

Helping Nurse Managers Effectively Lead Change

By Jeff Hanan and Kathleen Cronin

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

--Peter Senge

In ancient Greek mythology, Sisyphus was cursed for all eternity to roll a boulder up the mountain top, only to have the boulder fall back down again and again. Introducing change in a medical setting can seem like a task worthy of Sisyphus. Because there are countless obstacles to implementing change in a modern hospital, and leaders run into them again and again. Inside every hospital there are multiple organizations dealing with federal and state regulations, accreditations, and competitive pressures as well as constant changes in technology, administrative processes and medical practices. All this happens within the life and death, 24/7 environment of our nation's leading hospitals.

Children's Hospital and Health System in Milwaukee, Wisconsin was anticipating making major technological changes when it called on an external partner, Howick Associates, with expertise in change management for help. One new technology the system wanted to implement was Bar Code Medication Administration, which allows nurses and physicians to instantly check the accuracy of medications before administration to patients, connect to the patient's electronic health record, and verifies their medication history. In national statistics, 1 in every 6.4 administration of medicines contains an error. Bar Code Medication Administration technology has been proven to eliminate up to 33% of reported errors.

While this change makes the hospital environment safer for patients, it means significant changes in procedures for both physicians and nurses. This change initiative was a considerable investment for Children's Hospital, ranked as one of the ten best pediatric hospitals in the United States. Hospital leadership needed the skills to lead the organization through the change, and patient caregivers needed to learn the new technology.

Involving People in Change – Many Times It's Too Little and Too Late

Too often in organizations, the CEO or senior management calls a meeting to announce what changes are going to take place, when they are going to happen and what support and training will be made available. Several months later, management is often surprised to learn that there are lingering issues to deal with, staff or physician discontent is stirring, or they learn the change was a dismal failure.

The CHHS approach to change stresses that the key to success is to engage people who will be affected by the change in the planning and decision-making as well as implementing and executing the change.

Involvement of this type expands the awareness and understanding of those impacted by the change and sets up opportunities for them to have a say in how the change will be implemented early in the planning process. Leaders who work to engage those impacted

by change need practical tools to assist them in getting employee's ideas during the planning, implementation and evaluation of the change. Once employees are involved, they are less apt to feel resistance for the changes and will view the change as something being done "with me," as opposed as something being done "to me." If change is successful, the mindset of the participants will likely be:

If I participate in the change process, why would I resist change?

On the Bar Code Medication implementation, advice from their external consulting partner led to more active engagement and involvement of key disciplines in the hospital in the execution of this change; nursing, pharmacy and key physicians all participated in planning and decision-making. A facilitator was identified to support the project planning process, and meeting effectiveness of the Bar Code implementation team was dramatically improved with new tools and increased communication. As a result, accountability around tasks increased, planning improved and communications ramped up and more "nurse champions" were participating in the process.

Training – People Need Practical Tools

From an educational perspective, the external partner facilitated approximately two dozen training sessions focused on introducing concepts, techniques and practical tools for leading change. Nurse Managers and others were able to work in teams, and small groups to plan, problem-solve and apply change management techniques to real changes they were accountable for implementing in their units.

Participants left the course having completed some planning tasks and worked collaboratively to problem-solve with team members and peers. One participant remarked: "The entire classroom experience was well-planned and implemented. I was able to apply this model to a real project that I'm working on in a practice environment. This course really strengthened my thoughts on engaging key stakeholders..."

One of the objectives of the training was to provide engagement tools to assist the participants in involving others in the planning and decision-making on changes in their departments or units. CHHS made available over 40 engagement tools to support employee involvement and decision-making. One such tool was the "Elevator Speech." The purpose of the tool is to help teams create a consistent message about the work they are involved in. During the workshops, participants developed "Elevator Speeches" for their areas and shared those speeches with one another to collect feedback and refine their message. This simple tool can be effective when we work in a busy business culture with short attention spans; one minute is often all the time we get to explain something. Consistency in messages between leaders about change is critical.

"Leaders are aware of the need for greater engagement and involvement in change," said Kathleen Cronin, with Howick Associates. "But leaders often lack practical tools that help them structure, plan and execute engagement strategies. Our engagement tools provide how-to-guides in a user-friendly format to support leaders in understanding *how* to successfully engage key team members in change."

The Elevator Speech tool was used in a variety of ways by many different teams. The project sponsors who oversaw the development of training for approximately two hundred hospital leaders used the tool to create a consistent marketing message. The Executive Team worked collaboratively to develop an Elevator Speech to recruit critical leaders from key hospital disciplines to give input into the educational design. The speech served as an efficient communication tool to reach executives and leaders.

In addition to engagement tools, other project management activities were introduced to workshop participants, including:

- *Defining team roles.* What roles will the various team members play within the change process?
- *Proactive involvement.* Identifying early on which stakeholders can provide meaningful input into key aspects of a change.
- *Task identification.* What tasks will be needed to accomplish the change? And who will be assigned to each task?
- *Time estimation.* How long will each of the tasks take to complete?
- *Realistic schedules.* Planning and developing a realistic timetable for the project based on people's availability to work on key tasks.
- *Risk analysis.* What could go wrong, and what are the team's mitigation strategies for each possible problem. A pre-mortem of sorts.

Overcoming Technology Fears – Bar Code Medication Administration

Hospitals are marvels of modern science and technology, but not all nurses or physicians are computer or technology savvy. Some nurses—like many Americans—have fears and anxieties concerning technology. Many veteran nurses did not grow up with computers and are reticent about using the handheld devices and computers. The change to the Bar Code system represented a major change in their daily work routine and was causing anxiety, according to Chris Cooper, RN, Patient Care Manager of the Hematology, Oncology and Transplant Unit at the time.

“The technology was stressful for some nurses because suddenly computers were going to be at the core of the jobs with medications,” said Cooper. “People had a lot of fear as to whether the Bar Code program would work, if the program and the technology were going to go down.”

Reducing Resistance to Change – Supporting Those Who Get It

Fear of technology is just one of a long list of roadblocks to change. In the CHHS approach to change, managing that list through the help of informal leaders or “champions” is essential to successful change. For Bar Code, each of the units had champions, who were non-managers that were enthused about change and were already serving as informal advisers to other nurses. Resistance to change is reduced by spending time with people who “get it,” who are excited by change, and want to lead change.

Other nurses would come to these informal leaders with questions and concerns about various steps in the change and they would receive accurate information, coaching and support. The external partner suggested a subtle adjustment—that these champions are invited to attend all committee meetings and be given access to current information so

that they had the timeliest information. The champions worked the grapevine—the most effective form of communication in the hospital.

Chris Cooper said that he looked for champions that were “tech savvy with a good attitude, respected by peers, hard workers, and good communicators.”

Communications Planning – Multiple Times, Multiple Ways

Another effective tool their external partner brought to the effort was a Communications Planning Tool, which helped teams realize that communications was every member’s responsibility. The teams developed a communications strategy that identified the key audiences that must be considered as well as the appropriate messages for each audience. “Our experience suggests organizations significantly under communicate a change, the net effect being many people don’t know what’s going on or are confused,” said Jeff Hanan, with Howick Associates. “One or two e-mails are just not effective.”

The Bar Code Team worked with the hospital’s public relations and communications group to use a variety of media to reach everyone in the hospital, which was a challenge in a 24/7 institution. They used the Communications Planning tool to identify all their audiences and developed posters, emails, one-to-one conversations and an issues list to make certain that they weren’t missing anyone. It was difficult to manage rumors, though, according to Chris Cooper.

“The rumor mill is powerful,” said Cooper. “It is important to talk to everyone in the unit early, you can’t over communicate.” Proactive interactions such as Cooper describes require leaders who can effectively engage people and have practical tools to solicit input, opinions, problems, concerns and manage them in a proactive, authentic manner—a form of “courageous coaching.” It is important to remember that these individuals are the core foundation of an effective approach to change—competent leaders who understand personal change and are educated and equipped to convene others and help involve them in the change process to build successful and sustainable change.

Change in a medical setting presents many obstacles, but unlike Sisyphus, it is possible to push change up the mountain top and roll it successfully to the other side. Through the use of basic project management tools, engagement strategies and simple facilitative tools, leaders and teams can work together to minimize complacency and build buy-in for sustainable change in a medical environment.

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