

## Case Studies in Change Management: Applied ADKAR

Jason Glowczewski, Pharm.D., MBA  
Director of Pharmacy  
UH Community Hospitals  
Jason.Glowczewski@UHhospitals.org

## Objectives

Pharmacist Objectives:

1. Explain ADKAR model in relation to creating change
2. Discuss change management assumptions
3. Apply change management principles to a situation at your own workplace

## Objectives

Technician Objectives:

1. Discuss why change management is necessary
2. Describe how you can use ADKAR at your institution

## Need for Change

### PHARMACY FORECAST 2014-2018:

STRATEGIC PLANNING ADVICE

FOR PHARMACY DEPARTMENTS IN HOSPITALS AND HEALTH SYSTEMS



A research report from the Center for Health Systems Pharmacy Leadership, ASHP Research and Education Foundation

© 2014 ASHP



Available at: <http://www.ashpfoundation.org/PharmacyForecast2014PDF>

## Need for Change

Themes from the Pharmacy Forecast:

1. Health care reform
2. Pharmacy role in patient centered medical homes and accountable care organizations
3. Reform traditional pharmacy practice model
4. Evaluate outpatient pharmacies, improving compliance, and sterile compounding

## Need for Change

Question:

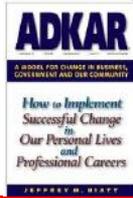
When implementing a new pharmacy program, what is the biggest barrier to change?

- A: Finances
- B: Senior level leadership support
- C: Staff willingness to change

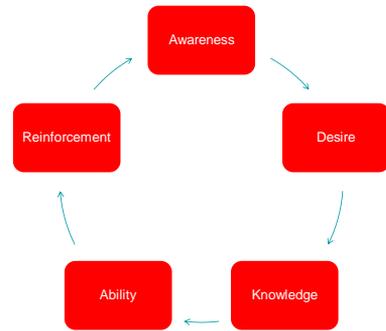
## ADKAR

The ADKAR Model

- Introduced in 1998
- Change management



## ADKAR



## ADKAR

Tools:

- A:** Staff meetings and changes in healthcare
- D:** Goals, evaluations, competition, participation
- K:** Training, education, CEs, shadowing
- A:** Coordination of time and documentation
- R:** Visible progress tracking, frequent follow up, rewards and recognition

## Application of ADKAR

LEAN project for cart fill streamlining  
Goal: change cart fill time and process



## Application of ADKAR

Attempt #1 (pharmacy student)

Awareness – none

Desire – “Jason said we need to do it”

Knowledge – “Lets try something new”

Ability – Yes

Reinforcement – Didn't get that far!

## Application of ADKAR

Attempt #2:

Awareness – Multiple meetings, focus groups

Desire – Goal of saving everyone time

Knowledge – Written processes and timelines

Ability – Modified schedule to change overlap

Reinforcement – Collected data to prove time savings (26 min/day = 158 hours/yr)

## Application of ADKAR

### CHF Patient Counseling

- Pharmacy resident led project
- Education and auditing done by residents
- Residents as change agents

## Application of ADKAR

### CHF Patient Counseling

#### Awareness

- External changes – health care reform
- Readmission CMS penalties
- Opportunity for pharmacy to help
- Department performance improvement project

## Application of ADKAR

### CHF Patient Counseling

#### Desire

- \$25 gift card to pharmacist that counsels most patients
- Part of annual evaluation and goal
- Frequent feedback on performance
- Competition between pharmacists

## Application of ADKAR

### CHF Patient Counseling

#### Knowledge

- 1 hour CE on heart failure pathophysiology and how to implement the plan
- CHF counseling booklet for patient
- One page discussion guide for pharmacist
- See one, do one, teach one approach

## Application of ADKAR

### CHF Patient Counseling

#### Ability

- Night shift helps with patient identification
- Technicians engaged with follow up phone calls
- Hours of pharmacist overlap targeted for best “free” time to do counseling
- No new FTEs were added

## Application of ADKAR

### CHF Patient Counseling

#### Reinforcement

- Visible and frequent recognition of top performing tech and pharmacist
- \$25 gift card awards
- Built into evaluation process
- Sharing of progress with outcomes
- Training other facilities

## Application of ADKAR UH Geauga Medical Center

CHF Patient Counseling Results:

Metric: CHF readmission rates

**2012: 28%**

**2013 16%**



## ADKAR Summary

- Teaching ADKAR to students and residents
  - Goal of reducing resistance to change
- Using ADKAR for PPMI related changes
  - Residency development
  - COPD and other discharge counseling
  - Medication histories in the emergency room

## Leading Change: Pharmacist Cross-training

Ben Lopez, PharmD, MS, MHA

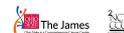


## The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

- National Cancer Institute Comprehensive Cancer Center
- 228-bed academic and research institution
- 5 infusion pharmacies and clinic locations
  - 2-James
  - Comprehensive Breast Center
  - Martha Morehouse Medical Plaza
  - JamesCare East
  - Mill Run



The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute



22

## James Pharmacy Practice Model

- Ambulatory Infusion Pharmacists
- Inpatient Generalists
- Specialists
  - Inpatient
  - Outpatient

The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute



23

## Pharmacist Roles

### Ambulatory infusion pharmacist

- Work in ambulatory infusion pharmacies
- Receive and verify orders, check and dispense final product
- Provide supportive care interventions
- Provide medication information and patient education
- Precept students and residents
- Post-graduate training not required (some staff have PGY1)

### Inpatient generalist pharmacist

- Work on inpatient units (decentralized)
- Receive and verify inpatient orders
- Provide supportive care interventions
- Provide medication information and patient education
- Precept students and residents
- Post-graduate training not required (some staff have PGY1)

The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute



24

## Identifying what Needs to Change

- Changing healthcare landscape
  - Reduce costs and improve care quality
  - Potential for reduced reimbursement
- ASHP PPMI
  - Expand pharmacists' roles
  - Increase continuity across care settings



## Identifying what Needs to Change

- Aligned with organizational goals
- Better prepare for hospital expansion
- Schedule flexibility

We needed to better match our labor resources to workload demand

## Change Goal

- Cross-train our generalist and ambulatory infusion pharmacists to work in both settings



## Starting Small: Pilot

- Started with gynecologic oncology service
- One pair of pharmacists rotated
- Pilot occurred over 6 months
- Deemed successful based on:
  - Pharmacist feedback
  - Minor improvements in schedule flexibility

## Expanding the Change

- Engaged stakeholders
  - Formed subgroup
  - Discussed training and expectations
- Cross-trained about half of pharmacists over 6 months
- Reconvened the subgroup
  - Identified gaps in training
  - Clarified expectations

## Expanding the Change

- In < 1 year, cross-trained 83% (19/24) of ambulatory infusion pharmacists
- Evaluated training, divided pharmacists into two groups:
  - Comprehensive (4/19)
  - Supportive (15/19)
    - Verify inpatient orders remotely
    - Cover inpatient orders during weekend shifts

## Results

- More efficient distribution of labor resources
- Better use of downtime
- Improved schedule flexibility



## Key Principles of Leading Change

- You: as the champion of the initiative
- People, not process
- One size doesn't fit all



## Accepting the Challenge

- Are you the right person to lead a change?
  - Is the need for change real?
  - Is the proposed solution the correct one?
  - Are you willing to prioritize this initiative?

## Knowing your Stakeholders

- Identifying the people who will influence the change
- Calculate their likelihood of support

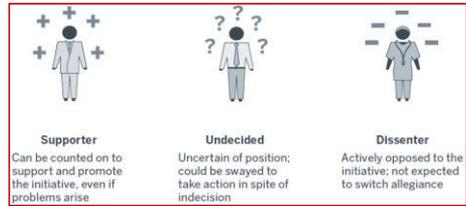


Image adapted from: The Advisory Board Company. <https://advisory.blackboard.com/>. Accessed 3/21/14.

## Mobilizing Stakeholders

- Adopt a different strategy for each type of stakeholder
- WIFM - "What's in it for me?"

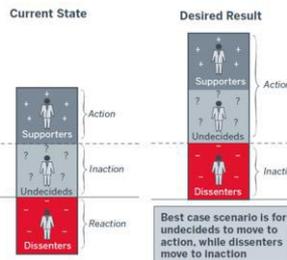


Image adapted from: The Advisory Board Company. <https://advisory.blackboard.com/>. Accessed 3/21/14.

## Conclusions

- Improved schedule flexibility
- Still refining some training materials
- Wide variety of supporters, undecideds, and dissenters
- Staff feedback and engagement was key!

## Questions?



## Huddling: Next step in LEAN Operating System

- Standard Work and daily problem resolution to support quicker changes
- Helps define targets, actions, and metrics for staff. (Daily, Weekly, Monthly through display board)
- Daily continuous improvements: Develop staff to solve problems and improve performance (ENGAGEMENT)



## Sample Huddle Agenda

- Daily midnight hospital census vs. budget predictions
- IT related issues
- Medication Safety items
- Drug shortages/Formulary changes
- Dept. Policy/process reminders
- Staffing (call offs, reduced time, training)
- Hospital Happenings

## Huddle Rules

- Limit to 10 minutes or less
- Hold the huddle in a central location (main pharmacy work area)
- Start with 1 huddle a day. Keep this time consistent. (1400)
- Start with a designated manager to lead
- Seek input from all staff
- Always end with a celebration

## Huddle Whiteboard



## Employee Opportunities for Engagement

- Just Do It vs. Evaluation of project by Pharmacy Leadership Council. Staff bring up day to day issues.
- End Huddle with Celebration/ Fun facts to share:
  - Personal or Work related celebration
  - National Day of \_\_\_\_\_ (www.checkiday.com)
  - Fun fact of the day (uselessfacts.net)

## Monthly Scorecard

- Performance Improvement Activities related to staff involvement.  
Eg. Patient Satisfaction scores regarding Communication of meds
- Know your Numbers !!



## Huddle Playbook

- Huddle updates posted daily to a shared pharmacy drive.
- Email of huddle minutes to staff every Monday morning.



## Charge on Administration Change: Using the Huddle Process to improve change

Case Studies in Change Management

## Charge on Administration (COA) Considerations

- What ADS cabinets would remain Charge on Dispense?---those that do not document on MAR (Cath Lab, Surgery, Radiology)
- How are continuous IV's charted to capture new bag charges?
- What is financial impact to institution?

## Charge on Administration (COA) Considerations

- What medications may be problematic?
  - Insulin      Bulk products
  - Inhalers      Preop orders
- What about home medications being used?

## Staff Engagement Questions during Huddles

- Are home meds charged appropriately if pharmacy changes to home med after dose given?
- How do the front-line staff know if item already charged?
- What should be done when sending item to surgery. (charge on dispense location)?
- Do we need to charge for items in the chest pain box?

## Employee Engagement

- Front-line staff feel more engaged with overall operations and decision making ability
- Operational and Clinical goals known and in front of staff on a daily basis.
- Some enjoy the limelight, others prefer to let a manager bring up their topic.

## Moving to Charge on Administration

- Reduced technician time in crediting has allowed for expanded technician opportunities:
  - Technician Admission Meds Rec in ED
  - Narcotics technician: monitors proper narcotic documentation
  - Inventory technician: monitors high-cost drug charge documentation to ensure charges accounted

Thank You.



A Catholic Hospital sponsored by the Sisters of St. Joseph of the Third Order of St. Francis

Case Studies in Change Management: Decreases in census as the imperative for change

Rebecca A. Taylor, Pharm.D., MBA, BCPS  
Pharmacy Manager, Cleveland Clinic Marymount  
taylorr3@ccl.org



MAKING THE CASE FOR A STAFFING MODEL CHANGE



OSIP Change Management | April 2014 | 2

Staffing Model—decentral services in pink

2013—ADC = 180

- N: 2100-0700
- O: 0630-1500
- M: 1130-2000
- E: 1200-2200
- C1-4: 0700-1530 (variable)
- A: 0700-1530 (variable)

Pharmacist: Patient Ratio = 1:30

2014—ADC = 160

- N: 2100-0700
- O: 0630-1500
- M: 1230-2100
- E: 1330-2200 (ED)
- C1-4: 0700-1530 (variable)—one in ED
- A: 0900-1730 (flex)

Pharmacist: Patient Ratio = 1:25\*



Budgeted census decreased by 20%



- Made healthcare reform real-life for the team
- Heightened awareness for transitions of care and presence in the ED
- Expanded patient counseling on weekends, moved 1 daytime weekend pharmacist to floors
- Added 24/7 code response
- Changes had to be implemented quickly for Jan 1
- Created hybrid model for med histories (tech, RPh, APPE students) in August 2013



Manifestations of Resistance



“Central pharmacy is too busy”

“How do we prioritize?”

Some weekends 0 counseling

“I can take better care of patients from my computer”

“I can’t get to all the patients”

Rule inventions: creating arbitrary cut-off times, migration back into central, frequent breaks



Which group do you think raised the most resistance?

A. Pharmacy Technicians

B. Clinical Specialists

C. Staff Pharmacists



Which group do you think raised the most resistance?

A. Pharmacy Technicians

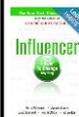
B. Clinical Specialists

C. Staff Pharmacists



Models for Change

- ADKAR
- Influencer: The Power to Change Anything
  - Choose the vital behavior
  - Hold each other accountable to new practice model
  - Spend 60% of shift at bedside



### Appealing to personal reasons for change

#### Motivation—Make the Undesirable Desirable

- *How can you get people to do things they find boring or profoundly different?*
- Immerse them in the activity: try it, you'll like it
- Engage them/build trust
- Set the bar, allow them to make game plan to get there

#### Ability—Surpass Your Limits

- *In order to change the vital behavior, people need to feel comfortable with it*
- Some employees need more practice after training
- Reinforcement/Education
- Pair with a mentor to provide feedback

### Appealing to social support for change

#### Motivation—Harness Peer Pressure

- *Approval and disapproval of a peer group is key to change efforts*
- Engage the early adopters (13%)
- Discuss change openly, invite healthy dialogue

#### Ability—Find Strength in Numbers

- *Align the team to help each other*
- Complex change requires heightened teamwork
- Discussion of process handoff
- Hold each other accountable

### Create structural framework to "make it stick"

#### Motivation—Design Rewards and Accountability

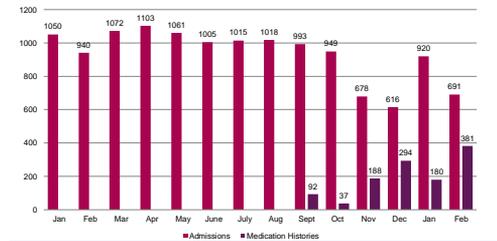
- *Optimize rewards, bonuses, salaries or corrective action*
- Rewards are never first
- Tie to vital behaviors
- Doesn't have to be large
- If all else fails, utilize disciplinary process

#### Ability—Change the Environment

- *How do buildings, layout, space contribute to change?*
- Make data visible, measure often
- See the invisible—what obstacles are preventing the goal?
- Support the change

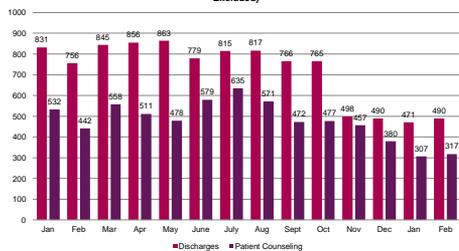
### Celebrate Successes – Examples of Data Reinforcement

2013-2014 Pharmacy Capture Medication Admission Histories



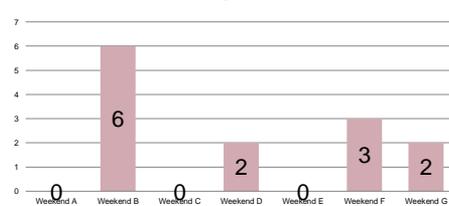
### Celebrate Successes – Examples of Data Reinforcement

2013-2014 Pharmacy Capture Patient Excluded vs. Discharge (Mental Health Excluded)



### Provide Accountability – Data Reinforcement

Pharmacy Counseling on Weekends 2014 (randomized)  
What will your number be?





## LESSONS LEARNED

### What did we do well?

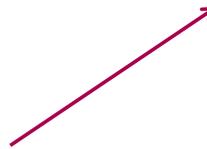
- The decrease in census provided the business case for the change
- Provided phones for each floor-based pharmacist with clear schedule/support/break and lunch coverage
- Streamlined operations (cartless) to minimize time in central pharmacy
- Provided 8 hours of training for medication histories for each pharmacist
- Moving clinical specialists to evenings allowed for "feedback" and accountability for the staff

### What improvements could be made based on change models?

- Timing didn't allow for enough intrinsic motivation, but this is discussed at annual reviews, during IDP, and at staff meetings
- This group doesn't have an "early adopter", most are highly resistant
- Discussed issues openly, but not early enough
- Considering developing shared governance model for department
- As a last resort, will start to monitor # med histories & patient counseling and use discipline process

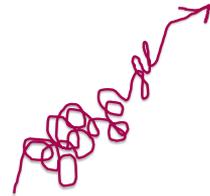
### Change is a work in progress

SUCCESS



What people think it looks like

SUCCESS



What it **REALLY** looks like