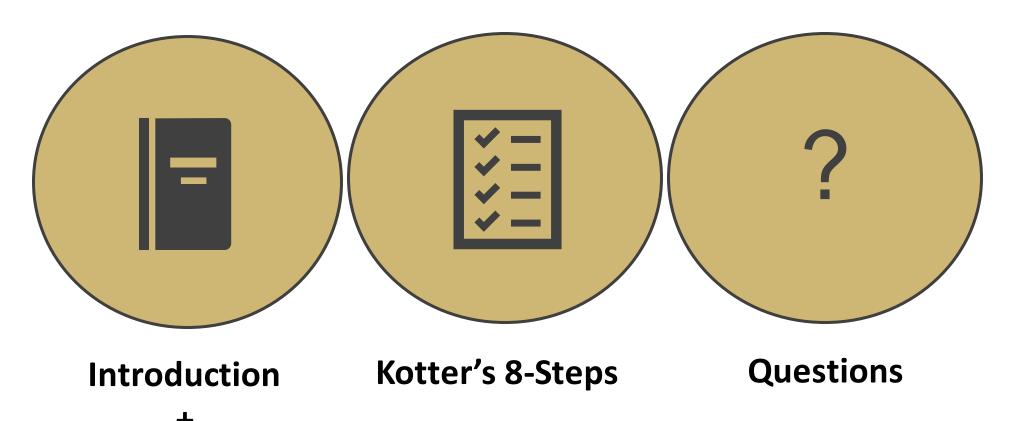
Change Management

Sam Porter, MD

Division of Hospital Medicine



AGENDA



Change Lessons

Change Lessons

1. People (generally) dislike change.

2. Change is hard.

3. "Good enough" is the enemy of great.



Change Lesson 1

People (generally) dislike change.

Change Lesson 2

Change is hard.



Vancomycin Use in the ICU

Problem: Only 50% of 1st vancomycin troughs within desired range of 10-20 mcg/mL

Solution: QI project to develop simple weight- and creatinine-based guide to dosing

- > ICU and Pharmacy leadership buy-in
- > Rolled out nomogram for the ICU
- > Email sent to residents/faculty every month



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I wanted to make everyone aware of the ongoing QI initiative in the MICU addressing initial vancomycin dosing. The standard 1 gram every 12 hours is not appropriate for many ICU patients and the first troughs have been in the therapeutic range of 10-20 mcg/mL only about 50% of the time. We have developed a very simple dosing nomogram (attached) that also includes guidelines on dosing for HD and CVVH, and when the troughs should be checked. Based on the existing data, we expect this nomogram to eliminate about 75% of subtherapeutic troughs and 50% of supratherapeutic troughs.

The nomogram requires only the patient's actual body weight and MDRD-estimated GFR with age, gender, race, and serum creatinine (online at www.mdrd.com).

We rely primarily on you as treating physicians to follow the nomogram and correctly order the antibiotics, decreasing the risk of under- or over-dosing your critically ill patients in the crucial initial 24-72 hours of therapy until the first trough is obtained. The MICU pharmacists will be helping you with the nomogram as well.

Thank you in advance for your help and your hard work. We welcome all questions and feedback on this quality improvement initiative.

Vancomycin use in the ICU: Outcomes

Pre-intervention trough (10-20) 50%

Post-intervention trough (10-20) 50%

Protocol adherence rate 20%!





Why didn't the providers change their behavior?

What was wrong with this approach to leading change?



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Change Lesson 2

Change is hard.

People (generally) dislike change.

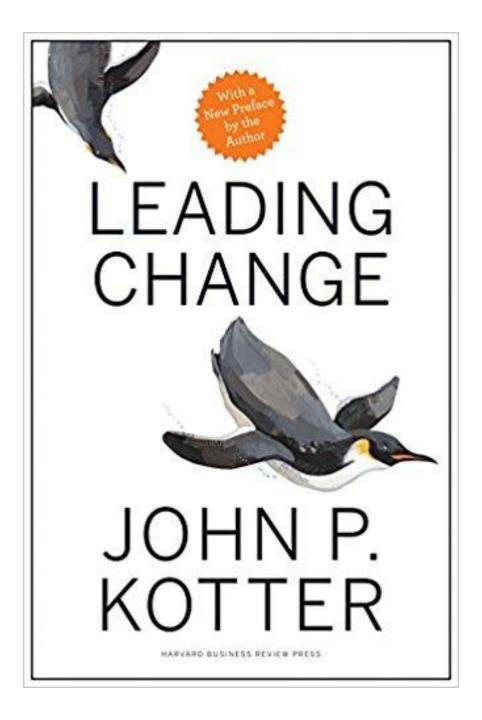


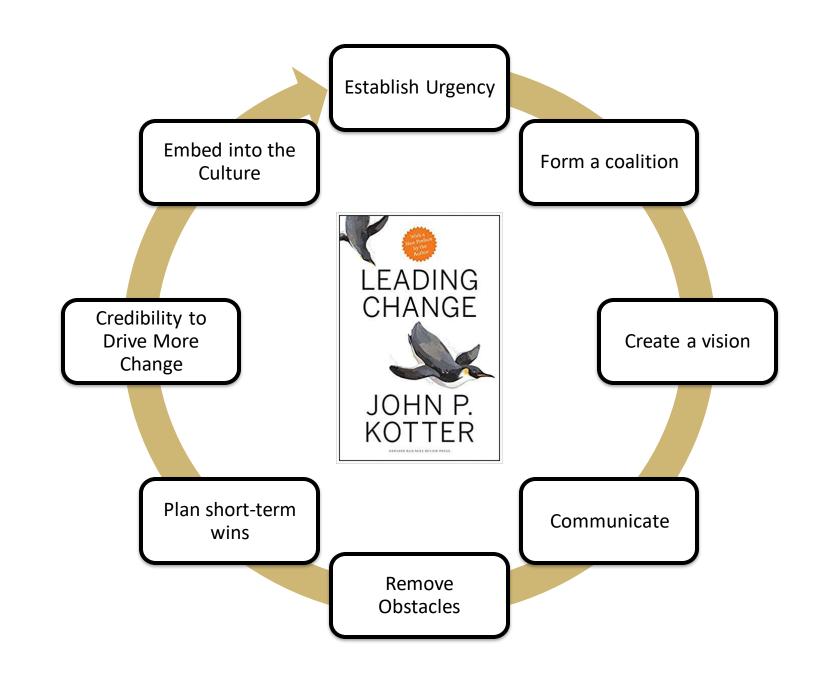




NO CHANGE







Establish Urgency

Establish Urgency



"Provocative and fascinating." -MALCOLM GLADWELL

Daniel H. Pink

AUTONOMY

MASTERY

PURPOSE

The Surprising Truth About What Motivates Us





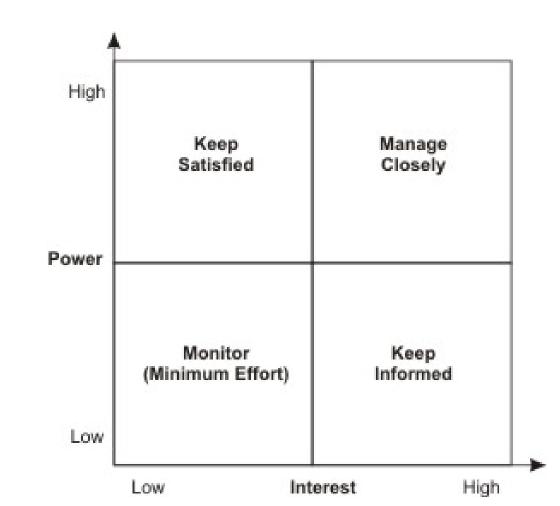


Form a Guiding Coalition

Guiding Coalition **Step 1**: Identify

Step 2: Prioritize

Step 3: Understand





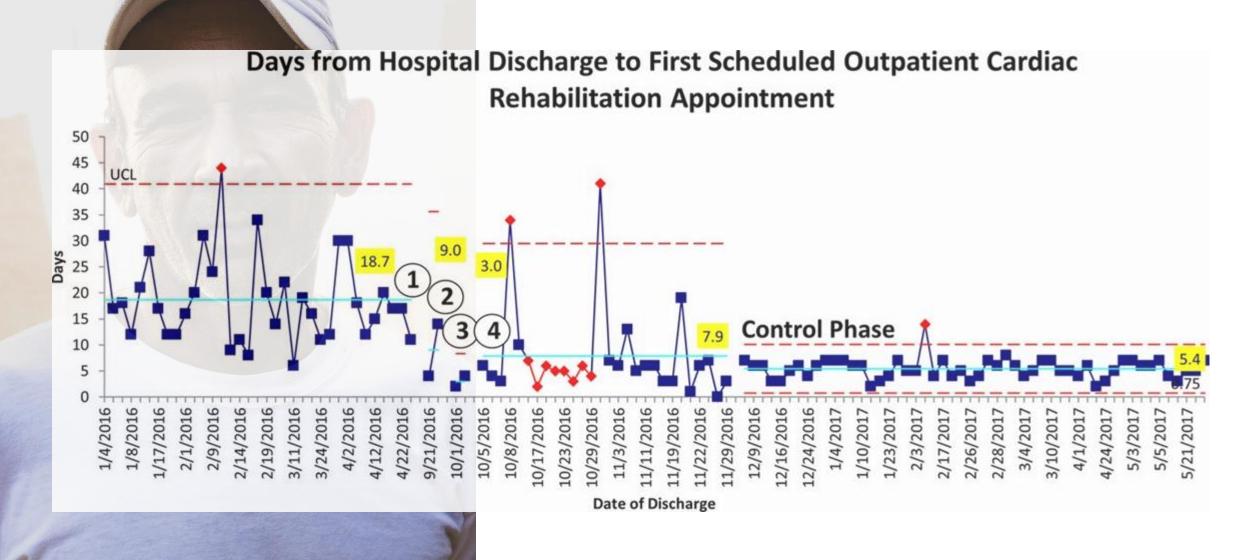
69-Year-old man presents with acute onset chest pain.



Establish Urgency

Form a Guiding Coalition

69-Year-old man presents with acute onset chest pain.



Create a Vision



Earth's most customer centric company.

Create a Vision



A world without Alzheimer's disease.



Eliminate all preventable harm.





CHANGE WE CAN BELIEVE IN



The Elevator Pitch An introduction: Who are you? Hook: What is the problem or opportunity? Solution: What are you doing about it? Value proposition: How does this create value for him/her? Call to action: What next?

69-Year-old man presents with acute onset chest pain.



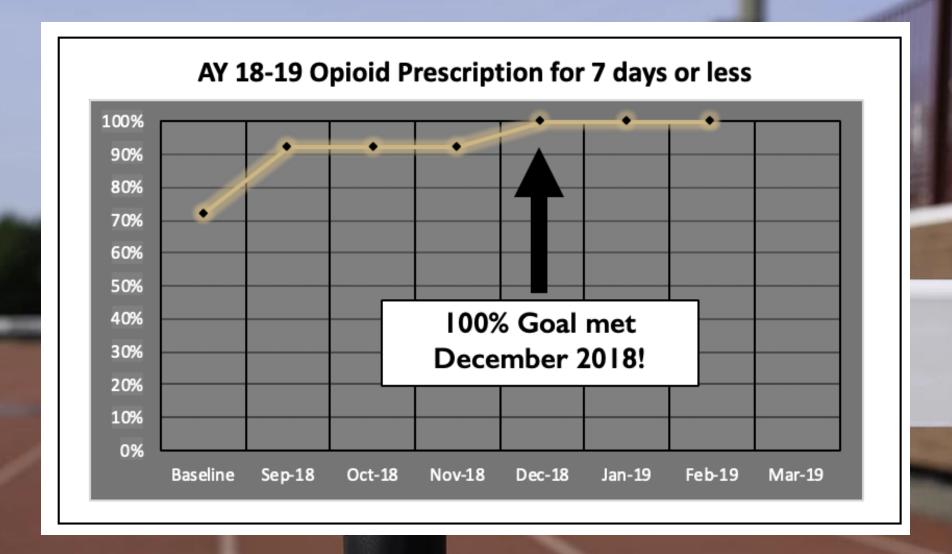
Create a Vision

Remove Obstacles





Remove Obstacles Remove Obstacles

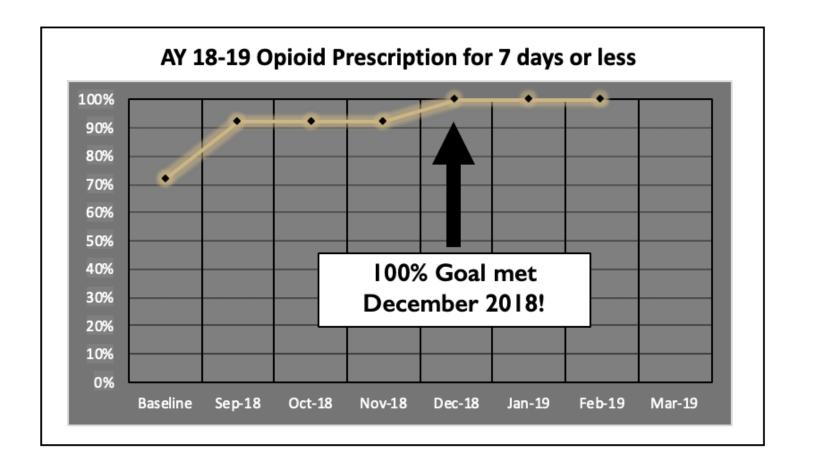


Generate Short-Term Wins



Use Credibility to Drive More Change

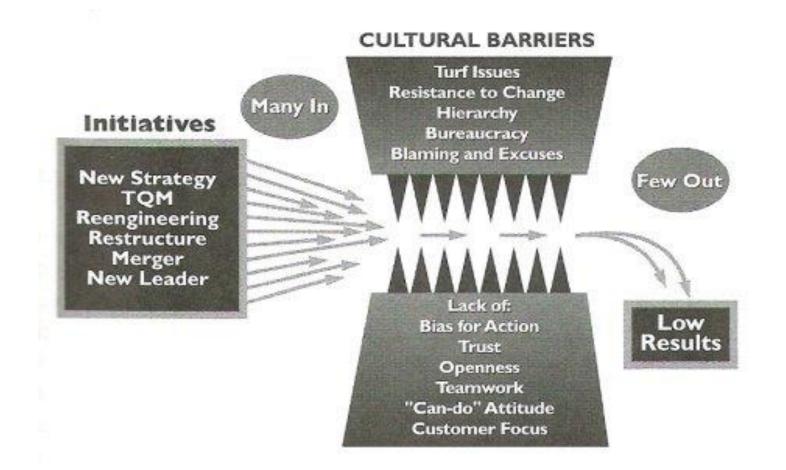
Credibility Momentum



Embed it in the Culture



Culture Change Culture Change





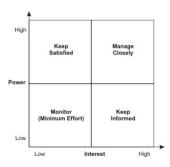


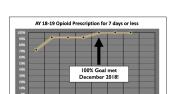




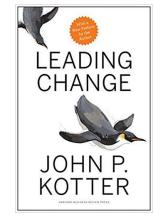
Establish Urgency

Form a coalition





Credibility to Drive More Change



Create a vision



Generate short-term wins

Embed into

the Culture

Communicate





Remove Obstacles





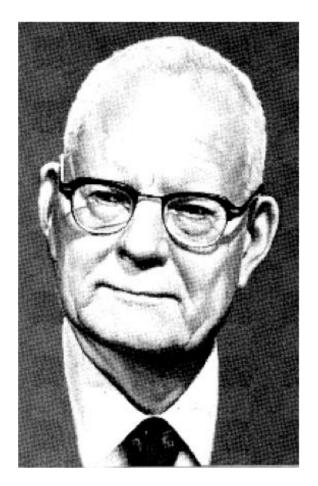








"Survival is optional. No one has to change."



W. Edwards Deming