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# Change Management:

## A Critical Part of Leadership Success

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# Disclosure:

*The following contents is based on experience and lessons learned.*

*Research studies are referenced as part of the presentation.*

*It does not represent the views of my current and previous employments on the topic.*

*Current employment: Canberra Health Services ACT Australia.*

*Submission of this paper: Sydney Adventist Hospital NSW Australia.*

***There is no conflict of interest to disclose.***



# Topics:

Introduction

Examples of changes in reprocessing.

Change management in healthcare

Leadership

Two Change Management models

Healthcare system

Conclusion



# Introduction: Scalpel ( blade and handle )

The humble history of oldest surgical instrument: Dr John Kirkup - HICRCSE

**1** Flint dagger of Ötzi the ice man – 10000 BC



**2** Roman scalpellus – about 400 BC



**3** Albucasis – Islamic Golden Age 622 AD



<https://www.tandfonline.com/doi/full/10.1080/00015458.2021.1884404>

**4** American Revolutionary War early 19<sup>th</sup> century



**Detachable blades 1900**

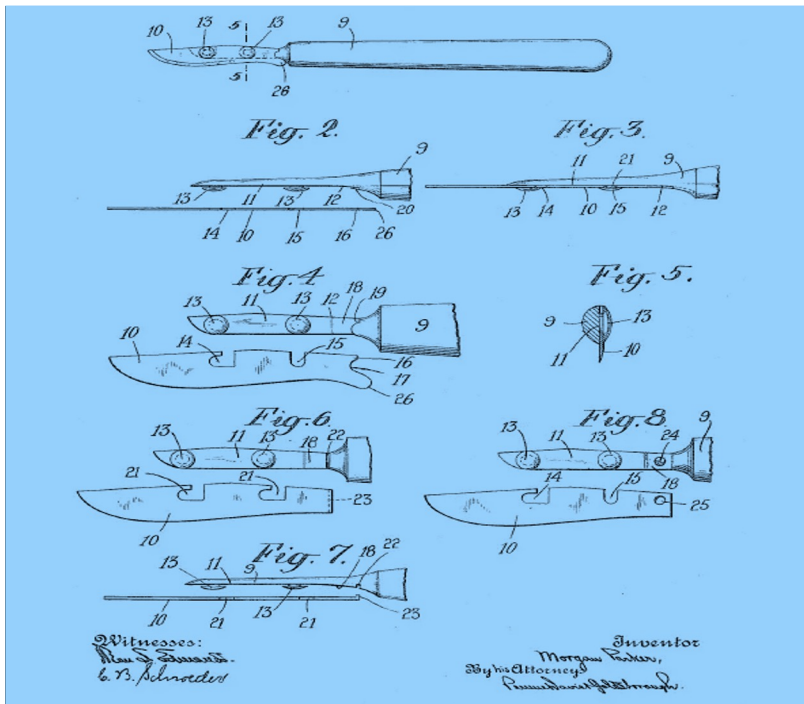
Images: [The history of the scalpel: From flint to zirconium-coated steel | ACS \(facs.org\)](#)



# Introduction: Scalpel ( blade and handle )

The humble history of one of the oldest recorded surgical instrument

## 5 Morgan Parker's original patent with studs and slots 1914



## 6 Today's modern scalpel - Handle and blade (SUD)

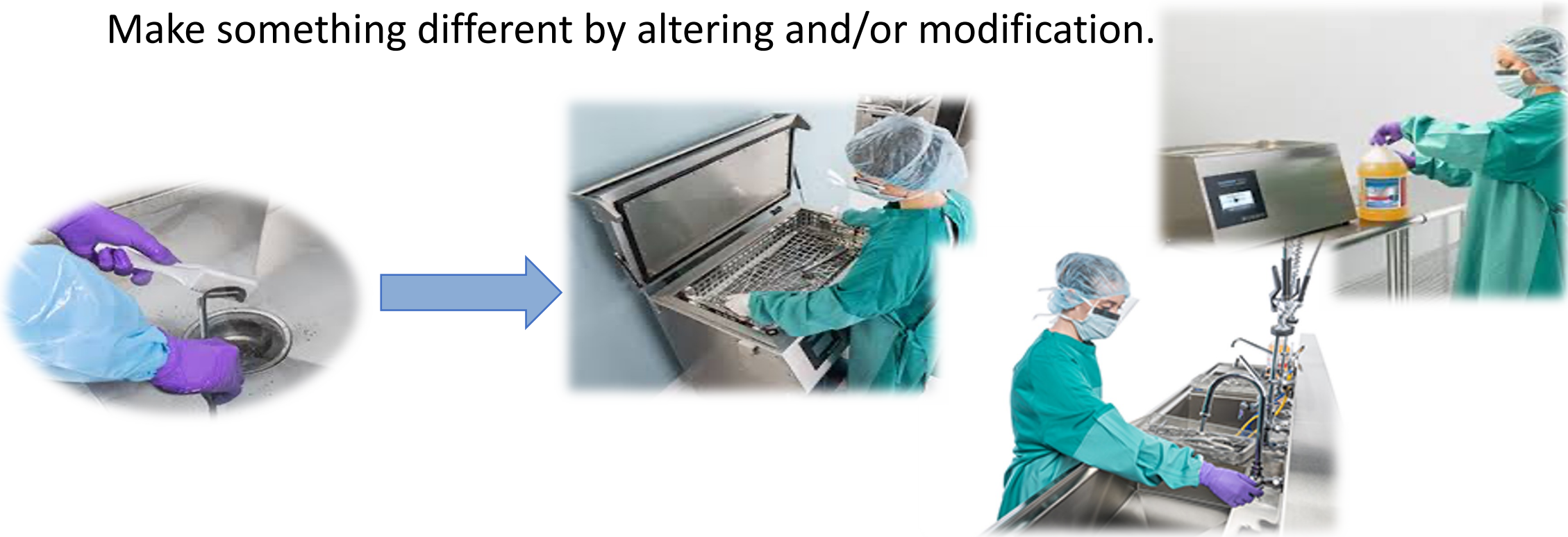




# Change: Examples in reprocessing

A process through which something/someone becomes different.

Make something different by altering and/or modification.



**WHY?** Required by regulations, new technologies and changing patient care needs.

# Change: Robotic Surgical Innovations



**How:** New equipment, added step/s, reprocessing equipment instructions, staff training, education and competencies, quality monitoring.....

# Duodenoscope - Critical or Semi-critical?



- More infection outbreaks associated with flexible endoscopes than any other medical device.
- Reclassification of flexible endoscopes based on intent of use and risk associated with patient outcomes.
- Terminal sterilisation



Statement of the European Society of  
Gastroenterology and Endoscopy  
Nurses and Associates:  
European Curriculum for endoscope  
reprocessing

Image: <https://link.springer.com/article/10.1007/s00464-009-0815-6#citeas>

Image: [Challenges and Opportunities in Duodenoscope-Related Infections: Disposable Duodenoscopes are the Inevitable Future - American Gastroenterological Association](#)





# Challenges facing the reprocessing workforce



Technological savviness is lagging



Current regulations maybe outdated with emerging technologies



Innovations may detract us from correct process and pathway



Reprocessing expertise is replaced tech skills by younger generation



Resistance to accept technological advances



# Change management:



Need to embrace change.



Understanding and addressing workforce **cave** dwellers.



Need for vertical commitment within an organization.



Importance of strong and committed leadership.



Importance of educating the workforce with the tools and task delivery models of the future.

# Change management in healthcare:



**Implementing** - new policies, procedures, and practices to improve the quality of patient care



**Understanding** - need for change



**Identifying** - stakeholders



**Developing** - plan to implement and manage the change



# Change management in healthcare:



Properly implemented – specific templates at work



Communicated – transparency

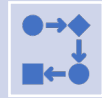


Monitored – continuously





# Key aspects of successful change management:



Planning and Preparation:



Communication:



Training and Support:



Monitoring and Evaluation:



Leadership:



# Leadership: *Ability to direct and inspire people to achieve a common goal*



Setting direction



Making decisions, motivating, and inspiring others



Creating an environment where people can work together to achieve success



# Responding requires adaptive leadership:



Anticipation of likely future needs, trends and options.



Articulation of these needs to build collective understanding and support for action.



Adaptation so that there is continuous learning and the adjustment of responses, as necessary – improved problem-solving skills.



Accountability, including maximum transparency in decision making processes and openness to challenges and feedback.



# So far....



Image: [Change Management in Healthcare \(prosci.com\)](https://prosci.com)

## Efforts often fail due to:

- Change fatigue that occurs all throughout the process
- Lack of sufficient change management



# Example 1: Kotter's 8 Step Change Model

Create

- a sense of urgency,

Build

- a guiding coalition,

Develop

- a vision and strategy,

Communicate

- vision, and enlist

Enable

- empowering broad-based action,

Generate

- creating short-term wins,

Consolidating

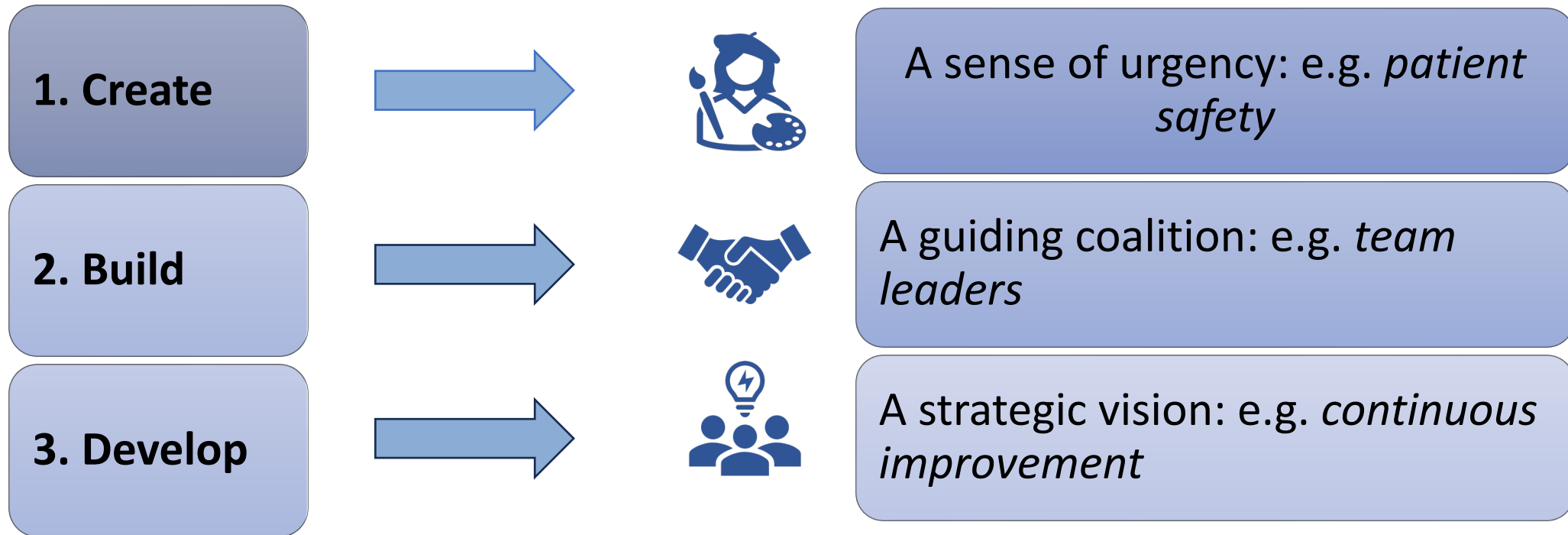
- improvements

Institutionalizing

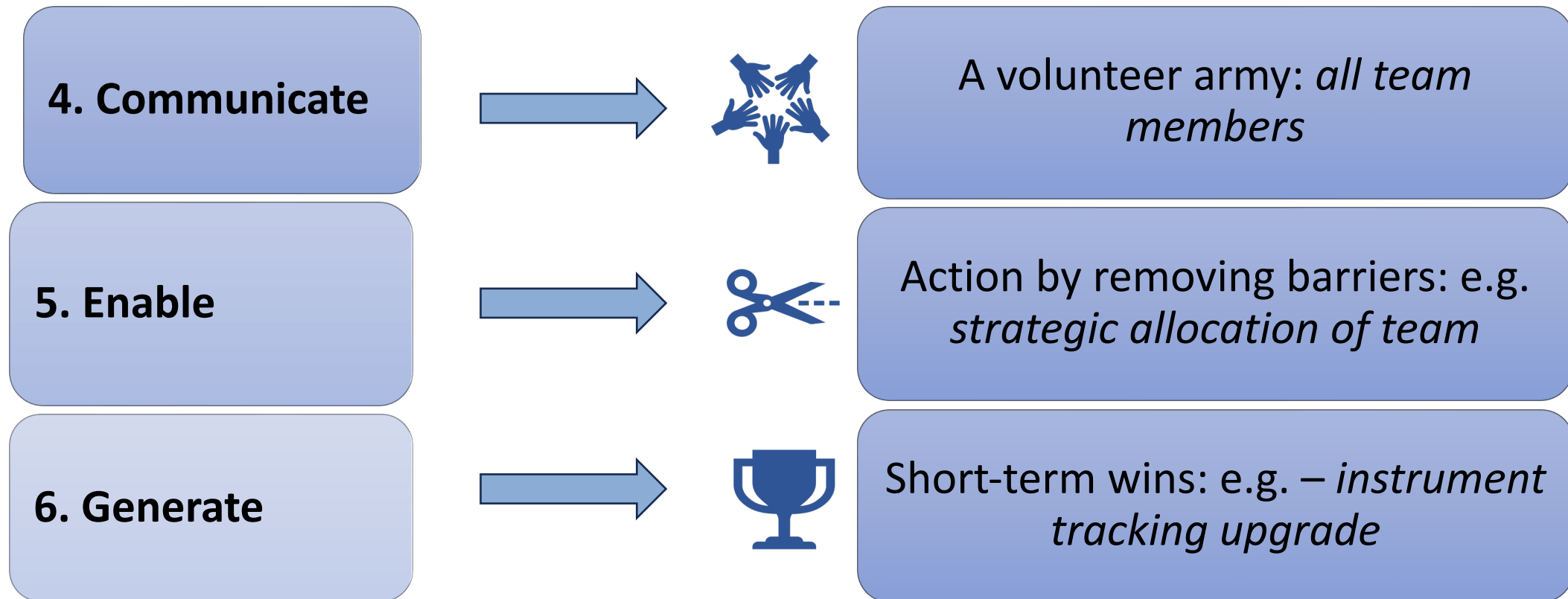
- institutionalizing new approaches



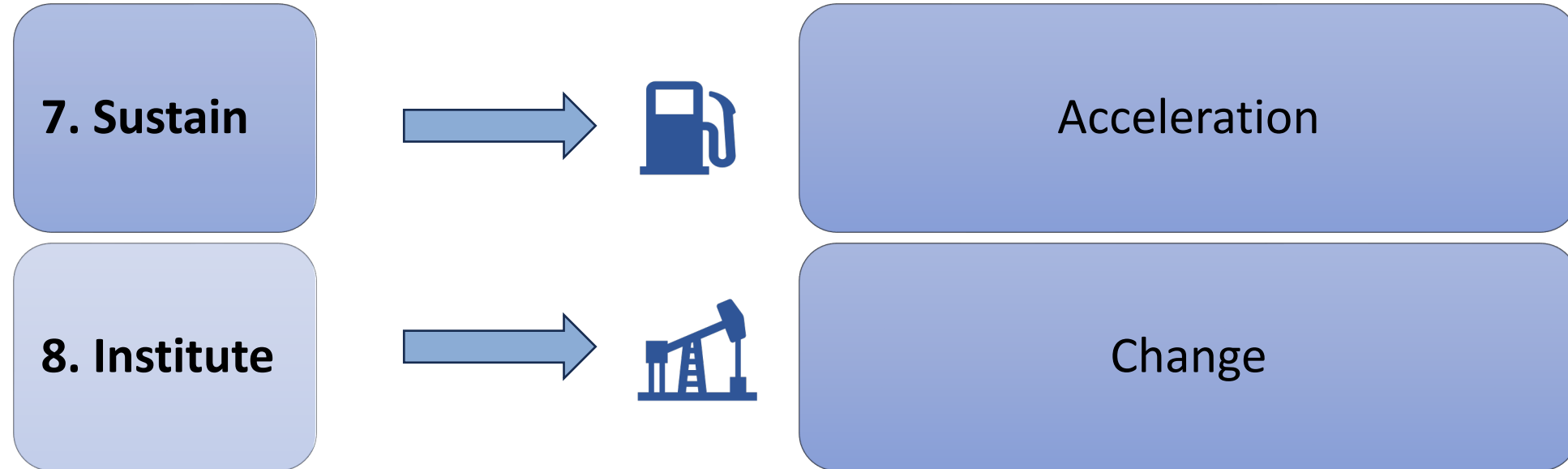
# Kotter's 8 Step Change Model



# Kotter's 8 Step Change Model

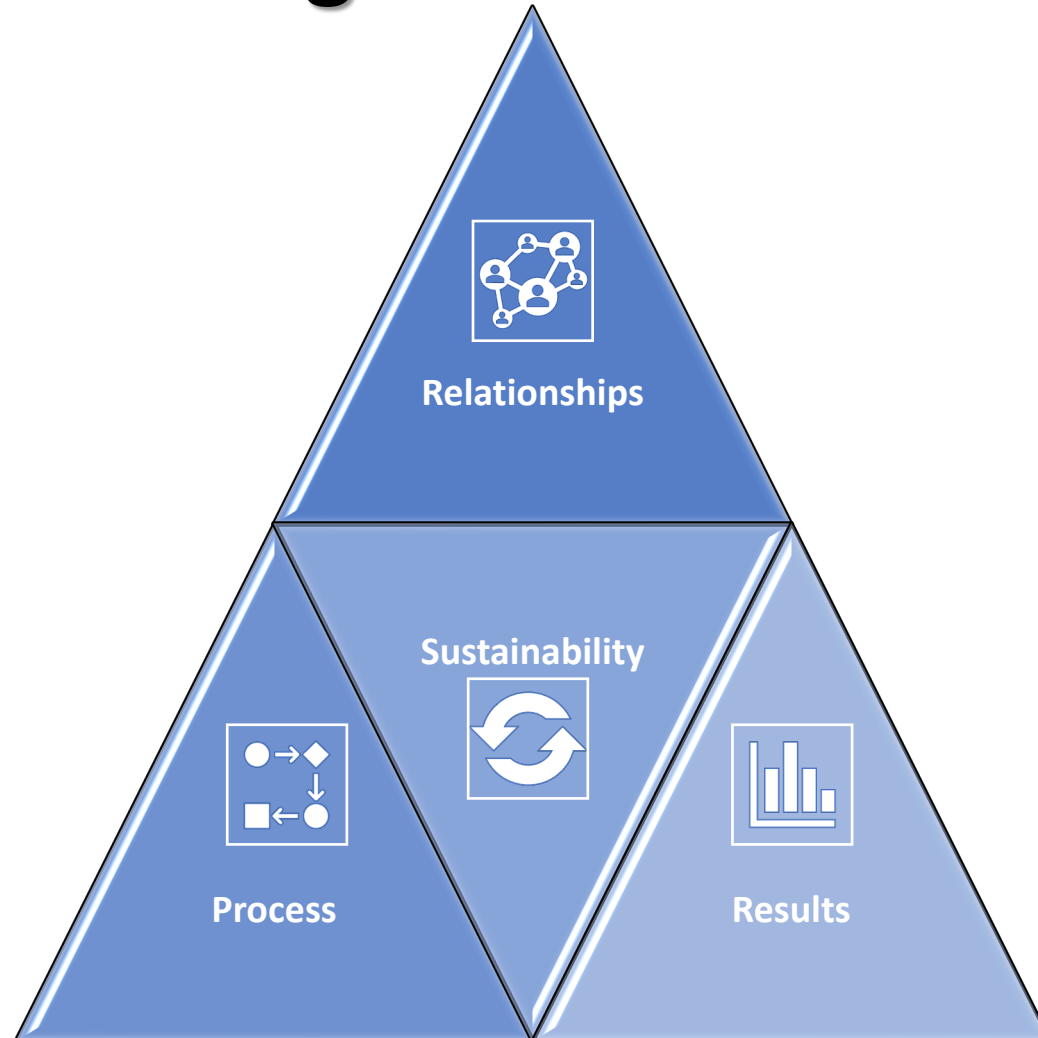


# Kotter's 8 Step Change Model





# Triangle of success



## Example 2: ADKAR change model



# ADKAR model

Awareness



Make employees aware of the change and *WHY* - agree with it

Desire



Instil a desire for change – *we are all in this together.*

Knowledge



Teach team how to make the change – e.g. *learn by sharing*

Enablement ZONE



# ADKAR model

**Ability**



Leverage knowledge - *ability to make change by building confidence*

**Reinforce**



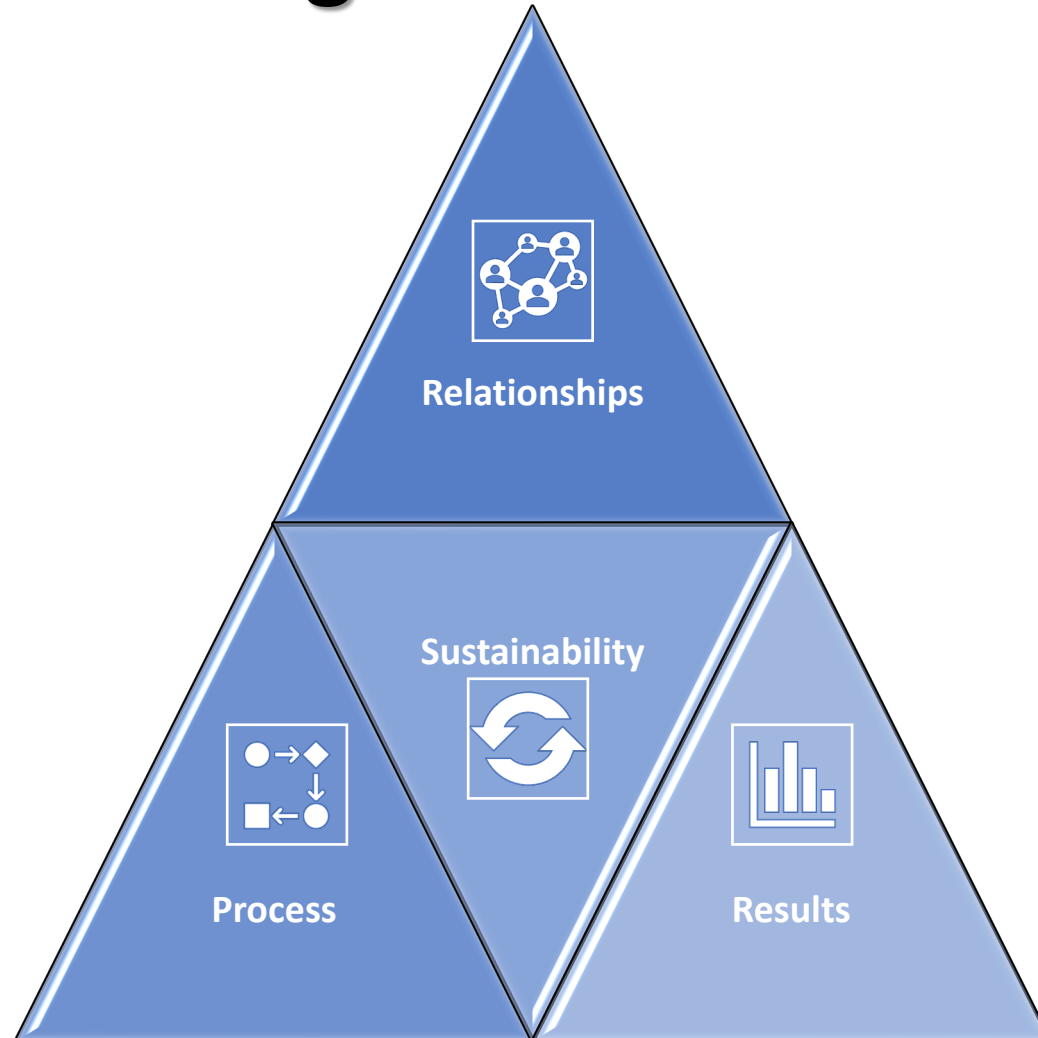
Make change permanent by reinforcing new methods - and *monitor*

**Engagement ZONE**





# Triangle of success



**A Systemic Approach to Managing Complex Systems**

**Color Code:** Preliminaries (Green), People Involved (Teal), Creative Aspects (Purple), Routine Actions (Red), Neutral Aspects (Grey), Positive Aspects (Light Green)

**Flowchart Details:**

- Preliminaries (Green):** Define Persistent Problem(s), Mount Organizational Efforts, Formulate Desirable Outcome Spaces, Decide System Boundaries, Establish Guiding Architecture, Postulate Potential Approaches, Assessment of What Happened, Incremental Capabilities Achieved, Degrees of Progress Achieved.
- People Involved (Teal):** Key Stakeholders, Managers, Information Technologists, Suppliers, IT Applications to ISS, Specific Interventions, Patients, Nurses, Doctors, Support Staff.
- Creative Aspects (Purple):** Enneagram Exercises, Incentive Structures, Specific Interventions.
- Routine Actions (Red):** Conduct Self-Organized Collaborations, Take Appropriate Actions, Postulate Potential Approaches.
- Neutral Aspects (Grey):** Performance of Selected Alternatives, Measurement of Results, Promulgation of Lessons Learned, Assessment of What Happened.
- Positive Aspects (Light Green):** Key Stakeholders, Mount Organizational Efforts, Establish Team and Resources, Leaders, Emergency Technicians, Support Staff.

**Key Connections and Feedback Loops:**

- Define Persistent Problem(s)** leads to **Mount Organizational Efforts** (including identification of key stakeholders).
- Mount Organizational Efforts** leads to **Establish Team and Resources** (to build and instantiate effective).
- Establish Team and Resources** leads to **Managers** (to appoint effective).
- Managers** leads to **Information Technologists** (to solicit) and **Suppliers** (to provide medicines for).
- Information Technologists** and **Suppliers** lead to **IT Applications to ISS** (are quite involved in).
- IT Applications to ISS** leads to **Specific Interventions** (are postulated, filtered, and formulated).
- Specific Interventions** leads to **Patients** (are analyzed, modeled, and simulated) and **Nurses** (help).
- Patients** leads to **Doctors** (are diagnosed, treated, and experimented with safely).
- Doctors** leads to **Take Appropriate Actions** (which are recorded and perhaps implemented by).
- Take Appropriate Actions** leads to **Support Staff** (coordinate with).
- Support Staff** leads to **Assessment of What Happened** (are involved in the).
- Assessment of What Happened** leads to **Measurement of Results** (may include new) and **Promulgation of Lessons Learned** (are assessed collaboratively for).
- Promulgation of Lessons Learned** leads to **Incremental Capabilities Achieved** (are instilled in all to emphasize the).
- Incremental Capabilities Achieved** leads to **Degrees of Progress Achieved** (are added to this complex system).
- Degrees of Progress Achieved** leads back to **Define Persistent Problem(s)** (to start another solution attempt cycle).
- Define Persistent Problem(s)** also leads to **Enneagram Exercises** (includes involving entire team to).
- Enneagram Exercises** leads to **Formulate Desirable Outcome Spaces** (which helps to).
- Formulate Desirable Outcome Spaces** leads to **Decide System Boundaries** (to recognize and check the).
- Decide System Boundaries** leads to **Establish Guiding Architecture** (that influences effective measures for).
- Establish Guiding Architecture** leads to **Performance of Selected Alternatives** (are brainstormed, evaluated, and selected).
- Performance of Selected Alternatives** leads to **Emergency Technicians** (are diagnosed, treated, and experimented with safely).
- Emergency Technicians** leads to **Support Staff** (coordinate with).
- Support Staff** leads to **Assessment of What Happened** (are involved in the).
- Assessment of What Happened** leads to **Measurement of Results** (may include new) and **Promulgation of Lessons Learned** (are assessed collaboratively for).
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# Conclusion:



*Health systems can benefit from change management models.*



Complex nature of the system suggest an ***agile approach and adaptive leadership*** to cater to the demands of its unpredictability.



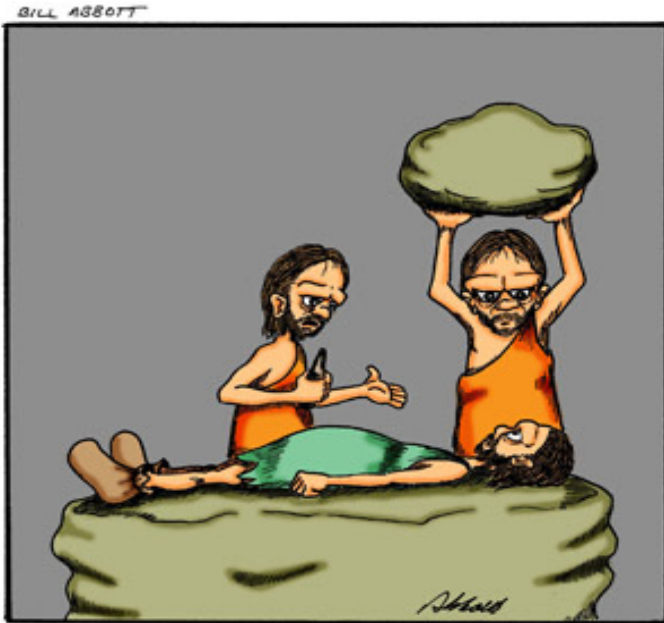
Important to consider the ***resilience of the system.***

Global Health System failed to deliver and gained back ***normalcy*** after 3 long years of the Corona Virus.



# Conclusion:

*Scalpel lesson: Until today surgery starts with incision, changes are paramount to a certain degree.*



“...and this is Ralph, your anesthesiologist.”

Image: [https://dontpicktheflowers.com/blog/?p=2676&doing\\_wp\\_cron=1729811862.8615860939025878906250](https://dontpicktheflowers.com/blog/?p=2676&doing_wp_cron=1729811862.8615860939025878906250)



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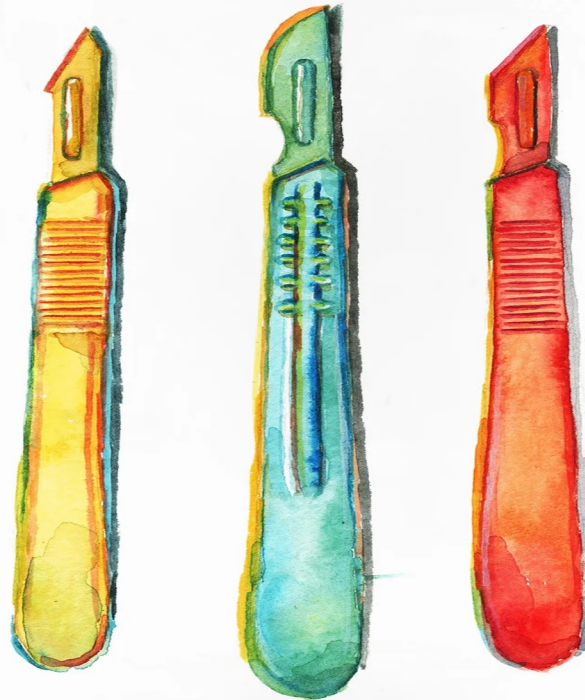


Image: <https://www.linkedin.com/pulse/i-cut-you-4-decontamination-safety-concerns-your-orspd-balch>





# Gracias por escuchar.



*thank you*

# References and additional readings:

- Åsgård, n T., Bringsvor, H. B., & Jørgensen, L. (2023). Co-determination and participation in project management. Experiences from the construction of a hospital building in Norway. *Procedia Computer Science*, 219, 1744-1751.
- Brill J.B. et al. The history of the scalpel handle: From flint to zirconium-coated steel. American College of Surgeons: Website [The history of the scalpel: From flint to zirconium-coated steel | ACS \(facs.org\)](#) accessed 8 October 2024.
- Clark, E. C., Burnett, T., Blair, R., Traynor, R. L., Hagerman, L., & Dobbins, M. (2024). Strategies to implement evidence-informed decision making at the organizational level: a rapid systematic review. *BMC Health Services Research*, 24(1). <https://doi.org/10.1186/s12913-024-10841->
- Figueroa CA, Harrison R, Chauhan A, Meyer L. Priorities and challenges for health leadership and workforce management globally: a rapid review. *BMC Health Serv Res*. 2019;19(1):23
- Harrison, R., Chauhan, A., Minbashian, A., McMullan, R., & Schwarz, G. (2022). Is gaining affective commitment the missing strategy for successful change management in healthcare?. *Journal of Healthcare Leadership*, 1-4.
- Harrison, R., Fischer, S., Walpola, R. L., Chauhan, A., Babalola, T., Mears, S., & Le-Dao, H. (2021). Where do models for change management, improvement and implementation meet? A systematic review of the applications of change management models in healthcare. *Journal of healthcare leadership*, 85-108.
- Moon, S. E., Hogden, A., & Eljiz, K. (2022). Sustaining improvement of hospital-wide initiative for patient safety and quality: a systematic scoping review. *BMJ Open Quality*, 11(4), e002057.





# References and additional readings:

- Moon, S.E., Hogden, A., & Eljiz, K. (2022). Sustaining improvement of hospital-wide initiative for patient safety and quality: a systematic scoping review. *BMJ Open Quality*, 11(4), e002057.
- Nilsen, P., Seing, I., Ericsson, C. et al. Characteristics of successful changes in health care organizations: an interview study with physicians, registered nurses and assistant nurses. *BMC Health Serv Res* 20, 147 (2020). <https://doi.org/10.1186/s12913-020-4999-8>.
- Reprocessing of flexible endoscopes and endoscopic accessories used in gastrointestinal endoscopy: Position Statement of the European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Gastroenterology Nurses and Associates (ESGENA) Position Paper 2018 [https://www.esge.com/assets/downloads/pdfs/guidelines/2018\\_a\\_0759\\_1629.pdf](https://www.esge.com/assets/downloads/pdfs/guidelines/2018_a_0759_1629.pdf)
- Spaun, G.O., Goers, T.A., Pierce, R.A. et al. Use of flexible endoscopes for NOTES: sterilization or high-level disinfection?. *Surg Endosc* 24, 1581–1588 (2010). <https://doi.org/10.1007/s00464-009-0815-6>.
- Solow M, Perry TE. Change Management and Health Care Culture. *Anesthesiol Clin*. 2023 Dec;41(4):693-705. doi: Solow, M., & Perry, T. E. (2023).
- Yousefi, M., Mashhadi, L., Akbarisari, A., & Ebrahimi, Z. (2022, November). Change Management in Hospitals: A Framework Analysis. In *pHealth* (pp. 262-268)
- W.A. Rutala, D.J. Weber, *Gastrointestinal endoscopes: a need to shift from disinfection to sterilization?* *J. Am. Med. Assoc.*, 312 (2014), pp. 1405-1406
- Wong Q, Lacombe M, Keller R, Joyce T, O'Malley K. Leading change with ADKAR. *Nursing management*. 2019 Apr 1;50(4):28-35

