STRATEGIES FOR ACCELERATING AND SUSTAINING CHANGE IN HEALTHCARE ORGANIZATIONS

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Abstract:
This paper presents accepted concepts for effectively leading change in the healthcare setting. It provides a description of what is different about leading change in healthcare and why performance improvement practitioners need to adapt their change management strategy to accommodate these differences. It provides examples of change management assessment tools to assess the organization's readiness for change. It suggests ways to help the leadership team link their strategy, scorecards and change initiatives into a cohesive catalyst for guiding performance excellence and achieving desired outcomes. In addition to guidance for establishing an effective performance improvement initiative, this paper provides some best practice tools and techniques for picking improvement projects and applying the right intervention for guiding, reporting and tracking performance excellence.

Introduction

"Nothing endures but change" (10). Heraclitus of Ephesus declared the first recorded universally-applied doctrine of change in the fifth century BC and we are still seeking ways to understand and minimize its effect in the twenty-first century! But, what does change entail? Are there common understandings and underpinnings of change? How can we manage and mitigate the change process? If change is inevitable, why should we bother to accommodate it at all? What do change management experts have to offer would-be Change Agents on the subject and what theories and applications should we consider differently in the healthcare setting. Are there any tools and best practices that can help us transition through the change process?

These are the core questions that will be considered in this paper. The first place to start in this learning journey is to understand the change effect and its application in healthcare.

The Change Effect

Leading Change Fundamentals

Leading change in any organization is an incredible, somewhat daunting, sometimes terrifying experience. In healthcare, the need for change can be imposed by political, social, legal or professional environment or initiated from within through new insights and direction from strategic, operational and/or governance leaders. Changes can affect the organization’s communication systems, core and supporting business processes, essential elements of health care delivery such as the technology, materials, and human resources involved and everything in between. Understanding the multi-faceted effect a change can have on an organization will help healthcare leaders more readily guide a successful change journey. But, in order to understand the change effect on an organization, it might help to start with a baseline definition of change.

The New Oxford American Dictionary defines change as “to make or become different…to transform…to alter…to become new…to give up (something) in exchange for something else.” (35)

All of these definitions can be applied to the various aspects of the change process in healthcare. Undergoing change entails moving from the current state to some different state. The optimistic and desired effect of change is that the future state will be better than the current state. But that is not a foregone conclusion. This is where effective change management comes in!

A number of approaches have been used to study and explain what happens along the change journey and several change management models and frameworks have been offered to help leaders support change.
Scholars and practitioners offer a variety of suggestions across the spectrum of changes that can occur at both the personal and organizational level. Constructs for assessing, planning for and executing the technical and practical logistics of managing change as well as ways to deal with the mental, emotional and behavioral transformation impacting change in individuals and organizational cultures are key tools in the Change Agent’s toolbox. The information presented in this paper provides just a glimpse into this wide body of knowledge known as change management. The following constructs serve as guiding principles and practical applications from leading experts in the field of change management to support those wishing to understand and support change in their organization.

**Change Management Theory**

Kurt Lewin was one of the first theorists to offer a change model associating the motivation for change with action planning and fact gathering (15). His three-stage model for planned change consisted of being sufficiently dissatisfied or uncomfortable in the current state to be motivated to change by “unfreezing” the status quo. This provides the ability to move to the next stage and “change what needs to be changed”. This bias for action can be facilitated by clearly describing what the future vision looks like and identifying the gaps in the current state. Role models and best practices are seen as an effective means of persuasion in this stage. The final stage in Lewin’s model is to “make the change permanent”. This effort is intended to “refreeze” and sustain the benefits of the improvement (21). A potential take-away from this framework is to recognize the value of taking the time to ensure there is a clear catalyst for change that can help the organization members overcome resistance to maintain the status quo. Additionally, Change Agents should take the time to identify success stories and case studies within healthcare and/or the specific clinical or support work group that can be used as role models to help the organization visualize success and what it takes to get there.

**Change Management Behavioral Transitions**

In a similar staged approach, Zimmerson, et al (40) offer a Stages of Change Model to describe the individual’s emotional stages involved in making a behavioral change. In this case, the authors tie changes in behavior to the “Changee’s” beliefs about what the change will or will not do for them as well as their consideration of how much control they have over making the change. Since so much of putting new processes into practice in healthcare involve behavioral change, Change Agents in this environment may benefit from understanding individual behavioral change models. The stages described by this model include: Pre-contemplation, contemplation, preparation, action, maintenance (for sustaining new behaviors) and when unsuccessful implementation occurs: relapse. In each of these stages, a series of psychological triggers combine with varying levels of motivation and control to evoke actions and behaviors towards or against the change. This information, used in conjunction with tools like the organizational maturity model presented later in this paper, should be considered as a way to observe, shape and reward individual behaviors that lead to positive organizational change. This knowledge can also be used to develop strategies and interventions to mitigate resistance factors.

**Managing the Psychological Transition**

Change management consultant, William Bridges (2) suggests Change Agents carefully manage the transition from the current state to the future state rather than focus on the change event itself. He contends that “change happens”, but it is the psychological transition that must be effectively managed in order for the organization to achieve its objectives and adopt new behaviors. He believes every change effort should begin with the recognition of an ending. He argues that until the organization is able to “let go” of the past, it will have difficulty advancing to a new way of doing business. Some of the other critical constructs needed to guide the transition is for leaders to clearly conveying the purpose for the change and its immediacy and creating some sort of picture of what the future state looks like. He then recommends creating a plan to move from the present to the future, across what he terms the “neutral zone” of the unknown, while ensuring everyone has and knows they have a place and a role to play in the new state. Bridges believes that effective Change Agents should learn to recognize and develop strategies to help organizational members deal with the emotional aspects a major change event evokes and that a visible vision conveyed along with a concrete action plan, containing specific roles for the participants will provide the structure and specificity necessary to guide the transition and help organizational members achieve organizational goals.

**Change Management Logistics**

In addition to the theoretical, emotional and behavioral transitions, there are some logistical
considerations necessary for putting a successful change effort into practice. The Heifetz Halle Consulting Group describes the change management cycle as a series of seven distinct stages (9). Beginning with the process for choosing a target to change through setting goals, initiating action, making connections, rebalancing the organization, consolidating the learning and finally moving on to the next change cycle, this logistical framework suggests a “flow” from one stage into the next stage after certain interim milestones are met within each stage to signal readiness to move forward. The key takeaway from a stage-based framework is to learn to recognize interim progress for advancing a change effort and seek ways to remove or reduce barriers to moving forward to the next cycle.

**Leading Change in Healthcare**

As a Change Agent, it is important to know the cultural characteristics of the organization undergoing transition. In healthcare, there are a number of considerations worth noting that set the healthcare environment apart from other industries. These include the people involved, their purpose for serving, some pricing considerations, the pace of change that is occurring and how fundamentally personal healthcare delivery is for those involved.

**People**

Healthcare consists of a wide diversity of professionals, para-professionals, skilled and unskilled workers collaborating and supporting the delivery of patient care. Within these groups are strong cliques, with their own sense of acceptable norms and behaviors that affect the group’s willingness to adopt new ways of being. Healthcare providers may have different incentives and loyalties than healthcare delivery facilities. A variety or relationships extend across the care continuum, including the patients and their families. Change Agents must be willing to engage formal and informal “connectors” within these groups in order to effectively facilitate the change process.

**Purpose**

The mission of a healthcare organization includes satisfying a number of key stakeholders. In addition to accommodating the traditional business considerations of the for-profit facilities, most healthcare organizations are engaged in community support, on some level, seeking to satisfy a “noble” access to care mission on behalf of the patients they serve. This can lead to an acceptance of driving for success “at all costs”, which may, in the end, challenge the financial viability of the organization and jeopardize its ability to pursue its mission.

**Pressure**

Health care service delivery comes with an inherent sense of urgency as medical solutions are sought as quickly as possible. Patients have sometimes unrealistic health outcome expectations and who isn’t willing to accept a miracle when it comes to extending or improving our quality of life? In this highly regulated and actively litigated environment, there is a great deal of pressure to “go with the flow” and sustain paths of least resistance when it comes to care delivery. It can be particularly challenging to process improvement initiatives to marshal the resources and the time needed to examine and optimize care processes within these constraints. Getting the organization to recognize the cost and consequence of maintaining the status quo is often a valuable exercise in helping them to make informed decisions on where to (& not to) focus their change efforts.

**Payers and Price**

One of the most complicated areas in healthcare is the revenue cycle. Where most industries can isolate their customer base (from a payee perspective), healthcare has a plethora of funding sources that impose multiple constraints across the entire delivery system. From pre-authorization requirements, claim denials, insured versus uninsured and self-pay options, charity support, governmental subsidies and state and local funding programs, the healthcare revenue cycle encompasses much more than the payment transaction. Couple this with a Hollywood-influenced “Dr. House” expectation for heroic medical intervention, and it is easy to see why it is important for Change Agents to help organizations anticipate and recognize the potential impact change initiatives will have on the revenue cycle’s processes and the organizations’ bottom line. Emerging governmental programs currently under development will likely keep this area in flux for the immediate future.

**Pace of change**

Few industries are experiencing the social, political, professional, technological and economic changes that healthcare is undergoing. With the rise of evidence-based medicine, healthcare providers are inundated with more information and under increasing pressure to apply best practices. Patients are able to access and research medical information in a way that offers challenges across the entire care delivery team. Emerging
technology may be outpacing the organization’s willingness and ability to put them into practice. Reimbursements may not be keeping pace with the cost of care delivery in this fast-paced and capital-intensive environment. Premature automation can inadvertently hardwire redundant and inefficient activities and make it difficult to detect and correct wasted effort. For example, a hospital admission and registration department spent thousands of dollars putting an electronic admission record into practice. Unfortunately, they chose the ‘one-size-fits-all registration application consisting of sixteen screens of mandatory data entry...whether patients were having emergency open heart surgery or a simple blood draw in the lab. It was tedious to uncover the wasted effort and customer annoyance with this process and to get the staff to “let go” and consider alternatives until they were convinced of the magnitude of the waste:

- **Before Change**: 15 minutes per registration
- **After Change**: 3 minutes per registration
- **Savings**: 12 minutes/registration times 10,000 registrations per year translate to 120,000 minutes (2000 hours) times $12/hr =
- **Total Value**: $ 24,000/year.

Change Agents can help healthcare organizations continually survey their environment and use this knowledge to prioritize their initiatives to keep pace with emerging trends, combined with a consideration of the anticipated benefit of choices made.

**Personal**

At its core, healthcare is a fundamentally personal service. It is emotionally-charged; mentally complex; and physically challenging. The sights, sounds and smells of the environment evoke strong reactions, sometimes in front of unintended witnesses. Patient rights, privacy laws, as well as moral and ethical standards must be upheld and respected throughout the change journey.

Making a difference in healthcare means making a difference for those we most care about in our lives. It is highly rewarding to know that you had a part in supporting someone’s healthcare journey. Change Agents don’t deliver healthcare, they make healthcare delivery, better!

**Assessing Readiness for Change**

**Organizational Readiness.**

One of the often overlooked aspects of leading change is whether the organization and Change Agent are prepared and ready to undertake the journey. I have adapted an organizational and individual change readiness assessment questionnaire (Figure 1) developed by the Fanning Institute of Leadership at the University of Georgia (36). They can be used to help leaders and Change Agents determine whether those critical change management success factors are in place or need to be further developed. When used in combination with the Change Readiness Matrix (Figure 2) an overall assessment can be made of the likelihood and synergy present to facilitate successful change.

**Figure 1: Organizational and Personal Readiness Assessment Surveys**

**Figure 2: Overall Change Readiness Matrix**

**Developing the Change Strategy**

**Identify and prioritize performance goals.**

The catalyst for change is often rooted in the dynamic environment in which we operate. Few industries are under more pressure these days to reduce costs, streamline operations, accommodate shrinking budgets and manage workforce shortages than the
healthcare sector. As experts like Kotter (16) points out in his seminal book “Leading Change”, economic and social forces are driving the need for major change in organizations (p.19), not just to compete, but in many cases, to survive! Don Arwine, former CEO of VHA Inc. groups the major healthcare system strategies into the following eight broad categories (Coddington, et al):

1. Containing costs
2. Creating physician alliances
3. Divesting
4. Developing centers of excellence
5. Improving customer service
6. Consolidating
7. Expanding the market base
8. Pursuing philanthropy

Best practices in change management recommend linking the change effort to the organization’s strategic mission, vision and values in order to successfully guide and anchor the change into “the way we do things around here”. (p.14). Healthcare leaders and Change Agents need to be skilled in interpreting the impact of pressures in the environment and determine how the organization needs to respond (through change) while maintaining alignment to the healthcare organization’s strategic direction.

Michael Sullivan, consultant to George Group, LLP, (33) suggests leaders maintain this linkage by assessing the organization’s key “value levers” to identify potential change opportunities through organizational value analysis (Figure 3).

- **Vision**: What do we have to offer and why is it different than our competitor?
- **Voice of the Customer**: Why we are in business and what does the customer expects us to deliver if we expect to stay in business?
- **Voice of the Business**: What are our core competencies? How well do we resource our organization in terms of manpower, materials, technology and their associated costs?
- **Voice of the Process**: How are we performing and how do we compare to our competitors in terms of our key processes, product and service outputs, and their associated quality?
- **Voice of the Employee**: How well do we utilize and satisfy our key partners (internal and external) for putting new changes into practice? How satisfied are they with the direction we are headed?

Figure 3. Organization Value Analysis

These value levers can be examined in conjunction with the organization “scorecards” (Figure 4) or other benchmarking tools to identify gaps between current performance and the desired or required goal. These goals should translate to improvement targets aligned to the organization’s strategic direction.

Figure 4. Typical Scorecard Metrics

**Select the right projects**

Once the gap between the future and present state is identified, the organization can apply qualitative and quantitative criteria to prioritize potential change initiatives. Figure 5 depicts a couple of examples of prioritization matrices that can be used to categorize and compare project candidates. In the benefit/effort matrix, health care leaders conduct a relative assessment of each project candidate for its expected benefit (in financial and/or operational terms) in conjunction with the anticipated level of effort it will take to guide the project through the process. This tool serves nicely as a first pass filter to identify potential quick implementation projects as well as the means to guide discussions on proposals that may require considerable political and/or financial capital investments before pursuing.

The prioritization matrix is a tool that applies quantitative values aligned to selected organizational criteria such as strategic priorities, expected benefit, resource availability, etc. The projects with the highest score would be pursued first. This kind of matrix can be customized to the needs of a given organization.

In either case, the key take-away for leaders and Change Agents is to use a formal method to select projects with the highest likelihood for success based on thoughtful and deliberate informed decision-making. This information helps form the basis for the types of
change events to sponsor and provides the ability to plan, organize and commit the resources necessary to succeed. It also provides the mechanism to track actual benefit against expected benefit and to sustain a hopper of continuous improvement project candidates.

**Figure 5: Prioritization and Benefit/Effort Matrix**

![Prioritization and Benefit/Effort Matrix](image)

**Apply the right tool/technique/intervention**

"When the only tool you have is a hammer, it is tempting to treat everything as if it were a nail." This familiar quote by behavioral psychologist Abraham Maslow (18) reminds us of our natural tendency to overuse familiar tools. Change Agents should help the organization carefully select the right tool, technique or intervention needed based on the situation requiring change. This selection should be based on a set of criteria that would be expected to help transition the current situation to the desired outcome in the simplest and most expeditious way possible. Figure 6 shows how a robust technical solution toolkit can link to a range of typical performance improvement goals.

**Figure 6: Technical Solution Tools**

![Technical Solution Tools](image)

Sometimes the list of change options is limited by the in-house capability or preferences of the change agent and their organizational resources. Often it is a matter of cultural and organizational constraints (access to training, traditional vs. innovative culture, affinity for change, and data sophistication and availability). These are considerations that need to be taken into account when planning and organizing a change effort.

A recently debated topic on the business networking site “LINKEDIN®” yielded a wide range of opinions from dozens of performance improvement experts when Jorge Uribe asked how to differentiate between “Green Belt” and “Black Belt” projects using the popular Lean Six Sigma performance improvement methodology (37). Similar debates erupt when experts are asked to weigh the advantages of using various performance improvement methodologies such as business process reengineering (BPR), total quality management (TQM), plan-do-check-act models (PDCA), Lean/Six Sigma, etc.

Rather than debate the specific merits of one methodology over another, it would appear that many quality management experts seem to gravitate towards approaches that focus on applying hard skills (process and data organization, quantification, statistical analysis, interpretation and validation, and project management) while change management advocates seem to highlight the application of approaches that utilize soft skills (motivation, behavior modification, collaboration and shared values).

Since guiding change encompasses so many variables, I contend that the most effective Change Agents are able to combine the use of hard skills and soft skills by incorporating a level of rigor and planned flexibility into a change effort. This can be accomplished by using some of tools mentioned so far to identify the need for change and select targeted projects with clearly defined goals. This can be broken down further into applying different soft skill techniques and project management rigor to gain momentum and buy-in, while advancing the organization’s strategic goals.

For instance, Dr. Joseph Juran (13) outlined two separate sets of criteria to use when fostering acceptance for change while pursuing organizational goals. He suggests that first projects in a major change initiative should be “winners” (pg 52). They should be selected for their ability to solve a chronic problem, is feasible in its likelihood for success, and can be completed within just a few months, and has significant merit within the organization to attract attention and recognition when it is solved. The outcome should be presented in clearly measurable financial as well as “technological” (sometimes referred to as operational) terms. In current literature these kinds of projects might be termed “quick fixes” or “just do-it” projects, depending on what is known about the problem. The key take-away seems to be to limit its scope and complexity of initial change efforts, in order for the organization to build traction and confidence in its ability to effect change.
Once this confidence is established, Juran suggests that future projects be selected based on their potential return on investment (ROI), order of magnitude, sense of urgency, ease of technological solution, “health” of the product line (in its lifecycle), and probable resistance to change (what I term as those political, cultural and or social capital investments) (13, pg 53). These criteria are easily applied to the prioritization matrix mentioned above to aid in prioritizing project candidates.

Another common tool, the SIPOC model can be used to scope the level and complexity of a project by describing the supplier, input, high level process steps, output and customers of a given initiative. This model (shown in Figure 7) can be used in conjunction with a project charter (Figure 9) to help Change Agents frame the nature of the problem and suggest the kind of change initiative needed to make a difference.

**Figure 7: SIPOC Model**

![SIPOC Model](image)

**Quick Fix Projects**

These projects are solution-oriented project teams with a bias for action where the focus is on getting a “mostly right” solution fast. The source of the problem is generally known (from previous data analysis) and the team consists of implementation-level experts. I personally use a 90-day implementation plan accentuated with “Accelerated Change Events (ACE©)”. These are short workshops done in 3-5 day “bursts”, similar to what some practitioner’s call “Kaizen” events, used to employ Lean techniques. The key to a successful quick fix project is rapid deployment, solution consensus and documenting results to build organization confidence.

**Discovery-oriented projects**

These projects use varying types of analytical methods (such as TQM, PDCA, BPR, Lean and Six Sigma DMAIC, etc.) to study a problem and test potential solutions for the best overall solution. These teams employ the tenets of the scientific method of observation, data gathering, hypothesis-testing and validation, with planned implementation to establish an alternative way of doing things that meets specific goals.

Discovery-oriented projects may focus on work center-level changes, using functional subject matter experts (SMEs) on the project team, or they may involve more complex, enterprise-level change where cross-functional SMEs are involved. In either case, the intent is to discover the root cause(s) of failure in the current state with a confirmation of improvement and sustainment for the future. These projects tend to take longer to solve, due primarily to the level of detail and analytical rigor required to research and validate the root cause of the problem and to confirm a statistically significant difference took place. They generally involve some form of organized behavioral change to sustain the improvement until it becomes “the way we do business around here” as Kotter suggests (16).

Taking the organization on this journey requires Change Agents who are able to put formal procedures and infrastructure into place to support the organization’s overall change strategy, the leadership team and its project teams.

**Change Management Preparation**

**Prepare the organization for change**

Nickols and Bennis, et al (22, 1) describe some typical change management strategies that may be deployed by an organization. These include the empirical-rational, normative-reeducative, power-coercive and environmental-adaptive strategy. Nickols contends than major change initiatives may incorporate aspects of each of these strategies. Some factors to consider when making your approach selection decision include the degree of resistance anticipated, the target population involved in the change, the stakes involved, time frame involved, what expertise is available to put the change into practice and the organization’s dependency on its people for success.

Selecting the right change approach (or some combination thereof) is a key first step in creating an infrastructure for change management. As previously mentioned, the healthcare industry tends to be politically-charged and people-intensive. It is also dominated by clinical professionals and support personnel with significantly varied backgrounds and incentives. The readiness assessments mentioned above can help the successful Change Agent determine the
right combination of change management strategies to use within the organization.

In addition to the organization’s ability to embrace change, the Change Agent also needs to possess a broad skill set to help facilitate the change. Nickols (22) cites political skills, analytical skills, people skills and system skills as the core ingredients for effective change leadership.

**Equip the change team with training**

Champions, project team leaders, team members, and organization members need to have an appropriate level of training and experience in order to best utilize their time and talents in the change effort. A formal training plan can be developed prior to or during a change initiative. It should be kept up-to-date and constantly reviewed for applicability throughout the change event based on observed needs. Training should be specific to the role of the stakeholder and conducted in a timely manner consistent with the deployment cycle.

**Engagement**

Setting specific expectations and accountabilities helps all members of the change initiative understand their role in the change effort. A RACI chart (Figure 8) is an excellent tool to identify specific task and activities that need to be accomplished and assign who will be responsible (do the task) accountable (risk/reward for success), consulted (key stakeholder) and informed (formal communication link) along the journey. RACI charts can be high level, depicting general stakeholder roles, or it can be very detailed, outlining specific tasks and activities of key team members on a project team.

**Empowerment**

Empowerment is the way leaders convey confidence and commitment to team solutions and feedback. When project charters are established, the project sponsor needs to clearly convey the level of empowerment the team has in evaluating and putting changes into practice.

Improvement methodologies like Lean Six Sigma set up formal milestone reviews in order to keep projects on track and to reinforce support of team actions.

### Project Execution: Structural Transition

**Guiding the project team**

The RACI chart described above and shown in Figure 8 is an effective way to formalize project team roles and accountabilities. It can be used when a project is first chartered and can be a useful tool to transition the project back into operations where different organizational members may be responsible to sustain the newly integrated improvement. As Katzenbach and Smith point out in their book “The Wisdom of Teams”, high performing teams excel when they feel ownership in a common purpose and hold each other mutually accountable for performance goals (14, p.275).

**Keeping projects on track**

Juran endorsed documenting an improvement project’s goals and expectations by creating a project mission statement (13, pg 55). Katzenbach and Smith (14) report that high performing teams formalize their commitment to a shared purpose by establishing a team charter (pg 49). Various performance improvement methods have followed these suggestions and expanded on the use of a formal project charter as an effective tool to guide and direct a project from inception to completion. Michael George (33) contends that project charters are “living documents” and that the role of project leaders is to continue to review project progress to goals and adjust charters as necessary as new information is gained through the course of the project. An example of a project charter is provided at Figure 9. The key components of a charter include the business case for why the project is important in terms of the current state and goals to be achieved. The project scope and team members are described and a proposed project milestone timeline is set in order to create a sense of urgency and establish clear expectations.

**Figure 8: RACI Chart**

![RACI Chart](image)

**Figure 9: Project Charter template**

![Charter Template](image)
What to do when things go wrong

Dr. John Ovretveit (25) developed an 18-item assessment checklist to determine the likelihood of an organization being able to sustain its quality improvement results. The checklist consists of scoring and quantifying whether key improvement success factors shown to increase the likelihood of long-term sustainability are in place. These factors include such things as having a formal written strategy with an ongoing evaluation process to continually survey opportunities for improvements. It evaluates whether trained resources and champions are able to be deployed to make improvements happen. Other key aspects include assuring sustainability through effective project tracking and reporting and establishing ongoing publicity to remind the organization of its achievements through active engagement.

These are the kinds of assessments that should be applied by Change Agents seeking to keep a change initiative on track. Checklists like this can help to isolate weaknesses and be used to focus efforts on closing the gaps while fostering known best practices.

**Mentoring team members.**

Another recognized enabler to help mitigate potential problems in advancing a change initiative is to mentor project teams. Mentoring can take various forms, but at the very least it should include some level of technical guidance and project management support to help keep the change event on track by applying the right tools, resources and interventions necessary to facilitate the change process. The risk assessment matrix shown in Figure 10 is one tool that can be used to give a visual representation of potential risk areas and a way to describe planned mitigations at key milestones along the change journey.

**Figure 10 Tool: Risk assessments**

**Recording results**

Sirkin, et al (32) challenge leaders and Change Agents to carefully monitor their change initiative portfolio in order to proactively assess project status. They suggest a scoring mechanism called DICE scores, comprised of evaluating the duration, performance integrity, commitment and extra effort it takes to put a change into practice as a means for predicting success or failure. Using these scores, Change Agents can proactively determine if a given project is likely to be a win, a worry or a woe. (32, pg 161). An example of this tool is shown in Figure 11.

**Figure 11: Portfolio Management Assessment**

In addition to proactive portfolio management another effective change management practice is to record past accomplishments in terms of strategic, financial and operational benefits. These are some of the building blocks Change Agents use to remind the organization of its past success and to dialog lessons learned throughout the change journey. Kotter (16) identified eight common shortfalls for why transformation efforts fail (See Figure 12). Chief among these are gaps in the documentation of success, preceding a tendency to declare victory too soon and a missing element when trying to anchor the improvement into the culture. Change Agents can use this information to be alert to these potential shortfalls and to build in a risk mitigation process to decrease opportunities for failure.

**Figure 12: Why Projects Fail**

**Managing the Psychological Transition**

**Roles and accountabilities**

The leadership team has ultimate accountability for setting the right tone for the success of the change initiative. They own the vision for the future, select the changes to pursue, deploy the resources to navigate the change, fund the training, capital and time investments it will take to put the change into practice and report the
outcomes, benefits and return on investment the change had to the organization’s stakeholders. Juran warned that the change message and leadership actions need to be synchronized and consistent (13). This helps foster trust even when times are uncertain. It is important that the organization trusts the process and the players involved. One of the most important decisions the leadership team will make when embarking on a change journey is to partner with a compatible Change Agent. This could be a member of the leadership team, a special project leader, or an external consultant.

The Change Agent will often be the “face” organizational members see in the day-to-day execution of the change effort. They will often be the one challenging the status quo, identifying and reporting issues and concerns and conveying leadership’s change message. I once heard a speaker give a succinct description of the way Change Agents should organize their communication around a major change initiative:

“Speak respectfully of the past, realistically of the present and optimistically of the future.”

This approach could yield dividends when seeking to garner support for a major change event. Sometimes, regardless of the message and the messenger, there are some additional considerations the Change Agent needs to be aware of when considering leading change.

Assessing progress

Figure 13 shows what Bridges’ (2) describes as managing the transition process by first helping the organization let go of the past, then guiding it through “the neutral zone” before finally proceeding on to a new beginning. Bridges offers a series of progress checks that can be used by Change Agents to periodically assess the change journey.

Everett’s Innovation Adoption Model (28) provides a description of types of “Changee’s” and their affinity for change. Those who readily grasp new concepts are categorized as innovators and early adopters. Most folks fall into the broader category of the majority, differentiated by timing (early majority and late majority). The organization members most resistant to change are categorized as laggards. These are the folks most likely to either passively or aggressively impede the change effort.

Whether using DICE scores (Figure 11), a maturity model (Figure 15), Bridges’ suggestions (Figure 13), or Everett’s categories, the key take away for the successful Change Agent is to regularly assess and track progress. Sirken, et al (32) consider this an essential step in being able to have a frank conversation about projects in danger of not succeeding. It is also a key responsibility of the Change Agent to assess and report progress to goals and impact on the organization.

Figure 13: Managing Transitions

Assessing the Behavioral Transition

Recognizing and sustaining new behaviors

An important role of the Change Agent is to help the organization recognize where it is along the change pathway and to bring it to a state where it has adopted new behaviors as a part of its way of being. This sustainment is most easily recognized through observation of behaviors.

Figure 14 shows how a five-level organizational maturity model was developed using an integration of organizational behavior theory, adult learning theory (Bloom’s Taxonomy) and Everett’s innovation and adoption model (31). This conceptual model describes organizational behaviors and cognitive actions experienced across the multiple stages of the change cycle, from the time a new concept is introduced and tested, continuing as it yields greater levels of acceptance, until it is integrated and finally embedded into the DNA of the organization.

Figure 14: A Convergence of Disciplines

An example of the detailed maturity model is shown in Figure (15). In this case, the organization sought to
implement Lean Six Sigma into its continuous performance improvement strategy. The maturity model describes a series of behaviors that can be observed in order to determine what concepts and constructs have been adopted and put into practice by the organization.

The “value levers” in this case represent the key elements of a Lean Six Sigma deployment initiative and include tracking the tangible results, alignment to strategy, project management, training, communication, change management and adherence to known best practices and benchmarks that occur during the initiative. This maturity model suggests an expected pace or chronology associated with the various levels of maturity, culminating with the expectation that the change should be embedded and sustained at approximately 36–48 months. A maturity model is useful in helping an organization set realistic expectations and to learn to observe and recognize the transformation process. It also helps to identify gaps in development, where one area may be advancing well and another lagging behind the expected pace. Interventions can be designed to bring the transition back onto schedule as needed. This kind of model also helps communicate what “success” looks like. It can be combined with other information to aid in communicating expectations to the organization.

Both of these tools show where the organization was when it started a change effort and the accomplishments achieved through the talent and efforts of its members. The case study template (Figure 16) can be used to succinctly describe the initial concerns, the interventions applied and the results achieved in a change effort. The Storyboard (Figure 17) is an effective communication tool providing a visual representation of the tools and analysis considered that led to the selection of solutions that made a financial and/or operational difference to the organization.

However you choose to describe it, the effective Change Agent helps the organization document its accomplishments and finds ways to share the benefits with other interested parties, to the maximum extent possible.

**Figure 15: Maturity Model Assessment**

<table>
<thead>
<tr>
<th>Level</th>
<th>Behavioral Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduced</td>
</tr>
<tr>
<td>2</td>
<td>Tested</td>
</tr>
<tr>
<td>3</td>
<td>Embedded</td>
</tr>
<tr>
<td>4</td>
<td>Sustained</td>
</tr>
</tbody>
</table>

**Celebrating results**

As an organization evolves and puts new changes into practice, it might be reasonable to extend that learning into other work groups across the organization. There may also be opportunities to share learning through the organization’s professional affiliations by submitting papers for conferences, writing white papers, articles and other publications. Participants in the change effort should be recognized for their efforts and the organization should celebrate new milestones and achievements. An easy way to do this is through sharing case studies and storyboards.

**Figure 16: Case Study Template**

**Figure 17: Project Storyboard**

**Conclusion**

Change management can be challenging and exciting work. Leading change in healthcare is particularly rewarding because of some of the unique attributes of the healthcare organization, its processes and its stakeholders. This paper offers some best practices in change management strategies, tools and techniques that have been successfully applied in the healthcare environment to assess guide and celebrate successful transformation efforts.
References


Biographical Sketch

Junell Scheeres is President and founder of LS2 Performance Solutions, LLC, a Service-disabled Veteran-owned management consulting company focused on supporting organizational change initiatives. She is a PhD student with Capella University and has a Masters Degree in Organizational Management and a Bachelor's Degree in Business Administration. She is a certified Lean Six Sigma Master Black Belt and has worked for Accenture, George Group, Intermountain Healthcare and VHA supporting major world-wide deployments of Lean Six Sigma and performance improvement using industrial engineering tools and techniques for over 25 years in healthcare organizations in the private, not-for-profit, military and federal sectors. Contact her at: Junell@leansixsigmadelivered.com!