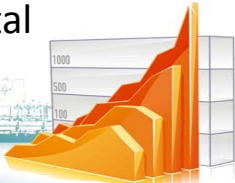



# Executing on Change



Brent Lemonds, MS, RN, EMT-P, FACHE  
Administrative Director – Emergency Services  
Vanderbilt University Hospital



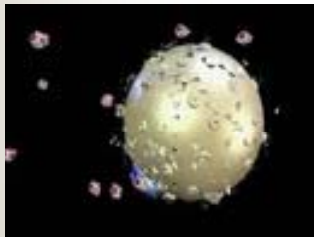
## You can always count on...

- Death
- Taxes
- Shipping & Handling
- CHANGE

## Survival of the Fittest!

- It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change. (*Charles Darwin*)

# LEADING THROUGH CHANGE

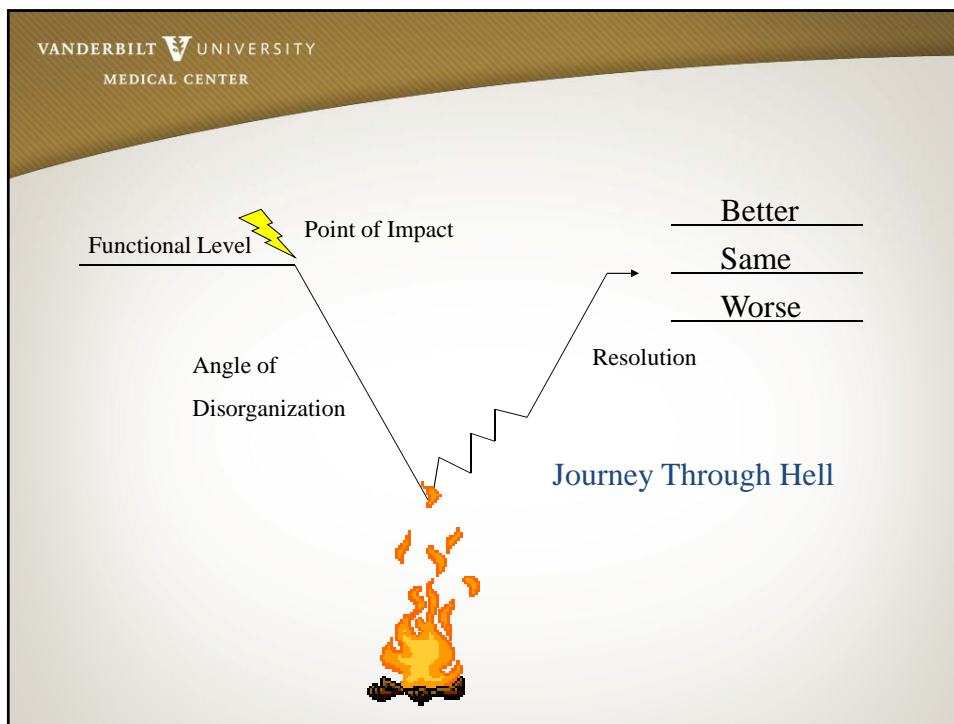


“Vision without  
execution is  
hallucination.”

-Thomas Edison

“Faced with the choice between  
changing one’s mind and  
proving that there is no need to  
do so, almost everybody gets  
busy on the proof.”

-John Kenneth Galbraith



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## Lewin's 3 Stage Model

Phase	Action
① Unfreeze	Create initial motivation to change by convincing people that current state is undesirable.
② Change	Identify new behaviours and norms. Communicate. Adopt new attitudes and Culture.
③ Refreeze	Reinforce new behaviour through reward systems, communications, structures etc.

## Unfreezing

- [Burning platform](#): Expose or create a crisis.
- [Challenge](#): Inspire them to achieve remarkable things.
- [Command](#): Just tell them to move!
- [Evidence](#): Cold, hard data is difficult to ignore.
- [Destabilizing](#): Shaking people of their comfort zone.
- [Education](#): Learn them to change.
- [Management by Objectives \(MBO\)](#): Tell people what to do, but not how.
- [Restructuring](#): Redesign the organization to force behavior change.
- [Rites of passage](#): Hold a wake to help let go of the past.
- [Setting goals](#): Give them a formal objective.
- [Visioning](#): Done well, visions work to create change.
- [Whole-system Planning](#): Everyone planning together.

## Transitioning Techniques

- [Boiling the frog](#): Incremental changes may well not be noticed.
- [Challenge](#): Inspire them to achieve remarkable things.
- [Coaching](#): Psychological support for executives.
- [Command](#): Tell them what to do.
- [Education](#): Teach them, one step at a time.
- [Facilitation](#): Use a facilitator to guide team meetings.
- [First steps](#): Make it easy to get going.
- [Involvement](#): Give them an important role.
- [Management by Objectives \(MBO\)](#): Tell people what to do, but not how.
- [Open Space](#): People talking about what concerns them.
- [Re-education](#): Train the people you have in new knowledge/skills.
- [Restructuring](#): Redesign the organization to force behavior change.
- [Shift-and-sync](#): Change a bit then pause restabilize.
- [Spill and fill](#): Incremental movement to a new organization.
- [Stepwise change](#): breaking things down into smaller packages.
- [Whole-system Planning](#): Everyone planning together.

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## Refreezing

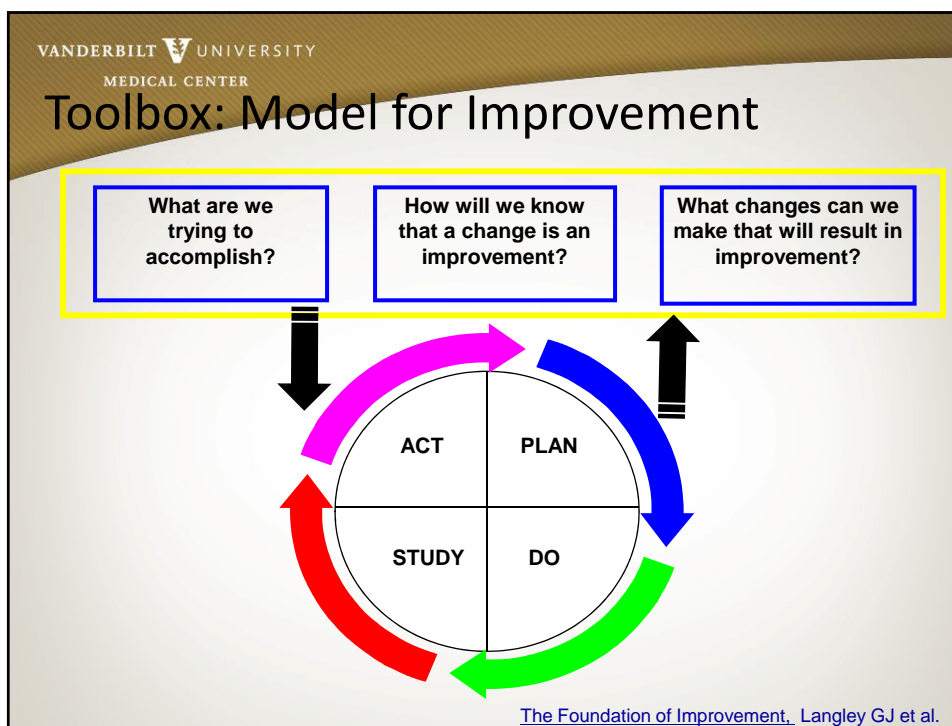
- [Burning bridges](#): Ensure there is no way back.
- [Evidence stream](#): Show them time and again that the change is real.
- [Golden handcuffs](#): Put rewards in their middle-term future.
- [Institutionalization](#): Building change into the formal systems and structures.
- [New challenge](#): Get them looking to the future.
- [Rationalization trap](#): Get them into action then help them explain their actions.
- [Reward alignment](#): Align rewards with desired behaviors.
- [Rites of passage](#): Use formal rituals to confirm change.
- [Socializing](#): Build it into the social fabric.

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### 30 Second Change Management Course

[http://www.youtube.com/watch?v=fpuHUiY\\_xog](http://www.youtube.com/watch?v=fpuHUiY_xog)

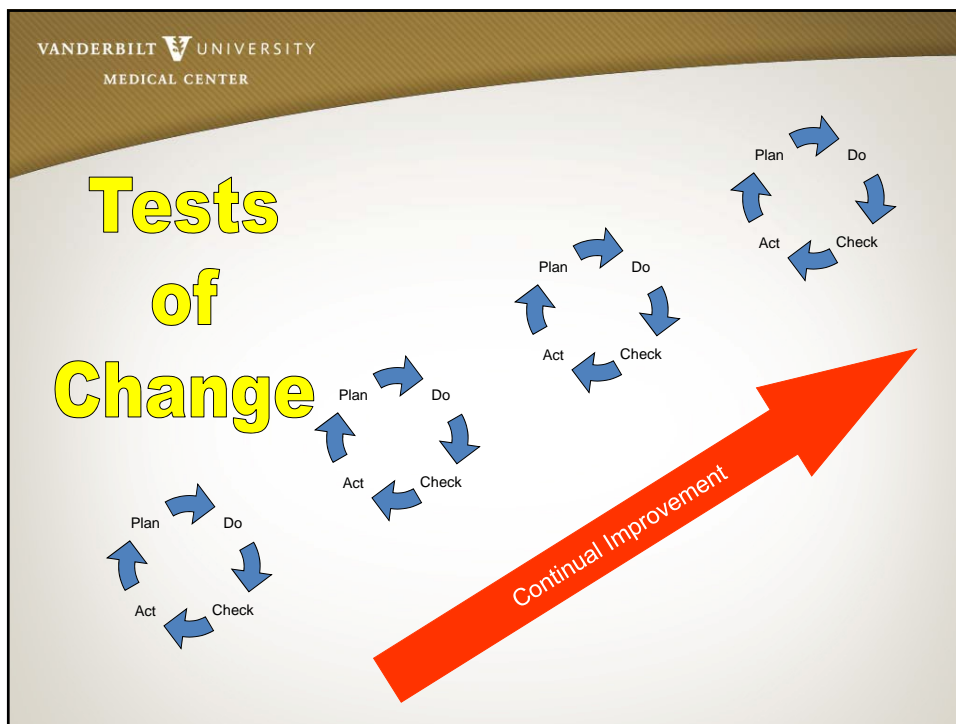
- 4 types of responses
  - Victim
  - Bystander
  - Critic
  - Navigator
- 4 strategies
  - Involve team
  - Communicate constantly
  - Plan properly
  - Don't let up



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## Rapid Cycle Change

- Ready, Aim, Fire instead of Ready, Aim, Aim, Aim, Aim....
- Build knowledge sequentially with multiple PDSA
- Test on a small scale and collect data over time
- Faster Changes are more sustainable
- Changes planned over time lose momentum
  - What can you do by next Tuesday?
- Most groups fail because they can't execute
- Pioneered by the Institute for Healthcare Improvement



## Dealing with Resistance

**Business as Usual – Be Happy!**

**Threatened & Angry – What’s Happening to Me?**

**Create a Coalition Against Change – What’s Happening to Us?**

**Create Obstacles – They’re Not getting away with this!**

**Destroy Success – Kamikaze mentality**

- Adapted from (2000) Tom Hornsby and Larry Warkoczeski in New Roles for Leaders


## Reasons We Don’t Take Risks

- We are Re-People
  - Re Think
  - Re Focus
  - Re run the data
  - Re analyze
- Fear of Failure
  - Embarrassment
  - Loss of Credibility
- Comfort with the Status Quo

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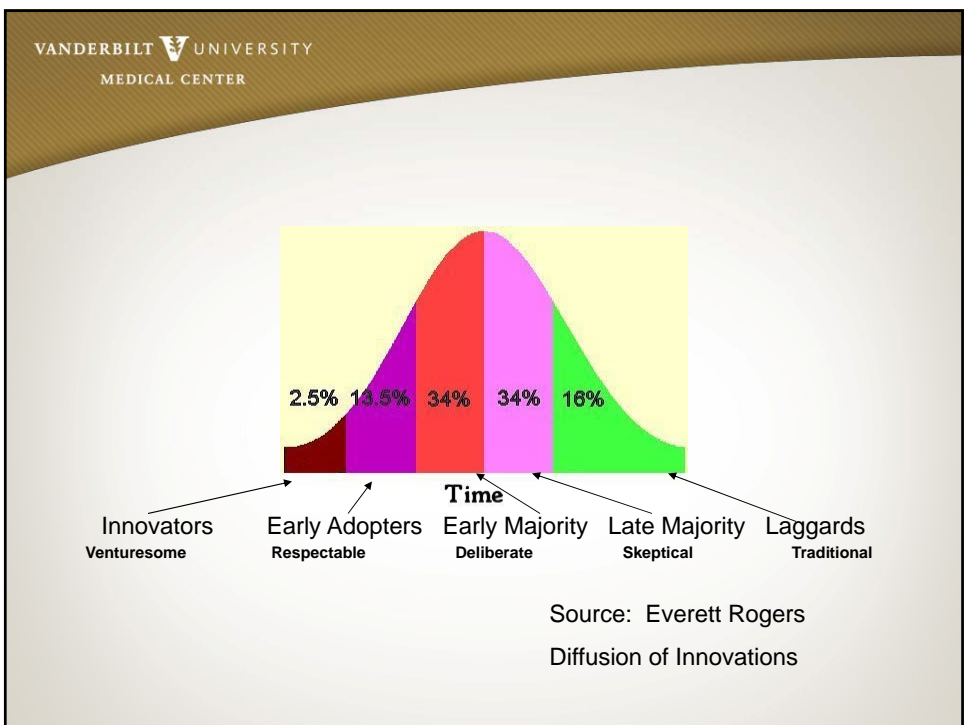
## Reasons We Should Take Risks

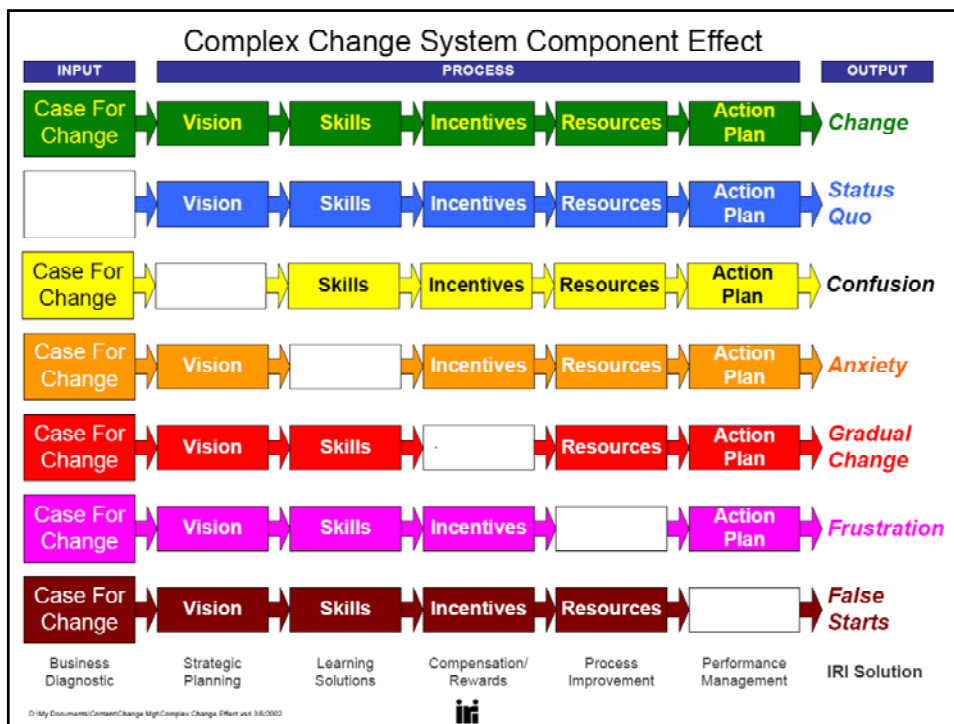
- Thomas Edison called every experiment on the way to the light bulb a success.
- Babe Ruth led the major league in home runs the same year he led the major league in strike outs. What do we remember?



**“Man cannot discover new oceans unless he has the courage to lose sight of the shore.”**

[Andre Gide quotes](#) (French writer, humanist and moralist, 1947 nobel prize for literature, 1869-1951)





Q.E.R.I. > Home

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Home **QERI** Informatics

**Surveys**  
Survey: QERI Ease of Use

**Libraries**  
Site Pages  
Shared Documents

**Lists**  
NAB Sponsors  
Agenda/Minutes  
QERI Rollout Plan  
PROJECT REQUESTS

**Discussions**  
Communication - Med Educ

All Site Content

## Quality \* Education \* Research \* Informatics

Coordinating Resources & Visualizing VUMC Nursing Centric Initiatives

Quality, Education, Research, & Informatics (QERI) have many projects/initiatives that support strategic goals and significantly impact nursing operations. When not coordinated with each other, may have unintended consequences on nursing staff resulting in information overload or conflicting processes. Operational leaders can help prioritize these projects, identify unforeseen needs, and share local successes that could be replicated across the enterprise with the help of the QERI group. And, most importantly, they could engage the right stakeholders within their enterprises to ensure success. QERI initiatives are those that span multiple nursing units (non-local) and significantly involve quality, education, research and/or informatics resources.

Mailbox:
[qeri@vandypoint.mc.vanderbilt.edu](mailto:qeri@vandypoint.mc.vanderbilt.edu)



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## Decision by Consensus

- Participation in the decision-making process can generate widespread buy-in when it comes time for action.
- Consensus – discussion of issues until there is broad agreement on a course of action ([Encyclopædia Britannica](http://www.britannica.com/EBchecked/topic/133355/consensus). 2008. Encyclopædia Britannica Online. 16 Jul. 2008  
<<http://www.britannica.com/EBchecked/topic/133355/consensus>>.)

## Group Decisions

- Moderate amounts of **task conflict** (differences of opinion about the task at hand and how it should be completed) are necessary and valuable if a group decision-making process is going to accomplish more than simple groupthink.



**Moderate task conflict and low relationship conflict is the decision-making ideal. Only then are groups likely to outperform individuals.**



# MEETINGS



NONE OF US IS AS DUMB AS ALL OF US.

[www.despair.com](http://www.despair.com)

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## The “PULL” to Conformity


- Saddam Hussein stated a position and asked questions that he answered himself.
- The Abilene Paradox



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## Groupthink

- Groupthink most often occurs when there is a strong team spirit, high cohesiveness, limited contact with outsiders and outside ideas, high stress, and directive leadership. When groupthink takes over, camaraderie becomes valued over critical thinking, to the detriment of the decision at hand.

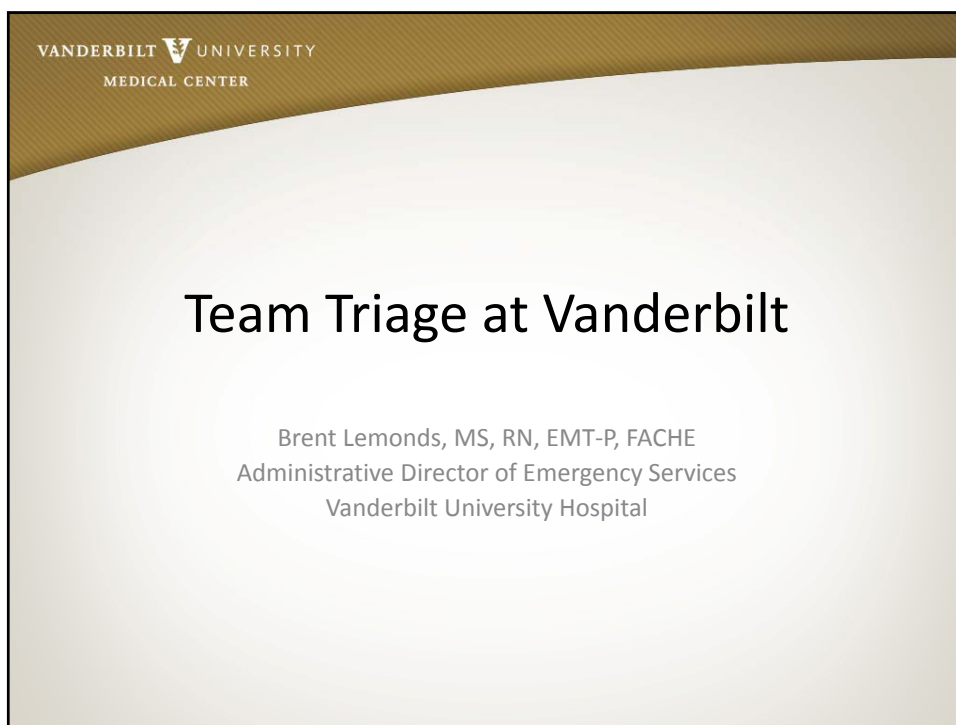


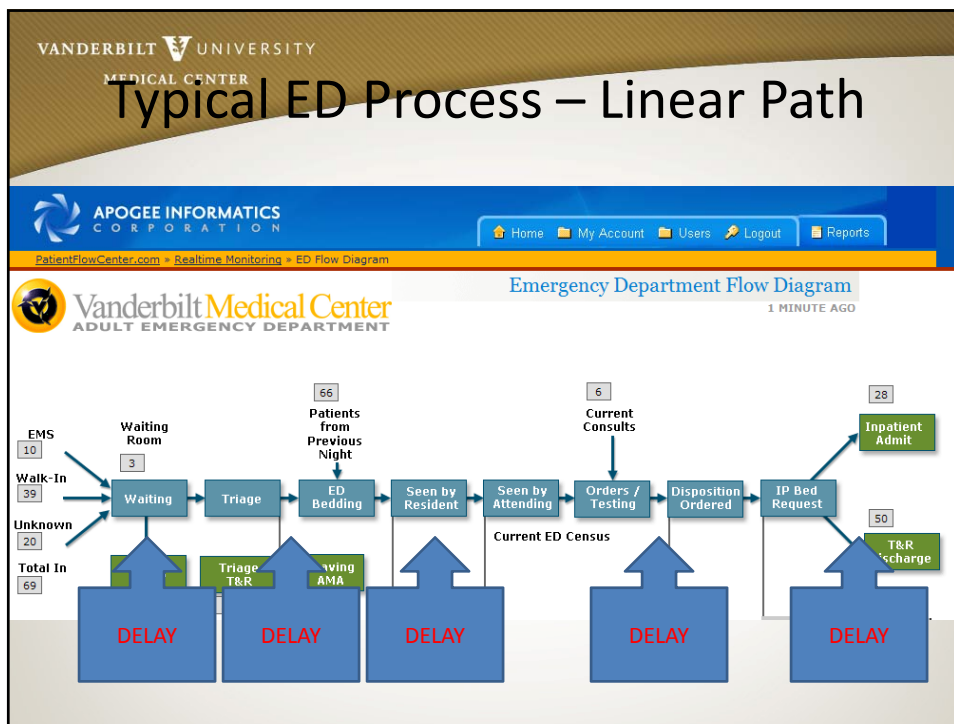
## Toolbox: Groupthink Prevention Strategies

- Invite Dissenters or devil's advocate
- Don't take sides too soon
- Reduce pressure to conform
- Establish norms supporting conflict and creativity
- Give two subgroups the same task
- Solicit more than one option from each member
- Hold second chance meetings

## Takeaways

- Remember that change is a normal state.
- It is normal for people to resist change even when faced with evidence.
- Change efforts move through a process with predictable outcomes and failure points.
- Become a student of change. It is the only thing that will remain constant.'
- — [Anthony J. D'Angelo](#)





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## Initial RN Triage

- ESI Level
- ICD-9 assigned Chief Complaint
- Initial First Aid
- RN Protocol Orders initiated

## Team Triage Station

- RN sees patient
- EKG is done
- MD sees patient



## Team Triage IV Station

- Phlebotomy
- IV
- Pain Medication
- Rapid HIV Test

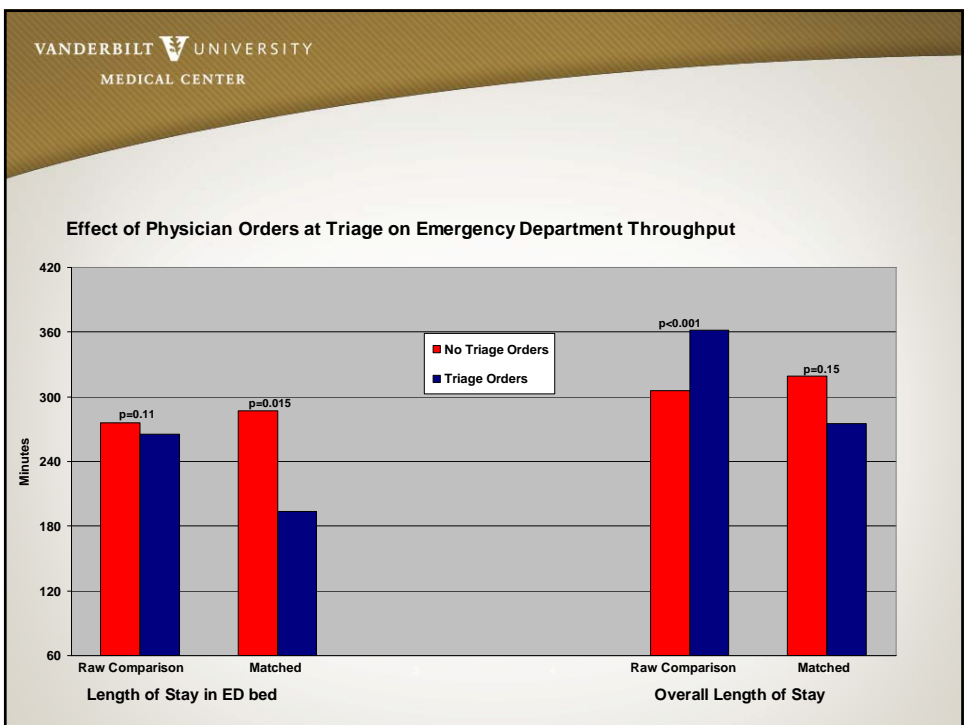


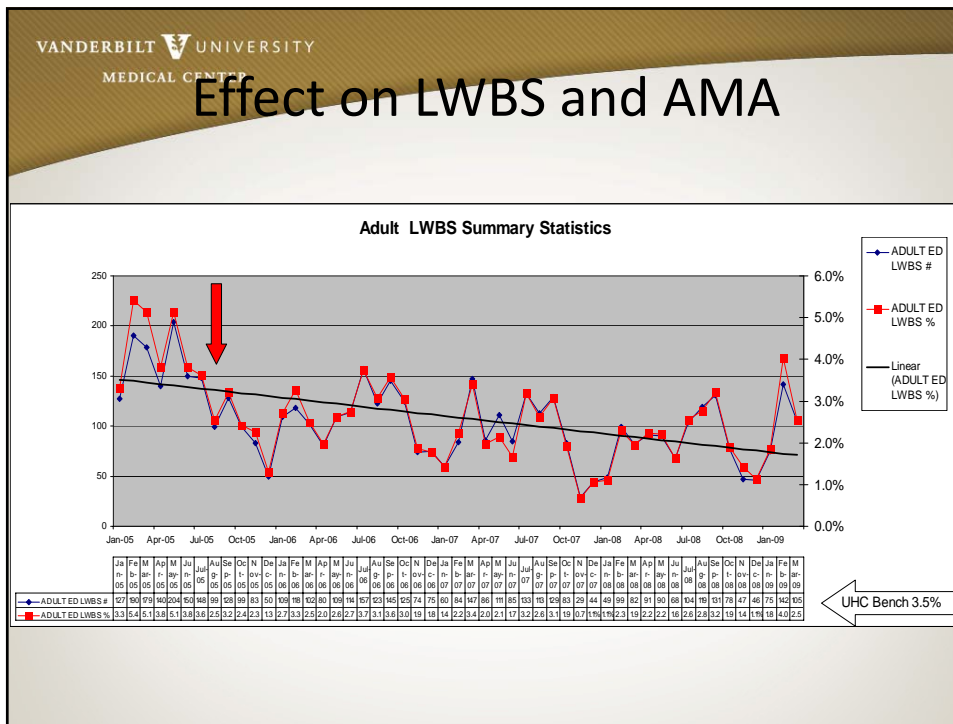
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### Here is a summary of the Team Triage Physicians job description:

From Ian Jones' e-mail dated 1/13/2006

- See and disposition low complexity patients and psychiatric patients without ever putting the patient into an ED bed
- Initiate workup on all patients with any anticipated wait in the waiting room (recruit additional nursing help if orders are getting backlogged)
- Oversee patient flow into both A and B Pod
- Assign appropriate patients who can be seen by the midlevels to Fast Track status on the white board and put them into regular B-pod beds if no Fast Track beds are open
- Help out the A-Pod and B-Pod doctors out if they are overwhelmed
- Take transfer calls or other attending calls (ask the MR to route these calls to your phone)





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# Publication

AHRQ Health Care Innovations Exchange

**Innovation Profile:**  
**Team Triage Reduces Emergency Room Walkouts, Improves Patient Care**

Summary  
 The emergency department (ED) at Vanderbilt University Medical Center (VUMC) established a program in which patients are quickly assessed in a triage area by a team consisting of a physician, a nurse, and a paramedic. Patients with urgent problems are promptly moved to a treatment room. Patients with nonurgent problems are tested and/or treated in the team triage area. They are then released or return to the waiting area until test results and a treatment room are available. As a result of the program, most patients see the triage doctor within 10 minutes of arriving, the percentage of patients who leave without treatment has fallen from 5 percent to under 1 percent, and patient satisfaction has increased markedly.

Developing Organizations  
 Vanderbilt University Medical Center Emergency Department

Date First Implemented  
 2005  
 August

Back Story: Team Triage Reduces Emergency Room Walkouts, Improves Patient Care  
 Vanderbilt University Hospital's Emergency Department (ED) established a program in which patients are assessed in a triage area by a team consisting of a physician, a nurse, and a technician shortly after arrival. Patients with urgent problems are promptly moved to a treatment room. Patients with non-urgent problems are tested... Read the full story

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# Who Really Needs a Bed ?

Chest Pain, Stroke  
 EKG, Oxygen, Bed

Pregnant?  
 L&D

Abdominal Pain  
 VS  
 Contrast Bar  
 CT in 1h

Sports Injury  
 Ice  
 X-Ray

EMS  
 Not  
 Fixin to  
 Die?  
 TRIAGE

Sick / Wound  
 Fast Track

Psych  
 Drug Screen  
 MSE

Waiting Room

## Questions



[www.VanderbiltEmergency.com](http://www.VanderbiltEmergency.com)