Change Management 101

Change is constant. But change can be disruptive.

In a healthcare setting, new providers or staff join the team, new equipment or supplies are introduced, and existing processes are updated to improve quality metrics. These are just a few changes you’ve probably encountered.

Despite recent buzz celebrating the notion of “disruptive innovation,” disruption is more commonly uncomfortable than innovative. In healthcare, discomfort is a euphemism for pain. We ask patients to rate it and we seek to minimize it whenever possible. When a healthcare organization is in a continuous state of discomfort, it is unlikely to be able to deliver consistently high-quality care or the level of customer service for which it aims.

And yet...change lives at the heart of improvement—things cannot simultaneously remain the same and get better. The solution? Build an organizational culture that is intentional in supporting positive and meaningful change. In other words, healthcare organizations of all shapes and sizes must find ways to maintain overall stability while deliberately seeking change in the form of continuous improvement. We call this change management and while the change may be “organizational,” successful change management focuses on people.

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Leadership Message from the AAAHC Board Chair

For a health care administrator—which I am—efficiency, patient safety, and quality of care are always a priority. My AAAHC experience over the past decade has helped me define and promote these concurrent goals within my organization while my experience as an administrator has influenced my leadership path within AAAHC.

I serve as Chief Operating Officer for Ohio Gastroenterology Group, a 31-physician single specialty GI group with five offices serving five hospitals within two different hospital systems in Central Ohio. We operate four endoscopic ambulatory surgery centers where we perform procedures on over 30,000 patients each year. All of our surgery centers are accredited by AAAHC.

My affiliation with AAAHC began in 2005 when I was asked to sit on the Board of Directors as a representative of the American Society for Gastrointestinal Endoscopy (ASGE). I was additionally assigned to the Surveyor Training and Education Committee and moved, in 2007, to the Standards and Survey Procedure Committee which I chaired from 2011 until I became Board Chair in April of this year.

And while I’m now Chairman of the Board of Directors for AAAHC, my surgery centers undergo the survey experience common to all organizations seeking AAAHC accreditation. Four of my centers were surveyed in 2014. We opened a new center in 2015 and I was able to take advantage of the AAAHC Early Option Survey process. Once accredited there, we closed one of our older facilities and moved the staff and equipment to the new center. Over the next two years we plan to open up to two additional centers as we add physicians and serve additional hospitals.

Wearing my AAAHC hat, I want to make sure we have well trained surveyors who deliver a consultative and collegial survey experience. Wearing my COO hat, I truly believe that the accreditation process provides a framework an organization can use to enhance the quality of patient care and improve patient and staff safety.

As a past chair of the Standards and Survey Procedure Committee, I am proud that we create and deploy Standards that are truly peer reviewed. Prior to implementation, each new Standard or change to an existing Standard is available for public comment. These comments are then reviewed by the Committee and may be the basis for additional changes before the Standards are finalized for the year.

As a surveyor, I have witnessed the dedication of men and women in all areas of healthcare who are committed to using the survey process to improve quality of care and patient safety.

As the current Chair of the Board of Directors, one of my main goals is to successfully onboard our new President and CEO, Dr. Stephen A. Martin, Jr. Bringing Dr. Martin to a robust understanding of our organization, how it has added value for health care organizations to date, and the strategic vision the Board of Directors has defined along with staff and AAAHC leadership during our most recent strategic planning session. For the next year, I’ll be wearing both hats.

Frank J. Chapman, MBA

Achieving Accreditation at Wynn Las Vegas

Whether your organization is contemplating AAAHC accreditation, ready to take the first step or seeking a refresher before your re-accreditation survey, you’re invited! Join us at the beautiful Wynn Las Vegas to learn in-depth about infection prevention, AAAHC Standards, and quality improvement best practices.

December 3 is the APIC pre-conference workshop, How Safe are your Safe Practices? Achieving Accreditation takes place on December 4 & 5. Meet AAAHC staff and surveyors as well as colleagues from practice settings like yours to share ideas, build relationships, and get the most out of your AAAHC accreditation experience.

Find details and register at www.aaahc.org/education.
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The organization sees change as:

**Current state:**
How things are done today

**Transitional state:**
Moving from the current to the future

**Future state:**
How things will be done tomorrow

The individual sees change as:

**Current state:**
How I do “my job”

**Transitional state:**
What is changing?
Why is it changing?
How is it different?
Will I be able to do it?
Am I qualified?

**Future state:**
How “the job” looks like tomorrow

THE PEOPLE SIDE OF CHANGE

A process change can mean a difference in how work is done, where work is done, who performs the work, or who “owns” the process. From an organizational perspective, it’s an orderly, positive flow. For an employee, there’s real uncertainty in the transition phase. And potential for disengagement when the sense of ownership in one’s work is lost.

Managing process change means understanding its impact on people.

There is really only one route to successful change management: communication. In times of transition, there is no such thing as too much communication. Depending on the type of change, you may not have all the answers. It’s better to say, “I don’t know but I’ll find out” than to say nothing. Of course, you then have to make good on your promise. In the absence of information, people create a narrative of their own.

1. Communicate before change is even thought of.
Your organization has a quality manager. Is s/he working alone or is everyone part of the quality team? Communicating regularly that quality is an organizational value and that improvement in one area is a win across the board is a way to build a culture that supports change.

2. Communicate before the change begins.
Is the goal to improve patient safety? To improve patient satisfaction? To improve efficiency? When a change is anticipated, don’t just share the how, share the why. Understanding the goal creates buy-in and engagement. Imagine that you’re bringing on new staff. The decision maker may assume that existing staff will welcome the change because it will even out the work load. But without direct communication that this is the intended goal, some existing staff may wonder if they’re being pushed out in favor of younger/cheaper/differently skilled workers.

3. Communicate during the implementation.
Identify milestones, track and share progress. Change in healthcare sometimes comes slowly. (Think new drug R&D.) Find quick wins in a long-term project. Maybe you are working on a QI study and your first corrective action doesn’t get you to the goal. Communicating incremental progress and inviting additional problem solving can lead to fresh ideas and fresh energy.

4. Communicate when you’ve left the transitional state.
Old habits die hard. Celebrate when you’ve reached the goal (the on-boarding period is over, the QI goal has been achieved, the first procedures using new equipment have been completed).

5. Communicate to sustain the change.
To make a change take root, it helps to keep it top of mind. Celebrate continuing success, e.g. the next quarter with zero surgical site infections. Report the patient satisfaction scores widely.
OVERCOMING RESISTANCE
Even with excellent communication there are times you’ll encounter push-back. One option among the many methods to address resistance to change is ADKAR, a technique focused on getting to the root cause of the problem. Have individuals involved with the change rate themselves on a 1-5 scale on the following issues:

| A | Awareness of the need to change | What is the nature of the change?  
Why is the change happening?  
What is the risk of not changing? |
|---|--------------------------------|-----------------------------------------------------------------------------------|
| D | Desire to participate and support the change | What’s the personal motivation to support the change?  
(What’s in it for me?) |
| K | Knowledge of how to change (and what the change looks like) | Do I have the knowledge and the skills to implement the change?  
Do I understand how to transition to the new?  
Is the process defined?  
Is training needed? |
| A | Ability to implement the change on a day-to-day basis (skills and behaviors) | Can I implement the change?  
Is the way clear (barriers removed)? Know what to start, stop, continue? |
| R | Reinforcement to keep the change in place | What mechanisms are in place to sustain the change? |

Any area rated 3 or lower represents a stumbling block to successful change and a place to focus attention for this individual. Don’t forget: change only happens through people. Managing change means managing how people understand and implement the new.

Welcome to our newly accredited organizations
Congratulations to the 42 new organizations accredited between July 1 and Sept 30, 2015

| CALIFORNIA |  
Advanced Therapy Surgery Center, Inc.  
Camarillo Ambulatory Surgery Center, LLC  
MVP Pediatric and Urgent Care, PC  
Newhall Surgical Center, Inc.  
Palo Alto Medical Foundation for Healthcare Research and Education  
Stepanyan Surgical Arts Center  
D1 Westchase Surgery Center | FL Department of Health - Children’s Medical Services  
PanCare of Florida, Inc.  
Georgia Digestive Healthcare of Georgia Endoscopy Center, LLC  
Evans Procedure Center, LLC  
Nexus of Albany Surgery Center  
Physicians Institute for Pain Management ASC, LLC | INDIANA |  
Capitol Street Surgery Center  
Siouxland Community Health Center  
Iowa Endoscopy Center  
Massachusetts Surgical Eye Experts of New England, LLC |  
Michigan MEI Surgery Center PLLC |  
NEVADA |  
Ear, Nose and Throat Surgery Center, LLC  
Siena Heights Surgery Center LLC |  
NEW HAMPSHIRE |  
Pye Surgical Center, LLC  
Moss Urologic Surgery, LLC  
Westmoreland ASC, LLC  
White Plains Ambulatory Surgery Center, LLC |  
OHIO |  
Galion Community Hospital |  
OKLAHOMA |  
CareATC, Inc.  
Oklahoma Lithotripter Associates, LC |  
Pennsylvania Hillside Endoscopy Center, LLC  
Ludwig Laser and Surgery Center, LLC |  
SOUTH CAROLINA |  
Murrells Inlet ASC, LLC |  
TENNESSEE |  
Tennessee Pain Surgery Center |  
TEXAS |  
AUA Surgical Center LLC  
J Graff Surgery Center Inc.  
University of North Texas Student Health and Wellness Center |  
VIRGINIA |  
Exclusively Faces Operating Room |  
WASHINGTON |  
Lower Elwha Klallam Tribe - Lower Elwha Health Department  
Columbia Surgical Specialists, P.S.  
Skin Surgery Center, P.S. |  
VIRGIN ISLANDS |  
Plessen Eye, LLC |
IT’S NOT JUST PAPERWORK: CREDENTIALING & PRIVILEGING DRIVE PATIENT SAFETY

Stories of medical imposters—those who pretend to be providers and interact with patients in respected healthcare settings—may be shocking, but they appear in the news at regular intervals. The phenomenon represents a process failure for a healthcare organization. Credentialing and privileging drive patient safety at the most basic level. They are the means by which the match between services and procedures that are provided to patients and the individuals who provide them is verified.

Many organizations are found partially- or non-compliant with AAAHC Standards relating to some aspect of the credentialing and privileging process. Examples of errors include basing privileges awarded on those granted by another, separate organization; foregoing regular review of privileges at pre-defined intervals; and failing to update privileges to reflect new technologies, equipment, or services offered.

Credentialing and Privileging is the most recent toolkit developed by the AAAHC Institute. In it, you’ll find an explanation of primary and secondary source verification, a sample credentialing tracker, and a sample privileging request form, among other resources.

Print or electronic format can be purchased at www.aaahc.org/institute/Patient-Safety-Toolkits. Triangle Times readers can receive a 50% discount (valid for any Patient Safety Toolkit) through December 31, 2015, by including the code PST/TTIMES with their order.

AAAHC WEBINARS: WHAT’S NEXT?

Our annual review of how organizations fared on recent surveys will be released in November. Quality Roadmap 2015 will cover high-frequency deficiencies for ASCs, Medicare deemed ASCs, small surgical settings, and primary care practices (including student health and medical home (PCMH) organizations). Join us for a webinar to learn the findings and what you can do to avoid these common pitfalls.

November 11
Top Accreditation Deficiencies in Primary Care Settings
Presenter: Ray Grundman, MSN, MPA, FNP-BC, CASC

November 17
Top Accreditation Deficiencies in Surgical Settings
Presenter: Kris Kilgore, RN, BSN
Dorota Rakowiecki believes that everything is better with palm trees and begins the countdown to her annual vacation in Mexico 100 days out. For some, this would be a red flag indicating employee disengagement; for Dorota, it tells you that she loves the beach, the ocean, and drinks with little umbrellas. And when she comes back to work, she’ll be refreshed and ready to dive in to the sea of programs in which she has 15 years of expertise.

Dorota joined AAAHC in the summer of 2000 and for the first nine years, she successively held roles that handled specific administrative tasks related to the accreditation process. Then, over the course of the last six years, she has been Special Projects Manager with responsibility for NY office-based surgery organizations.
Meet the AAAHC Staff, continued from page 6

and military contracts; Manager, Accreditation Services, Primary Care (and military clinics); and, currently, Assistant Director, Program Management, developing and directing our new Network Accreditation Program, military clinics and, as she puts it, “odd-sized others.”

“I like working on projects from start to finish,” she said. “I like to be there for those initial discussions when an organization is just considering accreditation and you establish a relationship. I like to figure out what they need to grow—what resources, what kind of education. I love working with our contacts from the Air Force and Coast Guard, especially the Fellows who’ve been assigned to work in our office, and the great people out at the clinics.”

BUILDING PROGRAMS, BUILDING RELATIONSHIPS

Dorota helped establish the program that, from 2007 through 2014, brought a series of Air Force officers to the AAAHC office as Fellows. Each of the Fellows shared office space with her, learning our process and our Standards, and helping us to maximize our effectiveness in communications with the Air Force.

Dorota’s gift for building relationships is proven by her on-going friendship with each of the Fellows.

Her gift for building programs begins with her deep knowledge of every piece of the accreditation process. Equally influential is her thoroughness in developing an understanding of specific customer needs.

“I make a point of observing at least one survey each year in each program area that I oversee,” she explained. “It gives me a chance to assess our tools and make sure we understand concerns from our customers’ perspective.”

It has also given her some unusual opportunities to see the Standards in action.

“A few years ago, I was observing a survey chaired by Dennis Schultz (see Surveyor Spotlight for more about Dr. Schultz). It was a Department of Energy site that provided occupational health services to its employees. It was in a very remote, very high-security location having to do with the fact that the facility was a weapons disassembly plant.

“While we were there, a tornado warning sounded and everyone immediately moved to evacuate the clinic and seek shelter. We were escorted with all the staff to an unused space that looked like an unusually large bathroom. The clinic staff explained that it had been built for decontamination procedures in the event of a spill.

“The survey team joked nervously about whether we would all glow after the tornado passed but we witnessed firsthand that the organization had their emergency drills down pat!”

Another memorable, and moving, survey experience was at Wilford Hall Ambulatory Surgery Center, Lackland Air Force Base. It was an exemplary survey from the perspective of the survey team but they were surprised and delighted when, at the summation conference, the two-star General in command presented each member of the survey team with his personal challenge coin in recognition of their work.

“AAAHC had adopted the military tradition of challenge coins a few years earlier, but I never expected to receive one from such a high-ranking individual,” Dorota said.

It was just one of many to come. Dorota’s collection of coins presented for excellence is considerable. Not surprising to those who know she was a Polish immigrant to the U.S. as a teenager, who, speaking no English when she arrived, nonetheless managed to graduate from high school in three years.

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“Dorota is a wealth of knowledge after being here for 15 years. She can answer almost any question right off the top of her head, without having to look up any references.”

“Dorota will drop anything she is doing, no matter how important or how tight a deadline she is working under, to answer a question, help you resolve an issue, or just chat when you need a minute away from what you are working on.”

“One of the things that stands out about Dorota is her constant willingness to advocate for my professional development. She always puts the interest of her staff ahead of hers in a manner that allows one to completely focus on the task at hand. This is a major reason why even on my most stressful days, I know that I have clear and supportive guidance to help me meet my responsibilities.”
Are you making the Connection?

The AAAHC e-newsletter, *Connection*, is sent via e-mail every other month. Each issue covers a single topic of broad interest to those providing health care services in a primary care or surgical outpatient setting. Send an e-mail to afitzsimmons@aaahc.org if you’d like to become a subscriber.

Beware of imitations – get your information from the source

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