



*“Partners in Perinatal Quality”*

## August News

### **Quality Tip: THE CULTURAL SIDE OF CHANGE PART TWO IN A SERIES OF CHANGE IDEAS**

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If we are to sustain change, we have to consider the people aspects of change as well as the organizational components. In the last issue, we discussed the human side of change, considering: resistance or “push-back;” the process of changing habits; the human cost of disrupted routines and extra work (which often outweigh the rewards); fear and experience of loss as de-motivators; and the value of making resistance discussable and usable, as well as the power of Pull rather than Push strategies. Be patient with the resistance, we said, but be eager to lead those who are willing to move ahead.

Now let’s look at the Cultural side. Normally, our culture is invisible to us, like water is to a fish. But if you want to “see” your culture, just try to change it. The purpose of a culture (cult=to grow) is stability, predictability, and safety for its members. Culture is “the way things are done around here.” It is laden with beliefs, values, shared assumptions and the behaviors, norms, and accepted practices they spawn—all very slow to change. Various writers claim it takes anywhere from three to seven years to turn a culture. One exception is a radical change in leadership, which can flip a culture overnight.

Some ways to move a culture are to:

- Align the proposed change with the purpose, vision and values of the organization, e.g., saving lives
- Recognize and reward the heroes/heroines of the change effort
- Tell stories about the successes of the change effort
- Talk it up—language is a powerful cultural tool
- Have trusted leaders (include informal leaders) role model the way (Walk the Talk)

- Align policies and procedures (codified norms) with the change
- Make sure “symbols” reflect the change, i.e., use of space, celebrations, posters, buttons, ceremonies, rewards, etc.
- Be ever present (MBWA=Management by Wandering Around)
- Articulate how decisions will be made (by individuals, a team, the leader alone), understanding that people will support the decisions they helped make, through a culture of participation
- Use “homophily” or transfer of ideas among those who are alike (e.g., MD’s, RN’s, tribes, sectors, units)
- Employ “cross-overs” (people who belong to multiple tribes) to carry the message to new groups

Everitt M. Rogers (1983) in his seminal work, *Diffusion of Innovations*, described the adoption of new ideas or innovations in a culture, by characterizing various groups within. These are:

- Innovators (2.5%), the dreamers, the risk takers, the people who read, go to conferences, and get excited about new ideas.
- Early Adopters (13.5%), the respectable localites and role models—they deliberate but seldom lead. This group is a prime target for initiating change, because others will follow them.
- The Middle Adopters (34%) respond to the opinions of others. They are late implementers and will watch to see who gets on the train before they get on the caboose.
- The Skeptics or Late Adopters (34%) push back but will adopt if everyone else does.
- The Laggards (16%) are the traditionalists, near isolates, who are against change and whose reference is always the past—“How we do things around here.”

From this, we learn that variation exists in who will adopt when, and that we will probably never have 100% adoption of a new idea. While the Laggards may have valuable feedback about the poor conduct of the roll-out, it is important to lead those who are willing to get on the train. A critical mass—enough to conduct a significant change—has been cited to be about 20%. Therefore concentrate on leading the Early and Middle Adopters, while learning from the Skeptics and Laggards.

Next issue: ***What Can Leaders Do to Promote Change?***

For additional information and references, see:

<http://www.mkkey.com/EZines/ezine2.htm> on “Innovation”; <http://www.mkkey.com/EZines/ezine4.htm> on “Change”; <http://www.mkkey.com/EZines/ezine63-rebel.htm> on “The Rebel Within”; <http://www.mkkey.com/EZines/ezine87-SustainingChange.htm> on “Sustaining Change”

# Fall Regional Meetings

Sponsored by  
Vanderbilt School of Medicine, Division of Neonatology

Please join the staff of TIPQC and the Regional Advisory Committees (RAC) for the Regional Learning Session:

## **CQI Education #3 Efficiency—Accelerating the Work of Teams with Temperature Project Examples**

Please feel free to join us for these meetings at the location nearest you! The meeting will begin at 7:45 with a light breakfast and the opportunity to visit with the local RAC and a RAC Business Meeting. The training, “Accelerating the Work of Teams” will begin at 9 AM, followed by the Admission Temperature Hospital Teams Meeting until 2 PM. As a light lunch will be served, RSVPs will be required by August 24, 2009, sent to: [Brenda.Barker@TIPQC.org](mailto:Brenda.Barker@TIPQC.org)

### **Chattanooga--Wednesday, September 2**

Erlanger Hospital

Contact: [Sheila.Haynes@erlanger.org](mailto:Sheila.Haynes@erlanger.org)

### **Nashville - Thursday, September 3**

Centennial Medical Office Building (MOB) Auditorium

Contact: [joann.ettien@hcahealthcare.com](mailto:joann.ettien@hcahealthcare.com)

### **Kingsport—Wednesday, September 16**

Wellmont Holston Valley Medical Center

Contact: Janet @ [neonatal@embargmail.com](mailto:neonatal@embargmail.com)

### **Knoxville—Thursday, September 17**

East Tennessee Children’s Hospital, Schmid Room,  
Koppel Plaza

Contact: Sonya @ [snelson@etch.com](mailto:snelson@etch.com)

### **Memphis—Wednesday, September 23**

Methodist LeBonheur Germantown

Contact: Lynn @ [mlrosas1@comcast.net](mailto:mlrosas1@comcast.net)

- For the entire agenda, please go to: <http://www.tipqc.org/Meetings.htm>
- Each hospital team will be asked to share a “storyboard”

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More info....

For additional upcoming meetings, please see <http://www.tipqc.org/Calendar4-2009.htm>.

## Meet the TIPQC IT & Stats Team

As TIPQC continues to evolve, we are pleased to have Jeffrey Horner (IT), Jeremy Stephens (IT), & Theresa Scott (Biostatistician) join the TIPQC team. For detailed biographies, please go to: [http://www.tipqc.org/About\\_Us.htm](http://www.tipqc.org/About_Us.htm).

## Institution Application/ Membership

Please note that formal institution, hospital and/or practice memberships in TIPQC are now available and will be listed on our website at:

<http://www.tipqc.org/members.htm>.

Annual, renewable membership (see Institution Membership form at: <http://www.tipqc.org/Join%20TIPQC.htm>) is available with no fee at this time. Membership requires active participation in at least one TIPQC project, including development of projects, piloting projects, & ongoing state-wide projects. We are excited to open TIPQC membership to organizations who are committed to improving perinatal outcomes.

## Project Highlights

### NICU--Admission Temperature Project

The **20 NICU hospital teams** have had three phone huddles featuring QI methods of establishing the team, aim, measures, run charts, and the culture of change. Recent CQI Regional Training #2 was held in all 5 perinatal regions with 126 attendees having over 3,000 years of experience. 18 of the 20 centers shared posters and run charts! Great progress is being noted!

### OB—Reducing Elective Deliveries before 39 Weeks

The 5 Davidson County Hospitals are meeting to review the survey, process, IRB submission, & data measures on August 12. Each hospital will be involved in training, seeking IRB approval, & then implementation should begin in September.

## Projects Being Developed

### NICU—Human Milk Feeding Project

The Med and MCJCH at Vanderbilt have met 5 times, and one last pilot center, Parkridge East has been added to the group. They hope to have a draft bundle to the Oversight Committee by September 2009, have the project piloted, revised and ready for the Annual Meeting in March 2010 for the membership adoption.

### **NICU—CLABSI Reduction**

The four pilot hospitals: Jackson-Madison, Johnson City, and TC Thompson, along with East Tennessee Children's, the lead center, will meet on August 11 in Knoxville to finalize the bundle, process, & measures. They hope to have this project ready by December 2010, to present at the THA State Meeting and to coincide with the DOH public release of TN NICU's CLABSI data.

**OB—Breastfeeding Awareness Campaign**—This group of state leaders have met four times, and are developing a state-wide project.

For more information: <http://www.tipqc.org/Projects.htm>

## **Upcoming Conferences**

### **MOD Symposium on Quality Improvement to Prevent Prematurity**

**October 8-9, 2009**

**Hyatt Regency Crystal City, Arlington, VA**

**Registration:** [www.marchofdimes.com/conferences](http://www.marchofdimes.com/conferences)

In response to the rising rates of premature births, the Symposium on Quality Improvement to Prevent Prematurity is dedicated to exploring the present state of quality initiatives to prevent preterm birth and developing an agenda for action to decrease the rate of those preterm births that are not inevitable or medically necessary. The Symposium will serve as a forum where experts and stakeholders can share ideas and challenges, describe model programs that have successfully improved the nature and quality of patient care and services targeted to prematurity prevention, and recommend quality improvement action plans.

### **AWHONN National Annual Convention**

**June 12-16, 2010**

**Nashville, TN**

The call for abstracts for specialty sessions, innovative programs/posters, research programs/posters and/or case study presentations/posters is open **until August 17, 2009**. Information and submissions may be accessed at the following link: <http://awhonn.confex.com/awhonn/2010/cfp.cgi>.

This would be a great opportunity for our TIPQC teams to boast about their work and showcase what Tennessee is doing to a national audience.

Please note that we have added a calendar feature to our website, where these dates and others can be found at <http://www.tipqc.org/Calendar4-2009.htm>.

Watch the web for updates throughout the month.

[www.TIPQC.org](http://www.TIPQC.org)

Sincerely,

Brenda Barker, MEd

Peter Grubb, MD

M. K. Key, PhD