



*Draft*

**National Academy of Medical Sciences (India)**  
**(An autonomous organization under MoHFW, Govt. of India)**



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Leadership Development (LEAD)**

**05<sup>th</sup> – 07<sup>th</sup> July, 2024**

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अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर  
All India Institute of Medical Sciences, Deoghar

सत्यमेव जयते



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Executive Director & CEO

# Leadership and Change management





# अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर All India Institute of Medical Sciences, Deoghar



## Greetings from AIIMS Deoghar



Baba Baidyanath Temple

07/07/2024

# Objectives:

**Importance** of Change management in Healthcare

**Factors driving** Change in Healthcare

**Common Challenges** in Change management

Change management **Models and Approaches**

**How to measure** Change management results

Preparing for **Future Healthcare**

Time is getting changed !

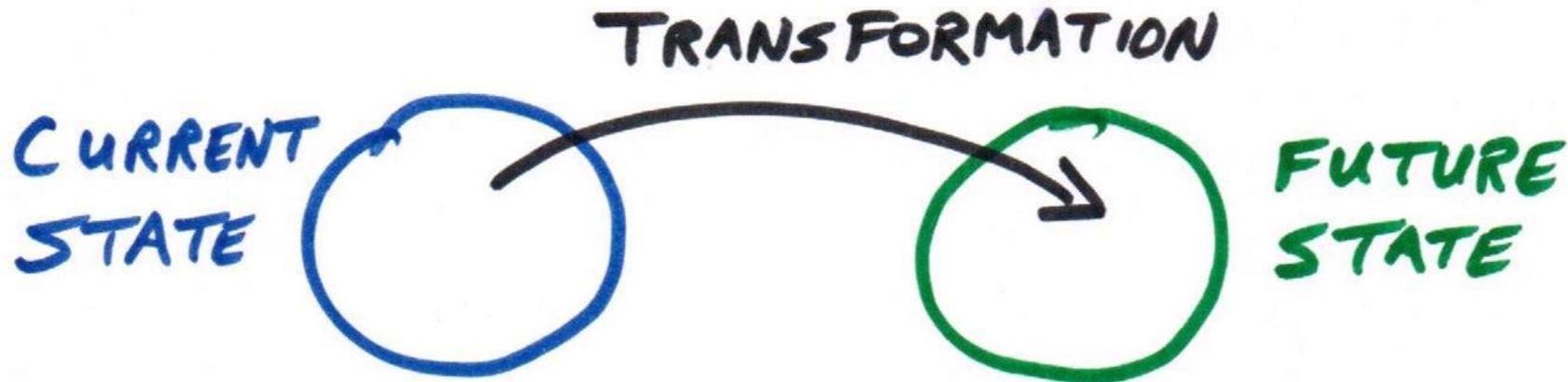


## Change:

To make the form, content, or future state of something different.

To transform or convert.

To exchange for something else.







*"Change is  
inevitable.  
Growth is  
optional."*

*~ John C. Maxwell*





# Change is Constant... Inevitable



“...if we rest on our achievements, if we resist the pace of progress. For time and the world do not stand still. Change is the law of life. And those who look only to the past or the present are certain to miss the future.”  
**(Kennedy, 1963)**

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**Leadership and change management tend to be top priorities for today's organizations**

**Why change management for leaders?**



---

Managing change is tough for leaders most commonly because there is **no consensus on what makes transformations successful**

---

**70% of change efforts in organizations fail**

# Change

does not happen by itself

has to be led and managed

occurs through people  
and groups

# Changes in health sector

- Epidemiology of diseases
- Emerging/re emerging infections
- Advances in health sector
- Evidence based practice
- Universal health coverage
- Quality of care
- Health as a human right
- Health a business model
- Invasion of technology



# Factors driving Healthcare changes -

**Technological advancements:** AI, Telemedicine, and EHR, - transforming healthcare delivery.

**Regulatory changes:** push towards value-based care.

**Patient expectations:** in the new age of healthcare consumerism.

**Workforce challenges:** shortage of healthcare professionals, aging workforce, staffing challenges. **Recruiting, Retention, and Resiliency** will be priority focus areas.

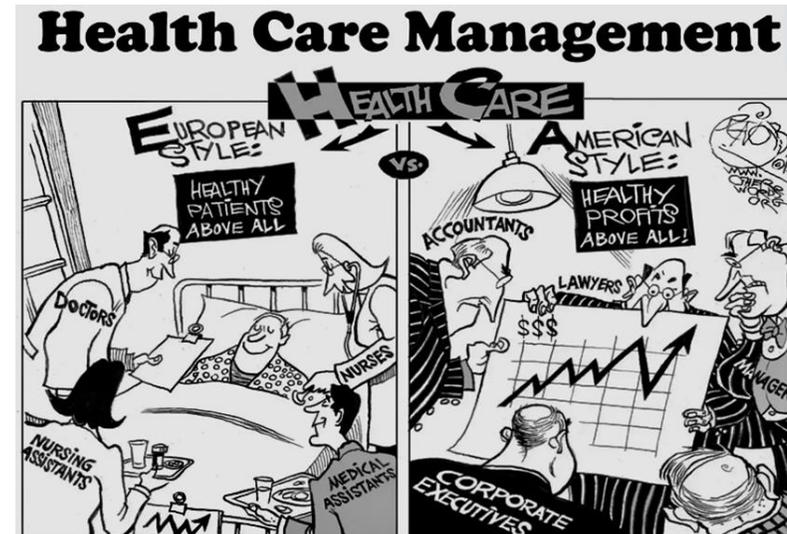
**Supply chain issues:**

**Financial pressures:** need to reduce costs while also providing safe, effective, and quality care.

# What has not changed?

Increase revenue/profit or **cut down costs**

Improve **efficiency** and/or **effectiveness**

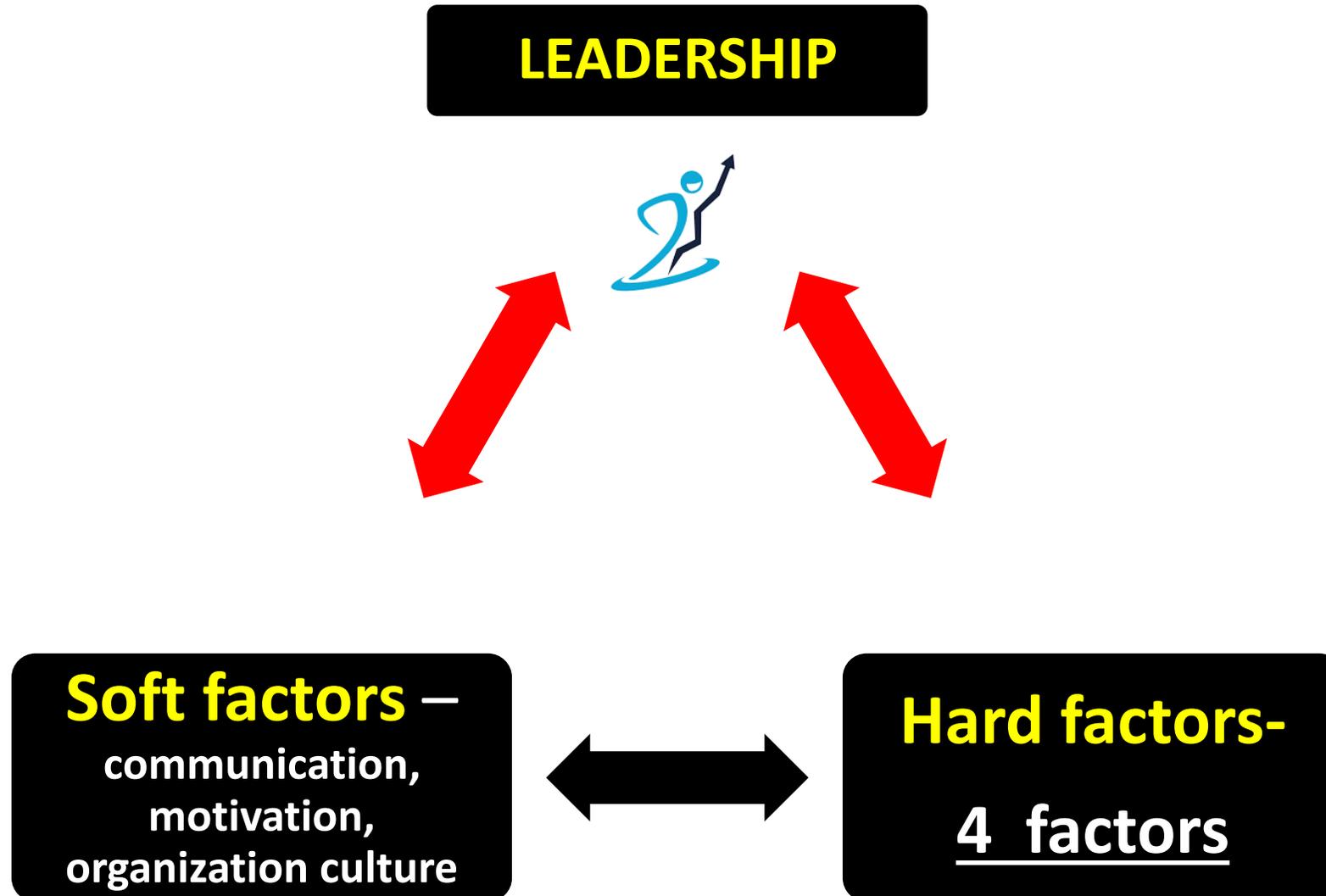


Remember.....

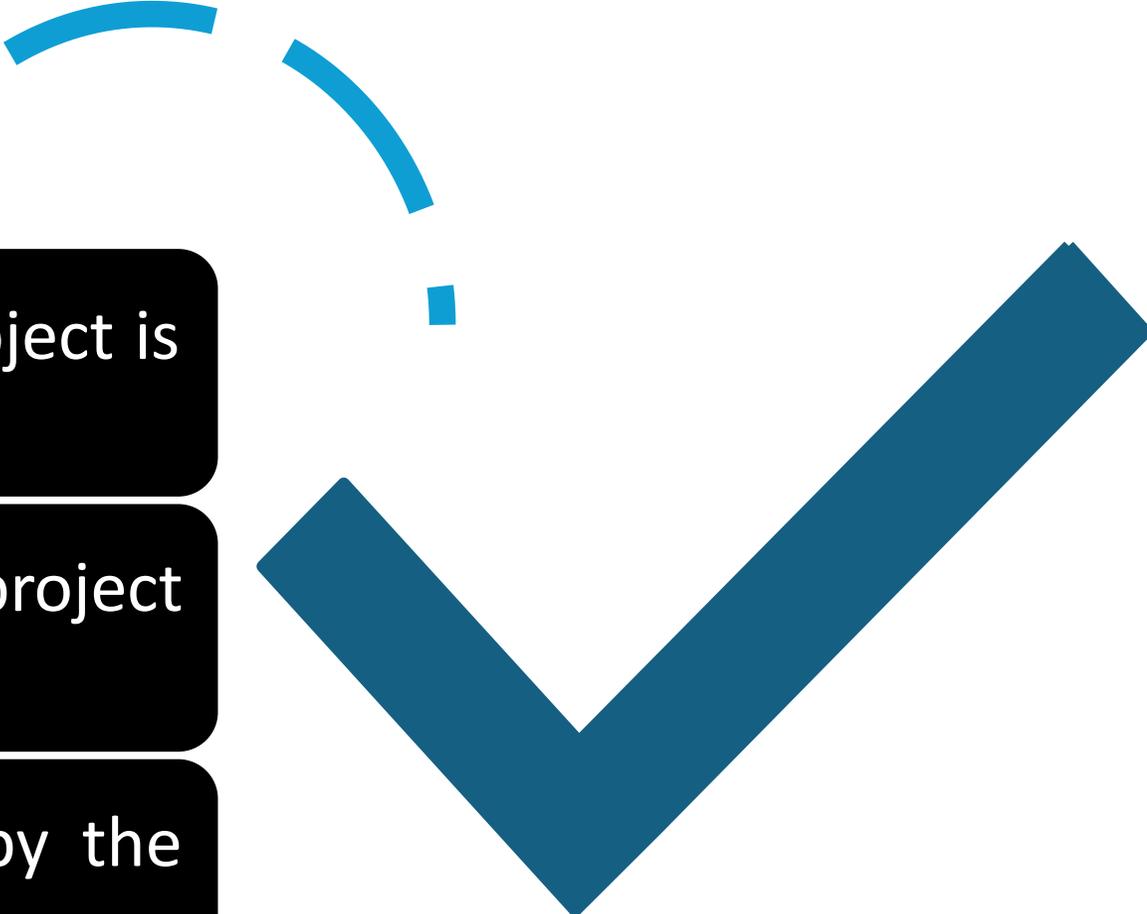


**“The patient will never care how much you know, until they know how much you care !”**

# Can leadership alone drive change ?



# The 4 factors - DICE



**D - Duration** of time until the change project is completed

**I - Integrity (capability)** to complete the project on time – dependent on skills and traits

**C - Commitment** to change displayed by the top management and the affected staff

**E - Effort** over and above the usual work that staff are willing to make for the change initiative

# Power in health systems



From top  
to bottom

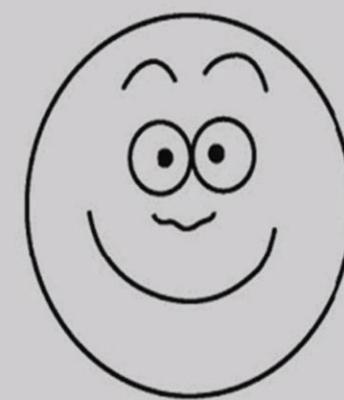
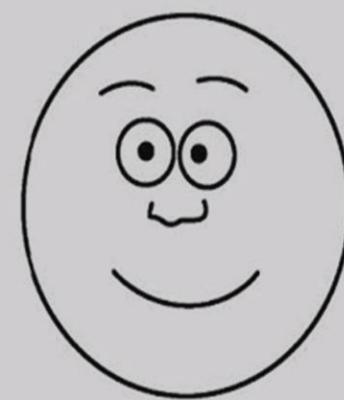
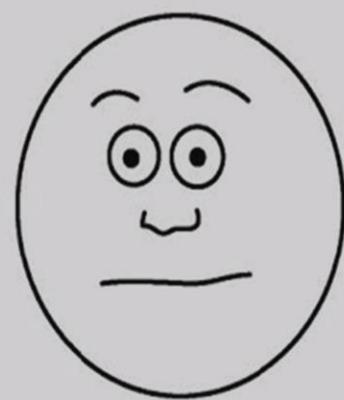
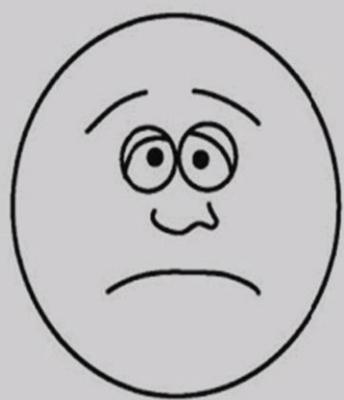
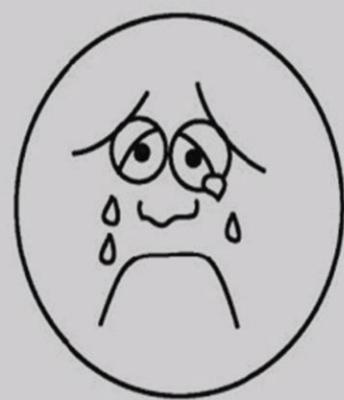
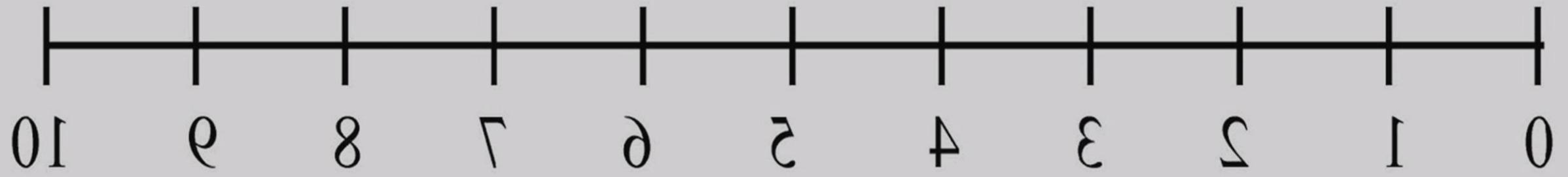


From  
bottom to  
top



Worst Pain No

Pain Pain Pain



10

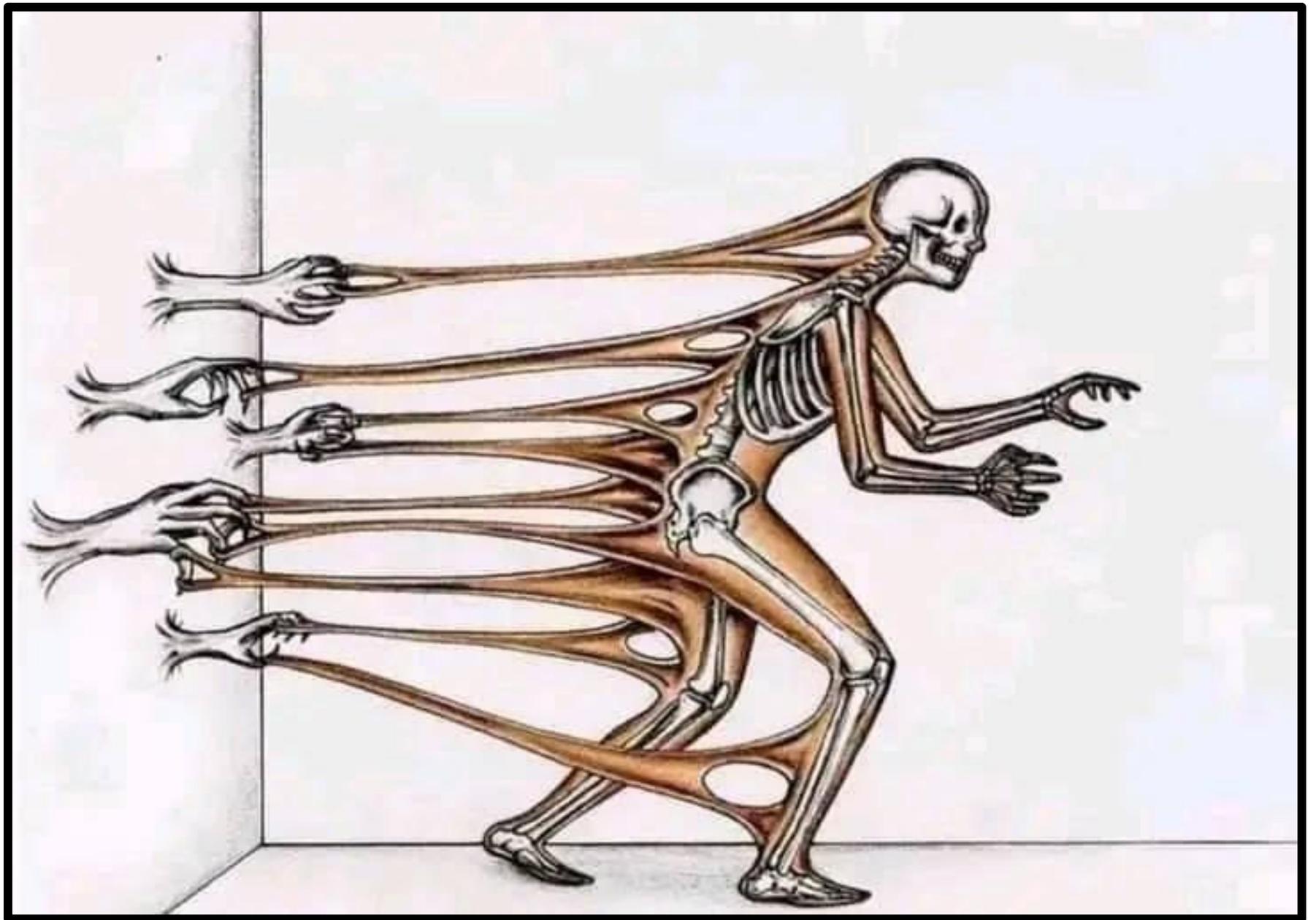
8

6

4

2

0



# Top 10 Change barriers

1. Resistance to change:

2. Inadequate communication:

3. Insufficient resources:

4. Poor leadership:

5. Organizational culture:

6. Inadequate planning:

7. Lack of stakeholder engagement:

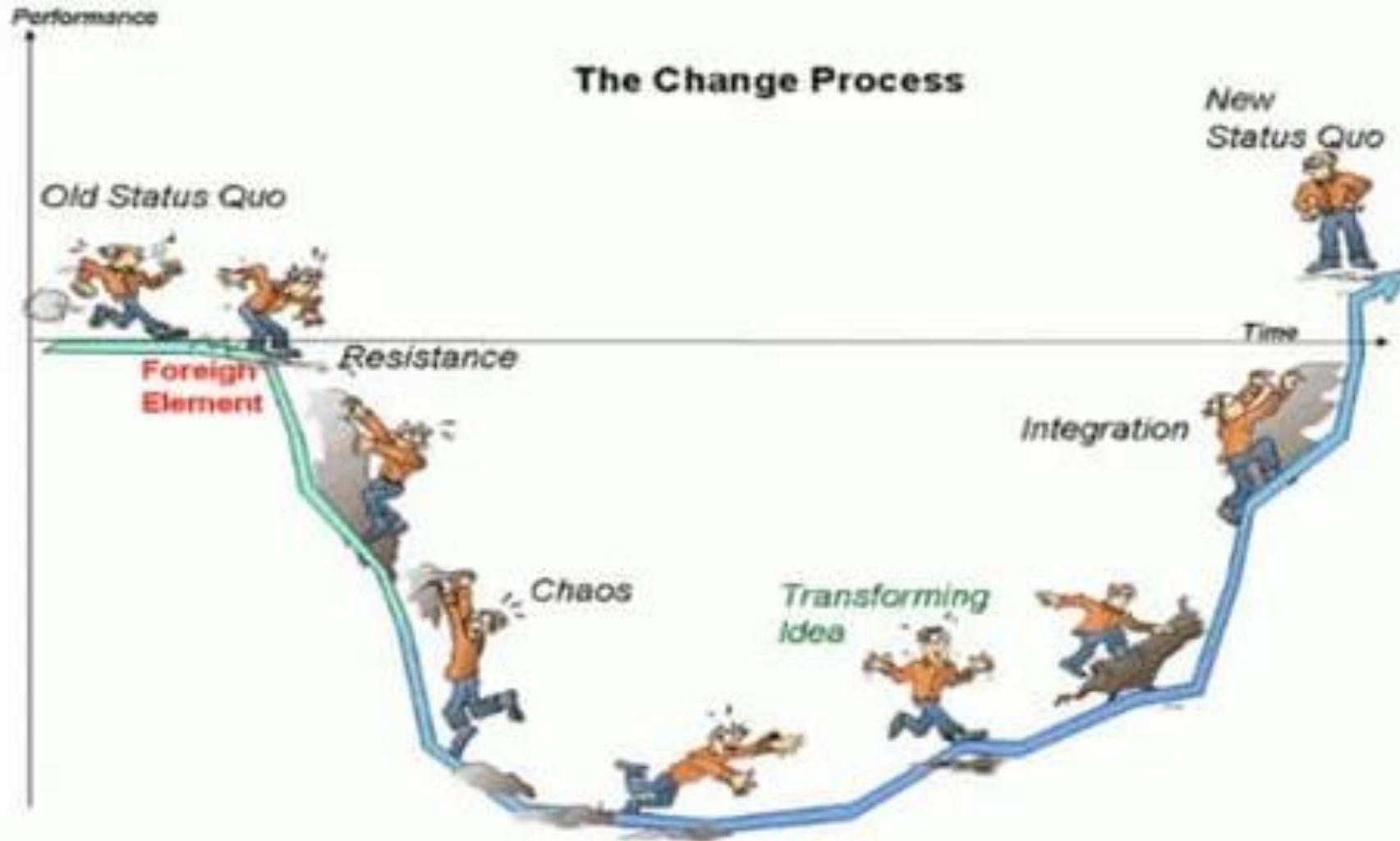
8. Misaligned incentives:

9. Change fatigue:

10. Ineffective measurement and monitoring:



# Change management

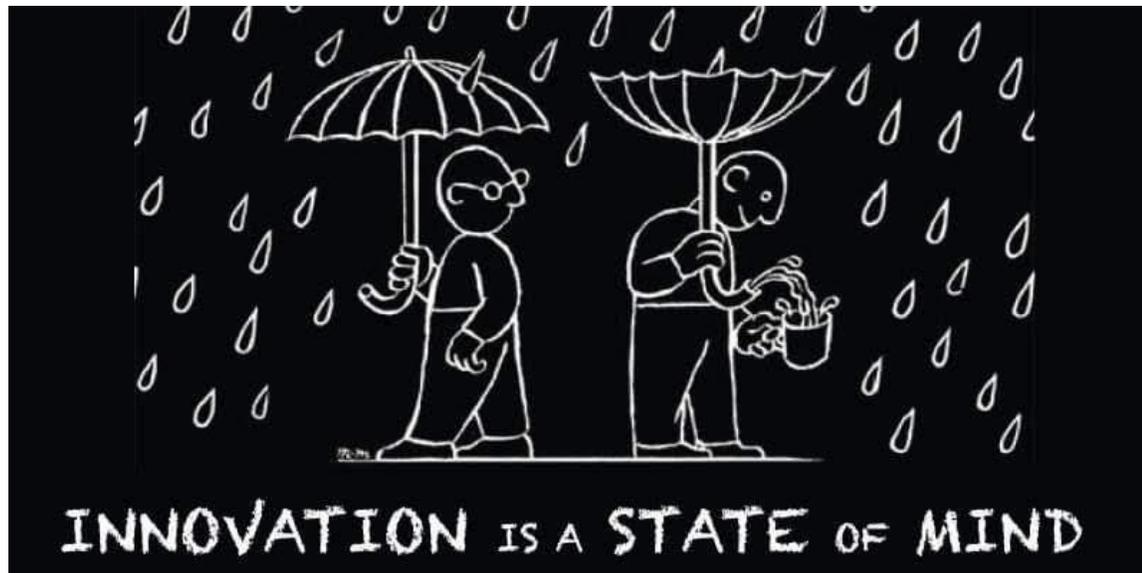




**“I want you to find a bold and innovative way to do everything exactly the same way it’s been done for 25 years.”**

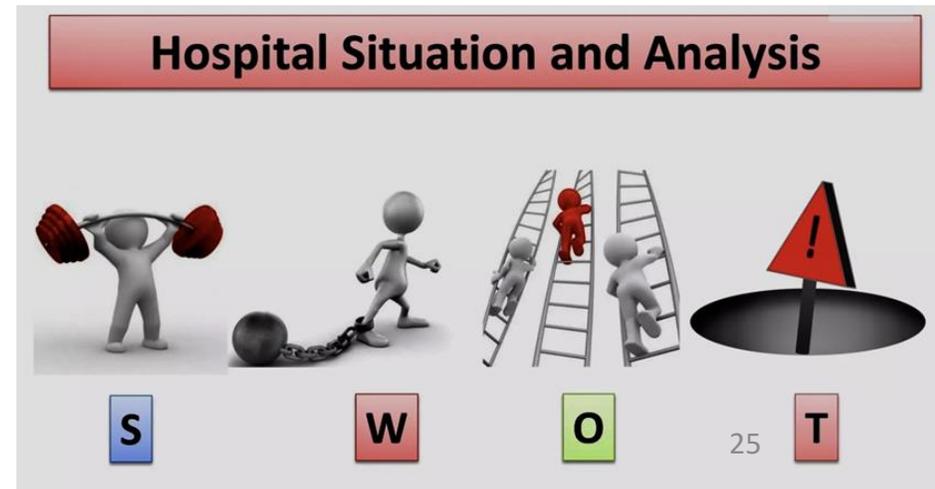
A pessimist sees the **difficulty** in every opportunity;  
an optimist sees **the opportunity** in every difficulty.

**Winston Churchill**



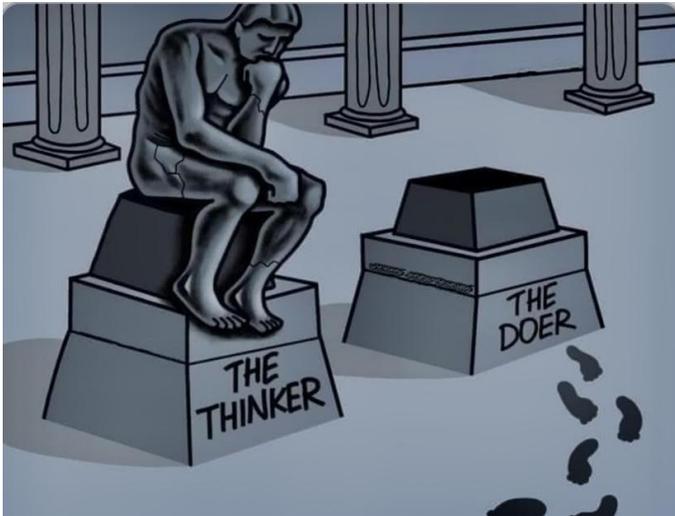
# Leading Change- **Your Role**

- What are **your** thoughts about this change?
- How do you think **your** employees will react?
- What questions do **you** have about this change?
- What previous experiences have **you** had dealing with change?
- What challenges do **you** anticipate?



# Which approach for leading change ?

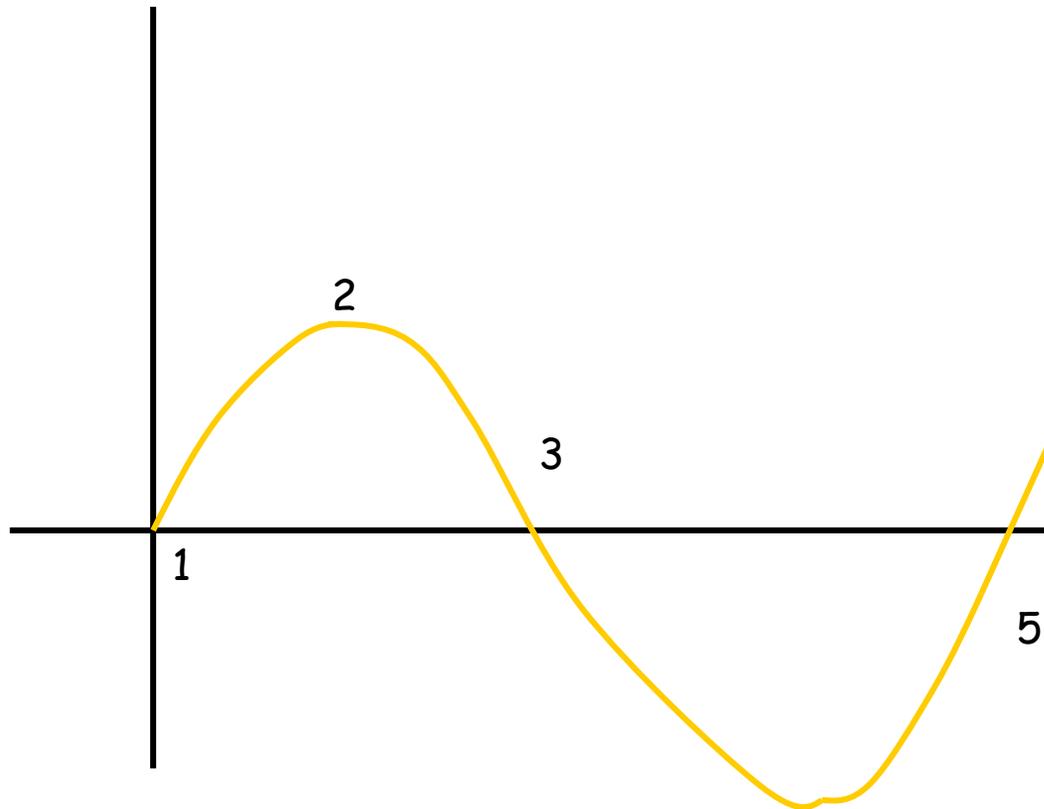
**Situational Leadership** – where the Leader adapts his/or her behaviour to the readiness of the followers.



- When would you 'tell' ?
- When would you 'sell' ?
- When would you 'participate'?
- When would you 'delegate'?

# Change Leadership

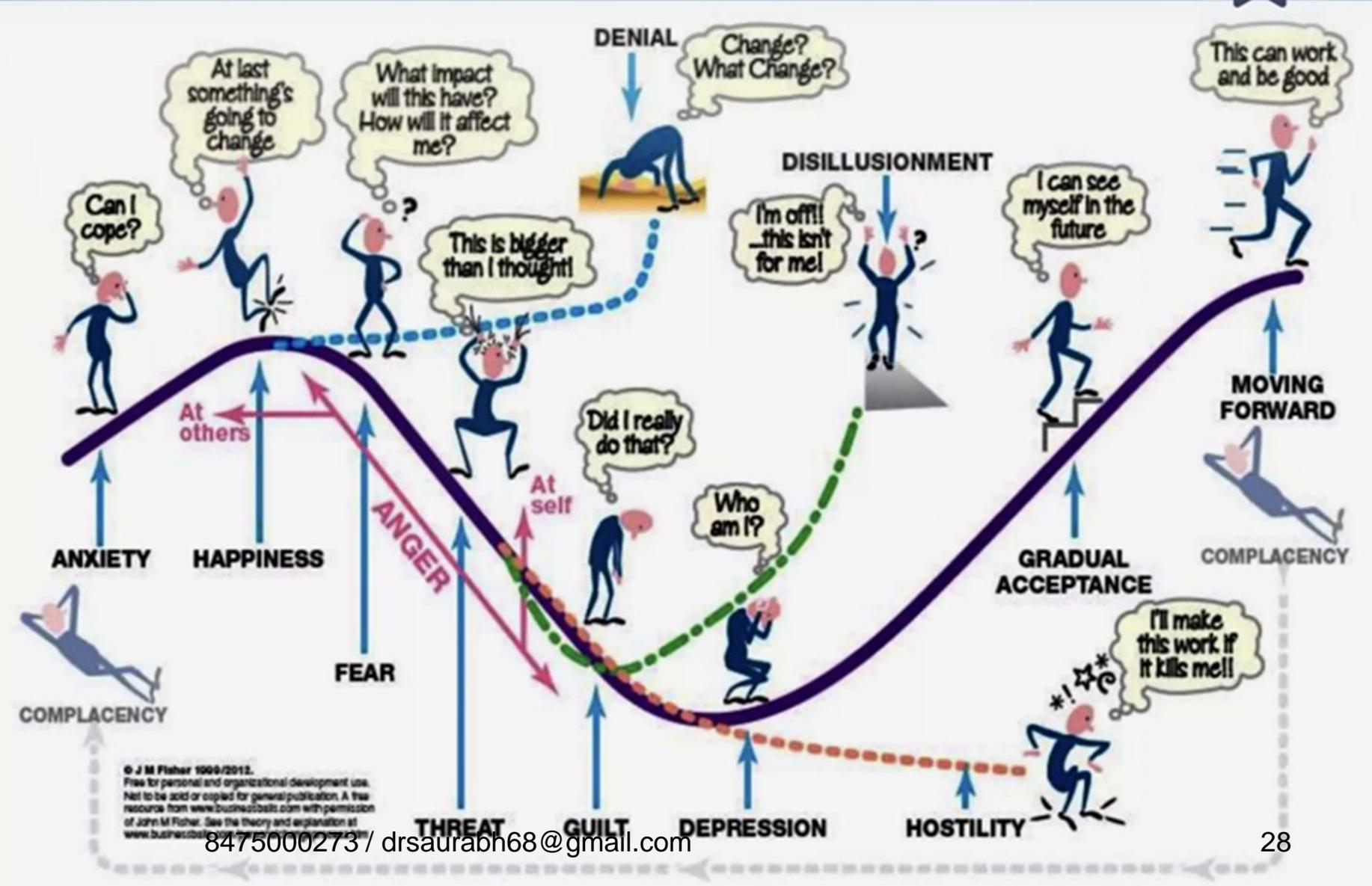
Self-esteem



1. **Immobilisation** -  
as numerous of the  
2. **Minimisation**: As the  
3. **Denial**: As the  
4. **Disorientation**:  
5. **Internalisation**:  
6. **Internalisation**: the  
7. **Internalisation**: the  
change is understood  
and adopted within the  
individual's own  
understanding - they  
now know how to work  
with it and feel a  
renewed sense of  
confidence and self  
esteem.

# The Process of Transition - John Fisher, 2012

(Fisher's Personal Transition Curve)



# Change management strategies for healthcare

## Kotter`s 8 Step Change Model

- **step-by-step approach** - drive change by building urgency, forming coalitions, creating and communicating a vision, empowering others, achieving short-term wins, and institutionalizing changes.

## Lewin`s Change Management Model

- guides healthcare organizations through a **three-stage process** of unfreezing existing practices, implementing changes, and refreezing to establish new norms.

## Prosci ADKAR model

- focuses on individual change in healthcare settings by addressing **Awareness, Desire, Knowledge, Ability, and Reinforcement** to achieve successful organizational transformation

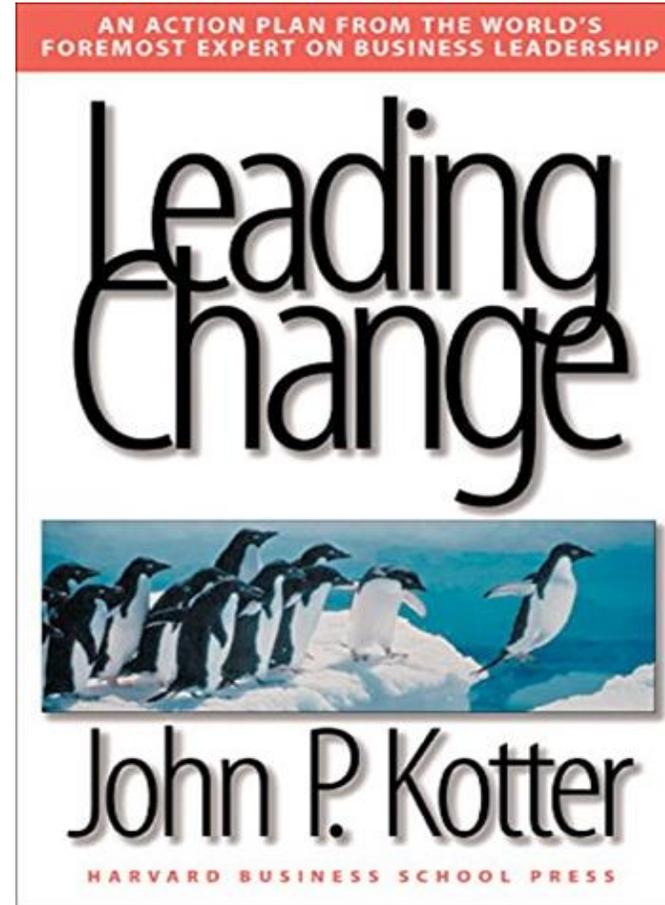
## McKinsey 7S model

- emphasizes alignment of seven interconnected **elements—Strategy, Structure, Systems, Shared Values, Skills, Style, and Staff**—to create a holistic change management approach in healthcare organizations

## Bridges` Transition model

- helps healthcare organizations navigate the psychological transition of staff and stakeholders through three phases: **Ending, Losing, Letting Go**; The Neutral Zone; and The New Beginning.

# Dr. John P. Kotter

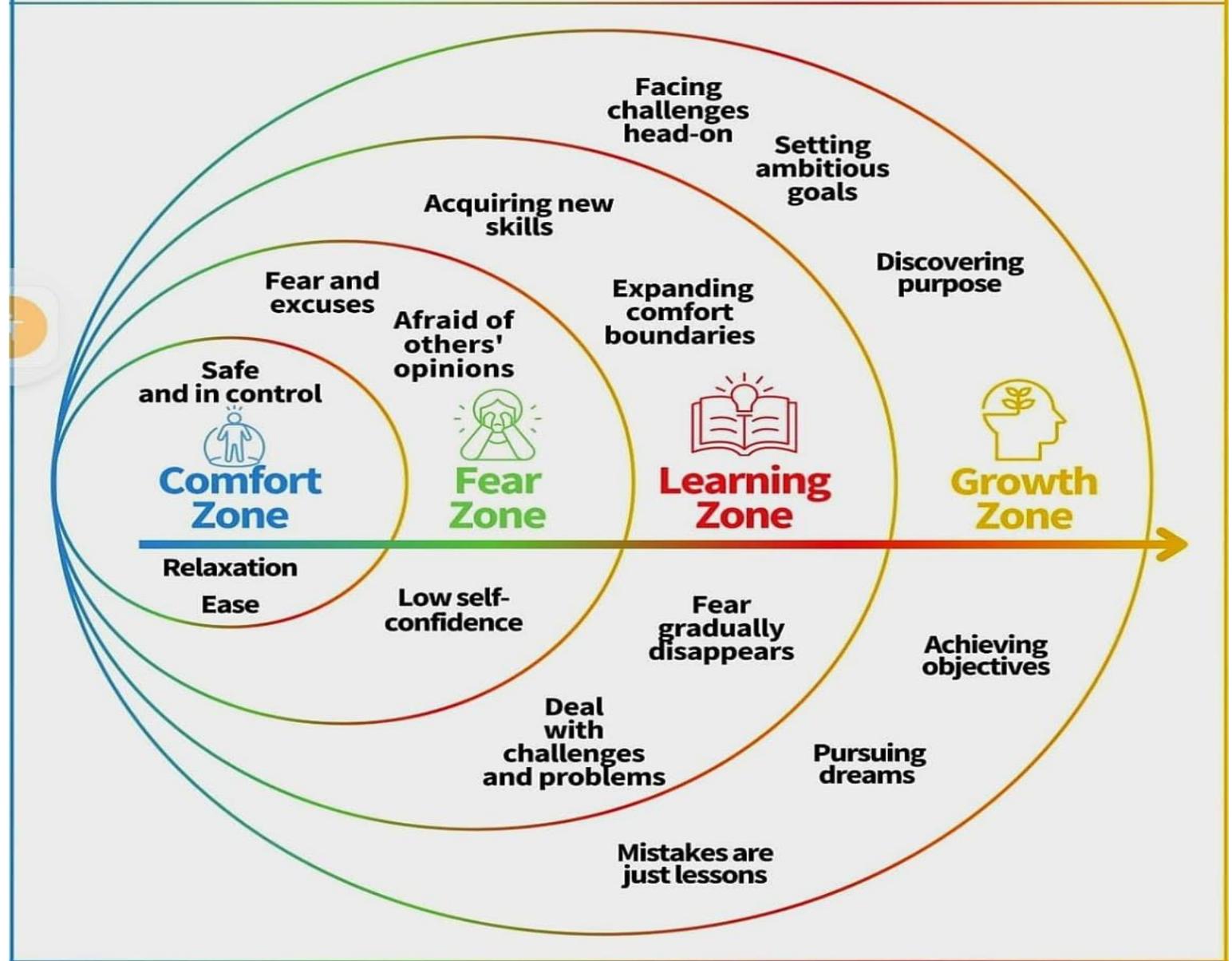


**1996 : John P. Kotter, Professor of Leadership , Harvard Business School**

**good things take time.**

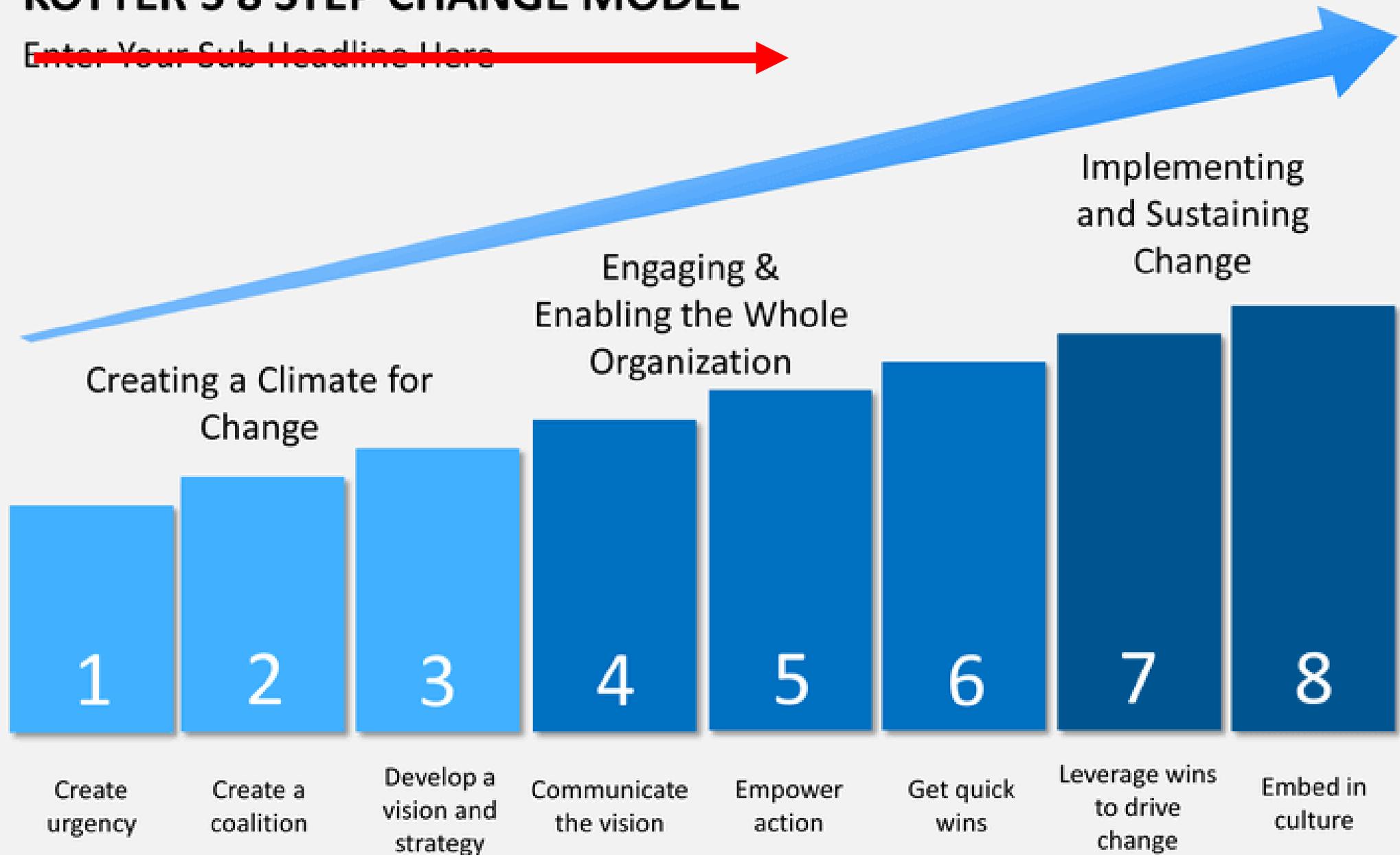
07/07/2024

# The Growth Journey



# KOTTER'S 8 STEP CHANGE MODEL

~~Enter Your Sub-Headline Here~~



# 8 Step Change Process



**40:40:20**

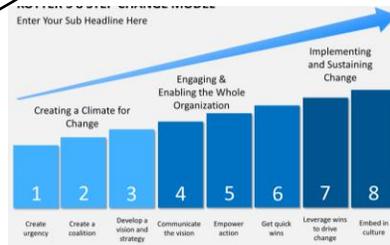
**Implementing &  
Sustaining Change (7,8)**

**20 %**

**Engaging & Enabling Whole  
Organisation (4,5,6) – 40%**

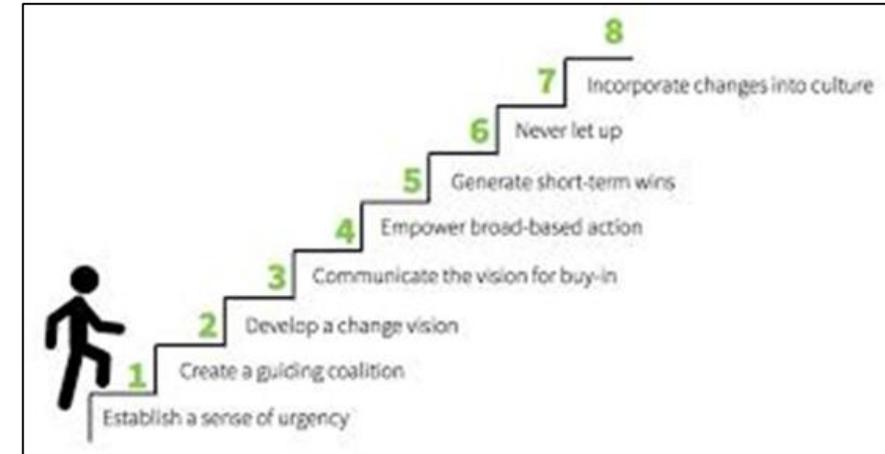
**Climate for  
Change  
(1,2,3)- 40%**

07/07/2024



# Kotter's 8 Steps for Change

- Step 1: Create a sense of **urgency**
- Step 2: Form a guiding **team**
- Step 3: Get the **vision** right
- Step 4: **Communicating** the vision
- Step 5: **Empowering** others to act on the vision
- Step 6: Planning for and creating **short-term wins**
- Step 7: **Don't let up**
- Step 8: Make it **stick**



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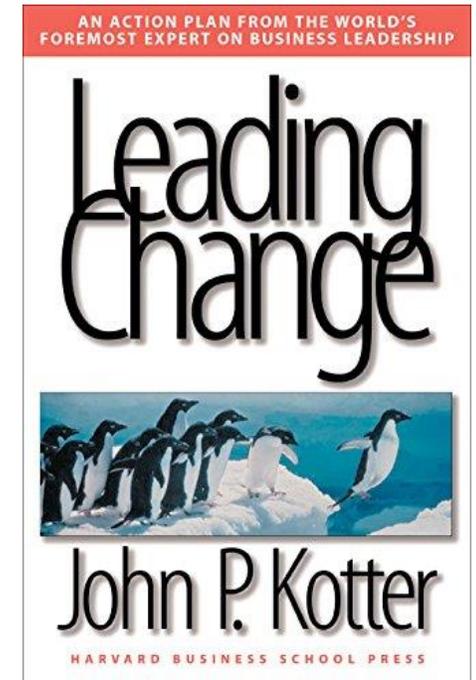
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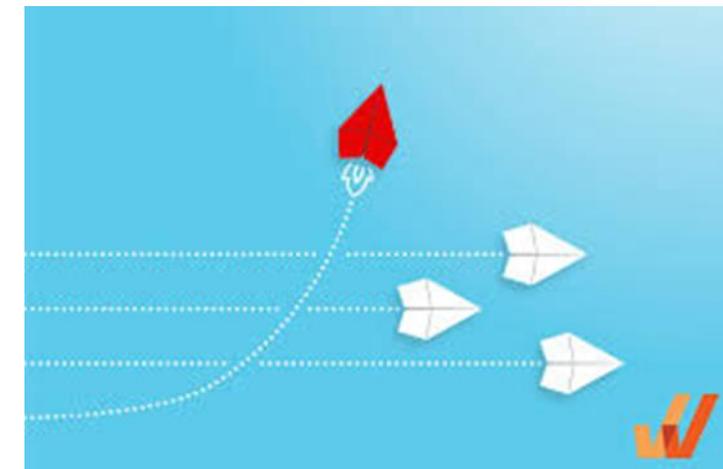
Step 7: **Don't let up**

Step 8: Make it **stick**



# Step 1: Create a sense of urgency

- Set the stage
- **Get everyone's attention !**
- Open a dialogue, **convince**, sell the need for change
- Immerse the staff with information about need for change
- Examine **opportunities**, identify **threats**
- Scenario building (empower staff with the capability to solve problems)
- Bring in the **experienced players !**
- **Don't bypass this stage ! [Kotter says.....]**



“When we are dealing with people, let us remember we are not dealing with creatures of logic. We are dealing with creatures of **emotion**, creatures bustling with prejudices and motivated by pride and vanity“

**Dale Carnegie**



**CONVINCE**

**OTHERS**



**“Stop trying to convince people – there is no perfect argument that will win people over if they don’t want to change. Understand that an **emotional reaction to change in people is required if you wish to succeed.**”**

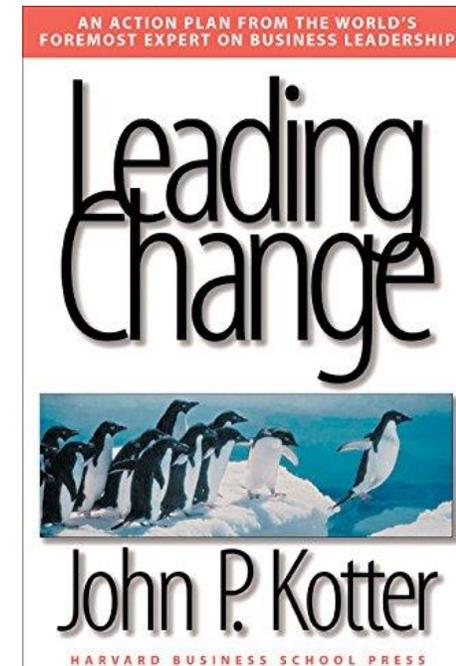
"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

-John Quincy Adams



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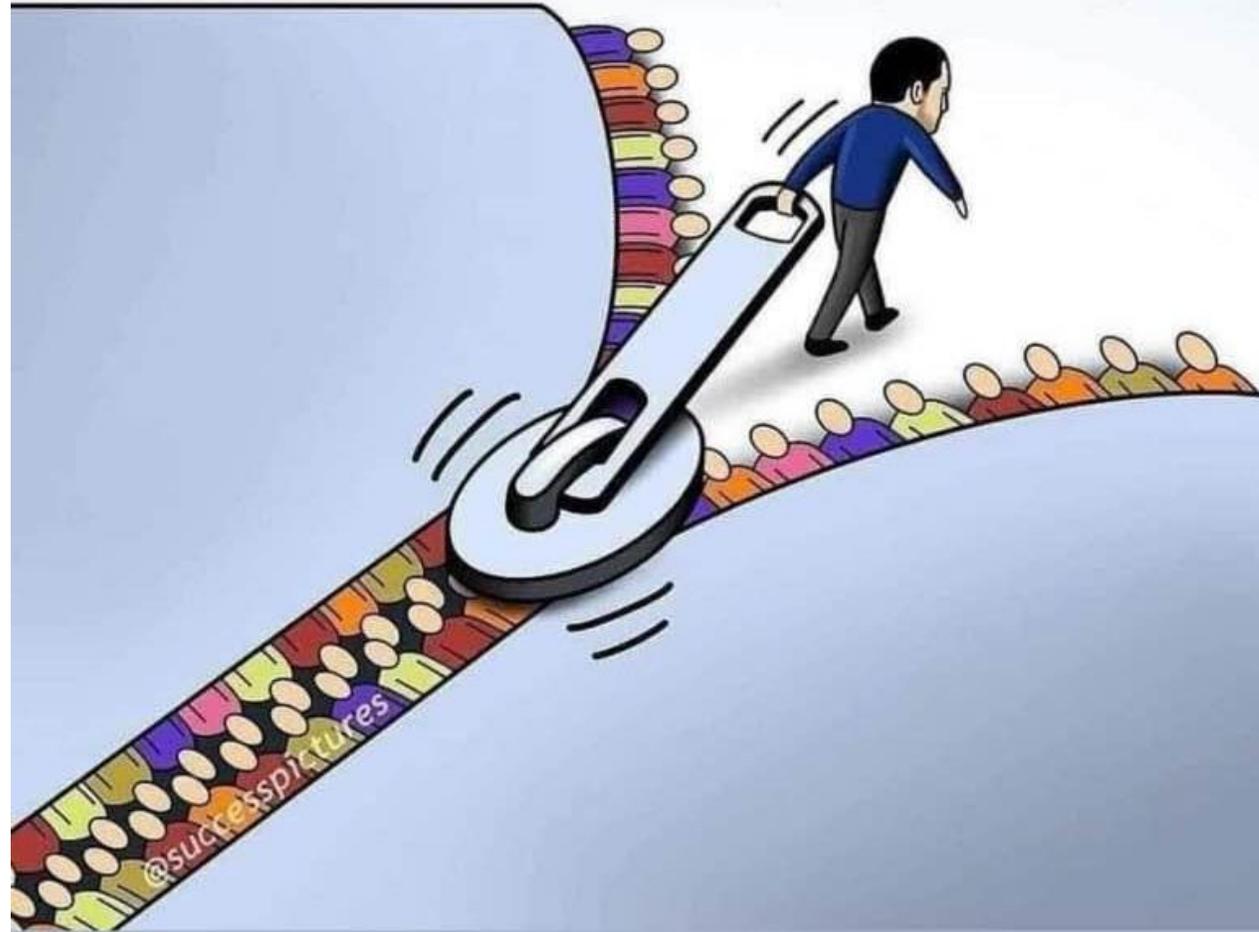


## Step 2: Put together the guiding team



- Identify **change agents** to drive the change !
- The key traits can be **position power, experience and expertise, credibility** etc
- Ensure that it is **multidisciplinary**, has management and leadership skills
- Need not follow the organization **hierarchy**
- **This guiding team continues to build urgency around the proposed change**

**A TRUE LEADER DOESN'T CREATE  
SEPARATION. A TRUE LEADER  
BRINGS PEOPLE TOGETHER.**



# Kotter's 8 Steps for Change

Step 1: Create a sense of **urgency**

Step 2: Form a guiding **team**

Step 3: Get the **vision** right

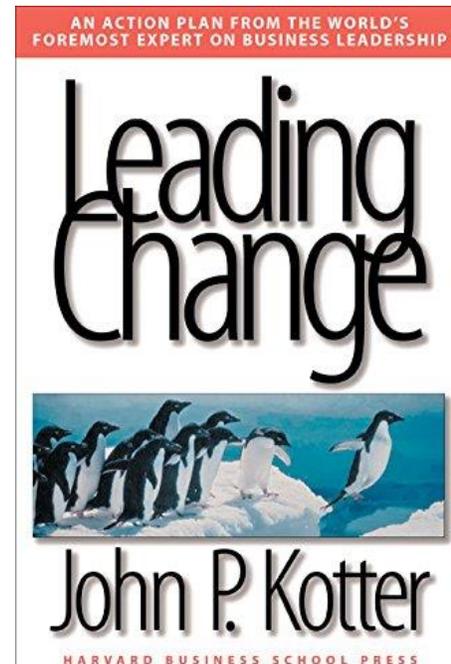
Step 4: **Communicating** the vision

Step 5: **Empowering** others to act on the vision

Step 6: Planning for and creating **short-term wins**

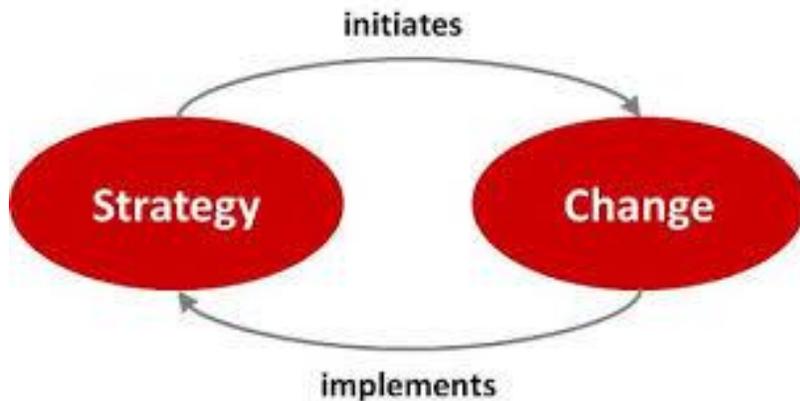
Step 7: **Don't let up**

Step 8: Make it **stick**



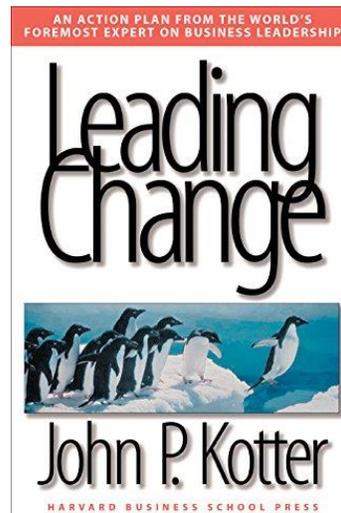
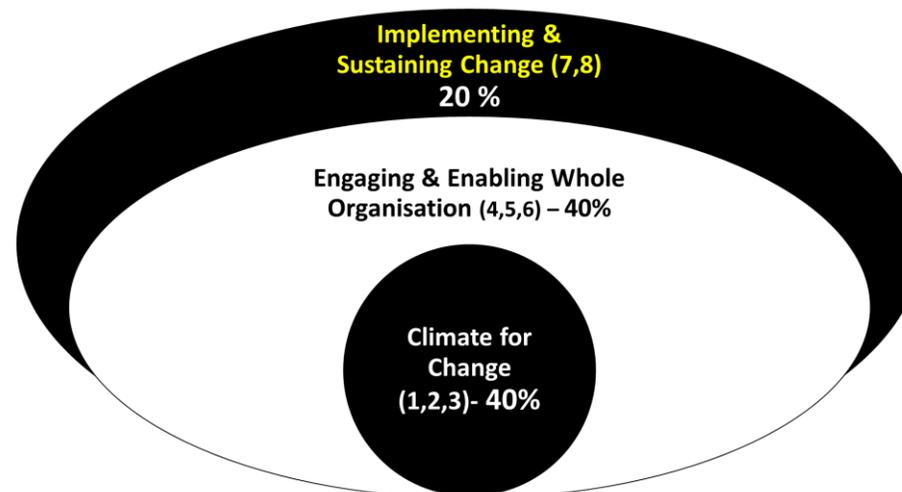
# Step 3: Create change vision and **Strategy**

- Develop a **clear vision, share it**
- When the staff can be given a vision of what is to come, the process of transition may be less labored
- Solutions within the umbrella of organizational vision, mission and values



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# Step 4: Communicate the vision



Communicate it **frequently and powerfully**



**Encourage** discussion, dissent, disagreement, debate



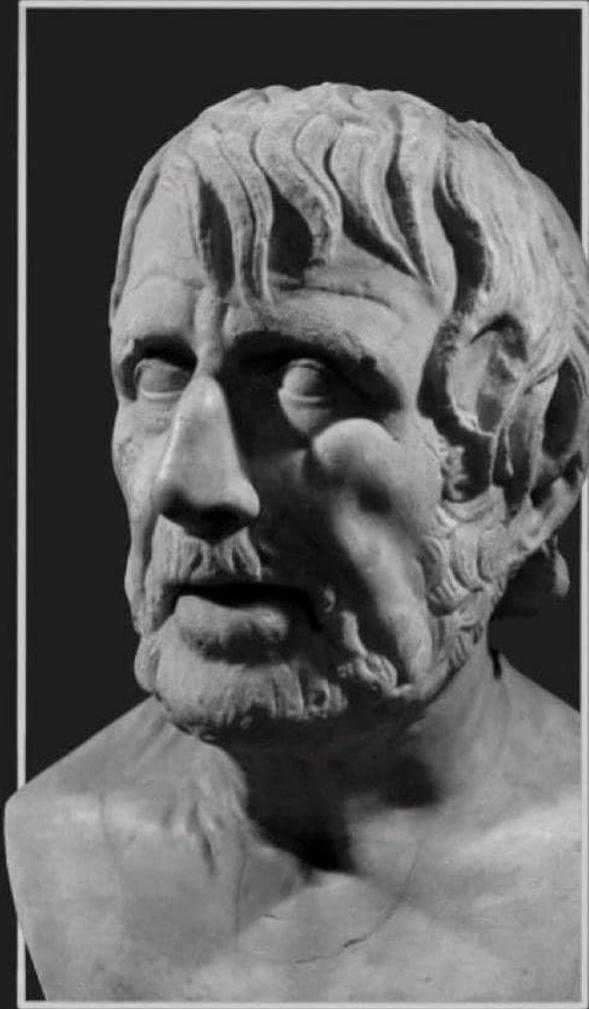
**Acknowledge** concerns, perceived losses, anger



Model expected behaviours



**Value resisters**



"MEN CAN BE  
DIVIDED INTO  
TWO GROUPS:  
ONE THAT GOES  
AHEAD AND  
ACHIEVES  
SOMETHING,  
AND ONE THAT  
COMES AFTER  
AND  
CRITICIZES."

- Seneca

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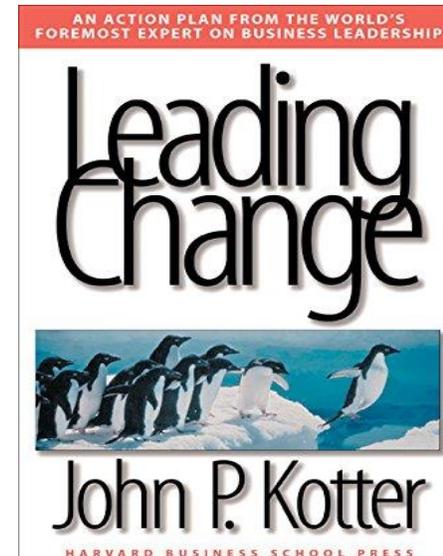
Step 4: **Communicating** the vision

**Step 5: Empowering** others to act on the vision

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## Step 5: **Empower** others to act

- Provide direction
- **Allow teams to discuss solutions to drive the change!**
- Encourage reflections and learning
- Train staff so that they have the expected skills for the change
- **Set short term goals**

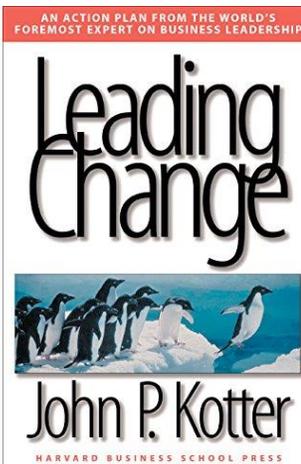




Once you carry  
**your own** water,  
you will learn  
**the value** of  
every drop.

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"And it all  
began with  
one  
small win."



The Power of Habits

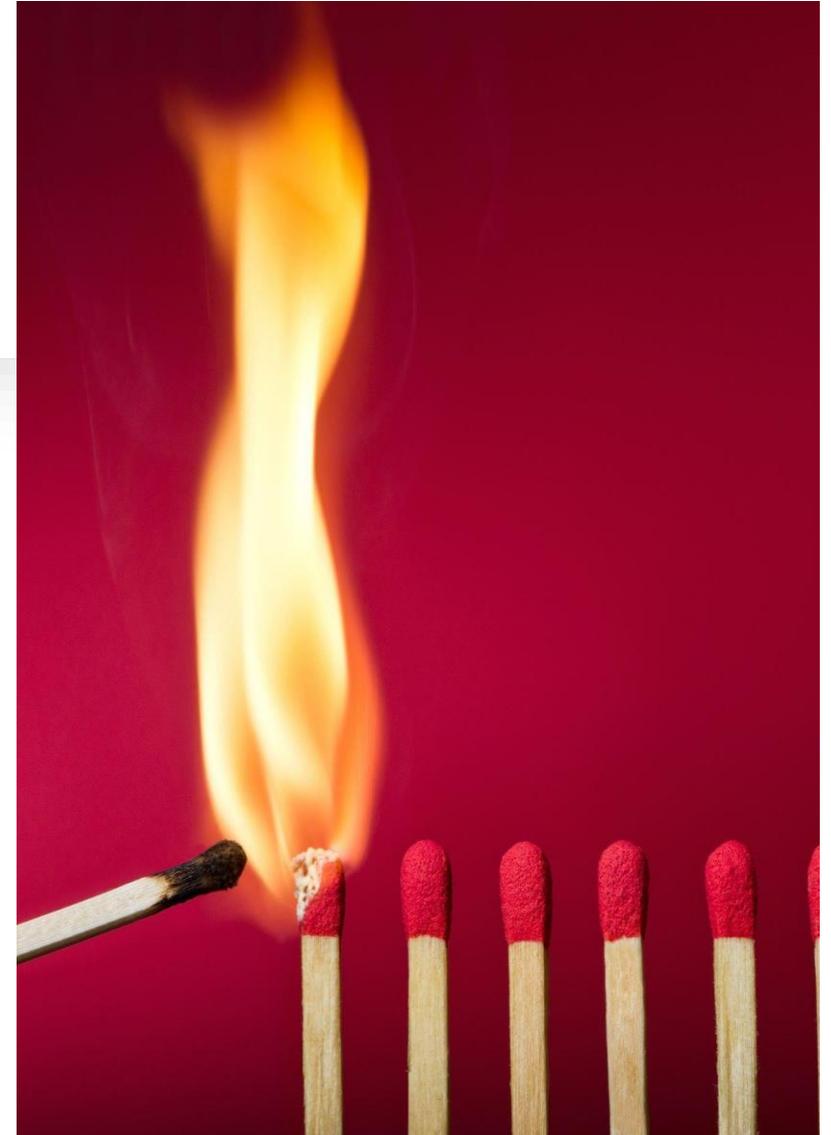
“

Success is a series  
of **small** victories.

[MOTIVATION.COM](https://www.motivation.com)

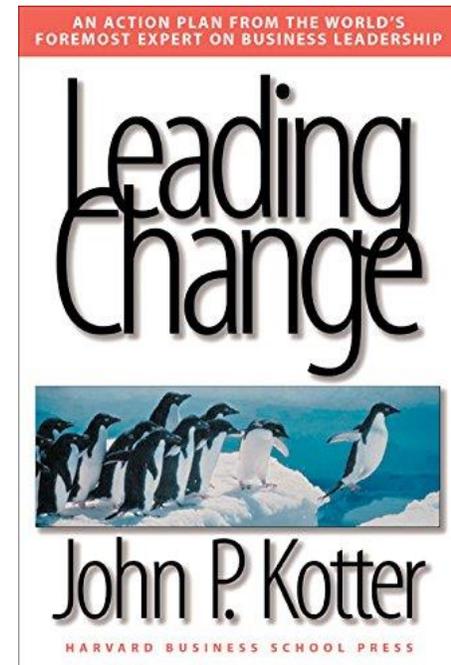
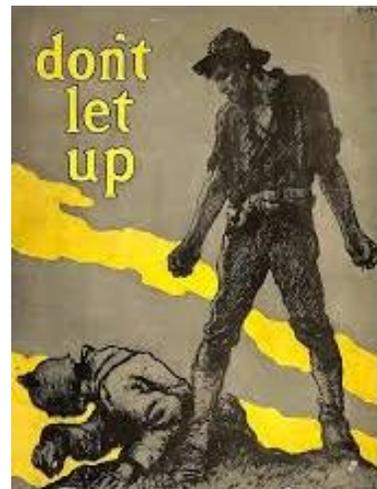
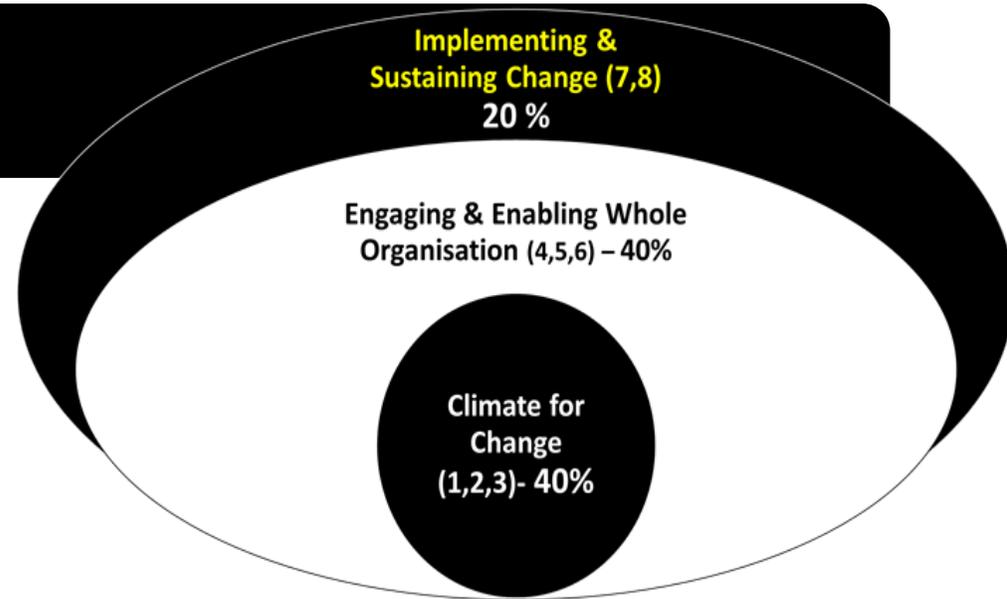
## Step 6: Create **short term wins**

- Look for **sure-fire projects** that you can implement without help from any strong critics of the change.
- Don't choose early projects that are expensive
- Be careful !



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## Step 7: Build on the change

- **Quick wins** are only the beginning of what needs to be done **to achieve long-term change**
- After every win, **analyze** what went right, and what needs improving
- **Build on the achievements**
- Expand to new change agents and leaders



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AN ACTION PLAN FROM THE WORLD'S  
FOREMOST EXPERT ON BUSINESS LEADERSHIP

# Leading Change

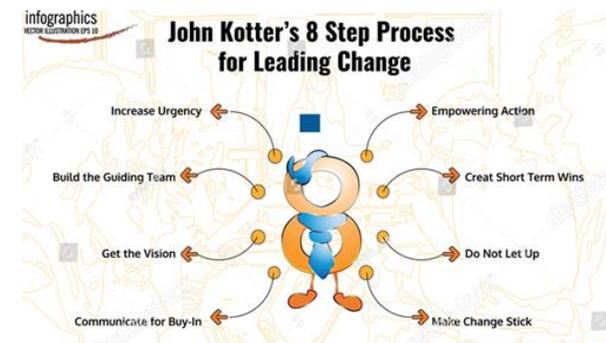


John P. Kotter

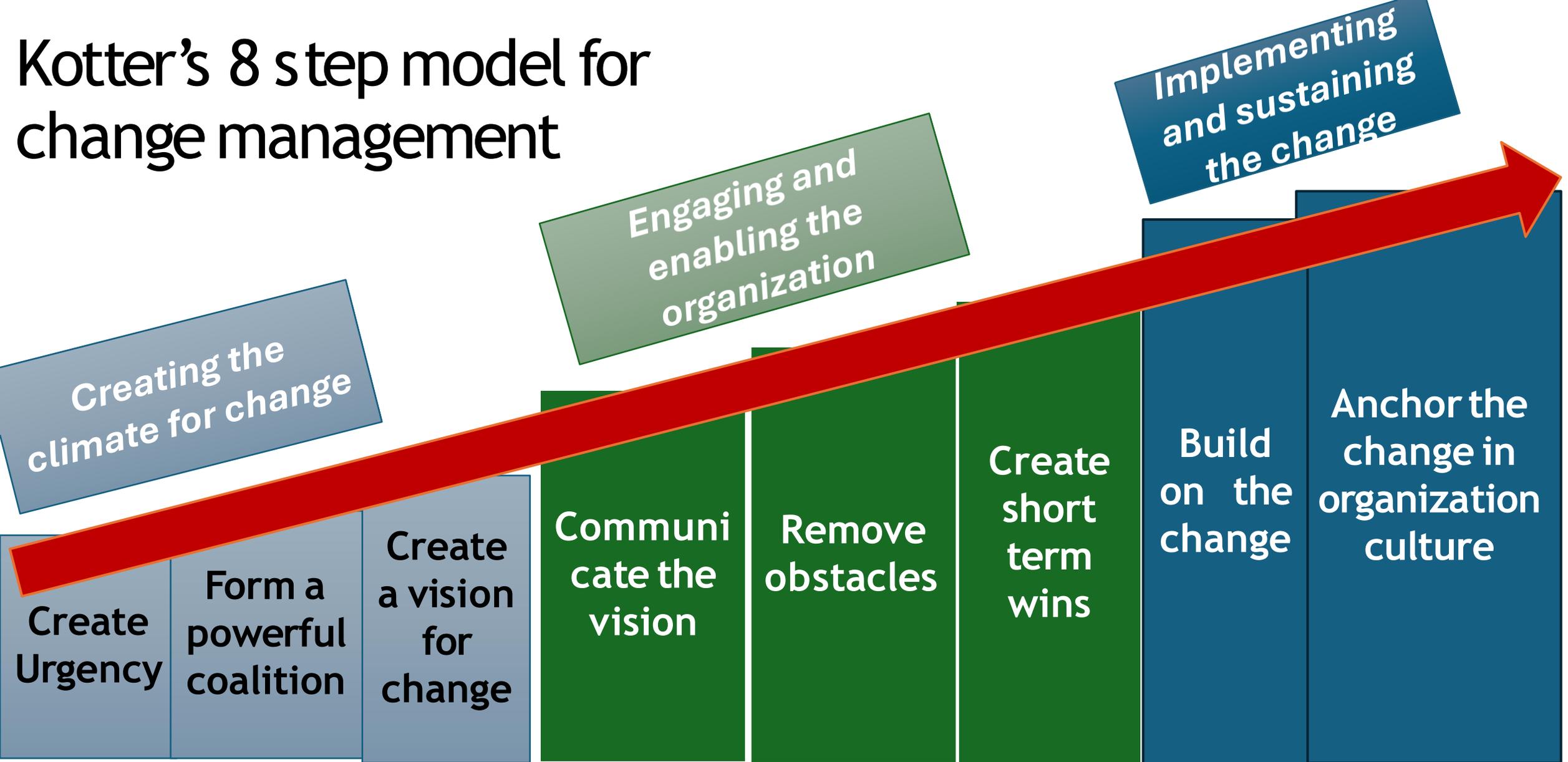
HARVARD BUSINESS SCHOOL PRESS

## Step 8: **Anchor** the changes in the organization culture

- **Talk about progress** every chance you get
- **Tell success stories** about the change process, and repeat other stories that you hear.
- Include the change ideals and values when hiring and training new staff
- **Publicly recognize key members** of your original change coalition, and make sure the rest of the staff – new and old – remembers their contributions
- Create plans to replace key leaders of change as they move on
- This will help ensure that their legacy is not lost or forgotten



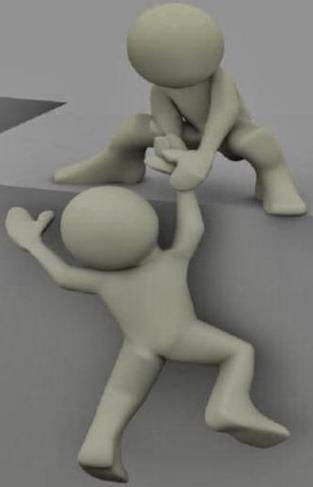
# Kotter's 8 step model for change management



# The Most Important Words

**Do good for others.**

It will come back in unexpected ways.



The **six** most important words: **"I admit I made a mistake."**

The **five** most important words: **"You did a good job."**

The **four** most important words: **"What is your opinion."**

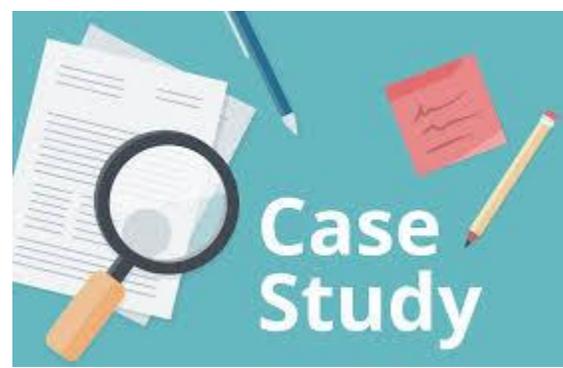
The **three** most important words: **"If you please."**

The **two** most important words: **"Thank you,"**

The **one** most important word: **"We"**

The **least** most important word: **"I"**.

*Author unknown*



# **Case study** : Kotter's model for change management to increase peer reviews for improving quality of radiation treatment

Reference: Reddeman L, Foxcroft S, Gutierrez E, et al. Improving the quality of radiation treatment for patients in Ontario: increasing peer review activities on a jurisdictional level using a change management approach. **J Oncol Pract.** 2016;12(1):81-2, e61-70.

# Problem



## 1. Create Urgency

- **Peer review** is a key component of **QA** in radiation medicine because it increases the likelihood of **identifying errors that may compromise treatment outcomes**, enhances safety and quality through **reduction of practice variations**, and promotes learning and skills development among radiation medicine professionals
- **An assessment identified considerable variation in the percentage of RT plans peer reviewed across 14 cancer centers**
- In response, Cancer Care Ontario [CCO] launched an initiative to increase peer review of plans for patients receiving radical intent RT

# Research Q



What is the impact of the CCO' s **Change Management** Strategy to accelerate the use of peer-review processes in radiation oncology across 14 cancer treatment centers?

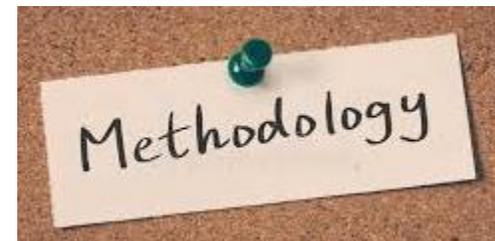
( Peer review - review of a radiation oncologist's proposed treatment plan by a second radiation oncologist)

# Methodology

## 2. Form a powerful coalition

The initiative was designed consistent with the **Kotter eight-step process for organizational transformation**

- A **multidisciplinary team** conducted site visits to promote and guide peer review and to develop education and implementation processes in collaboration with the centers
- A **centralized reporting infrastructure** enabled the monitoring of the percentage of RT courses peer reviewed and the timing of peer review (*before completion of 25% of treatment visits, after completion of > 25% treatment visits*).



# Kotter's 8 steps for change management

## 1. Create a sense of urgency



- At meetings of **Ontario's radiation medicine community**, CCO
  - ✓ emphasized the heightened level of **scrutiny on RT safety prompted by recent negative high-profile media coverage**
  - ✓ highlighted the contrast evident in programs that strongly endorse peer review in principle but differ in their peer review activities.
- These efforts were aided by the timely **publication of a landmark article by Peters et al on the survival advantage for patients whose treatment plans incorporated changes proposed by peer review QA on a randomized clinical trial.**

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## 2. Form a guiding coalition



- A **multidisciplinary project team** composed of provincial clinical quality leaders in radiation oncology, medical physics, and radiation therapy as well as CCO RTP staff
- They **encouraged stakeholders** at the cancer centers **to address discipline-specific barriers** and to promote peer review as a priority and responsibility for all radiation medicine professionals



### 3. Create a vision

## 4. Communicate the vision



### 5. Empower others to act on the vision / Remove obstacles

- The project team **developed a two-fold vision for the initiative**: To ensure that **all patients in Ontario have the benefit** of peer review of their RT plans and to **provide leadership to other jurisdictions (nationally and internationally)** that wish to benefit by learning from the Ontario experience
- This was achieved through **three tactics**.
  - ✓ Peer review was emphasized as a major **priority at key meetings of the radiation community**
  - ✓ **Site visits to each cancer center** secured the support of senior administrators and medical leaders
  - ✓ **Promotion of the initiative among frontline RT staff** who would be active participants in implementing the initiative
- The project team **equipped the cancer centers** with **approaches, tools, and technologies to increase peer review activities**
- Provided guidance on the incorporation of peer review rounds into local workflows, and education, training, and methods were collaboratively developed over a 1-year ramp-up period
- Local staff members, typically **radiation therapists**, were designated as **peer review QA coordinators**
- **Mechanisms for reporting** peer review activities were **added to the existing CCO centralized reporting infrastructure**
- **Patient-level data were available to the cancer centers** for audit purposes and to ensure confidence in CCO activity reporting
- At regional and provincial program meetings, centers could review and **seek advice on barriers to peer review and concerns about data reporting**.

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# Kotter's model

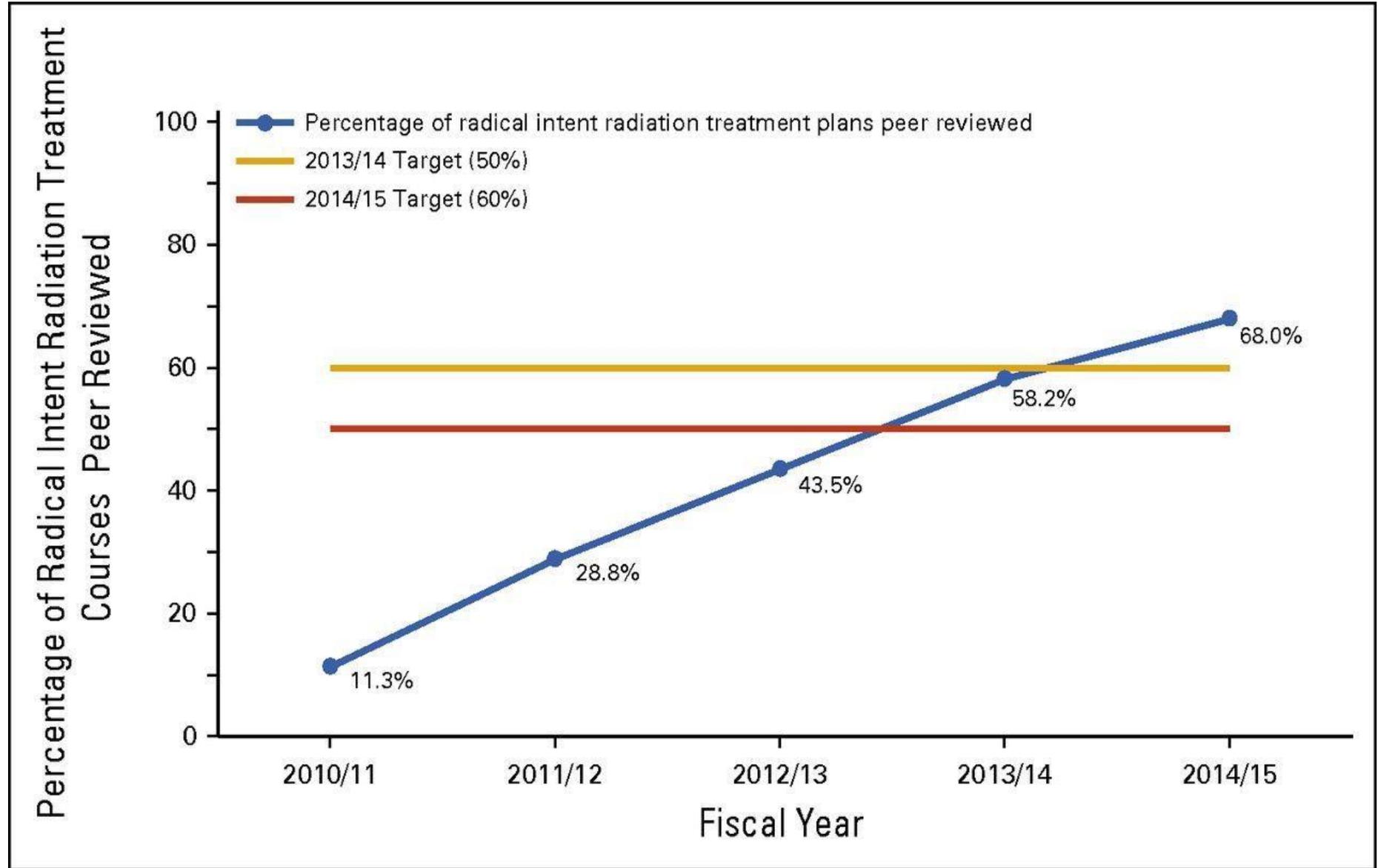
## 6. Plan and create short term wins



- Monitored performance metrics –
  - ✓ percentage of RT courses peer reviewed (percentage of completed courses peer reviewed over total completed courses) and the **timing of peer review (before treatment, < 25% treatment visits completed, > 25% treatment visits completed)**
- Analysis and reporting was conducted using iPort (Cancer Care Ontario, Canada), a business intelligence application based on MicroStrategy (Tysons Corner, VA)
- For short-term project objectives, CCO established **12-month performance targets** for the percentage of radical intent treatment courses peer reviewed
- **Shared quarterly peer review performance updates** and guidance on improving their peer review performance
- **Targets were not established for the timing of peer review in the early phases of the initiative because the objective was to support centers in increasing peer review activities.**

# Results

•Figure : Percentage of radical intent radiation treatment plans peer reviewed in Ontario cancer centers (April 2010 to March 2015).



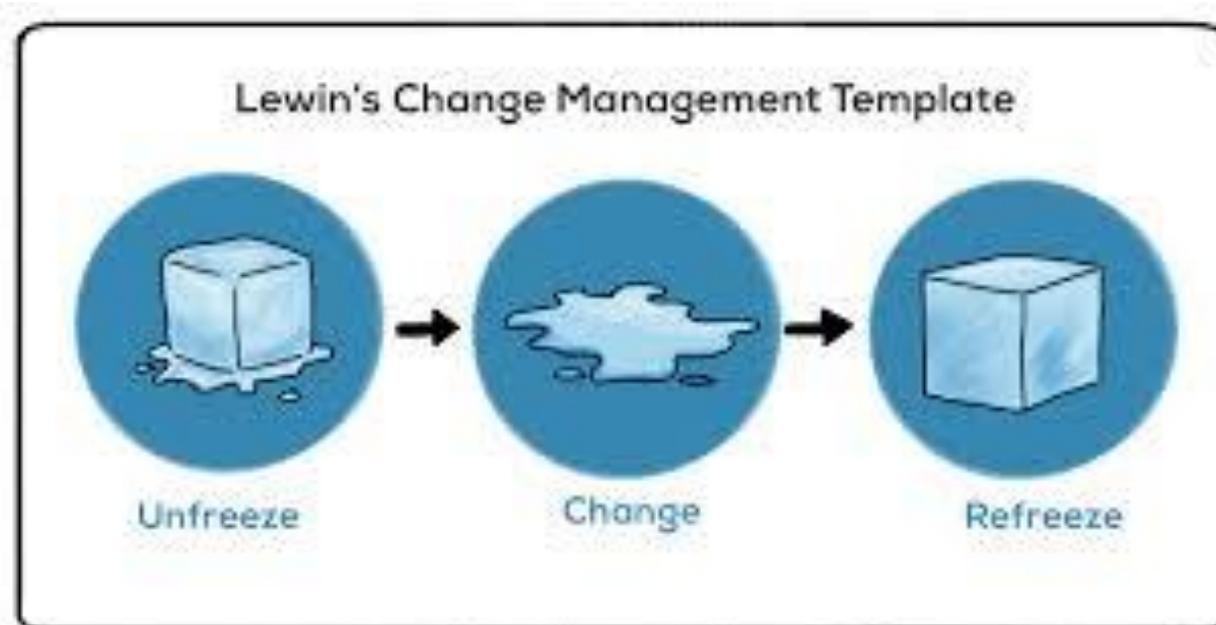
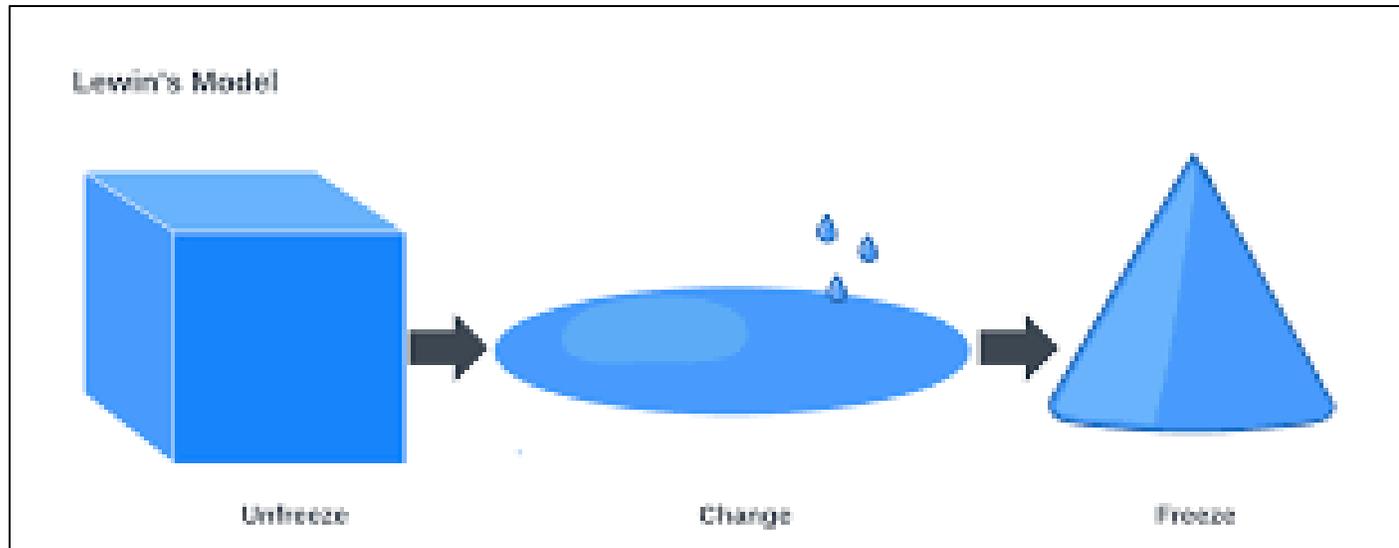
# Lewin's change model

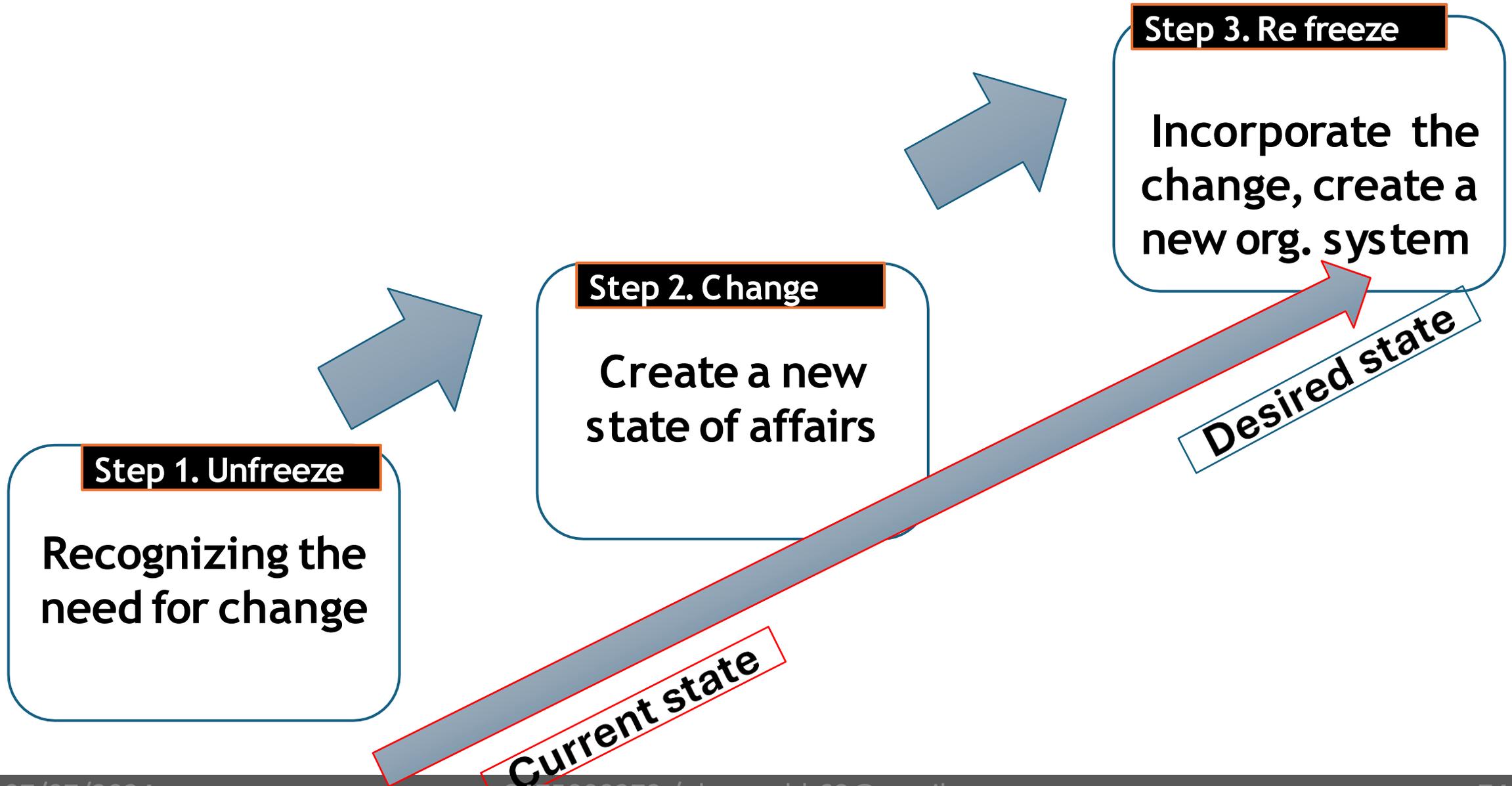
**Kurt Lewin**, a social scientist and a physicist explained organizational change using the analogy of shaping of a block of ice

**Unfreeze – Change - Refreeze**

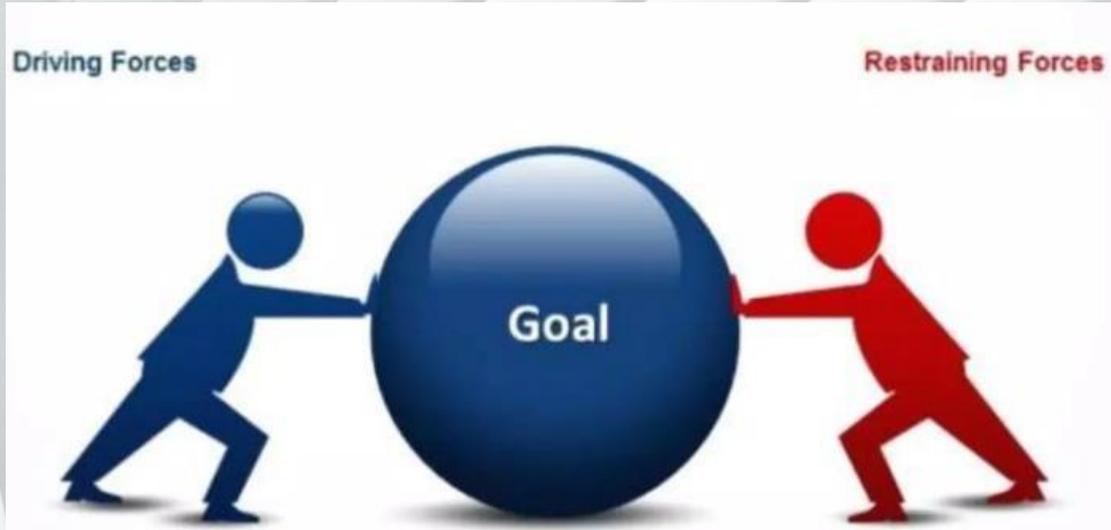
Kurt Lewin's model explains the **striving forces to maintain the status quo and pushing for change**







# Unfreezing



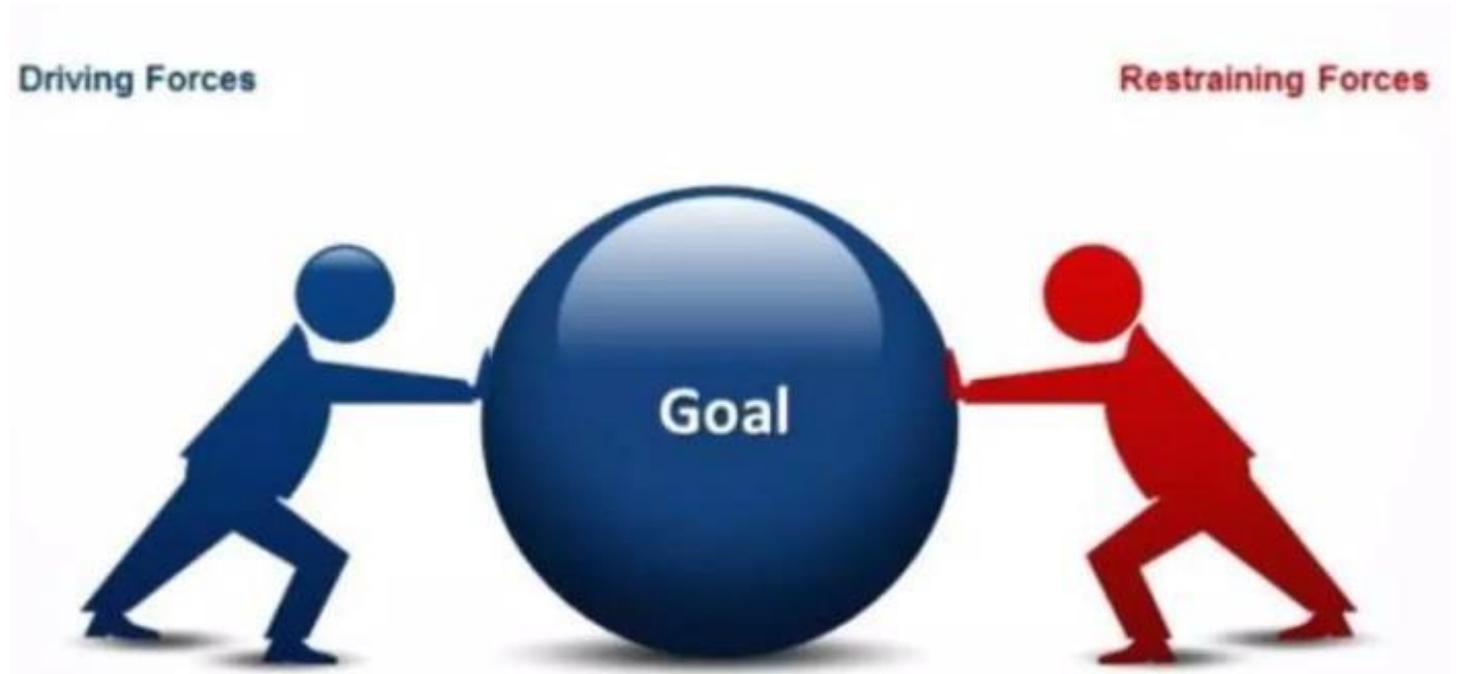
Process which enables people forego an old pattern to make way for a new one

Necessary to overcome the strains of individual resistance and group conformity

**Can be achieved by 3 ways:**

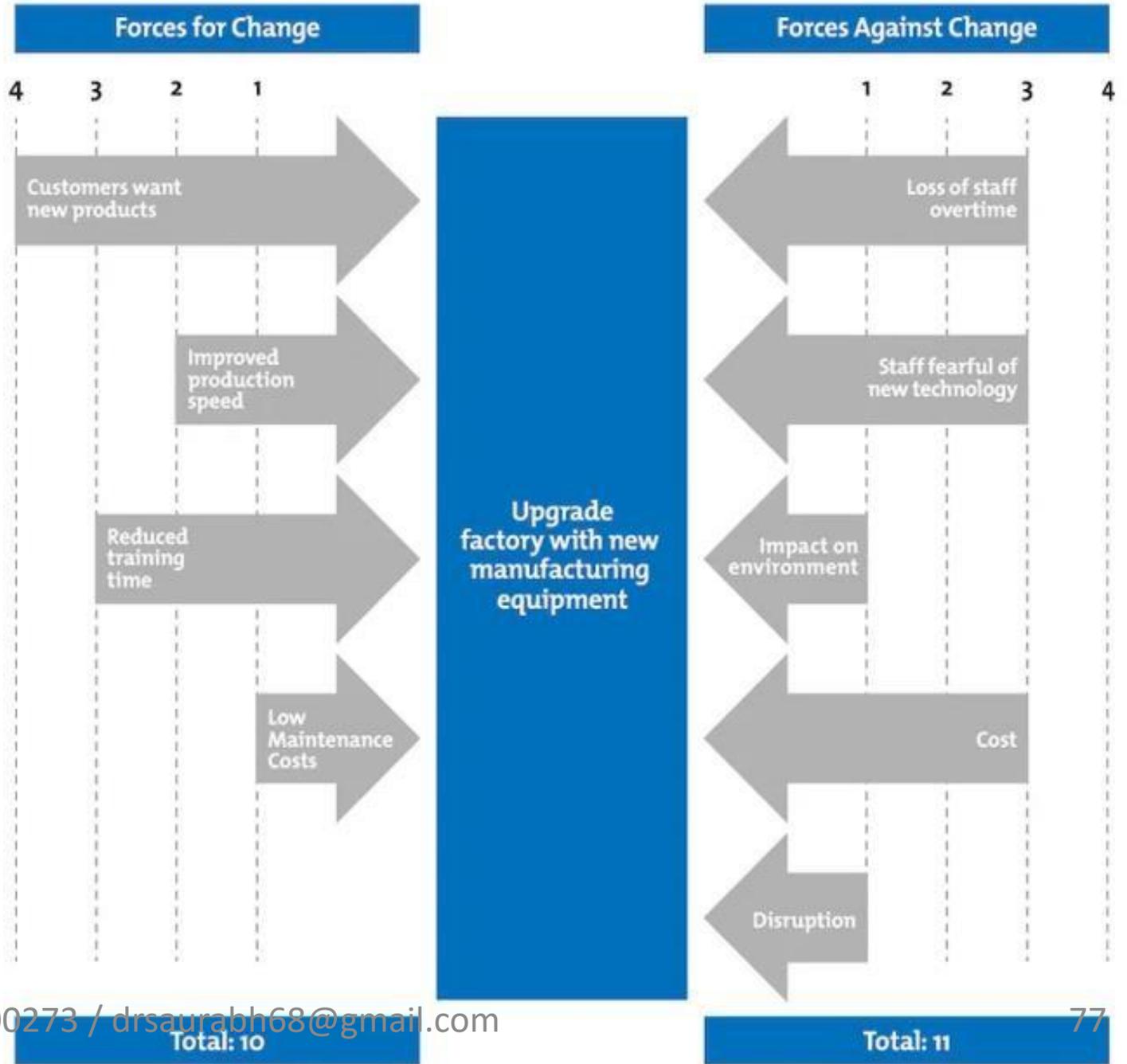
- **Enhance the driving forces** that force the behaviour away from the current situation or status quo
- **Decrease the restraining forces** that tilt the situation back to status quo
- **Combination of both**

# Force field analysis (Lewin, 1947)

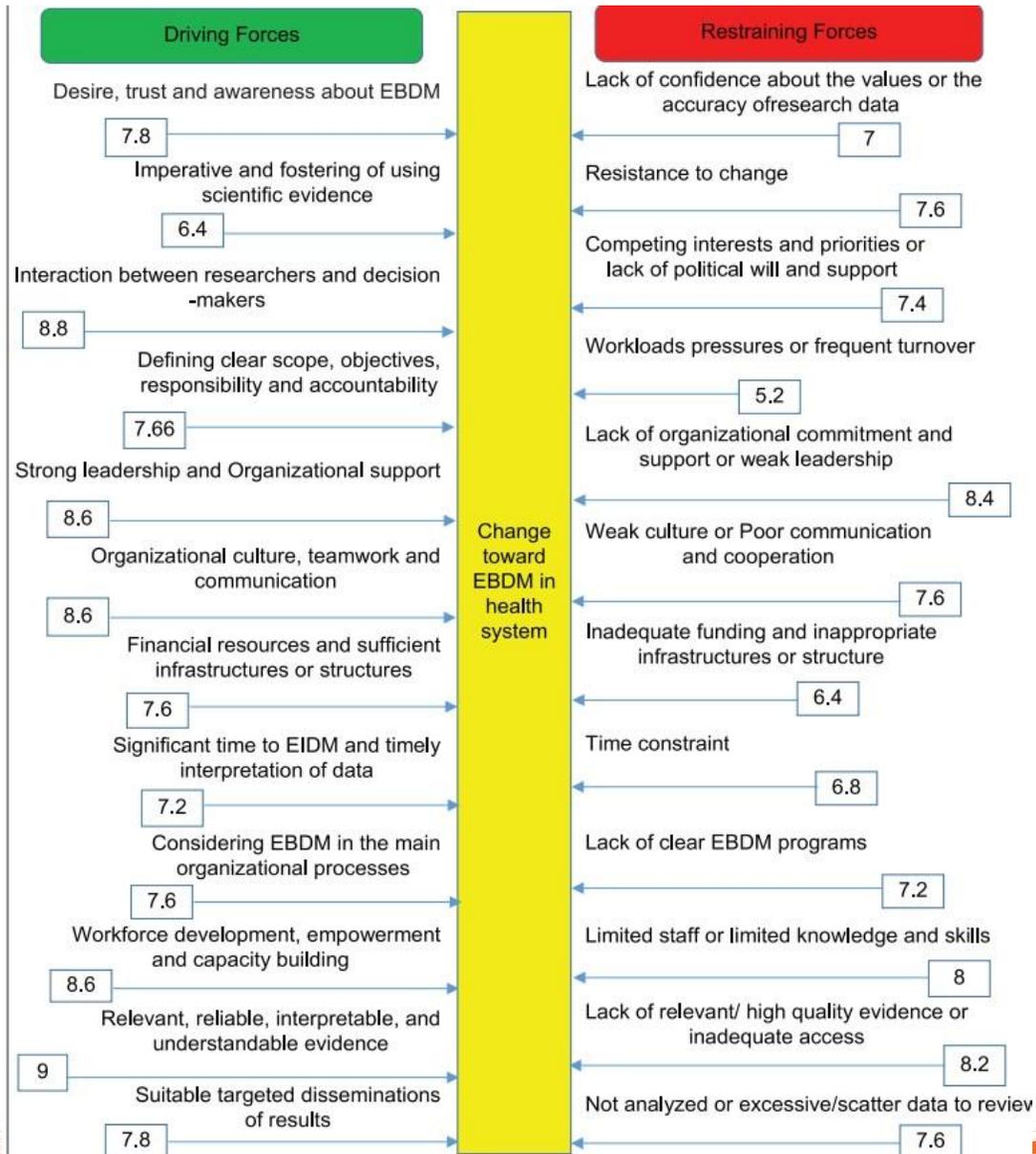


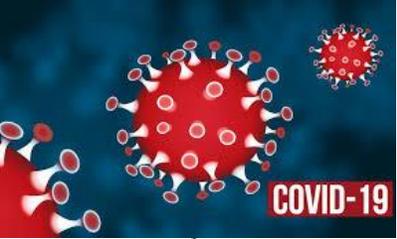
- An issue is held in balance by the interaction of two opposing sets of forces – those seeking to promote change (**driving forces**) and those attempting to maintain the status quo (**restraining forces**)

# Forcefield analysis - example



# Evidence-based decision-making in health systems





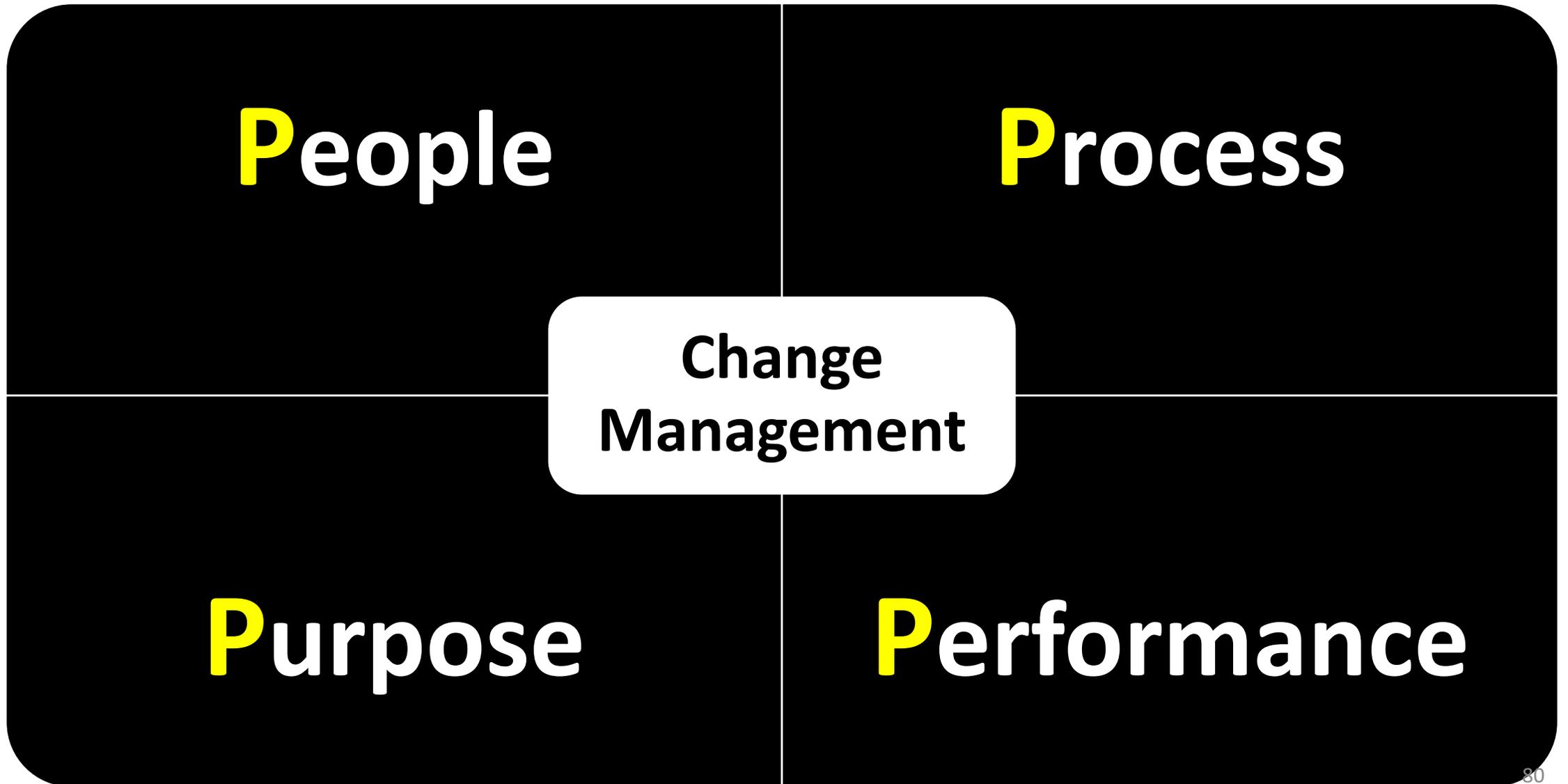
# Lewin's 3-Step Change Model: A COVID-19 Change Process

	<b>UNFREEZING</b> <i>(January – March 2020)</i>	<b>MOVING</b> <i>(April – June 2020)</i>	<b>REFREEZING</b> <i>(July – September 2020)</i>
<b>Environment of Care</b>	<ul style="list-style-type: none"> <li>✦ Transition to new clinic construction</li> <li>✦ Joint Commission extension survey prep</li> <li>✦ Establish access control points &amp; screening questions</li> </ul>	<ul style="list-style-type: none"> <li>✦ Deliberate risk assessment worksheets</li> <li>✦ Universal mask/Face covering</li> <li>✦ Facility modifications Phase II</li> </ul>	<ul style="list-style-type: none"> <li>✦ Facility modifications Phase III</li> <li>✦ Updated Mask policy</li> </ul>
<i>Increased measures to protect staff and patients    Risk reduction</i>			
<b>Healthcare Operations</b>	<ul style="list-style-type: none"> <li>✦ Phased approach to care delivery</li> <li>✦ Begin transitioning routine care to virtual appointments</li> </ul>	<ul style="list-style-type: none"> <li>✦ Acute care only in primary and specialty care; closure of select services; ~ 95% virtual</li> <li>✦ Transition Primary Care &amp; Behavioral Health alternative schedule</li> <li>✦ COVID specific services</li> </ul>	<ul style="list-style-type: none"> <li>✦ Consolidation of COVID specific services</li> <li>✦ Review of F2F vs. Virtual templates per service line</li> <li>✦ Re-opening preparations</li> </ul>
<i>Reduction in clinical services    Increased virtual care    Ancillary service modifications</i>			
<b>Organizational Infrastructure</b>	<ul style="list-style-type: none"> <li>✦ Established Emergency Operations Center</li> <li>✦ Telework/Mission Essential review &amp; validation</li> <li>✦ Contingency stock management</li> </ul>	<ul style="list-style-type: none"> <li>✦ Common Operating Picture Dashboard</li> <li>✦ Improve IT solutions for care delivery</li> <li>✦ Internal / external communication</li> </ul>	<ul style="list-style-type: none"> <li>✦ Return to Work</li> <li>✦ High Risk Algorithm</li> </ul>
<i>Increased burden on the resources    Critical staffing shortages due to downsizing    Maximize telework</i>			

Source : Coulter, Daniel T, **"Operationalizing Lewin's 3-Step Change Model in the Outpatient Setting: A COVID-19 Case Study"** (2021).

MUSC Theses and Dissertations. 563. <https://medica-musc.researchcommons.org/theses/563>

# 4 P- illars of Change management-





**I am not afraid of an army of lions led by a sheep; I am afraid of an army of sheep led by a lion (Alexander the Great)**



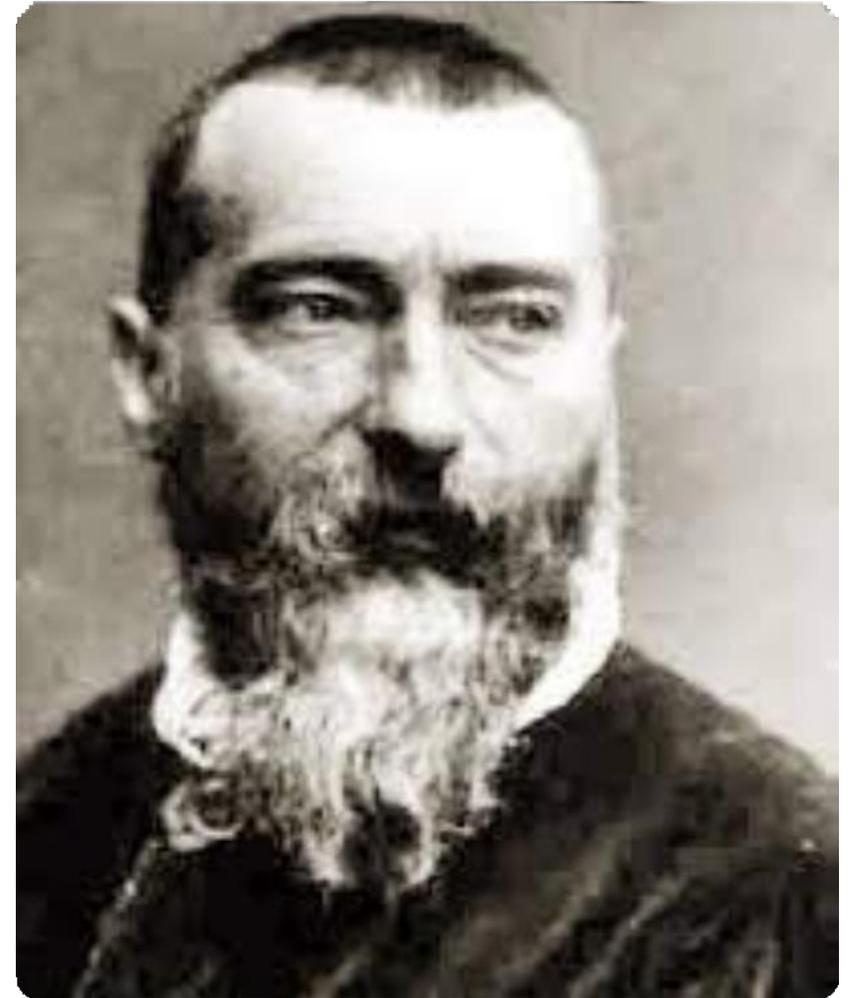
**A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say : we did it ourselves (Lao-Tze)**

**BUILD A  
TEAM SO  
STRONG  
THAT NO ONE  
CAN POINT  
OUT THE  
LEADER.**



*"Plus, ça change, plus c'est la même chose"*

**"The more it changes, the more it's the same"**



Alphonse Karr (1809-90)  
French novelist and journalist



# Thank you

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