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Change Management in Healthcare

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About me

- Clinical and consulting psychologist
- 30 years working in health and mental healthcare
- I work with leaders across healthcare, private business, and elite sports, helping them enhance influence, resilience, performance, and balance.
- I bring a distinctive blend of psychological insight, strategic leadership acumen, and deep commitment to cultivating sustainable success.



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Learning Outcomes

-  List 3 key change management models and frameworks, distinguishing between individual, organizational, and system-level approaches.
-  Describe how to apply relevant change models to specific healthcare challenges.
-  Explain the importance of psychological safety in sustaining change and the emerging role of AI in change management.

Why Change Management Matters

70% of change initiatives

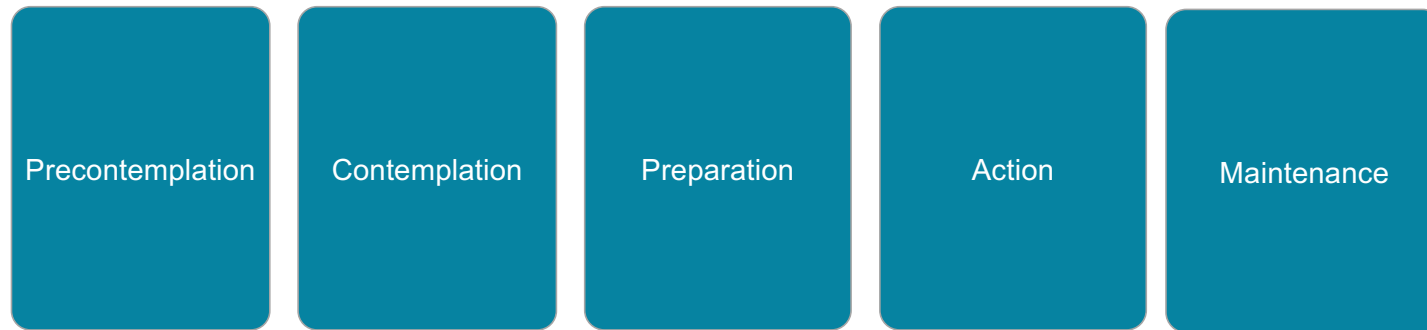
Common barriers:

- Hierarchical culture
- Staffing shortages
- Poor communication
- Lack of sustainment

Lewin's 3-Step Model

1. Unfreeze – prepare for change
2. Change – implement
3. Refreeze – stabilize

Stages of Change: Transtheoretical Model



Kotter's 8 Steps

1. Create urgency
2. Build coalition
3. Form vision
4. Communicate vision
5. Empower action
6. Generate short-term wins
7. Consolidate gains
8. Anchor in culture

RE-AIM Framework

- Reach
- Effectiveness
- Adoption
- Implementation
- Maintenance

Psychological Safety

“Shared belief that the team is safe for interpersonal risk-taking.”

– *Edmondson*

Leader actions:

- Invite input
- Respond appreciatively
- Normalize learning from mistakes

PDSA / Model for Improvement

Plan → Do → Study → Act

- Small tests of change
- Rapid cycles
- Learn, adapt, scale

PDSA Planning Worksheet

Plan → Do → Study → Act

Example

- Plan: Revise discharge checklist for 10 patients
- Do: Trial with HF patients on Unit A
- Study: Compare readmission risk at 30 days
- Act: Adapt checklist based on findings

Consolidate Framework for Implementation Research (CIFR)

Domains:

- Intervention
- Inner setting
- Outer setting
- Individuals
- Process

Normalization Process Theory

Explains how practices become routine.

Four constructs:

- Coherence
- Cognitive participation
- Collective action
- Reflexive monitoring

ADKAR

Stages of Individual Change:

- Awareness – why change is needed
- Desire – personal motivation
- Knowledge – skills and training
- Ability – demonstrating new behaviors
- Reinforcement – sustaining over time

Psychological Safety Updates

Leader micro-behaviors:

- Actively invite dissenting views
- Appreciate contributions
- Frame failure as learning

CFIR Refresh

- Adds focus on equity & sustainability
- Updates for modern healthcare contexts
- Still the gold standard in implementation research

Framework Evolution Timeline

- 1947: Lewin
- 1983: Stages of Change
- 1996: Kotter
- 1999: RE-AIM & Psych Safety
- 2000s: PDSA
- 2009: CFIR + NPT
- 2010s: ADKAR refinement
- 2018: Psych Safety updates
- 2022: CFIR refresh

✓ Change Management

What do you **feel**
when you hear

CHANGE?





So,
why is
change so
HARD?

Case Vignette: Reducing Readmissions

- Hospital system aims to reduce 30-day readmissions for heart failure.
- Barriers:
- Poor discharge instructions
- Limited follow-up
- Low patient engagement

Stakeholder Mapping

Stakeholder	Power	Interest	Strategy
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CMO	High	High	Engage deeply
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Nurses	High	Medium	Empower involvement
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Patients	Low	High	Inform & support
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Framework Selector Exercise

- Which model best fits this case?
- Kotter → cultural/system-wide urgency
- PDSA → testing new discharge process
- CFIR → assessing barriers across settings

SBAR Messaging Tool

SBAR = Situation, Background, Assessment, Recommendation

Example (for CMO):

- Situation: High readmissions
- Background: Current discharge teaching inconsistent
- Assessment: Patients confused, follow-up missing
- Recommendation: Pilot structured discharge checklist

Mini-Exercise: Write Your SBAR

- Choose a stakeholder from your hospital.
- Draft a one-sentence SBAR message about a change effort

PDSA Planning Worksheet

Plan → Do → Study → Act

Example:

- Plan: Revise discharge checklist for 10 patients
- Do: Trial with HF patients on Unit A
- Study: Compare readmission risk at 30 days
- Act: Adapt checklist based on findings

Exercise: Build a Mini-PDSA

Prompt:

1. Define aim (SMART)
2. State prediction
3. Choose simple measure
4. Plan next step

Readiness Pulse Tool

On a 1–5 scale, rate:

- Staff believe the change is important
- Leaders are supportive
- Resources are available
- I feel confident I can adapt



CONNECT Model in Action (from Transformative Communication)

- C** — Control emotions
- O** — Offer respect
- N** — Name facts
- N** — Note response
- E** — Explain position
- C** — Common goals
- T** — Test assumptions

Reflection Prompt

- Think of a current change in your workplace:
- Which framework fits best?
- Who are your key stakeholders?
- What would your first PDSA cycle look like?

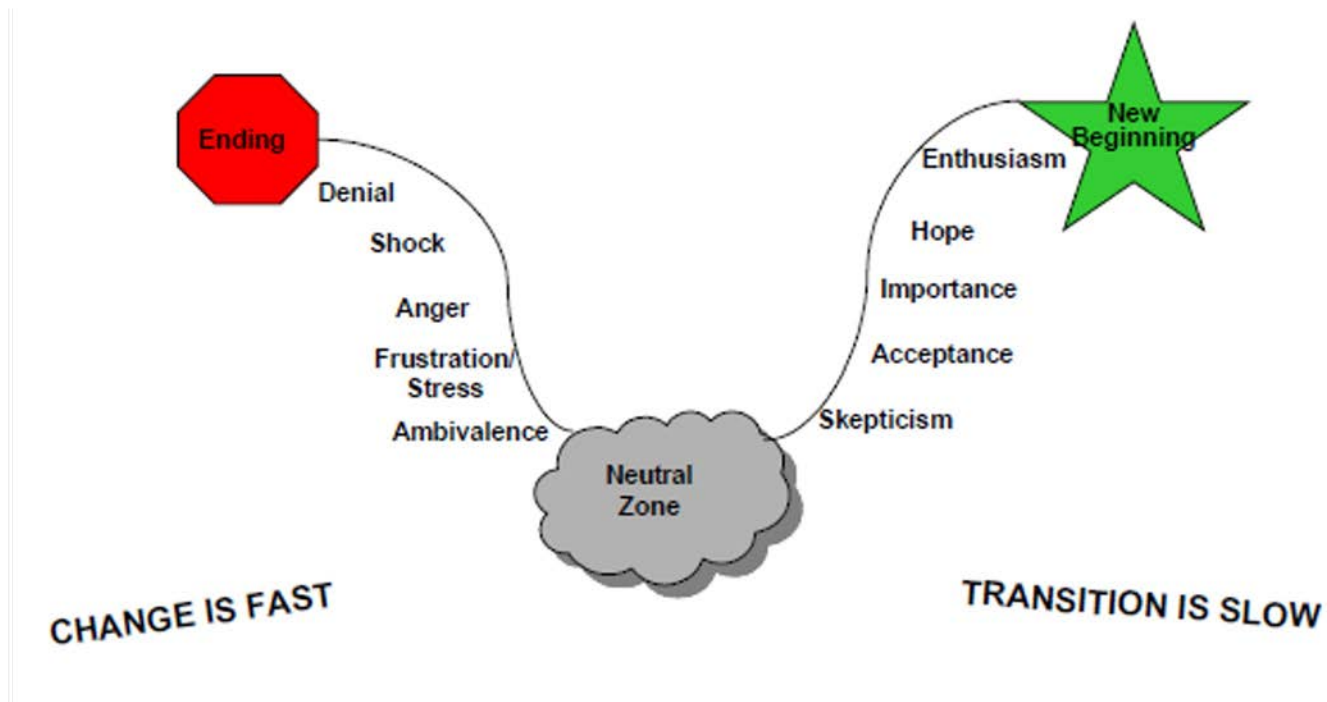


The Dynamics of Organizational Change

Change vs. Transition

- Change: Situational, external shift that can occur quickly.
- Transition: Psychological, internal process of gradually accepting details of the change.
- Key Insight: Change can be mandated; transition must be supported.

The Three Stages of Transition



Organizational Change can be Represented as Three States of Change

**States of
change**

**Current
State**

**How things
are done
today**

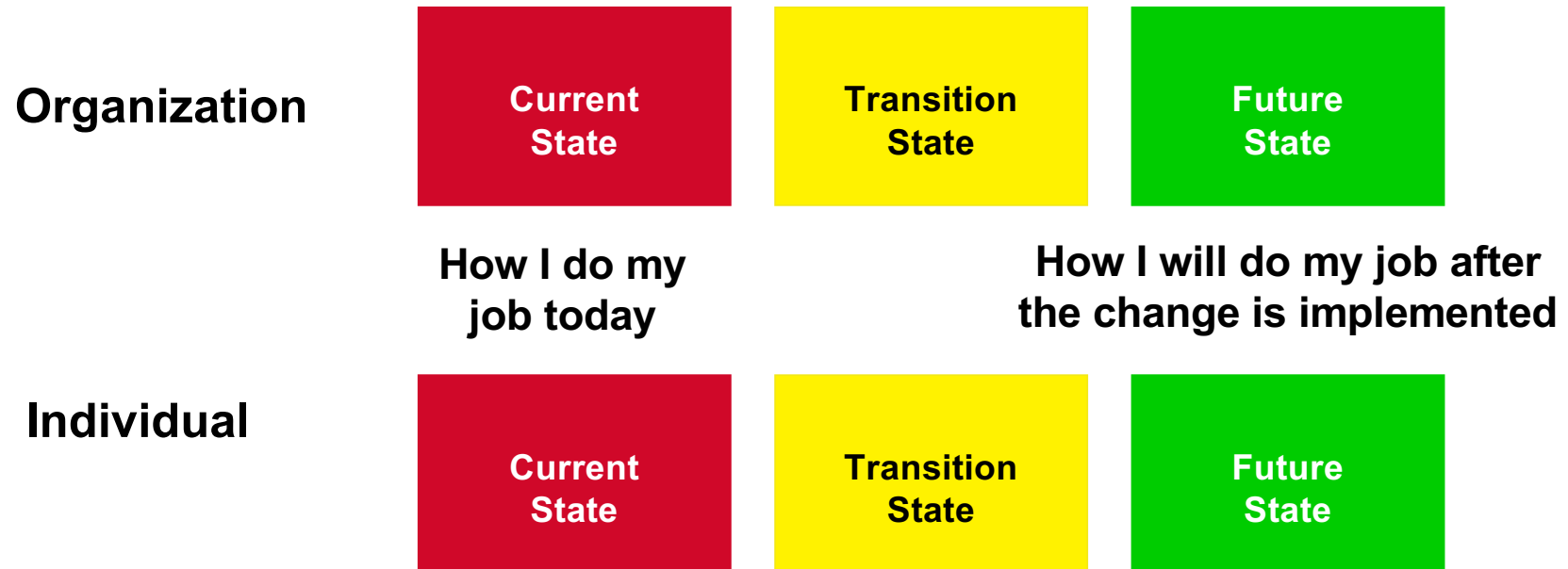
**Transition
State**

**How to move
from current
to future**

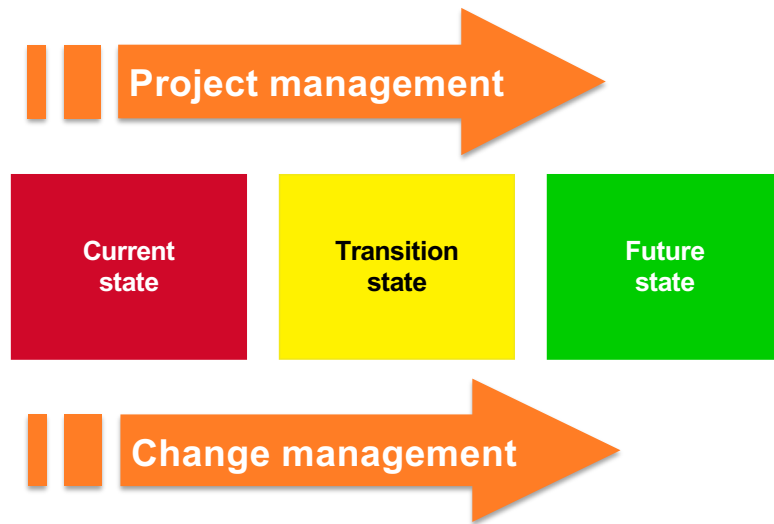
**Future
State**

**How things will
be done
tomorrow**

In Reality, There are Both Organizational and Individual Future States



Integration of Project Management and Change Management



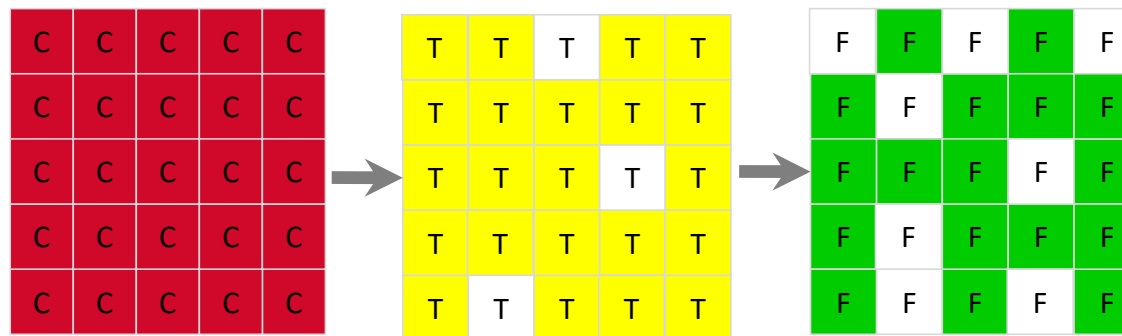
**Solution is designed, developed and delivered effectively
(Technical side)**

+

**Solution is embraced, adopted and utilized effectively
(People side)**

= Success

An Organizational Move from The Current to The Future



Ultimately requires individuals to move from their own current to their own future

YOU are the **Agents of Change**



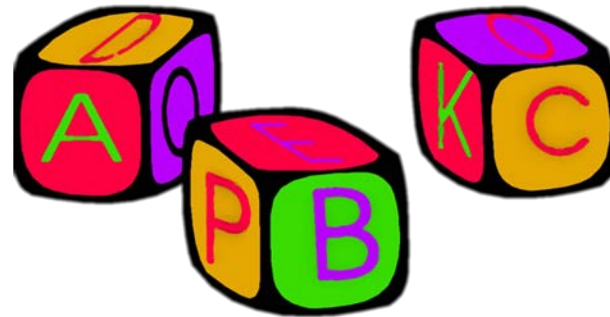
The ABC'S of Change

Awareness

Buy-In

Competence

Support



Adapted mnemonic (ABCS) aligns with themes from change competency and ADKAR methodology.”

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Everyone Needs To Be:

Aware of the Change

- What is changing
- Why is it changing
- What is NOT changing
- Why now

Buy-In to the Change

- Know the benefits
- Personally committed

Competent to Change

- Know how to change
- Training and job aids
- Sufficient resources

Supported to Change

- Remedial training
- Celebrating successes
- Rewards and recognition

Building **A**wareness

- Effective Communication
- Executive Sponsorship
- Coaching by Managers and Supervisors
- Ready Access to Business Information

Creating **B**uy-In

- Effectively sponsor the change with employees
- Equip managers to be change leaders
- Assess risks and anticipate resistance
- Engage employees in the change process



Trust + Speed in Change

- Trust is the accelerant of change adoption.
- Speed without trust breaks systems; speed with trust fixes them.
- Leaders must communicate clearly, admit missteps, and demonstrate reliability.

Reflection: Where can you build trust to increase the velocity of change in your team?

Competence: Equipping People to Succeed

- Effective training with hands-on exercises ensures that staff practice the change, not just hear about it.
- Job aides provide reminders and checklists that help staff apply new processes under pressure.
- One-on-one coaching from supervisors reinforces skills and builds confidence.
- Access to subject matter experts allows staff to ask questions and avoid missteps early.
- Competence bridges the gap between understanding and action. Without it, change creates anxiety instead of progress.

✓ Change Management



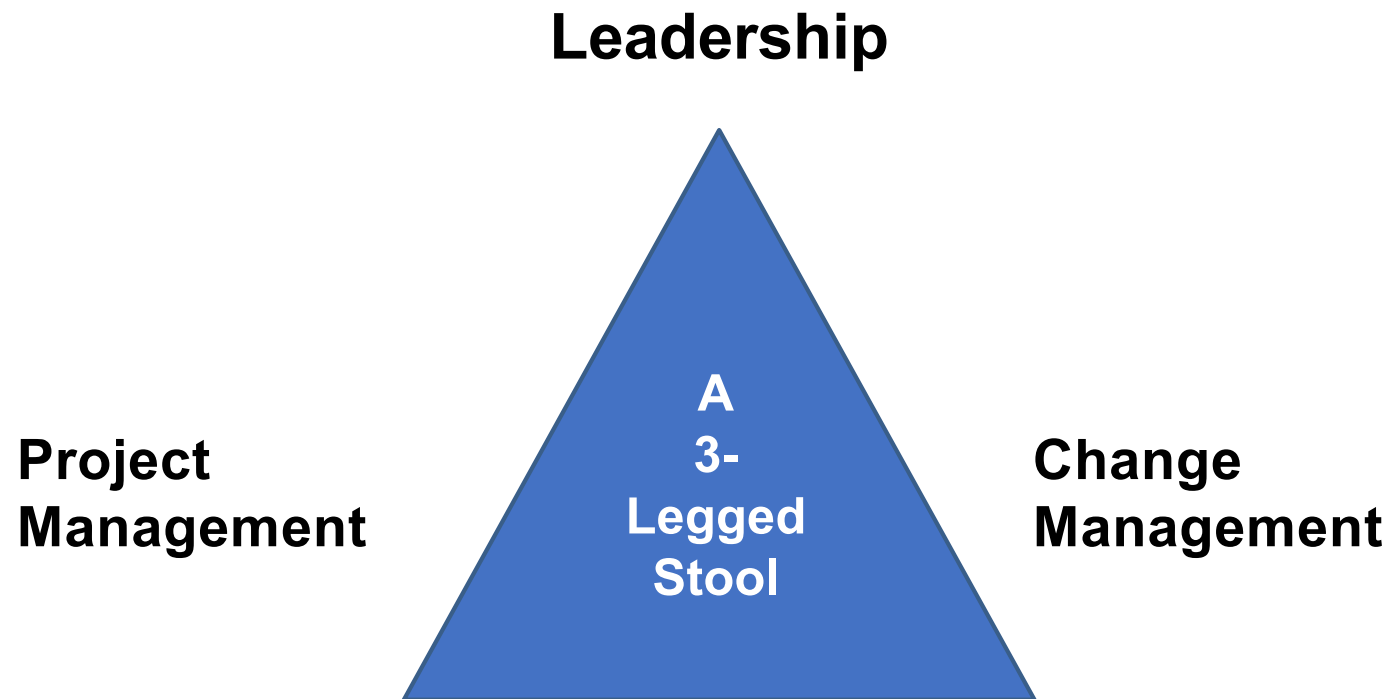
Providing **S**upport

- Feedback from employees
- Celebrations and recognition
- Align incentive programs
- Accountability systems

Unlocking Potential Through Support

- Hidden potential emerges when people receive scaffolding (mentoring, coaching, safety nets).
- Support systems drive growth more than innate talent.
- Leaders who invest in scaffolding multiply their team's capacity for change.

Reflection: Who in your team is thriving because of support, and who needs additional scaffolding?



A Leader's Role in Managing Change and Transitions

- Work through your own Reaction to Change
- Recognize that Change is hard, and reactions will differ
- Help your staff using the ABCS
- Model a change-ready attitude
- Communicate, Communicate, Communicate!

The Role of Communication During Change

- Good communication supports each of the ABCs of Change
- Everyone has a role in communicating the change
- It's better to overcommunicate than to under-communicate



Building a Communication Plan

- Identify the audiences
- Identify key messages and timing
- Determine content and frequency
- Determine frequency and senders

Common Mistakes We Make When Communicating about a Change

- Thinking that “telling people” means that people are truly listening and really understanding
- Assuming we’ve communicated enough
- Forgetting that stress from change produces selective hearing
- Dismissing that change hurts and can be very personal
- Believing that we don’t have enough time to truly listen and understand

Dealing with Resistance



Why Resistance Happens

- Resistance often arises from:
- Emotional (fear, fatigue, burnout)
- Cognitive (lack of understanding, misinformation)
- Structural (lack of resources, workload impact)

The Cost of Ignoring Resistance

- Reduced adoption rates
- Staff disengagement
- Increased turnover
- Patient safety risks

THREE Avenues of Resistance Management

Resistance Prevention

- Planning for, addressing, or eliminating resistance by effectively applying change management.

Proactive Resistance Management

- Anticipate and identify likely resistance so you can eliminate barriers quickly

Resistance Response

- Developing effective responses when resistance becomes enduring or persistent.

CONNECT Model Applied to Resistance

Example:

- Nurse: “This new checklist is extra work.”

Leader response with CONNECT:

Control emotions
Offer respect
Name facts
Note response
Explain position
Common goals
Test assumptions

Psychological Safety in Change

- Teams with psychological safety are more likely to:
- Speak up about concerns
- Share new ideas
- Admit mistakes without fear
- Sustain improvements

Micro-Behaviors of Leaders

- Leaders can build safety by:
- Asking: “What might I be missing?”
- Thanking staff for dissenting views
- Sharing personal learning moments
- Following up on staff input

Reflection Prompt

- Think of a change that met resistance:
- Was it emotional, cognitive, or structural?
- How could CONNECT or psychological safety have shifted the response?

Data on Leadership & Resistance

- Psychological safety linked to higher engagement and safety outcomes (Edmondson, 2018).
- Leaders who address resistance early improve adoption by 30–40% (Prosci, 2018).

Tool: Resistance Journal

- Track resistance:
- Who is resisting?
- What type (emotional/cognitive/structural)?
- Response attempted?
- Outcome?

Key Takeaways on Resistance

- Resistance is data, not defiance
- Diagnose: emotional, cognitive, structural
- CONNECT + Psychological Safety = stronger adoption
- Leaders model the behavior they want sustained

Change Fatigue & Workforce Well-Being

- Post-COVID baseline: NAM's National Plan for Health Workforce Well-Being (2022).
- Current signal: 2025 VHA study shows persistent burnout/stress post-pandemic.
- Nursing change fatigue: 2024 concept analysis—antecedents, attributes, consequences.
- Leader levers: normalize workload trade-offs, sequence initiatives, embed 30-60-90 reviews, use resistance as data, and align recognition + psychological safety.

Not All Change is Good

- Excessive, poorly justified change creates fatigue and erodes performance.
- Leaders must discern between necessary transformation and unnecessary disruption.
- Protecting stability is as important as driving innovation.

Reflection: Where in your organization could stability be more valuable than another initiative?

Why Sustainment Fails

- Change fades after pilot phase
- Competing priorities
- Lack of reinforcement
- No accountability system

The 30-60-90 Day Review

- At 30 days: Measure adoption
- At 60 days: Check for barriers
- At 90 days: Reinforce or adjust

Habit Formation in Healthcare

- Sustainment requires:
- Repetition
- Clear cues
- Reinforcement
- Leadership modeling

Audit & Feedback Loops

- Effective sustainment includes:
- Run charts / control charts
- Monthly dashboards
- Transparent reporting to staff

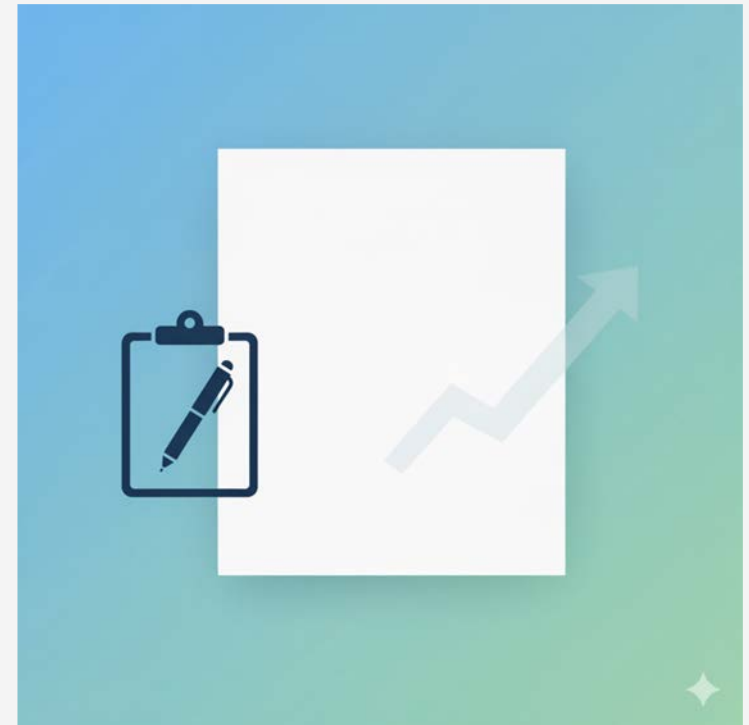
Case Vignette: Outpatient No-Show Reduction

- Pilot: text reminders for appointments.
- Results: no-shows reduced from 20% → 10%.
- Next step: expand to multiple clinics.

Scale-Up Checklist

Before scaling:

- Pilot results positive?
- Resources available?
- Staff trained?
- Leadership committed?
- Measures in place?



✓ Change Management



Reflection Prompt (Individual Activity)

Think of a recent change in your workplace:

- Did it fade or sustain?
- What factors supported or blocked sustainment?
- If you were leading, what would you add?

Stop–Start–Continue Tool

- Stop | Start | Continue
- Harvard Business Review

Key Takeaways on Sustainment & Scale

- Change fades without reinforcement
- 30-60-90 reviews anchor new practices
- Habits + feedback loops drive sustainment
- Scale cautiously, only after success
- Antifragility = continuous improvement

Closing Summary & Call to Action

- Change is both situational and psychological — leaders must guide both.
- The ABC's of Change: Awareness, Buy-In, Competence, Support.
- Resistance is data, not defiance.
- Effective leadership requires prevention, proactive management, and response.
- Sustaining change means reinforcement, feedback, and celebration.

Commit to one change management practice in the next 30 days.

AI Transformation: Human First, Tech Second

- AI transformation must redesign culture and structure, not just add technology.
- Success depends on aligning automation with human flourishing.
- Leaders must balance efficiency with empathy and trust.

Reflection: What would a human-first AI rollout look like in your system?

AI Governance & Safety: What Leaders Must Address

- Ethics & governance: WHO issues 40+ recommendations for LMMs (transparency, human oversight, risk management).
- Professional policy: AMA principles emphasize physician oversight, transparency, bias mitigation, liability clarity.
- Regulatory rails:
 - ONC HTI-1 (DSI): transparency on data provenance, logic, risks for decision support.
 - FDA: lifecycle guidance for AI/ML SaMD + public list of AI-enabled devices.
- Operational trust: Joint Commission 'Responsible Use of Health Data' certification + CHAI partnership.
- Practice tip: Bake these into AI policy + PDSA cycles (monitor drift, bias, safety events).

AI Barriers/Enablers

Barriers: workflow fit, regulation/liability, data quality/bias, trust.

Enablers: co-design, training, evaluation.

Johnson, 2024 and Nguyen, 2025

AI Deskilling Risk

“Consider ‘AI-off’ practice intervals; track competency to avoid over-reliance.”

(Lancet Gastro & Hepatology—news report summary 2025)

Case Study: AI Policy Rollout in a Hospital System

A large academic medical center introduces policies on responsible AI use in:

- Clinical decision support
- Scheduling
- Patient documentation

Leadership sees benefits, but staff express fears:

- Job loss
- Loss of autonomy
- Ethical implications

Reflection Questions

1. If you were a clinician, what emotions or concerns might you experience when AI is introduced?
2. Which of the ABC's of Change (Awareness, Buy-In, Competence, Support) would be most critical in your setting, and why?
3. Think of a recent change in your workplace. How did leaders build awareness, buy-in, or competence? What could have been done differently?
4. How would you apply Kotter's 8 Steps or ADKAR to the rollout of AI in your own department?
5. What one change management practice will you commit to trying in the next 30 days?

Pulling It All Together

Effective change management is about integrating practices before, during, and after the change:

- Before the Change: Leaders strengthen trust, build team skills, and understand both themselves and others. This foundation reduces resistance later.
- During the Change: Use emotional intelligence to anticipate resistance, communicate often and clearly, and reinforce purpose and direction.
- After Implementation: Sustain momentum by gathering feedback, recognizing contributions, providing ongoing support, and celebrating success.

When leaders view change as a continuous process rather than a one-time event, they create a culture where change becomes part of how the organization thrives.

Thank you!

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