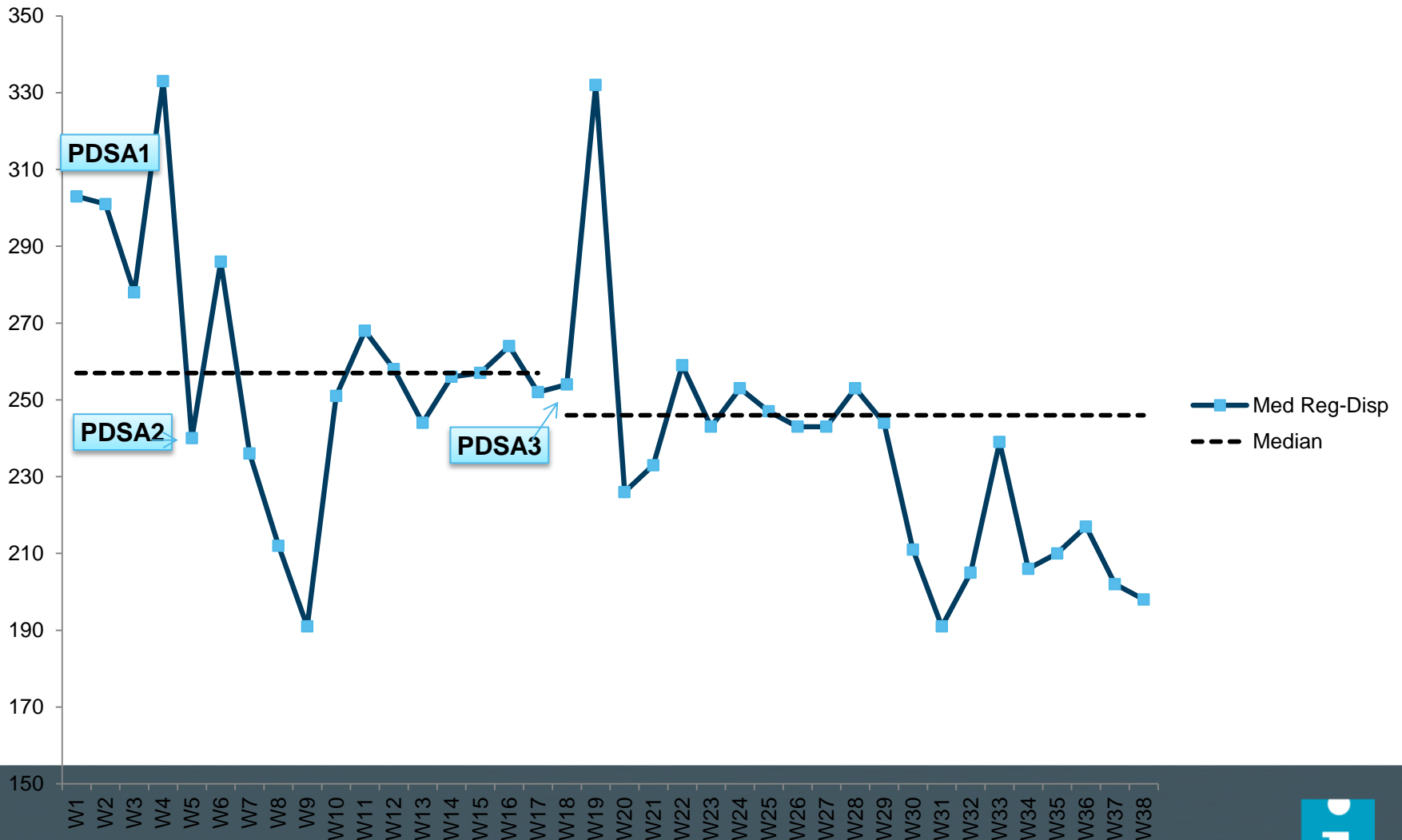


# Time from registration to physician assessment - minutes

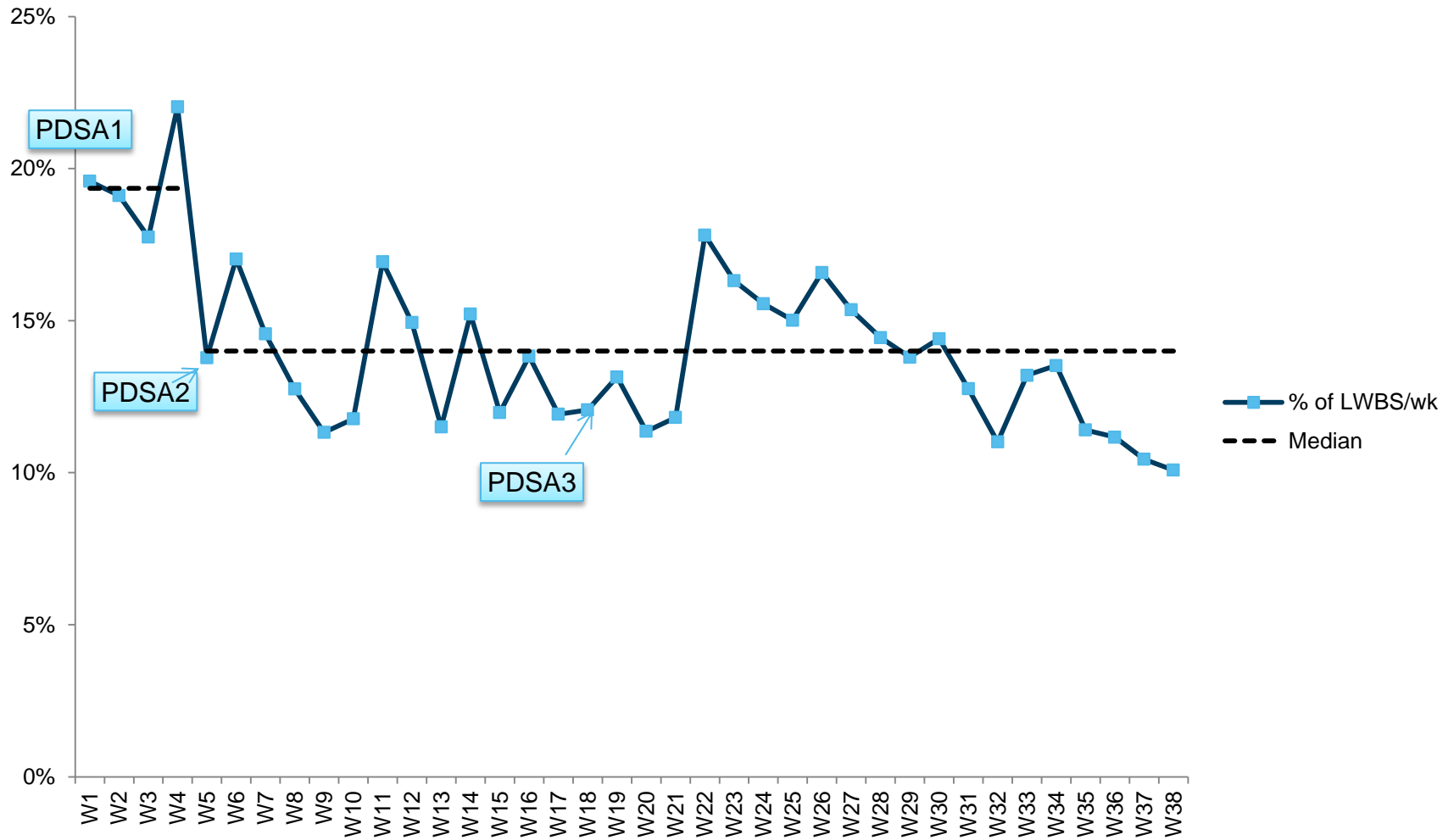




# Time from registration to disposition -minutes



# Rates of left without being seen (LWBS)



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**THANK YOU**





What barriers to change do you face in improvement activities?



# Adaptive Barriers to Change

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- Power struggles
- Lack of commitment to change
- Few or no results early on
- Need to adapt to different contexts
- Too much change at once
- Maintaining motivation
- Competing demands on people's time
- Opposition within ourselves to change
- Misaligned incentives
- Fear of failure, rejection, job loss
- Confusing strategies
- Lack of leadership
- One-way communication
- Poor workforce planning
- Stifling innovation
- Playing it safe
- Poor project management
- Undervaluing staff
- Inhibiting environment
- Extrinsic motivation only



# So why does change matter?

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- Acute Lymphoblastic Leukemia
- Coronary Heart Disease
- Acute Myocardial Infarction
- Adult preventive care
- Diabetes Mellitus
- Organ Transplantation
- Hepatitis C
- Pulmonary Embolism
- Caesarean Section
- Early childhood development
- Trauma-informed care
- Hot-spotting (Camden coalition)
- PACE
- Harm reduction
- Accountable care
- PCMH
- Chronic care model
- IMPACT/BH integration



# Issue of Reach

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We have many, many evidence-based, research-derived bio and socio-medical models that, if reliably applied and scaled to meet demand, **would save or improve many lives.**

Yet, most reach only a portion of those who could benefit:

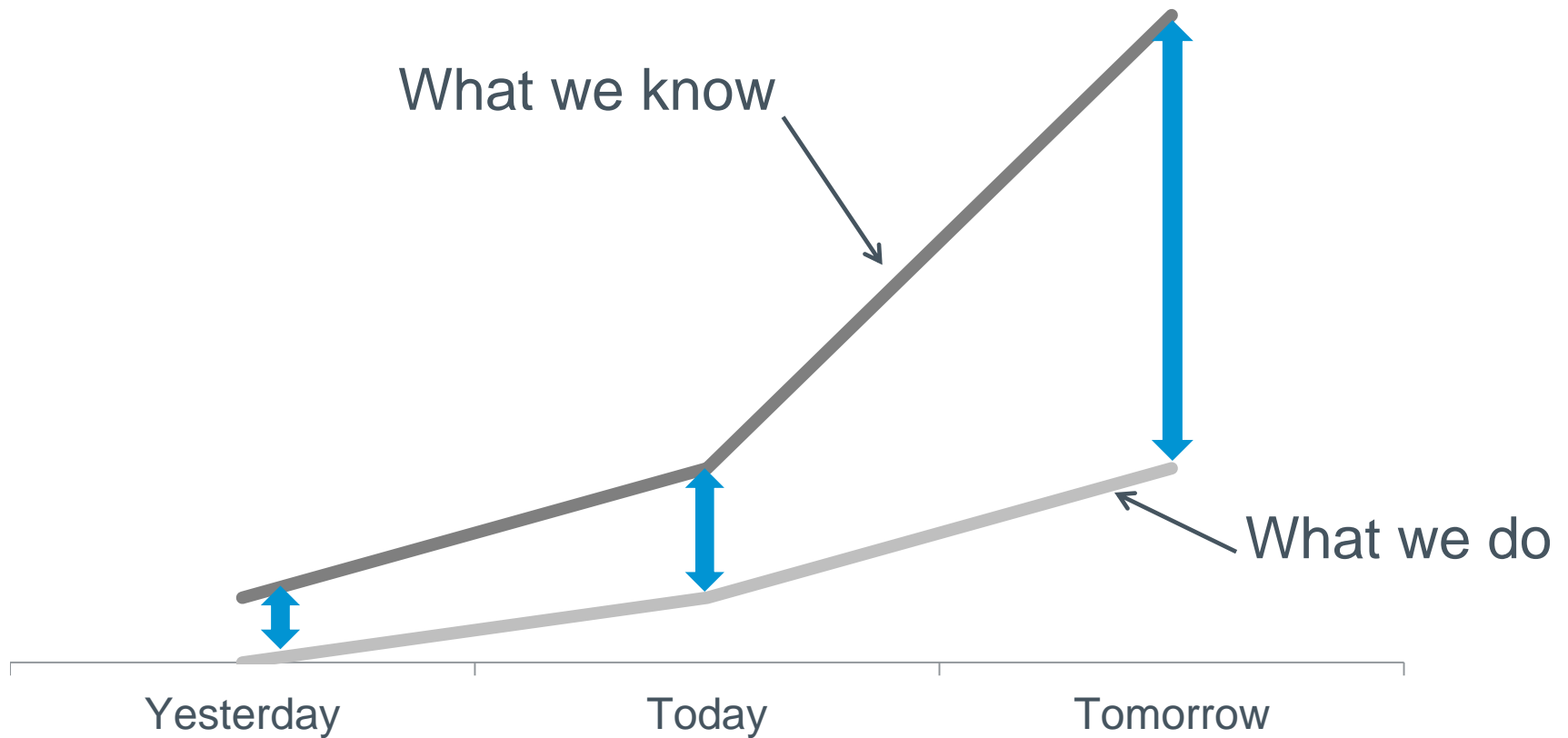
- Difficult to disseminate and scale (McCannon 2007)
- Difficult to translate from experimental setting to “real world” (Ioannidis 2005)
- Difficult to reproduce in settings with heterogeneous resources (Parry 2013)



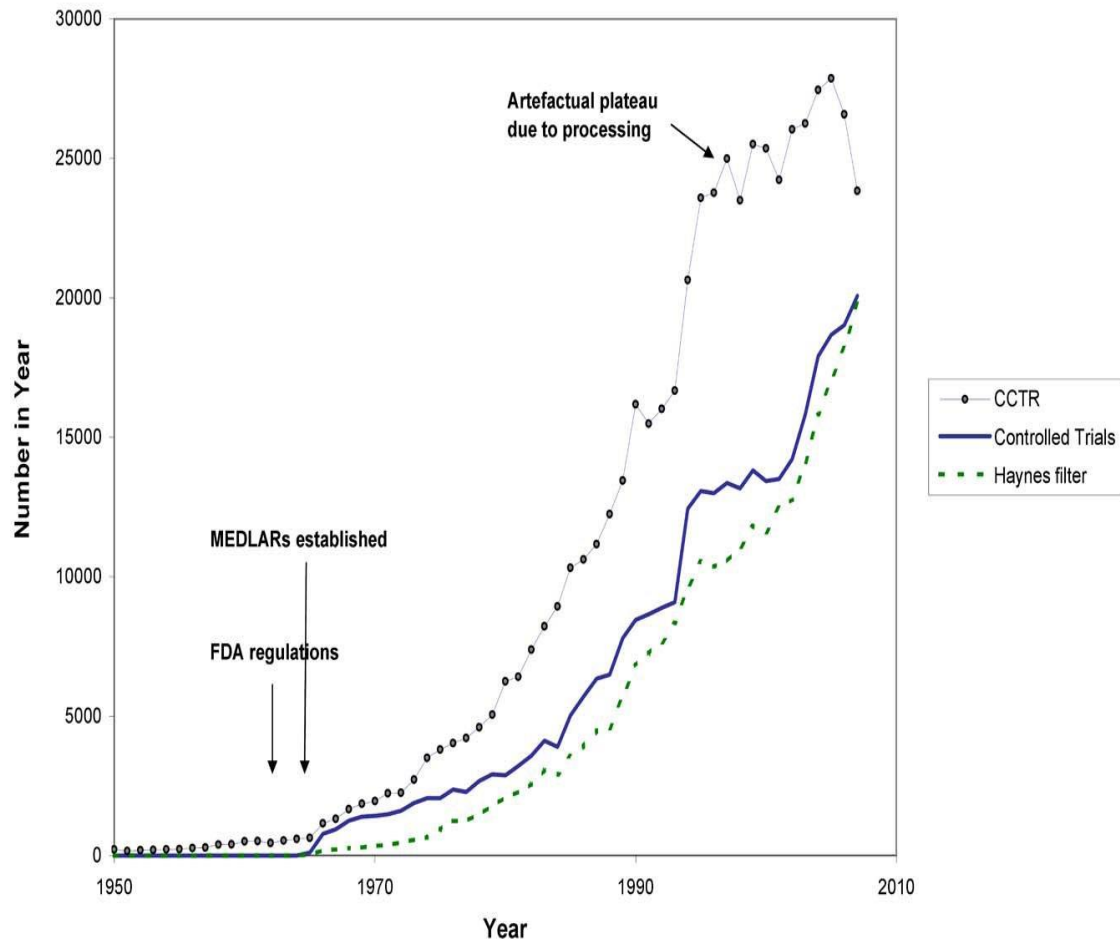


# The “Know-Do” Gap

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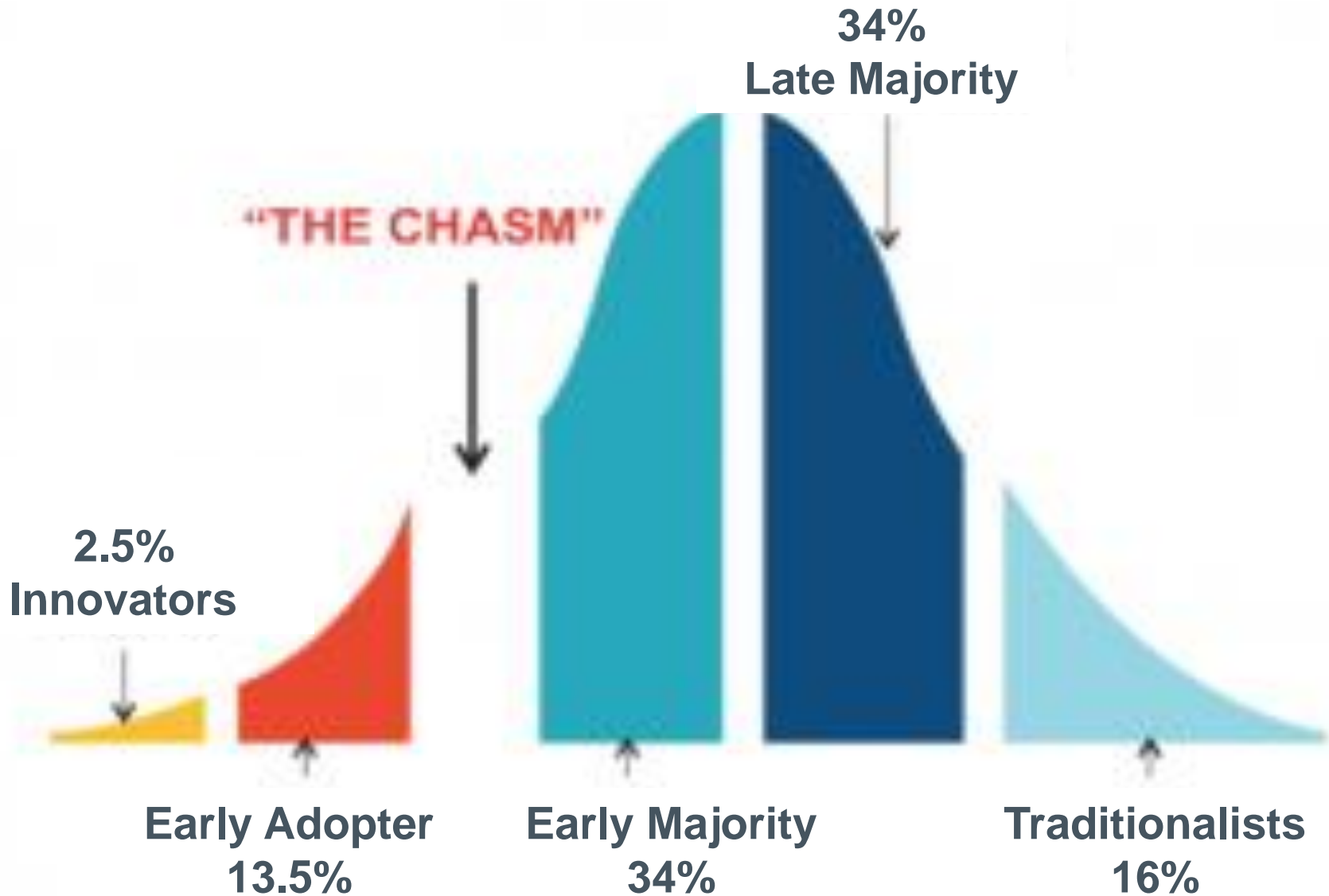


# Growth Rate for Level I Evidence



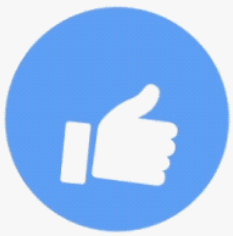
# Rate at Which Change Spreads: People

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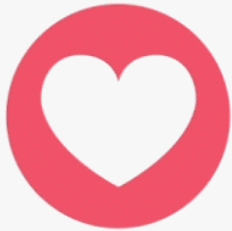


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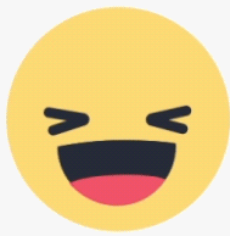
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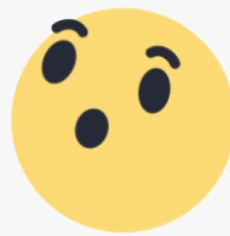
Like



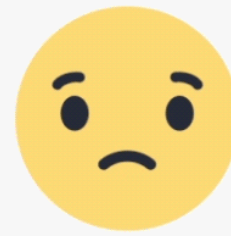
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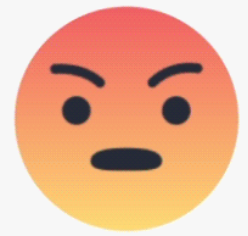
Haha



Wow



Sad



Angry

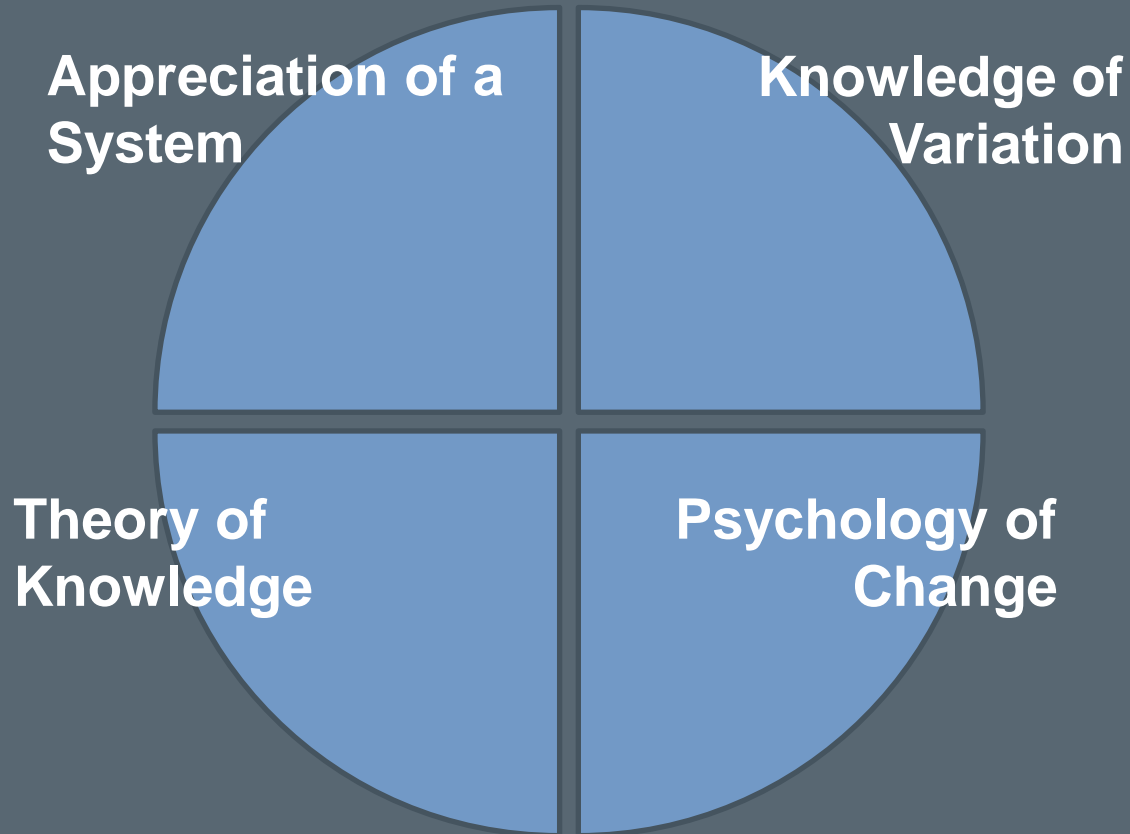
# What Holds Us Back?

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- Fear of:
  - Failure
  - Losing competence
  - Losing control
  - Moving from habit to uncertainty
  - Inefficiency
  - Loss:
    - of turf, attachments, structure, future, meaning and identity



# System of Profound Knowledge



# Psychology in Improvement

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- People want to create value *and* are our fundamental source of value
- Move from systems driven by fear and extrinsic motivators to those driven by intrinsic motivation
- Creating a culture that respects people and treats them as partners takes work and expertise



W. Edwards Deming



***Psychology*** is the science of the mind and human behavior, especially as a function of awareness, feeling or motivation.

**Change** is to cause to be different, or to transform.

**Psychology of change** is the science and art of human behavior as it relates to transformation.







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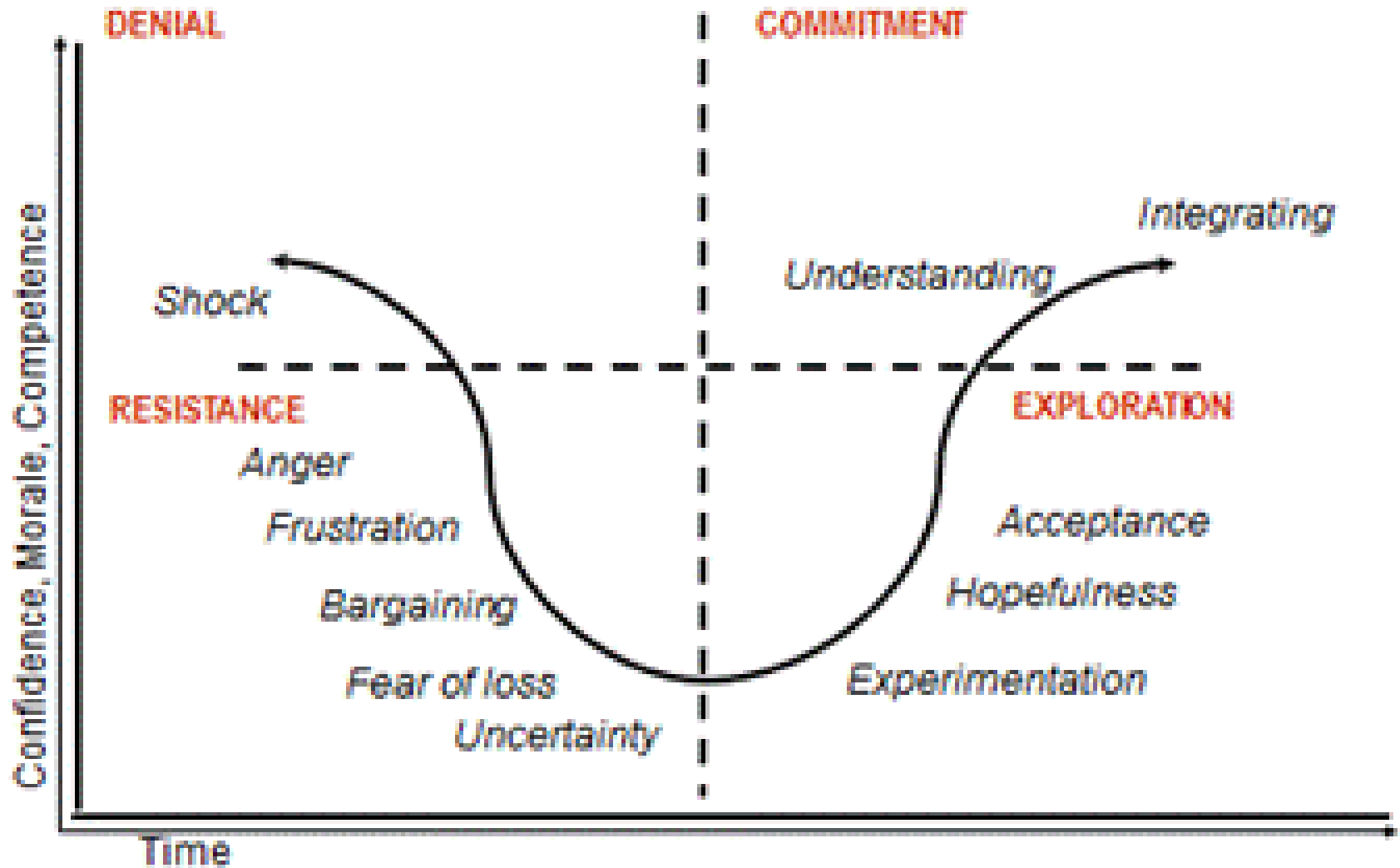
# 3 Mindset Shifts for Leaders

*Source: Hilton K, Anderson A. IHI Psychology of Change Framework to Advance and Sustain Improvement. Boston, MA: Institute for Healthcare Improvement; 2018.*

[ihi.org/psychology](https://www.ihi.org/psychology)



# Transition and Emotions



# 1. Resistance can be a good thing

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- Tempting to see as: problem, obstacle, personal attack, source of frustration
- Yes! Resistance is what we want!
  - Opportunity to understand & address root issues
  - See the fear, surface it, enable people to shift from fear to curiosity & exploration
  - Resistance indicates engagement with change and poses a dilemma about how we will work together to address it



## 2. Stop telling what changes to make

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What success have you had when someone tried to convince you to change by *telling* you what to do?

Reframe *from*:

- How can I get all these people to do what I want them to do?

*To*:

- How can I get all these people to do what they want to do?

Elicit ownership through their ideas – those affected by the change to articulate why it matters and what they stand to gain



### 3. Focus on people *already are* committed to improvement

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- Most precious resources - people's time and energy
- Asset-based approach: focus on the people who are already with us
- Improvement gold



# Psychology of Change

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The science and art of human behavior as it relates to transformation

- Focuses on the people directly and indirectly affected by improvement
  - Doing 'with' not doing 'to'
- Recognizes the inherent value in each person, regardless of identity or position
- Aims to **activate people's agency** in the face of fear





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# Lessons from the Field

*Yussef Al Maslamani*

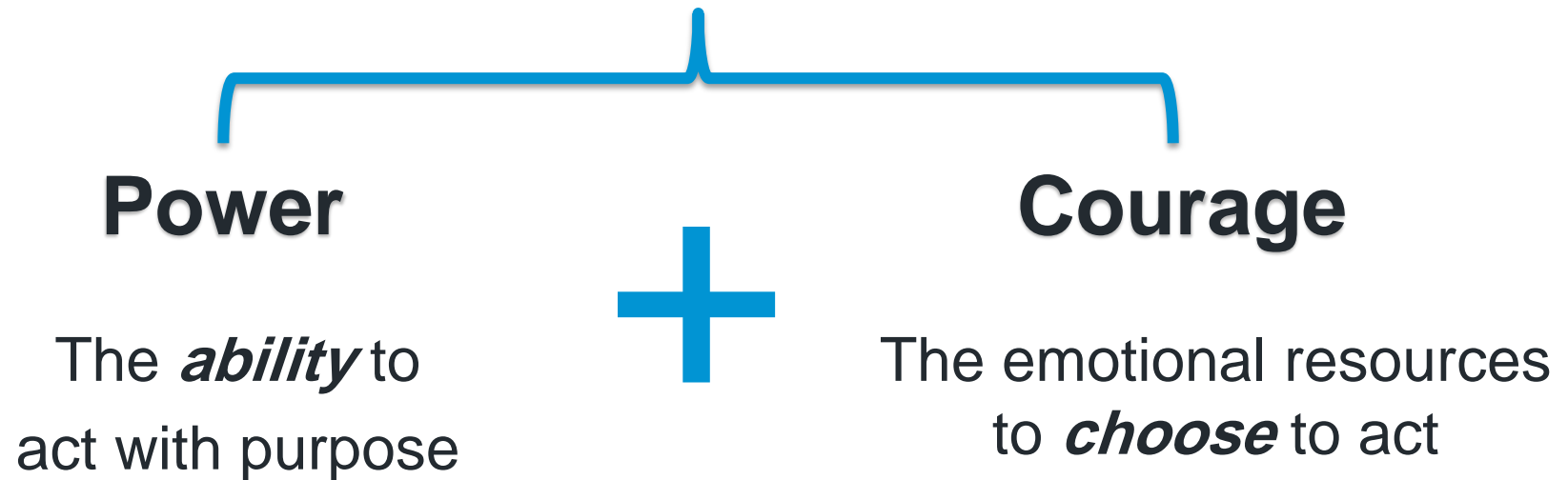


# Psychology of Change

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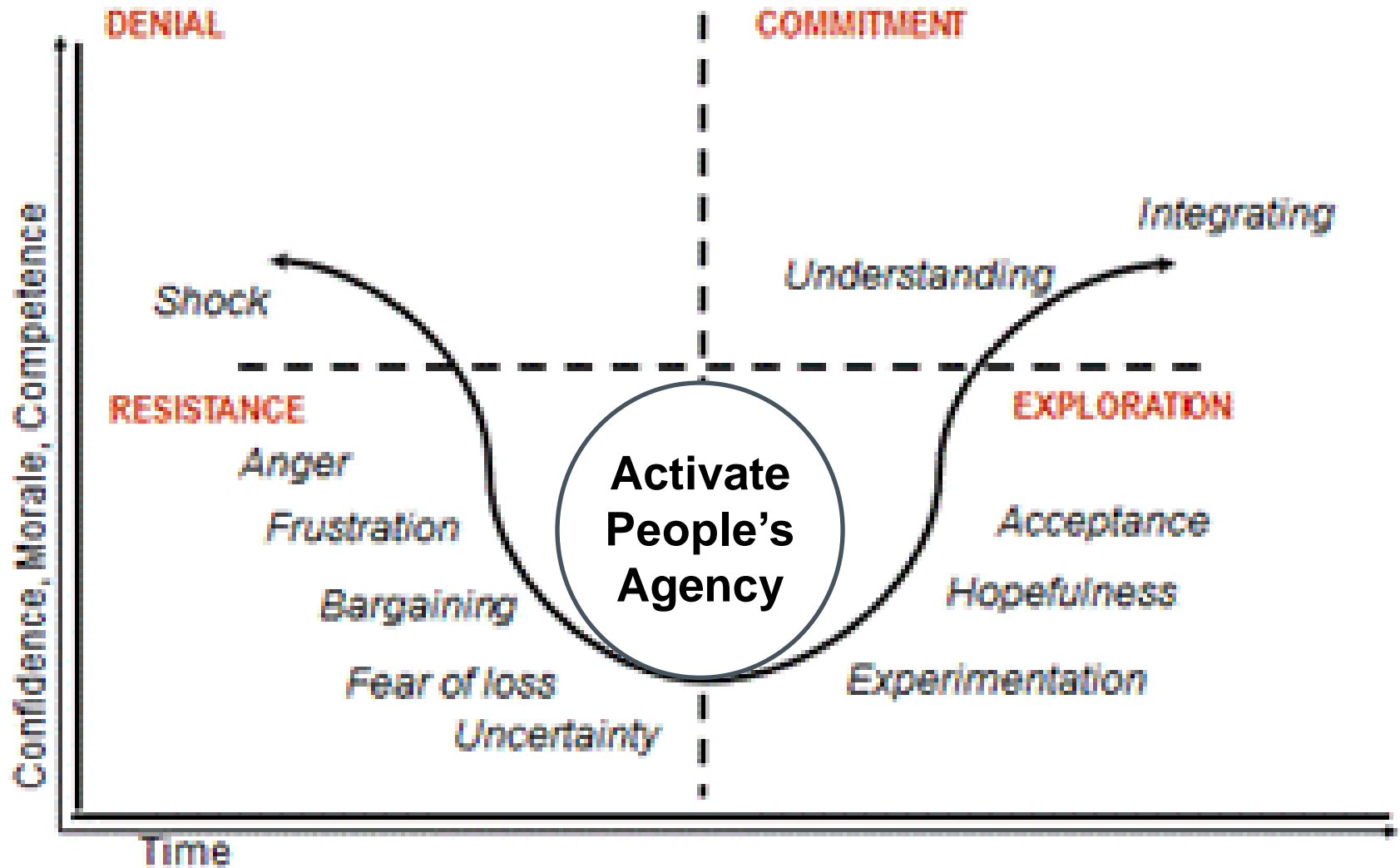
## AGENCY

The ability of an individual or group  
to choose to act with purpose

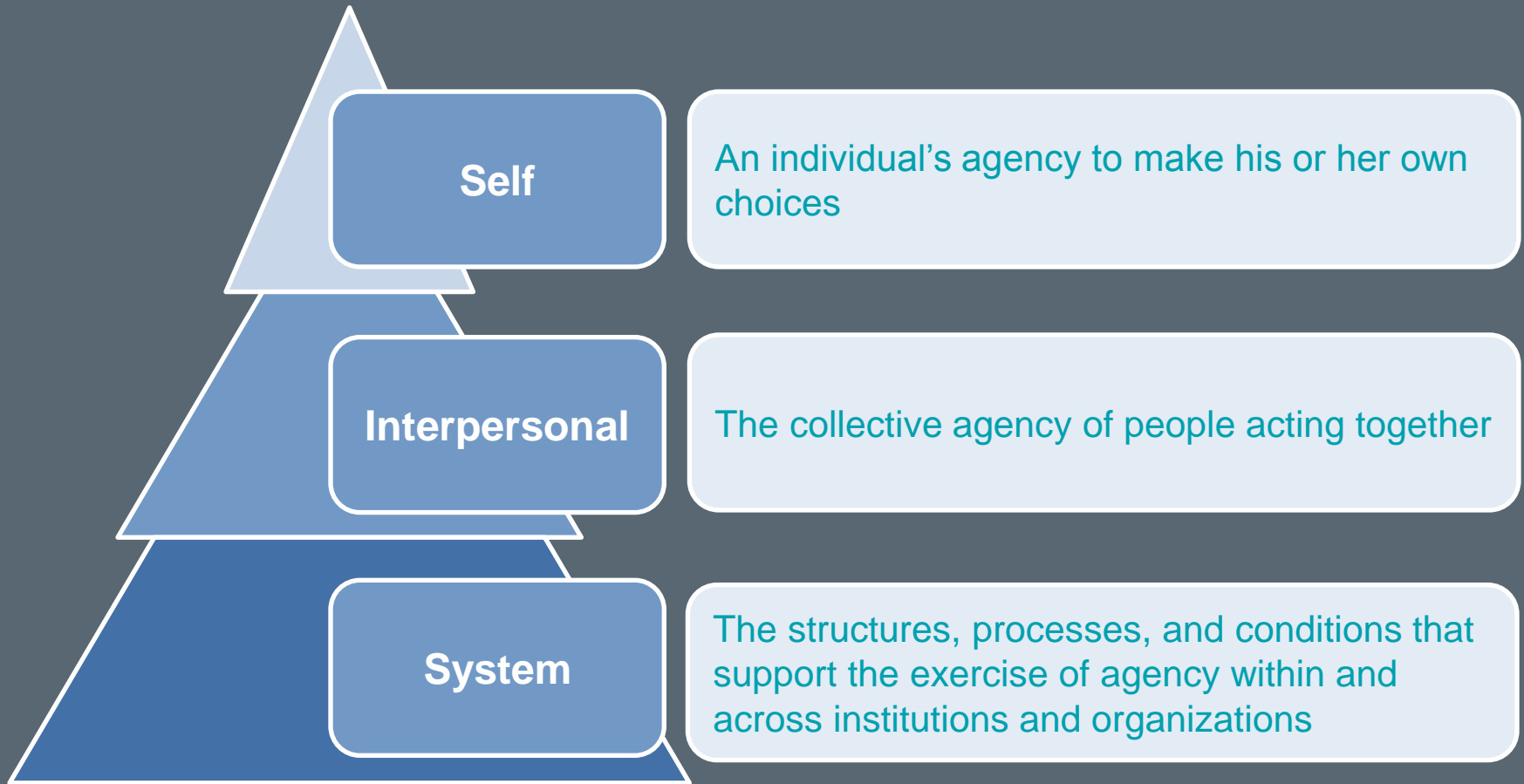




# Transition and Emotions



# Three Levels of Agency



# IHI Psychology of Change Framework

## Unleash Intrinsic Motivation

Tapping into sources of intrinsic motivation galvanizes people's individual and collective commitment to act.

## Adapt in Action

Acting can be a motivational experience for people to learn and iterate to be effective.

## Distribute Power

People can contribute their unique assets to bring about change when power is shared.



## Co-Design People-Driven Change

Those most affected by change have the greatest interest in designing it in ways that are meaningful and workable to them.

## Co-Produce in Authentic Relationship

Change is co-produced when people inquire, listen, see and mutually commit to one another.



# Unleash Intrinsic Motivation

---

Tapping into sources of intrinsic motivation galvanizes people's individual and collective commitment to act.

## Unleash Intrinsic Motivation



**Activate  
People's  
Agency**

## Recommended Practices

1. Public Narrative
2. Motivational Task Design
3. Play and Celebrate



# Co-Design People-Driven Change

---

Those most affected by change have the greatest interest in designing it in ways that are meaningful and workable to them.

Co-Design  
People-Driven  
Change

## Recommended Practices

1. Become Aware of Bias
2. Map Actors
3. Craft People-Driven Aim Statements



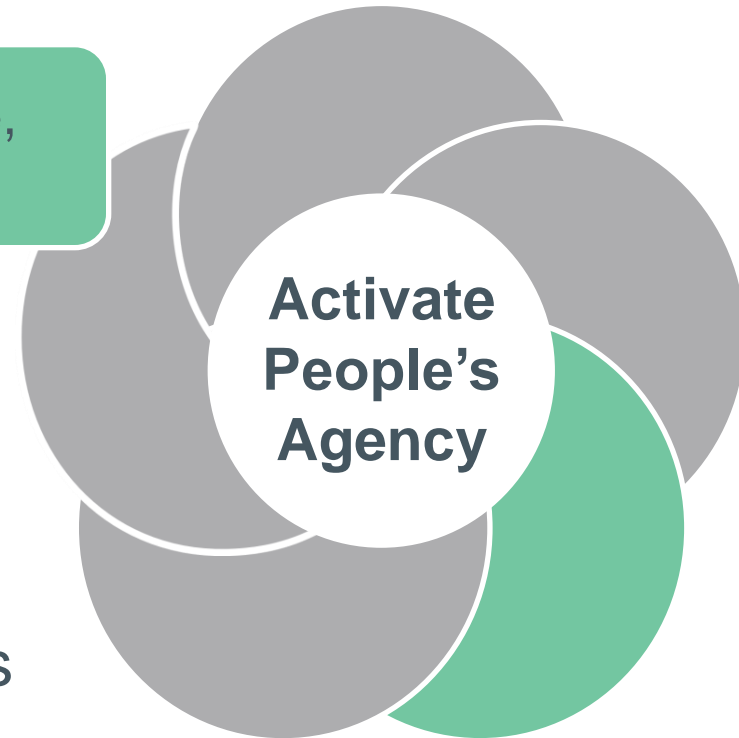
# Co-Produce in Authentic Relationship

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Change is co-produced when people inquire, listen, see, and commit to one another.

## Recommended Practices

1. Practice One-to-One Meetings
2. Ask Open and Honest Questions
3. Practice Appreciative Inquiry
4. Listen Deeply



Co-Produce  
in Authentic  
Relationship



# Distribute Power

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People can contribute their unique assets to bring about change when power is shared.

## Recommended Practices

1. Create a Shared Purpose
2. Develop Distributed Leadership
3. Establish Working Agreements
4. Cede Power



**Distribute  
Power**



# Adapt in Action

---

Acting can be a motivational experience for people to learn and iterate to be effective.

**Adapt  
in Action**



## Recommended Practices

1. Coach and Be Coached
2. Adopt a Growth Mindset
3. Fail Forward
4. Embrace Emergence



# What domain(s) are most helpful in light of your adaptive challenges?

## Unleash Intrinsic Motivation

Tapping into sources of intrinsic motivation galvanizes people's individual and collective commitment to act.

## Adapt in Action

Acting can be a motivational experience for people to learn and iterate to be effective.

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# Improvement Measures

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## Primary Measures

- Higher change adoption rates
- Increased sustainability of change

## Secondary Measures

- Sustained integration of psychology of change methods over time
- Increased joy and satisfaction
- Higher discretionary effort
- Higher resiliency: lower burnout and “dropout”



# What would be most helpful?

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- Virtual courses on how to do this better?
- Learning collaboratives?
- Stories of people's experience in using psychology of change?
- 1 day high level training option?
- 5 day intensive training option?
  
- Other?





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# Resources

Hilton K, Anderson A. [\*IHI Psychology of Change Framework to Advance and Sustain Improvement\*](#). Boston, MA: Institute for Healthcare Improvement; 2018.



# Measuring Impact

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Effectiveness of framework: compared with sites that have no experience with the framework, sites that have this experience should achieve greater, faster or more sustained improvements

Specific to improvement effort, for instance:

- Main measure outcome: # adverse drug events
- Rate of spread: # care units using unit briefings to identify medication safety issues
- Activity measures: # trainings held, # individuals who participate in improvement work, # core leaders



# Measuring Agency

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Example:

% of team members that respond “agree” or “strongly agree” on daily or weekly basis to:

“I feel able to contribute my knowledge & skills to advance our team’s shared purpose.”



# Measuring Specific Domains

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## Quantitative Likert-scale measures:

- Intrinsic motivation: “How motivated are you to participate?”
- Co-design: “How involved were you in the design of this initiative?”
- Co-production: “How much do you feel that you are a part of something?”
- Distribute power: “How valued do you feel?”
- Adapt in action: “How equipped are you to adapt as needed?”

Qualitative story harvesting, observational data, feedback



# Applying the Psychology of Change to Measurement

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- Intrinsic motivation: Make measurement fun by incorporating play and celebration
- Co-design: Design “measures that matter” with people affected by changes; identify biases around measurement & data analysis
- Co-produce: Share qualitative stories to connect data to people’s lived experience
- Distribute power: Make data transparent
- Adapt in action: Only collect and track data used for learning, “fail forward” as adaptations of measurement strategy occur

