Reference List for Leading Large Scale Change

December 2015

Background Paper for National Patient Safety Consortium
Prepared by CPSI

Purpose

The purpose of this document is to provide a summary of frameworks and strategies for leading large scale change. The intent is that this paper will provide the background for open discussion for the National Patient Safety Consortium. Research suggests that leaders who want wide scale change are more likely to be successful when an explicit model or theory of change is used.[1]

Leading Large Scale Change: A practical guide, the authors explain LSC, change management tool for LSC, the importance of leadership, and spreading LSC. 2013.

The guide is based on recent literature and the experience of National Health Service. Some of the change management tools described in the guide include key planning questions, driver diagrams, structure/process/pattern thinking, 30/60/90 day cycles, and stakeholder analysis.

Large-scale change (LSC) is defined as "the emergent process of moving a large collection of individuals, groups, and organisations toward a vision of a fundamentally new future state, by means of: high-leverage key themes, a shift in power and a more distributed leadership, massive and active engagement of stakeholders, and mutually-reinforcing changes in multiple systems and processes, leading to such deep changes in attitudes, beliefs, and behaviours that sustainability becomes largely inherent."[2]

Some key principles of LSC are:

- Move towards a new vision that is better and fundamentally different from the status quo
- Identification and communication of key themes that people can relate to and will make a big difference
- Framing the issues in ways that engage and mobilise the imagination, energy, and will of a large number of diverse stakeholders
- Continually refreshing the story and attracting new supporters
- Transforming mindsets, leading to inherently sustainable change.

The NHS guide provides additional resources, references, and case studies of initiatives that have successfully used the LSC theory.

National Health Service. 2013. An introduction to the NHS Change Model. NHS Improving Quality. www.england.nhs.uk/nhsiq

In addition to the practical guide mentioned above, the NHS Change Model was developed with hundreds of NHS staff at all levels who wanted to build energy for change across the NHS by using an approach to improving patient care that everyone agreed on and that was based on solid research.[3]

The NHS Change Model was created to support the NHS to adopt a shared approach to leading change and transformation. It provides a framework to help improve and deliver goals for quality and value. Based on evidence and experience of change, there are eight components in the model. Used consistently they create the best chance for effective change. Used together in an aligned and integrated the model will help produce the greatest benefit and improvement.

Central to the change model is the "Shared Purpose", and it holds all the other parts of the NHS Change

Model together. The shared purpose should be revisited regularly– to ensure that it continues to connect us with our vision for improving people's lives.

- Shared purpose is what happens when a group of individuals aligns their belief systems or values with a common challenge, vision or goal. It is different from, and additional to, organisational purpose.
- Purpose is the 'why' not the 'what' or the 'how' of change, and should act as a guide and driver of our decisions and actions.
- Purpose taps into people's need for meaningful work; to be part of something bigger than ourselves. It encapsulates people's cognitive, emotional and spiritual commitment to a cause.
- Purpose becomes shared when we find commonalities between our values, beliefs and aspirations and those of others and join forces to work towards a common goal.[4]

70% of large scale change programmes fail to meet their objectives. Often this is because they hit a plateau, run out of energy or simply fail to attract enough supporters to make them viable. In all these situations, creating, sustaining and re-visiting the shared purpose can galvanise, mobilise and re-energise the collaborative activity essential to sustainable change.

Shared purpose, then, is not a 'nice to have' but a critical driver of success in organisational performance and change. This is particularly true of large scale change in complex organisations. Some key questions to consider: Are we co-designing our shared purpose with all the relevant groups? (clinicians, patients and their families, partners across the health and social care system, local business community and community groups).

Institute for Healthcare Improvement. 2008. Innovation Series: Planning for Scale: A guide for designing large scale improvement initiatives.

A 2011 scan of large scale improvement initiatives in healthcare was published by the Journal for Healthcare Quality. This scan focused on spread in hospitals and healthcare systems. The authors found four primary drivers: planning and infrastructure, individual, group, organizational, and system factors, the process of change, and performance measures and evaluation.[5]

The Institute for Healthcare Improvement (IHI) has led several national campaigns aimed at improving healthcare quality in the United States. Based on their experience, IHI has developed guides on designing large scale improvement initiatives. IHI defines large-scale improvement as "efforts that seek to stimulate change in complete geopolitical areas through mobilization of hundreds or thousands of constituent organizations."[6] The guide offers insightful planning questions for those tasked with creating, implementing, and sustaining change. Some of the key questions focus on the motivation for change, creating a bold and specific aim, and understanding the nature of required actions and the nature of the social system.

World Health Organization Regional Office for Europe. 2008. Guidance on developing quality and safety strategies with a health system approach.

The World Health Organization (WHO) has written a guidance document for those aiming to develop national quality and safety strategies.[7] The document provides considerations for developing strategies, such as the main stakeholders, methods for quality improvement, various perspectives in health care (patient quality, professional quality, and management quality), and research.

Main Stakeholders

According to the WHO, the main stakeholders a national quality and safety strategy should address are professionals, health care organizations, medical products and technologies, patients and financers.

For addressing professionals possible strategies include training and continuous medical education, working conditions that facilitate learning, certification/revalidation, development and implementation of practice guidelines, explicit description of professional competencies performance-measurement, peer-review, setting norms and standards dealing with professional misconduct, registering of types and numbers of professionals, medical workforce planning, task-substitution amongst professionals, the introduction of new professions.

For addressing health care organizations possible strategies include licensing, performance indicators, accreditation/certification, risk-management, adverse event reporting, nationally standardized data bases, quality improvement and safety programmes, accreditation of integrated delivery systems, organizational innovation.

For addressing medical products and technologies possible strategies include regulation of market entrance, regulation and monitoring of risks, technology assessment and an overall national innovation strategy.

For addressing patients, possible strategies include legislation on patient rights, patient/community participation, systematic measurement of patient experiences, publicly available performance information and health promotion policies.

For addressing the financers, possible strategies can focus on the valuing of quality in monetary terms, the production of performance information, financial incentive structures that promote quality and safety and the issuing of national performance reports.

WHO suggests combining the stakeholders who make the changes and evidence about problems and solutions. Make a structure and process which outlasts individuals and ensures regular review and renewal of the strategy. A country serious about improving quality and strategy will go beyond a paper strategy. It will have people working in a structure, with skills and allocated resources and following a process which includes regular reviews and renewal.

A strategy moves a country through quality development phases: it develops patient's and provider's understanding of quality, experience with quality methods and the country's capability to implement quality programmes and actions.

Research and experience show that a strategy is more likely to be successful if it is:

- made by combining research evidence with negotiations with key stakeholders so that it is appropriate and acceptable for the local situation,
- implemented in stages which are suited to the resources available and to the knowledge and experience in the country about quality.

Literature

In traditional literature on strategy, a strategy is defined into a six stage management system:[8]

1) Develop the strategy.
2) Plan the strategy.
3) Align the organisation with the strategy.
4) Plan operations.
5) Monitor and learn.
6) Test and adapt the strategy.

Similarly, previous patient safety literature focused on the following seven steps, as done in the NHS:[9]

Step 1:   Build a safety culture
Step 2:   Lead and support your staff
Step 3:   Integrate your risk management activity
Step 4:   Promote reporting
Step 5:   Involve and communicate with patients and the public
Step 6:   Learn and share safety lessons
Step 7:   Implement solutions to prevent harm

More recent literature has focused on the complexity of health care, the many stakeholders and partners, and the importance of measurement.   For example, Peter Fuda an international authority on business and leadership transformation discussed the significance of ambition in leading change (**see video**). Through his interviews with chief executive officers, he suggests the following lessons in transformational change:

1) In order to sustain transformational change, we as leaders need to move from a burning platform (fear based urgency) to a burning ambition (shared purpose for a better future).
2) We as leaders need to articulate personal reasons for change as well as organisational reasons.
3) If the fire (the compelling reason) goes out, all other factors are redundant.

Collective Impact

Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a complex social problem. Collective impact has been successful in large scale change in the United States public school system. A key focus is engaging multiple groups, including the private sector to help solve complex issues.

In order to create lasting solutions to social problems on a large-scale, organizations — including those in government, civil society, and the business sector — need to coordinate their efforts and work together around a clearly defined goal. Collective Impact is a significant shift from the social sector's current paradigm of "isolated impact," because the underlying premise of Collective Impact is that no single organization can create large-scale, lasting social change alone.

The Five Conditions of Collective Impact Success

Collective Impact is more rigorous and specific than collaboration among organizations. There are five conditions that, together, lead to meaningful results from Collective Impact:

1) *Common Agenda*: All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions. Each organization often has a slightly different definition of the problem and the ultimate goal. Collective impact requires that these differences are discussed and resolved.

2) *Shared Measurement*: **Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable. Individual organizations are free to collect further data, but measurement along one agenda allows for shared measurement and eventual improvement in results.

3) *Mutually Reinforcing Activities*: Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

4) *Continuous Communication*: **Consistent and open communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation. Many successful initiatives that have been studied held monthly or even bi-weekly in-person meetings with the CEOs of each organization. Skipping a meeting or sending a delegate was not looked upon favorably. In addition, meeting had a formal agenda and often an external facilitator.

5) *Backbone Organization*: Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies.** Kania and Kramer state that collaborations often fail due to the lack of supporting infrastructure. In most cases, a project manager, data manager, and facilitator are needed. In addition, a structured decision making process is needed. The backbone organization helps to create a sense of urgency, continue to frame the issues, and mediate conflict along the way.

Collective Impact requires significant financial investment and time of the contributing organizations. Ideally, funders acknowledge the need for long-term investing in order for solutions to advance. Systemic change requires coordination of an entire field, thus one time, limited funds may have limited impact.

Change Management

Change Management as a discipline began to emerge in the 1980s driven by leading consulting firms working with Fortune 50 companies. Early adopters, such as GE, Ford, and AT&T, were very large corporations that could derive significant savings through more efficiently implementing new programs and were accustomed to cutting edge thought leadership roles. This work resulted in early Change Management models such as GE's Change Acceleration Process (CAP) and John Kotter's Eight Step Process for Leading Change.

John Kotter presented this change management model first in a Harvard Business Review article, in 1994, and then in his ground breaking book "Leading Change". Since then, Kotter has elaborated on that concept, publishing books on practical cases and tools, and also, recently, a fable on change called "Our Iceberg is melting."

1) Create a sense of urgency
2) Pull together a guiding coalition
3) Develop change vision and strategy
4) Communicate for understanding and buy-in

5) Empower all others to act

6) Produce short-term wins

7) Don't let up!

8) Create a new culture

Collaboration

A lot has been written on collaboration and collaborative leadership. For example, in 2011, the Harvard Business Review published a series of papers on collaboration. One author explains that collaboration is a natural result of leaders who are passionately curious, comfortable in sharing ideas with others, and who are more concerned about a mission rather than achieving their own personal gain.[10] Many companies and initiatives are moving away from "carrot and stick" approaches to a focus on engagement and developing a common sense of purpose.[11] In a corporate setting, this includes building cooperative systems: encouraging communication, ensuring authentic framing, fostering empathy and solidarity, guaranteeing fairness and morality, using rewards and punishments that appeal to intrinsic motivations, relying on reputation and reciprocity, and ensuring flexibility.[12]

Although based on private for profit corporations, the learnings of "collaborative enterprises" can offer insights into leading large scale change. Adler et al (2011) explain that collaborative communities "encourage people to continually apply their unique talents to a group project- and to become motivated by a collective mission, not just personal gain or the intrinsic pleasure of autonomous creativity. By marrying a sense of common purpose to a supportive structure, these organizations are mobilizing knowledge workers' talents and expertise…" (page 96)[13]. To build a collaborative community, the authors state that the following is required:

- Defining and building a shared purpose
    - The shared purpose is not just a vision statement. It defines what success will look like to competitors and consumers. For example, Kaiser Permanente defines their shared purpose as "Best quality, best service, most affordable, best place to work." This clearly explains the goal of each employee in their daily activities, at all levels of the organization. The authors state that developing a common purpose takes time and effort.
- Cultivating an ethic of contribution where a distinct set of values are shared
- Developing processes that allow people to work together
- This means establishing a process to align the shared purpose with the organization's initiatives, and a process that is owned by all members.
- Create a structure when collaboration is valued and rewarded. Intrinsic to collaboration is that knowledge from all sources is valued and encouraged to be part of the process, leading to unprecedented innovation.

Interestingly, many large organizations are utilizing collaborative efforts, such as IBM, NASA, and Kaiser Permanente.

Conclusion

The use of a framework is important when planning for large scale change. By reviewing the models from the NHS and a few strategies from the literature, some common themes and key learnings are apparent:

- Key to any framework is the focus on the shared goals/purpose, or the vision for a better future. This involves involving many stakeholders, partners, patients, families, and/or the public. The focus on a shared purpose is resounding in leading large scale change efforts, and recent literature from collective impact and collaborations. Of note is that developing the shared purpose can require great effort and time.
- Key to a successful strategy is measurement and leadership at all levels.

This paper highlights some tools that may be helpful in providing leadership on a large scale change for the National Patient Safety Consortium.

References

[1] Boden R, Harvey G, Mosham C, Proudlove N. NHS Institute. *Quality Improvement: Theory and Practice in Healthcare.* 2009. **www.institute.nhs.uk/qualityimprovement**

[2] Bevan, Helen; Plesk, Paul, and Winstanel, Lynne. NHS Institute for Innovation and Improvement. 2013. *Part 1: Leading large scale change: A practical guide.*

[3] National Health Service. *An introduction to the NHS Change Model.* NHS Improving Quality. 2013. **www.england.nhs.uk/nhsiq**

[4] Finney, Liz. National Health Service. *Our Shared Purpose- A practical guide.* 2013.

[5] Perla, Rocco, Bradbury, Elizabeth, and Gunther-Murphy, Christina. 2011. *Large-Scale Improvement Initiatives in Healthcare: A scan of the literature.* Journal for Healthcare Quality: 35 (1): 30-40.

[6] Institute for Healthcare Improvement. *Innovation Series: Planning for Scale: A guide for designing large scale improvement initiatives.* 2008.

[7] World Health Organization Regional Office for Europe. *Guidance on developing quality and safety strategies with a health system approach.* 2008.

[8] Cotton, Bill. *Kaplan and Norton's six-stage strategy execution approach.* Chartered Accountant Journal. 2008.

[9] National Health Service. National Patient Safety Agency. *Seven steps to patient safety The full reference guide.* 2004. **www.npsa.nhs.uk/sevensteps**

[10] Abele, John. *Bringing Minds Together.* Harvard Business Review. Spotlight on Collaboration. July-August 2011.

[11] Benkler, Yochai. *The Unselfish Gene.* Harvard Business Review. Spotlight on Collaboration. July-August 2011.

[12] Benkler, Yochai. *The Unselfish Gene.* Harvard Business Review. Spotlight on Collaboration. July-August 2011.

[13] Adler, Paul, Heckscher, Charles, and Prusak, Laurence. *Building a Collaborative Enterprise.* Harvard Business Review. Spotlight on Collaboration. July-August 2011.