



# Change Acceleration Process (CAP)

Basic knowledge of leadership expectations for continuous improvement

#### Module 5

Online or single module version Approximate time to complete: 45 minutes

Updated May 2016



#### **COURSE INFORMATION**

Title: Change Acceleration Process- Module 5: Basic Knowledge of Leadership Expectations for CPI

Target Audience: Sharp HealthCare affiliated physicians, pharmacists, and other healthcare providers interested in continuous process improvement

**Educational Objectives:** Following this activity, learners should be able to:

Apply the Change Acceleration Process (CAP) model to your change/implementation efforts

Identify when to apply the right tools for managing change

Discuss how to utilize the materials to gain maximum benefit in managing change

Execute effective change

Principal Faculty: Kathy Summers

Director, Six Sigma Black Belt

Sharp HealthCare

Accreditation: Sharp HealthCare is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for

physicians.

CME Credit: Sharp Healthcare designates this internet enduring activity for a maximum of .75 AMA PRA Category 1 Credits™ after successful completion of

the module with a minimum passing score of 100%. Physicians should only claim credit commensurate with the extent of their participation in the

activity.

CA Nurse Credit: The California Board of Registered Nursing recognizes the use of Category I Continuing Medical Education credit toward credit contact hours.

Report "ACCME Category 1 Credit" as the BRN Number. No BRN slip will be given.

Accreditation: Sharp Healthcare is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

CPE Credit: Sharp HealthCare designates this live knowledge activity for a maximum of .75 contact hours . Partial credit will not be awarded.

UAN: 0571-0000-016-022-H04-P or 0571-0000-016-022-H04-P

Cultural and Linguistic Competency: This activity is in compliance with California Assembly Bill 1195 which requires that all CME activities comprising a patient care element include curriculum addressing the topic of cultural and linguistic competency. The intent of this bill is to ensure that health care professionals are able to meet the cultural and linguistic concerns of diverse patient population through effective and appropriate professional development. Cultural and linguistic competency was incorporated into the planning of this activity.

competency was incorporated into the planning or this activity.

Type of Activity: Internet Enduring Material with learning assessment and evaluation

Release Date: June 1, 2016 Termination Date: June 1, 2017

Requirements: Must pass learning assessment with 100% and complete evaluation to receive CME/CPE credit. Estimated completion time: 45 minutes

Hardware/Software Requirements: OS that supports modern web browser; Browser: IE 11; Google Chrome version 4 or higher; Safari version 10.8 or higher

Contact Information: Sharp HealthCare CME at <a href="mailto:cme@sharp.com">cme@sharp.com</a>

Tuition: None Commercial Support: None

#### **DISCLOSURE**



**DISCLOSURE:** As an organization accredited by the ACCME, Sharp HealthCare requires everyone who is in a position to control the content of an education activity to disclose all relevant financial relationships with any commercial interest. The ACCME defines "relevant financial relationships" as financial relationships in any amount, occurring within the past 12 months, including financial relationships of a spouse or life partner, that could create a conflict of interest. Any individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

Sharp HealthCare, encourages faculty to identify investigational products or off-label uses of products regulated by the US Food and Drug Administration, at first mention and where appropriate in the content.

Kathy Summers and the members of the planning committee have no relevant financial relationships to disclose.

**ASSEMBLY BILL 1195:** As an accredited provider, Sharp HealthCare is required to comply with California Assembly Bill 1195, which states that all CME activities must address <u>cultural</u> or <u>linguistic competency</u>. At a minimum, cultural competency is recommended to include:

- Applying linguistic skills to communicate effectively with the target population.
- Utilizing cultural information to establish therapeutic relationships.
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment.
- Understanding and applying cultural and ethnic data to the process of clinical care.



# Interested in receiving Continuing Education Credits?

Nurses and Pharmacists – Use Learning Center

# **CME Portal** is for Physicians **ONLY**

Nurses will be awarded credits via the Learning Center.

Pharmacist credit will be addressed by the CME Department.

#### **Physicians- Use CME Portal**

- 1. Complete the Test/Quiz
- 2. Complete the Course Evaluation
- CME Portal will generate a certificate for you save for your records
- 4. CME credits will also be noted on your transcript

#### **QUESTIONS?**

Contact Heather Clemons, CME Department (858) 499-3518

heather.clemons@sharp.com

#### **Leading Performance Excellence**

### Lean Six Sigma

#### Lean Six Sigma basics for every leader

#### **White Belt**

#### #1 Introduction

LSS awareness, roles and responsibilities

#### **#2 LEAN Basics**

How we eliminate waste in our work

#### **#3 A3 Daily Problem Solving**

Reporting tool for resolving daily issues / defects

#### **#4 Team and Meeting Facilitation**

How we collaborate and engage talent

#### **Yellow Belt**

#### **#5 Change Management**

Assuring acceptance and accountability

#### **#6 Project Management**

Managing time and resources for continuous improvement

#### #7,8,9 DMAIC

'Six Sigma' How we reduce variation and Defects

#### **#10 LEAN Thinking and Intermediate A3 Skills**

How we eliminate waste and create flow

#### **Yellow Belt Workshop**

Hands on use of the tools and concepts

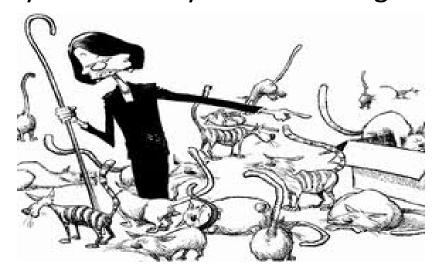








#### Do you feel like you are herding cats?



Reflection: "It is not good enough for things to be planned - they still have to be done; for the intention to become a reality, energy has to be launched into operation."

Walt Kelly



### **Course Objectives**



At the conclusion of this module, participants should be able to:

- Apply the Change Acceleration Process (CAP) model to your change/implementation efforts
- Identify when to apply the right tools for managing change
- Discuss how to utilize the materials to gain maximum benefit in managing change
- Execute effective change



"Change usually fails not because of technical reasons but because of human reasons. These failures result in lost time, money, productivity and morale."

#### Brien Palmer



# The Change Formula



A quality solution is not enough!
You need to gain acceptance and establish accountability
Otherwise you may not see effective results











Quality of the solution

Acceptance of the solution and Accountability for the change

**Effective** Results

If one factor = 0, then the product = 0

CAP helps you resolve the acceptance gap that could hinder success!





### Managing Change

Managing change is a skill best developed by understanding the situation, applying the right tools and experimenting.

The CAP model will help you understand and diagnose 7 key elements for successful change efforts.

Each element has tools associated with it that can be used to further understand the issues and develop a plan.

**Evaluate your readiness for change with a team or department.** 

Use from the start to prepare for change, in the middle to implement the change, and again to hardwire the change.



### **CAP Model**



On the next slide you will see the CAP model.

Supporting the model at the top and bottom:

**Leading Change** 

**Changing Systems and Structures** 



As you read through each part of the model, think about how it applies to you and the needs of your co-workers



#### **Change Acceleration Process**



#### Leading Change

Having a champion who sponsors the change. Leadership provides the time, passion and focus for the effort.

**Creating A Shared Need** 

The reason to change is instilled within the organization and widely shared. The need for change must exceed its resistance.

**Shaping A Vision** 

The desired outcome of change is clear, legitimate, widely understood and shared.

**Mobilizing Commitment** 

Key stakeholders are identified, resistance is analyzed, and actions are taken to gain strong commitment from key constituents to make the change work.

Current State

Transition State

Improved State

Once change is started, it endures, flourishes and learnings are transferred throughout the organization. There is consistent, visible, tangible reinforcement of the change.

**Making Change Last** 

Progress is real; benchmarks are set and realized; indicators are established to guarantee accountability.

**Monitoring Progress** 

#### Changing Systems & Structures

Management practices are aligned to complement and reinforce the change. (staffing, development, measures, rewards, structure, communication, resources, systems)



### Initiate a CAP assessment when...

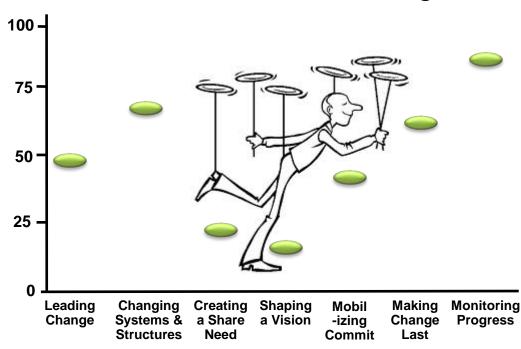
- <u>Leaders</u> need to assess the organization's track record during major change initiatives. The leaders then change course of action or refocus energy.
- <u>Teams</u> Need to compare individual perceptions among each other regarding progress within a change project.

• <u>Team Leaders</u> need to demonstrate needed actions within each change

process

CAP is not a linear process - rather spin the plate that needs spinning

Remember: The purpose of using a tool is to create conversation and action!





# CAP Profile Assessment Tool Step 1: Evaluate

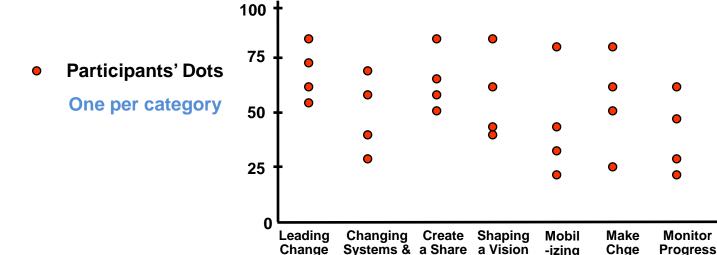


- Be specific with the change effort being evaluated:
   Evaluate the project, implementation effort,
   a particular solution or concept.
- 2. Each person independently rates each of the seven themes.\*
- First mark on their own copy of the worksheet, then transfer to a team worksheet or a wall chart.

Commit

Last

- "How well are we doing at....."
- 1. The individual ratings are transferred to a master sheet.



\*Get worksheet for your team

or get from WWW.SharpNet Six Sigma

Resources

Tool Kit Link
HERE



# Read through each theme and rate a current change you are experiencing!



| 100% | Clear sponsor & process owner; leader has the time, focus and passion; leadership style is effective and respected | Everything is aligned to support this change: staffing, development, measures, rewards, communication, IS | Everybody knows<br>we need a<br>change; high<br>sense of urgency<br>throughout all<br>stakeholders;<br>consensus on<br>specific solution | Desired outcome is clear, legitimate, widely understood and shared                    | Key stakeholders<br>are identified,<br>resistance is<br>analyzed and<br>addressed. Strong<br>commitment from<br>key stakeholders | The change is embedded into the organization. There is ongoing enthusiasm, resources, and a plan for spread | in process, output<br>and input<br>measures are<br>established and<br>accountability is<br>guaranteed.<br>Progress is real,<br>benchmarks are<br>set and realized |
|------|--|---|--|---|--|---|---|
| 75%  |  |   |  |   |  |   |   |
| 50%  | Unclear who owns<br>this or<br>the owner is<br>too busy  | Some systems & structures support the change some don't   | Some people are passionate about this change others are complacent   | We sort of know<br>where we are<br>going but the<br>details are not yet<br>determined | Mixed levels of commitment and not sure where everyone stands  | Key resources are losing interest; the change is not hardwired yet  | We measure<br>some things but<br>also go by gut<br>feeling sometimes  |
| 25%  |  |   |  |   |  |   |   |
| 0%   | Nobody wants to own this   | Systems & structures are unknown or conflict with the change  | Most people are happy the way things are or there are lots of competing agendas  | Dense fog   | Strong resistance<br>from key<br>stakeholders is<br>threatening the<br>change  | Everyone took<br>their eye off the<br>ball and moved on<br>to something else                                | There are no outcome or in-<br>process measures   |
|      | Leading  | Changing  | Creating a   | Shaping A   | Mobilizing   | Making  | Monitoring  |

**Vision** 

Commitment

**Change Last** 



Change

Systems &

**Structures** 

**Shared Need** 

**Progress** 

# **Step 2: Discuss Diversity**

Lean Six Sigma

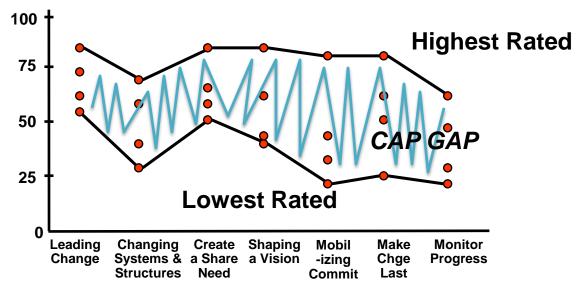
\*WWW is a 'to do list'.

See Meeting facilitation learning

module for details or Toolbox Link Here

- Draw a line connecting the highest dots.
- 2. Draw a line connecting the lowest dots.
- 3. Discuss the 'CAP GAP' starting with the largest gap.
  - Why do we think we have different opinions?
  - What should we do to close the gap? ADD ACTIONS TO YOUR WWW\*







# CAP Profile Assessment Tool Step 3: Discuss Performance Gap

Lean Six Sigma

\*Use Fist to Five to gain

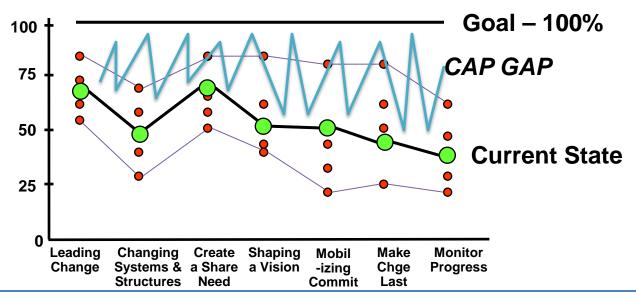
consensus. See Meeting facilitation learning

module for details or Toolbox Link Here

- 1. Gain consensus\* for the center point for each theme and mark the chart with a dot or X.
- 2. Draw a line connecting the consensus dots.
- 3. Discuss the 'CAP GAP' starting with the largest gap between the consensus dot and 100%.
  - Why do we think we have this gap?
  - What should we do to close the gap? ADD ACTIONS TO YOUR WWW\*



Consensus Dot







### Hints and Tips:

- Use the same color dots for everyone.
- Give each evaluator a copy of the model with the 0 to 100% descriptions to complete their evaluations.
- Be specific:
  - "Are we evaluating all departments/hospitals or just my own?"
  - "Is this about today or after our plan is implemented?"
  - "Am I evaluating me or our stakeholders?"
- You may want to collect anonymous individual forms and have one person transfer dots to a wall chart version.
- It is all about the discussion and resulting deliverables!





# CAP Profile Assessment Tool Step 4: Decide which tools to use

As a Facilitator, select appropriate tools designated for each theme that will assist your team in reaching the 100% goal

| Change Acceleration Process Tool Options:   | Leading<br>Change | Create a<br>Share<br>Need | Shaping<br>a Vision | Mobilizing<br>Commit | Make<br>Change<br>Last | Monitor<br>Progress | Changing<br>Systems<br>and<br>Structures |
|---|-------------------|---------------------------|---------------------|----------------------|------------------------|---------------------|--|
| Project Charter                             | X                 | X                         | X                   | X                    | X                      | X                   |  |
| Systems and Structures Assessment Worksheet |                   |                           |                     | X                    | X                      |                     | X  |
| Threat vs. Opportunity Matrix               |                   | X                         |                     |                      |                        |                     |  |
| Crystal Ball                                |                   |                           | X                   |                      |                        |                     | X  |
| More of / Less of                           |                   |                           | X                   |                      |                        |                     |  |
| Elevator Speech                             | X                 | X                         | Χ                   | X                    |                        |                     |  |
| Stakeholder Analysis                        | X                 | X                         |                     | X                    |                        |                     |  |
| Project Dashboard                           |                   | X                         | X                   |                      |                        | X                   |  |



#### **Change Acceleration Process**



#### Leading Change

Having a champion who sponsors the change. Leadership provides the time, passion and focus for the effort.



Leading Change and Changing Systems and Structures are the two "book ends" to the model. It is essential to have a firm understanding of who is leading the change and the impact on current systems and structures.



#### Changing Systems & Structures

Management practices are aligned to complement and reinforce the change. (staffing, development, measures, rewards, structure, communication, resources, systems)



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#### **Leading Change**

#### **Overview**



#### **Desired outcomes:**

- Specific, identified managers are willing to give visible, active and public support to the project
- Sponsors and team leaders have the ability to direct resources
- Sponsors and team leaders will devote their personal focus, time and passion
- Team has a clear objective, scope and set of operating norms

#### When left out:

- Change is slow, lacks attention
- Change might flounder due to lack of resources, political support or alignment
- Leaders might delegate leadership to subordinates and fail to stay involved personally
- Project team may fail to establish and clarify key change roles



#### **Leading Change**

#### What do we need?



# Successful change initiatives require strong committed leadership throughout the entire project lifecycle

Sign of Success: Leader says, "This is our project"

Sign of Trouble: Leader says, "This is your project"



#### **Leading Change**

#### What do we need?

"Lack of direction, not lack of time, is the problem. We all have 24-hour days." -Ziglar



#### Leading Change Check List

Do you have a clear Sponsor and Process Owner?

Do they understand their role in your change effort?

Do you have a project charter:

With approvals? Clear project objectives?

Discuss concerns with your Sponsor:

Addressing barriers is one of their main functions as Sponsor.

Are there consistent communications / meetings with resources expected to be leading the change?



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#### **Changing Systems & Structures**

#### **Overview**



#### **Desired outcomes:**

- Identify the <u>system and structure</u> areas that must be addressed to assure success of the project
- Align the systems and structures with the desired behaviors
- Understand what people currently do and why

#### When left out:

- Change fails because the <u>infrastructure is not aligned</u> with the new organizational goals and objectives required by the project
- Mixed signals, anxiety, frustration
- The new system might be undercut by the <u>status quo</u>
- Unprepared employees could fail to endorse the new system, causing it to fail



#### **Changing Systems & Structures**

#### What system changes need to occur to support

## C Lean Six Sigma

#### the improvement strategy?

Here are 10 areas to assess how well our current systems and structures will support your change effort.

| • | Staffing              | <ul> <li>How we acquire/place talent?</li> <li>Do we have the right talents, skills competencies in the right places</li> </ul>                   |
|---|-----------------------|---|
| • | Development           | <ul><li>Education Needs/Plan</li><li>Cross-functional and on-the-job training</li></ul>   |
| • | Measures              | How do we track performance?  |
| • | Rewards               | <ul> <li>How do we recognize/reward desired behaviors?</li> </ul>   |
| • | Communication         | How do we use information to build and sustain momentum?  |
| • | Organizational Design | <ul> <li>How is the business structured to support change?</li> <li>Does the reporting and hierarchy, strategy and roles drive change?</li> </ul> |
| • | Information Systems   | What information systems need to be developed or enhanced?  |
| • | Resource Allocation   | What resources need to be budgeted, provided or enhanced?   |
| • | Environment           | - Human Factors   |



#### **Changing Systems & Structures**



#### Systems and Structures Assessment Worksheet

When scoring low in this area, assess systems and structures that could be leveraged. (helping forces) and those things that restrain (hinder) the change.

The purpose is to identify specific opportunities and actions that will make change successful and lasting.

Ask your team to brainstorm current conditions that are helping or hindering your

change effort in these nine categories. Develop actions that can be added to your WWW.

|                     | Helping | Hindering | Suggested<br>Actions |
|---------------------|---------|-----------|----------------------|
| Staffing            |         |           |                      |
| Development         |         |           |                      |
| Measures            |         |           |                      |
| Rewards             |         |           |                      |
| Communication       |         |           |                      |
| Organization Design |         |           |                      |
| Information Systems |         |           |                      |
| Resource Allocation |         |           |                      |
| Environment         |         |           |                      |

Always consider leveraging current systems and structures to minimize the amount of change

Tool Kit Link HERE



#### CASE MANAGEMENT SYSTEMS AND STRUCTURES ASSESSMENT

| System/Structure      | Helping   | Hindering   | Action   |
|-----------------------|---|---|--|
| Staffing              | <ul><li>ER coverage 10 hrs/day</li><li>Refreshing ECIN/ Cerner</li></ul>          | <ul> <li>14 hrs/day no coverage</li> </ul>  |  |
| Development           | <ul> <li>Cerner education planned</li> </ul>                                      | <ul> <li>Assts not educated on all processes</li> <li>Lack of licensed InterQual trainer</li> </ul>                   | <ul> <li>Cross-train Assts on IMMs and tasks<br/>they don't' know well (Amy/Jody)</li> <li>Explore getting an InterQual trainer<br/>(Susan)</li> </ul> |
| Measures              | <ul><li>Running data reports in<br/>ECIN/Cerner</li></ul>                         | <ul><li>Lack of real-time data</li><li>Manual data entry</li></ul>  | <ul><li>Implement teletracking per system<br/>schedule</li></ul>   |
| Rewards               | <ul><li>Small celebrations</li><li>Goals supported in performance evals</li></ul> | <ul> <li>People are not always all<br/>present</li> </ul>   | <ul> <li>Ask staff at staff meeting how they like<br/>to be rewarded (Victoria)</li> <li>Add 24-hour goal to performance evals</li> </ul>              |
| Communication         | •   | <ul> <li>Not everyone reads e-mail</li> </ul>   | <ul> <li>Check e-mail settings on computers<br/>where ECIN was just added (Patty T)</li> </ul>   |
| Organizational Design | <ul><li>Distribution of individual<br/>outcomes data</li></ul>                    | <ul> <li>Understanding the<br/>differences in roles</li> </ul>  | <ul> <li>Confirm staff meeting education<br/>sessions (Victor/lucky)</li> </ul>  |
| Information Systems   | <ul><li>Internal/External reporting</li><li>Improved access to ECIN</li></ul>     | <ul> <li>Not all staff know or follow training</li> </ul>   | <ul><li>Training/Education (Mary): Cerner,</li><li>ECIN and Teletracking</li></ul>   |
| Resource Allocation   | <ul><li>Athena Forums</li><li>Supportive Administration</li></ul>                 | <ul> <li>Need for re-orientation to<br/>ECIN/Cerner</li> <li>Need for clarification on<br/>address book</li> </ul>    | <ul> <li>Check on address book (Victor)</li> <li>Budget request (Kim)</li> <li>Budget request(Kim)</li> </ul>  |
| Environment           | <ul><li>Effective 5S</li><li>Pleasant coffee area</li></ul>                       | <ul> <li>Lack of clarification on<br/>roles/ responsibilities<br/>within department when<br/>Assts are off</li> </ul> | <ul> <li>Develop standard e-mail replies for<br/>Assts to send when they are off that<br/>specify particular roles (Victor/Jody)</li> </ul>            |



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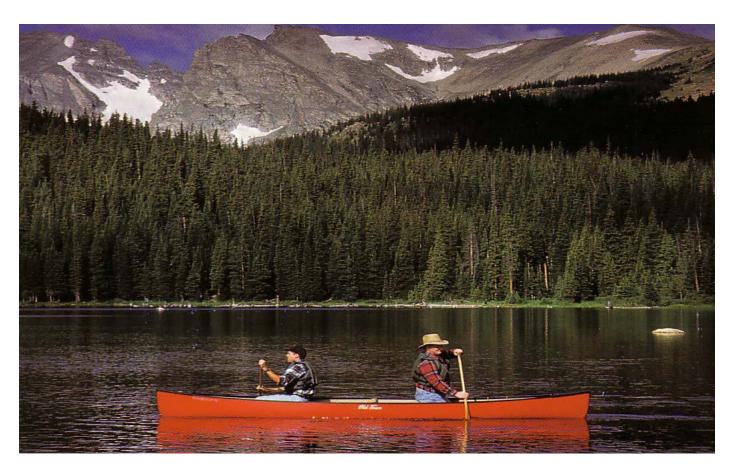
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### The Need for Change Must Exceed the Resistance





#### **Creating a Shared Need**

#### **Overview**



Tip: Create a sense of urgency through stories and/or data to build the business case and/or 'elevator speech'



#### **Desired outcomes:**

- Develop a shared recognition, by both the team and key constituents, of the need and logic for change
- Validates why the project is important and critical to do
- Confirmation among the affected parties that dissatisfaction with the status quo exceeds the cost in time, money and disruption of the proposed change

#### When left out:

- Project gets a low priority or no attention
- Project champion can assume the need for change is obvious, when in fact many people doubt the need or are not aware of it
- Failure to frame the need for change in a meaningful way could cause lack of buy-in, jeopardizing the success of the project



#### **Creating a Shared Need**

## Lean Six Sigma

#### Threat vs. Opportunity Matrix

When scoring low in this area, lead the team in a brainstorming exercise and discussion about threats if we do nothing and opportunities if we are successful.

The purpose is to lead your team into realizing the threats if they were to do nothing and the opportunities the change could unleash.

Ask your team to brainstorm Threats IF WE DO NOTHING and Opportunities WHEN WE ARE SUCCESSFUL. The ideas can be further segmented into short (0-6months) and long-term items.

Opportunities

| (o officially and forig t                              |               | Threats if we do nothing | Opportunities when we are successful |
|--|---------------|--------------------------|--------------------------------------|
| For detailed instructions<br>Tool Kit Link <u>HERE</u> | Short<br>Term |                          |                                      |
|  | Long<br>Term  |                          |                                      |



#### Threat vs. Opportunity Matrix Example

## Lean Six Sigma

#### **OR BLOCK TIME**

|                               | Threats "What are the threats if we do nothing?"  | Opportunities "What are the opportunities when we are successful?"  |
|-------------------------------|---|---|
| Short-Term<br>(0 to 6 months) | <ul> <li>Decreased utilization</li> <li>Wasted block time (underutilization)</li> <li>Staff sent home because of no cases</li> <li>Loss of revenue</li> <li>Physician satisfaction goes down</li> <li>Gaps in schedule</li> </ul> | <ul> <li>Increased revenue</li> <li>Physician satisfaction goes up</li> <li>Increased block utilization and full OR rooms</li> </ul>  |
| Long-Term<br>(> 6 months)     | <ul> <li>Decreased staff satisfaction</li> <li>Staff let go</li> <li>MDs take cases elsewhere</li> <li>Senior leaders are unhappy</li> <li>Flexing staff on under-utilized days</li> <li>Loss of staff due to flexing</li> </ul>  | <ul> <li>Increased revenue</li> <li>Physician satisfaction goes up</li> <li>Increased utilization</li> <li>Increased open OR time</li> <li>Increased block time after 3 p.m.</li> <li>Senior leaders are happy</li> <li>Increased staff satisfaction</li> </ul> |



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# Vision without action is a daydream Action without vision is a nightmare

Japanese Proverb

#### If you can't visualize it, don't build it

Constance Adams, Space Architect and National Geographic Explorer



# **Shaping a Vision**

### **Overview**



#### **Desired outcomes:**

- A clear picture of the outcome of the change effort
- A view of the future state that is customer focused, easy to understand, behavioral and actionable
- Answer the question "Why Change?" in a way that appeals to the head and the heart.

#### When left out:

- No clear direction a fast start begins to fizzle
- People may not understand the outcome and so may not plan for or support it
- The vision could change too often with time and never get traction
- The vision could be too lofty or complex



# **Shaping a Vision**

# Crystal Ball





When scoring low in this area, lead the team in a brainstorming exercise and discussion about what success FEELS like.

The purpose is to lead your team into a discussion about the qualities of an improved state, without getting into specific improvement ideas. This can bring a the lofty vision down to reality.

Use the starter sentence to find words to describe what you would see, hear, feel as you observe key stakeholders functioning in the new state

For detailed instructions
Tool Kit Link HERE

It's \_\_\_\_\_ from now, your team/project has been successful. Find words to describe what you would see, hear, feel as you observe key stakeholders functioning in the new, changed state.





# **Shaping a Vision**

# Crystal Ball – Discharge Project Example



It's one year from now and I see happier more satisfied Nurses and Physicians working in a predictable, organized, less stressful environment that allows patients to be discharged timely and safely.







# **Change Acceleration Process**



# Leading Change

Having a champion who sponsors the change. Leadership provides the time, passion and focus for the effort.

#### **Creating A Shared Need**

The reason to change is instilled within the organization and widely shared. The need for change must exceed its resistance.

#### **Shaping A Vision**

The desired outcome of change is clear, legitimate, widely understood and shared.

#### **Mobilizing Commitment**

Key stakeholders are identified, resistance is analyzed, and actions are taken to gain strong commitment from key constituents to make the change work.

#### Current State

Transition State

Improved State

Once change is started, it endures, flourishes and learnings are transferred throughout the organization. There is consistent, visible, tangible reinforcement of the change.

**Making Change Last** 

Progress is real; benchmarks are set and realized; indicators are established to guarantee accountability.

**Monitoring Progress** 

# Changing Systems & Structures

Management practices are aligned to complement and reinforce the change. (staffing, development, measures, rewards, structure, communication, resources, systems)





"People don't resist change they resist being changed. Cultivate readiness not resistance."



# Brien Palmer

Author of 'Making Change Work'



#### **Overview**



#### **Desired outcomes:**

- Identify and convert key influence agents
- Identify sources of resistance and plan how to react
- Obtain a coalition of committed supporters
- Win over a critical mass of supporters

#### **When left out:**

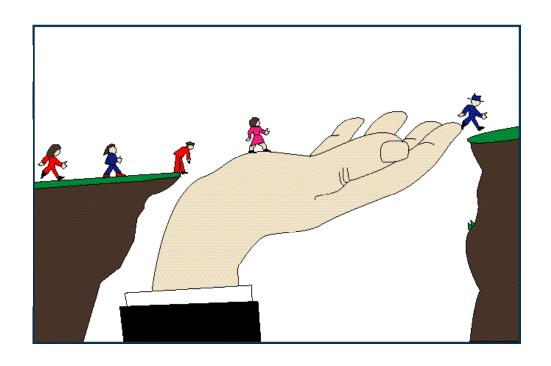
- Nobody owns the project, therefore it is not sustainable
- Technically oriented project members may fail to anticipate the inevitable organizational resistance, putting the project at risk
- Lack of political sensitivity may blindside team members and bring the project to a halt





Managing Transitions:

Some people need a little help transitioning the change. As a facilitator, you can identify these stakeholders and help them become an advocate.





# **V**

# Stakeholder Analysis

**Tip:** It is not about being "good" or "bad", but rather about how key individuals view the merits of the change initiative.



Helps teams develop a detailed sense of who the key stakeholders are, how they currently feel (X) about the change initiative and the level of support they need to exhibit (O) for the change initiative to have a good chance for success. Helps the team begin to discover influential relationships and strategies that will be effective for each key stakeholder.

For detailed instructions see Tool Kit Link HERE

|   | Names or<br>Group | Strongly<br>Against | Moderately<br>Against | Neutral    | Moderately<br>Supportive | Strongly<br>Supportive |
|---|-------------------|---------------------|-----------------------|------------|--------------------------|------------------------|
| 1 | Dr. John          |                     |                       |            | $\otimes$                |                        |
| ٦ | Sue, RN           |                     | X —                   |            |                          | <b>→</b> 0             |
| \ | Tom, Tech         |                     |                       | Х —        | <del></del>              |                        |
|   | Fred, CFO         | х —                 |                       | <b>→</b> 0 |                          |                        |
|   | Marge, Lab        |                     | X —                   |            | <b>→</b> O               |                        |

\*Dr. John may be a key influencer of Fred, CFO



# Lean Six Sigma

# Resistance Analysis

Add on the following to your Stakeholder Analysis to understand the nature of resistance and identify specific strategies to use to influence and gain support.

#### Process:

- •Identify what is important to the stakeholder, include what will "wins" look like
- •List all reasons why there might be resistance (See Fishbone diagram/next slide)
- •Develop strategy for dealing with this resistance with actions on your WWW.

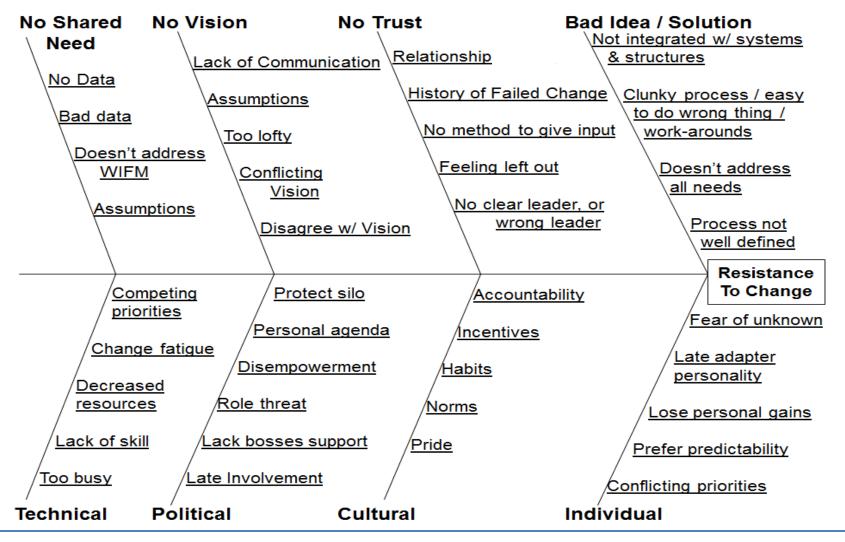
| Key<br>Stakeholder                 | Reasons for<br>Resisting Change | What's<br>Important - <i>What Will 'Wins'</i><br><i>Look Like?</i> | Person<br>Who Can<br>Influence | Action Plan -<br>Strategy for Dealing with<br>Resistance     |
|------------------------------------|---------------------------------|--|--------------------------------|--|
| Fred, CFO No shared need. No data. |                                 | Data that impacts operations and finances                          | Dr. John                       | Dr. John to go over last quarter clinical and financial data |
|                                    |                                 |  |                                |  |
|                                    |                                 |  |                                |  |





#### Cause and Effect Diagram: Potential reasons for resistance 👠







## The Normal Distribution and Readiness for Change

#### Coworkers Against Virtually Everything Your focus should be here. CAVE Men: Settlers: Nothing in the world will empower Training alone will not empower these. these. Seal off the cave so none of the 80% drift in. Many people Pioneers: wait for Don't Training alone can **CAVE Men** empower these. others to Waste your adopt<sub>.80</sub> time on the first. **CAVE Men.**



To move an organization forward, management must act on these, setting/declaring expectations and aligning the rewards and recognition strategy with accountability and expectations.





# **Change Acceleration Process**

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**Monitoring Progress** 

# Changing Systems & Structures

Management practices are aligned to complement and reinforce the change. (staffing, development, measures, rewards, structure, communication, resources, systems)







The single biggest problem in communication is the illusion that it has taken place.

**George Bernard Shaw** 



# **Making Change Last**

#### **Overview**



#### **Desired outcomes:**

- A clear sense of the official start day for the new system
- A clear understanding of impact on all jobs
- Integration of the new initiative with ongoing work activities
- Consistent, visible and tangible reinforcement of the change initiative by all

#### When left out:

- Cynicism, nay-saying, fad of the month
- Doubters and resisters may quietly refuse to make changes
- Insufficient time and effort is dedicated to managing the change
- Competing activities may distract management and divert attention
- Nothing changes



# Making Change Last: Ask Team How you can gain..

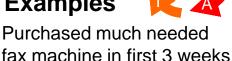




Early Wins what early wins can we leverage to make change last and to build momentum?



of project





Engagement Where do we need additional engagement to this change initiative such as leadership, resources, funds, manpower, time and focus?

Leaders rounding on unit specifically asking about project



Enthusiasm Where and how can we build enthusiasm around this change initiative?

Team members sharing project info/successes often with excitement



Resources Are the resources allocated at the right time/phase of the project, in sufficient manner and effectiveness, etc.?

Allocating 'out time' as needed for team members to work on project



Integration Is this change initiative well integrated with other organizational initiatives or customer requirements?

Showing alignment of project outcomes to report card goal



Knowledge Management How can we learn from experience and best practices around this change initiative, improve the outcomes and share the wins and information?

Seek input from group who has completed similar work, share results with others in need of similar work



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**Monitoring Progress** 

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## **Monitoring Progress**

#### **Overview**



#### **Desired Outcomes:**

- Provide focus and direction for the project
- Gain agreement and understanding on what the change effort will produce and when (in measurable and observable terms)
- Assure the baseline data and milestones results are tracked and widely shared
- Increase the momentum as people see progress and results

#### When left out:

- No chance for feedback or improvement
- Your team might flounder with no end in sight
- Will not know if you are on track
- Lose executive attention to projects that are more data-driven



# **Monitoring Progress**

#### What do we need?



# Monitoring Progress Check List

Systematic way of tracking longevity of the change.

The right people owning and monitoring the change.

Graphically displayed data:

Dashboard

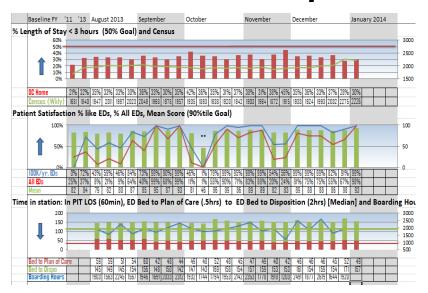
Handwritten chart by those doing the work

Item added as a regular or periodic rounding check list





# Monitoring Progress Dashboard examples



|   | Measure Periods  | Date Range  | Case Carts Complete                                |   |  |               |  |
|---|--|---|--|---|--|---------------|--|
|   | Measure Periods  | Date Range  | Complete # Cases                                   |   | %                                      | Target        |  |
| 1 | Baseline   | 01/10/06 - 01/26/06   | 19   | 89  | 21%                                    |               |  |
|   | Remeasure  | 07/20/06 - 08/10/06   | 68   | 157   | 43%                                    | 95%           |  |
|   | Post-SPD Move  | 09/18/06 - 12/10/06   | 1277   | 1340  | 95%                                    |               |  |
|   |  |   |  |   |  |               |  |
|   | Measure Periods  |   | # Pref Cards Returned                              |   |  |               |  |
| 2 | Measure Periods  | Date Range  | Returned   | # Cases   | %                                      | Target        |  |
|   | Post-SPD Move  | 09/18/06 - 12/10/06   | 1340   | 1763  | 76%                                    | 100%          |  |
|   | Measure Periods  | Date Range  | C Comp Supp  | arts w/ Complete  | Supplies<br>%                          | T             |  |
| 3 | Baseline   | 01/10/06 - 01/26/06   | 52   | # Cards Ret   | 58%                                    | Target<br>95% |  |
| 3 | Remeasure  | 07/20/06 - 08/10/06   | 127  | 157   | 81%                                    |               |  |
|   | Post-SPD Move  | 09/18/06 - 12/10/06   | 127  | 1340  | 96%                                    | 95%           |  |
|   | Measure Periods  | Measure Periods Date Range  |  | mp Carts w/ Miss  |  | Tame          |  |
|   |  |   | Incomp Supp  | Incomp Carts  | %                                      | Targe         |  |
| 4 | Baseline   | 01/10/06 - 01/26/06   | 36   | 70  | 51%                                    |               |  |
|   | Remeasure  | 07/20/06 - 08/10/06   | 30   | 88  | 34%                                    | 5%            |  |
|   |  |   | 140  | 313   | 45%                                    |               |  |
|   | Post-SPD Move  | 09/18/06 - 12/10/06   | 140  | 0.0   |  |               |  |
|   | Post-SPD Move  | 09/18/06 - 12/10/06   |  |   |  |               |  |
|   | Post-SPD Move  Measure Periods                                   | Date Range  | Cai  | rts w/ Complete I   |  | 1=            |  |
| _ | Measure Periods  | Date Range  | Car<br>Comp Instrum                                | rts w/ Complete I   | %                                      | Targe         |  |
| 5 | Measure Periods<br>Baseline                                      | Date Range<br>01/10/06 - 01/26/06   | Car<br>Comp Instrum<br>41                          | rts w/ Complete II<br># Cards Ret<br>89   | %<br>46%                               |               |  |
| 5 | Measure Periods<br>Baseline<br>Remeasure                         | Date Range<br>01/10/06 - 01/26/06<br>07/20/06 - 08/10/06                                      | Car<br>Comp Instrum<br>41<br>104                   | rts w/ Complete II<br># Cards Ret<br>89<br>157  | %<br>46%<br>66%                        | Target        |  |
| 5 | Measure Periods<br>Baseline                                      | Date Range<br>01/10/06 - 01/26/06   | Car<br>Comp Instrum<br>41                          | rts w/ Complete II<br># Cards Ret<br>89   | %<br>46%                               |               |  |
| 5 | Measure Periods<br>Baseline<br>Remeasure<br>Post-SPD Move        | Date Range<br>01/10/06 - 01/26/06<br>07/20/06 - 08/10/06<br>09/18/06 - 12/10/06               | Car<br>Comp Instrum<br>41<br>104<br>1156           | rts w/ Complete II<br># Cards Ret<br>89<br>157<br>1340                                      | %<br>46%<br>66%<br>86%                 | 95%           |  |
| 5 | Measure Periods<br>Baseline<br>Remeasure                         | Date Range<br>01/10/06 - 01/26/06<br>07/20/06 - 08/10/06                                      | Can<br>Comp Instrum<br>41<br>104<br>1156           | rts w/ Complete II<br># Cards Ret<br>89<br>157<br>1340                                      | %<br>46%<br>66%<br>86%<br>g Instrument | 95%<br>s      |  |
|   | Measure Periods Baseline Remeasure Post-SPD Move Measure Periods | Date Range<br>01/10/06 - 01/26/06<br>07/20/06 - 08/10/06<br>09/18/06 - 12/10/06<br>Date Range | Can Comp Instrum 41 104 1156  Incom Incomp Instrum | rts w/ Complete II<br># Cards Ret<br>89<br>157<br>1340<br>p Carts w/ Missin<br>Incomp Carts | %<br>46%<br>56%<br>86%<br>g Instrument | 95%<br>s      |  |
| 5 | Measure Periods<br>Baseline<br>Remeasure<br>Post-SPD Move        | Date Range<br>01/10/06 - 01/26/06<br>07/20/06 - 08/10/06<br>09/18/06 - 12/10/06               | Can<br>Comp Instrum<br>41<br>104<br>1156           | rts w/ Complete II<br># Cards Ret<br>89<br>157<br>1340                                      | %<br>46%<br>66%<br>86%<br>g Instrument | 95%           |  |





Quality Pillar Dashboard 2007 Qtr 1 Report



| System Quality Goal Results - FY 2007  |          |         |            |            |            |            |                   |
|--|----------|---------|------------|------------|------------|------------|-------------------|
| Goal Description   | Baseline | Target  | Q1 Results | Q2 Results | Q3 Results | Q4 Results | Score (0-4)       |
| Surgical Infection Prevention (SIP) - Prophylactic Antibiotic<br>Received within 1 hour prior to surgery start time  | 83%      | ≥ 94%   | 88%        |            |            |            | 2                 |
| Surgical Infection Prevention (SIP) - Prophylactic Antibiotic<br>Discontinued within 24 hours after surgery end time | 71%      | ≥ 94%   | 75%        |            |            |            |                   |
| ROMACC - Reconciliation of Medications on Discharge  | 30%      | ≥ 75%   | 57%        |            |            |            | 2                 |
| Reduce the percent of patients with Low Density<br>Lipoproteins (LDL) greater than 100 by 20%                        | 49.6%    | ≤ 41.0% | 45.9%      |            |            |            | 4<br>(annualized) |

#### Measure Category: Readmission

|   |         | Prior Year                        | Current Year    |                | Benchmark Value         |       |                 |              |
|---|---------|-----------------------------------|-----------------|----------------|-------------------------|-------|-----------------|--------------|
| Measure Name  | FY 2013 | 12 months<br>ending FY<br>2014 Q1 | FY 2014<br>Q1   | Average        | Top Decile<br>/Quartile | l .   | Better<br>(↑↓)  |              |
| Acute Myocardial Infarction 30 Day Readmission Rate           | RRP     | 4 15.1%                           | ♦ 16.2%         | ♦ 14.3%        | 12.2%                   | 9.5%  | $\wedge \wedge$ | $\downarrow$ |
| Heart Failure 30 Day Readmission Rate                         | RRP     | <u> </u>                          | <u>\</u> 18.1%  | 19.3%          | 18.9%                   | 16.1% | ~               | $\downarrow$ |
| Pneumonia 30 Day Readmission Rate                             | RRP     | 13.6%                             | <u>\_</u> 12.5% | <u>\</u> 12.9% | 13.3%                   | 10.6% | ₩-              | $\downarrow$ |
| Stroke 30 Day Readmission Rate                                |         | 11.8%                             | 11.0%           | <u>\</u> 10.1% | 10.8%                   | 7.9%  | $\sim$          | $\downarrow$ |
| Chronic Obstructive Pulmonary disease 30 Day Readmission Rate | RRP     | <u> </u>                          | <u>^</u> 16.9%  | <u>\</u> 15.9% | 17.7%                   | 15.3% | <b>\</b> ~      | $\downarrow$ |
| AMI, HF, PN & COPD Composite 30 Day Readmission Rate          | RRP     | <u> </u>                          | <u>^</u> 16.2%  | 16.5%          | 16.4%                   | 13.8% | <b>\</b> ~      | $\downarrow$ |

#### Calendar for March 2014 Daily Misses

| March   |         |      |         |     |          |      |  |  |
|---------|---------|------|---------|-----|----------|------|--|--|
| Sun     | Mon     | Tue  | Wed     | Thu | Fri      | Sat  |  |  |
|         |         |      |         |     |          | HT1  |  |  |
| 2       | 3       | 4    | 1// 5   | 6   | 7        | 8    |  |  |
|         | 1 ## 11 | (海城带 | 4HHHHH  | HHH | JAGHT VI | ###  |  |  |
| 9       | 10      | 11   | 12      | 13  | 14       | 15   |  |  |
| ##      |         |      | JHT .   | 1   | П        | [][] |  |  |
| 16<br>卅 | 17      | 18   | 19<br>[ | 20  | 21       | 22   |  |  |
| 23      | 24      | 25   | 26      | 27  | 28       | 29   |  |  |
| 30      | 31      |      |         |     |          |      |  |  |



# **Change Acceleration Process**

#### What to do next



## Facilitators Check List

Identify a change management opportunity

Discuss with process owner, project manager, etc. to plan conducting a CAP gap analysis.

Reasons for implementing CAP gap analysis:

Planning to implement new process or method

Project kick-off assessment of readiness for change

At Improve in DMAIC. Planning implementation

Ongoing assessment for a continuous improvement team



# **Next Steps:**



- Complete the Module 5 Quiz.
- Complete a CAP analysis on any type of change that you or your department is involved with. When possible, work with a group and/or others in your area working on module 5.

**For Yellow Belt certification**: Complete your CAP Gap analyses tool and include on your certification worksheet. Discuss with your leader the use of the tool and any resulting actions that you recommend could be taken.

Certification Worksheet Link HERE



#### References:

General Electric Change Acceleration Process (CAP) Coaches Workbook - Rev 8.4, 2003.

General Electric Work-Out<sup>™</sup> Facilitation Skills Workshop – Rev 8.4, 2003.

Palmer, Brien. Making Change Work. Milwaukee: ASQ Quality Press, 2004.