

Leading the Transformation to an EBP Organization with Planned, Strategic Integration of Critical Resources

People, Processes & Technology

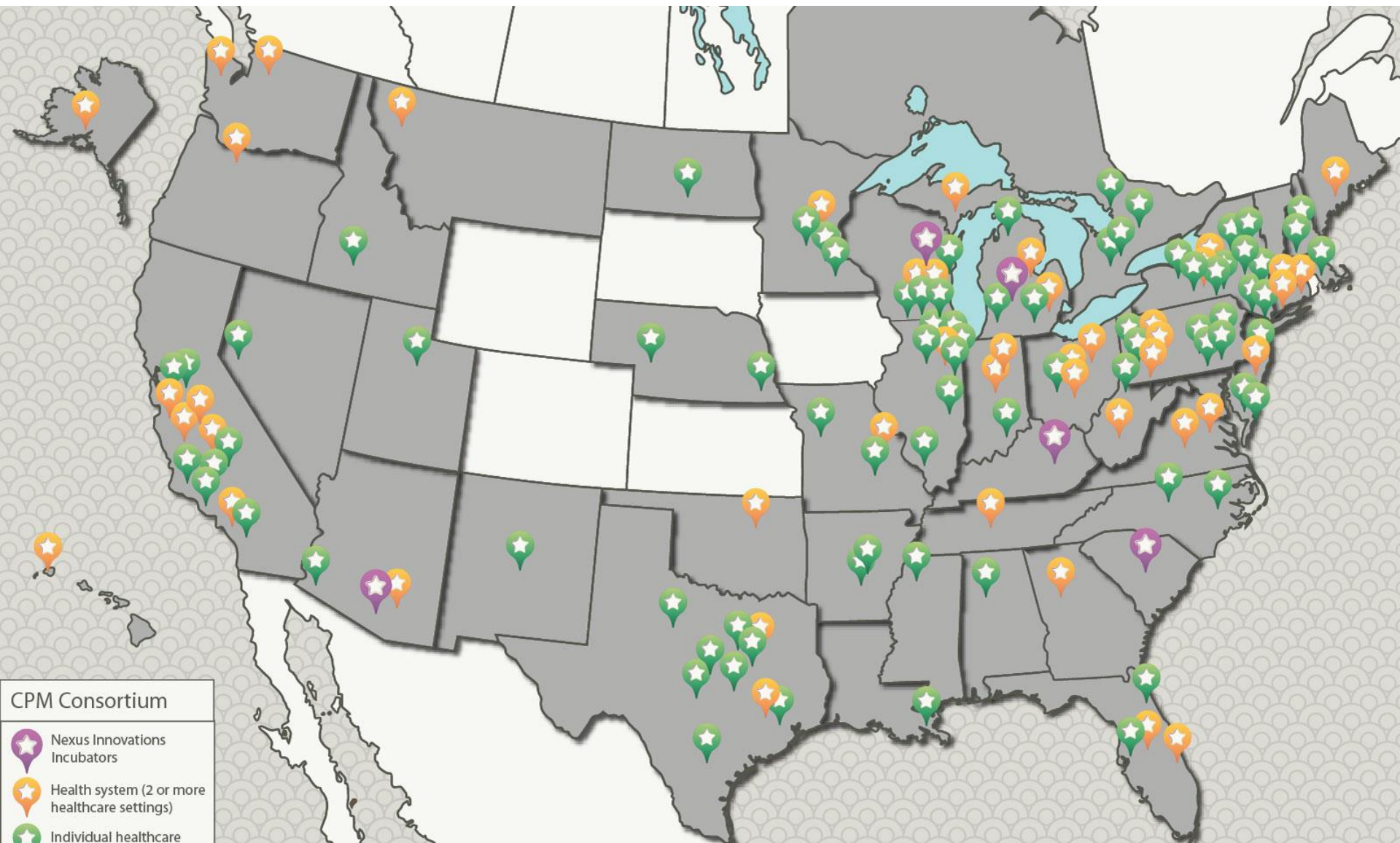
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November 9, 2015

Leading the way in EBP: A call for intentional strategy & resources



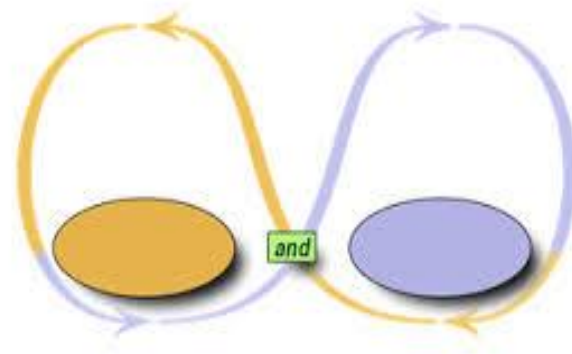
Elsevier CPM Consortium



Paradigm Shift Thinking (old to new thinking)

Traditional approach to transformation work

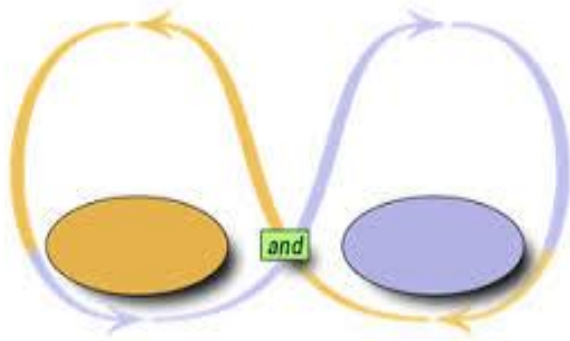
Autonomous Care	→	Evidence-Based Care
General Content	→	Evidence-Based Content
Standardized Care Plan	→	Individualized Care Plan
Task Services	→	Scope of Practice Services
Paper Documentation	→	Automated Documentation
Flowsheet/Note Driven	→	Professional Framework Driven



The Missing Logic

Rethinking Transformation to an EBP Organization

Create synergy through the elimination of either/or approaches and consider *both/and* simultaneously



Wesorick, B., & Shaha, S. (2015). Guiding health care transformation: A next generation, diagnostic remediation tool for leveraging polarities. *Nursing Outlook*, 1-12. <http://dx.doi.org/10.1016/j.outlook.2015.05.007>

Wesorick, B. (2015). *Polarity Thinking: The missing logic to achieve healthcare transformation*. Amherst, MA: HRD Press.

Abrahamson K., Arling P., Wesorick B., Anderson J. (2012). An application of the socio technical systems approach to implementation of electronic evidence into practice: The Clinical Practice Model framework. *International Journal of Reliable and Quality E Healthcare*, 1(1). 13-20. January-March.

Elsevier CPM Resource Center (2011). The CPM Framework™: culture and professional practice for sustainable healthcare transformation. (Brochure). Grand Rapids, MI.

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Guiding health care transformation: A next-generation, diagnostic remediation tool for leveraging polarities

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ABSTRACT

Background: Health care reform is optimized through the Polarity Thinking Model to achieve and sustain improvements in cost, safety, quality, and efficiency. Traditional problem-solving “fix-it” approaches have histories of inadequacy and failure in addressing the multiple polarities inherent in health care transformation. The Polarity Thinking Model is reviewed followed by a study conducted to establish validity and reliability for diagnostic assessment and remediation through leveraging polarities.

Methods: Thirteen common health care polarities were identified by an International Consortium, each needing to be leveraged or managed within an organization engaged in health care transformation. A Web-based survey tool was designed to provide leaders with readily interpretable diagnostic information for organizational evaluation regarding how well each polarity is being managed. Four hundred ninety-seven volunteers from two American and two Canadian acute care organizations participated.

Results: Content and context validity were established, and statistically significant reliabilities for the survey instrument were verified. Interpretations of study findings verify the assessment accuracy and interpretive value of the information for leading organizational optimization.

Conclusions: Employing the Polarity Thinking Model and tools to evaluate how well

Why a Framework to Guide Transformation?

“I felt that in a world where events and ideas were analyzed to the point of lifelessness, where complexity grew by quantum leaps, where the information din was so high that one had to shriek to be heard above it, people were hungry for structure. With a simple framework, we could begin to make sense of the world. And we could change the framework as the world itself changed.”

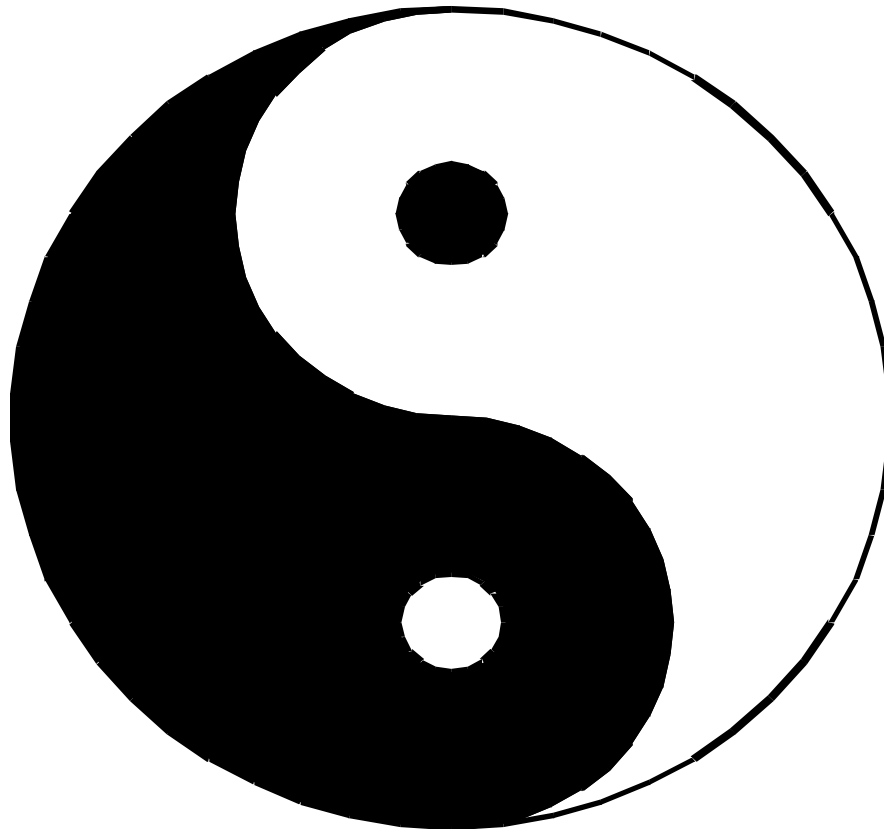
- Naisbitt J.(2006) *Mind Set! Reset Your Thinking and See the Future*. New York, NY: Harper Collins Publishers.

CPM Framework™ and Models

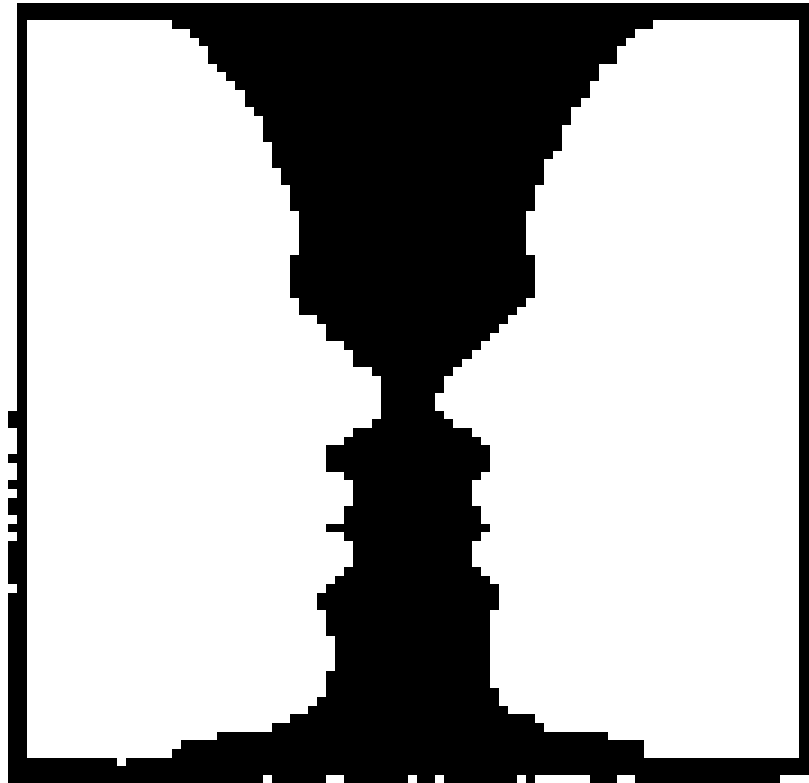
- Intentionally designed
- Evidence-Based
- Action oriented
- Outcome Producing
- Replicable
- Capacity building
- Technology enabled
- Scalable



Polarity Thinking: Essential Skill for Leaders Transforming to an EBP Organization



What is a polarity?



What is a polarity?



Polarities are interdependent pairs of values or points of view. They need each other over time to gain and maintain performance.

Why are polarities so important?



Both sides/values exist.

One without the other means you only
know half the picture.

They are energetically dependent on each other.

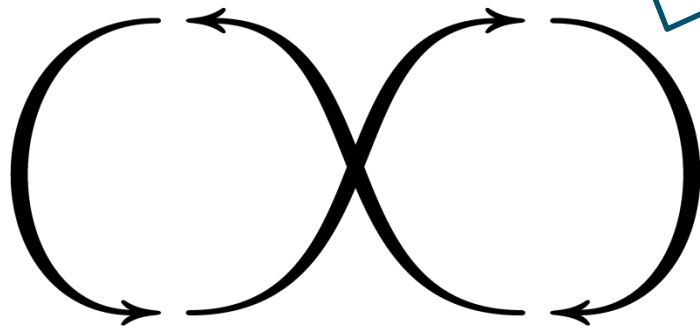
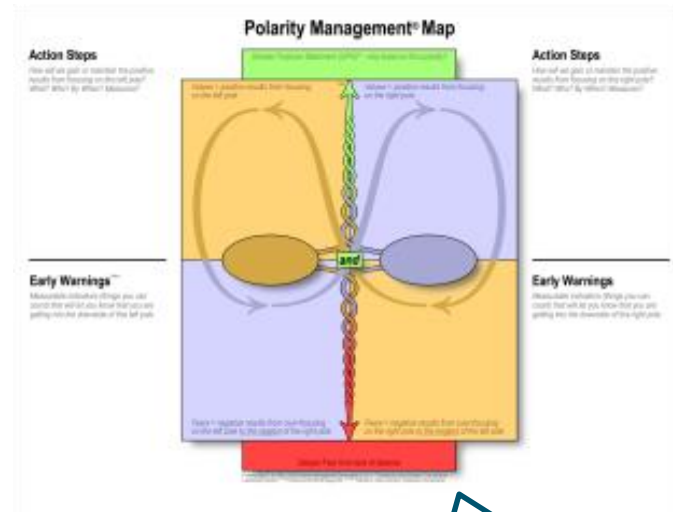
- Problem solving is about “either/or” thinking.
- Polarity thinking is about “both/and” thinking.

SEE (identify) the
polarity



TAP the energy in the
polarity to move to
Action.

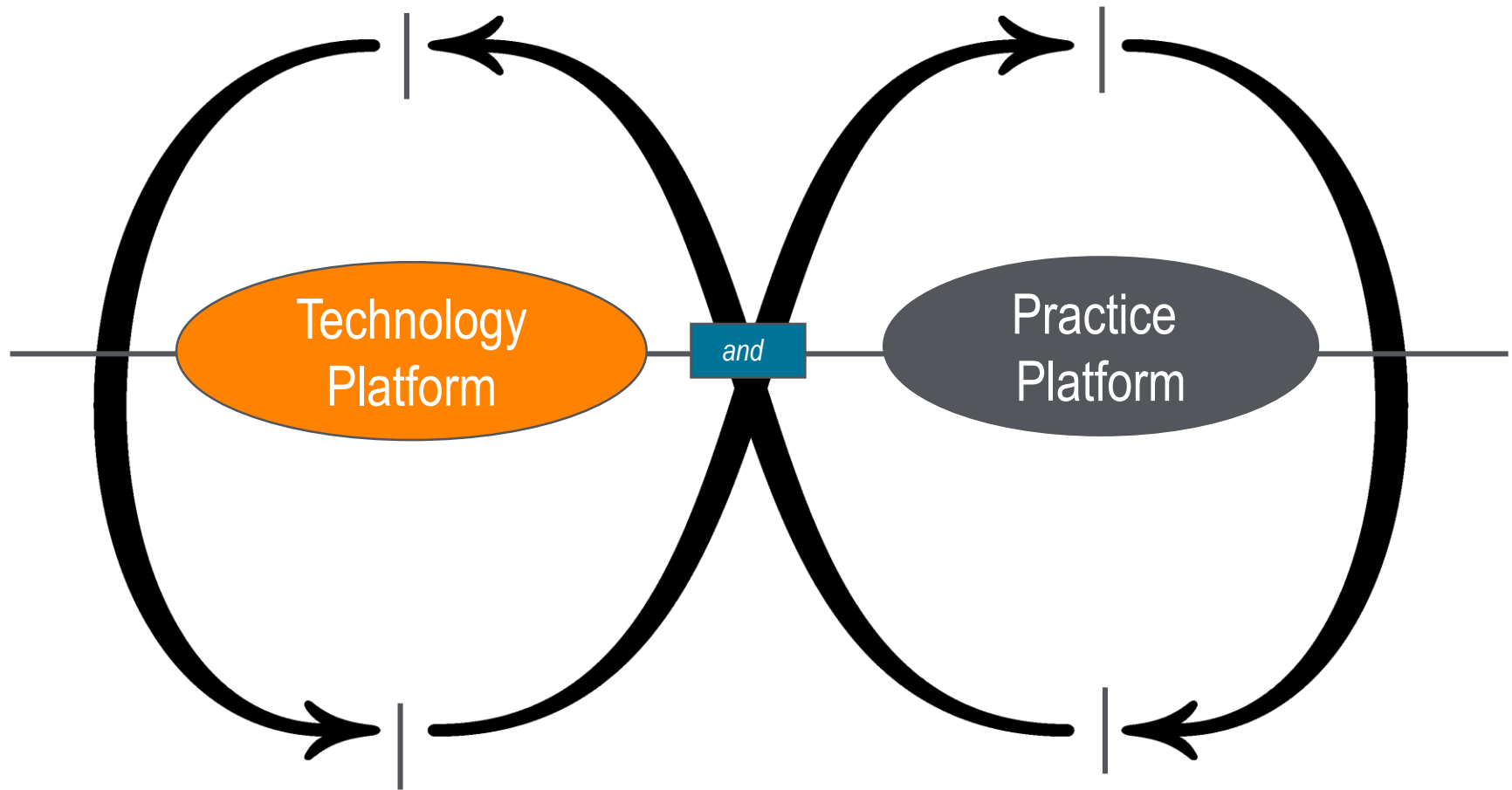
MAP the
polarity



Polarities – from
invisible to visible

*Positive results from focusing
on technology platform*

*Positive results from focusing
on practice platform*



*Negative results – too much focus on
technology platform & not on practice*

*Negative results – too much focus on
practice platform & not on technology*

Polarity Management® Map

Action Steps

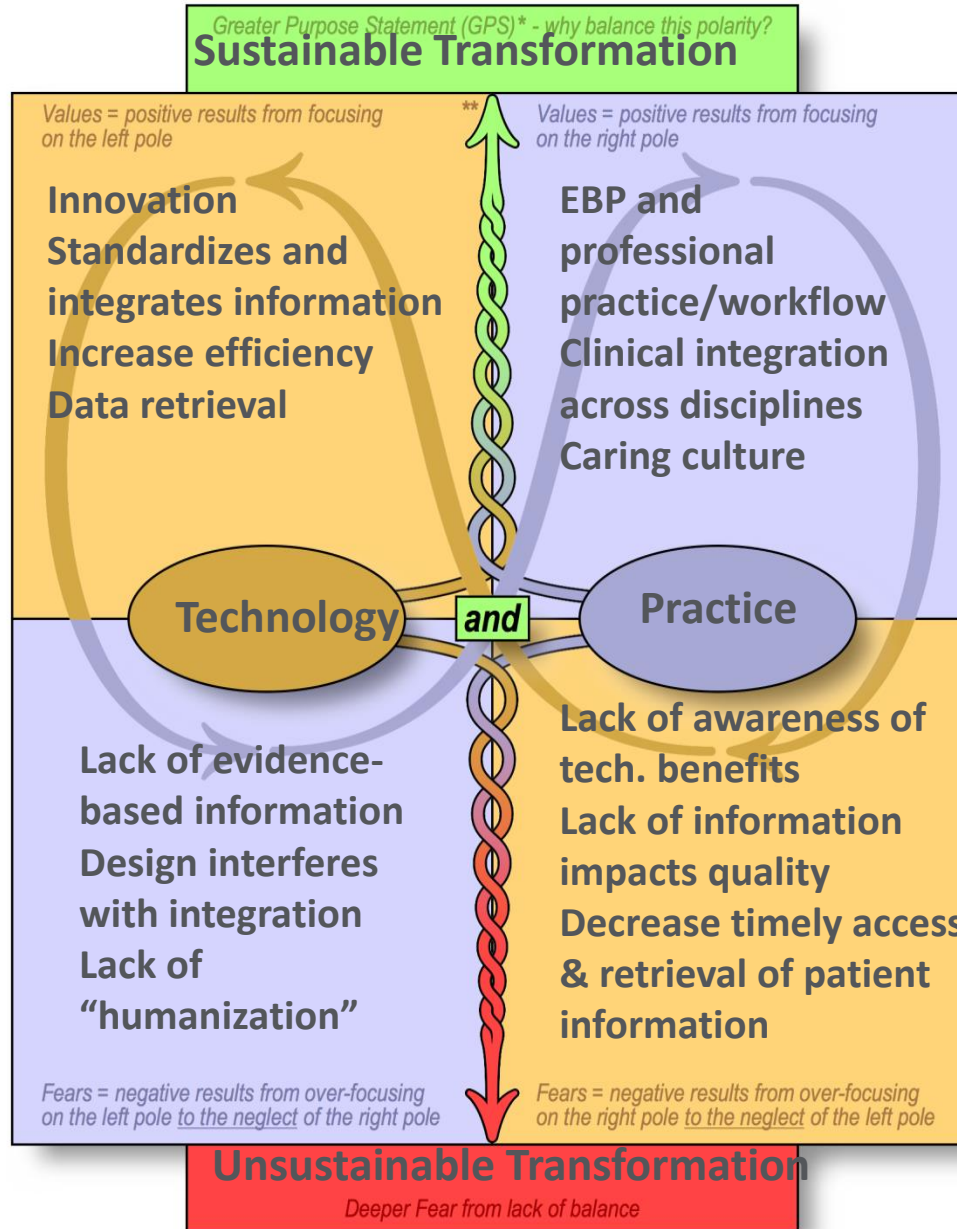
*How will we gain or maintain the positive results from focusing on this left pole?
What? Who? By When? Measures?*

- A. Ensure users understand the design, purpose and functionality of technology tool.
- B. Provide time for users to learn the technology tool properly.

Early Warnings***

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this left pole.

- A. Timelines for activation are all about technology, not about practice transformation
- B. Modifying or deconstructing evidence-based content integration.



Action Steps

*How will we gain or maintain the positive results from focusing on this right pole?
What? Who? By When? Measures?*

- A. Create and support time for interdisciplinary team to do transformation work needed to integrate evidence-based professional practice
- B. Provide processes and tools to embed into technology: EBP, scopes of practice, & integrated workflow.

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this right pole.

- A. Users demand that technology not change what is familiar (e.g. documentation practices)
- B. Comments about the fear that technology will dehumanize care and dictate practice.

Polarity map showing the practice and technology poles and ways to balance the tension between them.



CPM Framework™

Applied Evidence-based Practice Model



CLINICAL DECISION SUPPORT

Clinical Practice Guidelines
Evidence-based screens, scales and content



CLINICAL DECISION MAKING

Inquiry
Reasoning
Judgment



EVIDENCE-BASED PRACTICE

Best evidence
Clinical expertise
Patient values



CLINICAL SCHOLARSHIP

Contribute to bodies of knowledge
Practice advancement



Intentionally designed clinical decision support at your fingertips

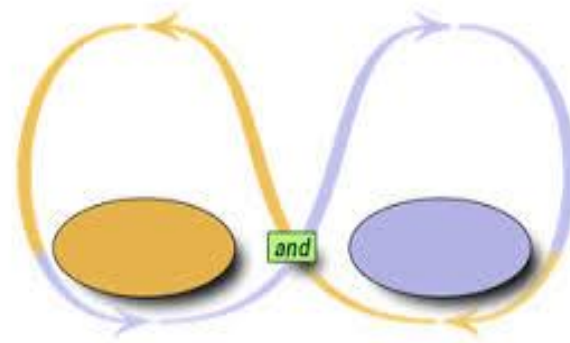
<p>ELSEVIER <i>ELSEVIER</i> Health Sciences Division</p>	<p>CLINICAL PRACTICE GUIDELINES</p>	<p>ELSEVIER <i>ELSEVIER</i> Health Sciences Division</p>
	<p>TOTAL EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES</p>	<p>ELSEVIER <i>ELSEVIER</i> Health Sciences Division</p>
	<p>Types: Therapeutic Guidelines/Prevention/Procedures</p>	<p>ELSEVIER <i>ELSEVIER</i> Health Sciences Division</p>
	<p>Target Population: General Adult</p>	<p>ELSEVIER <i>ELSEVIER</i> Health Sciences Division</p>
<p>ADDITIONAL PROCESS</p>		
<p>GOALS (OUTCOME)</p>		
<p>Identify and compare all potential patients to be included in research:</p>		
<p>1. Researcher's Interest: Researcher's interest in the research</p>		
<p>2. Researcher's Interest: Researcher's interest in the research</p>		
<p>3. Researcher's Interest: Researcher's interest in the research</p>		
<p>4. Researcher's Interest: Researcher's interest in the research</p>		
<p>5. Researcher's Interest: Researcher's interest in the research</p>		
<p>6. Researcher's Interest: Researcher's interest in the research</p>		
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<p>28. Researcher's Interest: Researcher's interest in the research</p>		
<p>29. Researcher's Interest: Researcher's interest in the research</p>		
<p>30. Researcher's Interest: Researcher's interest in the research</p>		
<p>31. Researcher's Interest: Researcher's interest in the research</p>		

ObsSetCode	ObsItemCode	DisplaySequence
CPG MS Hip Replace UB	PP hip replace assess	10
CPG MS Hip Replace UB	PP hip replace ssx	20
CPG MS Hip Replace UB	PP hip replace progress	30
CPG MS Hip Replace UB	INVG IND hip replace FT	40
CPG MS Hip Replace UB	INVG POC hip replace	50
CPG MS Hip Replace UB	EDG hip replace1 overview	60
CPG MS Hip Replace UB	EDG hip replace2 indicate	70
CPG MS Hip Replace UB	EDG hip replace3 tx plan	80
CPG MS Hip Replace UB	EDG hip replace4 manage	90
CPG MS Hip Replace UB	EDG hip replace5 rehab	100
CPG MS Hip Replace UB	EDG hip replace6 prmd	110
CPG MS Hip Replace UB	INVG energy conservation	120
CPG MS Hip Replace UB	INVG nonvasc pressur noncast	130
CPG MS Hip Replace UB	INVG gl bowel function prom	140
CPG MS Hip Replace UB	INVG urinary elim promote	150
CPG MS Hip Replace UB	INVG joint mob muscle strength	160
CPG MS Hip Replace UB	INVG func ind activity promote	170
CPG MS Hip Replace UB	INVG position hip replace	180
CPG MS Hip Replace UB	INVG self care promote	190
CPG MS Hip Replace UB	INVG pressure reduction tech	200
CPG MS Hip Replace UB	INVG pressure reduction device	210
CPG MS Hip Replace UB	INVG skin mucous memb protect	220

Transformation work requires &/both thinking

New approach to transformation work

Autonomous Care	↔	Evidence-Based Care
General Content	↔	Evidence-Based Content
Standardized Care Plan	↔	Individualized Care Plan
Task Services	↔	Scope of Practice Services
Paper Documentation	↔	Automated Documentation
Flowsheet/Note Driven	↔	Professional Framework Driven



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Thank-you
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