CHALLENGING PRACTICE CHANGE: MOVING BEYOND BEING A BPG SPOTLIGHT ORGANIZATION

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saint ELIZABETH HEALTH CARE

CARE TO BE AMAZED

Agenda

- About SEHC
- Implementing Best Practices
- Lessons Learned
- Change and Transition
- Our Model
- Final Thoughts

Tribal Wisdom of The Dakota Indians

When you discover you are riding a dead horse, the best strategy is to:

- ***Beat the horse --> it may rise from the dead***
- ***Change riders --> it is clearly the rider's fault the horse is not moving***
- ***Appoint a committee --> if more people look at the horse, it may not be really dead .***
- ***Arrange to visit other sites--> See how they ride dead horses***
- ***Lower the standards: make dead horses acceptable***

Service Delivery Locations

1908 - Toronto

1928 - Peel

1988 - Durham

1994 - York

1995 - Ottawa

1997
•Niagara
•Simcoe

1998
• London & Middlesex
• Windsor & Essex
• Hamilton

1999
•Huron
•Thunder Bay
•Northumberland & City of Kawartha Lakes
•Eastern Counties
•Oxford

3.2 million units of service annually
150,000 clients and families served
3900 employees

2000 - Haldimand

2002 - Wellington & Dufferin

2004
•Kingston, Frontenac, Lennox and Addington
•Lanark, Leeds and Grenville
•Halton

Vision

Saint Elizabeth Health Care will be a **phenomenal** knowledge and care exchange company.

January 2004: The Journey Begins

- **SEHC selected as one of 7 Best Practice Spotlight Organizations in Ontario!**
- **Commitment to implement 3 BPG organization wide**
  - Subcutaneous Administration of Insulin for Adults with Type 2 Diabetes
  - Assessment and Management of Pain
  - Establishing Therapeutic Relationships

The Strategy

- **Created infrastructure**
- **Less of a focus on Evidence**
  - Research has bad connotation for many
  - Reading research let's face it, is not easy
- **Focus on Best Practice**
  - Embed best practice into the workflow of the CHN
    - Documentation tools
    - Decision making tools
    - Education and information
- **Train the Trainer**
  - Local educators to complete the education in order that knowledge be housed locally

Essentially: Focus on Practice and the Nurse

Very Early Lessons

- **Specialty Assessment and planning tools**
  - ? for the regular nurse or the specialist (CDE)
  - Are great r/t ↓ repetitive documentation
  - But keep them short
- **Educators sometimes felt unprepared for the task of needing to be ‘experts’ in many different fields of practice**

Refined Approach

- **Continued with embedding evidence into documentation tools**
  - References ⟶ to make clear the evidence
  - Developed shorter tools
    - With attached resources, like pamphlets
- **Focused on better integration into general workflow**
  - Specialty documentation tools integrated routine to avoid duplication
- **Continued with train the trainer**

Continued focus on practice and the nurse, but somewhat contextualized

Next Lessons Learned

- **Sustainable evaluation strategies were critical**
  - Challenges r/t
    - Geographical barriers
    - Access
    - Time (abstraction from paper charts)
- **Uptake was slow**
  - We needed to understand why

Key Lessons Continued

- **What our nurses were telling us:**
  - Change fatigued
    - Three BPGs in 21/2 years was alot
  - An “add-on”
    - Rather than being seen as a new way to practice, the ‘new regular’ work
  - Context was missing (missing foundational elements of EBP)
- **Culture**
  - Our culture: choice and independence is paramount
    - Perception this was optional vs the new norm
  - Needs to have local leadership bench strength
    - Create a culture of responsibility locally
- **Were pilots too big?**

Opportunities

- **Continuing Education – what a great thing!**
  - Several of our Advanced Practice Consultants were involved in graduate education programs
  - Specifically taking courses on change management
- **Safer Health Care Now**
  - Med Rec
  - Trailblazers

Our Moment of Brilliance!

This was not about implementing best practices as a singular focused task

This was about managing a change and a significant one!

What does Change Management Theory Tell us?

Change Management

Eight-step strategic change process:

- Increase urgency
  - Creating the burning platform for attention
- Build guiding coalition
  - Including key local leaders
- Get vision right – and communicating it!
- Empower action by removing obstacles
  - Completing /actively using environmental assessment
- Create short term wins to build momentum
- Stay the course by not letting up
- Anchoring new approaches in the culture

(Kotter, 1996)

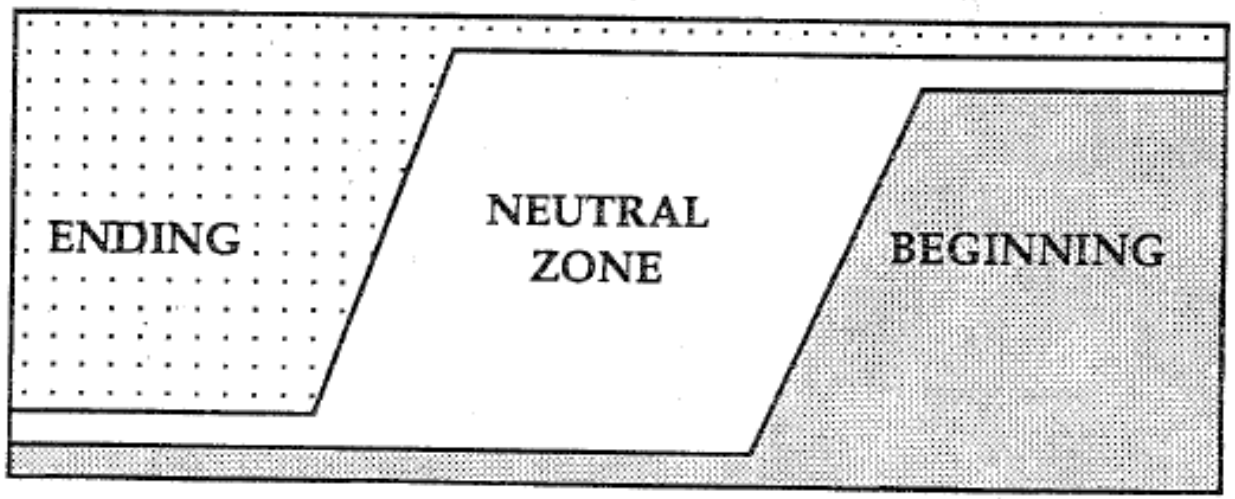
Change vs Transition

- **Change is situational**
  - **An observable, measurable fact or event**
- **Transition is psychological**
  - **A process people must go through**

> "Getting people through the transition is essential if the change is actually to work as planned. When a change happens without people going through a transition, it is just a rearrangement of chairs"

(Bridges, 2003)

Bridge's Model of Transition



(Bridges, 2003)

Critical to Change and Transition

Unlearning is as necessary to learning as light is to shadow in an oil painting – without one, the other has no depth, no definition, no brightness”

(Macdonald, 2002, p. 172)

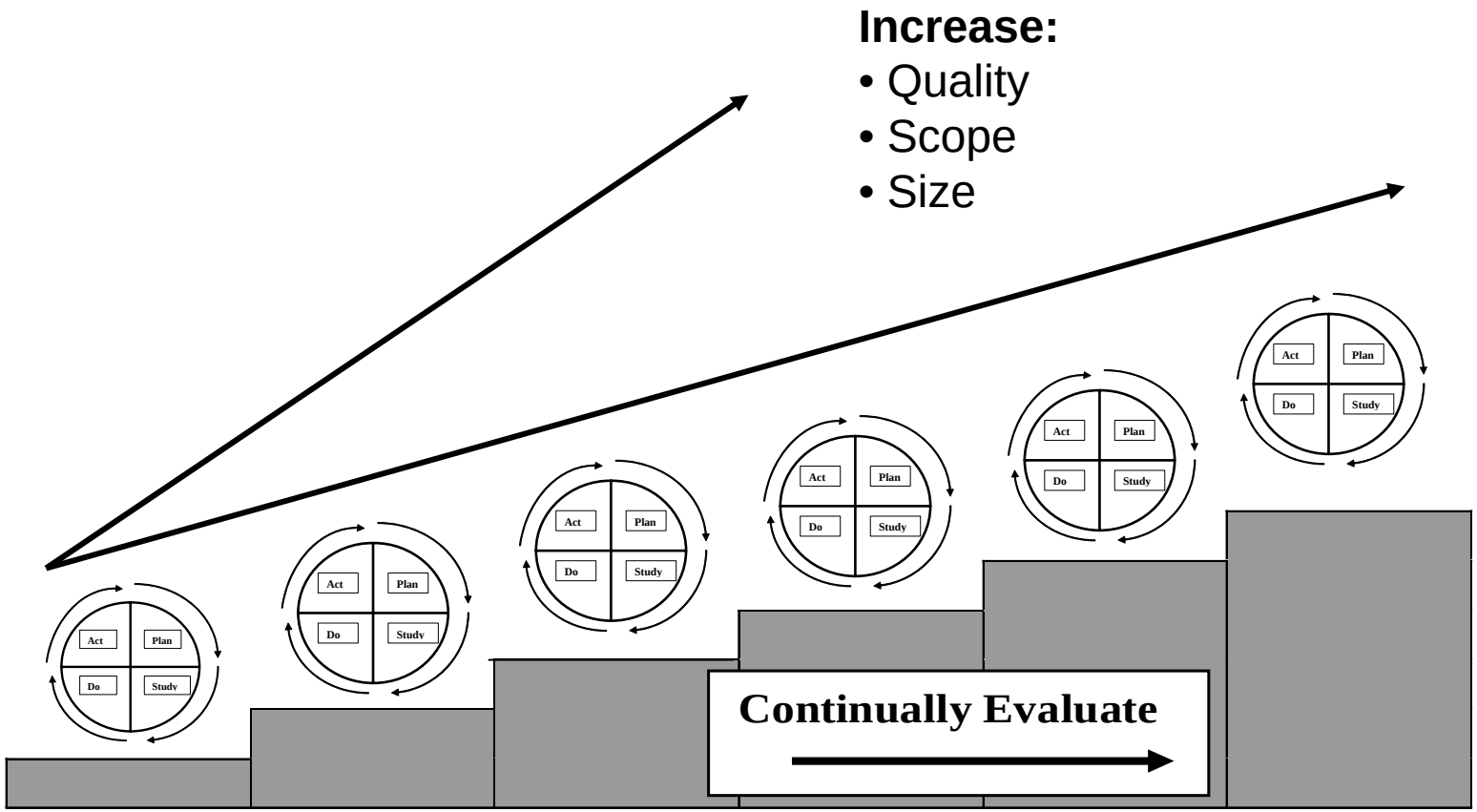
Nurses have to “run down the unlearning curve in order to run up a learning curve”

(Bettis & Prahaled, 1995 as cited in MacDonald, 2002)

“… if we wait for the moment when everything, absolutely everything is ready, we shall never begin.”

Ivan Turgenev

The Model for Improvement



(The Model for Improvement, IHI, www.ihi.org)

The New Aim

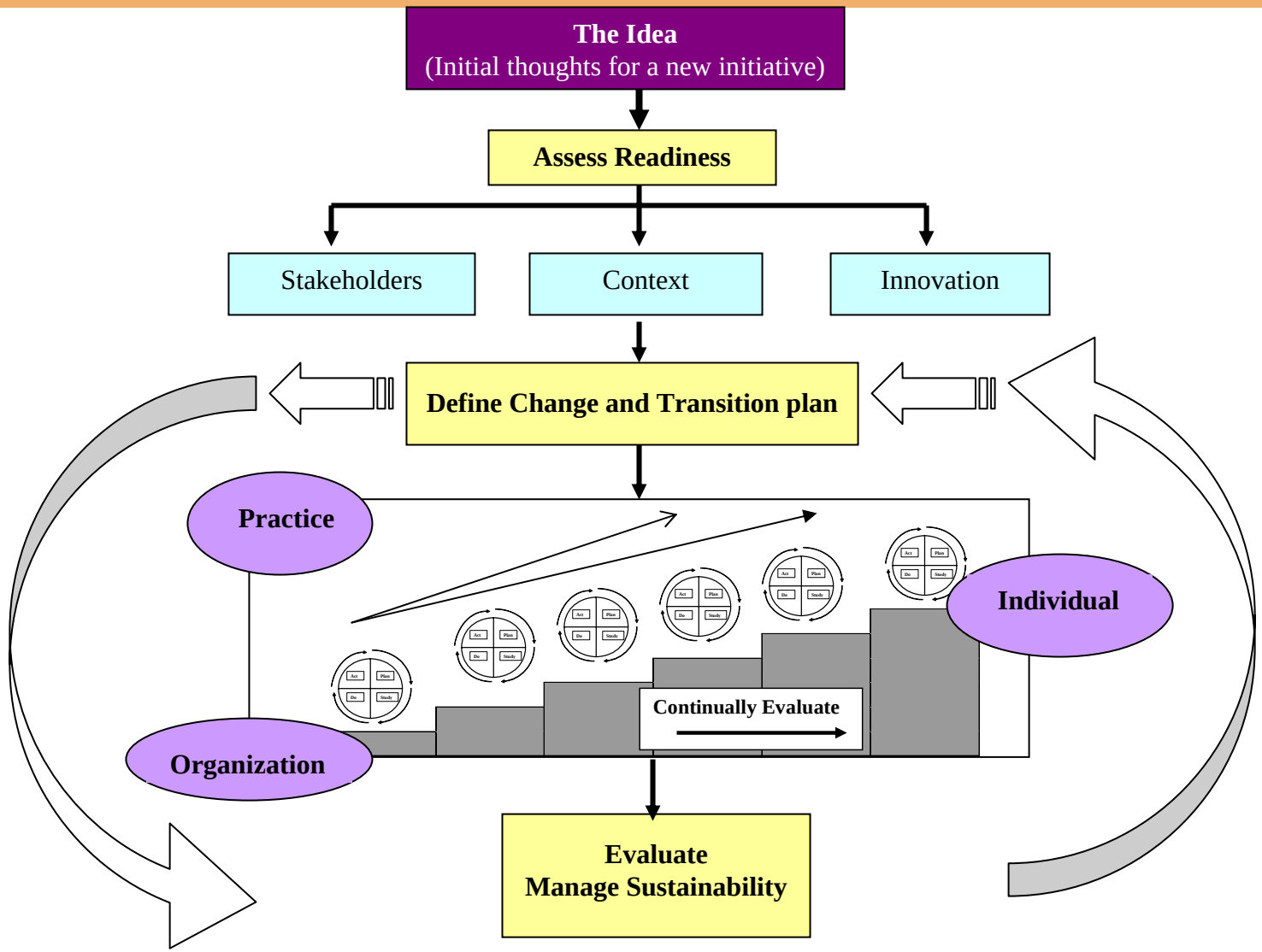
- **Creating a sustainable model for implementation of best practices**
  - **Three tiers to be targeted**
    - **Individual**
      - A change in practice is the outcome
      - Tools to cue practice
      - Feedback on performance – creating expectations
    - **Professional Practice**
      - Education
      - Access to knowledge tools / resources / support
    - **Organization**
      - Promote transition -> supporting the individual
      - Tools for evaluation / data capture
      - Local Leaders are critical

How does it all fit together?

- **Our model for implementing best practices:**
  - **Assess Readiness**
    - Environmental Scan (At 3 tiers)
    - Define Stakeholders (At 3 tiers)
    - Define Gap and Initiative (At 3 tiers)
  - **Define Change and Transition plan**
    - Define structure for managing transition (At 3 tiers)
    - Engage Stakeholders (At 3 tiers)
    - Set Tests of Change process (At 3 tiers)
  - **Define Evaluation**
    - Include Sustainability Plan (At 3 tiers)

(The Ottawa Model of Research Use; Toolkit for Implementing Clinical Practice Guidelines, RNAO; The Model for Improvement, IHI)

How this All Comes Together ….



Does this Work?

- **AIM:** 10% of admissions will be completed by RPNs
- **AIM:** Implementation of new documentation process
- **AIM:** Implementation of Medication Reconciliation for all clients admitted to Nursing

A Few Closing Thoughts

- **It's all about Managing Change!**
  - **Target change strategies broadly**
- **Local leaders are critical to success**
- **Small tests of change**
  - Critical involvement of end-users
- **Be realistic when you ask for $**
  - Change and transition take time
  - Building takes time
- **Be clear in your messaging**
  - What is optional and what is practice
- **Allow time for unlearning**

In Closing…

“If you want to build a ship, don’t drum up people together to collect wood and don’t assign them tasks and work, but rather teach them to long for the endless immensity of the sea.”

Antoine de Saint-Exupery

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