

Tool Tutorial

The Change Calendar: A Tool to Prevent Change Fatigue

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Direct and indirect care providers in complex health care settings are consistently challenged by environmental, human, and cognitive factors that inherently bring risk for error. When coupled with the avalanche of changes in process, equipment, and systems that care providers regularly experience, these factors take on even greater magnitude and set the stage for an even greater risk of error. Change management can be used to reduce that risk and create stability at the point of care delivery.

This article is not about leadership or cultural aspects of change management,¹ nor does it provide a review of change literature related to patient safety. It does provide a tool to help manage change at the operational level.

Change fatigue refers to impairments in an individual's and organization's abilities to cope with the ever-increasing scope and pace of change.² This article addresses the cumulative effect of multiple simultaneous changes and a strategy—use of the change calendar—to mitigate that effect. As Scott-Morgan et al. have stated: “Each oscillation in and out of stability disrupts the organization, leading to cumulative change fatigue...Companies should not fixate on change; they should concentrate on maximizing stability.”^{3(p. xii)}

To address change in the context of change fatigue as a root cause of patient safety issues, management strategy and tactics must result in a process that “smooths” change by doing the following:

- Accurately forecast changes that affect caregivers

- Accurately assess the degree of impact of each change
- Proactively schedule changes on any given unit on any given week

Although the concept and objectives of “smoothing” change are simple, accomplishing those objectives can be difficult if the organization allows them to be.

Tool Description

The Change Calendar is a simple approach to manage the timing of any change that affects direct and indirect caregivers. It uses a weekly time line to inventory, evaluate, and coordinate a variety of changes occurring within units and across the organization. The Change Calendar is intended to proactively assess and schedule changes across the organization and to subsequently reduce the amount of distraction and change fatigue.

Tool Application to Safety

Health care is a decision-intensive industry, with frontline employees empowered to make high-risk decisions throughout an entire shift of duty. In such decision-intensive environments, cognitive factors such as the following are often identified as contributing to error:

- Stress and fatigue
- Lack of familiarity with the task
- Trying something new under pressure
- Information overload
- Work load and multitasking
- Doing more with less resources

Current and Desired States of Change in a Health Care Organization

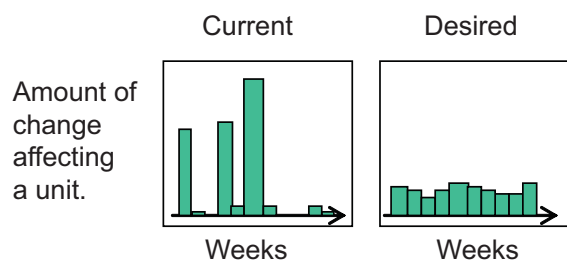


Figure 1. The Change Calendar is intended to help an organization make the transition from the periodic “avalanche” (left) to the future “snowfall” (right).

- Favoring production over safety
- Task saturation
- Task prioritization⁴

When these factors are combined with the volume and intensity of changes faced by the caregivers in health care organizations, the cumulative effect signals an increased potential for error.

Caregivers at the “sharp end” frequently express concern about the simultaneous implementation of uncoordinated changes.⁵

Reducing change fatigue should have a positive effect on the cognitive factors listed above. The Change Calendar can be used to help an organization make the transition from the current periodic “avalanche” to the future “snowfall” (Figure 1, above). The drivers that accumulate to create the amount of change in an organization include not only strategic and tactical organizational changes (for example, implementation of an electronic medical record, new patient flow tracking and measurement) but also unit-specific changes (for example, core competency training, new nurse preceptorship).

Tool Application Setting(s)

The Change Calendar can be applied in any health care setting because of the universal impact of uncontrolled change on caregivers’ ability to provide safe care. The specific application described in this article is within a Level 1 trauma center—Regions Hospital (St. Paul). The scope of the Change Calendar includes all changes faced

by direct and indirect caregivers that potentially contribute to the cognitive factors already identified as endemic in health care and that thereby increase risks to patient safety (especially when they occur simultaneously).

The remainder of this article describes the use of the Change Calendar and provides lessons learned during its implementation at Regions Hospital, which began in December 2004 following its piloting at Childrens Hospitals and Clinics of Minnesota (Minneapolis/St. Paul).⁶

How To

The following “steps,” as described for Regions Hospital, are not a sequential process but rather are independent tasks that can be done in parallel.

STEP 1. IDENTIFY AN ACCOUNTABLE DEPARTMENT

As an almost daily operational process, the Change Calendar must be managed by an accountable department, not a committee. The appropriate department will have the skills and the breadth and depth of organizational involvement required to manage the Change Calendar. In many organizations, the quality or performance improvement, Six Sigma department, or other group responsible for facilitating and supporting change, would be the logical choice. At Regions, the Change Calendar is maintained by the nursing educators and is routinely reviewed by the executive leadership and the board of trustees quality committee.

STEP 2. CHOOSE SOFTWARE TO MANAGE THE CHANGE CALENDAR

Commercially available project management software is available to meet the Change Calendar’s requirements. Direct care units and ancillary departments are designated as the “resources.” A unit’s capacity for change, which is accumulated on a weekly basis, becomes constrained when it reaches 100%. Maintaining the calendar is time-consuming initially (that is, when creating an inventory of all initiatives) but reaches steady state (that is, the time when calendar updates become relatively constant) rather quickly.

STEP 3. CONTROL THE SCOPE

Scope control applies to the Change Calendar, as it does for managing any program of projects. The three critical

success factors for controlling calendar scope are as follows:

1. Include all changes affecting direct/indirect caregivers.

Expectations about the Change Calendar must be managed from the beginning—emphasize that it applies only to changes affecting the sharp end of care. It was not to be used as the calendar of events for Regions, nor did it include management activities. In the pilot, local, unit-level changes were outside the scope of the Change Calendar. This decision was reversed during the pilot's first week because these local changes (for example, a unit competency effort) often either consumed the unit's total capacity for change, or a small change (for example, reading a short article on patient safety) put the unit into overload status when combined with a simultaneous organizationwide change (for example, reading and adapting to an urgent memo from The Joint Commission). Any change, no matter how "small", when combined with other changes, can result in "too much" change for a unit or department in a given week.

2. Coordinate the timing.

It must be clear from the outset that the Change Calendar is intended to enhance patient safety by coordinating the timing of implementation of changes. It is not intended to serve the change management leadership functions of approving or prioritizing resources for improvement projects. Approval of the "quality agenda" (that is, which improvement initiatives are to be supported) is a separate organizational process that launches initiatives; it is the initiatives' implementation that is scheduled via the Change Calendar.

3. The Change Calendar must start small and grow.

Implementing the Change Calendar is an evolutionary process. Design of all the project tasks does not need to be completed for implementation to begin. Regions successfully used a **four-task** "middle-out" implementation approach, as follows:

- First, tap into existing structured change management processes (for example, information technology, facilities and materials management) and ensure that the implementation plans from these functions are captured in the calendar.
- Second, involve all managers, directors, and professional staff committees to create a common conceptual model and expectations.
- Third, expand to bottom-up awareness by capturing

and documenting unit-level changes through the unit managers, nursing educators, and clinical nurse specialists.

- Fourth, once trust in the process and content is achieved at all organizational levels, use the Change Calendar proactively to schedule the timing of changes.

STEP 4. DEVELOP A FRAMEWORK TO DETECT CHANGES AND ESTIMATE DEGREE OF IMPACT

Detecting Changes.

The initial challenge in creating the Change Calendar is determining the changes that must be included. The principal contributors to the calendar (that is, the dimensions of the calendar) are as follows:

- Information technology
- Competencies and education
- Policies and procedures
- Materials management
- Equipment
- Compliance
- Research
- Operational (for example, new residents every summer, new surgeons).

Assessing Degree of Impact.

The next phase (which continues today at Regions on an ongoing basis) addresses how to estimate a change's impact on caregivers and patient safety. The challenge is to determine what measure to use to create the unit-level aggregate impacts depicted in Figure 1. If Regions had taken a more traditional health care approach to this question, it could have taken years to research and develop an acceptable measurement tool. Rather than delay implementing the Change Calendar, Regions adapted a nursing education method to assess cognitive impact by using the "3 Cs" of curriculum design:

- Communication (awareness)
- Comprehension (understanding)
- Competency (skills)

Currently a simple rule of thumb is applied to these categories. For a specified week on each unit or in each indirect care department,

–Each communication change consumes 10% of an affected unit's capacity.

–Each comprehension change consumes 25% to 50% of an affected unit's capacity.

–Each competency change consumes 50% to 100% of an affected unit's capacity.

Sample Taken from the Change Calendar at Regions Hospital

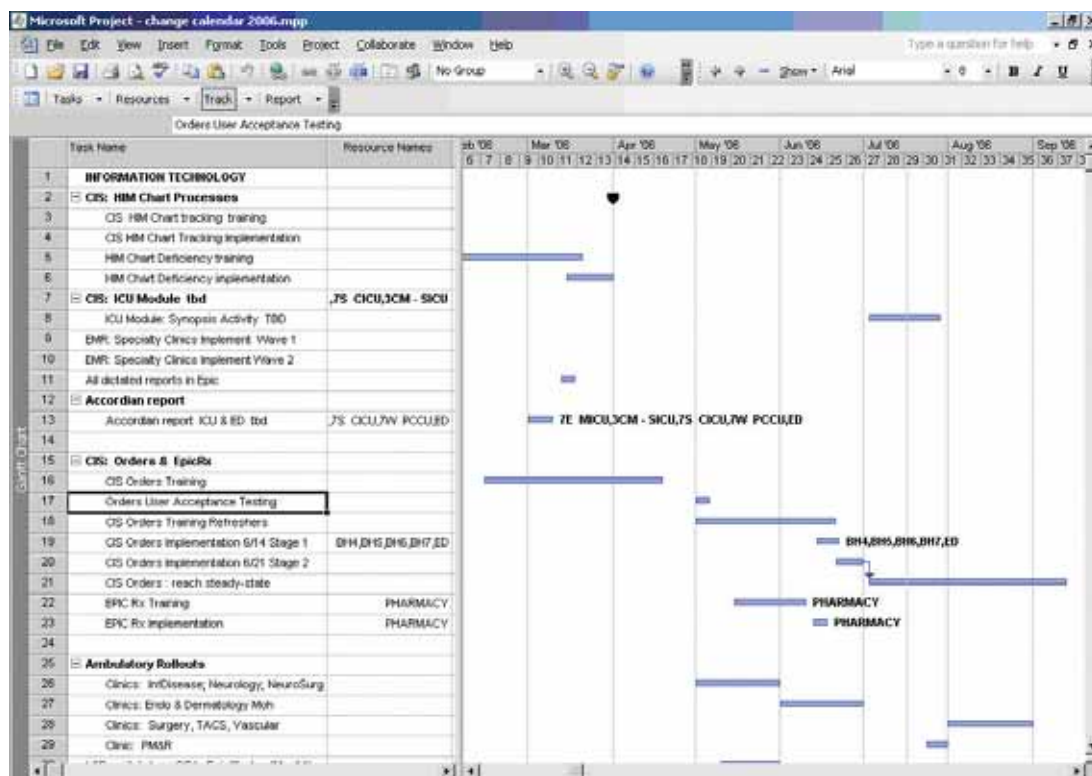


Figure 2. The sample depicts tasks for Orders User Acceptance Testing for the information technology unit at Regions Hospital, February–September 2006.

These percentages are added to yield the percentage of capacity forecast to be consumed on any given unit on any given week.

Output

A sample from Regions' Change Calendar is provided in Figure 2 (above). Regions' long-range plan is to provide unit-level access to the read-only calendar via its intranet. When the evolution of the Change Calendar is complete, a unit will be able to view its forecasted changes by week for any specified date range. Until then, most of an organization's information needs are addressed in a semi-monthly tabular "snapshot" (Table 1, page 359) transcribed from the project management software file that forecasts "what's coming."

Results and Lessons Learned

Once the Change Calendar reaches sufficient accuracy and completeness to allow it to be used proactively to schedule changes, an additional benefit surfaces—it can be used to identify which units should be tapped for proof-of-concept and pilot efforts. This awareness of who is engaged in pilot efforts and who is available will help to prevent the burnout of units that have successfully performed pilot initiatives in the past.

Summary and Recommendations

The Change Calendar can be used to improve patient safety by smoothing the amount of change on any given unit on any given week. To be successful in implementing the Change Calendar, an organization must do the following:

Table 1. Monthly Change Calendar “Snapshot” for the Information Technology Unit*

Category	February	March	April
Information Technology	Epic CIS: • Orders: Superuser training • Chart Deficiency: CBT • Accordion report (ICUs & ED) training	Epic CIS: • Orders: training • Chart Deficiency: implement (12) • Accordion report (ICUs & ED) (1) (also available to all Regions users) • EpicRx training (pharmacy) Dictaphone: implement	Epic CIS: • Orders & EpicRx go-live (19) (ED, BH, L&D, nurses, pharmacists, HUCs) • Orders: Physician Training (for June 7 go live) • ICU Module: Synopsis Activity (19)
Education & Competencies	• Relationship Based Care (Wave 3: 8E,8W, maternal-child cluster) • Handwashing (6S & Davita pilot) • Education Day (28)	• Compliant Documentation Management Program (CDMP; concurrent documentation review) (13) • Relationship Based Care (Wave 4) • Pressure ulcer surveillance (22) • Unit Practice Councils start	• CDMP • Relationship Based Care (Wave 4)
Policies & Procedures	• JCAHO follow-up action items • Admission nurse in ED (pilot) • Pharmacist in ED for medication reconciliation (pilot)	• All dictation found on Epic (13th)	
Equipment & Materials			
Facilities	• 5 South renovation • Mock Up New Facility Patient Room (17) • NICU relocates Feb 20th	• 5 South renovation	• 5 South Renovation to July 20
Compliance	• JCAHO follow-up report		
Research			
Operational	• HR Employee Survey (13)		

*As transcribed from the project management software file that forecasts “what’s coming”

CIS: clinical information system; CBT, computer-based training; ICU, intensive care unit; ED, emergency department; BH, behavioral health; L&D, labor and delivery; HUCs, health unit coordinators; CDMP, concurrent data management program (concurrent documentation to support accurate coding); JCAHO, The Joint Commission; NICU, neonatal ICU; HR, human resources

1. Keep it simple.
2. Involve every level of the organization.
3. Manage the Change Calendar’s scope by limiting it to changes that affect direct and indirect caregivers; do not include changes that apply to management (although a separate “blunt end” version could be adapted for managers and executives).

4. Identify a principal contact resource with sufficient breadth of awareness to manage the calendar.
5. Manage staff expectations by educating them that the calendar is a tool to limit change fatigue and improve patient safety through timing and coordination of improvement initiatives.
6. Approach this task not as a project but rather as a

culture change.

7. Organizations can simplify the measurement of the Change Calendar's impact by using two simple measures of success:

- Is the calendar used to “clear” changes for several weeks around major implementations (for example, rollout of the electronic medical record)?
- Does leadership ask: “Is this initiative on the Change Calendar?” **J**

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References

1. Kotter J.P.: *Leading Change*. Boston: Harvard Business School Press, 1996.
2. Beaudan E.: Making change last: How to get beyond change fatigue. *Ivey Business Journal*, Jan.–Feb 2006. http://www.iveybusinessjournal.com/view_article.asp?intArticle_ID=608 (last accessed Apr. 17, 2007).
3. Scott-Morgan P., et al: *The End of Change: How Your Company Can Sustain Growth and Innovation While Avoiding Change Fatigue*. New York: McGraw Hill, 2001.
4. Simpson K.R., Knox E.G.: Adverse perinatal outcomes. Recognizing, understanding and preventing common accidents. *AWHONN Lifelines* 7:224–235, Jun.–Jul. 2003.
5. Valusek J.R.: Personal interviews with nursing educators at Regions Hospital, St. Paul, Jan. 2005.
6. Valusek J.R., Morath J.M.: Change: Dealing with a root cause of patient safety accidents. Paper presented at the First Safety Across High-Consequence Industries Conference, Parks College of Engineering and Aviation and School of Public Health, at St. Louis University, St. Louis, Mar. 9, 2004.