



Leading Through Change

AUSTIN AREA SOCIETY OF HEALTH-SYSTEMS PHARMACISTS
ANNUAL SEMINAR
OCTOBER 26, 2019

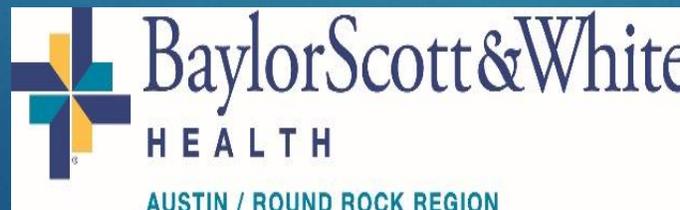
Speakers



Carrie Shuman, PharmD, BCPS
Director, Pharmacy
Operations
Ascension Texas



Priya A. Patel, PharmD, MBA
Regional Director of Pharmacy
Austin Round Rock Region

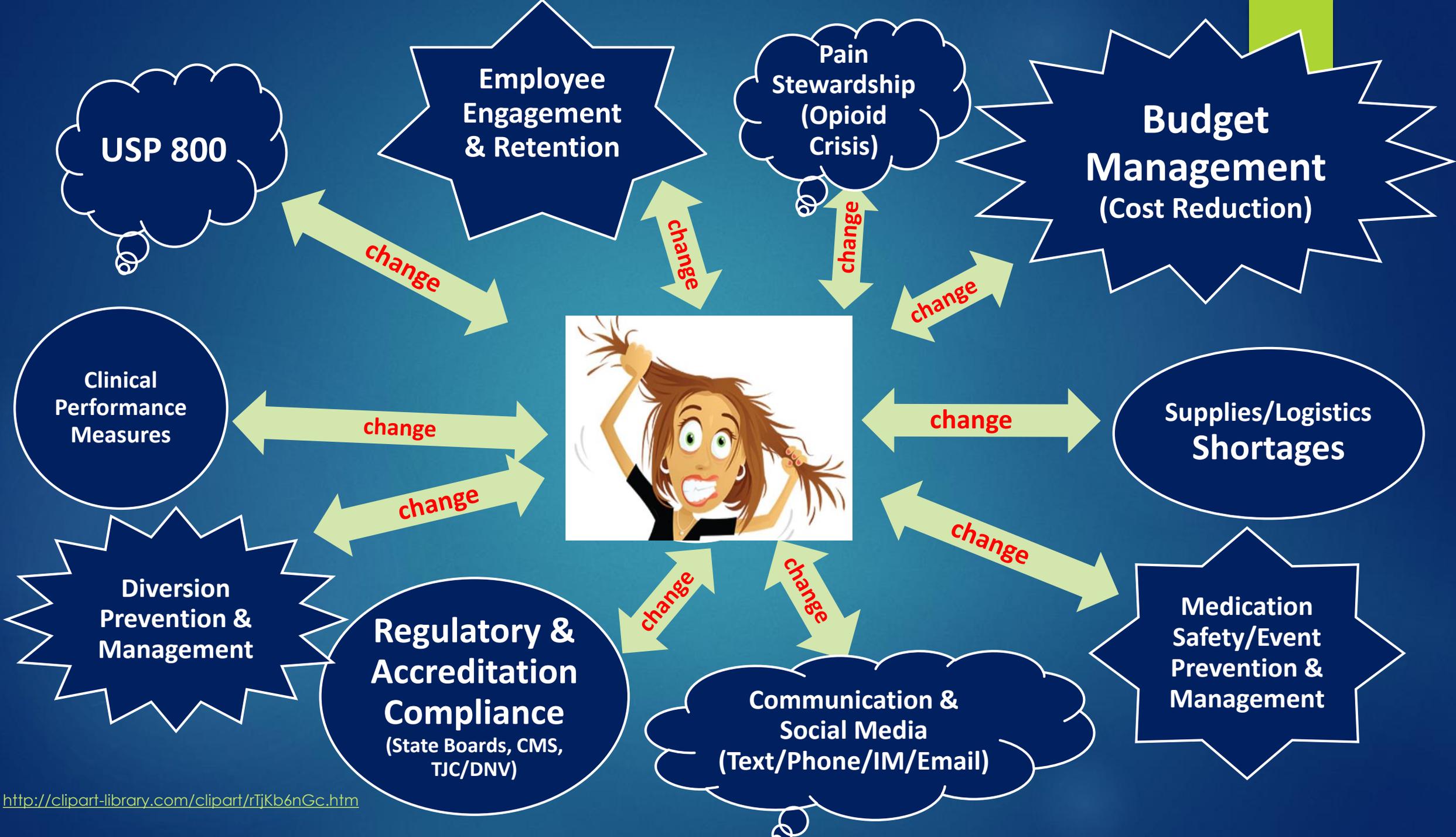


Jenny Burnette, PharmD, MBA, BCPS
Division Director, Clinical Pharmacy
HCA Central and West Texas



Objectives

- ▶ Explain the various factors influencing rapid and ongoing change in the healthcare setting
- ▶ Describe tactics to manage change in the setting of competing priorities
- ▶ Differentiate between strategies for change leadership in normal circumstances as compared to circumstances with accelerated timelines
- ▶ Summarize the impact ongoing change has on associate well-being and satisfaction



US

Time Constraints

Lack of Control
(processes, schedule, stressed customers)

Clinical
Performance
Measures

Competing Demands

Conflict

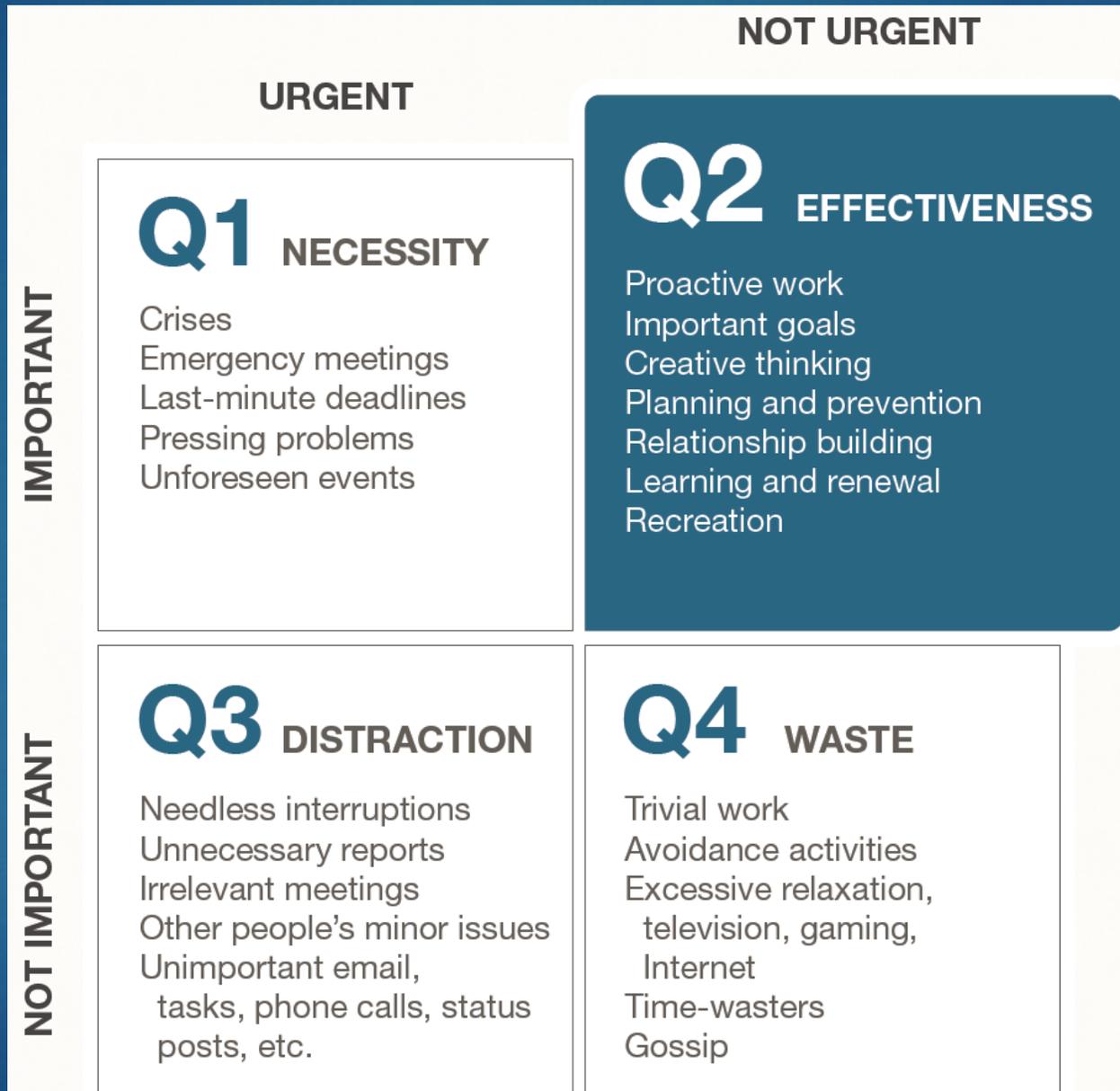
Diagnosis
Prevention
Management

Clinical
Challenges/Metrics

Technology
(friend or foe today?)

Communication
(Text, Video, etc.)

Stephen Covey's Time Management Matrix





Organize and execute around priorities.

~Stephen Covey~

Assessment Question 1

- ▶ What are risks associated with spending too much time in Quadrant I?
 - A. Stress
 - B. Burnout
 - C. Crisis management
 - D. Control
 - E. A, B and C



The key is not to prioritize what's on your schedule, but to schedule your priorities.

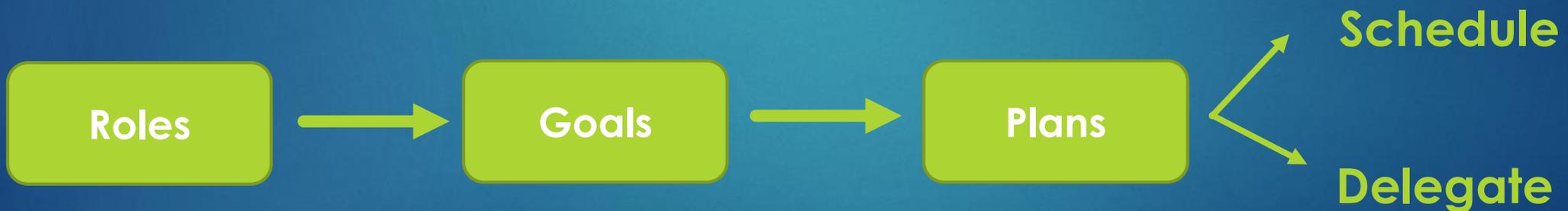
~Stephen Covey~

Quadrant I → Quadrant II

- ▶ Organize your life on a weekly basis
 - ▶ Adapt and prioritize on a daily basis
 - ▶ Provides greater balance and context than daily planning
- ▶ Identify your key roles for the week (personal and professional)
- ▶ Select 1-3 important goals that you feel should be accomplished that week
 - ▶ At least some goals should reflect Quadrant II activities

Quadrant I → Quadrant II

- ▶ Schedule designated time for the identified goals
 - ▶ Flexibility to managed unanticipated events and develop relationships
- ▶ Adapt daily



Assessment Question 2

- ▶ According to Stephen Covey, which of the following is the most effective strategy for spending more time in Quadrant II?
 - A. To do lists
 - B. Weekly scheduling
 - C. Daily scheduling
 - D. None of the above

John Kotter's 8-Step Process for Leading Change



Rapid-cycle improvement

“quality-improvement method that identifies, implements and measures changes made to improve a process or system”

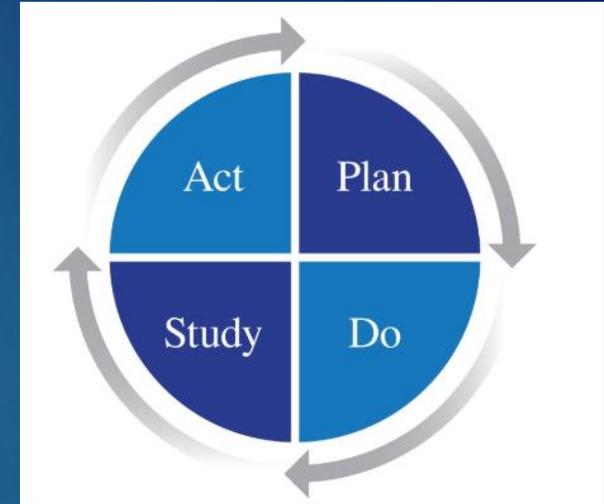
≤ 3 months vs. 8-12 months

Plan: identify opportunity, plan a change/test

Do: carry out plan/test change on small number (as short as a 1-day test)

Study: collect and examine results; was the goal achieved?

Act: Use results to make a decision, implement change, establish further quality improvement plans



1. Deming Institute 2019 – PDSA

2. Robert Wood Johnson Foundation. [“Glossary of Health Care Quality Terms Web Site Disclaimers.”](#)

2. Health Resources and Services Administration. [“What is Quality Improvement?”](#)

3. Department of Community and Family Medicine, Duke University Medical Center. [“PDSA Web Site Disclaimers.”](#)

Tactics to Manage Change with Competing Priorities & Accelerated Timelines

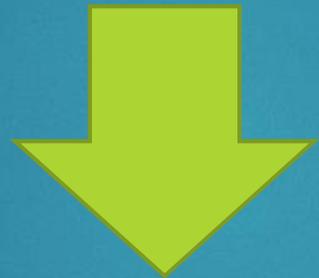
- ▶ Stephen Covey's Time Management Matrix
- ▶ Stoplight Report
- ▶ Huddles
- ▶ Kotter's 8-step process for leading change
- ▶ Project management tool
- ▶ Rapid-cycle change
- ▶ SWARM method

Change, Well-being & Satisfaction

The US health care system is **rapidly changing** in an effort to

Deliver better care
Improve health
Lower costs

↑ Aging Population
↑ Chronic diseases
↑ Co-morbidities



Dissatisfaction – Stress - Burnout

↑ Medical Errors

↓ Quality/Safety

↑ Cost due to dissatisfaction/
turnover/
lost productivity

↓ Patient Satisfaction

WHO calls Burnout an “Occupational Phenomenon”

- ▶ “Syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:



- ▶ World Health Organization is about to embark on the development of evidence-based guidelines on mental well-being in the workplace

Strategies to Prevent Burnout & Build Resilience

- ▶ BURN: Build Your Resilience Now- Strategies and Tactics to Prevent Burnout
 - ▶ BURN: boundaries, what fills your cup, relationships/role modeling, new things/power of now
- ▶ Healing Our Healers: When Mental Health Interferes with Performance
 - ▶ healthwww.mentalhealthfirstaid.org
- ▶ Mindfulness and Meditation for Pharmacists and Pharmacy Technicians
 - ▶ Mind-body practices: mindfulness, yoga, meditation, Qigong, Tai Chi, Exercise (run, walk, swim)
- ▶ Well-Being and Burnout: Tactics to Ease and Restore Health
 - ▶ Gratitude visit; Three Good things Plus;
- ▶ Putting Out the Fire: Beating Burnout in Pharmacy and Healthcare
 - ▶ Allow frontline staff to optimize, create standard workflow; eliminate interruptions; minimize bottlenecks
- ▶ Solution-driven Strategies: Promote Clinician Well-being
 - ▶ 5-second rule (<https://melrobbins.com/blog/five-elements-5-second-rule/>)



Well-Being
& Resilience
Series

Assessment Question 3

- ▶ What is the outcome of effectively managing change and preventing burnout?
 - A. Increased employee engagement
 - B. Improved productivity
 - C. Improved patient safety and satisfaction
 - D. All of the above

Grab your phone/device and go to...

https://www.mindtools.com/pages/article/newTCS_08.htm

Take the 15 statement Burnout Self-Test

Are you at risk for burnout?

Score 15-18: No sign of burnout here

Score 19-32: Little sign of burnout

Score 33-49: Maybe at risk for burnout

Score 50-59: Severe risk of burnout – take action

Score 60-75: Very severe risk – tack action

Resources

Stoplight Report

Complete	In Progress	Can't Complete at this Time and Here's Why
<p>Breakroom microwave replaced – works now!</p>	<p>PCA screen is not linking to appropriate med file so rph has to manually link – 10/21 submitted to IT to investigate/address</p>	<p>Increase pharmacist pay – pay is not up for discussion as we have no control of it. The HR compensation team does a periodic assessment; we are in line with our market per last assessment in 2018.</p>
<p>IV supply bins empty at shift change – created awareness, techs added to the shift change checklist to stock prior to leaving to set next shift up for success.</p>	<p>Get rid of return bins - return bins are here to stay as part of the automated dispensing cabinet upgrade. What we can do is work on why ours are filling up so fast when this is not happening at all hospitals; let me know if you want to volunteer to serve on a small workgroup to improve this</p>	

10-Minute Daily Huddles

Why: quickly share crucial information for your shift

Who: all pharmacy staff

What:

Are there any call outs for the next 24 hours?

(e.g. call out for evening shift, thus workload will transition to day shift restocking the IV room and supervisor will help put away order before 4pm)

What shortages & resulting recommendations for the day?

(e.g. ketorolac IV – restrict IV formulation to those who absolutely cannot tolerate PO; switch others to oral formulation. Although bioavailability of oral is 100%, dosing of oral is as follows and NOT EQUIVALENT to IV. Route of oral: 20 mg, followed by 10 mg every 4-6 hours as needed; do not exceed 40 mg orally daily.)

Any significant actual/near miss med errors in the past 24-48 hours?

(e.g. wrong amount of oral furosemide dispensed, wrong concentration of isoproterenol dispensed)

What good catches did we have with vigilanz in the past 24 hours?

(e.g. pharmacist says I caught a drug-drug interaction on a new start amiodarone that was re-started on home warfarin dosing, we dose adjusted it now that amio is onboard)

Any patients with specific/atypical medication needs?

(e.g. flolan patient on home pump arriving tonight, oncology patient on extremely high doses of dilaudid PCA)

When & Where: 0700 and 1500 daily in main pharmacy

Name: _____

Date: _____

How do you like to be recognized?

Recognition matters. By filling out this form, and providing information about your recognition preferences, your manager will be able to recognize you in the way you wish to be recognized. Completion of this form is optional; please share whatever information you feel comfortable with.

15 Minutes of Fame!

I prefer to be recognized:

- Publicly
- Privately
- No preference

I prefer to be recognized:

- As an individual
- As a member of a team
- No preference

I most appreciate recognition when given by:

- Peers
- Patients/ clients
- Staff reporting to me
- My manager or director
- Leadership Enabling Team
- No Preference

I most appreciated being recognized:

- Organizationally
- Within my department or team of co-workers
- No preference.

I'd prefer to be:

- Surprised by an award or an event at which I am recognized.
- Recognized in writing without any ceremony
- To be notified in advance that I will be recognized at an event or given an award
- No preference

Usually I'd prefer to be recognized:

- In a novel and exciting way
- In a quiet, dignified way
- In no nonsense way
- No preference

Usually I'd prefer it to be presented through the use of:

- Humorous examples
- Personal stories
- Historical data and facts
- A list of achievements
- No preference

Favorites

What is your favorite?

Snack: _____

Hobbies/pastimes: _____

Gift under \$20.00 _____

Restaurant/coffee shop: _____

Stores/shops: _____

Other ideas: _____

Please check the items below that you would most enjoy:

- personal thank you note
- greeting card
- gift certificate
- lunch with manager or director
- professional development opportunity
- certificate or plaque
- tickets to an event
- flowers
- food
- small gift for me
- gift for my family
- other-please specify below:

“SWARMing” to Improve Patient Care: A Novel Approach to Root Cause Analysis

Jing Li, MD, MS; Bernard Boulanger, MD, MBA, FACS; Jeff Norton, BSME, MSME; Audrey Yates, MSIE, SSBB; Colleen H. Swartz, DNP, DrPH; Ann Smith, MPA; Paula J. Holbrook, RN, BHS, JD, CPHRM; Mary Moore, RN, BSN, CPPS; Barbara Latham, RN, MSN, CHCQM; Mark V. Williams, MD

- ▶ Rapid approach to root-cause analysis
- ▶ Less delay
- ▶ Process
 - 1) Introductory explanation of process
 - 2) Introduction of everyone present
 - 3) Review facts that prompted SWARM
 - 4) Discuss what happened, investigate underlying systems factors
 - 5) Conclusion, with focus areas for action and assignment of task leaders, deliverables, and completion dates