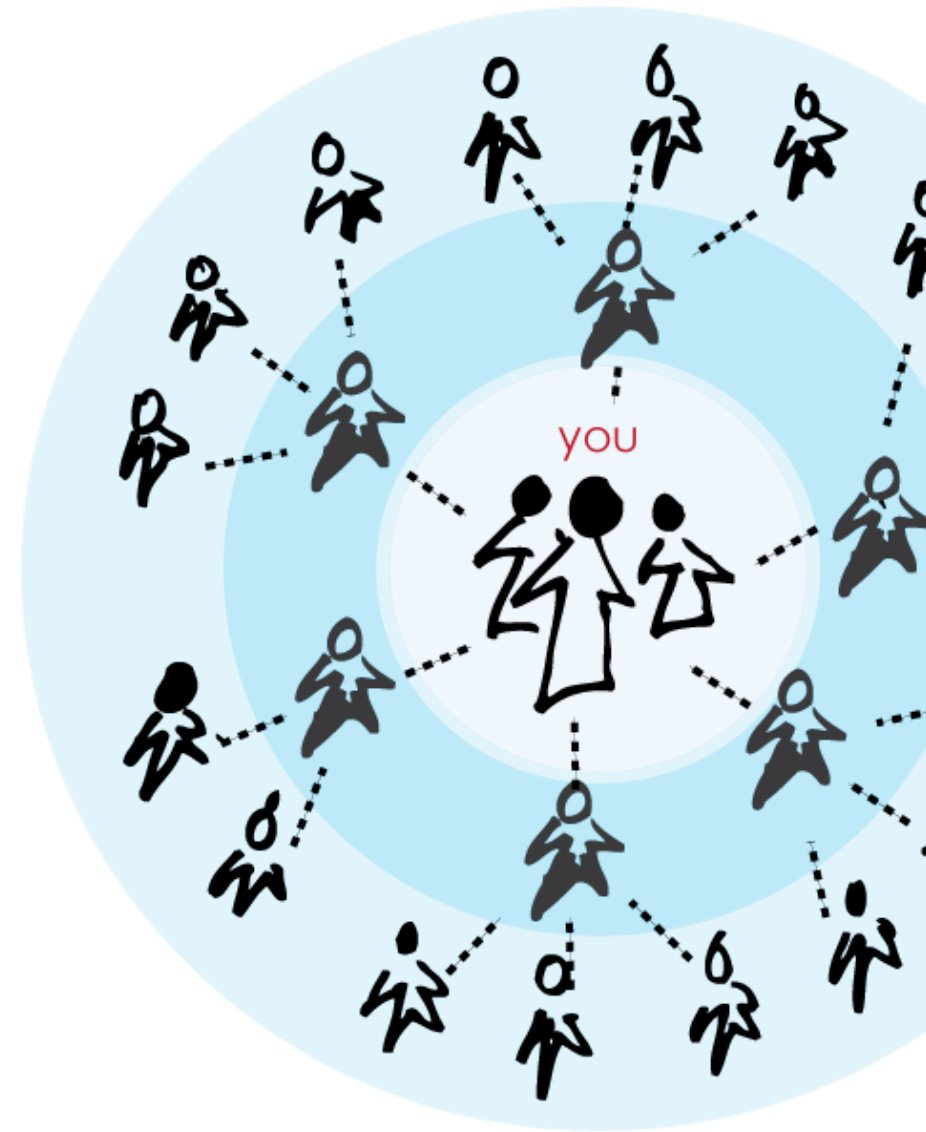


Human-Centered Implementation

Bobby Hughes, Mike Lin

June 29th, 2011





LEGOs

(COURTESY BRICKA)



We tend to think implementing change is about implementing the **ideas**.

It's the **people** involved in the change that matter.

Language

We say...

- “Buy-In”
- “Spread”
- “Sustainability”

Instead of...

- “Collaboration”
- “Adoption”
- “Traction”

The Innovation Consultancy

Look through a human lens. Work iteratively to solve health care problems.



UNDERSTAND



LOOK FOR PATTERNS



IDEATE



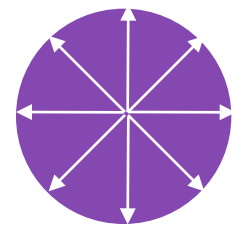
PROTOTYPE



TRY & GET FEEDBACK



PILOT & MEASURE



IMPLEMENTATION & SPREAD



Arranged 30+ cross industry observations to inspire thinking



Field tested 300+ ideas



5000+ hours spent directly observing patients and clinicians



Led 1000+ individuals through deep dive & prototyping experiences



~40 months spent directly supporting pilot and spread

Multiple solutions that have spread to all 37 KP hospitals and beyond



Recognized best practice for packaging change

Trained 200+ internal staff including managers and Advanced IA Program Advisors in human centered implementation



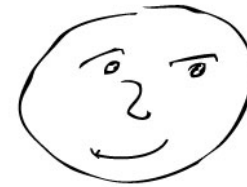
Kaiser and the healthcare environment

- 8.5 million members; 130,000 employees; 37 hospitals
- Complex system of autonomous & specialized roles
- Years of ingrained behaviors and habits
- Pressures and demands of a high-risk environment that results in competing priorities
- Emotional burden associated with ongoing changes and initiatives
- The need to satisfy a diverse range of workers and customers.

Nurse Knowledge Exchange Plus



BEFORE shift change



DURING shift change

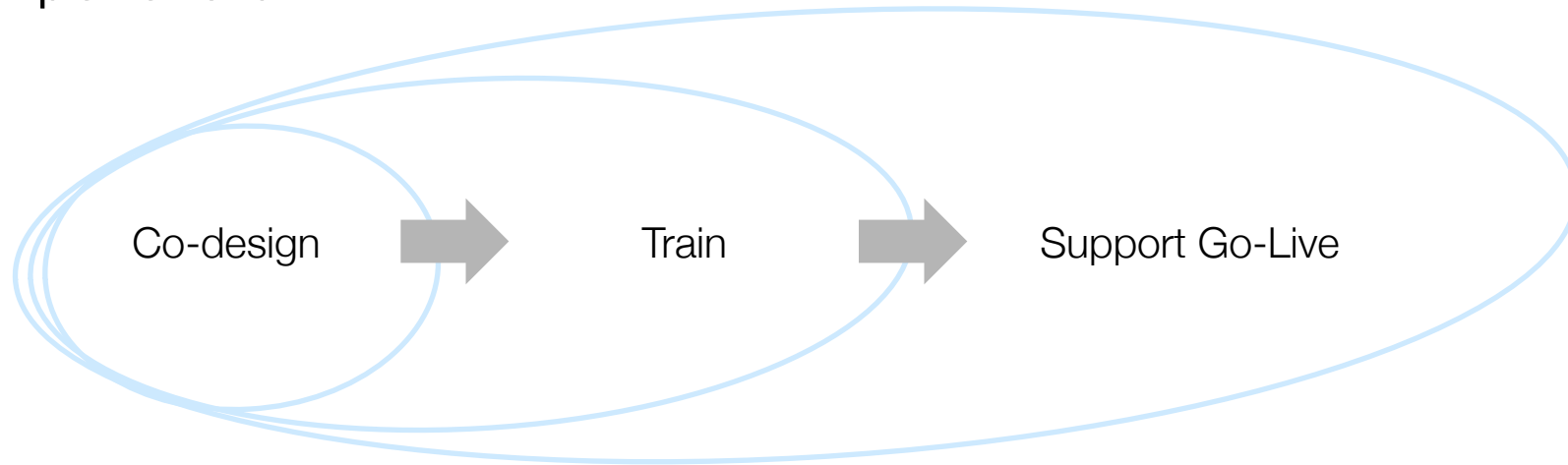


Where
is EVERY
BOOT?



Early Failures

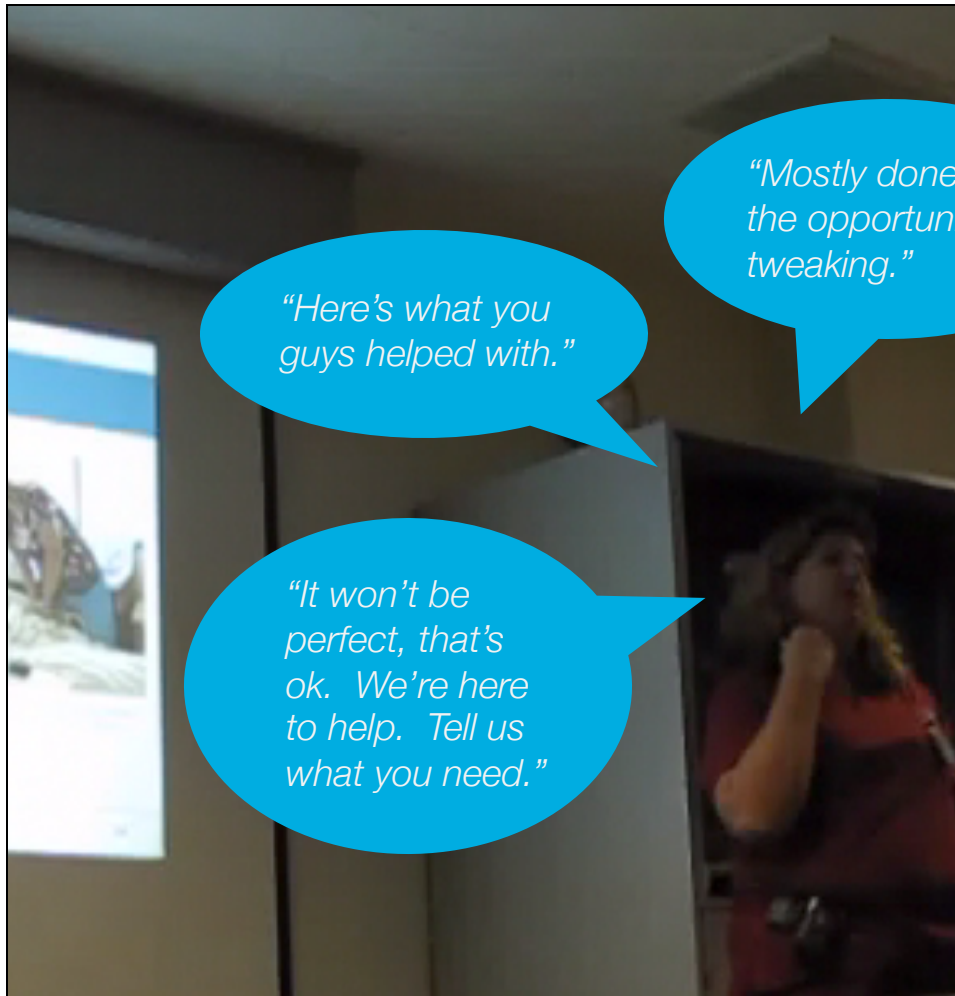
Implementation



Focused on know-how, consistency, clarity, and compliance

Assumed buy-in because of involvement in co-design process

Early Failures



Initial Training and Engagement

Explained ideas, used videos to show concepts were endorsed and vetted by peers

Showed journey of prototypes

Gave opportunities to practice and role play

Results

Skepticism

Spotty enthusiasm

Eye-rolling

Push-back

Early Failures

SHIFT:	RN:		OBSERVER:		
Offgoing Nurse	Room	Room	Room	Room	Room
T SWEEP 30 minutes before shift change					
patient that shift change is coming					
s 4 Ps: Pain, Potty, Position, Possessions					
pt. about Patient Tools in					
ATTIONS - Oncoming RN	Room	Room	Room	Room	Room
ient if he/she has any ques					
UCES or REMINDS pt about the Patient					
mmunicate					
ient to describe pain, by using pain tool					
s pt teachback using pain tool & ask pt. to repeat					
GE - Both RN's	Room	Room	Room	Room	Room
eads the conversation with patient					
i: On-coming as soon as assignments are					
to show tasks status for this patient					
outside, moves into room quickly					
stated in one sentence - Pt name, Admit date, Dx					
ifo (outside)					
room; position so screen is facing the patient					
nurse to the patient					
VD - Pertinent PER INFO; move inside the room					
ar and descriptions are not repeated					

“Let us know what you need. Just ask!”

“Doing great! Don't forget to....”

Go-Live Support

- Coaching role
- Helped them “remember” to go into rooms
- Tracked progress

Results

- Lack of ownership
- Active push back
- “Work-arounds” to satisfy criteria but evade goals



Human-Centered Implementation of NKEplus

Making it meaningful and fun!



The Theory

Accomplishment Through Conversation

Acknowledging Accomplishments

Conversations for Action

Conversations for Opportunity

Conversations for Possibility

Background of Relatedness
Who I am/you are: shared commitments


The Theory

Accomplishment Through Conversation

acknowledging Accomplishments

How might we use design to creatively engage people in these conversations?

Background of
Who I am/you are: shared comm

A photograph of two rows of paper cutouts of human figures holding hands in a circle. The top row consists of seven white figures, each with a red heart drawn on its chest. The bottom row consists of four black figures. The figures are arranged on a white surface against a light blue background. The text "Believing it's worth doing" is centered over the white figures.

Believing it's worth doing



Aim for the gut.



arey. We're about to
change which can
busy time. Do you
the bathroom?
in?

**What NKEplus
is all about.**

*Shift change is an
essential but chaotic
time that can make or
break a nurse's day.*

- Minimizing interruptions at the beginning of the shift allows nurses to **settle into their work** and get off to a strong start.

Minimize

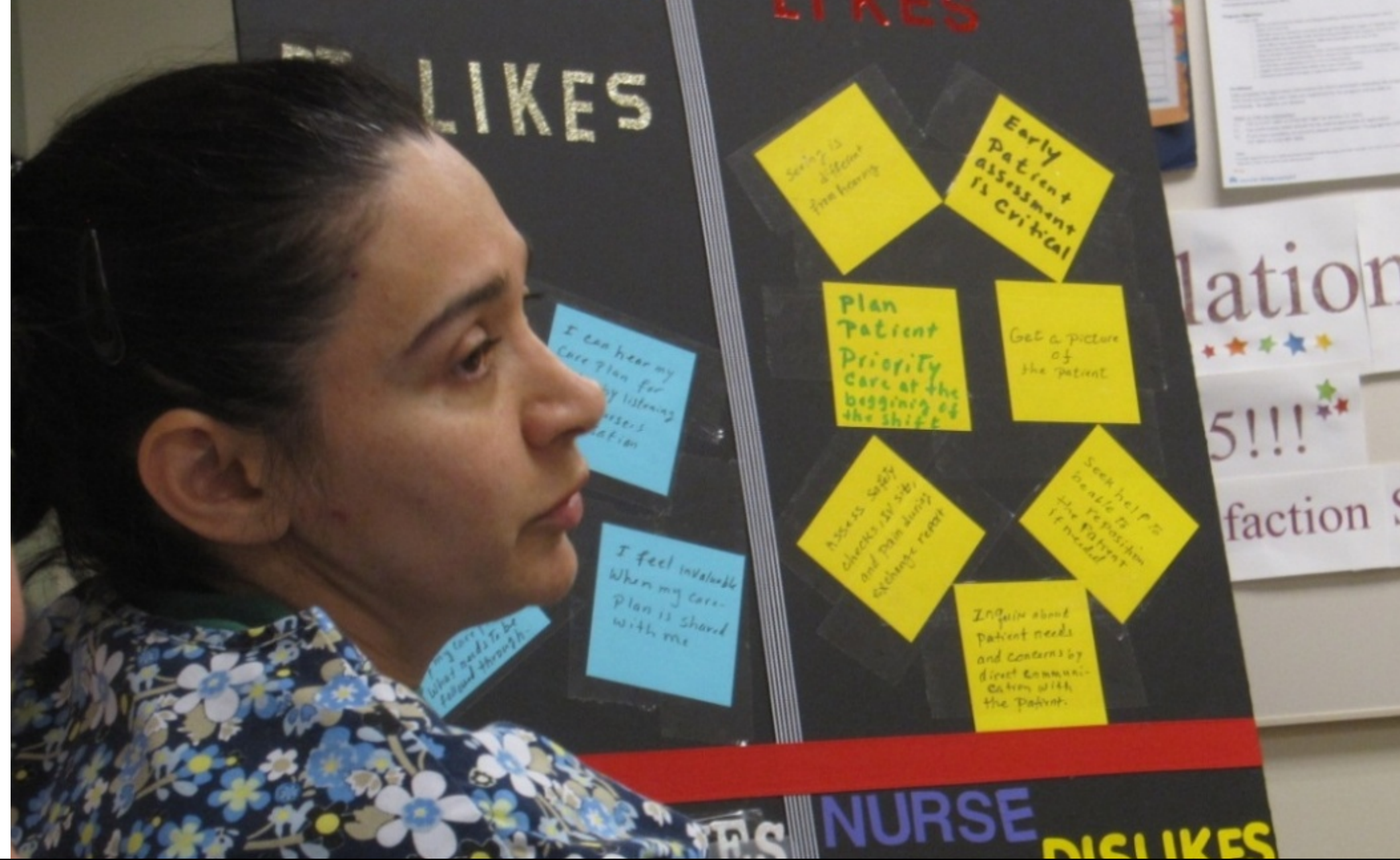
Ask the **hard** questions.

Engagement

patient anxiety and creates a...
patients are likely to be more compliant,
resulting in better outcomes.

Patient

- Shift change creates an opportunity for 2 nurses to **verify changes in patients' status**



Hear from each other (not us).



Follow a Nurse

Starting an hour before shift change, look for:

- What is he/she doing?
- What kinds of things are helping him/her finishing up? What kinds of things are keeping him/her from finishing up?
- Given the current situation, how easy/difficult is it to work in a final hourly round to check in on patients about their pain and replenish IVs? Why/why not?

walk-through



Follow a PCT/CNA

Starting an hour before shift change, look for:

- What is he/she doing?
- What kinds of things are helping him/her finishing up? What kinds of things are keeping him/her from finishing up?
- Given the current situation, how easy/difficult is it to work in a final hourly round to check in with patients to hand out hot towels and round for potty, positioning, and straightening up personal belongings?

walk-through



Observe Shift-Change

Observe the unit's shift changes

- What is everyone doing at the moment (manager, ANMs, Charges, Break and UAs)?
- Did staffing sheets come on time? assignments up before shift change?
- Are the RNs finding each other quickly waiting around? Why or why not?

walk-through

Talk to Patients

Ask your patients some of the following questions:

- Would you want to be involved in the conversations that your nurses are having when they give report to each other during shift change? Why/why not?
- If you were a part of the conversation during the report that nurses give each other, how would that impact how you feel?
- How does being involved in the report impact your understanding of your care? How does that impact your opinion of the service that you're getting?

interview



Talk to Peers (1)

Ask your peers some of the following questions:

- Would it be of interest to you to spend more time with patients at shift change? Why/why not?
- What is currently a source of frustration for you during shift change?

interview



Talk to NKEplus experts

If applicable, talk to peers that have already used NKEplus in other units:

- What do they like about NKEplus – how is it helpful?
- What do they like about bedside reporting?
- What are the downsides to it?
- What was the hardest thing to get used to at the bedside?

interview

Immerse them in the issues first-hand.



Making it theirs...(not yours).



MAKING IT YOURS

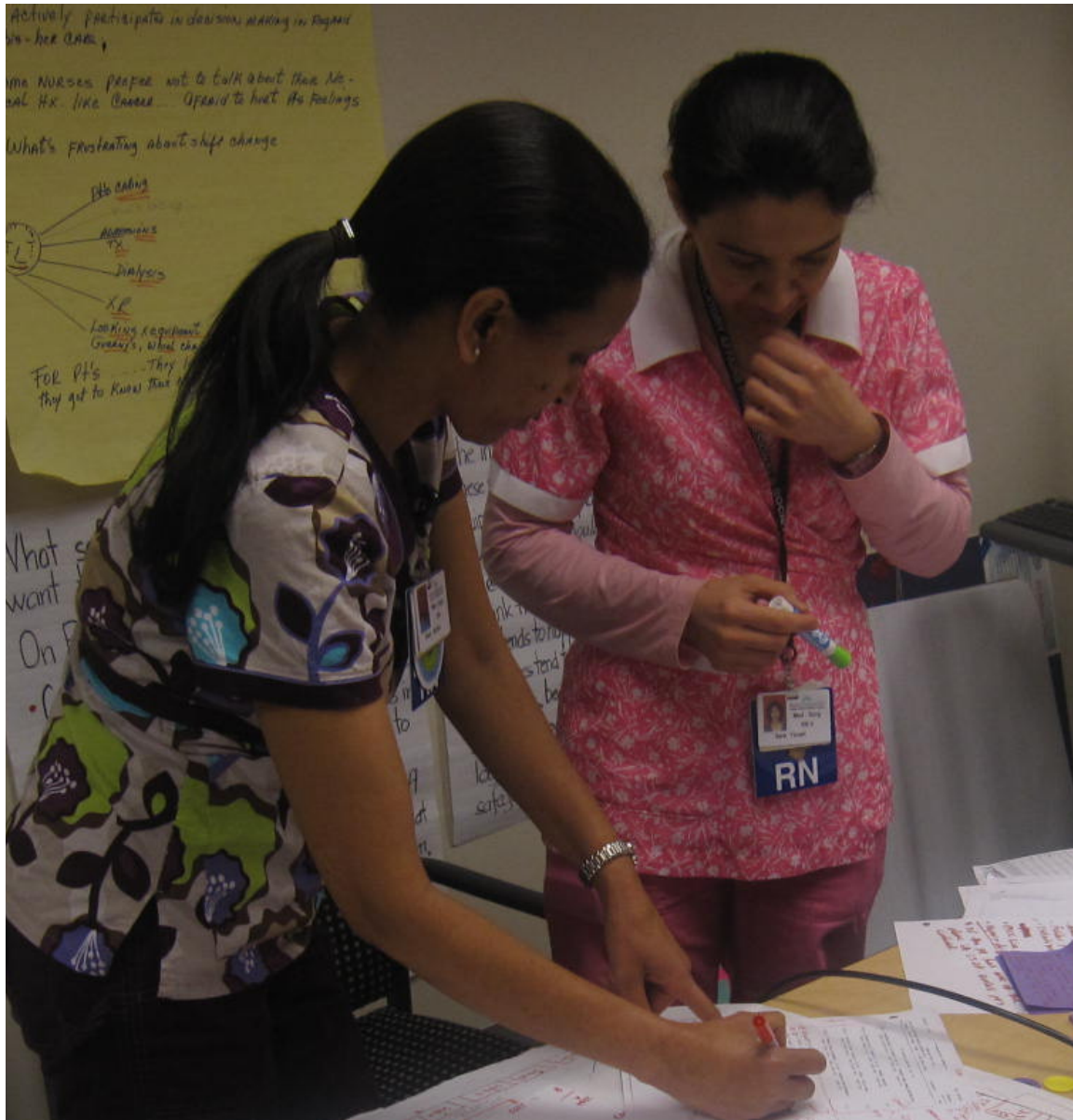
Staff roles during NKE_{plus}

Unit _____

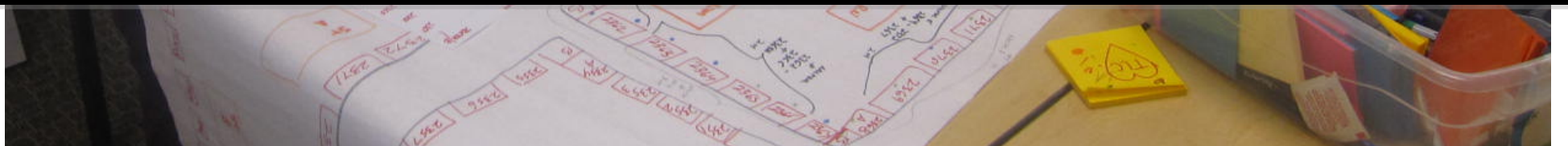
AM PM Night shift

	<u>RN</u>	<u>PCT</u>	<u>UA</u>	<u>ANM/Charge Rn</u>
Handoff (During Shift Change)				
Throughout the shift				
End of shift (Last 30 min.)				

Make it customizable.

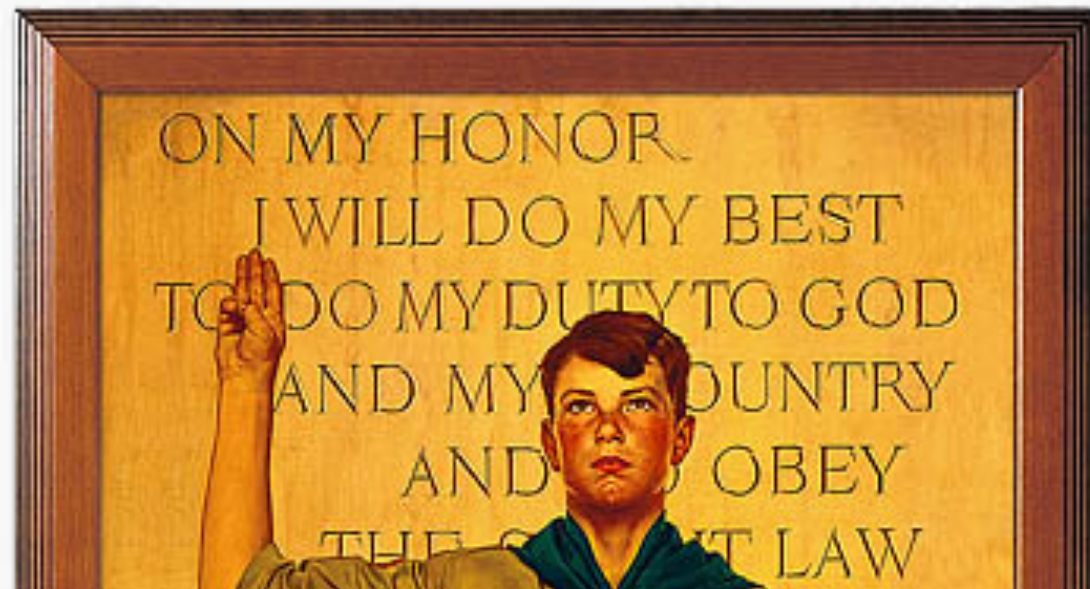


Make it chunky.





Have **them** tackle the roadblocks.



Preparation is everything



of fire or
ncy, use stairs.
use elevator.
1 for
olice/Medical

with disabilities shall
d to the nearest stairwell
wait assistance.

ooh... I
can't
wait!

ooh... I can't wait!

ooh... I can't wait!

NKEplus

How are you today?

5

DAYS UNTIL GO-LIVE!!!

MAKING IT YOURS

Build anticipation.

NKEplus RN

ASSESSMENT

- ⇒ Initial vitals
- ⇒ Follow up on pt questions.
- ⇒ Review plan of care.
- ⇒ Get patient teachback.

End of Shift: SWEEP

- ⇒ Sweep patients for pain as close to end of shift as possible.
- ⇒ Let patient know shift change is coming.
- ⇒ Check IV bag/site. Replace if necessary. (2 hr supply)
- ⇒ Make sure careboard is up to date (plan of care/goals).

NKEplus RN

During HANDOFF

In-room:

- ⇒ Introduce self to patient
- ⇒ Structured report
 - Plan of care with patient, including goals
- ⇒ Safety check
 - Lines and sites
 - Epidural, PCA
 - Signage verification with patient (precautions, isolation)
- ⇒ Question Card, let patient know when you will be back.

Doorside

- ⇒ Pass sensitive information outside the room.

Simple. Clear.



Make it memorable.





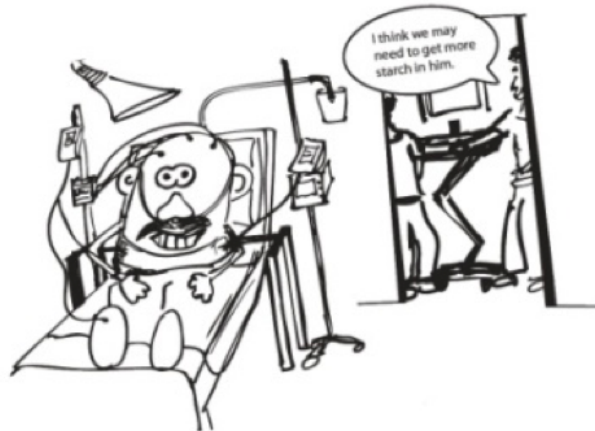
Bring the joy.





Keep progress where they **will** see it.

Some things are just hard to explain.



Bedside hand-offs give you the opportunity to see the patients immediately and prioritize quickly. This translates to better care for all your patients.

-Nursing Admin Quarterly, vol 30, 2006

Bedside Tidbits © 2009
Brought to you by Division of Bedside
and the Transition Consultancy

Other planets have it easy...



"Two sets of eyes are better than one. Another visual on your patient helps to see if there are any [potential] problems...and provides an opportunity for collaboration."

-RN on the benefits of bedside reporting

Bedside Tidbits © 2009
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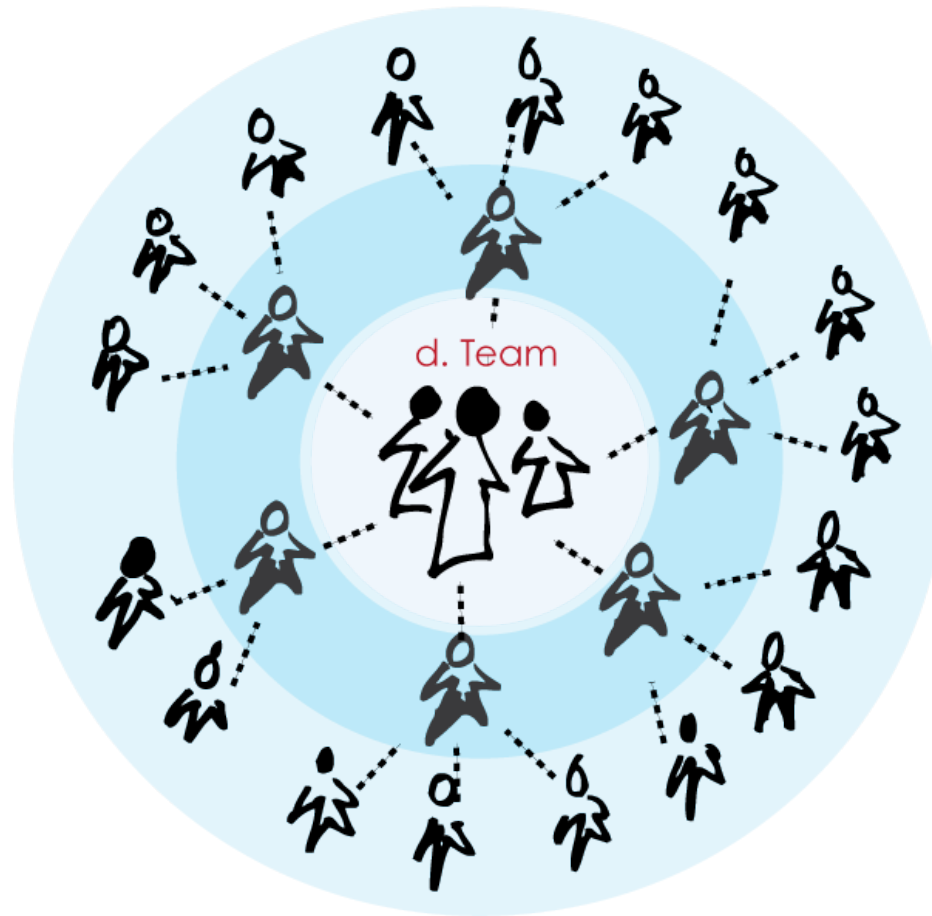
(Re)fresh.

For the future...



Some final thoughts...

The bigger picture



**Maintain
empathy and
flexibility** as
more people
get involved.

Direct the rider

(Be crystal clear)

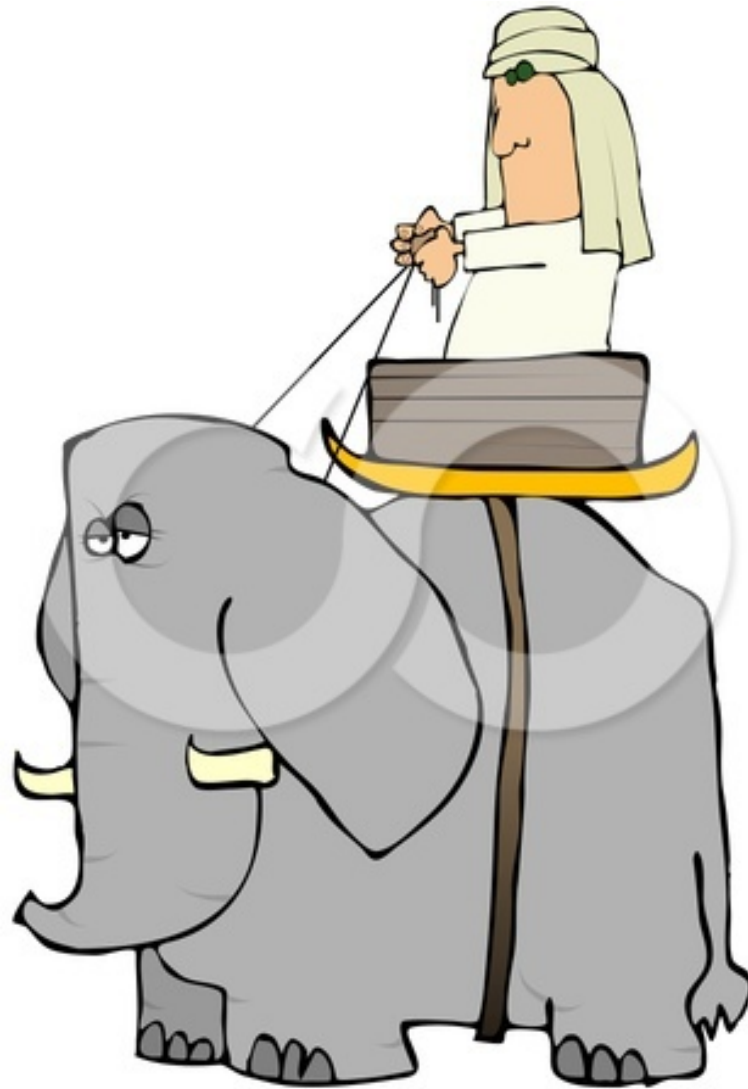
Motivate the elephant

Make it fun

Let them own it

Shape the path

Make it easy and
automatic



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“Switch- How to change things when change is hard” by Chip & Dan Heath

Thank you!

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For more information: <http://kpinnovation.org>