

Planning change: Part 1

Diagnosing the situation

92297 Autumn 2020

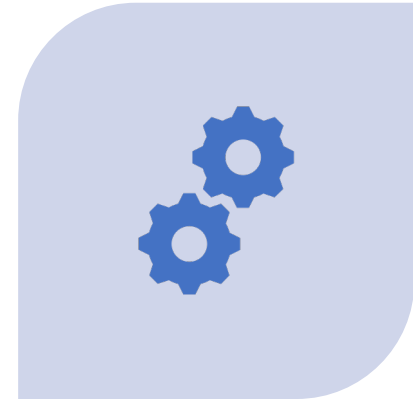
Planning change



PART 1 : UNDERSTANDING /
DIAGNOSING THE SITUATION



PART 2 : DESIGNING
SOLUTIONS

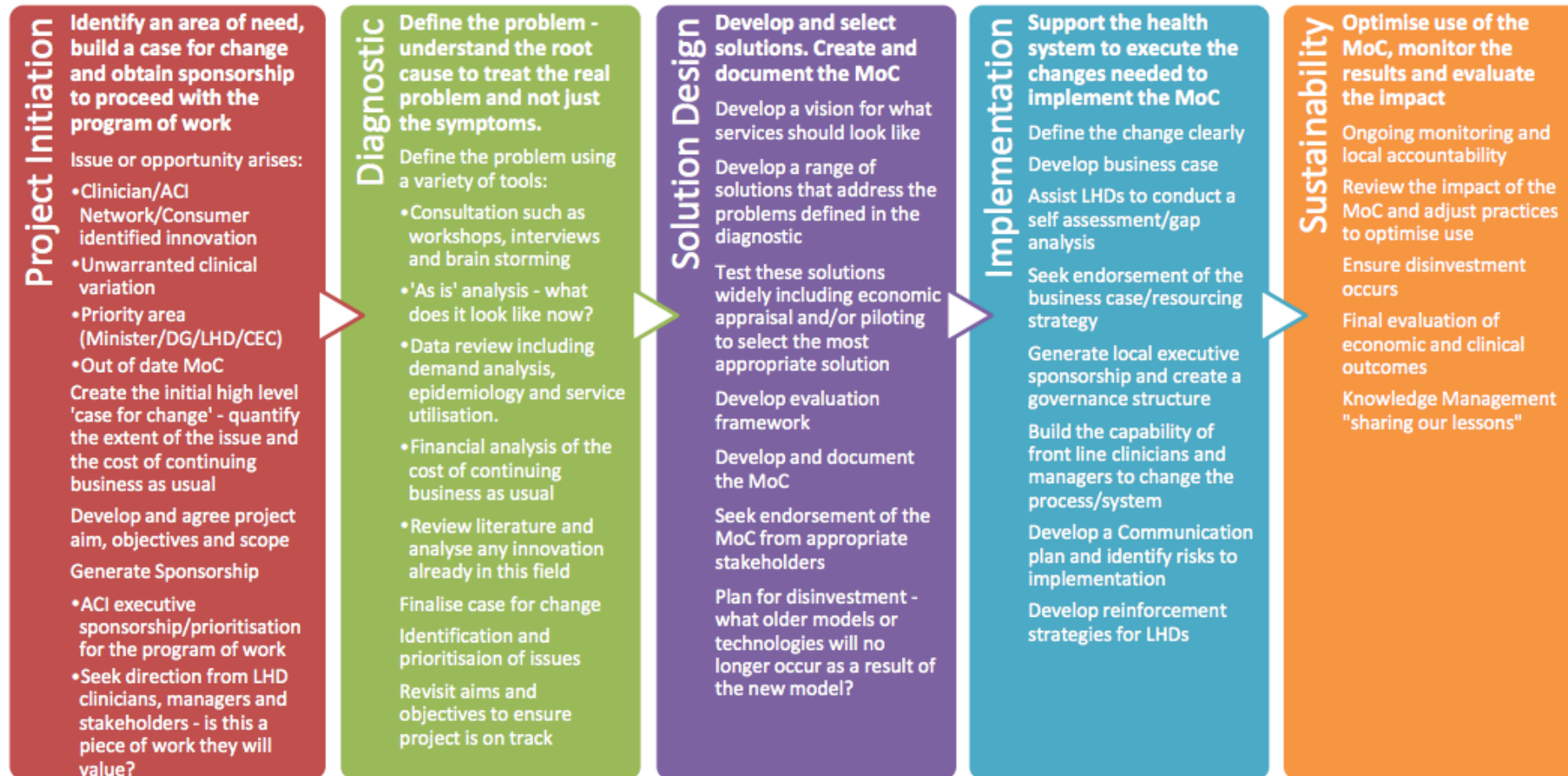


PART 3 : IMPLEMENTING
CHANGES

Agency for Clinical innovation

Process Flow Chart for developing a Model of Care (MoC)

This document is used to illustrate the process for developing a Model of Care. It encompasses the work owned by the project manager and the functions that the Clinical Redesign and Implementation Team assist with.



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A more collaborative
approach?

Part 1: Diagnosing the situation – what is the problem?



How we frame the situation and problem/s is important for how we find a solution

"...it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail."

– Abraham Maslow, 1966



Remember the elephants?

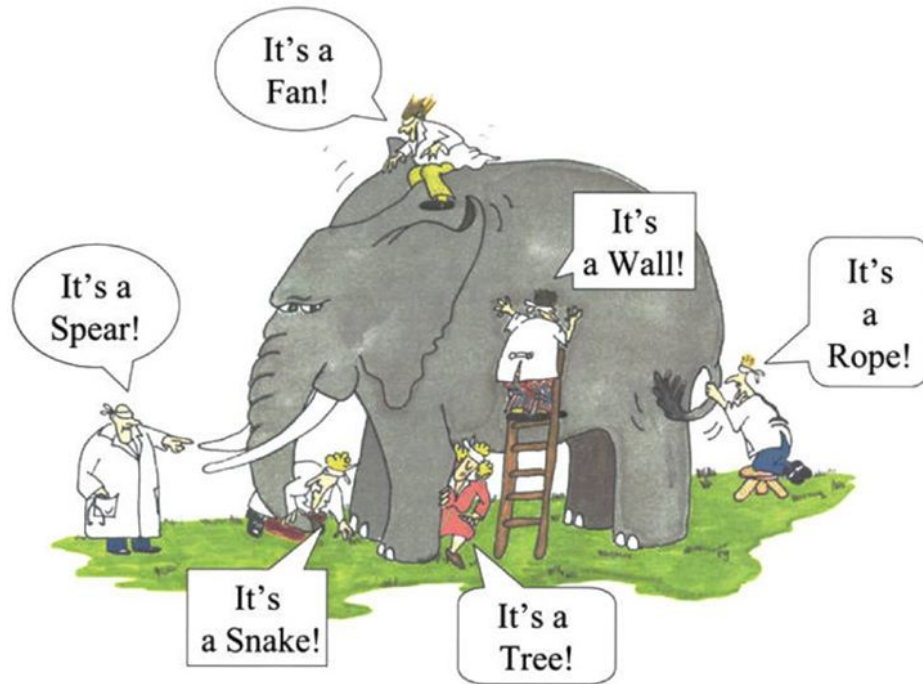
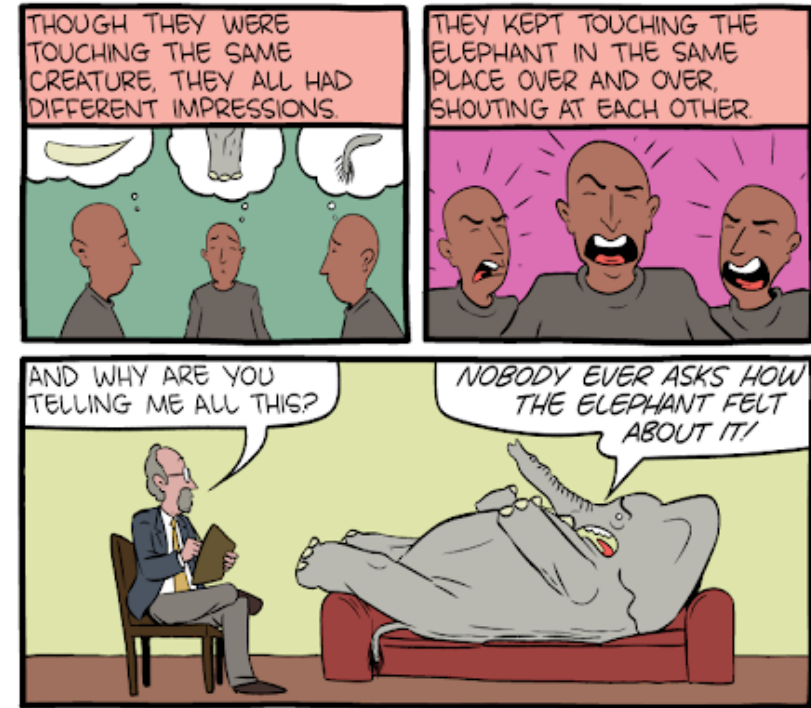


Image source: Himmelfarb, J., et al. (2002) 'The Elephant in Uremia: Oxidant Stress as a Unifying Concept of Cardiovascular Disease in Uremia', *Kidney Int*, 62(5) 1524-1538. (artist: G. Renee Guzlas).



smbc-comics.com

Source: <https://www.smbc-comics.com/comic/elephant-in-the-room>

Some techniques for visualising (and changing) healthcare

1. Process mapping
2. Experience-based co-design
3. Video-reflexive ethnography



<https://www.lego.com/en-us/seriousplay/material>

Common themes:

- Constructed using data: quantitative or qualitative
- Collaborative: sharing, comparing different mental models of work
- Makes ideas and concepts more tangible and malleable (and changeable!)
- Allows people to see healthcare systems from a different perspective, and to reimagine it
- Useful to identify gaps, misunderstandings, redundancy, loose ends, etc

Process mapping

“A system is perfectly designed to achieve the outcomes it achieves”

Therefore: to improve outcomes we need to improve the associated processes



Work as a Process

- A basic understanding of the current process is important because

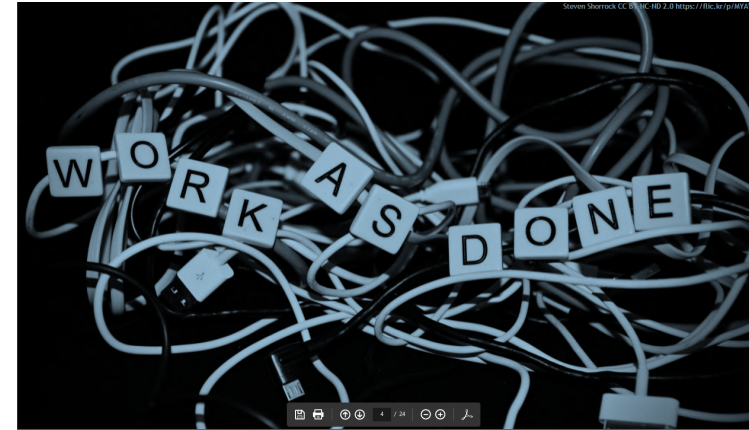
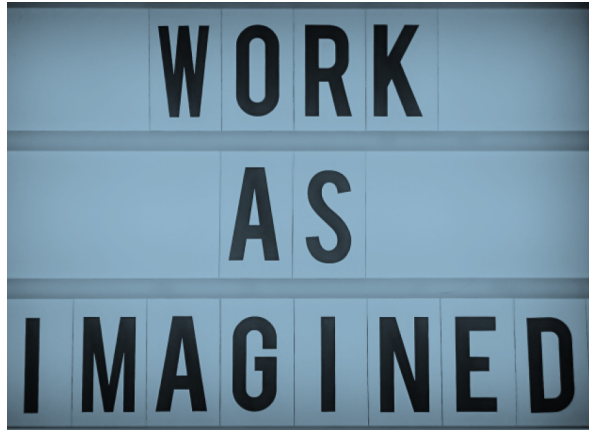


- If you just focus on outcomes you don't know how you are achieving those results
- If you just focus on process you don't know the results

How do we improve the process?

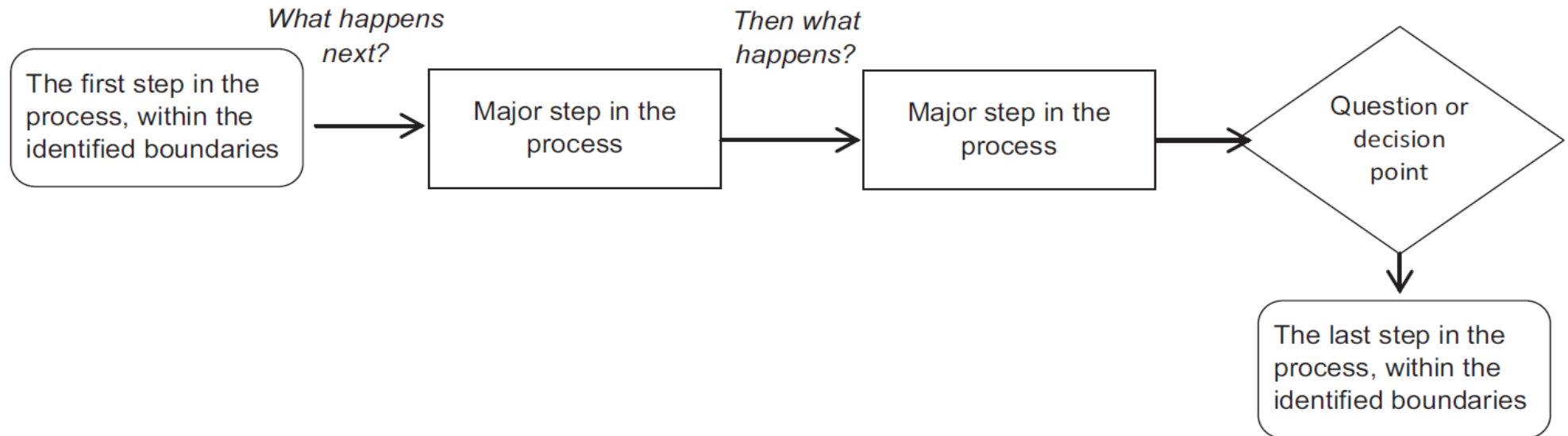
“The first step is to draw a flow diagram. Then everyone understands what [their] job is. If people do not see the process, they cannot improve it.”

W.E. Deming, 1993

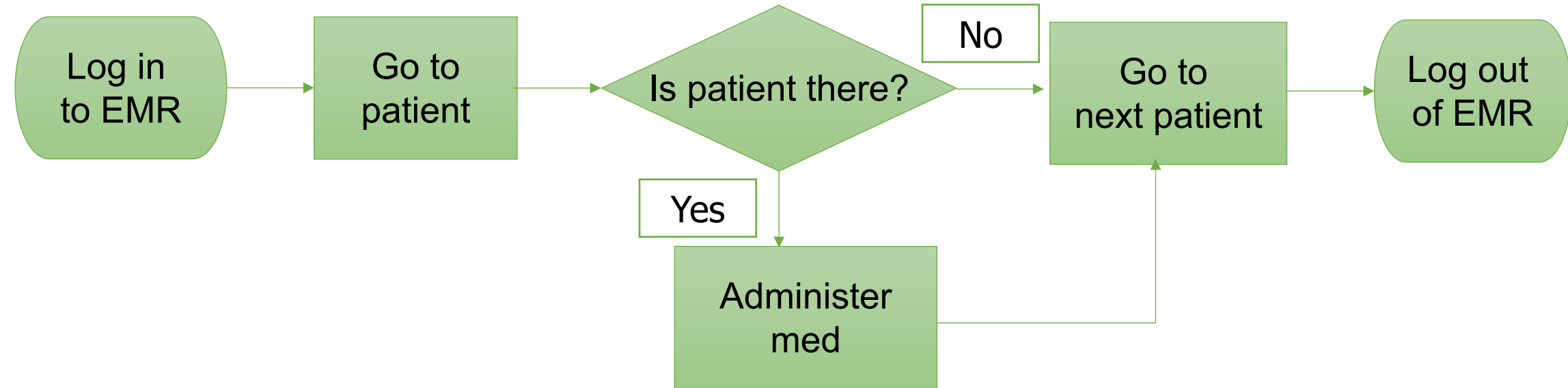


Applying the process mapping method

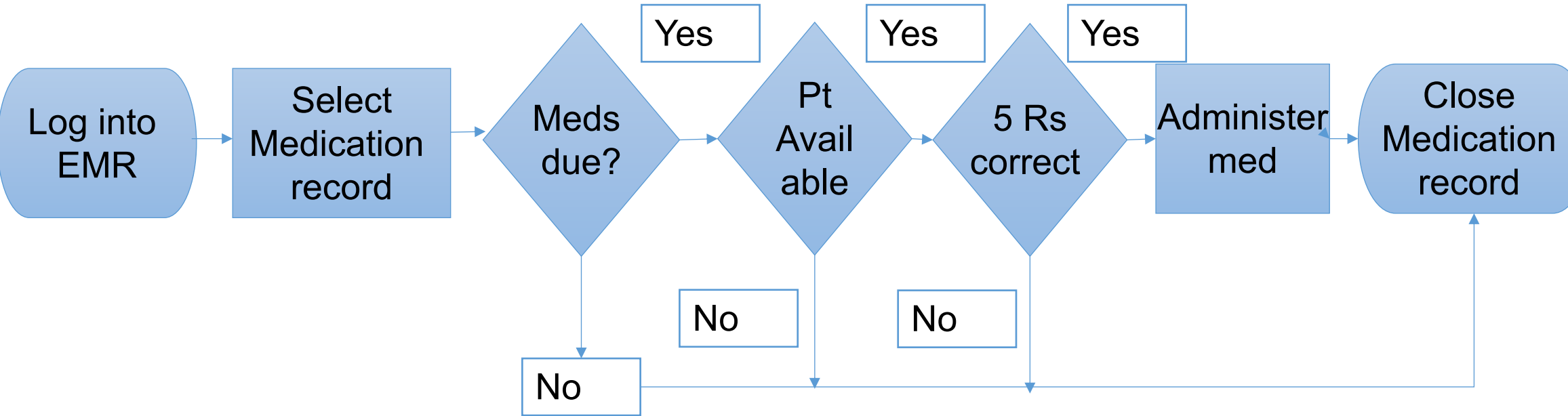
- A process map or flowchart = a picture of the steps and decisions comprising an activity (process)
- Process mapping is how we develop the picture of who and what is involved in an activity (process)



Can be high-level – for an overview
(e.g. using an electronic medical record to administer medication)



Can also be more detailed



Example of process mapping as a QI strategy

- NSW primary school-based fruit and veg program “Crunch & Sip”
- Only 25% of schools had implemented the program (far short of 80% target)
- The processes used to enrol schools were cumbersome and consisted of multiple partners (NGO, LHD)
- Interviews with stakeholders confirmed the set up was laborious



Improving the process through process mapping (Biggs et al, 2014)

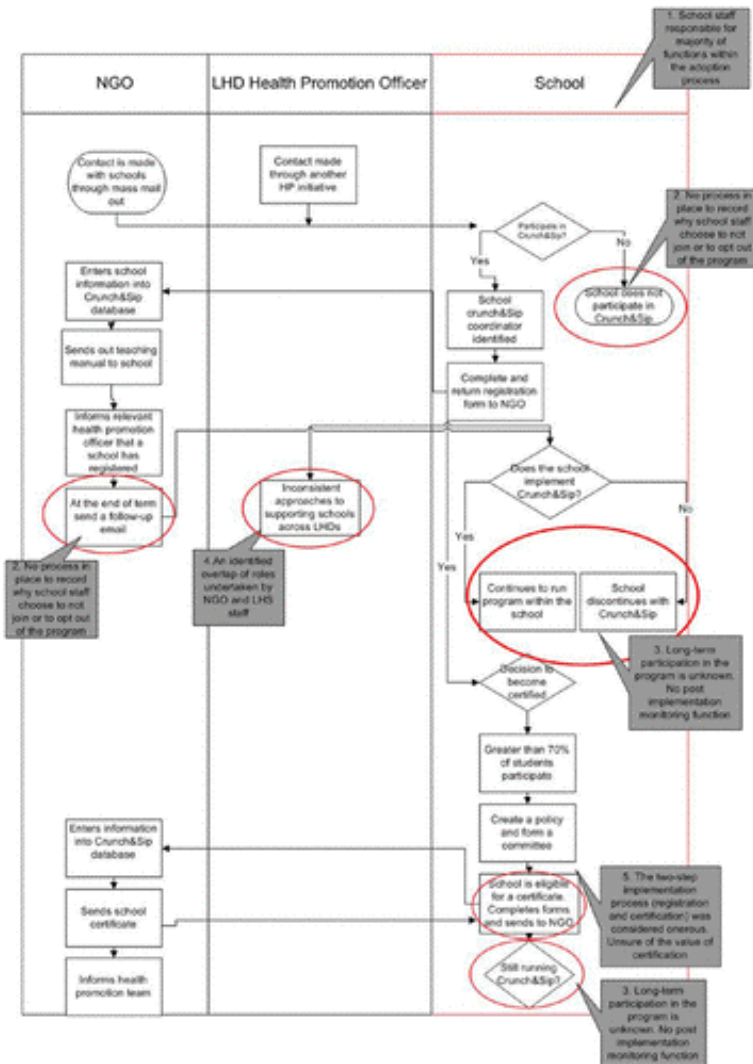


Figure 2 Current Crunch&Sip Implementation Process

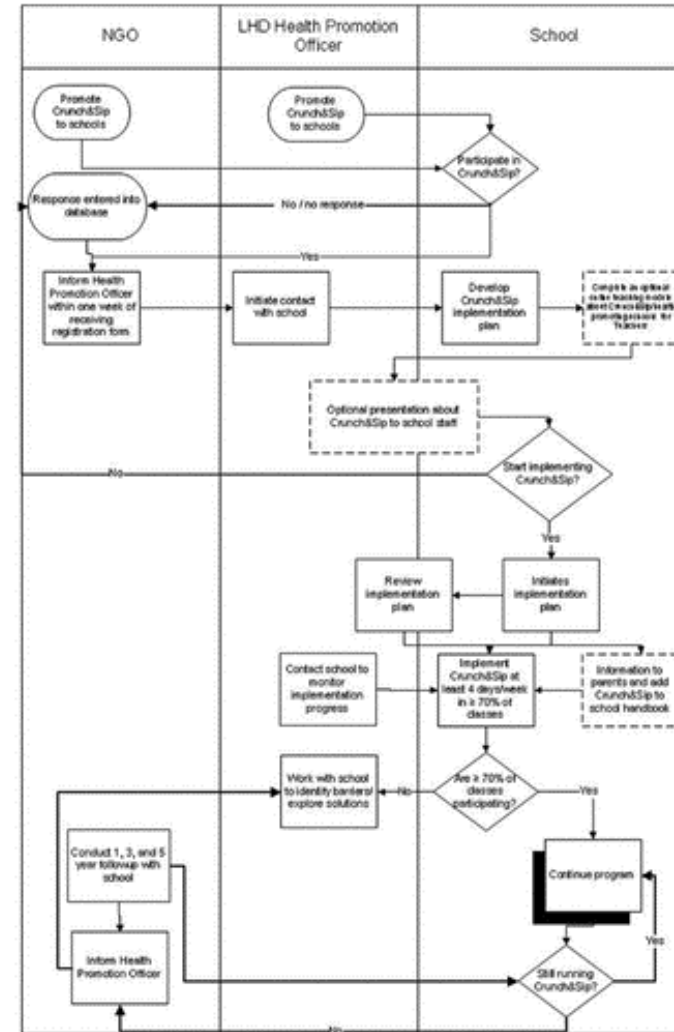


Figure 3 Proposed Crunch&Sip Implementation Process

Nice example of 'swimlane' maps to show how tasks (& responsibilities) are handed over between agencies.

Co-developing process maps with stakeholders

- Contrasts work-as-imagined versus work-as-done
- Garnerers their unique knowledge of different aspects of the process to produce a detailed representation
- Helps to create a shared understanding of the current process and new processes
- Improves shared understanding between all agencies and ownership
- Illuminates potential barriers for further exploration

What does it exclude?

- It still deals primarily with ‘work as imagined’ – includes only the mental models of those invited to participate.
- Also, there are often *many* ways in which ‘work as done’ is actually done, and a linear-type map is limited in showing that.
- And... what about the *subjective* experiences of healthcare delivery? Feelings... perceptions... expectations?

- How might we bring ‘into the picture’ the mental models of other important stakeholders (e.g. patients)?
- How might we try to get closer to ‘work as done’ and a fuller picture of healthcare services?

Experience-based co-design (EBCD): key aspects

Experience-based co-design

Gathering real stories from real people to understand their subjective experiences of healthcare – not *just* attitudes, needs or perceptions, but also feelings, emotional ‘touchpoints’

Consumers, families and staff working together on an equal footing, with equal input and responsibility

To redesign and *improve* user *experiences* of healthcare – not just processes or systems

Experience-based co-design (EBCD): main steps



Gathering experiences from staff and patients



Identifying key (emotionally significant) 'touch points'



Collating these experiences in visual representations (e.g. short video/s from interviews, maps, storyboards, etc)



Show these visual representations of experiences to staff and patients (separately and together)



Bring together staff and patients in small groups to identify and implement activities to improve the healthcare experience

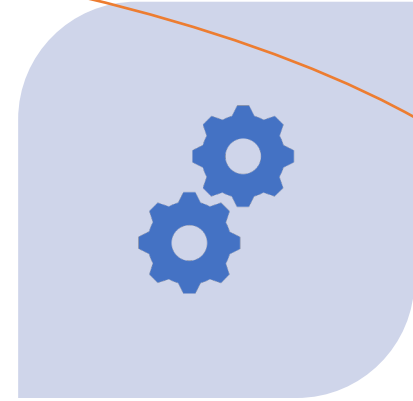
Using video-reflexive methods to create change



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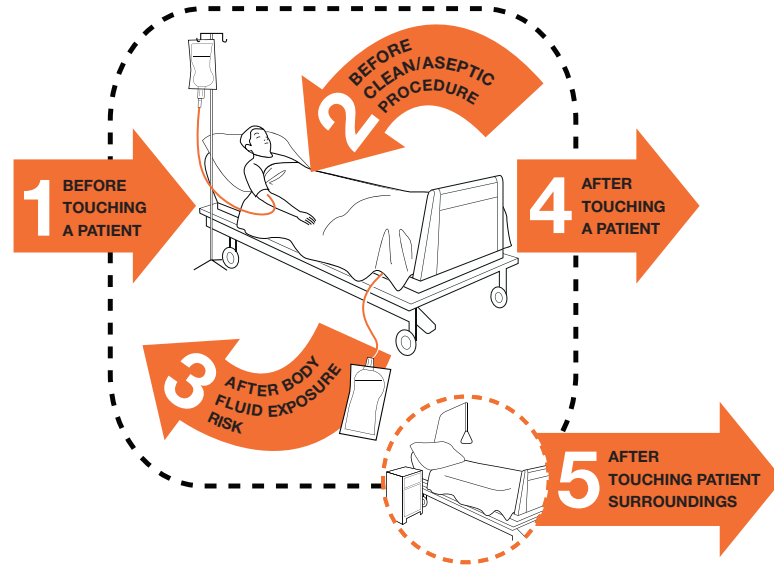
PART 2 : DESIGNING
SOLUTIONS



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What if we looked at actual “work as done” using video?

Your 5 Moments for Hand Hygiene



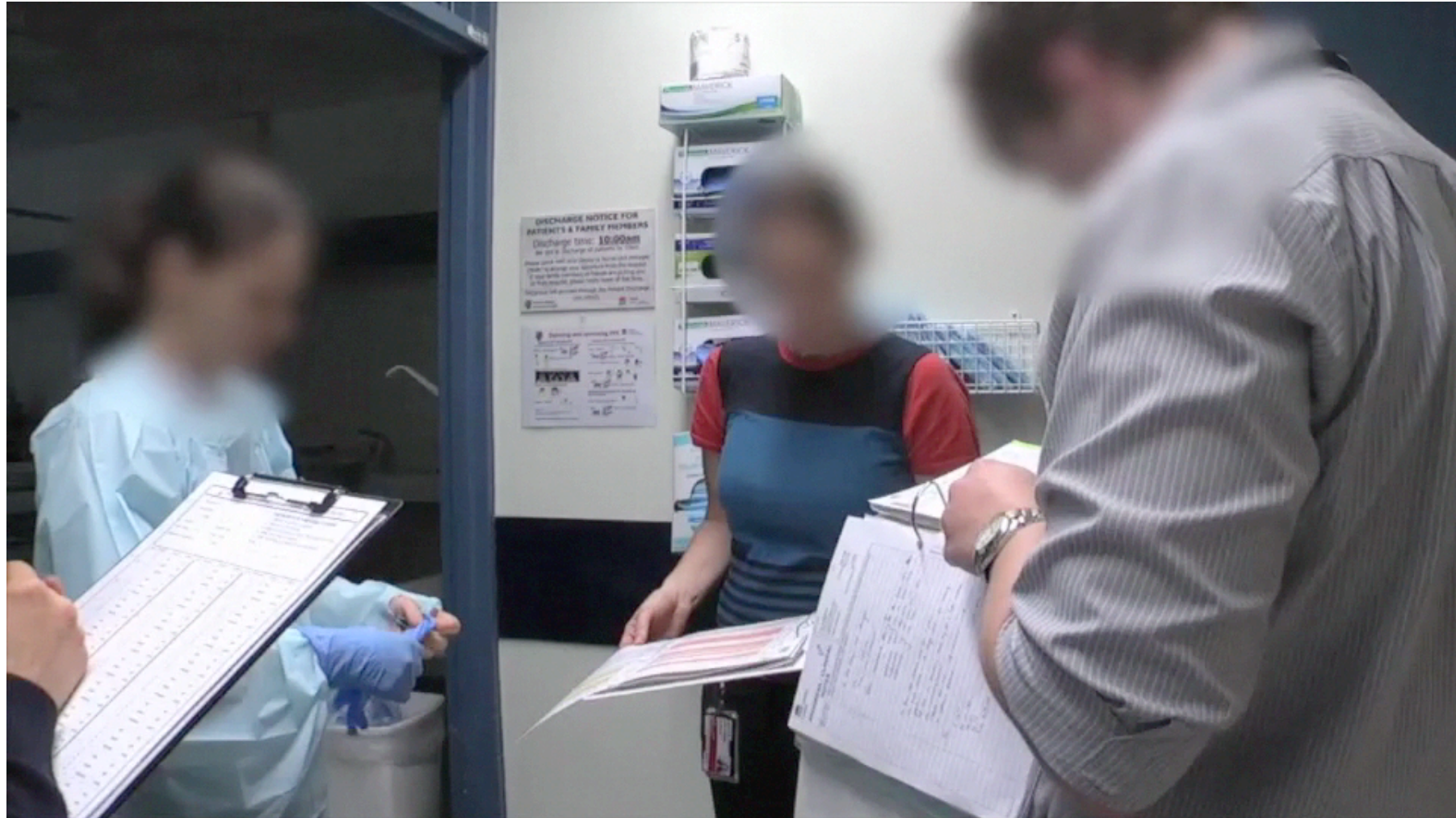
How do the 5 Moments apply here?



An example of reflexive discussion



Registrar entering isolation room



Choosing strategies to implement change



50 Reasons Not To Change



Why do healthcare workers resist change?

Change burn-out

Perceived value of change to them and their patients

Changes may be seen to reduce their control

May diminish their current

power/authority/status/wages (status quo)

Feel a responsibility for the quality of care

Fish in water (There are other ways? This is how we have always done it)

Desire to uphold tradition

Different goals and perspectives to their managers

Lack of trust of management

Lack of understanding of the change and its purpose

Anxiety about uncertainty

Fear that the change might disrupt their social and or professional relationships

Changes may affect the competencies they have or should have

Self-interest

Maybe not 'resisting' change:

- Resisting 'bad' managerial decisions

- Not resisting at all, but confused as to how to process

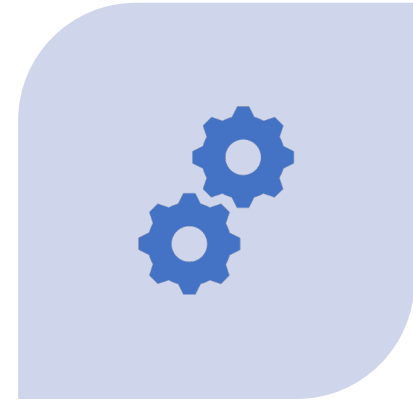
Part 2: Choosing strategies for change



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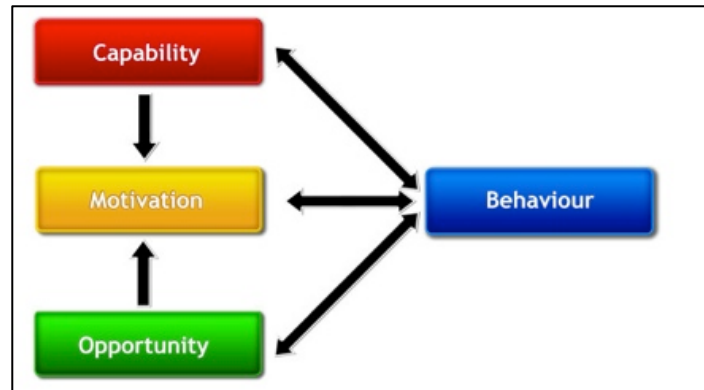


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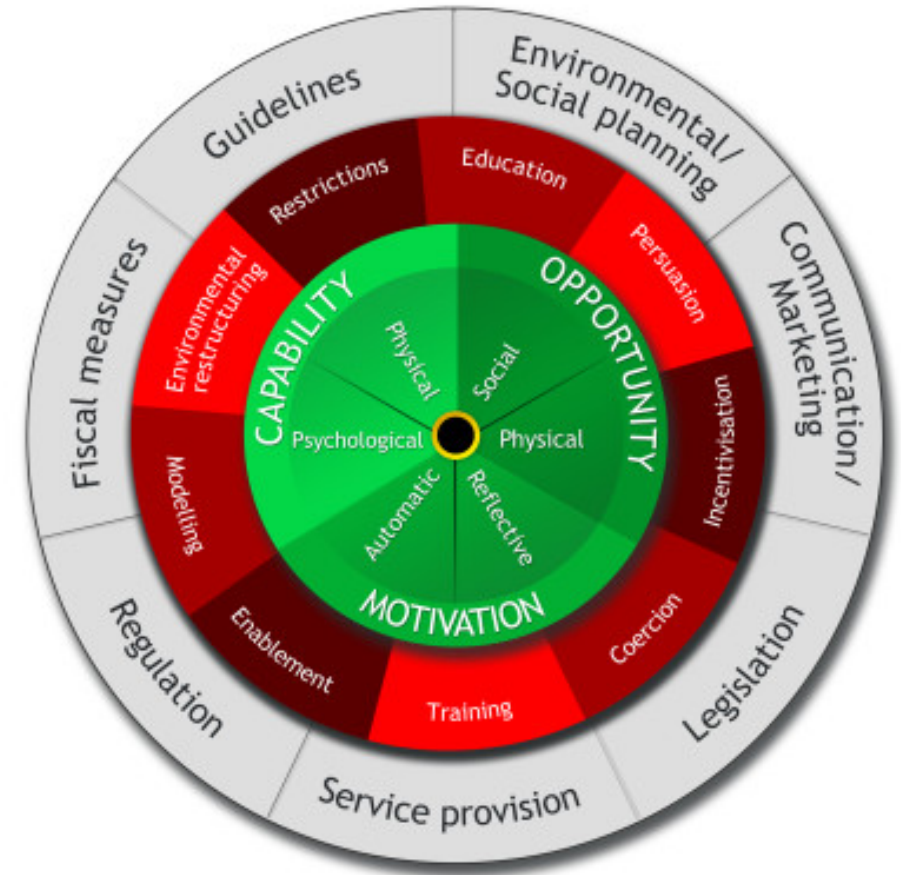


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The Behaviour change wheel (Michie et al, 2011)



COM-B (Sources of behaviour)



Michie, S., van Stralen, M.M. & West, R. 2011, 'The behaviour change wheel: A new method for characterising and designing behaviour change interventions', *Implementation Science*, vol. 6, no. 1, p. 42.[See also: www.behaviourchangewheel.com]

Definitions and examples of interventions in the BCW

(Michie et al 2011)

Interventions	Definition	Examples
Education	Increasing knowledge or understanding	Providing information to promote healthy eating
Persuasion	Using communication to induce positive or negative feelings or stimulate action	Using imagery to motivate increases in physical activity
Incentivisation	Creating expectation of reward	Using prize draws to induce attempts to stop smoking
Coercion	Creating expectation of punishment or cost	Raising the financial cost to reduce excessive alcohol consumption
Training	Imparting skills	Advanced driver training to increase safe driving
Restriction	Using rules to reduce the opportunity to engage in the target behaviour (or to increase the target behaviour by reducing the opportunity to engage in competing behaviours)	Prohibiting sales of solvents to people under 18 to reduce use for intoxication
Environmental restructuring	Changing the physical or social context	Providing on-screen prompts for GPs to ask about smoking behaviour
Modelling	Providing an example for people to aspire to or imitate	Using TV drama scenes involving safe-sex practices to increase condom use
Enablement	Increasing means/reducing barriers to increase capability or opportunity	Behavioural support for smoking cessation, medication for cognitive deficits, surgery to reduce obesity, prostheses to promote physical activity

Matching the intervention to the behavioural barrier

Table 2

Links between the components of the 'COM-B' model of behaviour and the intervention

Model of behaviour: sources	Educa- tion	Persua- sion	Incentiv- isation	Coercion	Training	Restric- tion
C-Ph					√	
C-Ps	√				√	
M-Re	√	√	√	√		
M-Au		√	√	√		
O-Ph						√
O-So						√

The Behaviour change wheel (2011)

Group of experts reviewed and evaluated 19 frameworks of behaviour change interventions.

- Developed a new framework – the Behaviour Change Wheel (BCW) that was more comprehensive, and linked to a model of behaviour (COM-B)
- The BCW is used to describe *and* design policy and interventions to change behaviour.

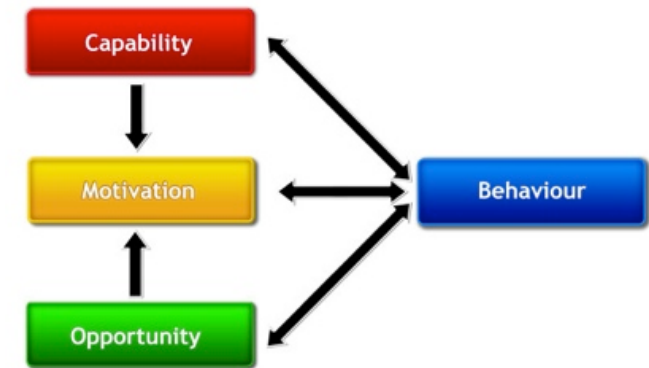


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O-Ph						√
O-So						√

The Impact-Likelihood Matrix for choosing target behaviours

IMPACT ON ISSUE	HIGH	Hard but effective <i>Potential target, may require resources for adoption</i>	Easy and effective <i>First priority, probably already targeted</i>
	LOW	Hard and ineffective <i>Low priority</i>	Easy but ineffective <i>Possible target, may help leverage other behaviours</i>
		LOW	HIGH
		LIKELIHOOD OF ADOPTION	

Another way of thinking of this is, how easy will it be to do?

