

Title:

Mission Possible: Using Kotter's Change Model to Drive Sustainable Change, a Case Study

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Session Title:

Leadership Development for Sustainable Change

Slot:

L 02: Monday, 19 September 2016: 1:30 PM-2:15 PM

Scheduled Time:

1:30 PM

Purpose:

The purpose of this presentation is to demonstrate utilization of John Kotter's Change Theory when implementing a hand hygiene initiative in a community hospital.

Keywords:

Change Theory, Hand Hygiene and John Kotter

References:

Pfoh E, Dy S, Engineer C. Interventions to Improve Hand Hygiene Compliance: Brief Update Review. In: Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices. Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Mar. (Evidence Reports/Technology Assessments, No. 211.) Chapter 8. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK133371/> Kotter, J.P. (1996). Leading Change. Boston, MA: Harvard Business School Press.

Abstract Summary:

The presentation demonstrates the benefits of utilizing of John Kotter's Change Theory when implementing a multi-modal hand hygiene initiative in a community hospital decreases hospital associated infections.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
<p>The learner will be able to understand John Kotter's eight steps to change and apply to implementation of a hand hygiene initiative.</p>	<p>I. Using Kotter's change model to drive sustainable change: a case study a. Problem - Hand hygiene compliance b. Goal-use Kotter's change model to identify organization and unit hand hygiene issues in a community hospital c. Why use John Kotter to make the change d. Review each of the 8 steps of the Model of Change with the process i. Establish sense of urgency 1. Poor hand hygiene compliance ii. Form a guiding coalition 1. Develop a hand hygiene task force a. Determine stakeholders b. Formal and informal leader c. Form an interdisciplinary team iii. Create a vision 1. Achievement of Joint Commission goal of</p>

	<p>90% compliance 2. SWOT analysis 3. Staff survey iv. Communicate the vision 1. Via staff meeting and news letters v. Remove obstacles and empower other 1. Participants must own issues 2. Secret shoppers 3. Peer review vi. Planning and creating short-term wins 1. Reinforce positive behavior 2. Pizza parties vii. Consolidating improvements viii. Institutionalizing new approaches 1. Weave the change into culture and sustain the changes 2. New employee orientation</p>
<p>The learner will be able to understand the sense of urgency behind implementing a hand hygiene program in a community hospital.</p>	<p>I. Hand hygiene compliance according to the Joint Commission a. Goal 90% compliance II. Increase in hospital associated infections</p>

Abstract Text:

The presentation demonstrated the benefits of utilizing John Kotter's Change Theory when implementing a multi-modal hand hygiene initiative in a community hospital. The benefits included a decrease in hospital associated infections. The problem was deficiencies of hand hygiene compliance. According to the Joint Commission, hand hygiene compliance should be at 90%. If a hospital is not at 90% compliance, then an action plan is required and an increase in compliance must be demonstrated. In this oral presentation, the hand hygiene process is addressed via John Kotter's eight steps of Model of Change. The eight steps are summarized in three components comprising of preparation, implementation, and management. First a sense of urgency is established. The urgency is lack of compliance with the Joint Commission's standards. Next an interdisciplinary hand hygiene taskforce was developed including key stakeholder, nurse leaders, and staff nurses. The taskforce met weekly for six months. The vision was created based on the Joint Commission standard. Evaluation of baseline was created using a SWOT analysis and staff surveys to determine barriers. The vision was communicated with staff members via meetings, emails, and newsletters. Obstacles were removed, such as adding additional alcohol based hand rub at the point of patient care. Short wins were celebrated to reinforce positive behavior. The short wins were celebrated with pizza parties at the unit level for reaching the compliance goal. Finally, the project was weaved into the culture of the organization and sustainable change was demonstrated. The new process was included in new employee orientation. Sustainability was maintained through monthly audits, peer reviews, and secret shoppers. The data was disseminated through all levels of the organization. The final result was accomplishing the Joint Commission's standard of 90% compliance with hand hygiene and a decrease in hospital associated infections. The result was the creation of culture of attention to patient and health-care works safety within the institution.