Leading in Times of Big Change – A “How to” Guide

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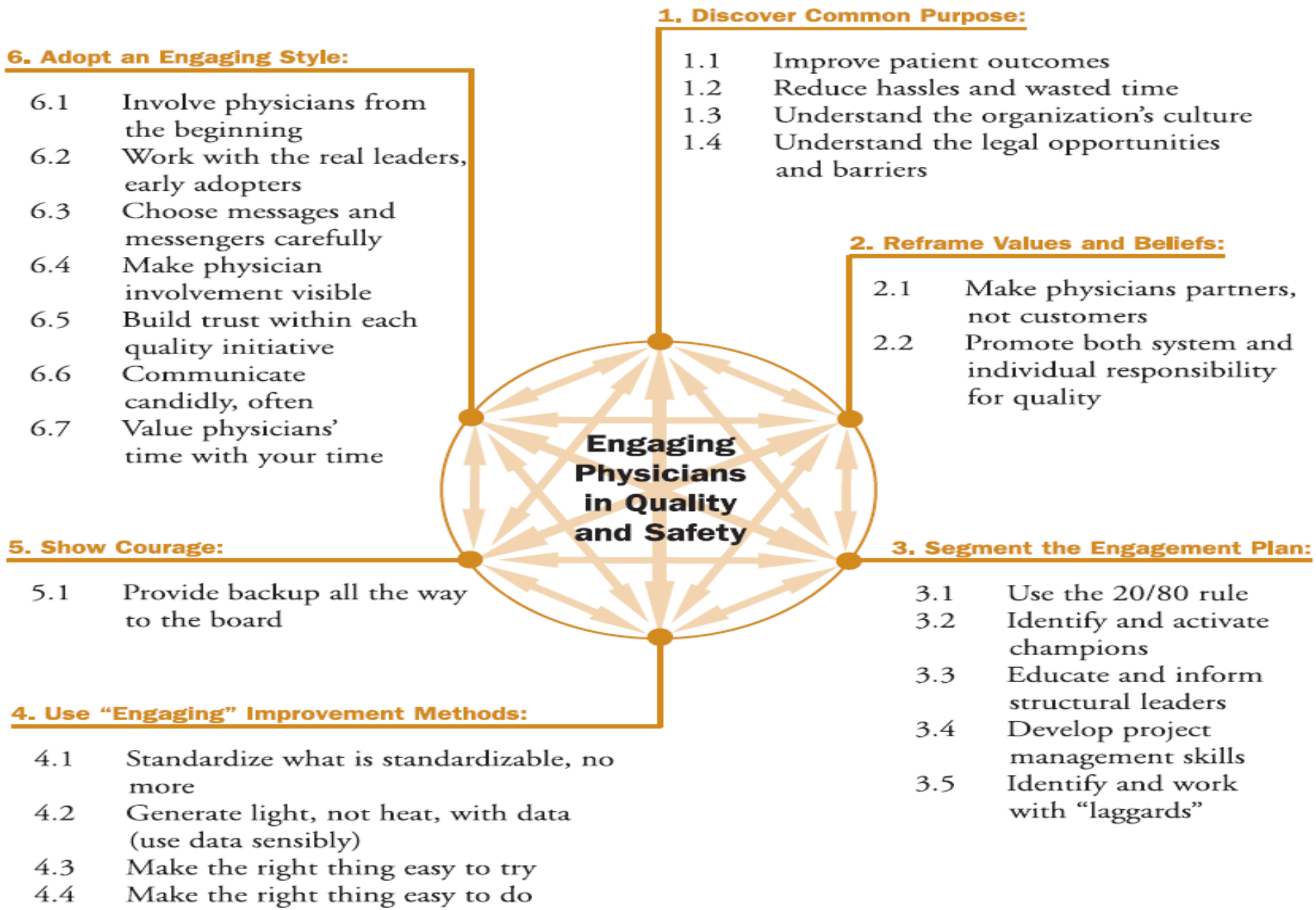
Financial Disclosure

I have nothing to disclose.

Objectives for today

- Recognize that as “the doctor” you are seen as a leader by your team and this has important implications of how you can impact the outcome of ANY change…good and bad
- Use a top 10 list approach to learn things YOU SHOULD do and things YOU SHOULD NOT do to help facilitate the change process for your team and your self

Figure 1: How to engage physicians in quality and safety



What do we mean by "BIG" Change?

- Add up the points, >150 "raises the odds to 50% of major health breakdown in next 2 years"

The Holmes-Rahe Life Stress Inventory

The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

Life Event	Mean Value
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e.. birth, adoption, older adult moving in, etc)	39
15. Major business readjustment	39
16. Major change in financial state (i.e.. a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments w/spouse (i.e.. either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)	35
20. Taking on a mortgage (for home, business, etc..)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joined mil.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)	25
29. Revision of personal habits (dress manners, associations, quitting smoking)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e.. a lot more or less than usual)	19
36. Major change in social activities (clubs, movies,visiting, etc.)	18
37. Taking on a loan (car, tv,freezer,etc)	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers ("")	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc)	11

Now, add up all the points you have to find your score.

150pts or less means a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.

150 to 300 pts implies about a 50% chance of a major health breakdown in the next 2 years.

300pts or more raises the odds to about 80%, according to the Holmes-Rahe statistical prediction model.

Several Studies Have Shown…

- Teams who have leadership support do better than those who don't
  - Time, Resources, MD participation
- Hit the ground running:
  - early participation in activities ($p < .05$)
- Had a physician on the team ($p < .05$)
- Had time allocated for improvement work ($p < .05$)


TEAMWORK
It's fun until someone gets hungry.
GrumpyCatPics.com

Principle #10

Doc is viewed as Leader

YOU: “I didn’t sign up for this”

This is about your staff

You must first meet staff’s needs

before they can meet yours

Principle # 10 Doc as Leader

- List some DOs

- List some DONTS

Principle # 10 Doc as Leader

- DO start considering what you do and say and how it affects the team related to change
- DO recognize that whatever you are feeling, your staff is also feeling

- DON”T see your self as a victim of change
- DON’T let this change add the “23 points” for “troubles with the boss” to your staff or to your self

Covey talks about ….

Between stimulus and response, there is a space. In that space lies our freedom and power to choose our response. In those choices lie our growth and our happiness.

Stimulus and Response

Proactive

Freedom to Choose

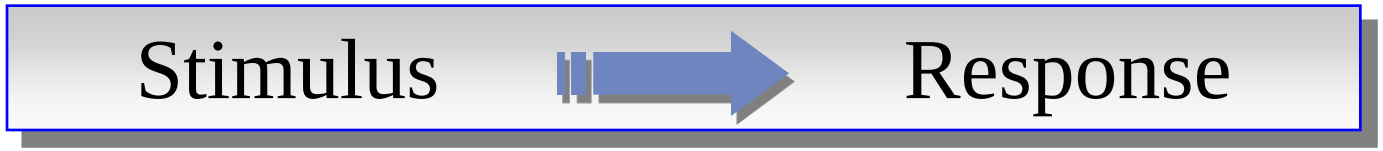
Self-Awareness

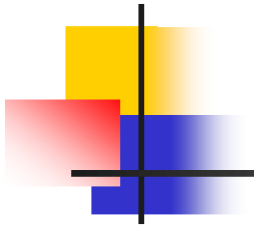
Imagination

Conscience

Independent Will

Reactive





Principle #9

Do the Math

“You can’t sell what you don’t understand”

Role of Computerized Physician Order Entry Systems in Facilitating Medication Errors

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Context Hospital computerized physician order entry (CPOE) systems are widely regarded as the technical solution to medication ordering errors, the largest identified source of preventable hospital medical error. Published studies report that CPOE reduces medication errors up to 81%. Few researchers, however, have focused on the existence or types of medication errors facilitated by CPOE.

Objective To identify and quantify the role of CPOE in facilitating prescription error risks.

Design, Setting, and Participants We performed a qualitative and quantitative study of house staff interaction with a CPOE system at a tertiary-care teaching hospital (2002-2004). We surveyed house staff (N=261; 88% of CPOE users); conducted 5 focus groups and 32 intensive one-on-one interviews with house staff, information technology leaders, pharmacy leaders, attending physicians, and nurses; shadowed house staff and nurses; and observed them using CPOE. Participants included house staff, nurses, and hospital leaders.

Main Outcome Measure Examples of medication errors caused or exacerbated by the CPOE system.

Results We found that a widely used CPOE system facilitated 22 types of medication error risks. Examples include fragmented CPOE displays that prevent a coherent view of patients' medications, pharmacy inventory displays mistaken for dosage guidelines, ignored antibiotic renewal notices placed on paper charts rather than in the CPOE system, separation of functions that facilitate double dosing and incompatible orders, and inflexible ordering formats generating wrong orders. Three quarters of the house staff reported observing each of these error risks, indicating that they occur weekly or more often. Use of multiple qualitative and survey methods identified and quantified error risks not previously considered, offering many opportunities for error reduction.

Conclusions In this study, we found that a leading CPOE system often facilitated medication error risks, with many reported to occur frequently. As CPOE systems are implemented, clinicians and hospitals must attend to errors that these systems cause in addition to errors that they prevent.

ADVERSE DRUG EVENTS (ADEs) are estimated to injure or kill more than 770 000 people in hospitals annually.[1] Prescribing errors are the most frequent source.[2-3] Computerized physician order entry (CPOE) systems are widely viewed as crucial for reducing prescribing errors[2,3,6-17] and saving hundreds of billions in annual costs.[18,19] Computerized physician order entry system advocates include researchers, clinicians, hospital administrators, pharmacists, business councils, the Institute of Medicine, state legislatures, health care agencies, and the lay public.[2,3,6-10,12,14-17,20-22] These systems are expected to become more prevalent in response to resident working-hour limitations and related care discontinuities[23] and will supposedly offset causes

Will Epic REALLY get us to “Paperless chart”?

Will Epic Make Everything “Standardized”?

Principle # 9 Understand the Change

- DO start working in PLY
- DO start planning training and super-user time
- DO learn everything you can about practicing in the new environment
- DO start identifying WHO on your team is going to be a good champion

- DON”T sit in the darkness and curse the light
- DON’T wait on somebody to tell you to start working on this NOW
- DON’T focus only on your perspective, what questions / concerns do your staff have NOW?

Principle #8

Be Bold

Principle # 8 Not all Leadership is BOLD

- BOLD leaders …
- Will walk head-on into both positive and negative stress situations and conquer them.
- Is positive – with moments of self-doubt that they push through and **never let their teams see.**
- Is team-oriented. They are “we” people interested in success broadly, not selfishly.
- Anchors their decisions in what is right for the customer. We have yet to find a successful bold leader who is not customer-centric.
- Often feels lonely within their organization. They are acutely aware of the change burden that others do not see or fully understand.
- Is not always effective. The successful ones know when, how much, and how to enroll others and build momentum toward their goal.

- BOLDLESS leaders…

Adopted from Article Chris LaVictoire Mahai

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- BOLDLESS leaders…
- Avoid necessary conflict
- Let their personal doubt derail team
- Us “I” and “me” a lot
- Not transparent, self-reflective or help-seeking

Adopted from Article Chris LaVictoire Mahai

Principle #7

Make it THE *PRIORITY*

“Communicate Communicate Communicate”

Tie as much as you can that is going on back to the change program

If you CANT TIE it back, consider stop doing it

From Covey – Addressing Execution

- Focus on what is wildly important
- Keep Score
- Translate lofty goals into specific action
- Hold each other accountable – all of the time

Principle # 7 Make it THE Priority

- DO stay focused on the change program
- DO align staff communications around change program
- DO use “scorecards” related to program “% staff completed training”, “Avg hours in PLY” etc
- DO see this as an opportunity to make your team MORE effective

- DON’T underestimate the degree with which OTHER things will attempt to be the priority
- DON’T assume that everything you are doing NOW should continue
- DON’T let the staff think this is their priority but NOT yours – ALL IN

Principle #6

Show ***THEM*** the *$$$*

Support Services

Infrastructure

Governance

Principle # 6 Show them the $$$

- DO know and understand what IS ALREADY in place to address change
- DO participate in any and all opportunities for governance, input etc.
- DO make it clear about HOW you plan to do to make this successful (few patients first few days, support folks OUT of staffing, etc)

- DON’T assume that things are happening if you don’t SEE them – GO SEEK
- DON’T discount / dismiss what is being offered without attempting it
- DON’T have or set unrealistic expectations – “we are not changing anything about how we work together during change”

Principle #5

Be THERE

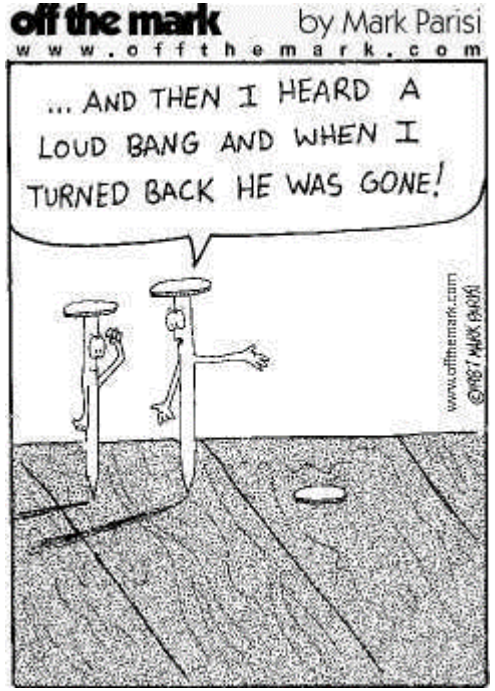
“Work the Trenches”

“Take a Minute”

Principle #4

Handle Nay Sayers

“Convert Them or Banish Them”



Principle # 4 Banish Nay Sayers

- DO listen to what they have to say
- DO acknowledge and address their concerns as best you can
- DO get help if not sure how to address

- DON’T assume everyone is in agreement with Nay Sayer (even if YOU are)
- DON’T allow any one ‘disproportionate ‘ air-time
- DON’T assume you can “convert” them – The promise of the “reformed smoker” – is WAY overstated

Principle #3

TRUST…But Verify

Max Cleland Former Secretary of the VA, Senator from Georgia

“And sometimes I just skip the TRUST step” …Anonymous

Principle # 3 TRUST…But Verify

- DO Asks questions and seek to understand
- DO think about this from your staff's perspective "What are THEY thinking" and represent
- DO access available resources across PHC to get validation or clarification
- DO assume positive intent

- DON'T Assume anything if it doesn't resonate with your personal experience or if your team seems anxious about it
- DON'T attack , seek clarification
- DON'T take the word from someone who hasn't actually done it (but be open that you can learn from them)

Principle #2

Stay the Course

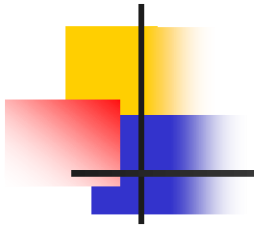
Thru:

- **Low Points**
- **Flu Season**
- **Crazy Schedules**

Principle # 2 Stay the Course

- DO step back and reflect on all that HAS been done, even when it feels like NO PROGRESS
- DO keep the end in mind and stay focused on the next “final” state (there is NO “final” state)
- DO take advantage of when things are going well to prepare for next hurdle / milestone #norest

- DON’T forget the staff is watching you in times of challenge to assess your commitment
- DON’T assume it will suck forever
- DON’T forget the fundamentals – Your skill & experience
  - The skill and experience of your TEAM can SURPRISE YOU



#1

Find Empower

Support Champions

(Apostles)

Do This or You're *Toast*

In Summary

- As the doctor, you are the leader…whether you like it or not ☺
- There are some things you can do (or NOT do) that can help increase the chances of success
- Nobody can do this FOR you
- You and your team will likely GROW as a result of this challenge and THIS will benefit your patients