



# Change Management

Start

Simple

- **Individuals have to feel the need to change**
- **But we do need to consider the organisation**
- **It's all about the data**
- **Dealing with barriers to change**
- **Priorities**
- **Blue-sky ideas**

# Individuals have to feel the need to change

- The personal touch to enable the individual is important.
- Teaching ebm is the priority but maybe call it a “personal efficiency<sup>(ebm)</sup> coach”
- If you don't know what the evidence is or EBP you need training
- Must save time or be time neutral so need to figure out how people work
- Create a safe surrounding to admit ignorance



# But we do need to consider the organisation

- The best quality of health for the least amount of money therefore we have to assess outcome and cost
- Value orientated system vs a cost based system
- Change and the process of change wont save money in the short term
- Use incentives for change
- Changing the law changes systems for example QOF.



# It's all about the data

Data might be a challenge – process of care- I am too busy to remember

- *You cant manage what you cant measure*
- *We only change what we measure*
- Needs computerisation to assess practice
- The cost of measuring may be better used for assisting change



# Dealing with barriers to change

- Try the deadly approach that is waiting for the barriers to die.
- Focus on the younger staff
- Use stakeholder analysis and Morris early adopters.
- There is likely to be a contra flow of ideas about practice ebmers vs non ebmers
- Use the quality improvement system.
- Do it as a pilot.
- Bribe someone in IT



# How should priorities be identified?

- Should it be the physician who goes to the medical director or should it come from the top?
- Maybe it should come from the workforce “It’s about people being recognised – making a difference”
- “The driver for change should be the patient”
- Involving patients at the priority setting process? The more we can reward patients for activity that improves health the more we might improve health. Patient and doctors as a team – there is a novel concept.



# Blue Sky

- Recertifying the health professionals is the hairy monster.
- *“Why do we accept that patients die”*
  - Compulsory half day a week interactive academic detailing, teaching others, audit leading back into further teaching.
- Crude measures of performance are liable to enormous bias but they are scoring doctors and hospitals already and different scoring systems come to different conclusions about the same institutions.





**Keep it Simple**