



Change Management Models

Presented by:

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Historical Strategic Change Challenges...

1. **Sequential Change** – Complete one goal and then address next goal, etc.
2. **Quality Improvement Process Focus (QI)** – Typically Supports Process/Lack of Forward Movement/ Attainment

Vs.

4. **“Transformational Change”** – Continuous change management model using Rapid Cycle Change Model (PDSA)
5. **Continuous Quality Improvement Solution Focus (CQI)** – Implies Movement Forward/Action Has Happened to Provide Continuous Improvement

Consensus Processing Model = Staff and Organization Level Disempowerment

- **Consensus building focus is a good clinical skill** that social workers are taught to use when working their clients/families
- However, the **consensus model of decision-making** produces disempowerment for the project team members and the organization due to elongated planning/discussion phase (PDSA rapid cycle change management) which seldom produces timely implementation
- **Consensus decision-making creates staff change fatigue** due to staff feeling like the organization will never actually change, but they keep meeting to discuss the need for change
- **“What did I accomplish in the past two-hour meeting?”**

“Committee of the Whole” Vs. Delegated Authority Change Management

- **“Committee of the Whole” Change Model:**

1. Sequential Change Model (one change goal at a time)
2. QI – Discussion focused on “What ifs” not implementation action
3. “Galvanized Team Members” extend the planning phase because decisions are made by “consensus of all gathered”
4. Collective Authority does not support Individual Responsibility Levels

- **Delegated Authority Change Model:**

1. Transformational Change Model (multiple change goals at the same time)
2. CQI – Action based implementation to identify additional change needs
3. 70% Majority Decision-Making addresses “Galvanized Team Members” challenge
4. Individual Authority is given to match the level of Individual Responsibility

Sea Level is...

Where The Organization Changes

- **“Sea Level”** is the objective level where staff, managers, and leaders NEED to reside to support objective decision-making, compliance, etc. and this is where solution design and implementation of change will occur...
- 10,000 to 20,000 feet above sea level is where consensus decision-making resides which primarily focuses on subjective philosophical concepts, personal opinions, anecdotal information where many a large number of staff members gather to process the challenges of the need to change. **When change initiatives are focused on consensus process the subjective “what ifs” become too weighty to implement...**

Processing Crisis Vs. Managing Change Roles

1. **Supervisor Role:** Reactive and Retrospective Problem Solver Role, therefore, he/she Processes Crisis
2. **Manager Role:** Dynamic Awareness of Current Issues that Provides Proactive Solution-Focused Decision-Making, therefore she/he Manages Complexities
3. **Leader/Coach/Mentor Role:** Possess Dynamic Awareness and Uses this information to **envision possibilities** for the organization (**Visionary Leadership** is constantly looking at the horizon to envision where the organization needs to go), **therefore he/she Manages/Sustains Change**

Stages of the Acceptance of the Need to Change and Leadership's Role

Progression Needed to Support Actual System Change or the “1-2-3 Dance”

1. Denial
2. Negotiation (This approach by supervisors “pushes” staff to change)
3. Anxiety/Anger – Blaming – Outside then Inside
4. Drop Out – “It’s Awful!”
5. Acceptance of the Need to Change
6. Excited about the taking advantage of the opportunities (This approach by managers “pulls” staff through the process of acceptance)

Assessment of Change Management Decision Making Effectiveness

Leadership Effectiveness to Support Change Management and Decision Making		
1. Does the clinic have a defined decision-making process/protocol that supports awareness of when a decision has been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is the primary indicator that a decision has been made within the clinic (i.e. consensus is reached)?
2. Does the clinic use a formalized annual planning process to identify annual and long term goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into the FY20014 have been accomplished (meaning fully implemented)? %
3. Has the clinic used rapid cycle change management processes (Plan, Do, Study, Act)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented? %
4. The clinic develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
5. When a decision is made to change, the clinic acts quickly to fully implement the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
6. When change is implemented, staff members in the clinic rarely retreat to the way things were done prior to the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
7. The clinic does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
8. Staff members participating in the change process feel fully empowered through a sense of attainment based on the scope and timeliness of the decisions being made.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
9. Rate (from 1 to 10) the ease with which the clinic implements change in areas of clinical practice		Easy (1).....Difficult (10)
10. Rate (from 1 to 10) how quickly the clinic implements changes in clinical practices/standards?		Rapid (1)Failure (10)

“Value” of Care Equation

1. **Services provided** – Timely access to service array, duration and density of services through Level of Care/Benefit Design Criteria and/or EBPs
2. **Cost of services** provided based on current service delivery processes by CPT/HCPCS code and staff type
3. **Outcomes achieved** (i.e., how do we demonstrate that people are getting “better” such as with the DLA-20 Activities of Daily Living)
4. **Value is determined** based on can you achieve the same or better outcomes with a change of services delivered or change in service process costs which makes the outcomes under the new clinical model a better value for the payer.

4e. Average Annual Case Cost and Outcomes

665629
Events

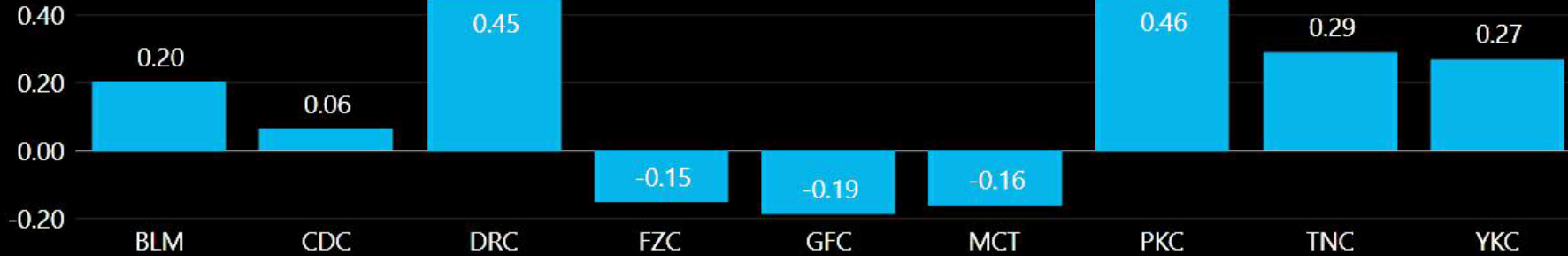
38195
Persons

\$47,543,154.68
Cost

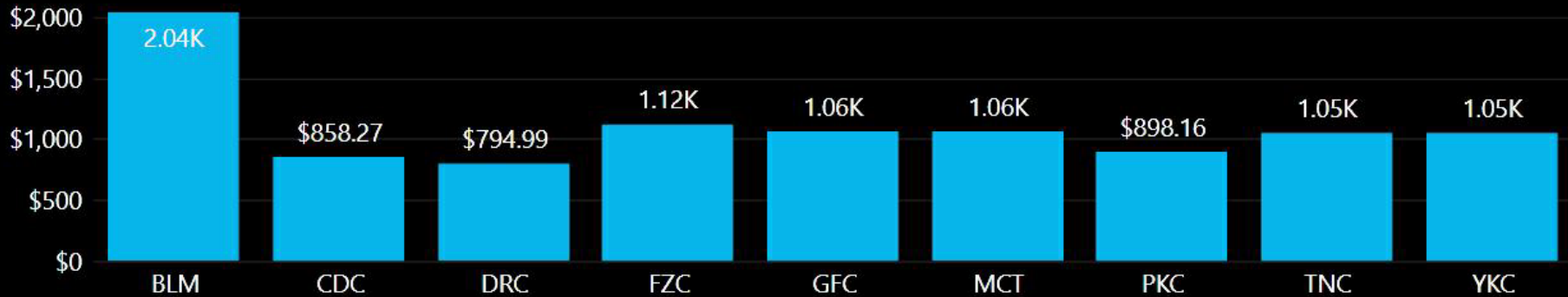
17.4
ServiceDensity

\$1,244.75
AvgCostPerson

DeltaScore by OrgCode



AvgCostPerson by OrgCode



Decision-Making Process to Support Core Organizational Principles

The following decision-making process will be utilized at all levels of the organization:

- Primary emphasis will be placed on gaining consensus and support from all stakeholders
- Preliminary straw votes will be taken to determine the position of members of Project Teams and Focus Groups on specific issues/initiatives
- **If consensus cannot be reached in a reasonable time frame, then a final vote will be taken with a super majority (70% of members attending the meeting) being required to act on any issues/initiative that needs leadership.**
- The minutes will accurately reflect the vote of members.

Questions, Feedback and Contact Information:

- Questions?
- Feedback?
- Contact Information:

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