Change Leadership and Physician Engagement

Alberta Quality Summit

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Benefits of Physician Engagement: The Obvious and Not So Obvious

- Contribute knowledge and expertise; solutions will be better for physician input
- Develop more realistic expectations of what is possible
- Have greater commitment to solutions; successful implementation more likely
- Builds trust and partnership between physicians and management when physicians experience they have influence on outcomes
- **Helps physicians move through psychological transition associated with change**

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But Physician Mindset & History Create Challenges

- Past experience “demonstrates” requests to engage are not sincere
- The tradition of two parallel tracks (physicians on one management on the other) results in little experience in collaborating
- Autonomy is key aspect of physician culture and viewed as critical to achieve quality
- Traditionally the role of a physician leader has been to secure resources and keep management at bay
- Little accountability to adhere to standard work reduces need to engage

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While Judging Others Is Natural…

You never get what you want when you make someone else wrong!

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Actions That Foster Engagement

- Build trust: meet legitimate needs, be transparent, address baggage
- Avoid quick fix when change challenges physician identity
- Raise, don't extinguish, urgency for change
- Use change agents effectively – to foster physician sponsorship of changes affecting physicians
- Ensure fair engagement process and merit-based decisions

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Build Trust: Meet Legitimate Needs

- A real situation: Scrubs unavailable Monday morning when needed
- After multiple reports and no change, physicians conclude admin doesn't care
- Consequently physicians don't feel obligated when admin requests their involvement for improvement
- What are the "no-scrubs-when-needed" issues you could address as a priority?

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Build Trust: Be Transparent

- Not sharing information fuels suspicion and prevents physicians from helping solve problems
- Further trust by proactively communicating and being transparent whenever possible
- Practical solutions grow out of understanding context

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Build Trust: Address Baggage

- Baggage from past or recent interactions can get in the way of trust
- Mistrust usually flows both ways
- Invest in candid conversation if needed to let go of baggage
  - What do I/we do that results in the other group having an impression of us that is unhelpful?
  - What can I/we do to build greater trust?
- Act differently based on insights and discovery

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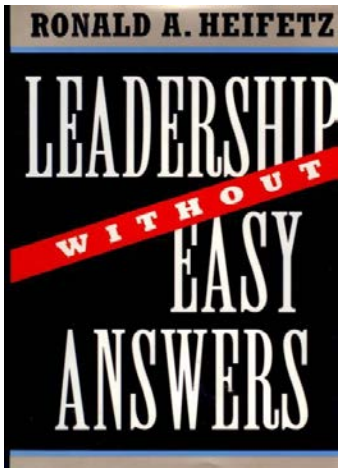
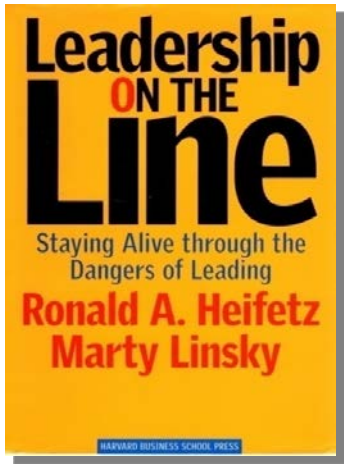
Two Kinds of Change

Technical

- Well defined problem
- Known solution
- Clear implementation





Adaptive

- Complex challenge
- Need to give up long-standing habits and deeply held assumptions and values
- Loss and frustration
- New ways of thinking, new relationships required

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An Easily Adopted Technical Change

- Instant benefits
- No angst or challenge to personal identity
- Intuitive to use, similar to other changes, or someone else does know and can show the way

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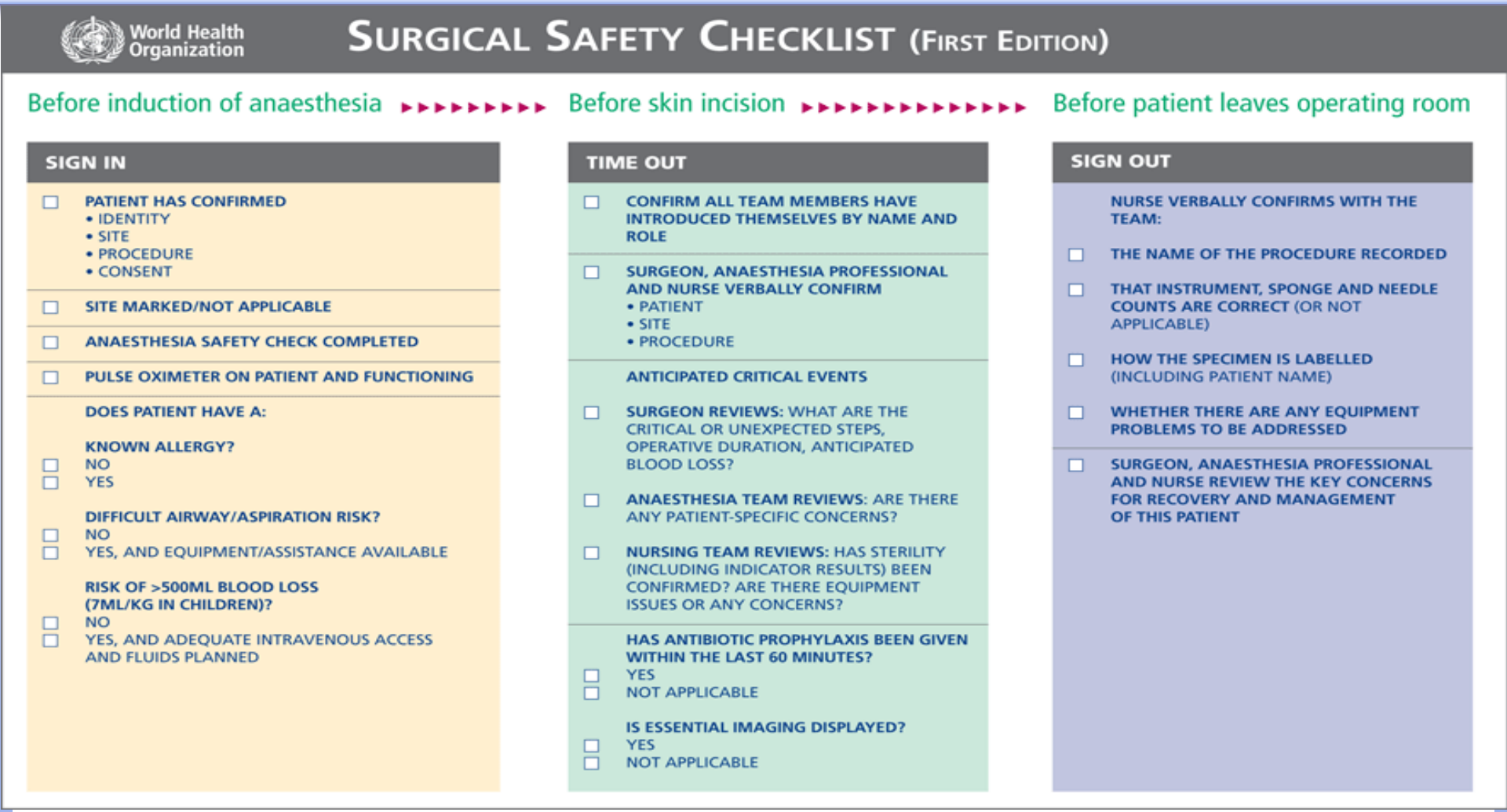
An Adaptive Challenge



World Health Organization

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ▸▸▸▸▸▸▸▸▸ Before skin incision ▸▸▸▸▸▸▸▸▸▸▸▸▸ Before patient leaves operating room

SIGN IN

- ☐ PATIENT HAS CONFIRMED
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- ☐ SITE MARKED/NOT APPLICABLE
- ☐ ANAESTHESIA SAFETY CHECK COMPLETED
- ☐ PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE A:

KNOWN ALLERGY?
- ☐ NO
- ☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
- ☐ NO
- ☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
- ☐ NO
- ☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

TIME OUT

- ☐ CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - PATIENT
  - SITE
  - PROCEDURE

ANTICIPATED CRITICAL EVENTS

- ☐ SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ☐ ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
- ☐ NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
- ☐ YES
- ☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?
- ☐ YES
- ☐ NOT APPLICABLE

SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:

- ☐ THE NAME OF THE PROCEDURE RECORDED
- ☐ THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
- ☐ HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
- ☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

Technical Solutions Are Good

But not sufficient when the problem is adaptive!

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Adaptive Work: Engagement is Key

"... when 'the people with the problem' go through a process together to become 'the people with the solution.' The issues have to be internalized, owned, and ultimately resolved by the relevant parties to achieve enduring progress."

- Heifetz and Linsky, *Leadership on the Line*

Wisdom from Ronald Heifetz

"The most common cause of failure to make progress is treating an adaptive problem with a technical fix."

Technical fixes

- Incentives or compensation
- Reorganization
- Issuing new vision statement
- Branding a "service line"

Adaptive solutions

- Giving authority to solve problems to the implementers
- Discussion that allows respectful airing of difference
- Bringing conflict to the surface and constructively resolving it

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Implications

- If the change challenges long-held assumptions or professional identify, resist providing a solution and “rolling it” out. Invest in engagement
- Anticipate people will avoid adaptive change – it creates unease.
- Attempting a quick fix in these situations is likely to be short-lived or generate cynicism

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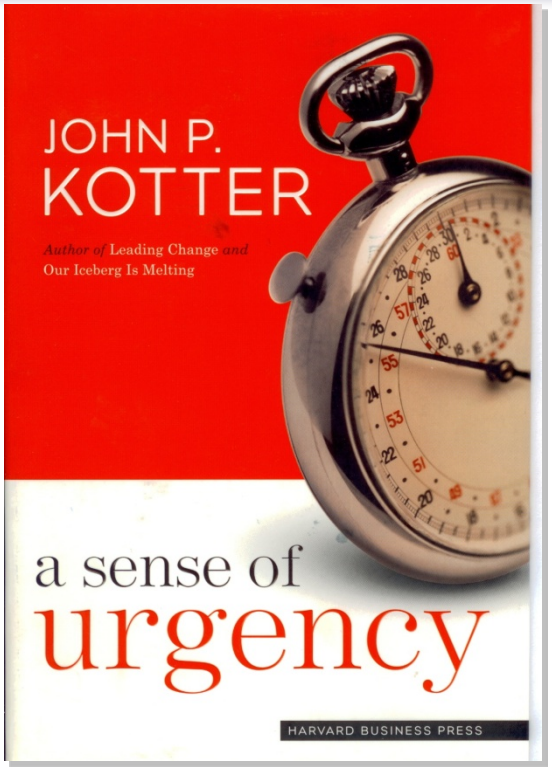
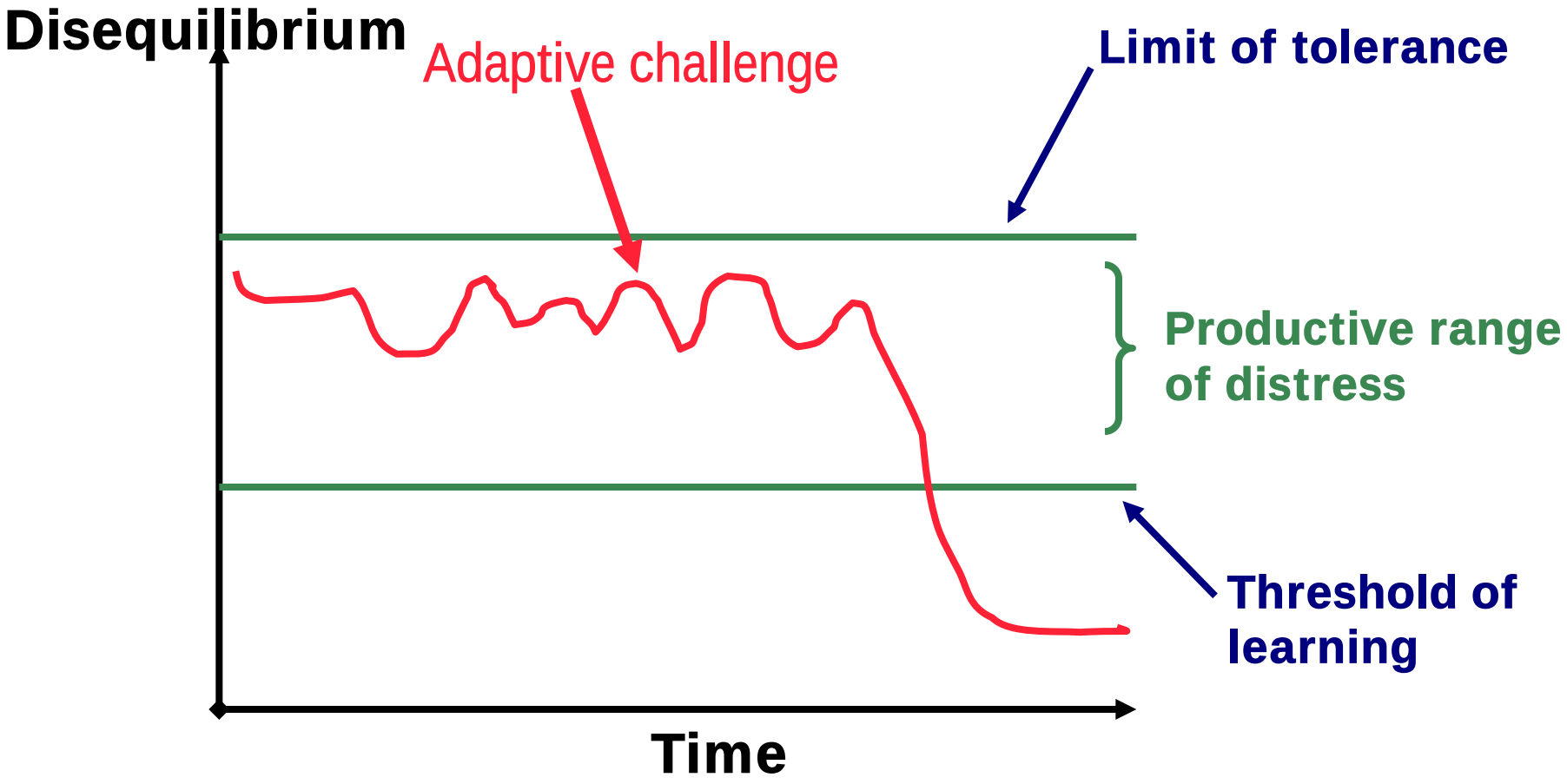
It All Starts With Urgency



"When people have a true sense of urgency, they think that action on critical issues is needed *now*, not eventually, not when it fits easily into a schedule."

- John Kotter, *A Sense of Urgency*

“Distress” and Adaptive Work



Heifetz, Ronald A. and Marty Linsky. *Leadership on the Line*, Harvard Business School Press, 2002, p 108

Urgency: Make the Invisible Visible

- WHAT
  - Cost of doing nothing exceeds cost of change
  - Cold, hard facts on performance and lack of sustainability
  - Gap between aspiration and reality
  - The personal impact of error or failure to execute
- HOW
  - Self-discovery" – experiential
  - More than facts: John Kotter's see/feel/change approach

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Three Change Roles

- Sponsors
  - Formal leaders who hold others accountable to get on with change. "*I believe we need to do this*."
  - Need to be visible supporters of a change peers have to adopt
- Change Agents
  - No authority relative to those implementing change
  - Use expertise and interpersonal skills to support sponsors *and* work with implementers. Can provide training, advice, logistical help
- Champions
  - Opinion leaders/respected peers. Not part of management

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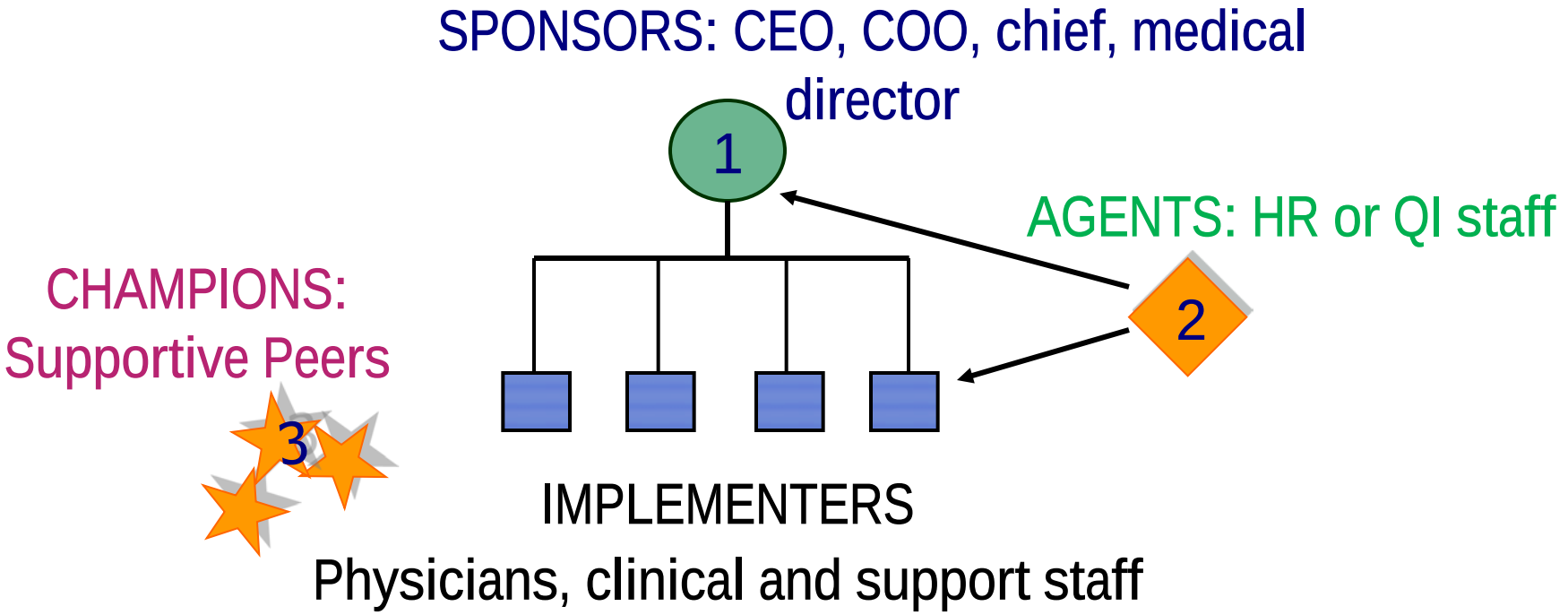
To Support Change: Three Roles



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What Doesn't Work

Formal leader passes off the heavy lifting to agents but agent have no authority in eyes of physicians

Leader is able to distance him/herself from tension or distress change implementation creates

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What's A Change Agent to Do?

"I used to see it as my job to be the one leading changes. Now I see it differently; I go to extreme effort ***not to do the work*** that those who should lead the project need to do. I pass on my passion to the to the person who should be leading it. This is the person who is ultimately accountable for the results, the person who 'owns' the process I am trying to help improve.

My job is to help that person to take ownership of the change and be successful."

- QI facilitator, US Healthcare Organisation

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Fair Process

- People care about outcomes . . .
- And about process. When a process is seen as fair, decisions/actions are supported
- “Outcomes matter, but no more than the fairness of the processes that produce them.”

Fair Process: Managing in the Knowledge Economy, W. Kim and R. Mauborgne, *Harvard Business Review*, January 2003

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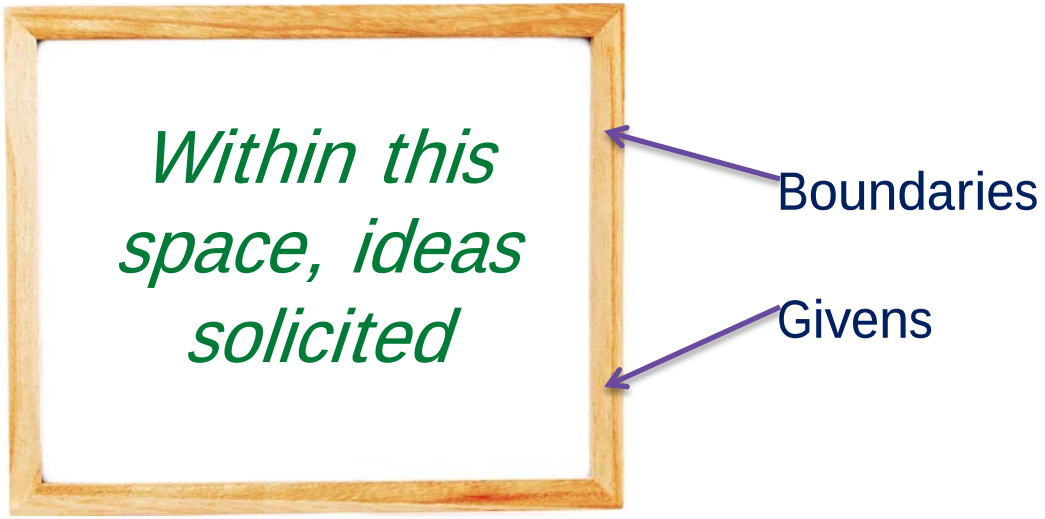
Set up Fair Process

- Decide and communicate:
  - What's given (not amenable to change) and what can be changed
  - The criteria that will be used to evaluate alternatives
  - Who makes the final decision



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Carry out Fair Process

- Ask for input, give fair hearing to all
- Exam the merits of ideas relative to the criteria previously established and communicated
- Decide based on ideas relative to criteria
- Close the loop; communicate decision and rationale
- Hold everyone accountable – no opting out

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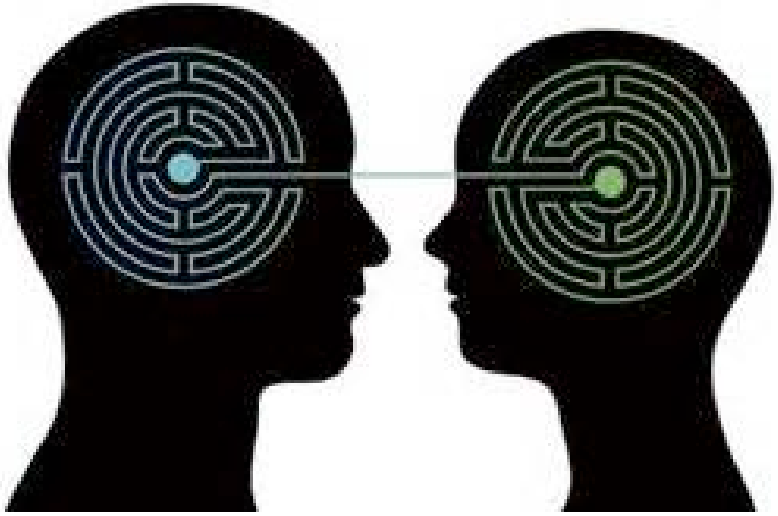
The Magic Sauce

To accept another person's views without judgment



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