Center on Age & Community

Dialogues in Best Practice Series 2006/07

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What do Organizations Need to Make Best Practices Stick?

Facilitated by:
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Introductions

Pat Gahl: Concepts about making "Best Practices" stick are rooted in the field of Change Management or Organizational Development. Sharing some background in that area will help provide a framework for today's discussion, and then Chris will walk us through a specific application of that framework.

Change Management examines what is important in sustaining change. There is a lot you can find about Change Management – a lot of models and ideas about this subject (e.g. internet search). The issue becomes sorting through it all, not for the knowledge but for the common elements among the ideas.

Some say sustaining change does not work when there is a lack of "buy-in." But there is more to it than that. There are two sides to sustaining change: the business side and the people side. From the business side, the approach is to make a plan, identify the issue, put steps in place to address it, and engage some people in the process of implementing the change. From the people side, the main approach is to engage people in the process. Most change doesn't hold. It is a really difficult process because change is hard; it is not something people generally want to do.

There are six key elements, for all models, to be effective.

1) Sense of urgency: If there is no sense of urgency, there is no reason to change. Even with competitive pressure and despite desire to change, it will not happen unless there is a need. Subsequently, it is critical to find enough people who have enough power to move something from one point to another – "power" referring to recognition of knowledge and competency, not simply in title.
2) Clear vision: This does not mean a "vision statement," rather, the ability to see what it would look like if something were done differently. This needs to be concrete – people need to be able to grasp it. Clear vision means being able to create a picture for people of the change, similar to how an architect creates blue prints of what a new home would look like. It is critical to be clear about where you are going with the change.

3) Plan: Developing a plan is generally not difficult for people. It is not what impedes change.
4) Communication: Communicating the change needs to be constant – constant reiteration of what we are doing and why. There needs to be continual connections articulated between what is happening and why it's important.
5) Small Wins: Have to get some small wins very quickly, and reward the people who made them happen or helped accomplish them. This fosters movement toward the vision.

    I want to emphasize 2 points: (1) People need to understand what is optional and what is not. Sometimes there is a tendency to leave it open, hoping people will come on board. But it is crucial to relay that some things are not going to go away; that change is NOT optional. (2) In doing so, it is also important to be supportive (e.g. through training), to help people and bring them along as the change are happening.

    *Question to ask when trying to implement change: Do you allow a change to be held hostage because some people don't want to play? Answer: NO
6) Anchor: If you're going to anchor something, it is critical to *manage to the new standard.* When best practices fail, it is often the fault of management, not staff.

Anne Basting: As a manager, you have to realize that you have to fire people. This is part of the burden that comes with making change, and this should maybe be anticipated beforehand. People will be written up, and others fired. From a management perspective, this is a huge time commitment and can be a barrier to change, particularly given the difficulty of finding workers. Some of these issues surfaced in *Almost Home*.

Pat Gahl: Yes, and it's about making choices, which is tough to do when staff is short. The failure to make change stick often comes from the inability to be clear about expectations and manage to those standards.

Chris Kovach: PowerPoint presentation

In some facilities, we are making the change right now, we are disassembling elements of the system and raising the bar, but it's a huge burden. This presentation illustrates some of our efforts.

The research project discussed here is a pilot study describing changes in nursing care of nursing home residents with dementia following a diffusion of innovation project. The innovation taught to nurses from 9 nursing homes is the Serial Trial Intervention, an assessment and treatment protocol designed meet unmet needs of people with advanced dementia. In a large randomized controlled trial the Serial Trial intervention was found to be highly effective in decreasing discomfort in people with dementia. That research was conducted in 14 nursing homes, so just because we know it works (in those facilities), doesn't mean it will necessarily work in the real world.

Implementation of a Dementia Comfort Care Intervention in Nursing Homes*

Part of the Training Research Institute (TRI): Finding out What Works

> "between the health care that we have and the care we could have lies not just a gap, but a chasm"
>
> ***Crossing the Quality Chasm: A New Health System for the 21st Century***

Ineffectiveness of Passive Diffusion

- it takes an average of 15 years after a landmark trial of a new procedure to reach a use rate of 50%
- need to improve the transfer of knowledge from the scientist to the clinician

How do we think about leadership?

- If you want to build a ship, don't drum up people to gather wood and nail the planks together. Instead, teach them a passionate desire for the sea.
  Antoine de Saint-Exupery

Micro level of nursing home culture change

- culture reflects how the actual work is done
- the organizational capacity for a nursing home to create and sustain improvement involves the interplay of:
  - Organizational culture or shared values.
  - Communication and relationships.
  - Leadership.
  - Management infrastructure.
  - Information mastery

14 Directors of Nursing (DON):
Where are they 2 years later?

For Profit Institutions (8)

- 1 remains as a DON
- 7 replaced their DON (some multiple times)

Non-Profit Institutions (6)

- 3 remain as DON
- 3 replaced their DON

So, how can we create and sustain change within environments with so much chaos?

Diffusion of Innovation

"a process of social change by which an innovation, defined as an idea, practice, or object that is perceived as new, is communicated through certain channels over time among members of a social system" (Rogers, 2003)

5 Factors that Increase Rate of Diffusion

1. Relative advantage: "the degree to which an innovation is perceived as better than the idea it supersedes" (Rogers, 2003, p 15). The innovation may be perceived as advantageous in term of factors such as timeliness, effectiveness or cost.
2. Compatability: "the degree to which an innovation is perceived as being consistent with the existing values, past experiences and needs of potential adopters" (Rogers, 2003, p 15). Changes viewed as radical departures from existing practices will be more difficult and take more time to adopt.
3. Complexity: "the degree to which an innovation is perceived as difficult to understand and use" (Rogers, 2003, p. 15). More complex innovations are more difficult to adopt.
4. Trialability: "the degree to which an innovation may be experimented with on a limited basis" (Rogers, 2003, p. 15). Providing staff with the opportunity to try an innovation, evaluate its use and adapt aspects of the innovation to existing practices is recommended. These modifications may substantially alter the innovation and may influence effectiveness, but can also increase the rate of adoption.
5. Observability: "the degree to which the results of an innovation are visible to others" (Rogers, 2003, pg 16). Visibility increases awareness, familiarity and rate of adoption.

Anne Basting: There is an Organizational Capacity Survey. It would be good to learn more about it. It's basically a psycho-metric instrument that indicates an organization's readiness to make changes.

As Chris provided more details about how the research was conducted, she referred often to Pan Noonan, who was an integral person on the project.

Chris: Emphasized a saying coined by Pat Noonan regarding change

> "You can't put icing on a cake that isn't baked."

Purposes of this Project

- Examine nursing homes' capacity for change prior to initiating a diffusion of innovation project (i.e. the Serial Trial Intervention)
- Compare differences in nurses assessment and treatment before and after implementation of the Serial Trial Intervention
- Describe factors within organizations that facilitated or hampered sustained use of the STI.

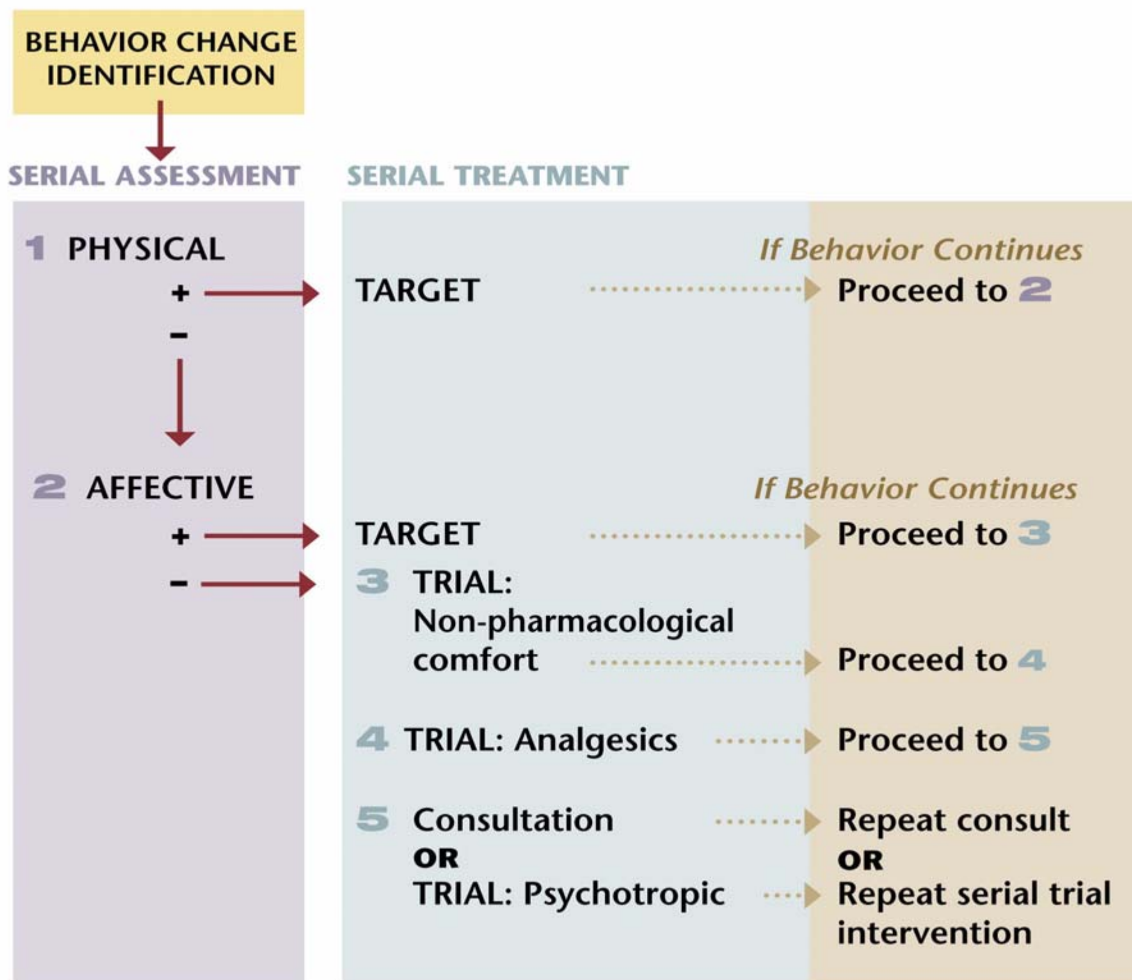
Setting and Sample

- 24 NHs contacted until 9 agreed to participate
- Quota sampling
- 31 nurses
- staff RN = 50%; staff LPN = 23%; Administration = 27%

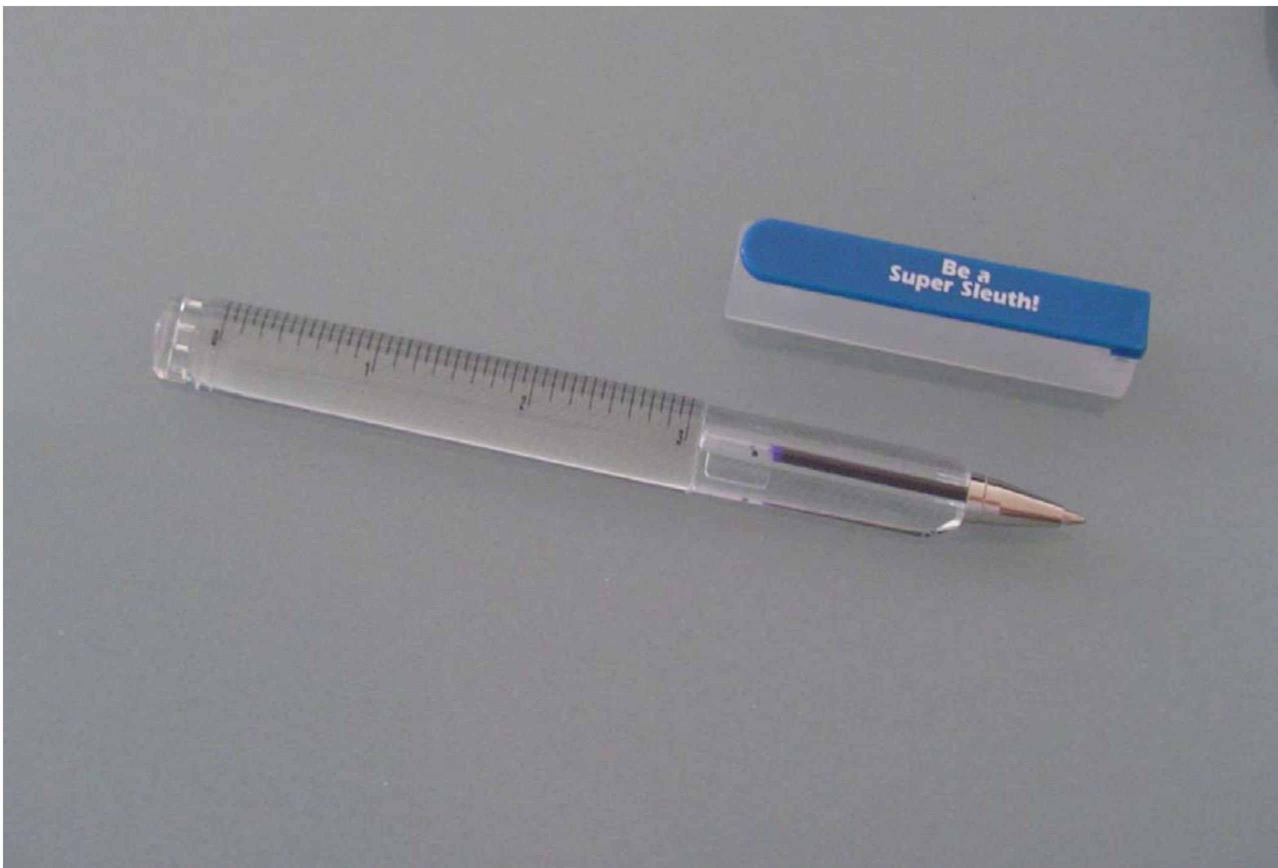
Overall Project

1. Before measures
   - Assessment
   - Treatment

- Organization Capacity to make and sustain change (NHWCS)
    - Perceived Effectiveness of Care in decreasing behaviors associated with dementia
2. Training & Small Scale Pilot
3. After Measures
4. Meet with Pat
    - Share Results
    - Discuss project, how incorporate into your facility
    - Barriers and Facilitators



Phase of Project	Project Activities	Diffusion of Innovation Recommendations
Training	o Emphasized that STI is a more effective method for managing challenging behaviors o Stressed STI systematizes current nursing care o Explained, practiced and reviewed each step of the STI	o Relative Advantage o Compatibility o Complexity
Small-Scale Trial	o Distributed STI manuals for referral o Implemented STI for 5 residents o Consulted via phone for questions regarding specific cases or the STI process	o Complexity o Trialability o Complexity
Innovation Expansion	o Discussed improvements in care and resident behaviors following small scale pilot with key personnel o Displayed posters at nursing home focusing on their improvements in care o Strategized how to incorporate the STI into existing policies, procedures, documentation systems o Developed action plans o Strategized choice of change agents who understand and can explain the STI well, are credible to staff, and are empowered by management o Distributed teaching materials (handouts, PowerPoint slides, learning exercises) o Distributed motivational materials (i.e. magnifying pens, Super Sleuth awards) o Planned quality assurance evaluation of expansion activities o Emphasized likely need for future modifications to ease use and interface with existing systems	o Observability o Observability o Compatibility o Complexity Complexity, Observability, Relative Advantage o Complexity o Relative Advantage, Observability o Observability o Compatability



The research team distributed these “Be a Super Sleuth!” pens as motivation for staff to engage in the changes being made, as well as certificates of congratulations for being a Super Sleuth.

Chris added that they tried to help facilities take the new principles and integrate them into the policies or forms they were already using; they were NOT asking staff to do additional work.

Why use the STI?

1. Time: 5.7 to 201.5 minutes (mean = 23.1 minutes) to manage disruptive behavior.
   Using the STI saves time in the long run.
2. Agitated behavior is contagious
   Using the STI decreases agitated behavior in the long run.
3. Satisfaction: Your competence, resident’s comfort

NH Capacity for Change

- Nurse Staffing Level: 6 were ½ SD ↓ the national average of 72 minutes per resident per day
- NHWCS: 8 above or within ½ SD of the national average of 3.41
- 1 facility below on both withdrew

Comparison of Working Conditions with National Averages

NHWC Factor	Sample	Nation
Connectedness	4.10	3.7
Organizational Harmony	3.51	3.15
Clinical Leadership	3.54	3.34
Timeliness and Understanding	3.45	3.44
Total	**3.65**	**3.41**

Some results of measurements comparing pre- and post-training of the STI . . .

Percentage of Nurses Performing Assessments before and After Training (N=14)

- The percentage of nurses performing physical assessments increased from 29% to 79%.
- The percentage of nurses performing the Balancing And Connecting (BAC) assessment was 36% after training.
- The percentage of nurses performing affective assessments increased from 29% to 71%.
- The percentage of nurses who performed *any* type of assessment increased from 36% to 86% after they received training.

Provision of Non-pharmaceutical Treatments Before and After Training

- There was not a significant difference in the number of treatments provisions by nurses, but there was a significant increase in treatments related to elimination and pacing of activity (e.g. a shift in treatments they chose to use).

Percentage of Nurses Administering Analgesics Before and After Training

- The percentage of nurses administering non-narcotic analgesics increased from 29% to 71%.
- The percentage of nurses administering a combination of narcotic and non-narcotic analgesics increased from 7% to 57%.
- The percentage of nurses administering narcotic analgesics increased from 0% to 29% after training.
- The percentage of nurses administering *any* analgesics increased from 36% to 79%.

Percentage of Nurses Administering Psychotropics Before and After Training

- The percentage of nurses administering antidepressants increased from 0% to 29%.
- The percentage of nurses administering anti-anxiety medicines decreased from 36% to 29%.
- The percentage of nurses administering antipsychotic drugs increased from 21% to 29%.
- The percentage of nurses administering *any* psychotropic drugs stayed the same, 50% before and 50% after training.

Other Results

- Assessment was significantly associated with decreased resident behavior. As Chris emphasized, it's the critical thinking piece that really works.
- Care improved at proprietary, non-for-profit and government owned facilities.

The # of facilities with specific intentions to improve pain management (N=8)

6: Interdisciplinary working group
8: Facility action plan
6: Mission statement addresses pain
4: Pain policies that address Cognitive Impairment (CI)
6: Nursing documentation forms for pain & CI
8: Staff education using the STI
4: Family/Resident education

Limitations of the research

- Pre post design-no control group
- Sampling bias
- Measurement bias
- Limited amount of face-to face contact
- Need to study longer term resident outcomes, time and cost of care giving, staff satisfaction and feeling of empowerment
- Not able to continue with this project due to funding limitations.

Summary Comments

- Diffusion of innovation principles facilitate making changes in performance of healthcare organizations
- Positive organizational culture facilitates making and sustaining change

Chris: I think my process works because it doesn't have too many steps. You just need to get people to see that it works with one person. But even if you can, that doesn't necessarily make change stick.

Anne: It's an issue of translating the 'ivory tower' to the real world – getting this type of tool/intervention to more facilities.

Pat G: Change can't be dependent on one person. You have to translate it into performance expectations.

Chris: I focus on encouraging facilities to incorporate changes into the documentation system that's already in place. Nursing is very task oriented. If you can create this piece to become like second nature, then it won't be affected by someone leaving.

These days, people who go into nursing have to give up their passion for nursing (which is why they went into the field to begin with) to "fill in the boxes" (i.e. paperwork tends to trump caregiving).

Pat G: There is a lot of room (and need) in nursing for critical thinking, but it's so regimented now (e.g. nursing homes) that nurses forget to use their critical thinking skills.

Chris: When administering training, we need to remember that we are expecting people to behave in ways that they really weren't taught. For example, some of the nurses have just one or two years of training and it's very task oriented.

Anne: How do you even know the training is sticking, particularly when you take it to other situations or contexts? It's important to figure out how to embed changes into different types of systems.

Pat G: The piece around the culture of expectations is important when people are working in other settings and no one is checking their work or there is no system of checking their work (e.g. case managers out in the field).

Chris: There are varying expectations of workers; their idea of a good job versus your idea of a good job. For example, within the field of aging and the fear of death – we need to help people understand the journey towards death. We need to support workers who take care of people with advanced dementia, such as CNA's.
Anne: Often, we miss a partner in the changes we are trying to make – the receiver of services. It is their right to hold workers to task.

*Research being conducted by:
Christine Kovach, PhD, RN
Patricia Noonan, MSN, APNP
Sarah Morgan, PhD
Michael Brondino, PhD

Rogers, E.M. (2003). *Diffusion of Innovations, Fifth Edition*. New York: Free Press.