



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

The art of managing change

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Effective change – what does it mean?

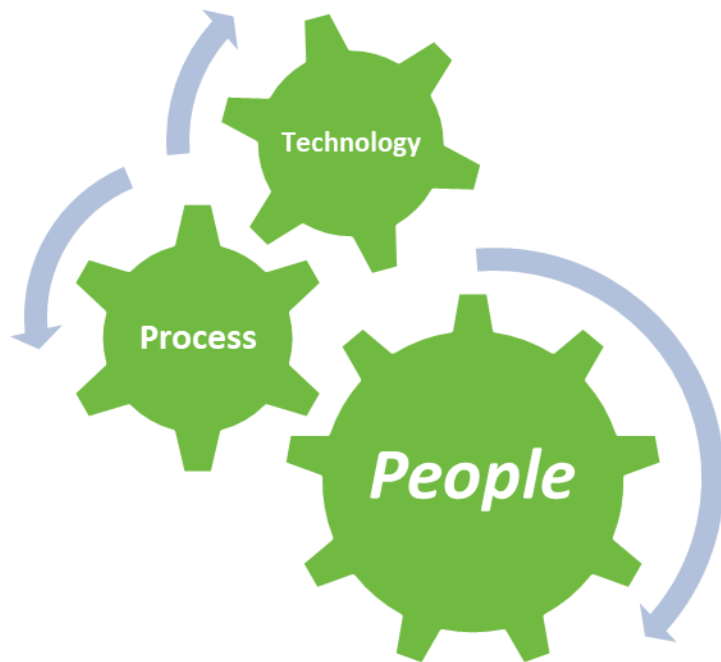


Definition

The process, tools and techniques to manage the people side of change to achieve the required business outcome and also incorporates the organizational tools that can be utilized to help individuals make successful personal transitions resulting in the adoption and realization of change.



Components of change





Technology



1. Unable to meet the geographical needs
2. Product not flexible enough to allow for deeper customizations to enable fit with organization's growing and changing needs
3. Loss of control/power of a key User due to standardization of release strategy
4. Business Process configured in the tool not aligned with work cultures and processes
5. Data integrity issues and uncertainty over 'single source of truth'.

People



1. Active resistance due to perceived threat from New Applications or Processes Standardisation vs. Customer Specific Requirements
2. Passive resistance to adoption due to inertia of changing old habits
3. Change Agent viewed as something that only benefits the top management
4. Expectation of more work due to change

Process



1. Work process adds more steps than the previous tool
2. Absence of reward for transparency in the system
3. New process approval complex and cumbersome which adds time delays
4. Data fragmented in siloes in other applications and difficult to integrate and consolidate
5. Geographic or regional differences in processes i.e. Postcode Medicine



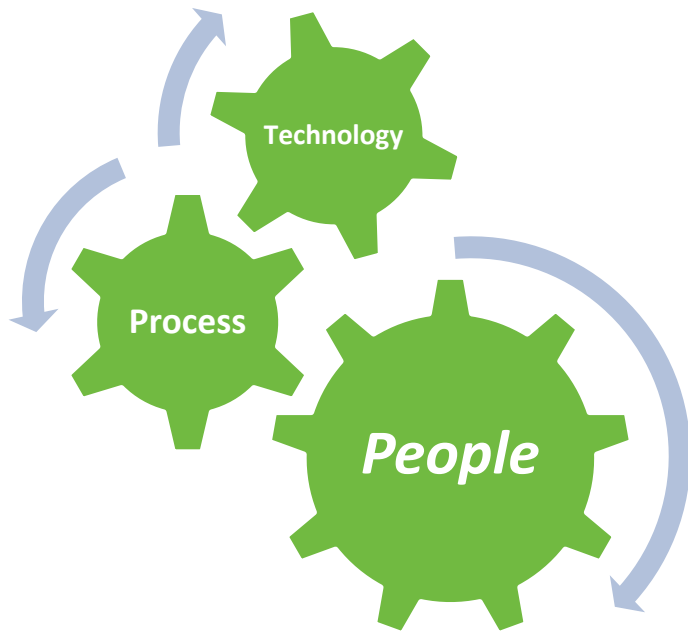
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Case study





Why did it fail?



Brainstorm in your groups for each process area: what do you think some of the causes are?



Key findings

- Theme 1: Good practice and capability
- Theme 2: Users, customers and subject matter expertise
- Theme 3: Project execution
- Theme 4: Governance and assurance
- Theme 5: Leadership and culture



The golden hour

Adult Haematology patients

The Golden Hour
a new pathway to treat
Neutropenic

Sepsis

Remember the
4 critical steps

Launch date
1 May 2019

60

- 1 Patient identified as having a fever, had chemo OR presents with Alert Card
- 2 Take central and peripheral blood cultures
- 3 Use Tazocin standing order
- 4 Patient receives appropriate and timely care

60 mins from door to antibiotics
Remember, it's about *timing*

There is a new nurse-led pathway to ensure Adult Haematology Neutropenic Sepsis patients receive the appropriate antibiotic within 60 minutes of arrival. This will be available across AED/CDU/SSIP at the current stage.

Visit HIPPO, under Haematology to find out more.



Welcome | Haere Mai | Respect | Manaaki | Together | Tūhono | Aim High | Angamua



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Problem statement

Patients with haematological cancer are at risk of developing chemotherapy-related neutropenic sepsis and may not be receiving appropriate empiric antibiotic treatment within an acceptable time frame after admission to Auckland Hospital.

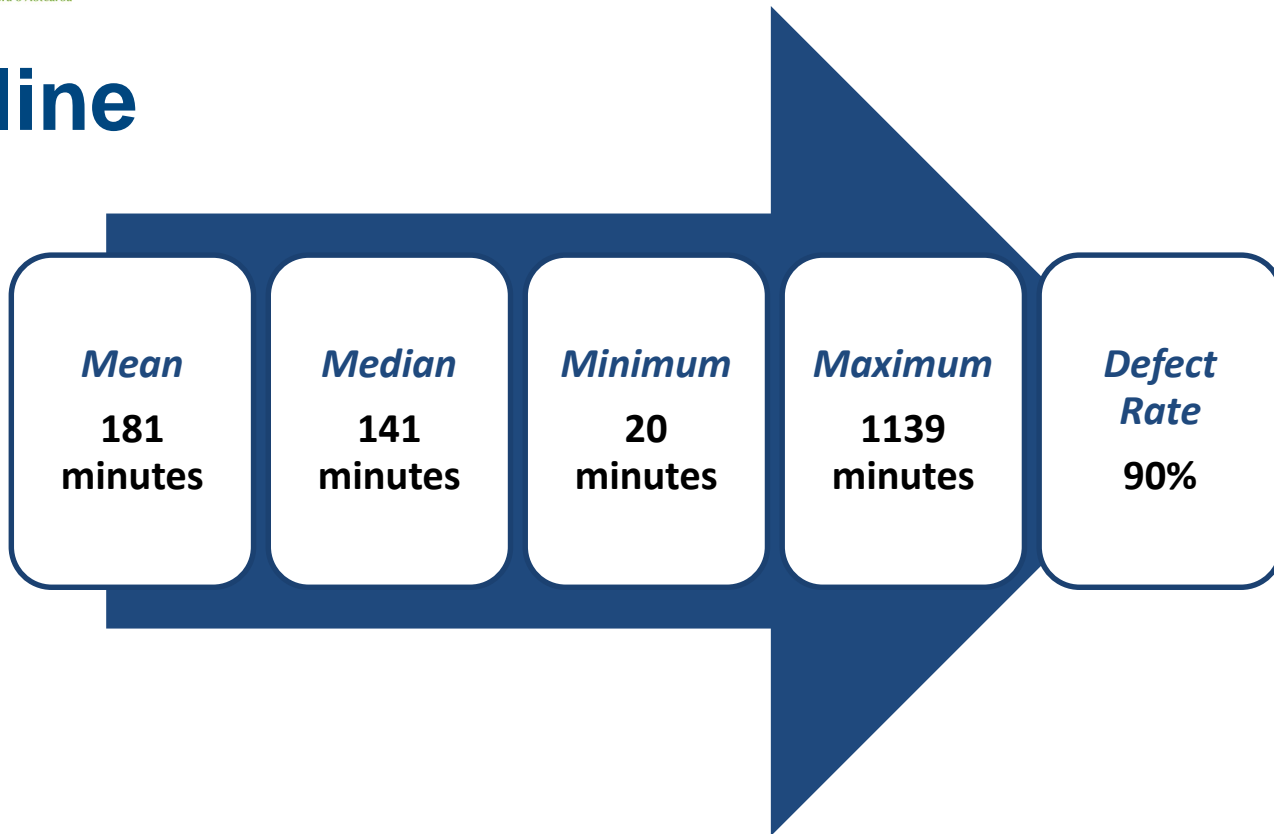


Goal

Accepted target: within 60 minutes of recognition of sepsis



Baseline



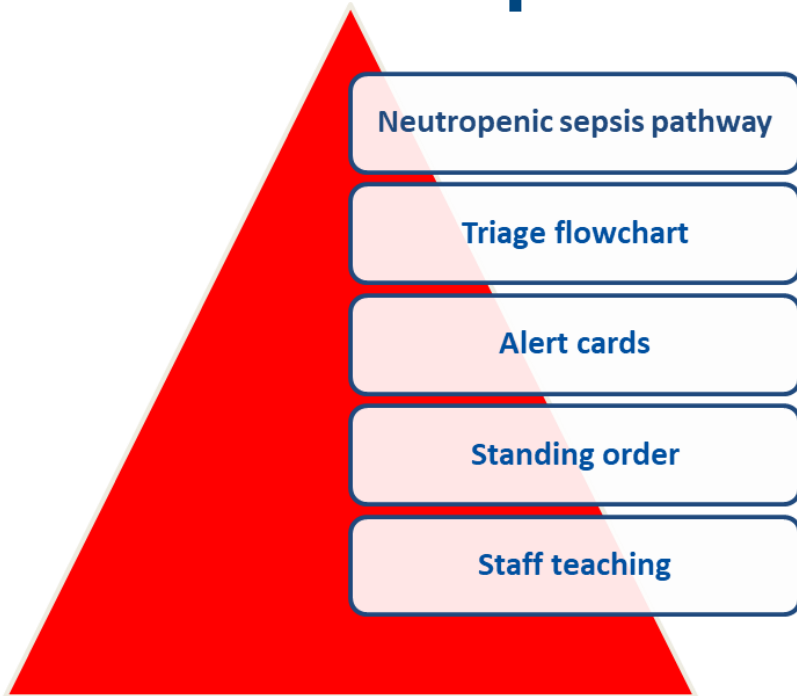


Project background

- Haematology project focused on delivery in the emergency department (ED)
- 200/300 highly acute haematology patients coming through the ED yearly
- Haematology have about 10-15 doctors with about 50-60 nurses on 24/7 rotations
- ED: 150% capacity daily, 350 staff on rotation 24/7 with a very high turnover.
- New clinical practice to be introduced



What did we need to implement?



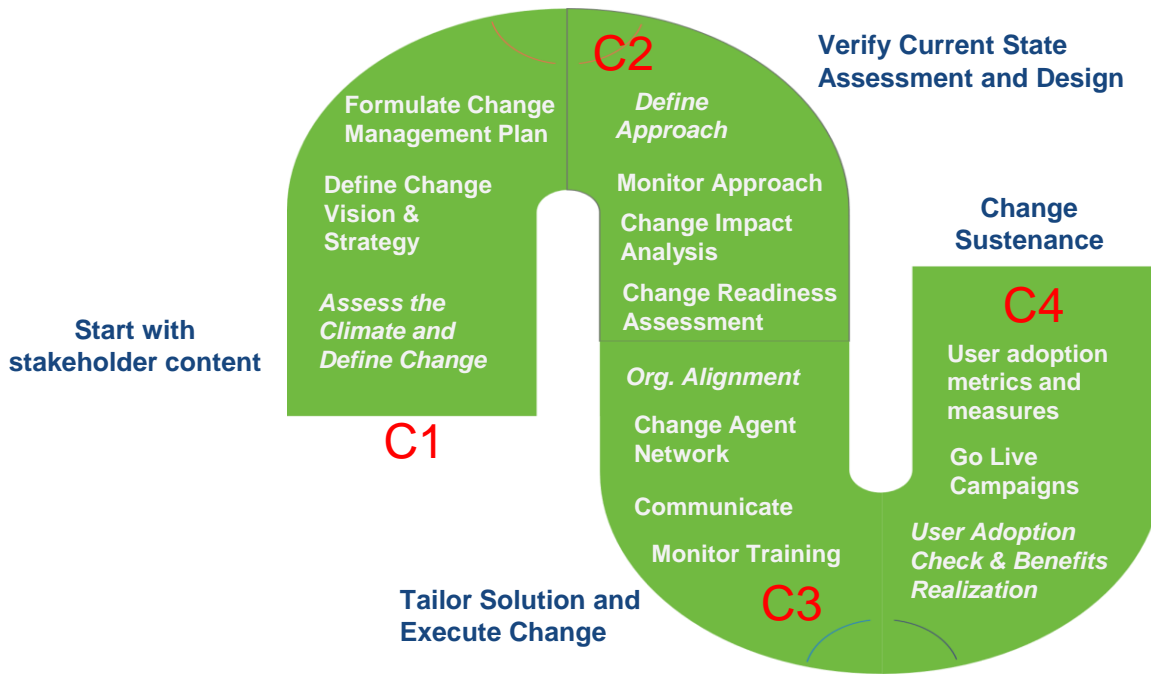
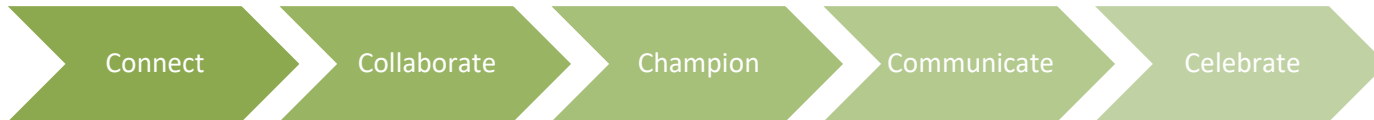
Neutropenic sepsis pathway

Triage flowchart

Alert cards

Standing order

Staff teaching





Phase-wise activities and deliverables



Activities

- Executive Interview
- Define Change Vision & Strategy
- Change Governance Structure
- Leadership Alignment
- Expectation Setting with key stakeholder groups as well as key stakeholders
- Develop Change Management plan and Communication & Training Strategy
- Identify AS-IS and TO-BE process

- Engage the stakeholders and carry out stakeholder mapping
- Identify organizational and people risks: design appropriate risk mitigation plan
- Roll-out the communication plan through effective channels and vehicles
- Review and recommend associated future organizational initiatives
- Building Change Network

- Build support of stakeholders for the change initiative
- Develop new job roles and responsibilities as necessary,
- Risk Mitigation plan to be deployed
- Expand and deliver change activities to further align internal teams
- Identify and empower Change Champions
- Develop, re-define and adapt change strategy and plan as necessary

- Establish Centre of Excellence
- Continue to identify and address people issues and risks and adapt communication methods accordingly
- Period assessment of the progress and effectiveness of change management actions
- Measurement of Adoption rates

Deliverables

- Stakeholder Analysis Report
- Vision for Change
- Change Readiness Preliminary Discussion
- Change Management Strategy
- Communication Strategy
- RACI matrix

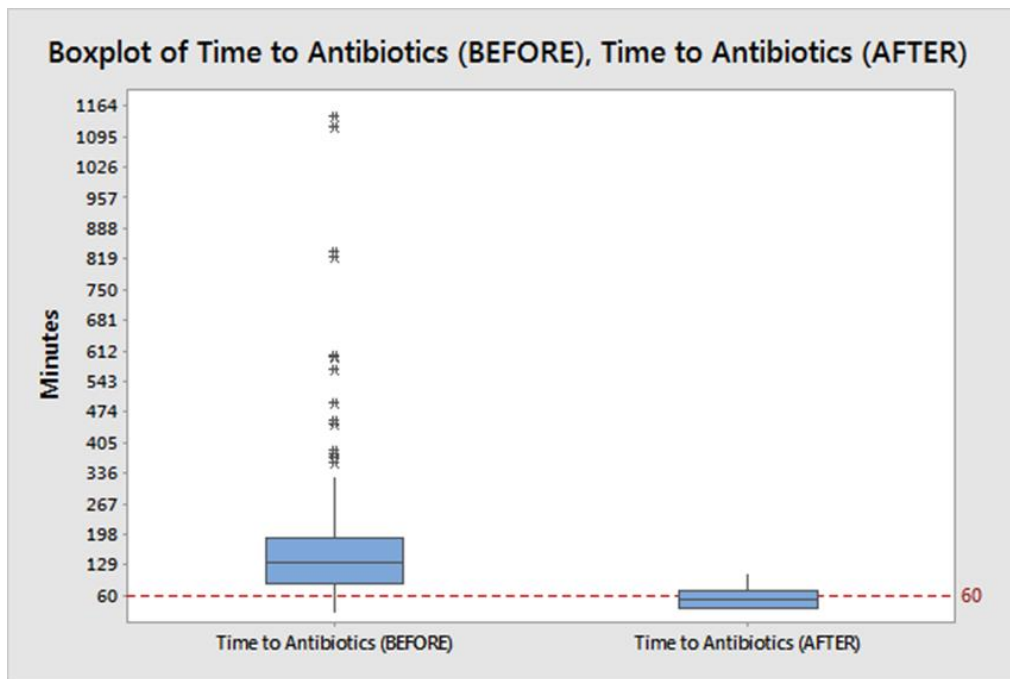
- Change Readiness Assessment
- Change Charter
- Leadership Action Plan
- Change Impact Assessment
- Culture Assessment
- Training Requirements and Strategy

- Change Readiness Survey
- Organizational Implementation Plan
- Communication Plan
- Job Change Summaries and Detailed Job Descriptions
- Training Plan
- Workshops to be conducted to facilitate the change initiative
- Go-live support plan

- Conduct Lessons Learned
- Measure Change Adoption
- Validate Organizational Alignment
- Communicate and Celebrate Success
- Knowledge Transfer Sessions

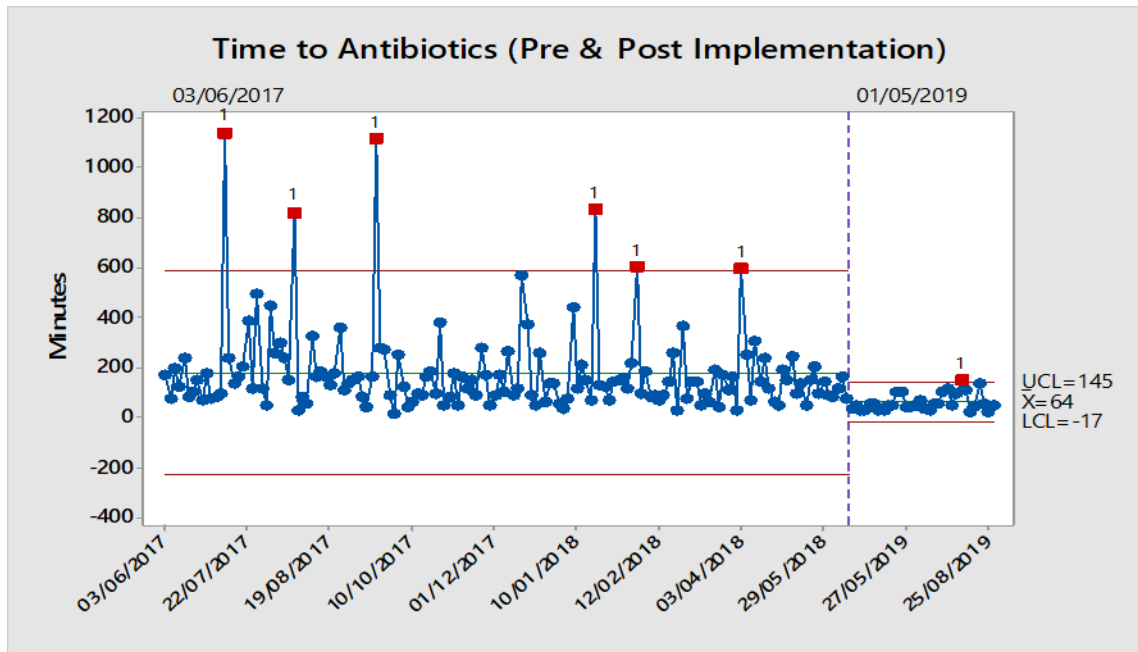


Results of project





Is the change sustained?





Group activity

- What do you think worked well?
- What could we have done better?



Acknowledgement to ADHB team



Excellence in
Clinical
Care
Finalist

The golden hour

Project team: Ashvindev Singh, Claire Hemmaway, Sally Roberts, Elizabeth Shaw, Margaret Datchin, Emma Hill, Helen McIlwraith, Julia Davidson, Sarah Tan, Rebekka Costello, Anil Noor, Warwick Catchpole, Carolyn Ivaniec, Nancy Mitchell, Lara Kruszewski, Roxanne Lehman.

The Emergency Department is the often the first point of contact for patients needing assessment or hospital admission. With an increase in presentations to the Emergency Department, delays in the assessment and transfer of patients can occur. Haematology patients with chemotherapy-related neutropaenic sepsis ideally should receive antibiotics within 60 minutes of presentation to Emergency Department. However, a retrospective audit in 2018 showed international standards was not

being met. The project team used this evidence and the experience of patients and employees to develop a new pathway for patients with neutropaenic sepsis.

The process was successfully piloted and rolled out across the Haematology wards and day-stay in June 2019. Since going live, on average we have released two extra hours of clinician and support staff time per patient.

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The future of change management

