**Managing Change in the Healthcare Environment: Demonstrating Value**

**APIC 1998 President: Frances M. Slater (now Feltovich), RN, BSN, MBA, CIC**

During this past decade, society has been changing at a more rapid pace than ever before in history. As a consequence, organizations of all types: governments, the educational system, industry, and commerce are under pressure to change with the times and to respond to the new needs. Nowhere is this more true than in healthcare. A potent combination of circumstances: ballooning costs, more knowledgeable and demanding clients/patients, increasing litigation, spectacular advances in technology, and an aging population have created intense pressure for reform.

One question that remains unanswered is: How will reform be achieved? However it is done, it will not be easy. Whatever the solutions, these will involve major changes to the working lives of us who work in healthcare.

Already there are many types of changes that have occurred in the healthcare setting. These include:

* Changes in mission, mandate, or overall strategy
* Changes in organizational structure
* Changes in levels of staffing, either growth or reduction; sometimes both in a short period of time
* Changes in attitudes and behaviors, i.e., culture
* The adoption of new methods and procedures
* The introduction of new technology, tools, equipment, and facilities
* Changes in relationships with stakeholders

All of these changes have something in common: they involve disruption of people’s expectations and their lives in the workplace. We all seek change at one time or another but we tend to seek change that will benefit us. We don’t mind changes that we can control, but we strongly resist having changes forced on us.

It is easy to become preoccupied by what is changing and lose sight of the continuity that exists, and there is usually some kind of continuity of purpose and values, e.g., the fundamental mission and commitment of an institution may remain essentially the same, even though the methods of fulfilling these have to change drastically.

But hospitals have responded to the dynamic market forces of healthcare reform with efforts to streamline services, increase customer satisfaction, and reduce costs while improving quality. They are restructuring, re-engineering, right-sizing, down-sizing, and redesigning. These changes, although designed to improve healthcare quality, have resulted in a rigorous environment of continuous disruption. Some have described it as permanent “white water.”

Permanent white water is when you never get out of the rapids, where one change follows another, where changes overlap and there is no opportunity to recover. Some of today’s healthcare leaders may find themselves in the position of stepping into the dark with most of the initiatives they propose. They do not know what is going to happen next, because they have never experienced this type of healthcare environment. Even stepping into the dark is not the correct metaphor, because it assumes the leader will step on solid ground. Permanent white water is the more accurate metaphor because there is no solid ground, there are hidden rocks beneath the surface, and the landscape that rushes by is constantly changing.

Taking care of our professional career these days means managing this perpetual motion. Each of our organizations will keep reshaping itself, shifting and flexing to fit our rapidly changing world. That’s the only way it can hope to survive in this fiercely competitive environment. Look for it to restructure, out-source, downsize, subcontract, and form new alliances. Perhaps this has happened already or perhaps, it is happening now or perhaps, it has been there, done that, getting ready to do it again! We may not like some of this. Chances are, we may not like any of it. But the question is, will we get with the program anyhow?

We need to know that resistance to change is almost always a dead end street. The professional opportunities come when we align immediately with new organizational needs and realities; when we are light on our feet; when we show high capacity for adjustment. Organizations want people who adapt quickly, not those who resist or psychologically unplug. Granted, change can be painful. When it damages careers, emotions such as grief, anger, and depression come naturally, making it hard for people to “buy in” and be productive. But being a quick-change artist can build our reputation, while resisting change can ruin it. Mobility, flexibility, not mourning, makes us a valuable mentor of the organization. In today’s world, professional success belongs to the committed. To those who work from the heart; who invest themselves passionately in their jobs; and who recommit quickly when change reshapes their work. We must work towards developing high job commitment. It actually serves in our best interest, even as it benefits the organization.

Strong job commitment makes work far more satisfying. It’s therapeutic too, and an excellent antidote for stress, and a cure for the pain of change. It also empowers us by bringing out our very best potential and makes us a more valuable employee. Bottom line: commitment is a gift we should give to ourselves.

We should behave like we are in business for ourselves. Why is this? And what does it really mean? One reason is because some healthcare organizations are breaking into bits and getting “flatter”. There’s less hierarchy; fewer layers. The move is toward small scale, decentralized business units; self-centered work groups that operate more independently.

Organizations are reshaping themselves in an attempt to become more entrepreneurial. They want to get closer to the customer. They want decisions to be made by the people who are closest to the information. And they want to be able to move faster. The idea is that only small units are agile and adaptable enough to thrive in today’s world of high-velocity change.

So now we’re seeing a lot of self-directed teams, “empowered” employees. The management ranks are shrinking, and this means more power, information, and responsibility flows through to us. We need to consider how we, personally, can help cut costs, serve the customer better, improve productivity and innovate. We should constantly think in terms of *commercial* success; how we and others who work with us can add directly to the financial health of the organization.

Besides all this, though, thinking of ourselves as self-employed is the mind-set that will serve us best in the years to come. We are on our own!

Much like an independent contractor, we have to “build our business”, uphold our reputation of a quality worker, and satisfy the people who pay for our services. So, we need to operate as if we are self-employed, and carry personal responsibility for our own job security and, perhaps, career mobility. Whether we look at it from the perspective of an employer, or from the angle that we’re a one-person show, it will pay to behave like we are in business for ourselves.

The more we know how to do, the better we do it, and the more valuable we become. Consider the words of Winston Churchill: “To improve is to change, to be perfect is to change frequently.”

Continuous improvement offers some of the best insurance for both our position and organization. Think of it as a daily pursuit of perfection. By continuously pursuing perfection, we keep reaching and stretching to outdo yesterday. The continuous improvements may come bit by bit. But enough of these small incremental gains will eventually add up to valuable program improvements and will demonstrate competence and commitment.

Dave Ulrich, a professor of the School of Business, University of Michigan introduced the term “intellectual capital” in a recent issue of *Sloan Management Review.* Intellectual capital = competence x commitment. Intellectual capital is any business’ only appreciable asset. Skilled, knowledgeable employees who are committed to the organization’s goals are an organization’s most important asset.

We must demonstrate our skills, not only in preventing and controlling infections, but also in assessing the importance of all that we do. As infection control professionals, we are involved in many activities, such as surveillance, data analysis, developing and presenting reports and initiating/facilitating meetings. But like clutter in closets or attics, these activities may pile up, creating demands on our time without much rationale or reasoning. Cleaning closets means discarding items that we don’t use anymore or need. “Cleaning out” our program “closets” means discarding work processes that are not adding value. We should ask ourselves: Is there someone who gets “value” or benefit from this report or meeting? Some other questions for assessing value are:

* Who uses the report?
* How is the information used to improve decision-making?
* How accurate and up-to-date is it?
* How much time do people spend preparing the report?
* Why hold this meeting?
* What if we do not have this meeting?
* What is the return on the amount of time for those who attend?
* Are we using the meeting for communication or for decision-making?
* How many steps are in this process?
* Can we streamline the steps and get things done more quickly?

So, let’s perform our own re-engineering and downsizing activities in an attempt to improve our value to our organization. In doing so, think about the five goals of re-engineering:

1. Increasing productivity
2. Optimizing value to shareholders
3. Achieving quantum results
4. Consolidating functions
5. Eliminating unnecessary levels and work.

Start with a clean sheet of paper and ask yourself: If I were developing my infection control program today, how would I do it? What would it look like?

We must become strategic in our own thinking in our planning of program improvement. Wayne Gretzky, who became the National Hockey League’s all time leading scorer at age 28, was once asked what made him a great hockey player. He was exceptional! He answered: “Because I go where the puck is going to be, not where it is.”

The role of the ICP has taken on greater significance in light of the dilemma facing organizations to collect and analyze outcome information based upon service-line episodes of care. This is the necessary information that is required to negotiate today’s managed care contracts. The healthcare industry is demanding evidence of quality care, patient satisfaction, and efficient delivery of care. The challenge for the ICP is to maintain an IC program that allows the healthcare facility to successfully meet these demands. Thomas Edison once said: “If we did all the things we are capable of doing, we would literally astonish ourselves.”

Those of us who catch on to what’s happening, who invest our energy in finding and seizing the opportunities brought about by change will be rewarded. Change always comes bearing gifts. Considering the scope and speed of change these days, there will be precious gifts, many priceless opportunities for those of us who play by the new rules, position ourselves right, and take personal responsibility for our future.

Consider the 1998 edition of Setting Foundations for the Millennium: *An Assessment of the Healthcare Environment in the United States*, published jointly by Deloitte & Touche and VHA. The report describes data obtained from almost 60 sources. Of the eight conclusions, one pertains to quality. The predictions regarding quality are:

* The consumer bill or rights proposed by the President’s commission will be adopted.
* Attention on how consumers view quality will increase.
* Providers will try to make quality a differentiating factor.
* Look for more investments into measures and standards of quality.

In 1997 APIC developed a new Strategic Plan that would take the organization into the next millennium and assist us, the membership, in meeting the demands of the changing healthcare environment. One of APIC’s strategic goals in the Plan is to define, evaluate, and continually improve the practice of infection prevention and healthcare epidemiology. The APIC Board of Directors has charged the Practice and Credentialing, Guidelines, Education, and Text Revision Committees with accomplishing this goal.

Additionally, working with the CDC, APIC has committed to fund a research fellowship to identify the optimal IC staffing for maintaining an effective infection control program. APIC’s strong alliance with CBIC also will assist us in accomplishing this goal.

The 1998 Annual Conference Committee under the leadership of Pat Kulich has planned an excellent educational program. Enjoy the week! Take advantage of the multiple networking opportunities available to you this week. Meet at least one professional colleague who can assist you in improving your program and/or demonstrating value within your organization.

Remember, it is through continually improving our programs, searching for ways in which patient care and quality can be improved and costs can be reduced, that ICPs can demonstrate value to their institutions.