

How To: Implement Change Successfully

INTRODUCTION

“The most important part of the audit cycle is making change”

Baker et al (1999)

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.

IMPLEMENTING CHANGE

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 the likelihood of change your clinical audit project should be designed, from the outset, to:

- 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 is 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.

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.

KEY ELEMENTS OF: 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:

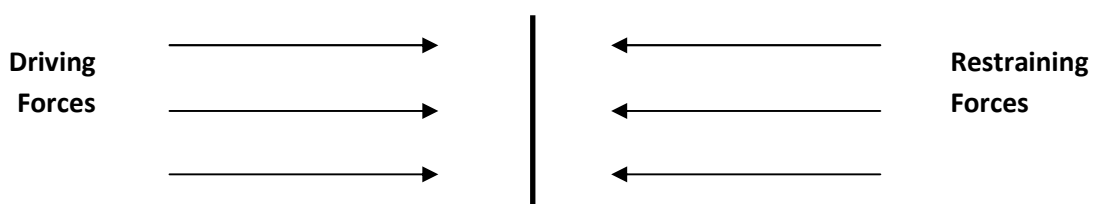
- T** Time scales - Defined? Short or long term?
- R** Resources - What will be needed?
- O** Objectives - Are these quantifiable?
- P** Perceptions - Does everyone see this issue the same way?
- I** Interest - Who has an 'interest' in making change happen/keeping things the same?
- C** Control - Who 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.

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

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 coloured 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.

KEY ELEMENTS OF: 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.

You might decide to pilot the change, e.g. implement it for a fixed period of time before reviewing the situation; this is particularly important if you need to demonstrate the benefits to previously unconvinced staff.

KEY ELEMENTS OF: CONTINUATION OF CHANGE

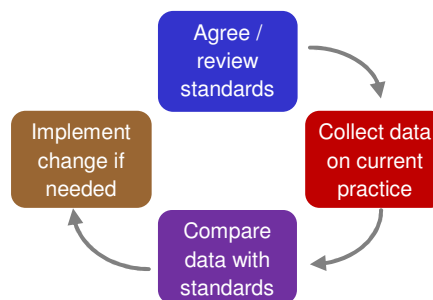
Even if you manage to get changes implemented, it does not mean they will stay implemented. People sometimes slip back into the old ways of working. Once again, communication is crucial. Provide staff with evidence that the changes have had a positive impact, through a re-audit. If other staff are slow to come on board with the changes, is management encouraging them to move their position? After all it is not only important to keep people informed, you also need to keep management on side.

REASONS WHY CHANGE SOMETIMES FAILS

Change can fail at any one of the stages outlined above. The main reasons being 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.

CONTACT DETAILS/ USEFUL INFORMATION

CLINICAL AUDIT

- The UHBristol **Clinical Audit website** is available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit.html>
- Contact details for the UHBristol **Clinical Audit Team** are available from the Clinical Audit Central Office or [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/contacts.html>
- The full range of UHBristol **'How To' guides** are available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/how-to-guides.html>
- A copy of the UHBristol **Proposal Form, Presentation Template, Report Template, Summary Form, and Action Form** are available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>
- The UHBristol **Clinical Audit Central Office** can be contacted on tel. (0117) 342 3614 or e-mail: stuart.metcalfe@uhbristol.nhs.uk
- **Clinical Audit Training Workshops** can be booked through the Clinical Audit Central Office.

CLINICAL EFFECTIVENESS

- For advice on **Clinical Effectiveness**, including how to write guidelines, contact James Osborne, Clinical Effectiveness Co-ordinator, tel. (0117) 928 3827 or e-mail: james.osbourne@uhbristol.nhs.uk

PATIENT ENGAGEMENT

- For advice on **Patient Involvement**, including **designing structured surveys and questionnaires** contact Paul Lewis, Patient Involvement Facilitator, tel. (0117) 928 3638 or e-mail: paul.lewis@UH Bristol.nhs.uk
- For advice on **Patient Involvement**, including **unstructured surveys and focus groups** contact Tony Watkin, Public Involvement Lead, tel. (0117) 928 3729 or e-mail: tony.watkin@UH Bristol.nhs.uk
- Surveys MUST 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 is available [online] via <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>
- A copy of the UHBristol **Covering Letter** template is available [online] via the internal intranet site <http://connect/Governance/patientexperience/ppi/Pages/QISGroup.aspx>

RESEARCH

- For advice on research projects contact the **Research & Development Department**, tel. (0117) 342 0233 or e-mail: r&doffice@uhbristol.nhs.uk

LITERATURE REVIEWS

- For advice on literature reviews contact the **Learning Resource Centre**, tel. 0117 342 0105 or e-mail: learningresources@UH Bristol.nhs.uk

SAMPLE SIZES

- The **Sample Size Calculator** is available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/how-to-guides.html>