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**Module 18 – Day 3**  
**8:00am – 8:15am (15 min)**

**Welcome to Day 3**

**“The Beginning of the End”**

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# Parking Lot

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# Agenda – Day 3

- 8:00 Welcome, Our Agenda for Today
- 8:15 Executing Changes for Improvement/Managing Resistance
- 10:30 Generating and Supporting Organizational Support
- 11:15 Spreading and Holding Gains of Improvements
- 12:30 Lunch
- 1:30 Next Steps
- 2:00 Workshop Close, Session Evaluation, Kudos & Celebration
- 3:00 Adjourn

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# National Quality Center (NQC)

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# Executing Changes for Improvement and Managing Resistance

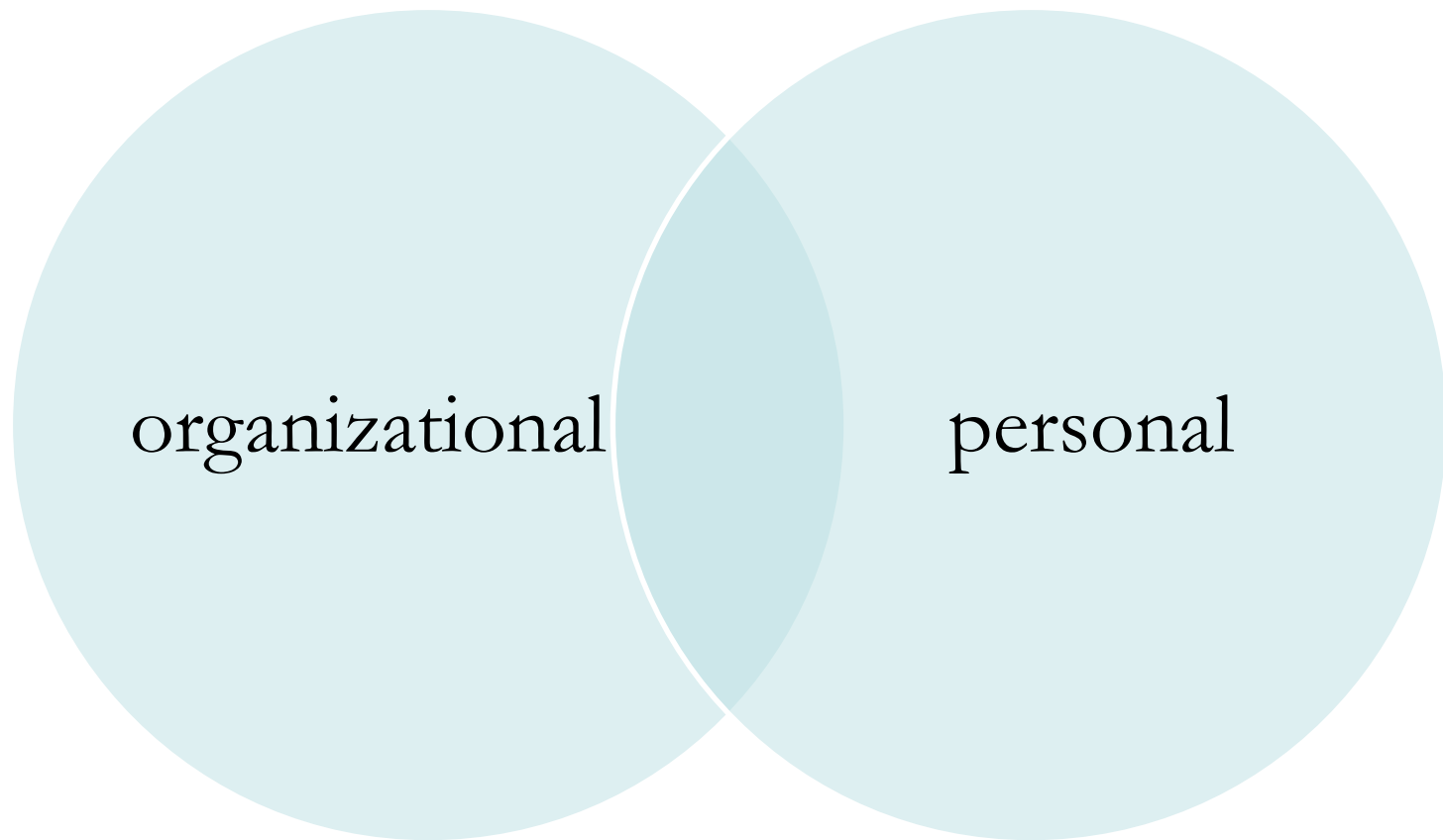
GINNA CROWE, RN, MS, Ed. D.

BARBARA BOUSHON, RN, BSN

MODULE 19

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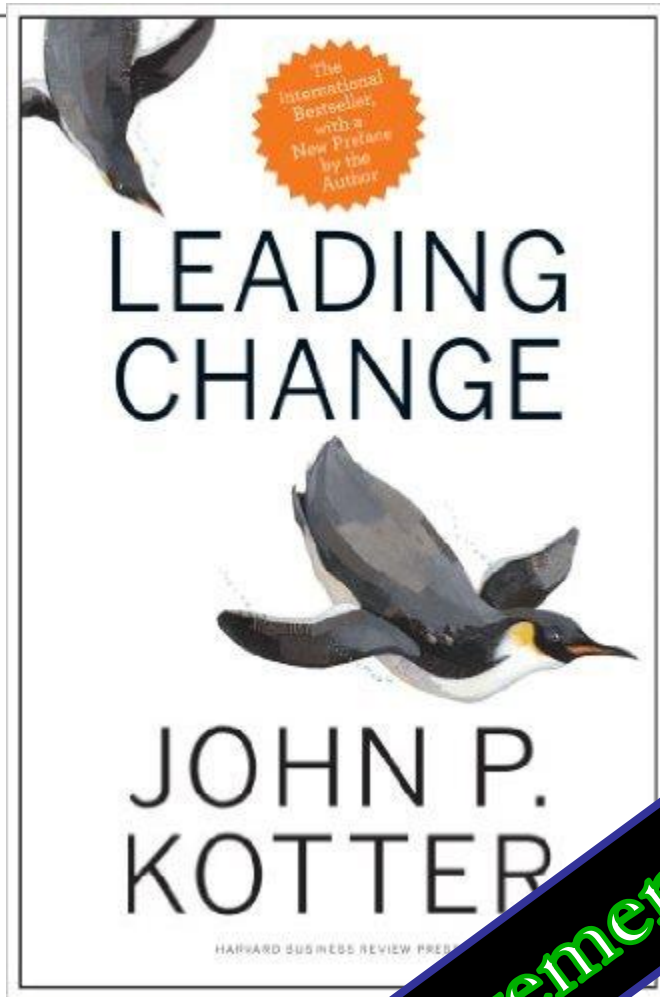
# Models for change



**Internet: 2,000,000 hits change management theory models**

**Amazon: 9048 books on Change Management**

Center for Quality Improvement and Innovation



Improvement Science Theory Methods



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# The 8-Step Process of Successful Change

- **SET THE STAGE**

1. Create a Sense of Urgency.
2. Pull Together the Guiding Team.

- **DECIDE WHAT TO DO**

3. Develop the Change Vision and Strategy.

- **MAKE IT HAPPEN**

4. Communicate for Understanding and Buy-in.
5. Empower Others to Act.
6. Produce Short-Term Wins.
7. Don't Let Up.

- **MAKE IT STICK**

8. Create a New Culture.



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## Think back ...

Think about a change project in which you have been involved. You could have been the leader, a team member or a person experiencing the change. It comes to mind easily because it was very memorable... and you learned a lot—either from the successes or the un-successes (failures) of the project.

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## Think back ...

- **Make a few notes about the change:**
  - What was the change?
  - Who was involved?
  - Was it a success or failure or in between?
  - Why do you categorize it as such?
- **Share at tables brief overview of project**

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# Set the Stage

- **Create a sense of urgency**
  - See the need for change and the importance of acting immediately
- **Pull Together the Guiding Team**
  - powerful group guiding the change
    - Leadership skills
    - Credibility
    - Communications ability
    - Authority
    - Analytical skills
    - A sense of urgency
- On a 1 to 10 scale with 1 being the worst and 10 being the best:
- How did your project rate in setting the stage?
  - Learnings?
- Page 130

## Managing Complex Change:

Vision	Skills	Incentives	Resources	Action Plan	<b>Change</b>
	Skills	Incentives	Resources	Action Plan	<b>Confusion</b>
Vision		Incentives	Resources	Action Plan	<b>Anxiety</b>
Vision	Skills		Resources	Action Plan	<b>Gradual Change</b>
Vision	Skills	Incentives		Action Plan	<b>Frustration</b>
Vision	Skills	Incentives	Resources		<b>False Starts</b>

Source: Dr. Mary Lippit, Managing Complex Organizational Change

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# Decide What to Do

- Develop the Change Vision and Strategy
  - Page 130
- On a 1 to 10 cycle with 1 being the worst and 10 being the best:
- How did your project rate in deciding what to do
  - Learnings?

*Improving Health and Health Care Worldwide*[ABOUT US](#)[TOPICS](#)[EDUCATION](#)[RESOURCES](#)[REGIONS](#)[ENGAGE WITH IHI](#)

# Search

[Entire Site](#)[Advanced](#)

Filter search results by:

Topic

[Any Topic](#)[HIV/AIDS](#)[Preventing Mother-to-Child](#)[Maternal and Child Health](#)[Mortality Reduction](#)[Engage Patients and Families](#)[Patient Self-Management](#)[Chronic Care Model](#)[Clinical Information Systems](#)[Health Information Systems](#)[Improvement Methods...](#)[Quality Improvement](#)[Spreading Changes](#)[Transitions in Care](#)

Care Setting

[Any Care Setting](#)[Low- and Middle-Income Countries](#)[South Africa](#)[Primary Care](#)[Community](#)**1-10** of about 300 results**HIV/AIDS Surveillance Report**

The Centers for Disease Control's (CDC) Divisions of HIV/AIDS Prevention provides the HIV/AIDS Surveillance Report on an annual basis.

Topic(s): HIV/AIDS

Last Modified Date:5/13/2011

**HIV/AIDS Bio-Psychosocial Assessment Tool**

This tool is designed to be used by case managers with new HIV-positive clients to develop an effective case management care plan.

Topic(s): HIV/AIDS

Last Modified Date:4/27/2011

**HIV/AIDS: Self-Management and Adherence**

Effective self-management means that patients have a central role in determining their care, one that fosters a sense of responsibility for their own health

Topic(s): HIV/AIDS

Last Modified Date:2/26/2013

**HIV/AIDS Bureau Collaboratives Training Manual**

This step-by-step manual was developed to help improve care for patients living with HIV/AIDS disease.

Topic(s): HIV/AIDS

Last Modified Date:4/27/2011

**Caring for HIV/AIDS Patients at Christiana Care**

Christiana Care Health Services (Wilmington, Delaware, USA) uses the Chronic Care Model to improve care for persons with HIV/AIDS.

Topic(s): HIV/AIDS;Chronic Care Model

Last Modified Date:1/14/2014

**Male circumcision and HIV/AIDS: Challenges and opportunities**

# Perinatal Community

**Reduce harm to 5 or less  
per 100 live births**

**Zero incidence of elective  
deliveries prior to 39 weeks**

**Augmentation Bundle(s)  
Composite or Compliance  
great than 90%**

**Improve organizational  
culture of safety survey  
scores in Perinatal units by  
25%**

**100% of participating  
teams will have  
documentation of Patient  
& Family Centered Care**

## Leadership and Sponsor

- Leadership help establish aims & goals
- Senior Executives support sponsor
- Assist in identification of needed resources and develops plan to provide
- Competent trained available staff

## Reliable Design Reduce Variation

- Implement oxytocin and vacuum bundle
- Develop standard protocols for response to obstetrical emergency
- Design care process improvements based on trigger tool analysis, event detection, sentinel event
- Establish credentialing of core competency and training for all
- Use ACOG/AWHONN guidelines for documentation and staffing
- Standardize administration of high alert medications – oxytocin, magnesium sulfate, epidurals

## Effective Teamwork

- Adopt common language and interpretation of EFM with multi-disciplinary training i.e. NICHD criteria
- Implement techniques for effective communication i.e. SBAR
- Establish reliable techniques for handoffs
- Establish Team Response Protocols
- Establish a just culture – create consistent expectations for performance and behavior across all disciplines
- Implement Huddles
- Design Simulations

## Patient/Family Centered Care

- Add patients and families on design teams, advisory groups
- Co-create and discuss a plan of care with the patient and family
- Conduct Patient/Family Focus Groups
- Engage patients & families as partners in care
- Communicate openly and honestly with family and patients at regular intervals
- Do what you say, mean what you do
- Include patients and families on improvement teams

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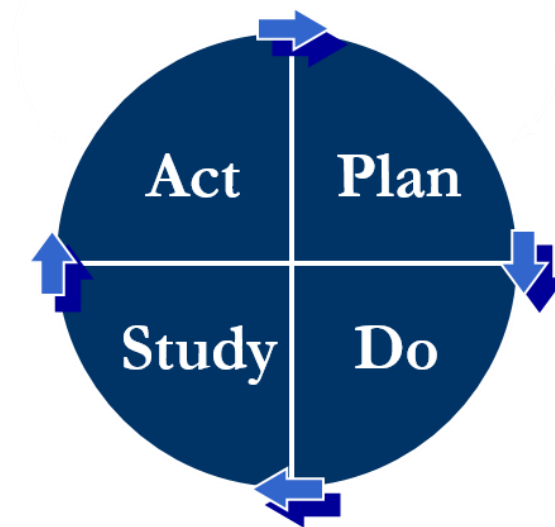
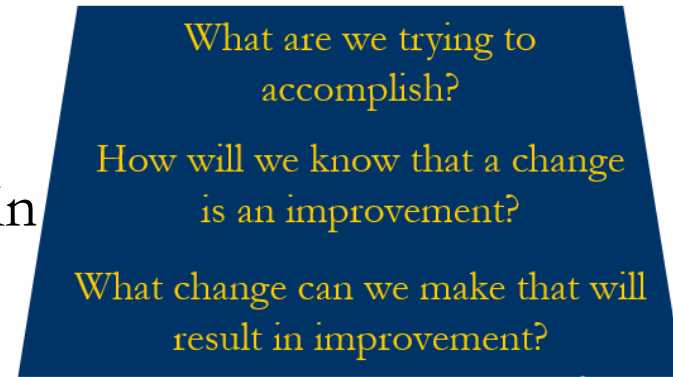
# Make It Happen

- Communicate for Understanding and Buy In
    - Understand and accept vision and strategy
  - Empower Others to Act
    - Remove barriers
  - Produce Short-term Wins
    - Visible, unambiguous successes ASAP
  - Don't Let up
    - Press harder and faster
- On a 1 to 10 scale with 1 being the worst and 10 being the best:
  - How did your project rate in making it happen
    - Learnings?
- Page 131

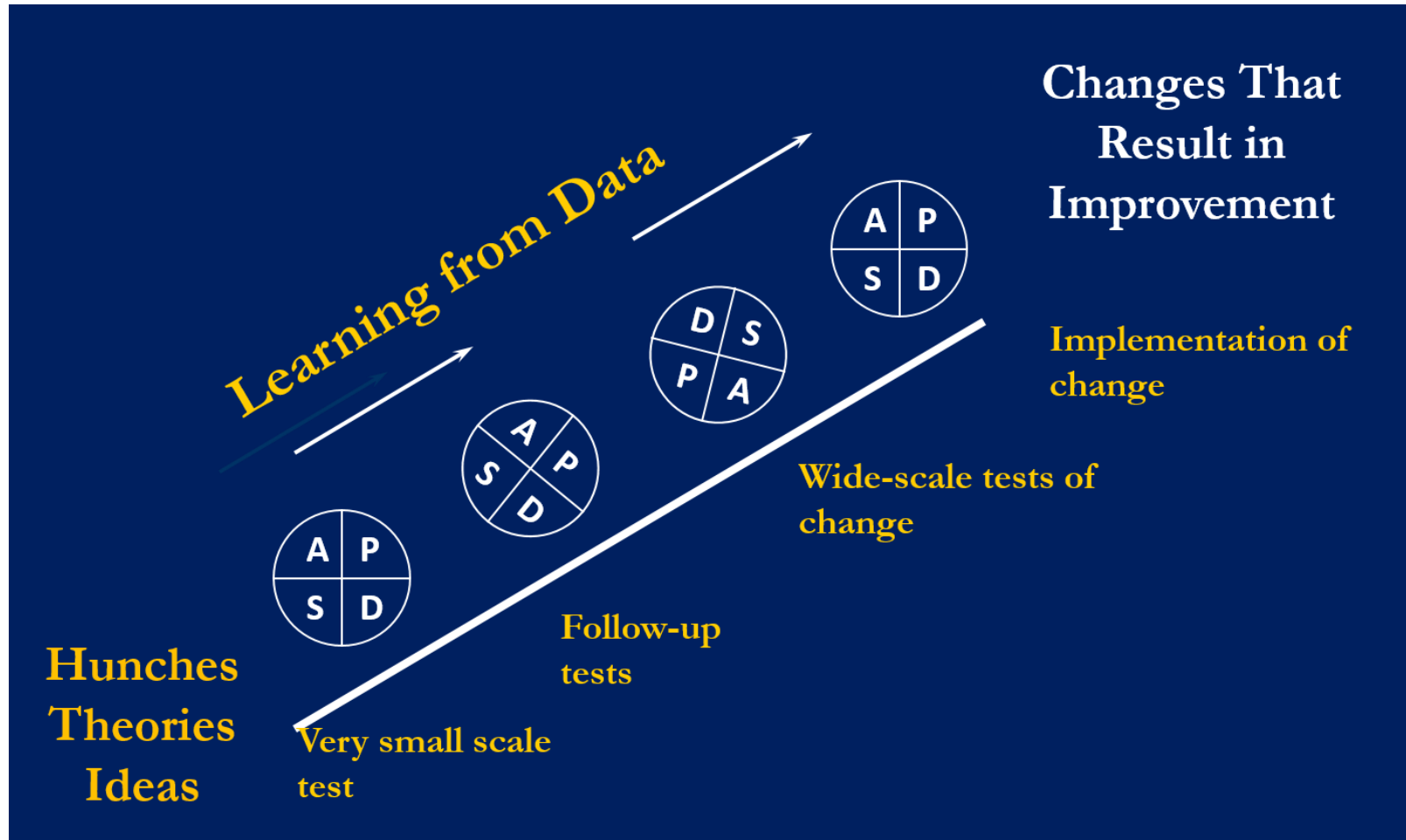


# Model For Improvement\*

- Remove Barriers
  - Remove barriers to removing barriers
- Quick Wins
  - Testing
  - Changes with a pedigree



# Repeated Use of Cycle



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# Make it Stick

- Make It Stick
  - Create a New Culture
    - Page 131
- On a 1 to 10 scale with 1 being the worst and 10 being the best:
- How did your project rate in making it stick?
  - Learnings?

## Sustainability



## Reliability



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# Reliability

- The extent of failure-free operation over time.
- David Garvin

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# Reliability Concepts

- **Phrased as questions:**
  - Do you have a system (process) in place?
  - Does it fail?
  - Do you catch the failures?
  - Do you use that information to fix the system?

# Design Strategy

- **Prevent Initial Failure**

- Segmentation
- Using intent and standardization

- **Identify failure and mitigate**

- Human factor changes
- Redundancy function

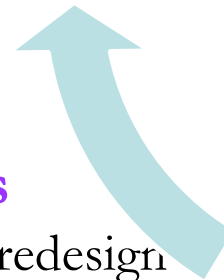
- **Redesign from failure modes**

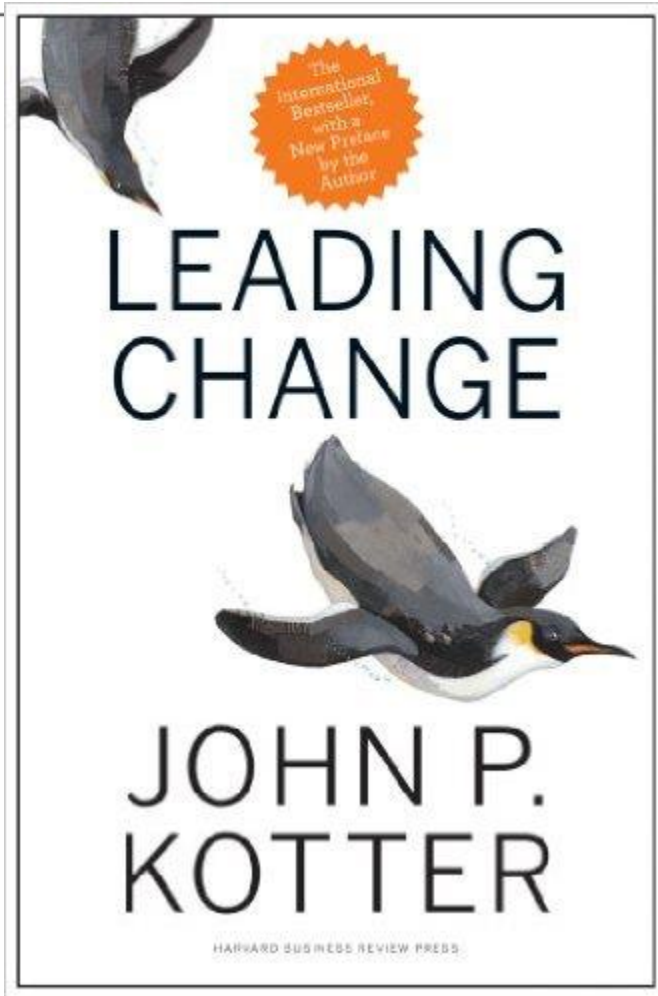
- Identify critical failures and then redesign

redesign

prevent

identify

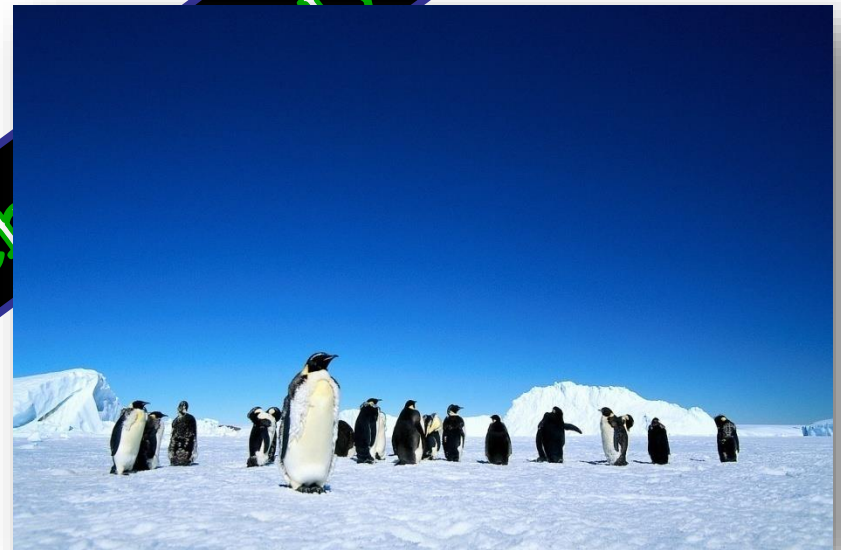




Quality Methods

Quality Science

Improvement





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# Understanding and Working with Resistance

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People don't resist change,  
they resist being changed.

Peter Senge

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# Learning Objectives

- Understand the various faces of resistance.
- Learn tools to manage resistance

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# What is Resistance?



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# What is Resistance?

Resistance is the push-back one experiences when trying to change or improve a process or system.....

What else?

How does it

- Look?
- Sound?
- Feel?

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# What is Resistance?

AND.....

- Resistance is feedback
- Resistance is a valuable resource
- Resistance is energy

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## Make a Change..

- Write down the word 'Resistance' on a piece of paper
- Switch hands and write the word 'Resistance' again
- Debrief – How did you feel about writing with your opposite hand?

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# What Causes It?

- Fear
  - The unknown
  - Change
- Distrust
  - Administration
  - Opinion Leader/Change Agent



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# What Causes It?

- Lack of information
  - Not proven
  - Not enough education
- Complacency
  - Can't see the benefit of change
  - Not enough tension for change: the current situation is tolerable
- Lack of incentive



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# Reaction to Change

- Denial – “*No, it can’t be true*”
- Anger – “*Why me?*”
- Bargaining – “*Yes, me, ...but...*”
- Depression – “*Yes me, poor me*”
- Acceptance – “*It’s OK. What will I do?*”

Source: Kubler-Ross 5 Stages of Grief





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# How to Manage Resistance

- Communicate
  - Train/educate about the process, strategies
  - Provide information
- Listen
  - 1:1, and in groups
  - Active listening
  - Discuss hopes and fears
  - Provide opportunities to vent



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# Achieving Change

## See-Feel-Change

- Help people see: Dramatic, compelling stories
- Hit emotions: Hit at deeper level
- Emotionally charged ideas change behavior

## Analysis-Think-Change

- Give people analysis: Information from reports
- Data and analysis influences how we think: Information changes thinking
- New thoughts change behavior

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# How to Manage Resistance

- Change the messenger
- Change the message
- Use tests
- Use data
- Allow reinvention

---

## Another thought.....

Change your  
perception of and  
reaction to resistance to  
change.....



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# Reflection

1. Why am I seeing this behavior as resistance?
2. If I viewed the resistance as feedback, what could I learn about how to refine the change effort?

Harvard Business Review, April 2009:  
Decoding Resistance to Change;  
Ford, J.D and Ford, L.W.



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# Boost Awareness

Explain *what* is changing

- Staff need opportunity to process the change
- Drop down 2 levels...
- Keep the dialogue open

Harvard Business Review, April 2009:  
Decoding Resistance to Change;  
Ford, J.D and Ford, L.W.

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# Return to Purpose

- Explain why.....(jobs are being changed...)
- Listen---to better understand the implications

Source: Harvard Business  
Review, April 2009: Decoding  
Resistance to Change; Ford, J.D  
and Ford, L.W.

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# Change the Change

- Look for the pitfalls
- Be willing to change the change as long as it fulfills the purpose (—or the why)

Source: Harvard Business  
Review, April 2009: Decoding  
Resistance to Change; Ford, J.D  
and Ford, L.W.

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# Build Participation and Engagement

- Elicit ideas  Idea list
- Elicit concerns  Worry list

Listen.....and work the lists!

Source: Harvard Business Review,  
April 2009: Decoding Resistance to  
Change; Ford, J.D and Ford, L.W.

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# Complete the Past

- Uncover past failures

OR Quality Baggage.....

- Ask about the history
- Heal the past---make it right.

Source: Harvard Business Review,  
April 2009: Decoding Resistance to  
Change; Ford, J.D and Ford, L.W.

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# Table Time

Think of a situation in which you are encountering resistance:

- Using some of the ideas discussed today, how would you handle the situation?
- What would you do the same?
- What would you do differently?

Be prepared to give a brief description of the situation and your plan to manage it.

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# Summary: Managing Resistance

- Communicate
- Listen
- Change the message/messenger
- Use tests and data
- Encourage reinvention
- Revel in the pushback
- Confront the resistance
- Respect the resistance

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## Resistance is a resource and channeled energy



Harvard Business Review, April  
2009: Decoding Resistance to  
Change; Ford, J.D and Ford, L.W.



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# Resources and References

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- Kegan, R. and Lahey, L. (2001), *The Real Reason People Won't Change*, Harvard Business Review, November 2001: 85-92
- Kotter, P. and Schlesinger, L.A. ( 1979), *Choosing Strategies for Change*, Harvard Business Review, Mar – April: 106-114

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- Taylor, M. S. and Tekleab, A.G. (2004), *Taking Stock of Psychological Contract Research* in Coyle-Shapiro, J., Shore, L.M., Taylor, M.S., Tetrick, L.E. (2004) The Employment Relationship, New York, Oxford University Press Inc
- Weick, K.E. (1996), *Drop Your Tools: An Allegory for Organisational Studies*, Administrative Science Quarterly, June 96, Vol 41, issue 2, p301
- Weick, KE and Sutcliffe (2007) Managing the Unexpected; resilient Performance in an Age of Uncertainty
- Zaltman, G. and Duncan, R. (1977) Chapter 3, *Resistance to change*, in Strategies for Planned Change, New York, Wiley

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Break.....  
check out?



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**Module 21 - Day 3**  
**11:45 - 12:30 pm (45 min)**

Generating and Maintaining Organizational  
Support/Enthusiasm for Quality Improvement

“What’s wrong with having a little fun?”

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# Warm-up!

At your tables think of a fun way to  
Generating and Maintaining Organizational  
Support/Enthusiasm for Quality Improvement!

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Why do we need to be enthused?



**"What do you think . . . should we get started  
on that motivation research or not?"**

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We don't need to motivate people...

...we need to stop demotivating people

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# What is demotivation?

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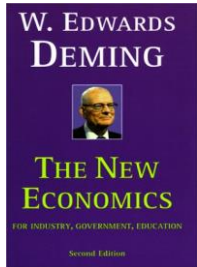
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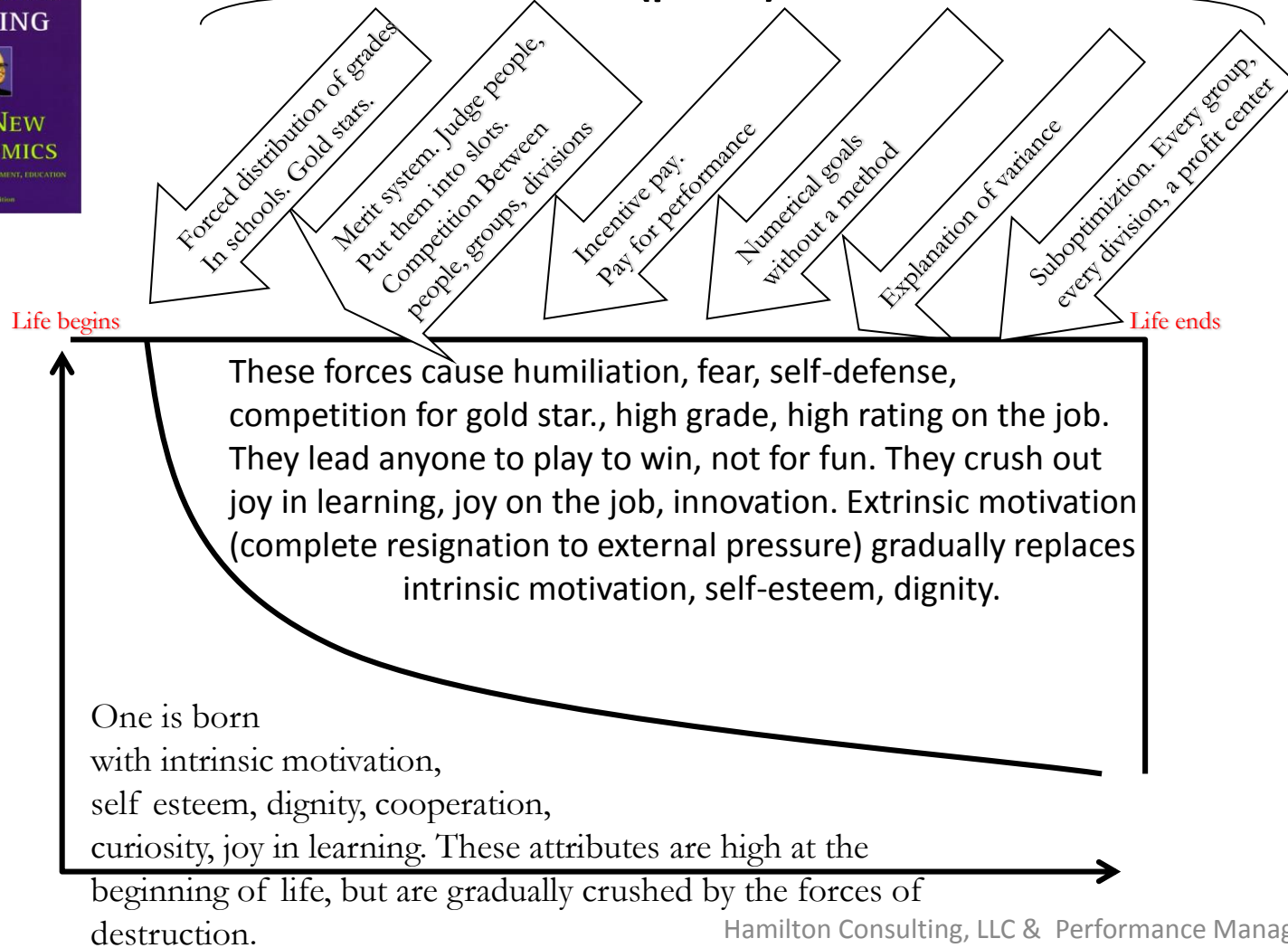
People are born with intrinsic  
motivation, self-esteem, dignity,  
curiosity to learn, joy in learning.

W. Edwards Deming (1900 - 1993)

@learningandimproving.com

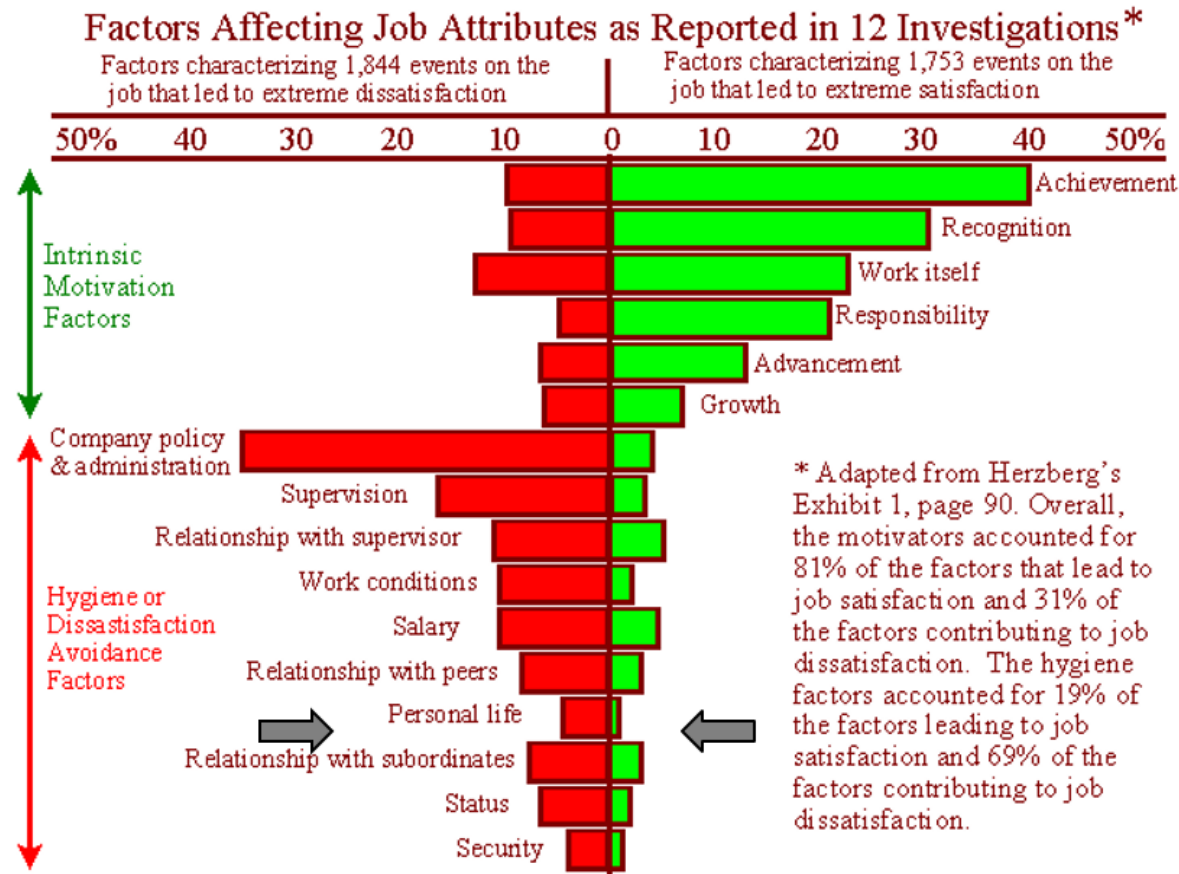


## Forces of destructions(p.122)



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# Herzberg: How do you motivate employees? Harvard Business Review (reprint Jan, 2003)

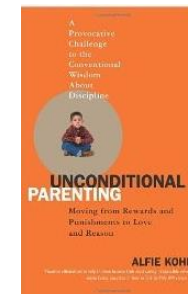
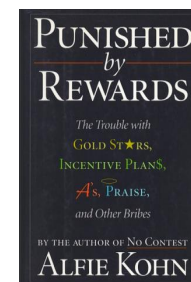
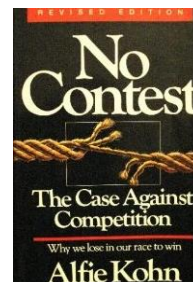
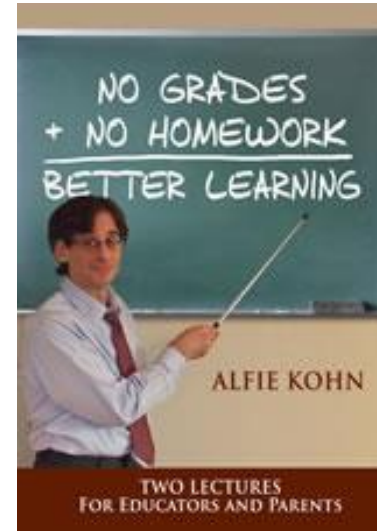


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## Alfie Kohn

**Alfie Kohn** writes and speaks widely on **human behavior, education, and parenting**. The author of twelve books and scores of articles, he lectures at education conferences and universities as well as to parent groups and corporations.

Kohn's **criticisms of competition and rewards** have been widely discussed and debated, and he has been described in *Time* magazine as "perhaps the country's most outspoken critic of education's fixation on grades [and] test scores."



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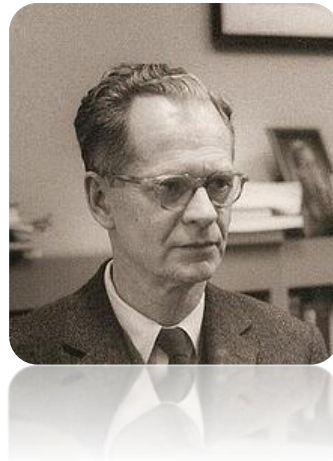
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# **PUNISHED BY REWARDS**

## **ALPHIE KOHN**

Our society is caught in a whopping paradox. We complain loudly about sagging productivity, the crisis of our schools and the warped values of our children. But the very strategy we use to solve those problems—dangling rewards like incentive plans and grades and candy bars in front of people—is responsible for the fix we're in. We are a society of loyal Skinnerians, unable to think our way out of the box we have reinforced ourselves into. (pg.xii)

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Burrhus Frederic Skinner (1904-1990)  
Operant Conditioning

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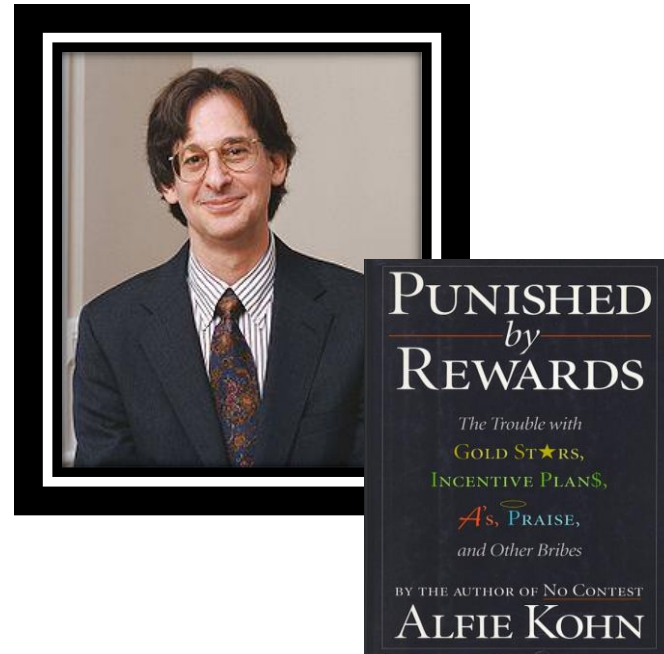




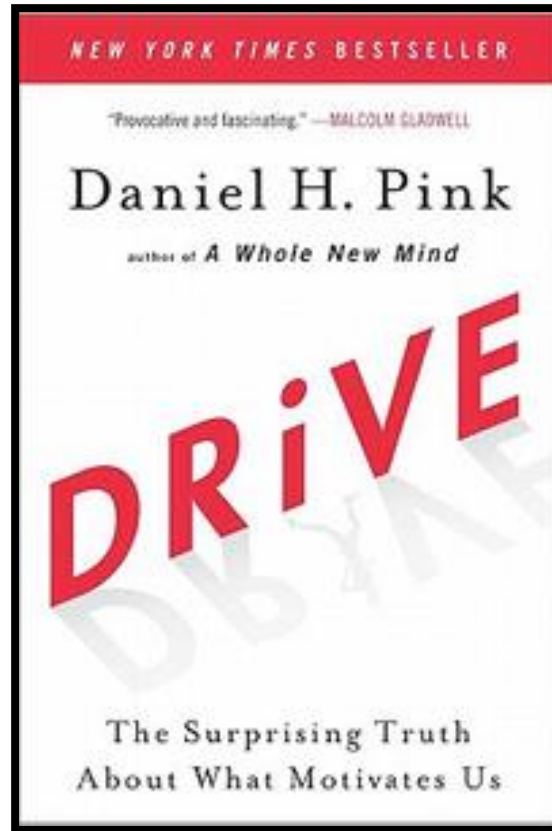
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## Alphie Kohn

1. Pay is not a motivator
2. Rewards punish
3. Rewards rupture relationships
4. Rewards ignore reasons
5. Rewards discourage risk-taking
6. Rewards undermine interest



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# TIL Book Club

## Virtual Book:

### Drive:

### The surprising truth about what motivates us

11 minute you tube

## Process and Questions

### Process:

- Choose a leader
- Ground Rule: all voices heard

### Questions:

- To what did you most respond ? And Why?
- What surprised you? What puzzled you?
- How might this knowledge influence your management? Your improvement efforts?

### Debrief:

- Large group
- Closing thoughts

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## When to Use Rewards: A Simple Flow Chart (Pink p. 69)



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# What can we do to support intrinsic motivation and decrease de-motivation?

..a couple tools to help us choose

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# Gallop 12 Questions

(Gallup Survey of @ 1 million employees over 35,000 organizations)

- A. Do I know what is expected of me at work?
- B. Do I have the materials and equipment I need to do my work right?
- C. At work, do I have the opportunity to do what I do best every day ?
- D. In the last seven days, have I received recognition or praise for doing good work?
- E. Does my supervisor, or someone at work, seem to care about me as a person?
- F. Is there someone at work who encourages my development?
- G. At work, do my opinions seem to count?
- H. Does the mission/purpose of my company make me feel my job is important?
- I. Are my co-workers committed to doing quality work?
- J. Do I have a best friend at work?
- K. In the last six months, has someone at work talked to me about my progress?
- L. This last year, have I had opportunities at work to learn and grown?

Buckingham, M. and Coffman, C.

First Break All the Rules

1999

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# Decision Making Tools

## Multi Voting

- Agree on the criteria for selecting ideas
- Identify each idea in the list with a letter of the alphabet
- Agree on the number of ideas for which each member will vote
- Vote individually on paper, listing the letter of each selected idea
- Take turns calling out the letters of selected ideas
- Record and add the votes on a flip chart
- Decide which ideas would receive further consideration

## Structured Discussion

- Agree on the criteria for the decision
- Take turns expressing points of view without interactive debate
- Summarize points of agreement after all members have had an opportunity to speak uninterrupted
- Debate and discuss conflicting ideas
- Continue to discuss and debate the ideas until a decision is reached

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If you remember nothing else....

We don't need to motivate people;  
we need to stop demotivating people

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**Module 20 – Day 3**  
**11:15– 12:30 pm (75 min)**

Spreading and Holding the Gains of  
Improvements

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## Learning Objectives: You will learn about...

- Explore ways how to sustain improvements over time in your HIV program
- Learn how innovation works
- Understand the theories behind innovation and the spread of innovation
- Explore ways to spread improvements

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# What's the Sequence?



*Source: Institute for Healthcare Improvement (IHI)*

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# Discussion

Think about a recent time when you have just finished a successful QI project, with proven data to document the improvements.

- How did you sustain the gains?

OR

- Why did you slide backwards?

---

# Holding the Gains After Implementation: Inhibitors



**Old System**

**New System**

“We met our goals”

“We assume improvements will hold”

“We can only focus on one QI project at the time

“It takes too many resources to maintain the improvements”

“Did not learn how to hold the gains”

“Infrastructure not in place”

---

# Holding the Gains After Implementation: Readiness

Old System

**New System**

“We need to plan for holding gains”

“During the project cycle, we have start planning”

“Holding gains is an expectations”

“Integration into existing data systems is routine”

“I know simple steps how to hold gains”

“I can work on the next project”



# What's the Sequence?

**Improvement**



Test

Implement

**Hold Gains**



During  
testing

During  
implementation

After  
implementation

**Spread**



*Source: Institute for Healthcare Improvement (IHI)*

---

# Holding the Gains After Implementation

- Communication
- Documentation
- Measurement
- Education and Training
- Leadership

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# Communication

- Fully understand the improvements
  - Understand the benefits for patients and staff
  - Gather data points over time
  - Realize the affects of sliding back to old ways
- Communicate throughout the organization
  - Share project results, measures and improvements
  - Present successes during staff meetings
  - Inform senior leadership within the organization



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# Channels of Communication

SHARE  
INFORMATION

SHAPE  
BEHAVIOR



<u>General</u> <u>Publications</u>	<u>Personal</u> <u>Touch</u>	<u>Interactive</u> <u>Activities</u>	<u>Public</u> <u>Events</u>	<u>Face-to-Face</u> one-to-one mentoring shadowing
flyers newsletters videos articles posters	letters cards postcards	telephone email visits seminars learning sets modeling	road shows fairs conferences exhibitions mass mtgs	

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# Documentation

Write or Update:

- Storyboards
- Job descriptions
- Orientations
- Policies and procedures
- Flow charts



.....to reflect the new way of doing things.....

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# Measurement

- Routinely measure and analyze the data to ensure gains are sustained over time
- Integrate routine performance measurement into existing data collection efforts
- Review data routinely, and follow-up, if indicated
- Develop a threshold-to-revisit measure

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# Education and Training

- Routinely educate and train staff to support improvements—both the “what” and the “why”
- Update staff on additional changes
- Provide competency training as necessary
- Provide cross-training as needed

---

# Leadership

Engage the leadership in their role to sustain changes

- Support the newly implemented improvement
- Remove inhibitors or barriers
- Assign ownership to maintain the gains
- Maintain the priority of the new improvements in the context of multiple and competing priorities



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# Creating a New Order



“There is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage than the creation of a new order of things....”

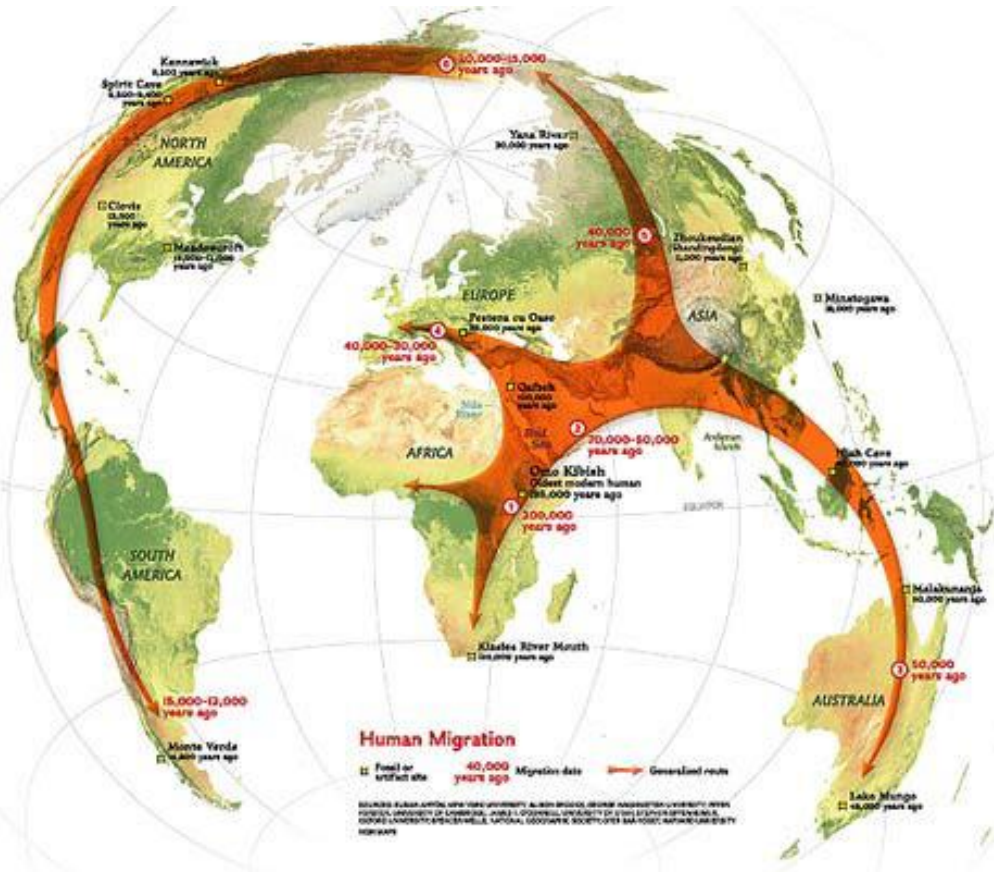
Niccolo Machiavelli, *The Prince*

# Getting Improvement to “Spread”

Initial test/clinic/  
sub-population

The rest of the system:

- All patients
- Other providers
- Other units
- Other clinics
- Other hospitals



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# The Tipping Point

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*The*  
TIPPING POINT

*How Little Things Can  
Make a Big Difference*

MALCOLM  
GLADWELL

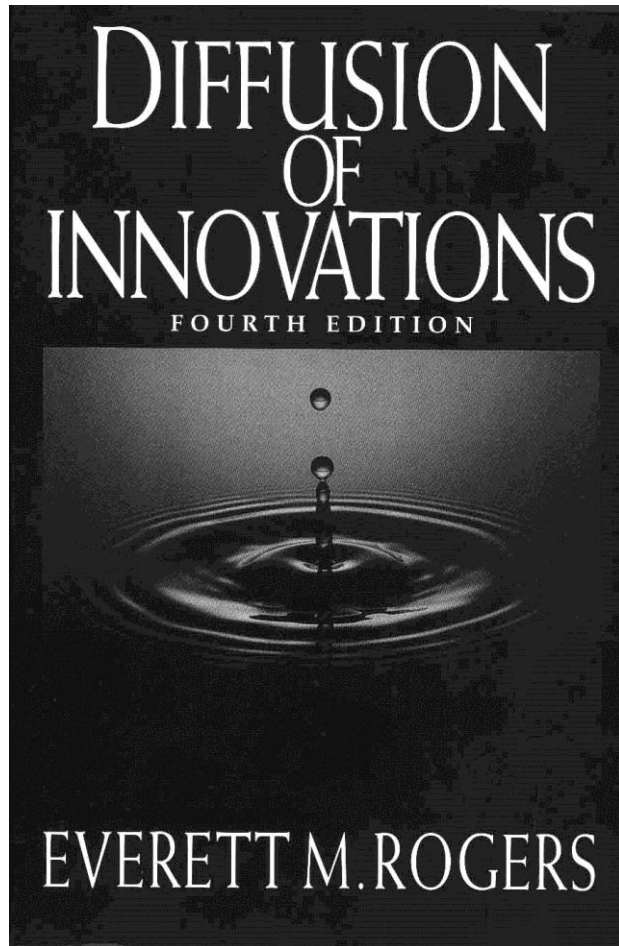
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*“The name given to that one dramatic moment in an epidemic when everything can change all at once.”*

*-- M. Gladwell, The Tipping Point (2000)*

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# Diffusion of Innovations



## ‘Diffusion of Innovations’

*Everett M. Rogers*

*The Free Press, New York, 1995*

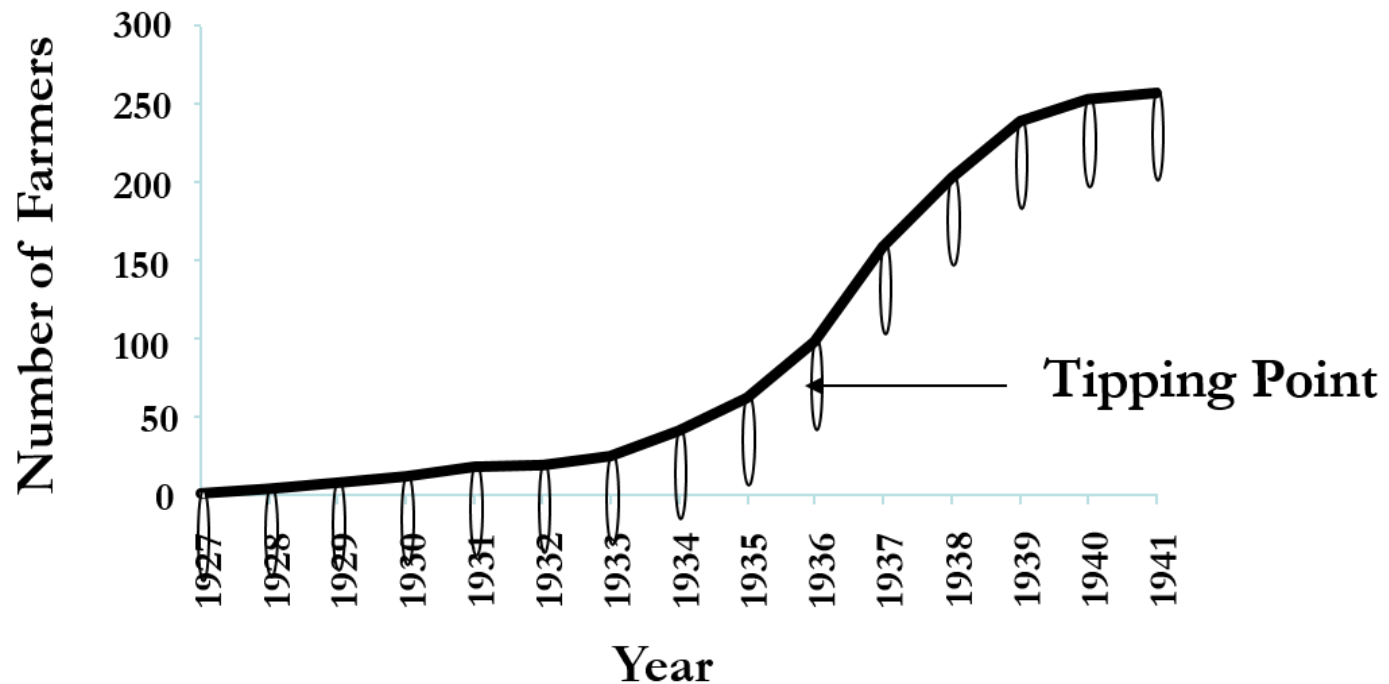
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## Critical Mass and Momentum

“The part of the diffusion curve from about 10 percent to 20 percent adoption is the heart of the diffusion process. After that point, it is often impossible to stop the further diffusion of a new idea, even if one wished to do so.”

*E.M. Rogers, Diffusion of Innovations (1995)*

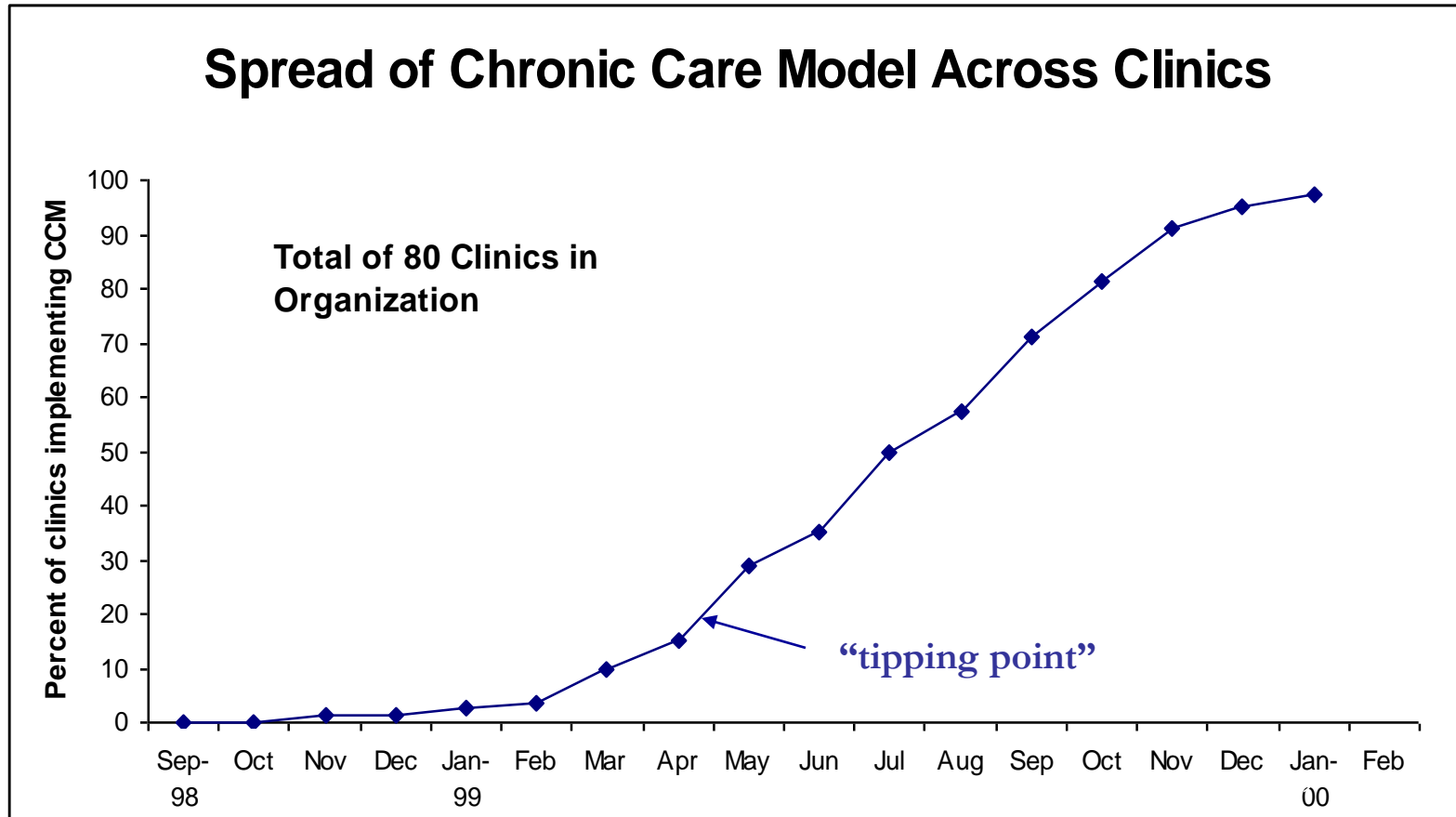
## The “Diffusion Curve”: Reaching the Tipping Point



Source: Based on Ryan and Gross (1943)

Number of Adopters of Hybrid Seed Corn in Two Iowa Communities

# “Diffusion Curve” in Health Care



Source: Institute for Healthcare Improvement

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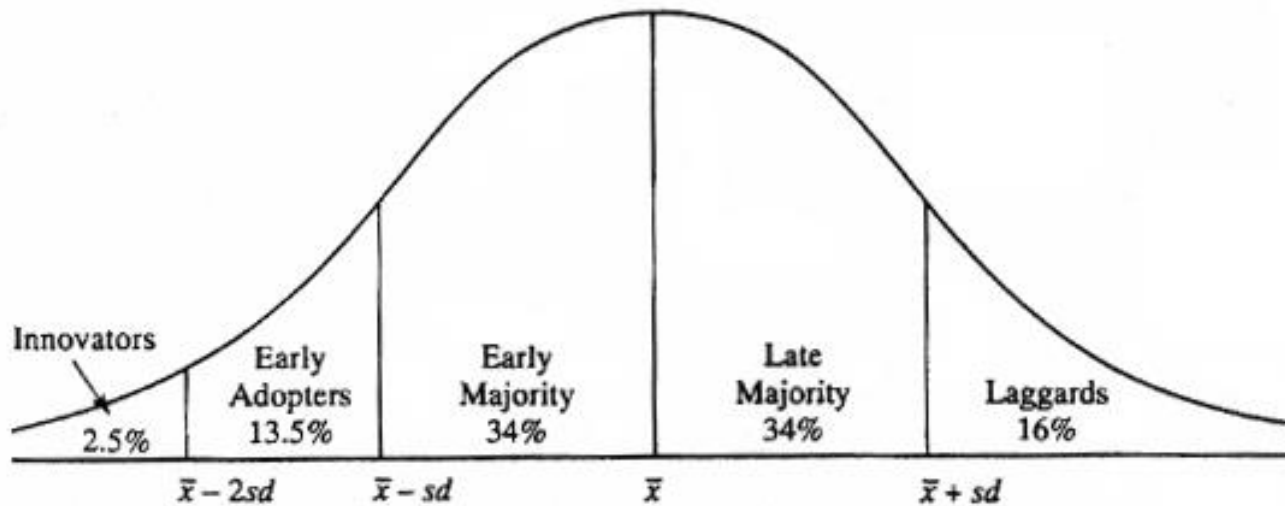
# Types of Innovators

- Innovators - Venturesome
- Early Adopters - Respected
- Early Majority - Deliberate
- Late Majority - Skeptical
- Laggards - Traditional



# ‘Diffusion of Innovation’

Adopter Categorization on the Basis of Innovativeness



Source: Ryan and Gross, “Hybrid Seed Among Iowa Farmers,” 1940

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# Human Diffusion Curve Exercise

- 2-3 Volunteers to sell
- Volunteers to buy

Let's see what we learn....



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# Rogers's Five Attributes of Change

- **Relative Advantage** - how much better is the new compared to the old?
- **Compatibility** - how consistent is this idea with current values, experiences, and needs?
- **Complexity** - how difficult is the new idea to understand and use?
- **Trialability** - how easy is it to test the new idea?
- **Observability** - how visible are the results of the new idea?

-- E.M. Rogers, *Diffusion of Innovations* (1995)

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# What the Improvement Teams Can Do to Help

## **Make the case for change**

- Clarify the benefits
- Demonstrate that your changes provide these benefits
- Share the evidence supporting the changes (literature and experience)
- Data – especially annotated run charts

## **Make it easier for others to do the work**

- Describe the change
- Coach how to start doing improvement work
- Highlight where management needs to help

## **Identify the messengers**

- Choose the right messengers (opinion leaders, connectors)
- Educate the messengers to deliver the message
- Include peer-to-peer communication

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## Small Table Exercise

- Review at your small tables the provided scenario and strategize how to employ key diffusion/spread principles
- Use the Spread Worksheet as a guide
- Be prepared to share their ideas and strategies with the larger group

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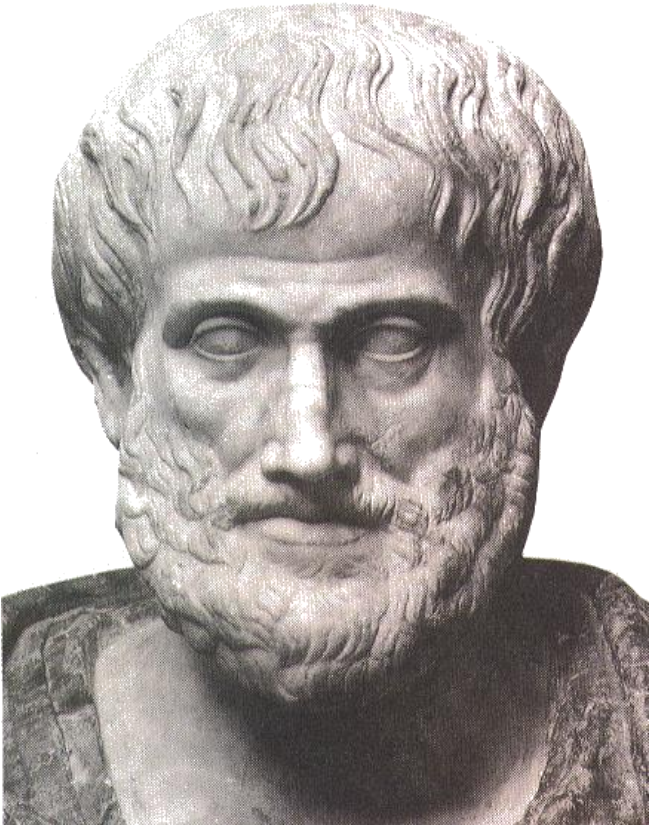
## Scenario

‘A small rural clinic has developed a reminder system that utilizes text messaging to alert clients about their upcoming appointments. In collaboration with a local community college, a free software application has been developed, which links the clinic appointment system, client contact information and online text messaging. All clients with cell phones receive a 1-week and 1-day reminder about their upcoming appointments. This innovation has led to significantly higher retention rates among those patients with cell phones.’

Develop strategies to implement this innovation across all HIV programs in the entire state.

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## Closing Thoughts



“We are what we repeatedly do; excellence is not an act, but a habit.”

*-Aristotle*

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# Resources

- Dixon N. *Common Knowledge*. Cambridge, Massachusetts: Harvard Business School Press; 2000.
- Fraser S. Spreading good practice: How to prepare the ground. *Health Management*. June 2000.
- Gladwell, Malcolm, *The Tipping Point*, Boston and New York: Little, Brown, 2002
- Langley J, Nolan K, Nolan T, Norman, C, Provost L. *The Improvement Guide*. San Francisco, California: Jossey-Bass; 1996.
- Rogers, Everett M., *Diffusion of Innovation*, New York: Free Press, 1995.
- For more information about the IHI's Framework for Spread, see [www.ihi.org/IHI/Topics/Improvement/SpreadingChanges/Changes/](http://www.ihi.org/IHI/Topics/Improvement/SpreadingChanges/Changes/) or download their white paper on this topic at [www.ihi.org/IHI/Results/WhitePapers/AFrameworkforSpreadWhitePaper.htm](http://www.ihi.org/IHI/Results/WhitePapers/AFrameworkforSpreadWhitePaper.htm)
- The IHI's: *Improving HIV Care: A Modular Quality Improvement Curriculum*, available on the Institute for Healthcare Improvement's web site at <http://www.ihi.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Tools/ImprovingHIVCareAModularQualityImprovementCurriculum.htm> also has valuable information on spread. Several of the slides in this Tutorial come from the *Modular QI Curriculum*, and we are grateful.



# Working Shortened Lunch...



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**Module 22 - Day 3**  
**1:30 - 2:00 pm (30 min)**

Next Steps

“Putting Theory Into Action”

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# Module Objectives

- Create an opportunity for participants to convert topics and ideas covered in the session to action items they want to bring back to their organizations for consideration and implementation
- Have participants share their action plans with colleagues as well as NQC
- Increase the participant's confidence that they can effectively support quality improvement activities

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## Individual Reflection, Analysis, Opportunity Identification

1. Individually, spend the next 20 minutes identifying potential action items you would like to bring back to your organization based on the learning of the last 3 days
2. Use the form handed out by faculty to record your ideas
3. Be prepared to share your items

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## **Module 23 – Day 3**

**2:00 – 3:00 pm (60 min)**

### **Sharing of Aha! Moments & Day 3 Evaluation**

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## Highlights & Aha! Moments

- What have been some of your Aha! Moments throughout the last 3 days?

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The way the 3-day training was delivered was an effective way for me to learn.

- A. Strongly Disagree
- B.
- C. Agree
- D.
- E. Strongly Agree

---

I had sufficient opportunity to participate over the last  
3 days.

- A. Strongly Disagree
- B.
- C. Agree
- D.
- E. Strongly Agree



---

The agenda and content over the last 3 days was  
logically organized.

- A. Strongly Disagree
- B.
- C. Agree
- D.
- E. Strongly Agree

---

Overall, I was satisfied with the session facilitator(s).

- A. Strongly Disagree
- B.
- C. Agree
- D.
- E. Strongly Agree

---

Materials were useful during each day.

- A. Strongly Disagree
- B.
- C. Agree
- D.
- E. Strongly Agree

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My knowledge and/or skills increased as a result of the  
last 3 days.

- A. Strongly Disagree
- B.
- C. Agree
- D.
- E. Strongly Agree

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How ready are you to facilitate a quality management committee and/or quality improvement team?

- A. Not Ready
- B.
- C. Mostly Ready
- D.
- E. Very Ready

---

How ready are you to conduct an organizational assessment of the QM program?

- A. Not Ready
- B.
- C. Mostly Ready
- D.
- E. Very Ready

---

How ready are you to actively lead a quality effort in  
your organization?

- A. Not Ready
- B.
- C. Mostly Ready
- D.
- E. Very Ready

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Thank you and we look forward to  
continuing to work with you

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