Human-Centered Implementation
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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

5000+ hours spent directly observing patients and clinicians

Arranged 30+ cross industry observations to inspire thinking

Led 1000+ individuals through deep dive & prototyping experiences

Field tested 300+ ideas

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

Co-design → Train → Support Go-Live

- **Focused on** know-how, consistency, clarity, and compliance
- **Assumed** buy-in because of involvement in co-design process
Early Failures

“Here’s what you guys helped with.”

“It won’t be perfect, that’s ok. We’re here to help. Tell us what you need.”

“Mostly done, with the opportunity for tweaking.”

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

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
How might we use design to creatively engage people in these conversations?
Believing it’s worth doing
Aim for the gut.
Ask the **hard** questions.
Hear from each other (not us).
Immerse them in the issues first-hand.

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?

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?

Observe Shift-Changes

Observe the unit’s shift changes with the following:
- What is everyone doing at the moment: nurse manager, ANMs, Charges, Breaks, and UIAs?
- Did staffing sheets come on time? Did assignments up before shift change?
- Are the RNs finding each other quickly? Are they waiting around? Why or why not?

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 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?

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?

Talk to NKEplus experts

If applicable, talk to peers that have already used NKEplus in other units:
- What do they like about NKEplus – how a lot of it?
- 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?
Making it theirs... (not yours).
### Staff roles during NKEplus

<table>
<thead>
<tr>
<th>Handoff</th>
<th>RN</th>
<th>PCT</th>
<th>UA</th>
<th>ANM/Charge Rn</th>
</tr>
</thead>
<tbody>
<tr>
<td>(During Shift Change)</td>
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<tr>
<td>Throughout the shift</td>
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<tr>
<td>End of shift</td>
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<tr>
<td>(Last 30 min.)</td>
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Unit ___

AM  PM  Night shift

Make it customizable.
Make it chunky.
Have them tackle the roadblocks.
Preparation is everything
Build anticipation.
**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)

**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

**Door-side**
- 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

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

(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

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

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