LEADERSHIP AND CHANGE MANAGEMENT

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- Two change management models
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Why change management for leaders?

Context

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

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

Changes in health sector

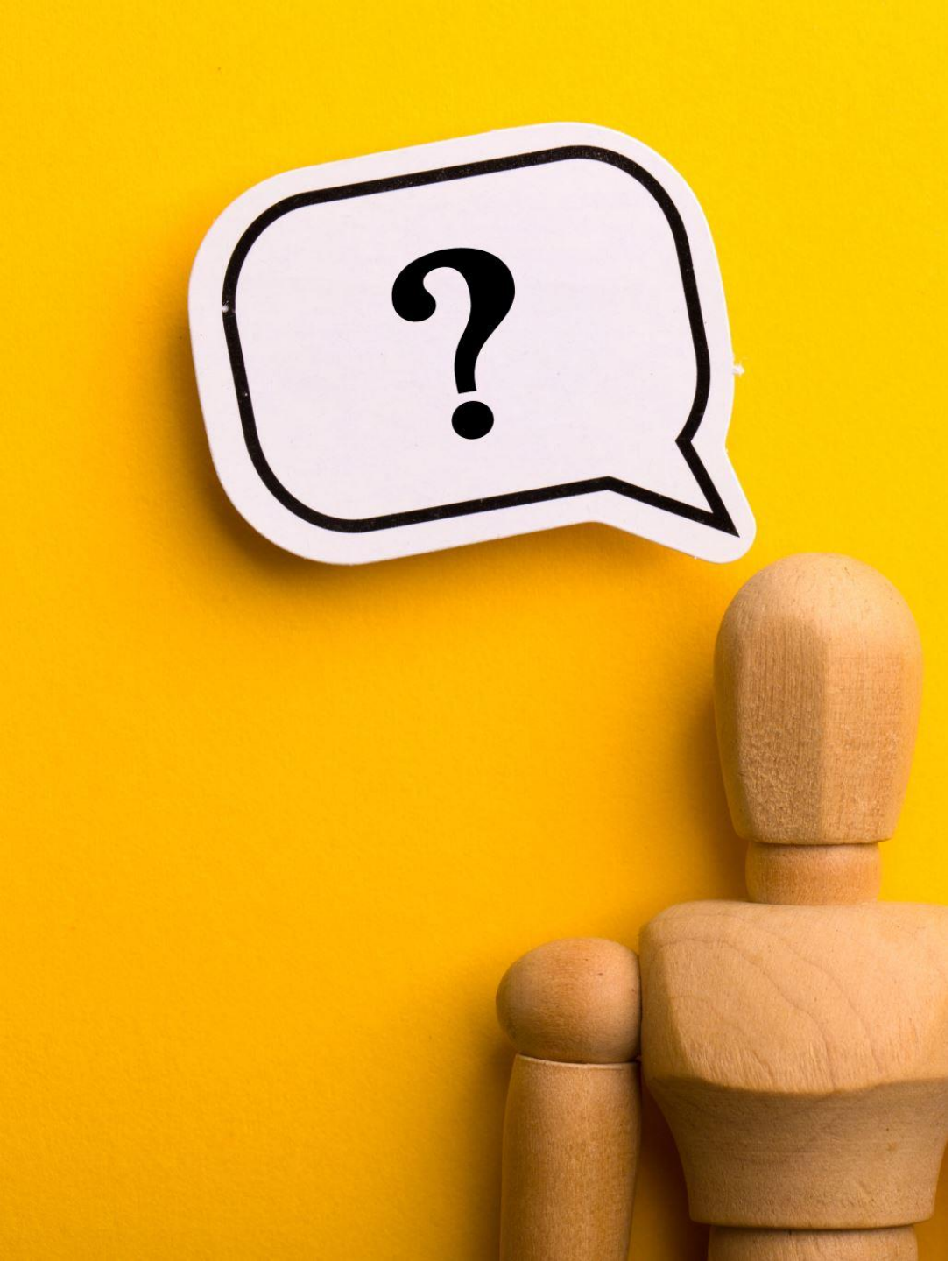
- Epidemiology of diseases/emerging/re emerging infections
- Advances in health sector
- Evidence based practice
- Universal health coverage
- Quality of care
- Health as a human right
- Health in a business model
- Invasion of technology

Can leadership alone drive change ?

- Soft factors – communication, motivation, organization culture
- Hard factors- A 225 company study revealed a consistent association of outcomes of change programmes with 4 factors which were then used

The 4 factors - DICE

- **D** - **Duration** of time until the change project is completed
- **I** - The project team's performance **Integrity** (capability) to complete the project on time – dependent on skills and traits
- **C** – The **Commitment** to change displayed by the top management and the affected staff
- **E** – The **Effort** over and above the usual work that staff are willing to make for the change initiative

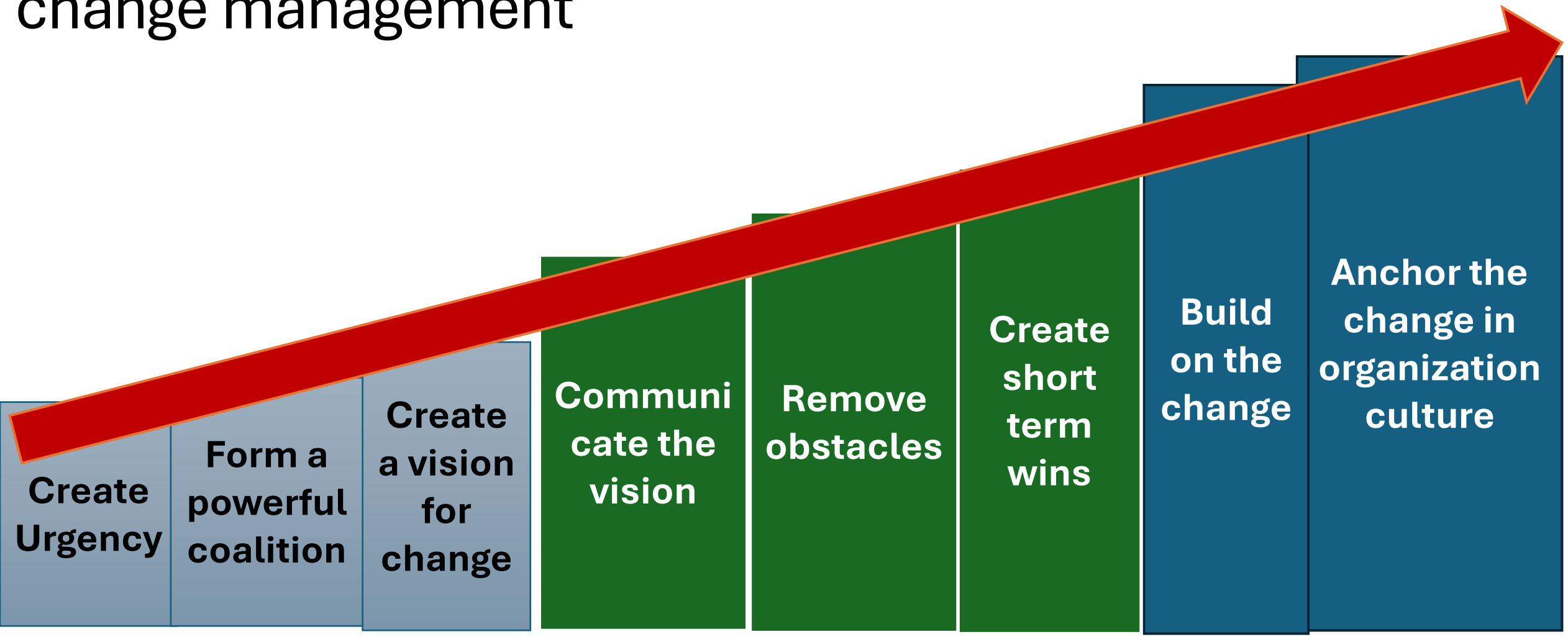


What has not changed ?

- Increase revenue/profit or cut down costs
- Improve efficiency and/or effectiveness

John Kotter, Konosuke Matsushita Professor of Leadership, Emeritus, at the Harvard Business School

Kotter’s 8 step model for change management



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…….]

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

Step 3: Create change vision and Strategy

- Invest in a commitment to shape the future
- 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

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

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

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 !

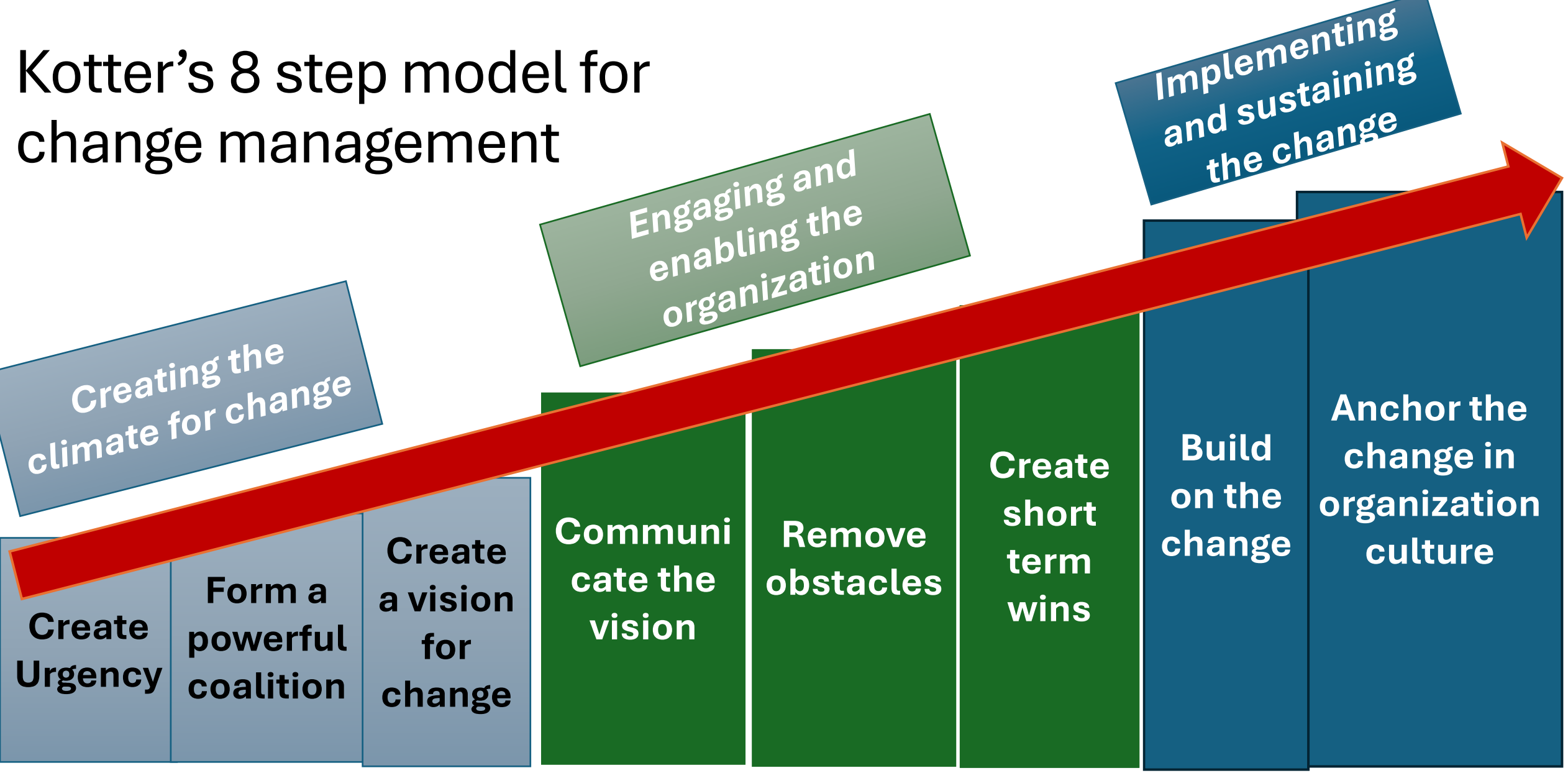
Step 7: Build on the change

- 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

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



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

- 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

- 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

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.
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

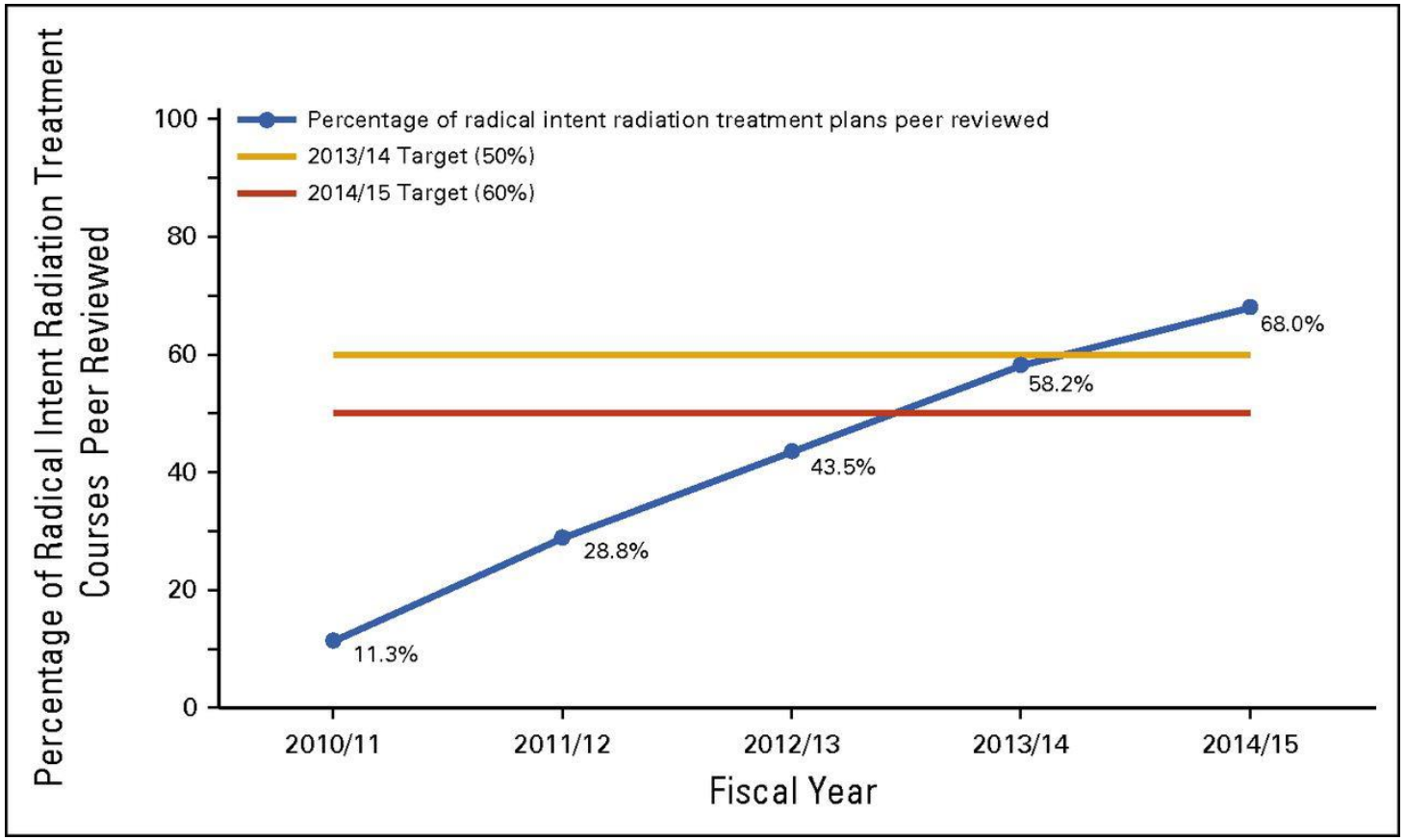
Create a vision	• The project team developed a two-fold vision for the initiative: To ensure that all patients in Ontario have the benefit of peer review of their RT plans and to provide leadership to other jurisdictions (nationally and internationally) that wish to benefit by learning from the Ontario experience
Communicate the vision	• Promotion of the peer review concept and initiative vision to gain buy-in from key stakeholders at the cancer centers .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 initiate
Empower others to act on the vision	• The project team equipped the cancer centers with tangible 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.

Kotter's model

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) ✓The initial focus was on radical intent RT plans (ie, plans that deliver radiotherapy as definitive or [neo]adjuvant treatment with curative intent] • 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).*

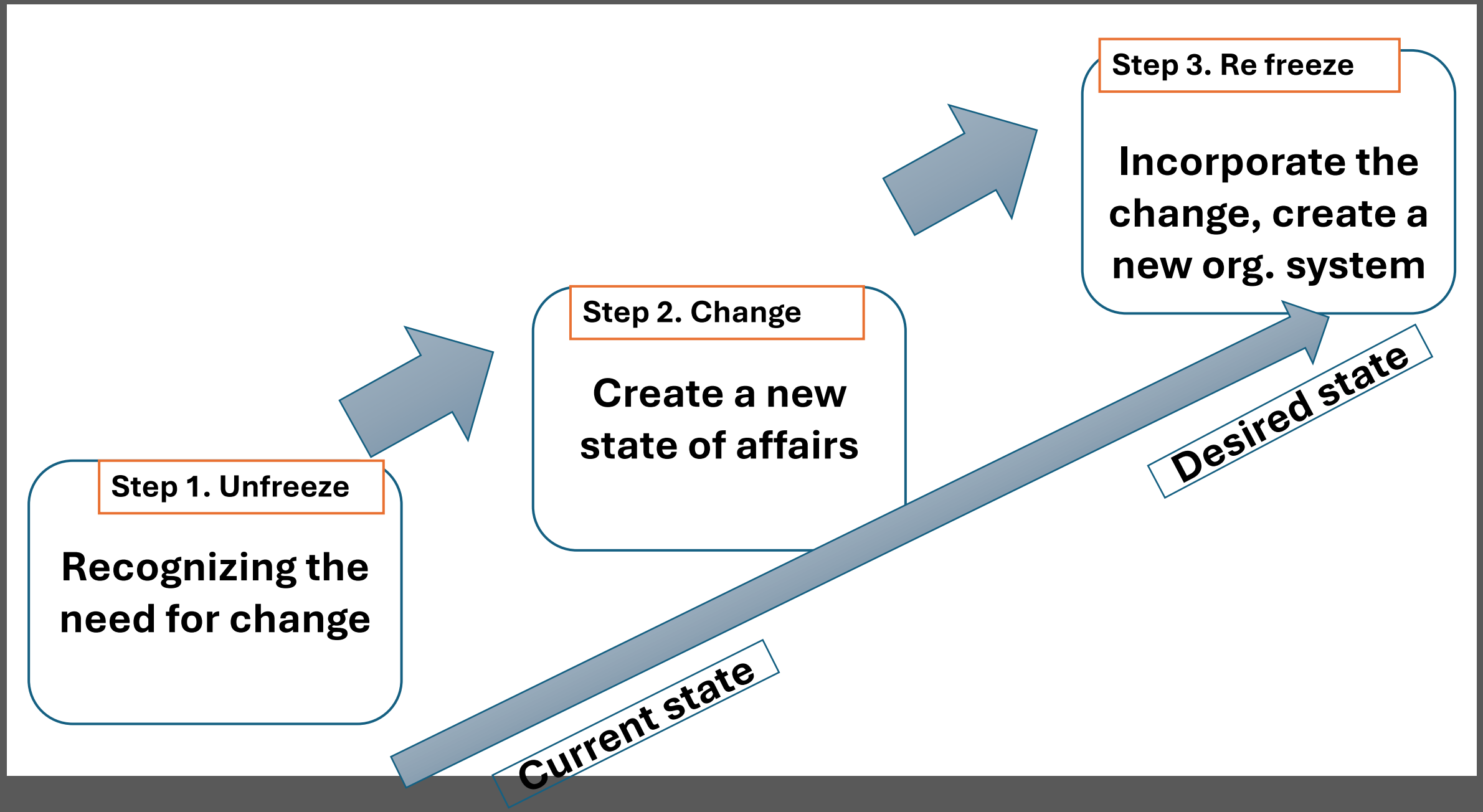


Challenges

Challenges	Actions
Lack of a clear definition for peer review specific to RT	• Definition : the evaluation of creative work or performance by other individuals in the same field to enhance the quality of the work or performance, by adding a specific criterion that a second radiation oncologist be involved
Guidance on conducting peer review limited	• Developed guidance documents to minimize variation in quality of peer review processes
Concerns about high workload, medico legal implications	-

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


Step 1. Unfreeze
Recognizing the need for change
Step 2. Change
Create a new state of affairs
Step 3. Re freeze
Incorporate the change, create a new org. system
Current state
Desired state

Unfreezing

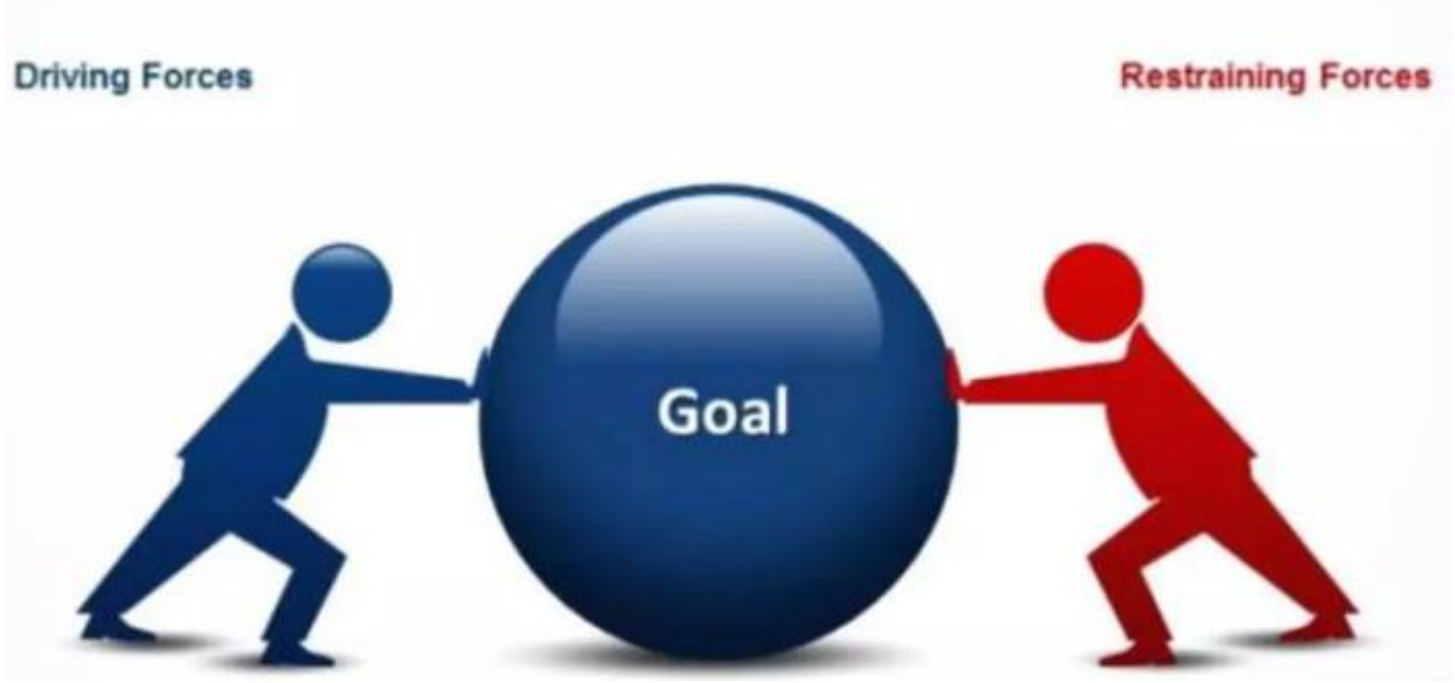
Process which enables people forego an old pattern to make way for a new one

Necessary to overcome the strains of individual resistance and group conformity

Can be achieved by 3 ways:

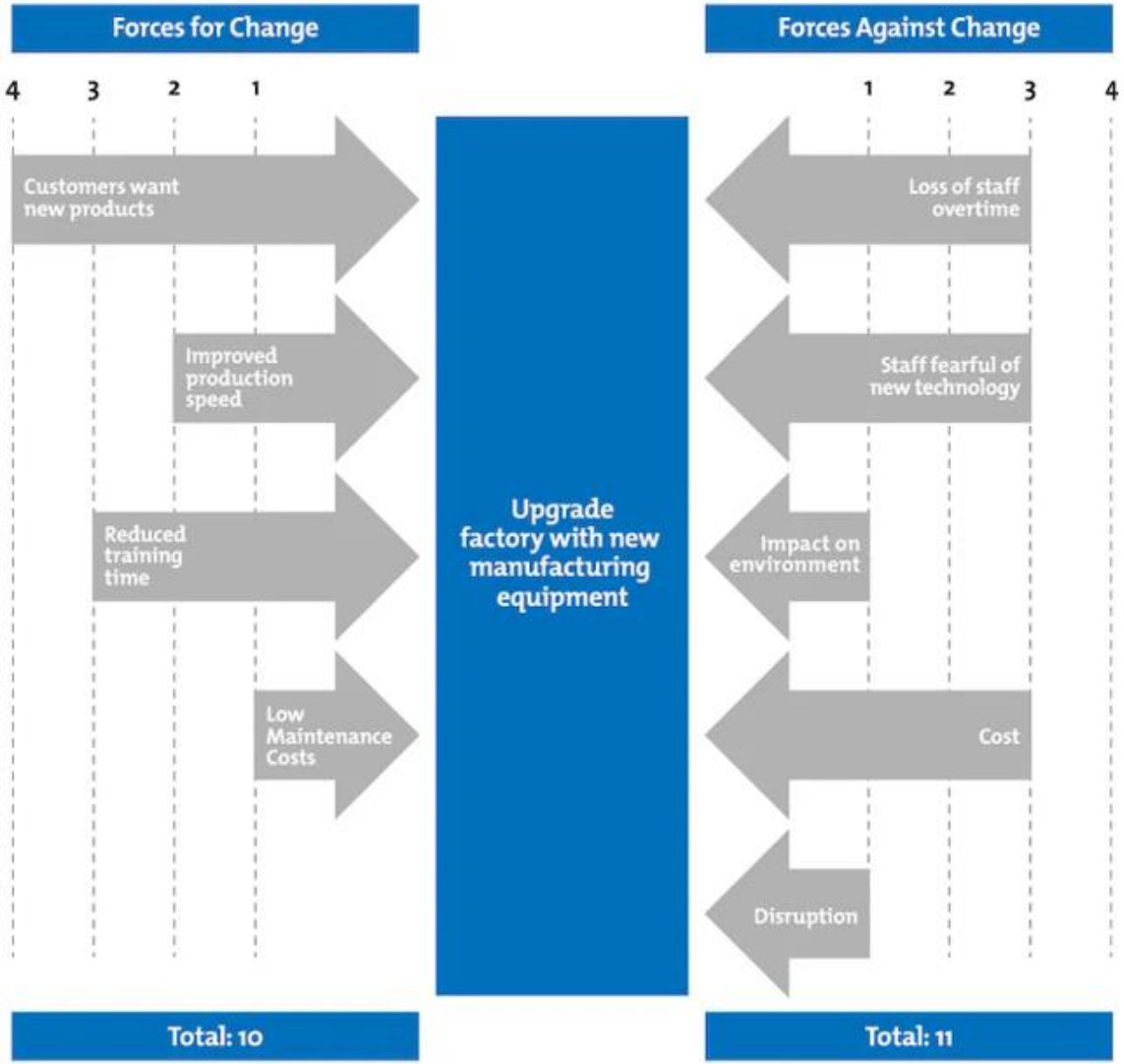
- Enhance the driving forces that force the behaviour away from the current situation or status quo
- Decrease the restraining forces that tilt the situation back to status quo
- Combination of both

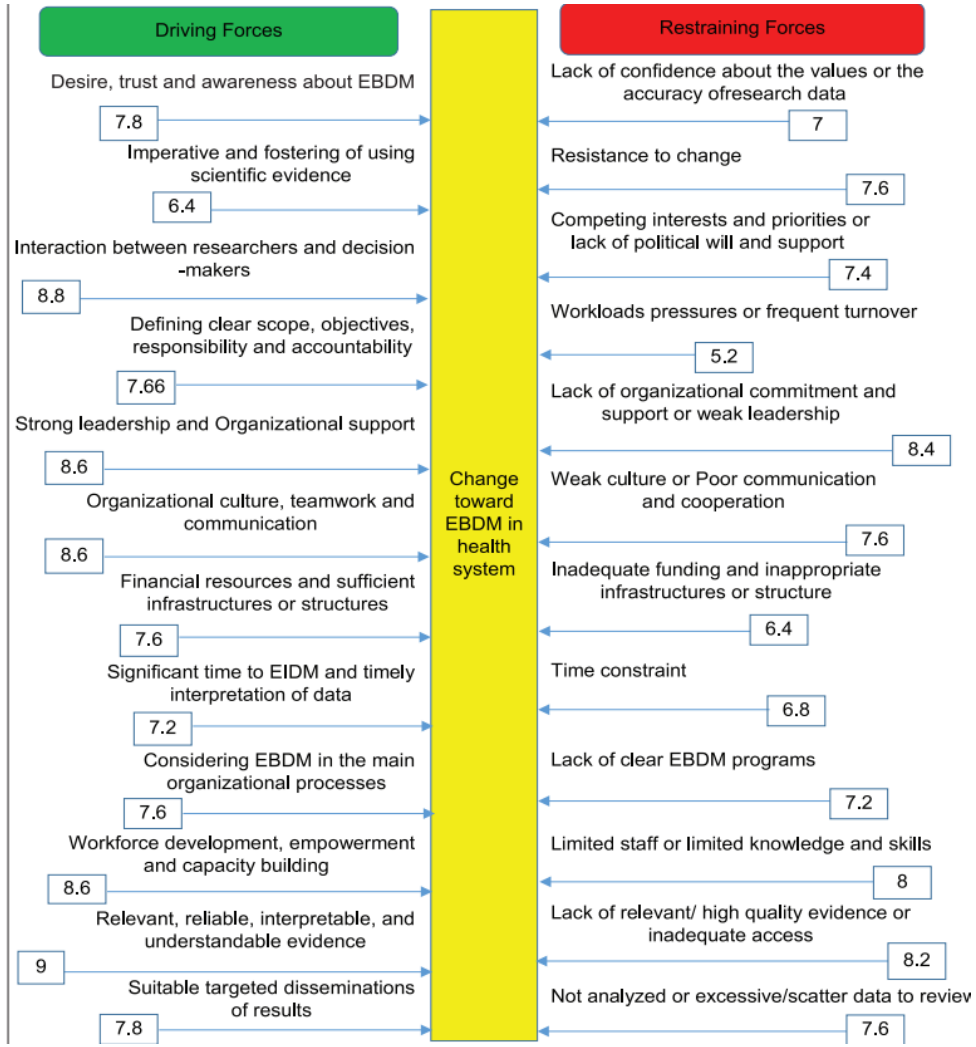
Force field analysis (Lewin, 1947)



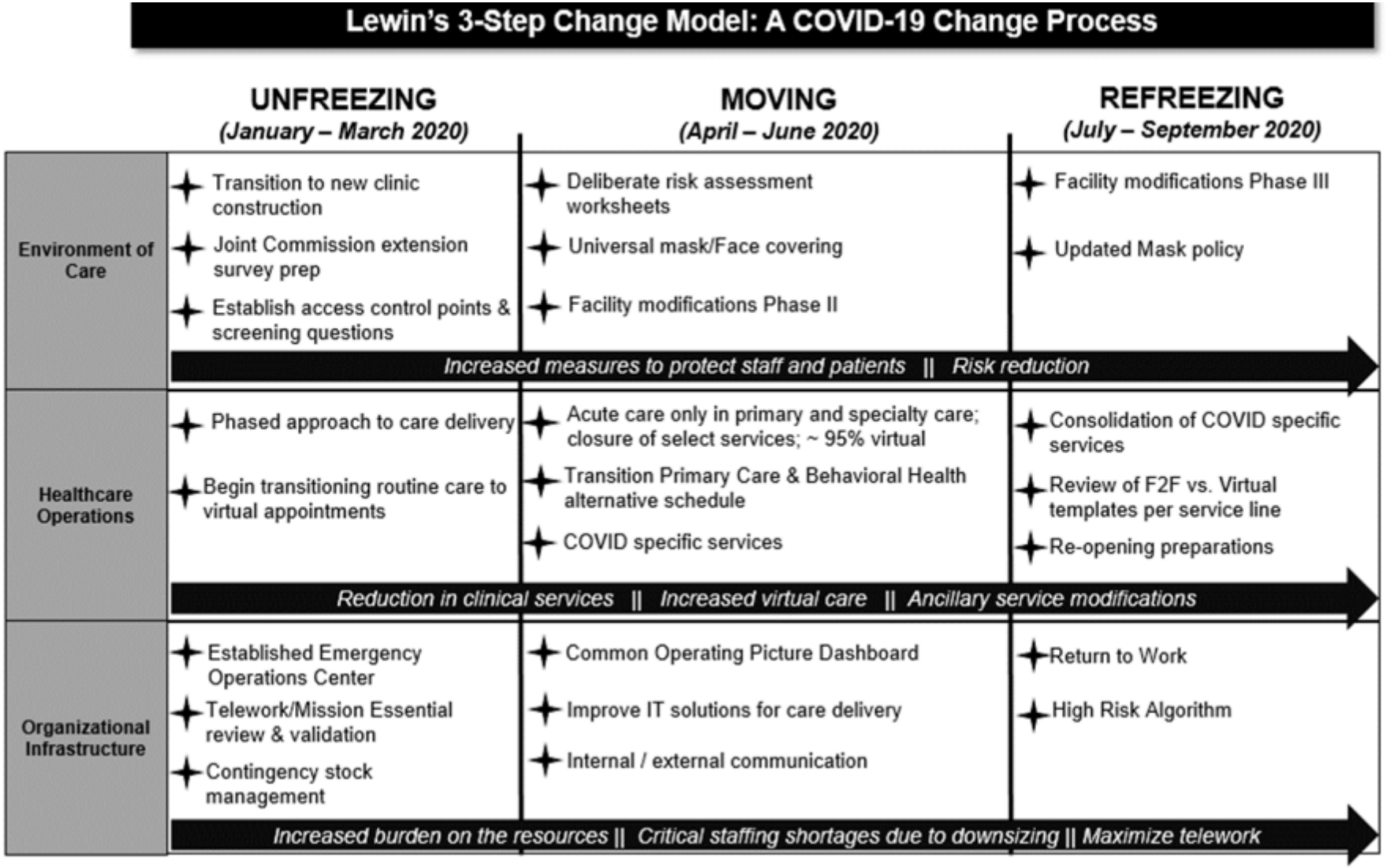
- An issue is held in balance by the interaction of two opposing sets of forces – those seeking to promote change(driving forces) and those attempting to maintain the status quo (restraining forces)

Forcefield analysis - example





Source : Shafaghat T, Zarchi MK, Nasab MH, Kavosi Z, Bahrami MA, Bastani P. Force field analysis of driving and restraining factors affecting the evidence-based decision-making in health systems; comparing two approaches. J Edu Health Promot 2021;10:419



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

- 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”

Alphonse Karr (1809-90)
French novelist and journalist

“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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Scenario

- A large metropolitan, publicly-funded hospital in Sydney, Australia is undergoing a multimillion-dollar development project to meet the growing needs of the community
- This hospital has undergone a number of other changes over the last two decades, including incremental increases in size
- Since its opening in the mid 1990s (with approximately 150 beds), several buildings have been added over the years. The hospital now has multiple buildings and over 500 beds

- *"My biggest uncertainty at the moment is the fact that I'm really concerned about whether I'm actually going to get enough staff"*
- *"But I suppose some of the issues stem from the fact that you never know how many beds we are able to open based on the funding from the government, and that is what is still up in the air"*
- *"Excitement will be way gone. It's more to deal with that stress and the workload of other staff"*
- *"Brings with it the fear, of how will we treat so many patients with nursing when you have one to one and the rooms are closed. That is a constant worry"*
- *"Single rooms are great for patients and everything but I think it becomes a bit more isolated for staffing"*
- *It doesn't really matter… I could be providing it [patient care] in a tent or a building.*
- *"We've all put up with whatever since whenever and I'm done, I'm so done"*

Pomare C, Churruca K, Long JC, Ellis LA, Braithwaite J. Organisational change in hospitals: a qualitative case-study of staff perspectives. BMC Health Serv Res. 2019 Nov 14;19(1):840. doi: 10.1186/s12913-019-4704-y. PMID: 31727067; PMCID: PMC6857127.