How To: Implement Change Successfully

INTRODUCTION

> "The most important part of the audit cycle is making change" - *Baker et al (1999)*
>
> "A clinical audit which does not result in improved services and increased patient safety is a waste of resources." - *Healthcare Quality Improvement Partnership (2014)*

The aim of this 'How To' guide is to provide advice on how to implement change successfully. If an audit shows that current practice needs to be improved, making changes is important. The public has the right to expect that practitioners will provide care that is consistent with recognised good practice. However, it is important to bear in mind that not all changes are necessarily improvements. Do not make changes for change's sake. At an appropriate time, repeat the audit (re-audit) to ensure that changes have been implemented and that practice has improved.

PLANNING AHEAD

Clinical audit is recognised as an effective means of changing clinical practice to bring about improvements in patient care, management and outcomes; this does not mean that change is easy. It is the most difficult part of the clinical audit cycle, and the point at which projects are most likely to lose momentum.

To maximise your chance of success, design your project from the outset with the following in mind:

- Ensure staff are motivated to improve practice. If the audit does not interest anyone else, or if you are doing an audit simply because you have to, you are less likely to bring about change.
- Involve all the key players. If all of the people who will have the final say about changes in practice are involved with the project from the very beginning the likelihood that the proposed changes will be agreed and implemented will be increased.
- If there are additional costs associated with the proposed change, ensure that management understands and support the proposal. If you do not get this agreement before starting your project, it is less likely that you will be able to get the funds you require to make the change.
- Use robust methodology in your project. If people are confident in the validity and reliability of your results they will be more likely to make the changes indicated by the results.

Be aware that change may be perceived positively or negatively.

MAKING RECOMMENDATIONS FOR CHANGE

Before you take any steps to make change, it is worth considering whether you fully understand the fundamental reasons for the shortfalls identified by the audit. There may be an opportunity to use root cause analysis (RCA) and related techniques to explore this further.

<u>5 WHYS</u>

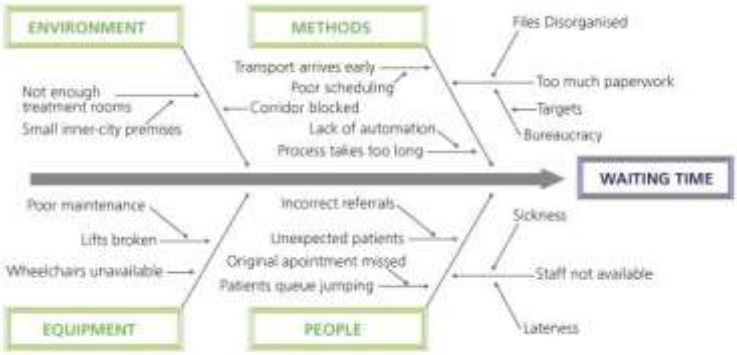
This technique is straightforward enough: it involves repeatedly asking the question "why?" (5 times is a rule of thumb) in order to get to the root cause of a problem. For example:

- The patient's diagnosis of skin cancer was considerably delayed. Why?
- The excision biopsy report was not seen by the surgeon. Why?
- The report was filed in the patient's notes without being seen by the surgeon. Why?
- It was the receptionist's job to do the filing. Why?

- The junior doctors were busy with other tasks. Why?
- The root cause - that the doctors' other tasks were seen as more important than filing. The system has now been changed. A copy of all biopsy reports is now sent to the consultant surgeon responsible for the patient and no reports are filed unless they have been signed by a doctor.

FISHBONE DIAGRAMS

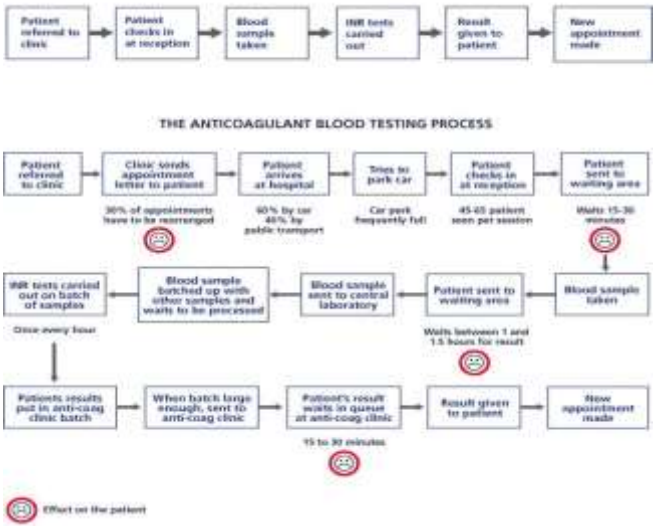
Also known as 'Cause and Effect' diagrams, these are a good way of breaking-down all the contributory causes of an observed effect, including less-obvious factors. This can help you decide which factors are most-likely to be causing the problem and decide what you can tackle most effectively.



PROCESS MAPPING

Depending on the complexity of your audit, it may be valuable to look in much greater depth at patient journeys through your service. For example, if your audit has identified that patients are not receiving blood test results in a timely manner, you may be able to use process mapping to establish where problems arise and whether there are steps that can be eliminated or redesigned in order to make the pathway more efficient.

All these exercises could involve wider consultation with multi-disciplinary teams; the more you engage at this point with the staff members who will ultimately be adopting proposed changes, the more likely they are to be successful.



[Source for all above examples: www.institute.nhs.uk]

THE CHANGE PROCESS

There are three main stages to the change process. These are summarised below:
1. Initiation - The process leading up to the change.
2. Implementation – The first experiences of change.
3. Continuation – The changes become embedded.

INITIATING CHANGE

You will need to analyse the situation before you think about suggesting changes.

- Do people recognise the need for change? The presentation of your audit results should be used to notify people of the need for change and to 'sell' to them your recommendations for change.
- Sometimes people will readily recognise the need for change, perhaps there have been a series of critical incidents in a particular area, whereas on other occasions you may need to highlight the importance of change.
- Willingness to change varies from person to person. For example, someone who has been working in a particular clinical area for a short period of time might be more open to the idea of change than someone who has been working there for a longer period.

- You may need to sell your proposal. An important factor to bear in mind is that, whilst clinicians will be interested in what the proposed changes might mean for their patients, they will probably be most concerned about the implications for them personally.
- People respond to different stimuli when it comes to thinking about change. For some, a shared vision of the future will suffice. Others will want to be persuaded by facts and figures.
- There may be individuals who will only change practice if a reward or penalty is at stake. Use power or influence where you can.
- The majority of any group will accept changes in response to the action of opinion leaders, i.e. people who are well respected. It is therefore important to have opinion leaders on your side; this is particularly true if potential barriers to the proposed change are cultural ones relating to existing routines or practices.

USEFUL TOOLS FOR CHANGE ANALYSIS

Before implementing change, you may need to devise a strategic plan. There are a number of useful tools available to help you do this. Three of the most popular tools are detailed below, which will help you to anticipate different reactions and counter potential resistance.

1. TROPICS - This is a good way to get a feel for the nature of a particular change and plan an appropriate strategy:

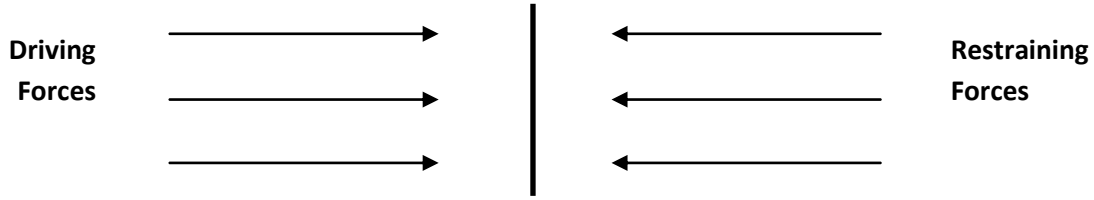
T Time scales - Defined? Short or long term?
R Resources - What will be needed?
O Objectives - Are these quantifiable?
P Perceptions - Does everyone see this issue the same way?
I Interest - Who has an 'interest' in making change happen/keeping things the same?
C Control - Who holds the power?
S Source – Who is driving this proposal, internal or external source?

Note: Externally generated ideas for change, i.e. from a different organisation or department, tend to create most resistance. Staff feel as though they have less control.

2. Stakeholder Analysis - This is a framework for thinking about where your colleagues might stand in relation to the proposed changes and the most appropriate approach for you to take with them.

		Trust	
		High	**Low**
Agreement	**High**	ALLIES Ask for their advice and support. Keep them informed.	BEDFELLOWS Make agreements, but keep an eye on them.
	Low	OPPONENTS Engage and negotiate.	ENEMIES Isolate, out-manoeuvre or forget.

3. Forcefield Analysis - This is a way of visually mapping out the forces that are likely to help or hinder you. You can use different length or different thickness lines to show the varying strengths of the forces.



By identifying the pros and cons you can develop strategies to reduce the impact of the opposing, restraining forces and strengthen the supporting, driving forces. As a rule of thumb, it is better to reduce restraining forces, which can be rational or emotional, rather than increase driving forces. Driving and restraining forces might relate to an individual, staff group or to the organisation as a whole.

They can include the following questions:

- Have past experiences of similar situations/changes affected people's views?
- Is management supportive?
- How unacceptable/undesirable is the current situation perceived to be?
- Are there fears about increased workload?
- Is there pressure for change from patients?
- Are there national policy requirements we must comply with?

Forcefield Analysis can be used effectively in combination with TROPICS and/or Stakeholder Analysis.

IMPLEMENTING CHANGE

Assuming you have won your colleagues over to the idea of the proposed change, you will now want to implement it. You may need to plan the implementation phase, even if it is simply a question of purchasing a piece of equipment.

You may need to break down the changes into manageable tasks and achievable targets. Crucially, it also means communicating, e.g. informing staff about what is going on and consulting them for their own ideas. Different objectives require different methods of communication. Sending out a newsletter about a new clinical guideline is, on its own, unlikely to change clinical practice. It is therefore important to consider whether or not there is a need for training and development, e.g. organising briefings/ workshops.

A useful rule to remember is that a strong action makes it easier to do the right thing and harder to do the wrong thing.

WEAK ACTIONS	STRONG ACTIONS
Raise staff awareness	Remove barriers to doing the work effectively
Remind staff	Redesign the work
Provide training	Supervise, monitor and feed back
Write a new policy	Use IT or technological solutions

<u>MODEL FOR IMPROVEMENT</u>

You might decide to pilot the change that you are planning to make; this is particularly important if you need to demonstrate the benefits to previously unconvinced staff. One way of approaching this is to use the Model for Improvement, which is based on answering three fundamental questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?

These three questions combined with the Plan-Do-Study-Act (PDSA) cycle form the basis for the model.

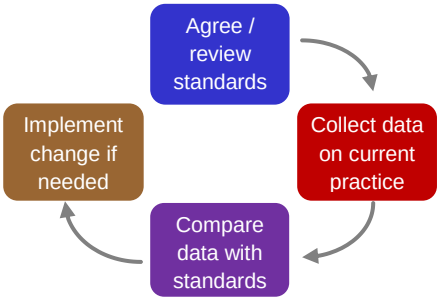
- Plan – decide how to test the change that you want to make – start small in the first cycle
- Do – carry out the test
- Study – observe and learn from the test
- Act – determine what should happen next based on the results of the test – make modifications to the proposed change where indicated and repeat the cycle

You will usually require a number of short test cycles to refine a change idea. Each subsequent test can be on a wider-scale than the previous one, until you are ready to fully implement the change; you could, for example, start with one nurse on one ward testing a new care plan as your first cycle, make amendments using the learning from that and expand to the whole ward in the second cycle, before implementing it division-wide with a much better insight into how it works in practice and with the support of the staff who will be using it, who should feel more involved in and able to influence the change process.

CONTINUATION OF CHANGE

Even if you manage to get changes implemented, it does not mean they will stay implemented. People sometimes slip back into the old ways of working. Once again, communication is crucial, both with the members of staff who are implementing the change and with management. Provide staff with evidence that the changes have had a positive impact through a re-audit. If other staff members are slow to come on board with the changes, can management encourage them to move their position?

REASONS WHY CHANGE SOMETIMES FAILS



Change can fail at any one of the stages outlined above; frequent reasons for failure include a lack of resources, a lack of motivation, inadequate management of the process, or poor communication.

Usually factors that hinder change can be addressed by planning your clinical audit project properly:

- Create a multi-professional/multi-disciplinary audit team with a representative from each staff group involved in the care being audited; this will increase ownership of the problems and improve motivation for change.
- Ensure you have involved people with authority to agree changes.
- If you are likely to need resources to implement changes, ensure that management is in agreement with the aims of the project and will provide funds if necessary.

Prompts reminding you to consider the issues above are included in the UHBristol Clinical Audit Proposal paperwork, which you must complete before you start any clinical audit project. A copy of the clinical audit proposal form is available on the clinical audit website or from your divisional Clinical Audit Facilitator - details for both are listed at the end of this guide. The clinical audit proposal form serves not only to register your project, but also to improve the planning and design of your project, which in turn will increase the likelihood that it will lead to improvements in practice, for the benefit of patients.

NOTIFYING THE CLINICAL AUDIT DEPARTMENT OF CHANGES IN PRACTICE

At UHBristol, project leads are asked to complete a Summary form and Action Plan form on completion of their audit project (both are available on the clinical audit website or from your divisional Clinical Audit Facilitator – details for both are listed at the end of this guide); these forms detail what results have been found and what action is planned to address any areas needing improvement. The Action Plan format helps to break down change into manageable tasks of who is doing what action, and when.

You should keep your divisional Clinical Audit Facilitator informed about the progress made with your action plan, so that the Trust has a record of what improvements have been made to care as a result of following the Clinical Audit process, and can therefore demonstrate the benefits of UHBristol's Clinical Audit programme.

SUMMARY: CHANGE & RE-AUDIT

- Get people on board with your proposal.
- Write and implement an action plan.
- Consider piloting change first and review.
- Re-audit to confirm improvement

REFERENCES AND FURTHER READING

1. "Taking action to improve quality: skills and tools to train and support colleagues", HQIP, 2014

2. "Guide to Quality Improvement", West of England Academic Health Science Network

3. NHS Institute, Quality and Service Improvement tools
   www.institute.nhs.uk – now archived on the NHS England website

4. "Guide to quality improvement methods", HQIP, 2015
   http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/

5. "Using root cause analysis techniques in clinical audit", HQIP, 2016
   http://www.hqip.org.uk/resources/using-root-cause-analysis-techniques-in-clinical-audit/

CONTACT DETAILS/ USEFUL INFORMATION

CLINICAL AUDIT

- The UHBristol **Clinical Audit website** is available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/
- Contact details for UHBristol **Clinical Audit Facilitators** are available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/contacts/
- The full range of UHBristol Clinic Audit **'How To' guides** are available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/
- Copies of UHBristol **Clinical Audit Proposal Form, Presentation Template, Report Template, Summary Form, and Action Form** are available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/carrying-out-projects-at-uh-bristol/
- The UHBristol **Clinical Audit & Effectiveness Central Office** can be contacted on 0117 342 3614 or e-mail: stuart.metcalfe@uhbristol.nhs.uk
- **Clinical Audit Training Workshops** can be booked through the Clinical Audit & Effectiveness Central Office as above.

CLINICAL EFFECTIVENESS

- For advice on **Clinical Effectiveness (NICE, NCEPOD, PROMS, guidelines)** matters contact Stuart Metcalfe, Clinical Audit & Effectiveness Manager, 0117 342 3614 or e-mail: stuart.metcalfe@uhbristol.nhs.uk

PATIENT EXPERIENCE

- For advice on carrying out **surveys, interviews and questionnaires** please contact Paul Lewis, Patient Experience Lead (Surveys & Evaluations), 0117 342 3638 or e-mail: paul.lewis@UHBristol.nhs.uk
- For advice on conducting **qualitative and Patient Public Involvement Activities (focus groups, community engagement, co-design, workshops)** please contact Tony Watkin, Patient Experience Lead (Engagement & Involvement), 0117 342 3729 or e-mail: tony.watkin@UHBristol.nhs.uk
- All surveys that are being carried out for service evaluation or audit purposes should be discussed with Paul Lewis in the first instance. Patient experience surveys will also usually need to be approved by the Trust's **Questionnaire, Interview and Survey (QIS) Group**. Proposals should be submitted to Paul Lewis using the QIS proposal form. The proposal form and covering letter template is available via http://www.uhbristol.nhs.uk/for-clinicians/patient-surveys,-interviews-and-focus-groups/

RESEARCH

- For advice on research projects contact the **Research & Innovation Department** on 0117 342 0233 or e-mail: research@UHBristol.nhs.uk
- Further information can be found via http://www.uhbristol.nhs.uk/research-innovation/contact-us/

LITERATURE REVIEWS/EVIDENCE

- For advice on literature reviews, NHS Evidence, article/book requests and critical appraisal contact the **Library and Information Service** on 0117 342 0105 or e-mail: Library@UHBristol.nhs.uk

SAMPLE SIZES

- The **Sample Size Calculator** is available via: http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/

QUALITY IMPROVEMENT

- Further information about clinical audit and wider quality improvement is available via the Healthcare Quality Improvement Partnership (HQIP) - http://www.hqip.org.uk/