

Be the Change: Incorporating Change Management into your QI Project Design for Sustainable Results



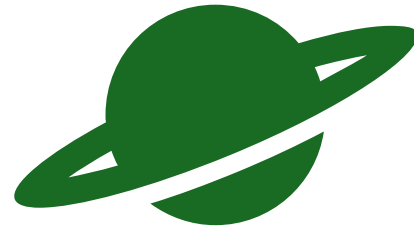
APA's 15th Annual Quality Improvement Research Conference

April 24, 2026

Ground Rules: The ABCs



**Assume Best
Intentions**

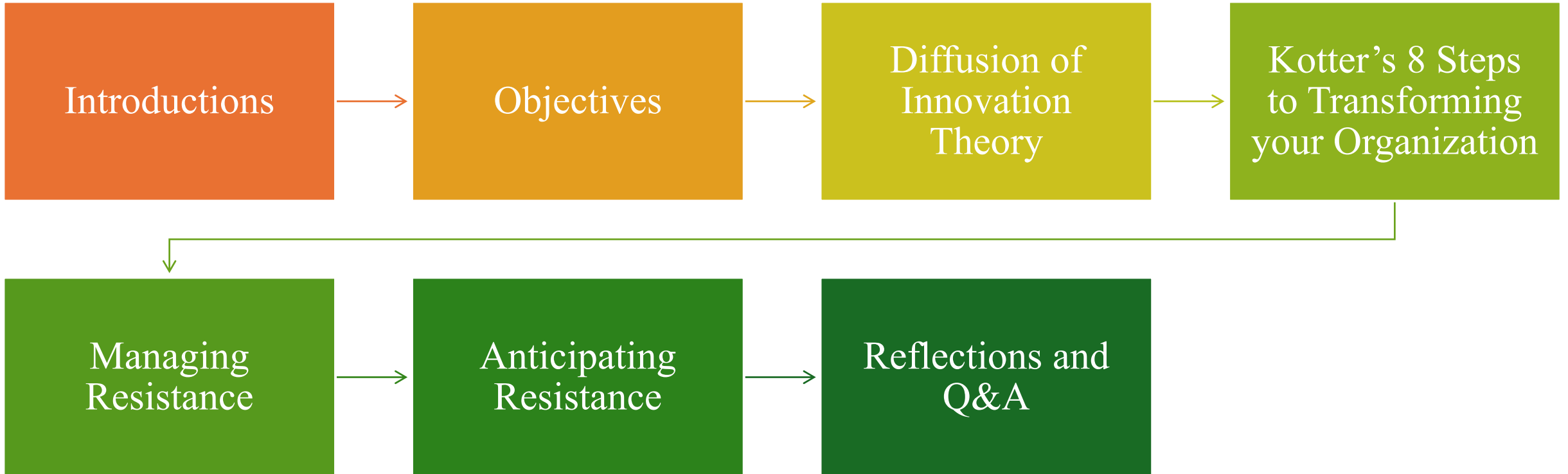


Brave Space



**Conversation
(not a lecture)**

Agenda



Introductions



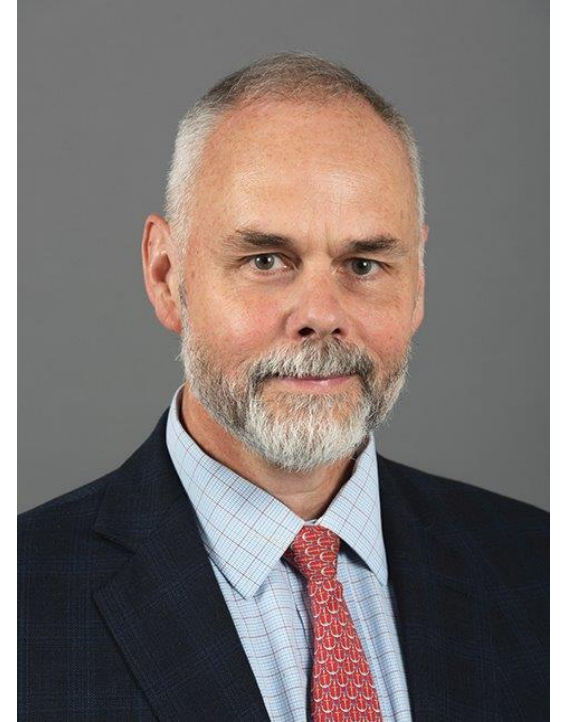
Jess Hart, MD, MHQS
Associate Chair for Patient
Safety & Quality
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**Howard Brightman, ScD,
PE**
Executive Director of the
Enterprise Project
Management Office, Boston
Children's Hospital

Introductions: Your Turn



**Please share your name,
role/specialty, and home institution**

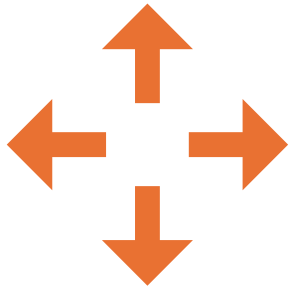


**Why did you join this Workshop?
What quality improvement (QI)
projects you are currently involved
with?**



**When not doing QI,
what do you do for fun?**

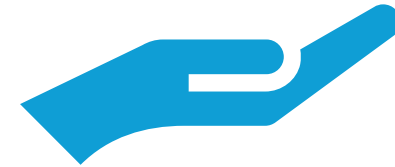
Objectives



Outline Kotter's 8 Steps
for Leading Change



Integrate change
management theory into
quality improvement (QI)
project design

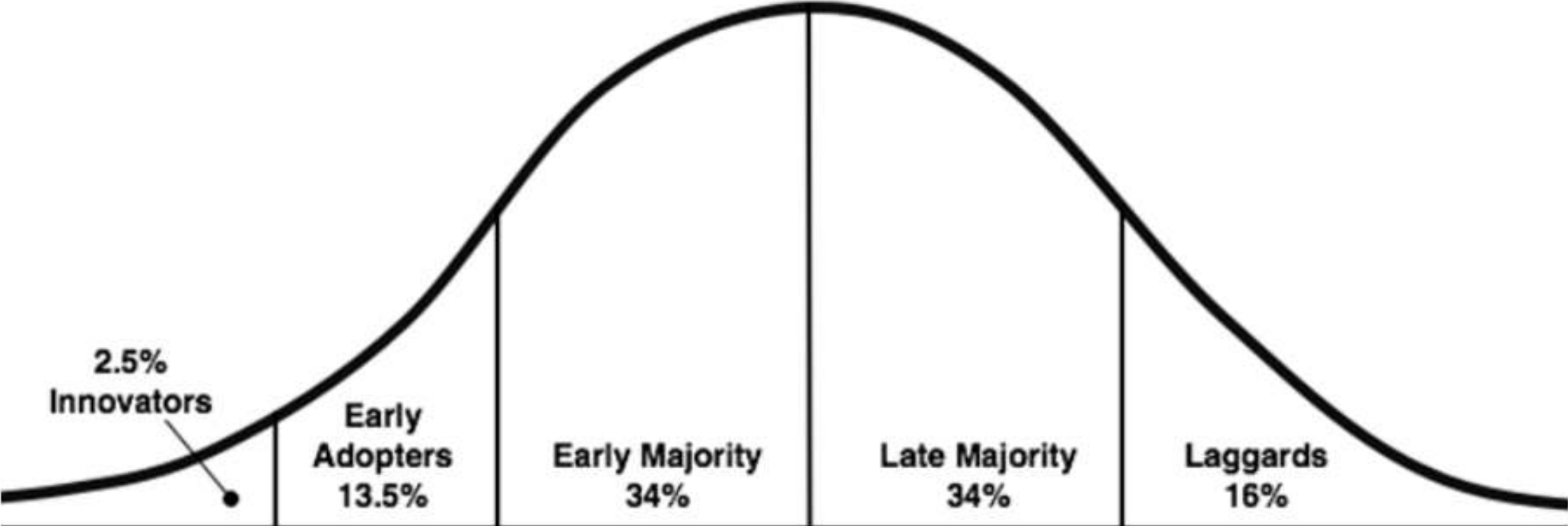


Apply approaches to
understand, anticipate, and
address resistance within
QI projects

Large Group: Why do we talk about change?

Share a time when
change was difficult
or uncomfortable
during a quality
improvement project

Diffusion of Innovation



Source: Everett Rogers, Diffusion of Innovations model

Diffusion of Innovation



New agricultural technology doesn't really matter unless it's adopted by individual farmers. Often, a simple conversation between farmers is the most powerful method of diffusion.

Diffusion of Innovation



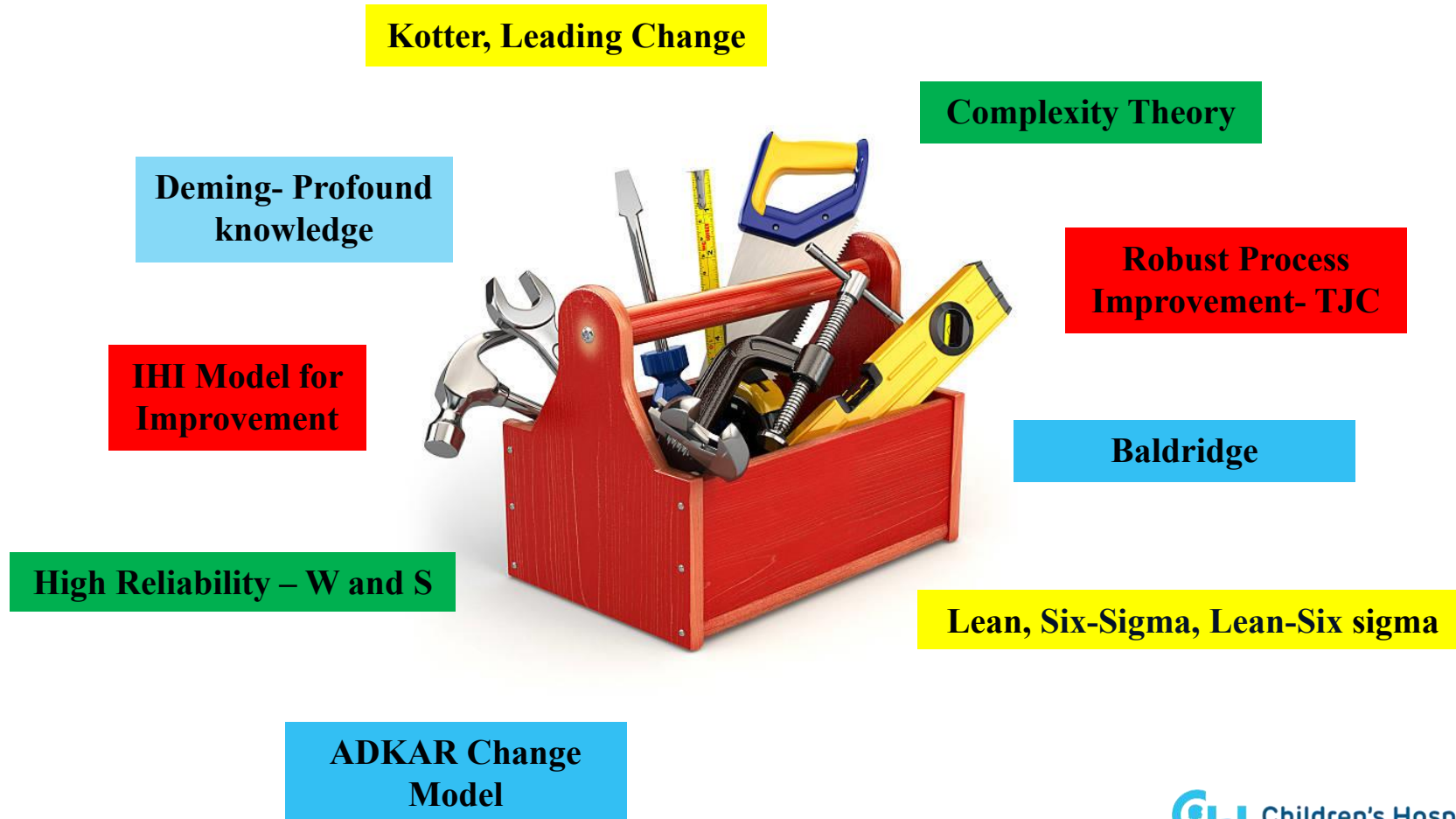
First Follower: Leadership Lessons from Dancing Guy - <https://www.youtube.com/watch?v=fW8amMCVAJQ>

Diffusion of Innovation

Key Takeaways

- Leaders should make everything about the change (*not themselves*)
- Leaders must nurture the relationship with their first follower(s)
- Leaders should make their change public and easy to follow
- The first follower(s) transforms the person alone into a leader (*it takes guts to be a first follower*)

Change Management: Toolbox



Kotter's 8 Step Model

Harvard Business Review 
www.hbrreprints.org

BEST OF HBR

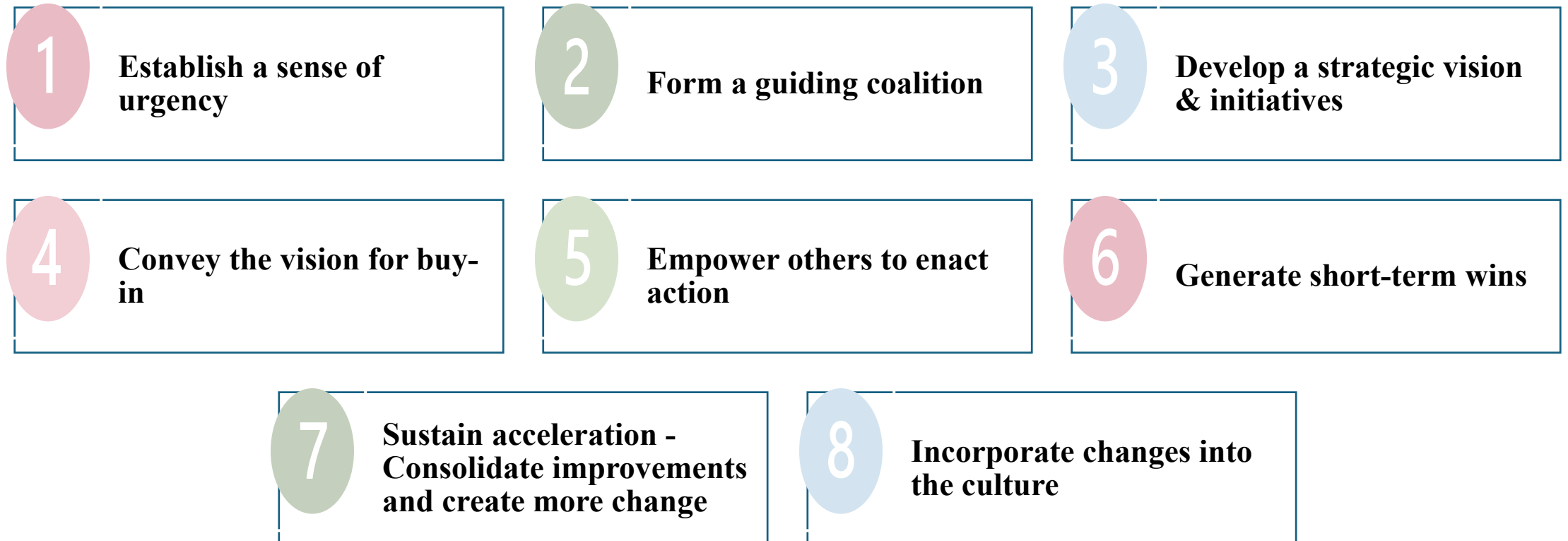
Leaders who successfully transform businesses do eight things right (and they do them in the right order).

Leading Change

Why Transformation Efforts Fail

by John P. Kotter

Kotter's 8 Step Model



Kotter's 8 Step Model: Bedside Rounding

➤ [Hosp Pediatr. 2023 Nov 1;13\(11\):967-975. doi: 10.1542/hpeds.2023-007374.](#)

A Trainee-Led Quality Improvement Project Using Change Management Theory to Improve Bedside Rounding

Kotter's 8 Step Model: Bedside Rounding Context



Rounding Structure

- Residents pre-round in the morning via computer
- Teams round outside the patient room
- Attendings see patients in the afternoon and do exams



Impact

- Attendings rounding late into the afternoon
- Changes to plan in the afternoon
- Lack of resident ownership
- Lots of time for discussion and teaching on rounds



Tipping Point

- COVID-19 further decreased number of patients seen during rounds
- Residents unhappy with rounding structure

Kotter's 8 Step Model: Example

Kotter Step



Quality
Improvement Tools



Bedside Rounding
Example

Kotter's 8 Step Model: Urgency

Establish a sense of urgency



Define the Problem

- Baseline data
- Stakeholder Analysis
- Process Map
- Problem Statement
- Fishbone Diagram

Aim for the heart:



- Stories
- Data
- Crisis
- Dreams and fears
- Stakeholder mapping

Step 1

- Highlighted the low baseline of bedside rounding to key stakeholders and institutional leaders
- Highlighted resident and patient/family voices re: impact of lack of bedside rounding
- Connected low baseline of bedside rounding to Division and hospital priorities

Kotter's 8 Step Model: Guiding Coalition

Form a
guiding
coalition

Understand the problem

Stakeholder analysis

- Family advisory council
- Patient advisory council
- Attendings
- Nurses
- Advanced practice providers
- Residents
- Social workers
- Anyone who interacts the process/system

Leadership support

- Identify leadership support for the QI project

Step 2

- Formed a trainee-led QI team
 - 3 fellows
 - 7 residents
 - 3 care team assistants
 - 1 attending
- Identified interprofessional allies and unit champions
- *Room for improvement:* Did not include a patient/family representative on the QI team

Kotter's 8 Step Model: Vision

Develop a
strategic
vision &
initiatives

- SMARTIE Aim
- How will improvement be measured?
- Identify drivers (driver diagram with change ideas)

Vision &
Initiatives



Step 3

- Stakeholder analysis informed:
 - Operational definition of family centered and bedside rounding
 - SMART AIM
 - Tests of change
 - Goal metrics for the project
- *Room for improvement:* Did not include an equity lens within the vision (i.e., SMARTIE AIM)

Kotter's 8 Step Model: Buy-in

Convey the
vision for
buy-in

Create Buy-In



Simple: No jargon.



Vivid: A verbal picture is worth a thousand words – use metaphor, analogy, and example.



Repeatable: Ideas should be able to be spread by anyone to anyone.



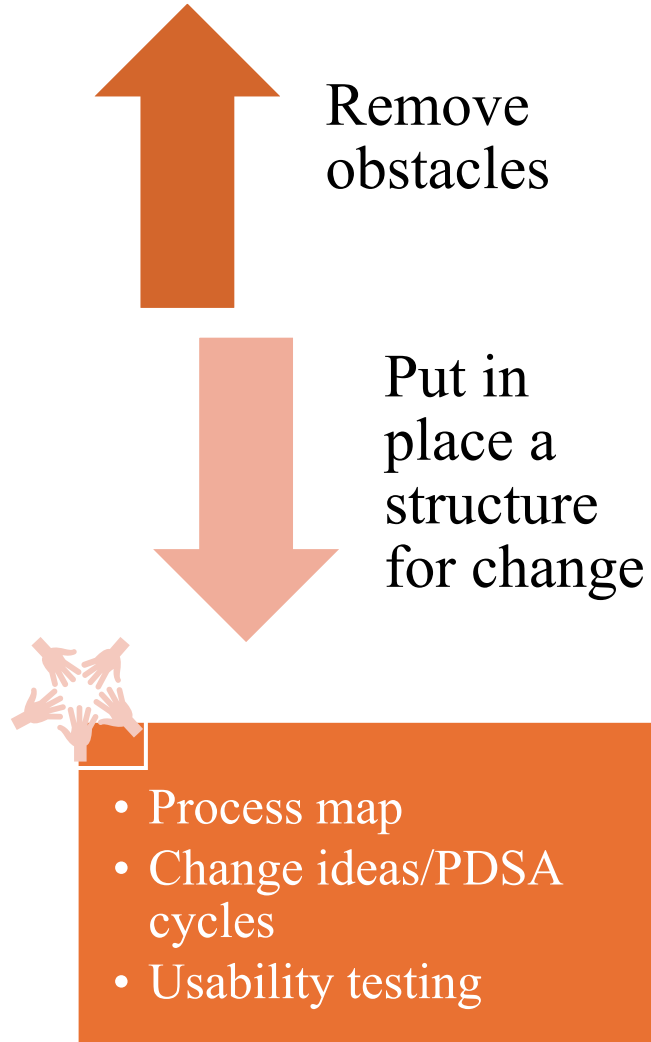
Invitational: Two-way communication is always more powerful than one-way communication

Step 4

- Vision communicated in multiple forums:
 - e-mail (targeted, weekly)
 - visual reminders (i.e, screen saver, buttons, etc.)
 - during rounds
 - educational sessions
 - regular meetings
 - MM&I
- *Other options*
 - leader rounding
 - organization intranet
 - organizational debriefs
 - safety stories

Kotter's 8 Step Model: Empower

Empower
Others to
Enact Action



Step 5

- Tipsheet with strategies to mitigate challenges
- Medical student, resident, and attending education sessions
- Real time reminders (on rounds)
- Weekly targeted reminders (via email)

Kotter's 8 Step Model: Wins

Create short-term wins

Nothing motivates more than success

Focus on results that staff can see

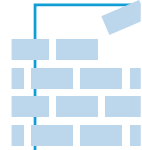
Celebrate and recognize successes NOW

Step 6

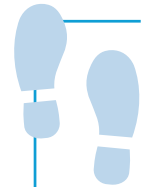
- “Small wins” PDSA cycles
 - Prizes for bedside rounding (e.g., reach goals, highest percentage, etc.)
 - Hot drinks, cookies, etc.
- Wins highlighted frequently to leadership stakeholders
- *Other ideas:*
 - Great catch award
 - Highlight “winners” via email, meetings, etc.
 - Local acknowledgements
 - Create an award/trophy
 - Celebrate everything (*not just outcome measures*)
 - MAKE IT FUN

Kotter's 8 Step Model: Sustain


Sustain acceleration
- Consolidate
improvements and
create more change

 Opportunity to build on what went right


- Adopt, Adapt, & Abandon implementation strategies

 Constant effort to keep urgency high

- Use PDSA cycles to re-visit the *why*

 Empower employees at all levels to engage

- Celebrate early adopters with "small wins"

 Consistent show of proof that the new way is working

- SPC Charts

Step 7

- Disseminated resident and attending surveys on perceptions of the intervention (*they were good*)
- Reviewed barriers and key drivers
 - Continued to remove barriers when identified
- Showcased results at meeting
- Engaged new allies and champions for the QI team

Kotter's 8 Step Model: Culture

Incorporate changes
into the culture



Cultural change comes last,
not first



You must be able to prove
that the new way is superior
to the old



The success must be visible
and well communicated

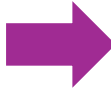
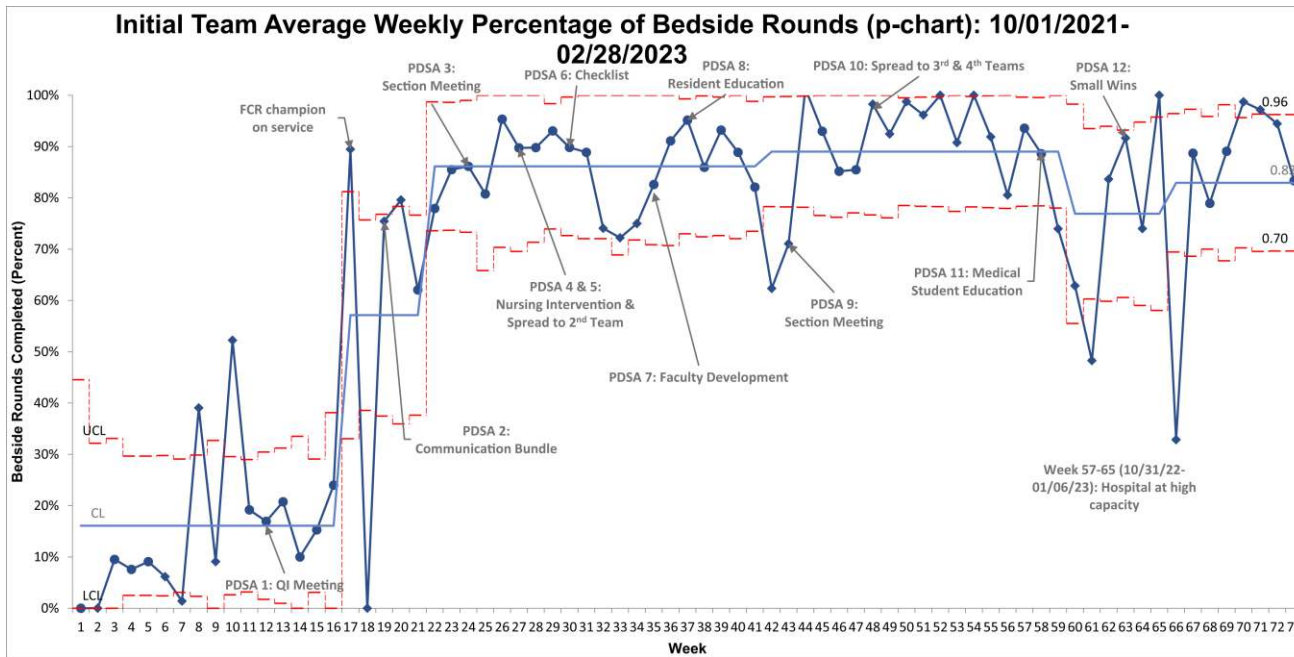


Reinforce the culture with
every new employee

Step 8

- Effort spread to all resident general pediatrics teams
- Data collection incorporated into institutionalized workflow
- Education included in longitudinal faculty development
- Bedside rounding incorporated in attending review of resident services
- Bedside rounding included in intern onboarding

Kotter's 8 Step Model: Bedside Rounding



BRIEF REPORT | JANUARY 07 2026

Disparities in Family-Centered Rounds Participation by Caregiver's Preferred Language

Josh Kurtz, MD; Preston Simmons, MD; Jeremy M. Jones, MD; Jessica Nguyen; Megan Ellis; Frederick Chang; Brock Hoehn; Hannah Dickens, MBS; Sunnya Rimes; Megan Roman, MHA; Rebecca Tenney-Soeiro, MD, MEd; Jessica Hart, MD, MHQS; Christopher P. Bonafide, MD, MSCE; Kristin D. Maletsky, MD, MEd

Small Group: Incorporate Kotter

Identify a QI project

Identify 1-2 steps
where you can
incorporate Kotter's
Change Model

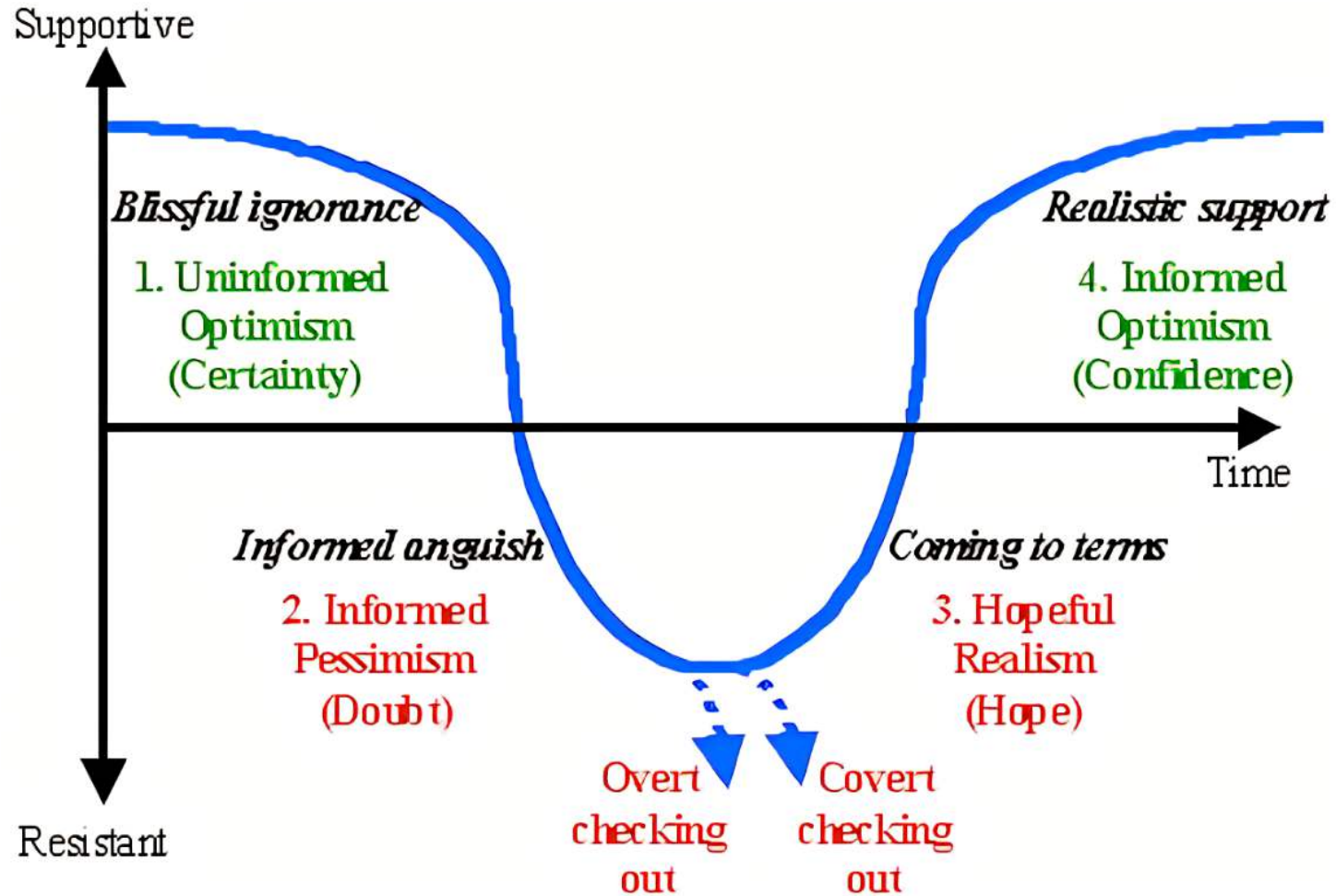
Discuss your
approach with your
small group

Resistance: What is it?

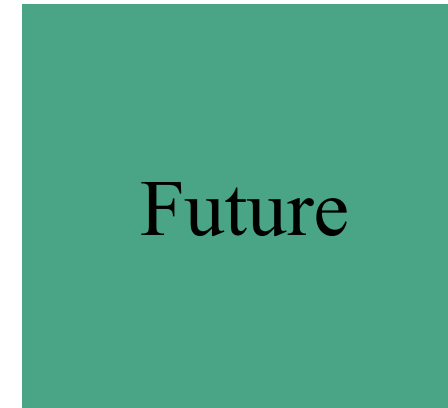


People often
resist the
transition, not
the change

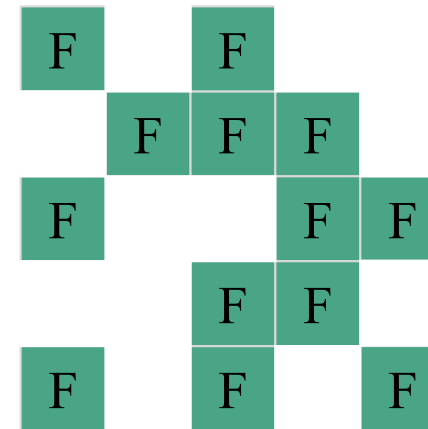
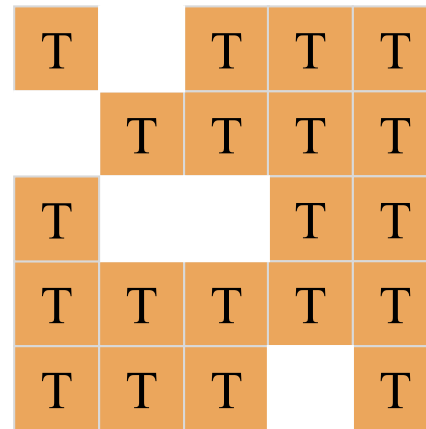
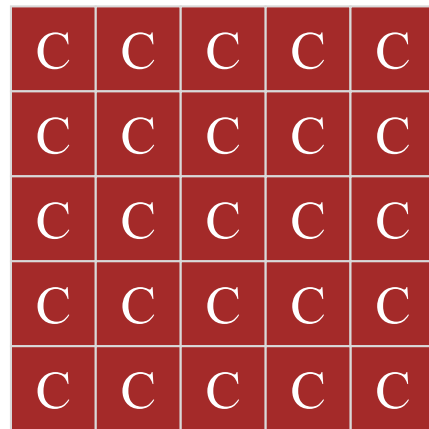
Resistance: What is it?



An Organizational Move to a Future State



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



Resistance

An act or instance of
opposing





Resistance

How beautiful it is
to turn resistance
around and bring
people along on the
journey

Two Types of Resistance

Constructive

Concerned about how the change will impact them and operations

- Communicates the root cause of their resistance
- Uses data to verify resistance
- Verifies the validity of the cause of resistance through investigation
- Source of resistance comes from a respected stakeholder/SME

Destructive

Against the change for personal reasons

- Simply don't want their jobs to change
- Don't want others to succeed

“Employees were NOT change resistant in general; they merely resisted some particular changes- and, it turns out for good reason.”

Reasons for Resistance

Top reasons for **employee** resistance

1. Lack of awareness of the reason for the change
2. Change in role
3. Fear
4. Lack of support from and trust in management or leadership
5. Lack of inclusion in the change



Top reasons for **manager** resistance

1. Organizational culture
2. Lack of awareness and knowledge about the change
3. Lack of buy-in
4. Misalignment of project goals and personal incentives
5. Lack of confidence in their ability to manage the people side of change



Top 10 Tactics for *Managing* Resistance

1

Listen and Understand Objections

2

Focus on the 'What' and Let Go of the 'How'

3

Remove Barriers

4

Provide Simple, Clear Choices and Consequences

5

Create Hope

6

Show the Benefits in a Real and Tangible Way

7

Make a Personal Appeal

8

Convert the Strongest Dissenters

9

Demonstrate Consequences

10

Provide Incentives

Tool for *Managing* Resistance

1. List the group or individual
2. Select the resistant behavior exhibited
3. Select the resistance tactic(s) that you will use

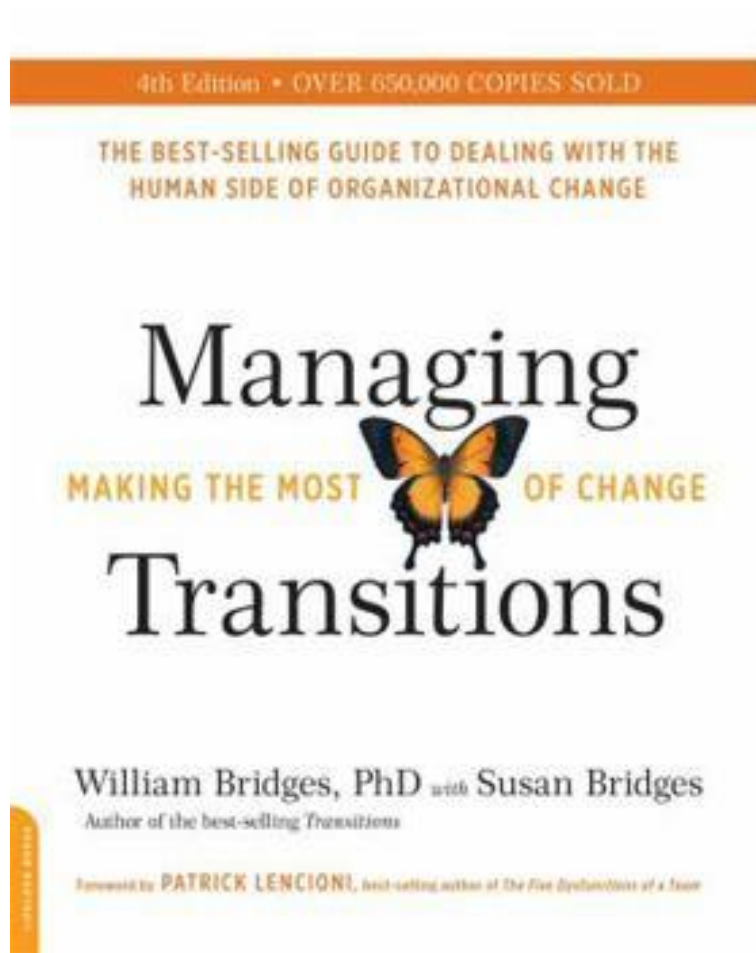
Group or Individual	Resistant Behavior	Resistant Behavior Details (optional)	Resistance Tactics	Special Tactics Details (optional)
<i>Example: Tech</i>	<i>Stubbornness Impacting Work (The Mule)</i>	<i>Having a hard time understanding the need for the new system. Likes the way things are right now</i>	<i>1. Listen and Understand Objections, 6. Show the Benefits in a Real and Tangible Way</i>	

Anticipating Resistance

“Every organizational system has its own natural “immune system” whose task it is to resist unfamiliar, and so unrecognizable, signals. That is not necessarily bad.”

— **William Bridges**

Anticipating Resistance



Anticipate:

Treat resistance as
grieving from a loss
How do you/your QI
team genuinely tend
to the grieving
process to mitigate
the resistance?

Anticipating Resistance

Sell the problem
(as well as the
change/solutions)

People aren't in the
market for
solutions to
problems they don't
see, acknowledge,
or understand

*Kotter: Establish a
sense of urgency*

Anticipating Resistance

Analyze, understand, and acknowledge the losses open and compassionately

Resistance is often tied to feelings of loss (i.e., loss of confidence in expertise)

Who will have to let go of something?

*QI Tools:
Stakeholder
Analysis &
Needs
Assessment*

Anticipating Resistance

Plan to deliver information and to do this again and again

Don't expect things to trickle down; know that people need to hear things over and over and in many different ways

When resistance is in play, people absorb information remarkably slow

Kotter: Convey the vision for buy-in

Anticipating Resistance

Compensate for losses when possible

What can I give back to balance what is no longer present?

This doesn't have to be big, but small acts that acknowledge the loss can bring resistors along

Kotter: Generate short term wins

Anticipating Resistance

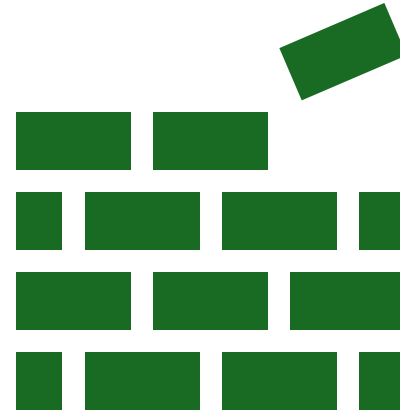
Consider developing transition management teams to assist with the change, consider including those who are resisting as a part of the team

Kotter: Form a guiding coalition

Anticipating Resistance



Don't be surprised by overreaction;
expect overreaction and hold space
for these emotions



Respect the past and communicate
changes/interventions as
developments that build on the past

Small Group: Resistance Role Playing

A hospital has a high rate of HAIs, particularly catheter-associated infections

Leadership has sent multiple emails about institutional catheter care policies, but compliance with infection control measures remain inconsistent

The hospital is now launching a “hand hygiene improvement initiative”, and you are asked to lead
(congrats!)

Staff are resistant due to time constraints, skepticism about effectiveness, and provide feedback such as "this doesn't work here" and "we've tried this before"

What strategies can you use to navigate the resistance?
How can Kotter's steps be used to create urgency, gain buy-in, and sustain long-term behavior change?

Reflections



Questions

BE THE
CHANGE

