Organizational Change

Primer

MANAGEMENT DECISION AND RESEARCH CENTER

HEALTH SERVICES RESEARCH AND DEVELOPMENT SERVICE

OFFICE OF RESEARCH AND DEVELOPMENT

DEPARTMENT OF VETERANS AFFAIRS

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The Health Services Research and Development Service (HSR&D) is a program within the Veterans Health Administration's Office of Research and Development. HSR&D provides expertise in health services research, a field that examines the effects of organization, financing and management on a wide range of problems in health care delivery—quality of care, access, cost and patient outcomes. Its programs span the continuum of health care research and delivery, from basic research to the dissemination of research results, and ultimately to the application of these findings to clinical, managerial and policy decisions.

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Organizational Change

Purpose of primer series: to help bridge the gap between researchers, policy makers, managers and clinicians in an effort to improve the quality and cost effectiveness of health care for veterans. The primer series is part of a larger set of dissemination initiatives developed by VHA's Office of Research and Development through the Management Decision and Research Center, a program within the Health Services Research and Development Service.

Purpose of the Organizational Change Primer: to provide an introduction or to expand understanding, information, and knowledge about the concepts and application of organizational change processes in general and, specifically, within VA. The primer provides a basic framework for understanding organizational change and how it applies to VHA, a large health care system undergoing change. More in depth readings and other resources are listed in the appendices.

Suggested audience: VA professionals, clinicians, managers, front line supervisors, researchers and staff involved in health care delivery in all parts of the Veterans Health Administration.

Suggested uses: individual study, orientation for professional staff and health care providers, management training programs in Veterans Integrated Service Networks and within VA facilities, and continuing medical education courses and other medical and health professional training programs.

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Contributors

Contributors:

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Preface

The VA health care system is a system in flux – changing its focus, expanding its activities, and restructuring its services. With the reorganization of VA into networks and the change in focus from specialty-based hospital services to outpatient-based primary care, today's VA looks nothing like yesterday's.

And the fact is that tomorrow's VA likely will not be the same either.

Change is a fact of life in today's health care environment. The spread of managed care, demands for increased accountability, concerns about patient safety, and heightened emphasis on cost-effectiveness and quality improvement contribute to a dynamic that requires all health care providers to be on the alert, flexible, and ready to respond to change.

That's as true for the VA health care system as it is for any other system. The same forces that have rocked the rest of the industry during the past few years have also forced VA to re-examine all facets of its operations to determine how well it is serving America's veterans and how it might better accomplish that mission.

Change can be frightening. And, I'll be the first to admit, it is extremely difficult. But we can't afford not to change. In fact, for VA, change is now a continuous process – a means for identifying new and better ways of doing things and, ultimately, for improving the quality and efficiency of veterans' services.

This primer is designed to help VA managers and staff understand, accept, and implement change. Think of it as a survival guide. We believe that by helping managers and staff cope with and survive change, we are assuring VA's long-term survival and growth as an organization driven by new knowledge and learning.

As Benjamin Franklin observed, "When you're finished changing, you're finished." VA's work is not finished. Our mission is a dynamic one. Our patients' needs will continue to change, new medical treatments and technologies will continue to emerge, and demands for services will evolve accordingly.

Commitment to quality means commitment to change. VA remains firmly committed to providing the best possible care for America's veterans – not just today or tomorrow, but for many decades to come.

John G. Demakis, M.D.

Director,
Health Services Research and Development Service

Introduction

Every organization must change — not only to survive, but also to retain its relevance in a world of intense competition, constant scientific progress, and rapid communication. But in order for change to bring a benefit and advance an organization to a higher level of service and operation, that change must be driven by knowledge.

At VA, this is where the Health Services Research and Development Service (HSR&D) comes into play. All change efforts are fraught with questions: How do we know when change is needed? How do we know what kind of change is needed? How can we effectively manage change? How do we know that our efforts are producing the desired effects and that the changes we are bringing about are actually desirable? HSR&D is working to supply answers to these and other important questions, as VA continues its journey of improvement through learning and change.

In this Primer, we share some of the important lessons we've learned to date about organizational change — why it's important, what we can do to manage it, and some pitfalls to avoid. Our intent is to help managers respond effectively to the great opportunities before us by answering some basic questions about organizational change. A question-and-answer format is used for easier reading and accessibility. Appendices provide VA managers and others involved in implementing change with resources for additional information and references for more in-depth reading.

We recognize that implementing change is one of the most challenging and critical responsibilities any manager can face. We also recognize that organizational change can be challenging for all those asked to participate in the change process. We hope that this primer will help make the job a little easier. VA is committed to supporting its managers and staff throughout this continuous process, and to developing new tools and resources for facilitating change that will benefit all veterans.

Martin P. Charns, DBA

Director,
Management Decision and Research Center

WHAT IS ORGANIZATIONAL CHANGE?

Organizational change is any action or set of actions resulting in a shift in direction or process that affects the way an organization works. Change can be deliberate and planned by leaders within the organization (i.e., shift from inpatient hospital focus to outpatient primary care model), or change can originate outside the organization (i.e., budget cut by Congress) and be beyond its control.

Change may affect the strategies an organization uses to carry out its mission, the processes for implementing those strategies, the tasks and functions performed by the people in the organization, and the relationships between those people. Naturally, some changes are relatively small, while others are sweeping in scope, amounting to an organizational transformation.

Change is a fact of organizational life, just as it is in human life. An organization that does not change cannot survive long – much less thrive – in an unpredictable world. Several factors may make organizational change necessary, including new competition in the marketplace or new demands by customers. These types of external forces may create expectations of improved efficiency, better service, or innovative products.

When organizational change is well planned and implemented, it helps assure the organization's continued survival. It can produce many tangible benefits, including improved competitiveness, better financial performance, and higher levels of customer and employee satisfaction. These benefits may take some time to achieve, however, and the transition period that accompanies major organizational change usually is a time of upheaval and uncertainty. Not every individual in the organization will benefit personally from change; some will be casualties of change, especially if jobs are cut or realigned. But change should make the organization as a whole stronger and better equipped for the future.

WHY IS IT IMPORTANT TO ACTIVELY MANAGE THE CHANGE PROCESS?

The change process must be managed in order to keep the organization moving toward its new vision and its stated objectives. We've all heard examples, in health care and elsewhere, of organizations that launched ambitious change initiatives founded on excellent ideas that were never fully implemented because they weren't appropriately managed. At best, an unmanaged change process accomplishes nothing, and the work that went into planning the change is wasted effort. But at worst, an unmanaged change initiative can produce unintended, detrimental effects[1] such as poor morale, loss of trust in management, workplace jealousy, and lower productivity. Thus, orchestrating the process of change is as important as selecting the content of change.

"Change isn't always positive; but it can be handled in ways that strengthen rather than diminish the commitment people have to an organization."

WILLIAM A. PASMORE
CREATING STRATEGIC CHANGE

WHAT IS THE HUMAN SIDE OF CHANGE AND WHY IS IT IMPORTANT?

Organizational change is about people changing. Organizational change, then, is a highly complex process that must take into account how people respond psychologically when asked to make major changes at work. Their reactions inevitably vary. While some people embrace change, others will resist it – sometimes passively, giving the impression that they support it. A small number of people are energized by change, but many others feel threatened and anxious. This is particularly true if, under the change initiative, people may be transferred to new positions or work sites or even lose their jobs.

The human side of change is frequently ignored or handled inadequately despite managers' best intentions or their intellectual understanding of how difficult change is. Recognizing the pain and insecurity that change can cause in the workplace is not enough; managers must devise ways for responding effectively to these feelings. This may involve engaging employees more actively in change efforts, communicating with them more frequently and comprehensively about new developments, creating a forum for them to vent their frustrations and fears, or simply maintaining an "open door" environment, where employees can approach their managers individually to discuss concerns. For more information see Backer, 1997 and Flarey, 1998 in Appendix B.

"The first rule of change, therefore, is to begin any process of change with concern for its impact on people. The second rule is to prepare people for the change by educating them in what they need to know in order for the change to be successful; the third, to involve them in the change as much as possible; and the fourth, with their involvement, to change what really needs to be changed about the entire system in order for the effort to produce real results."

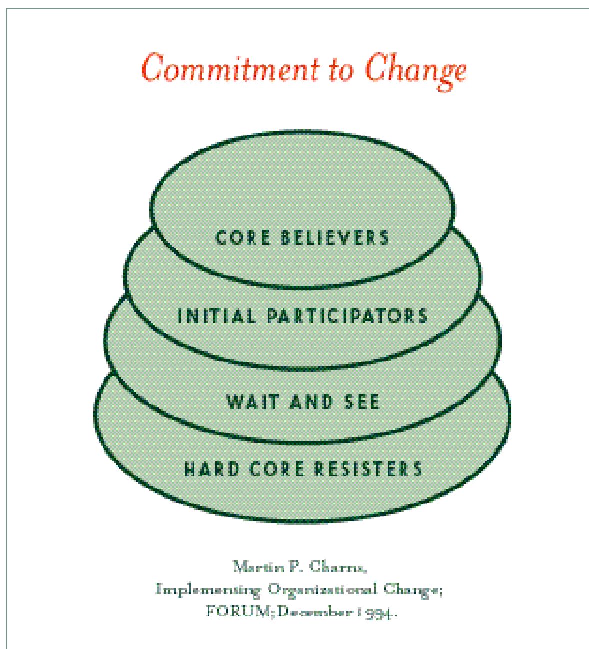
WILLIAM A. PASMORE
CREATING STRATEGIC CHANGE

WHAT ARE SOME CRITICAL ACTIVITIES FOR MANAGING CHANGE?

There is no one-size-fits-all formula for managing change. Managers may approach change in a number of ways, depending on the organization's culture, history, and the nature of the change being implemented. At the most basic level, however, managers should try to build flexibility into the organization (into its people, technology, systems and thinking) to create a work environment that is open to change and able to accept it.[2] Following are some key points that can help managers achieve this goal.

Determine the context for change. This is a period of information gathering and analysis. Some questions for managers include: What is the imperative for change? Who are all the groups that need to be involved in the proposed change – both within and outside the organization? How are they likely to be affected by the change? What support will be needed from them during the change process, and how prepared are they to give it? What are the potential impediments – both internal and external – to change? What resources and system supports does the organization have available to implement the proposed change? What others are needed?[3]

Build support for change. Commitment to change usually begins with a small group of "core believers" or champions of the change initiative, who share a common new vision for the organization and are willing to do what it takes to make it a reality. The core believer group is usually comprised of high level, influential managers and staff who bring credibility and personal influence to the change initiative. Their involvement may also be viewed as a demonstration of the organization's commitment to change. In addition, these leaders frequently control resources and rewards within the organization. Early in the change process, these core believers need to involve a larger group of "initial participators" who don't necessarily have the same level of commitment to change as do the core believers, but they participate in the initiative out of loyalty to the organization. As the change process takes hold and its successes are publicized, support will spread to others who typically "wait and see" whether they should commit to the initiative. Last to commit to the effort are the "hard-core resisters," some of whom will never support the change process.[4]



Martin P. Charns,
Implementing Organizational Change;
FORUM;December 1994.

Develop a motivating vision. A clear and concise motivating vision is needed to "inspire" a large number of employees to change. People need to know why change is desirable, why they should make the effort to support it, and what it will achieve. The change can be very painful to some employees whose jobs may require new skills, transfers or even elimination. The motivating vision should be sufficiently concrete so that people can understand what it means and why the change is necessary, but not so rigid that it has no room to evolve. A motivating vision is one that enables people to imagine new possibilities for the organization as a whole and for themselves as members of the organization.

Articulate clear, specific and realistic goals and strategies. A vision helps motivate people, but specific goals and strategies are needed to guide them as they undertake the steps necessary to make the vision a reality. In addition, having clear goals helps the organization assess its progress during the change process. One general strategy is to look for natural opportunities to effect change. In other words, search for natural connections among existing programs, events, communication channels, activities and the change program. If natural connections emerge, utilize them to enhance change efforts. For example, development of teams or introduction of case management could be linked with programs to improve quality of care. Such connections may also open up opportunities for creative collaborations and partnerships that might otherwise be overlooked. The key here is to leverage what is already going on and to complement new initiatives being launched.

Change Snapshots

Example 1:

A chief of medicine at a large teaching hospital was ambivalent about the hospital's change program for implementing patient-centered care. Although he could articulate numerous problems regarding delivery of care at the hospital, he did not yet see how the change program could solve these problems. Change leaders at the hospital used several methods to communicate the program's goals throughout the hospital, but the chief and many others viewed this information as meaningless jargon. With many academic and patient care responsibilities, the chief did not make the time to focus on the change program.

This situation changed when the hospital chief executive and the vice president for medical affairs each met with the chief and discussed how the program was designed to improve patient care. They listened to the chief's problems and asked him to help the change program work to address them. They also made commitments to address problems with hospital systems that were important to the chief. In doing so, they noted that these fixes were part of the change program. Over time, as he saw that the change program was addressing issues of importance to him, the chief became a supporter of change.

From this experience, change leaders at the hospital also learned that their communication efforts with staff were ineffective. As a result, they began to use focus groups of staff to critique hospital employee newsletter articles and videotapes about the change program. They found that what seemed perfectly clear to change leaders was not meaningful to many others in the hospital. Accordingly, they set out to develop more effective communication vehicles.

Example 2:

A hospital chief executive did not realize how much his own communications (or perceived lack of communication) signaled a lack of commitment throughout the organization to a multi-million-dollar, multi-year change initiative. In fact, the executive was very committed to this program. He thought that his few communications through formal channels about the change program conveyed to others his support for it and interest in its success. When the change project manager and consultant realized that staff did not view the chief executive as committed to the change, they took immediate action. They worked with him to develop a set of presentations, both formal and informal, about the change process and his vision for it. They even arranged for him to be featured on a local talk radio show. Surprisingly, after the radio show some staff commented that this was the first that they had heard of the change initiative.

Example 3:

This story illustrates what can happen when top leadership is not on board with a change initiative. At one hospital, a vice president who expressed support for a change program during senior management meetings behaved differently during his own staff meetings and in fact did little or nothing to promote the change process. Without a clear signal that their VP supported change and their efforts to implement it, staff in that department did not work to implement new methods or systems needed under the change program. Ultimately, the change program failed.

Communicate. Clear concise communications about the need for change, the vision, and the change process pave the way for understanding and acceptance. The rule of thumb is to use all available methods of communication to stakeholders and staff including: meetings or retreats, e-mail, department newsletters, bulletins, posters, and, in some instances, one-on-one meetings with staff members, particularly those who are having difficulty accepting the change. Managers need to be aware that communication is a continuous process and that messages related to the change effort require constant reinforcement. The change process should be a regular item on meeting agendas, successes should be publicized, and participants commended for their efforts.

Identify barriers to change and develop strategies for overcoming them. There are many types of barriers – internal, external, psychological, cultural, systemic, and logistical – that can block or subvert the change process. Engaging staff and/or stakeholders in structured creative dialogue can identify these. Once identified, address barriers and concerns promptly. Problems that are ignored and allowed to fester, breed resentment, distrust, and uncertainty. Managers who take charge of a problem and try to solve it before it gets out of hand, demonstrate their leadership, honesty, and concern for staff.

Look for the early win. By making the most out of small, early successes, managers can establish the credibility of the change initiative, provide a boost for initial participators, and demonstrate to the "wait and see" group that the proposed change can work and is worth their involvement.

Recognize participants for their efforts. Change is hard work. Managers can reward participants productively involved in the change process by giving them promotions, bonuses, awards, desirable assignments, praise, attention, and notes of appreciation. They can also use the opportunity to further train/develop participants and encourage them to continue or even increase their efforts in supporting the change process.

"There is nothing permanent except change."

HERACLITUS

WHAT ARE SOME PITFALLS IN IMPLEMENTING CHANGE?

Every change process has its setbacks and complications. Throughout the change initiative, managers should keep in mind that these setbacks frequently have a positive aspect because they offer opportunities to reassess and improve the implementation process. Mid-course corrections are to be expected—if things are going too smoothly, managers might want to take a closer look and make sure that they are not missing something.

Following are some mistakes that managers commonly make when implementing a major change initiative.

The manager tries to bring everybody on board. Not everyone in the organization will support the change immediately. Managers should focus their efforts on their core supporters and on swaying the undecideds. In this way, they can achieve a critical mass to move the process forward. Investing too much effort to win over hard-core resisters will merely drain energy and resources needed for other parts of the change process.

The manager leaves it to others higher up in the organization to explain "the big picture." Communication is a crucial activity in all change initiatives. The needs of staff for information at every step of the way cannot be underestimated. Managers cannot expect to simply deliver a message once and assume that it has been understood and accepted by everyone in the organization. In addition, they will need to use a variety of media – including staff meetings, newsletters, posters, suggestion boxes, email, and Internet and Intranet sites – because different communication methods are more effective with different people. Finally, managers should keep in mind that communication is an excellent opportunity for them to build trust and credibility with their staff.

The manager has to make everyone part of the team. Managers need to accept that a small percentage of hard-core resisters simply will not adapt. These people may drag others down. If this happens, the manager should talk privately with the person, acknowledge his objections, explain why his support is needed, and invite his participation in solving problems. If the person still doesn't accept the change, he may have to

leave the organization – both for his own good and for the good of the group.[5] This is a difficult situation for managers to deal with especially in a federal personnel system. If, in the end, the manager decides the employee will not fit into the new team and the employee does not leave the organization, the manager may need to work on finding another placement for the employee.

The manager confuses stakeholder consultation with change management. Although stakeholder consultation and participation in the change initiative are important, managers should be careful not to allow stakeholders to take over the process. Stakeholders should be viewed as expert resources like any other. Managers need to be aware that stakeholder interaction is essentially a dialogue with individuals who have similar interests but who may or may not share the organization's perspective. This interaction must be managed effectively, especially with regard to stakeholders' expectations of how their input from consultations will be used.[6]

A useful rule of thumb about vision:

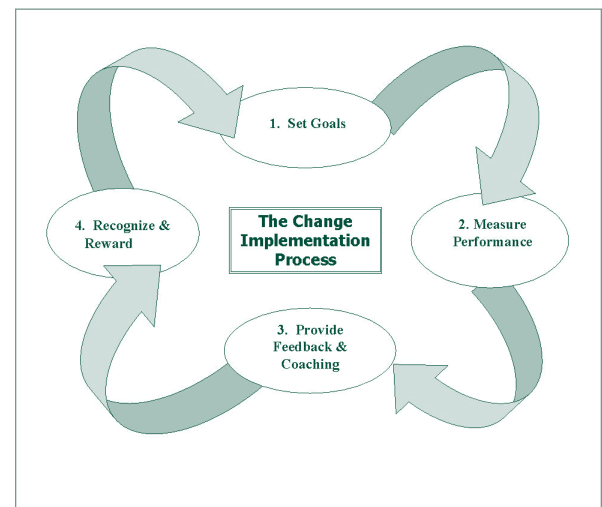
"Whenever you cannot describe the vision driving a change initiative in five minutes or less and get a reaction that signifies both understanding and interest, you are in for trouble."

JOHN KOTTER
LEADING CHANGE

WHAT LESSONS HAS VA LEARNED TO DATE FROM ITS EXPERIENCES IN MANAGING ORGANIZATIONAL CHANGE?

At VA, as in other organizations, each change implementation is unique. Thus, different managers glean different lessons from their experiences with managing change processes. Following are some examples of lessons learned.

Different management strategies inevitably entail different tradeoffs. For example, a long roll-out period may allow managers to develop more detailed and precise implementation plans, deploy their financial and human resources more efficiently, and engage stakeholders more effectively. But a prolonged roll-out can also exacerbate staff uncertainty about the future, heighten anxiety, and lower morale.



The human element of managing change cannot be overemphasized. For most people, organizational change creates major anxieties – about job security, whether and how their jobs will change, who their supervisors will be, and whether they'll have to move to another work site. Staff may become distrustful of the organization's leaders and change managers. The rumor mill kicks into overdrive. Staff turnover increases. Managers need to try to anticipate staff members' fears, answer their questions as quickly and completely as possible, dispel false information, and develop a number of communication strategies for keeping people informed of the change process.

Set specific goals and objectives before involving staff in strategy development for change implementation. This is particularly important when convening change teams. Left to their own devices, these groups usually have little incentive to initiate major changes. Instead, they are more likely to try to solve problems by "tinkering around the edges." By giving change teams clearly defined expectations regarding quality, cost, and performance, and then allowing them to help develop strategies for meeting those goals, managers are more likely to elicit innovative and effective plans.

Communication is critical to the success of any change effort, but it is extremely difficult. As mentioned, organizational change creates a great deal of uncertainty and anxiety for staff. The initial reaction of many people is to deny that the change will actually take place, or that it is permanent and not simply a "passing phase." Managers need to develop solid communication plans that are embedded in the change process and that use a variety of media to reach different audiences with different communication needs and preferences. Some managers find that staff react positively to more interactive approaches, such as town meetings, small focus groups, or one-on-one meetings with supervisors. Managers should also keep in mind that messages about change need to be repeated – sometimes frequently – because they seldom sink in with everyone the first time.

Experience with changing organization systems at the facility level is helpful. Much of the groundwork for implementing change involves setting up standard procedures and structures for accounting, information management, workload reporting, and other functions. If facility managers can put these processes and structures into place early, the rest of the change implementation will proceed more smoothly.

Change implementation requires persistence. Change rarely works out exactly as planned. Managers may feel overwhelmed at times by their responsibilities and by the stress of change. They may need to ask the organization's leaders for additional support or training to deal more effectively with certain issues. They may also need to experiment and learn a few lessons the hard way before hitting on the combination of strategies and approaches that will work best for them.

WHAT RESEARCH HAS VA DONE ON ORGANIZATIONAL CHANGE?

HSR&D, through its Centers of Excellence and the Management Decision and Research Center (MDRC), is examining many of the organizational changes taking place within VA. (See Appendix A for Center descriptions and contact information). For example, the MDRC is working on three major research projects, the Service Line Implementation Study, the Facility Integration Study, and the National VA Quality Improvement Study, which explore the development and implementation of innovations in care delivery and organizational design.

Updates on the progress of these three studies are reported quarterly in the MDRC Newsletter, *Transition Watch*, which is available on the web. (http://www.va.gov/resdev/prt/category.htm#news).

Service Line Implementation Study. VA is working to improve health care delivery to veterans by restructuring organization and management practices to increase efficiencies and responsiveness. Service Lines are one aspect of this restructuring. Service Lines are a comprehensive set of services designed to meet the needs of a specific veteran patient group, such as women or elderly veterans. Service Lines are also characterized as an integrated set of services – such as primary care, mental health, geriatrics and extended care – that are distinguished from other services by the technology or specialty employed.

In collaboration with the HSR&D Houston Center for Quality of Care and Utilization Studies, the MDRC is conducting a study of service line management implementation among the VA networks, investigating the process of change and the effectiveness of service lines. The study will qualitatively and quantitatively evaluate the various forms of service line management in VA.

Facility Integration Study: Hospital or facility integrations are highly complex endeavors, and analyzing the processes and progress of integration can provide unique and valuable information for other systems striving to integrate independent facilities. The MDRC, initially in collaboration with the HSR&D Center for the Study of Healthcare Provider Behavior in Sepulveda, is studying facility integration in VA. The first component of the study looked at the process of integration, including the factors that facilitated or hindered the process, and the structure of

the resulting integrated systems in fourteen VA systems. The second component of the study monitored the structures and assessed the effects of integration on patient satisfaction, cost, access, and quality enhancement in all VA systems integrated since January 1995. Effects were measured over multiple years so that system changes had time to achieve stability. Among the key findings of the study:

- Clear direction from leadership about new structure and guidelines for planning, as well as early involvement of staff and middle management in the planning process, produced higher staff morale and satisfaction.
- Systems with a central headquarters – where the top leadership and all or most service chiefs are physically based at one campus – tend to integrate more quickly and extensively than other systems.
- While integrated systems significantly improved staffing efficiency after integration, there were only modest effects on other measures of efficiency and performance.

The MDRC will continue to track the nature and extent of systems integration in VA and will disseminate results.

National VA Quality Improvement Study. This study is a three-year project examining and supporting VA's transformation through a range of data collection strategies, including employee surveys, interviews with Headquarters staff and network directors, plus site visits to facilities. Surveys obtained information on a variety of indicators related to quality improvement, customer service orientation, and organizational culture. Survey results have been disseminated to provide managers with timely information. By repeating the survey three times, study investigators can assess VA's progress over time on specific survey indicators.

Monitoring these large-scale change efforts will help inform the planning and implementation of future change efforts required by VA's commitment to continuous learning and improvement. By continuously assessing and disseminating lessons learned, as well as problems encountered and solved, VA advances health care delivery and management.

IS THERE A RELATIONSHIP BETWEEN PERFORMANCE IMPROVEMENT AND CHANGE?

As noted quality expert Donald Berwick observes, "Not all change is improvement but all improvement is change."[7] Real improvement, he believes, comes from changing systems – not from changes within systems. Thus, improvement requires a model for systemic change.

In VA's *Prescription for Change,* clinical quality is described as being "critically dependent on organizational systems and structures that minimize the chances for mistakes to occur, improve efficiency, promote accountability, and encourage continuous improvement." VA is committed to measuring, reporting, and comparing performance for multiple patient outcomes at the national, network and facility levels. The idea is that these activities will result in changes that improve the quality and the efficiency of health care services provided by VA.

WHAT RESOURCES AND REFERENCES ARE AVAILABLE TO VA MANAGERS?

A wide array of resources and references are available to assist VA managers with organizational change. Resources range from local and national groups with expertise in organizational change, to education and training programs, change and improvement consultants, as well as additional web site resources. *Appendix A* provides an annotated listing of some of these resources both within and outside VA. *Appendix B* provides an annotated listing of change process books and articles for further reading on the topic. *Appendix C* provides a glossary of terms used in this Primer and in the change management literature in general. We hope that you will find these useful.

Concluding Remarks & References

At VA, change has been rapid and sweeping, as VA transforms itself into an organization of continuous learning and innovation. While many changes have already been implemented, others are still in the works. The reality is that VA is re-examining each of its processes and practices to determine whether they meet the demands for quality, effectiveness, and efficiency in today's constantly changing environment – and whether they will continue to meet new demands in tomorrow's world. Thus, change will be a continuous enterprise at VA, a process of continually learning and seeking ways to do things better. In an ever-changing world with constantly emerging challenges, VA cannot afford to merely move from one rigid state to another – albeit better – rigid state. VA is also aware that many others outside VA – including members of Congress and private-sector providers – are watching to see how VA implements its performance improvement and benchmarking activities, and what it achieves from these efforts. Thus, VA can provide leadership for the rest of the health care community in planning, implementing and learning from change.

VA might do well to borrow a phrase from noted change author James Lundy as its motto for change: "Lead, follow, or get out of the way!" VA managers are invited to embrace change, learn how they can advance it, and ask for training or other types of support when they need it.

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Appendices:

Organizational Change, Resources, Books, Articles, and Definitions

These appendices are provided to support change efforts across the VHA organization. As of publication, Spring 2000, the lists are up-to-date and complete. If you have updates or additional resources to add, please contact this office with the specific information. New resources will be added to the electronic Web version of the Primer.

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Appendix A:

What VA & non-VA resources are available to Managers?

There are several different types of resources, references and tools for managers to use in their change planning, implementation or evaluation. First, many people have planned and experienced change within VA. We have asked several of these VA Change Agents if they would be willing and able to share their experiences or serve as resources to other VA managers. A list of their names and contact information follows. Next, there are lists of important VA offices and contacts that can provide information or guidance on change efforts, as well as some non-VA contacts and websites of interest.

Resource List of Experienced VA Change Agents

The following VA individuals have experienced large-scale change efforts and are willing to share their experiences.

NAME	TITLE/LOCATION	TYPE OF CHANGE	CONTACT INFO
Scott Sherman, MD	PACE Sepulveda, CA	Development of FIRM System	(818) 891-7711 Ext. 9909 ssherman@ucla.edu
Terry Washam	Chief, Mental Health Services, Cleveland, OH	Development of Service Lines	(440) 526-3030 Ext. 7949 terry.washam@med.va.gov
Mark Peddle	Clinical Program Supervisor, Cleveland, OH	Implementation of Service Lines	(440) 526-3030 Ext. 7977 mark.peddle@med.va.gov
John H. Edwards, MD	Staff Psychiatrist, Spokane, WA	Restructuring traditional services to multi-disciplinary teams	(509) 328-4521 john.edwards@med.va.gov
Robert Perreault	VAMC Director, Atlanta, GA	Implementation of Service Lines	(404) 728-7601 robert.perreault@med.va.gov
David Cornwall	AA/Director, West Haven, CT	Facility integration	(203) 932-5711 Ext. 4734 david.cornwall@med.va.gov
Nicheole Amundsen	Director, Primary Care, VAHQ	Implementation of "managed care models" for ambulatory care and primary care	(202) 273-8558 nicheole.amundsen@hq.med.va.gov
Scott Murray	Network Care Line Director, Behavioral Health, Albany, NY	Implementation of Service Lines	(518) 462-3311 Ext. 3482 scott.murray@med.va.gov
Timothy R. Smith, PhD	Program Leader, Behavioral Health, Erie, PA	Implementation of Service Lines	(814) 860-2061 timothy.smith@med.va.gov
Pamela Chester, RN, MSM	Practice Manager, Medical VA Care Line, Canandaigua, NY	Implementation of Service Lines	(716) 393-7133 pamela.chester@med.va.gov

Within VA

Contact information listed below is current as of April, 2000

Health Services Research and Development Service

Within the Office of Research and Development, the Health Services Research and Development Service provides expertise in health services research, a field that examines the effects of health care organization, financing and management on a wide range of delivery issues including quality of care, access, cost and patient outcomes. The following list provides contact information for some of the HSR&D centers and programs related to organizational change.

Management Decision and Research Center

Martin P. Charns, DBA, Director
Boston, MA
Telephone: (617) 278-4433
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Email: martin.charns@med.va.gov

The Management Decision and Research Center (MDRC) conducts, coordinates and disseminates research to inform policymakers and managers about organizational and managerial practices affecting the quality, cost and accessibility of patient care. MDRC staff have expertise in such areas as organizational development, program evaluation, policy analysis, strategic planning, and information dissemination. MDRC researchers are currently engaged in three major studies of organizational change and innovation discussed elsewhere in this document: the Service Line Implementation Project, the National Quality Improvement Study, and the Facility Integration Study.

Center for the Study of Healthcare Provider Behavior

Lisa V. Rubenstein, MD, MSPH, Director
Sepulveda, CA
Telephone: (818) 895-9449
Fax: (818) 895-5838
Email: lisar@rand.org

Researchers specifically focus on provider behavior and practice patterns, health care quality and outcomes, quality improvement, clinical practice guideline implementation, and primary care/managed care evaluation. Providing technical assistance and education opportunities are also high priorities. Researchers at the Sepulveda Center are collaborating with researchers at the MDRC on the Facility Integration Study mentioned earlier.

Center for Health Care Quality of Care and Utilization Studies

Carol Ashton, MD, MPH, Director
Houston, TX
Telephone: (713) 794-7615
Fax: (713) 794-7103
Email: cashton@bmc.tmc.edu

Much of the work at the Houston Center focuses on quality of care assessments and on the study of the levels and determinants of veterans' utilization of health services. A distinctive feature of the Houston Center is its expertise in using large health care database analysis both within and outside the Department of Veterans Affairs. Researchers at the Houston Center are collaborating with MDRC researchers on the Service Line Implementation Study discussed in the text.

Veterans Evidence-Based Research, Dissemination and Implementation Center (VERDICT)

Jacqueline Pugh, MD, Director
San Antonio, TX
Telephone: (210) 617-5314
Fax: (210) 567-4423
Email: jpugh@verdict.uthscsa.edu

Research efforts at this Center aim to link research evidence with clinical practice by summarizing and translating the evidence into useful documents for various consumers, such as providers, patients, managers and policymakers.

Employee Education System

The Employee Education System (EES) is committed to providing for the learning needs of VA employees. EES provides a wide array of training, education, and other resources to support the development of VA employees. Many EES programs are designed to support organizational change efforts.

Two examples of EES activities that support organizational change are listed below:

Creating the Future Primer:

This online primer is an outcome of the work done by the Primary Managed Care Task Force of the Employee Education System (EES), charged with examining the future of primary care within VHA. The online primer is available on the VHA intranet at http://vaww.sites.lrn.va.gov/futures

High Performance Development Model

The High Performance Development Model is the Department of Veterans Affairs model for leadership during change. The HPDM helps focus VHA efforts to develop a highly skilled workforce for the 21st century, and to develop a continuous supply of skilled leaders committed to VA's mission. Additional information is available on the VHA intranet at:
http://vaww.va.gov/hpdm

or by contacting:
Kathryn Young – youngkat@lrn.va.gov
Bunny Huller – hullermar@lrn.va.gov

EES Cleveland Center, Brecksville OH
Telephone: (440) 526-3030 Ext. 6630
Fax: (440) 838-6034

Many of the resources available through EES are listed on the EES intranet web page at http://vaww.ees.lrn.va.gov/. For more information on learning activities, products and services available to VA employees through the Employee Education System contact the Education Service Representative (ESR) assigned to your VISN. A list of ESRs with contact information is provided on the EES web page at http://vaww.ees.lrn.va.gov/Resources/VALU_STAFF/ESRLIST.vep

VHA/Institute for Healthcare Improvement Collaboration

Through the Chief Network Director's Office, VHA is working with the Institute for Health Care Improvement (IHI) on quality improvement and change initiatives. IHI is an independent, non-profit organization working to accelerate health care improvement in the United States, Canada and Europe. IHI works with health care organizations to develop and implement programs to promote better clinical outcomes, reduced costs that do not compromise quality, an easier-to-use health care system, and improved satisfaction for patients and communities.

VHA is working with IHI utilizing their Breakthrough Series methodology of trial and learning to address a number of areas including reducing VA delays and waiting times and reducing adverse drug events. The collaborative is based on the premise that small tests of change in local settings are most effective at promoting internal innovation. If these tests are successful, the results can be used to spread change and improvement to other sites. This approach helps to minimize fear of failure by allowing people to experiment on small-scale projects initially. In addition, it encourages participants to learn from their mistakes as well as from their successes.

For more information about IHI, see their web site: http://www.ihi.org

Office of Quality and Performance

The Office of Quality and Performance (OQP) provides staff support and liaison to the Offices of the Under Secretary for Health and Network Directors on matters involving performance and organizational improvement. OQP has several initiatives that support the VHA's commitment to continuous quality improvement and drive for organizational change including: 1) a Performance Measurement Program that is based on comparing performance in five domains of value -- quality of care, functionality, access to care, satisfaction of care delivery, and cost of care; 2) development and administration of Patient Satisfaction Surveys for different patient populations such as inpatients, outpatients, spinal cord injury patients, and prosthetic and sensory aids recipients; 3) a functional survey that measures quality of life over time; 4) development of data collection and reporting methodologies; and 5) coordination of accreditation from external agencies. OQP ensures the delivery of health care value as defined by price/cost, quality, access, functional status, and customer satisfaction. Contacts in this office include:

Jonathan Perlin, MD, PhD, MSHA
Chief, Office of Quality and Performance
Telephone: (202) 273-8936
Fax: (202) 273-9030

Scott Beck, ME
Executive Assistant
Telephone: (202) 273-8327
Fax: (202) 273-9030

Stanlie Daniels, RN
Director, Performance Measurement Program
Telephone: (202) 273-8316
Fax: (202) 263-9030

Debby Walder, RN
CPG and EPRP Manager
Telephone: (202) 273-8336
Fax: (202) 273-9030

Eileen Ciesco
Director, National Customer Feedback Center
Telephone: (919) 993-3035
Fax: (919) 993-3053

Patricia O'Bryant
Accreditation Manager
Telephone: (202) 273-8334
Fax: (202) 273-9030

Other Government Resources

A variety of other government agencies provide information or services to support organizational change efforts. The following list provides a starting point for obtaining information about available programs and resources in several federal agencies.

NASA Headquarters Library

- Organizational Change Resource List

  http://www.hq.nasa.gov/office/hqlibrary/ppm/ppm11.htm

- Index to Program/Project Management Resources

  http://www.hq.nasa.gov/office/hqlibrary/ppm/ppmbib.htm

U.S. Army Total Army Quality Program

- Leading Change: Links to other information resources

  http://www.hqda.army.mil/leadingchange/

U.S. Office of Personnel Management

- Organizational Change and Performance Improvement Services

  http://www.opm.gov/employ/html/org_chan.htm

Non-government Resources

American Productivity and Quality Center

- Organizational Change:
  Managing the Human Side of Change

  http://www.apqc.org/free

Picker Institute

The Picker Institute is a non-profit institution working to improve the quality of health care "through the patient's eyes." The Picker Institute offers a variety of products and services for health care providers and organizations looking to develop practical approaches to improving health care through the eyes of the patient.

http://www.picker.org

Online Change-related Reference Resources

Web Sites

Change Management Resource Library

http://www.change-management.org/

Managing Change in Organizations

http://www.mapnp.org/library/org_chng/chng_mng/chng_mng.htm

Appendix B:

What reading materials are available to provide more in-depth information on change, the change process, and the impact of change on staff and managers?

Much is published on all aspects of change for all staff levels. The list below is comprehensive but by no means complete. These books and articles are categorized for easily finding resources for staff and managers. The books below are generally available from http://www.Amazon.com or Barnes & Noble, http://www.bn.com. Many of the listed books as well as the journal articles are also available from the VA Library Service or Learning Resources Service in your VISN.

VA Publications Relevant to the Change Process:

Transition Watch

A quarterly newsletter monitoring three VHA change research projects: facility integrations, quality improvement, and service lines implementation. Volumes 1, 2, 3, 1997 to the present are available in print and online: http://www.va.gov/resdev/prt/category.htm#news

A Guidebook for VHA Medical Facility Integration

Published in April 1998, this guide was sent to all networks. It contains an overview of the five phases of facility integration with appendices of useful integration documents. Available from the VA Employee Education Service in St. Louis, (314) 894-5742.

VHA's Strategic Planning Documents

http://vaww.va.gov/vhareorg/ This VA Intranet web-based resource pulls together key VHA change documents and publications: VHA Re-engineering: selected results in brief; Journey of change II, July 1998; VISN strategic submissions 1999-2003; Summary of network strategic planning information 1999-2003; Network strategic plan summary 1998-2002; Journey of change I, April 1997; Maintaining capacity to provide for the specialized treatment & rehabilitative needs of disabled veterans, June 1999;

A guide book for VHA medical facility integration, April 1998; Health care, not hospitals: transforming the Veterans Health Administration – Dr. Kenneth Kizer, former Under Secretary for Health; VHA's prescription for change & appendices; Vision for change – reorganization plan.

Looking Ahead: Creating the Future.

An introduction to the development of scenarios for use in organizational planning. This online primer grew out of work done by the Primary Managed Care Task Force of the Employee Education System (EES) charged with examining the future of primary care within VHA. The task force learned the importance of scenario building in articulating an organizational vision and strategic planning. This methodology offers a means to identify and refine issues and trends important to health care. http://vaww.sites.lrn.va.gov/futures/default.asp

Books for Everyone Involved in the Change Process:

Campbell SM. *From chaos to confidence: survival strategies for the new workplace.* Phoenix: Fireside; 1996. A practical guide to thriving in the changing workplace of the nineties offers six core "meta-skills" and emphasizes the importance of participating in the change process instead of trying to control it.

Fisher R, Sharp A, Richardson J. *Getting it done: how to lead when you're not in charge.* New York: Harper Business; 1998. Does it seem that good ideas go unnoticed? That meetings are a waste of time? Roger Fisher, author of *Getting to yes*, and Alan Sharp tackle the inertia that afflicts many groups. The authors describe the idea of lateral leadership as a means of breaking apart the logjams that inhibit effective collaboration in organizations. This is a practical guide to solving common workplace woes, relieving the frustrations many of us experience everyday and at the same time helping us to stand out as leaders.

Galpin TJ. *The human side of change: a practical guide to organization redesign.* Jossey-Bass Business & Management Series. San Francisco: Jossey-Bass Publishers; 1996. Over 1800 books a year are published with the word change in the title. Galpin concentrates on the soft side–the human element. What are the ways to get management to buy into the process? How about the grass roots–frontline employees and their supervisors? How best to act like a coach? What are the parameters for effective goal setting? These questions and others are answered in a series of chapters designed not to focus on the nine-stage change process but on the behaviors needed to effect those changes: forming teams, developing leadership, measuring performance, providing feedback, and so on. Each in turn zeroes in on different guidelines; coaches, for instance, need to adopt a non-critical, positive, and empathic approach.

Giovagnoli M. *Angels in the workplace: stories and inspirations for creating a new world of work*. San Francisco: Jossey-Bass Publishers; 1998. Giovagnoli shows readers that there are practical, powerful things we can all do daily to make a difference in our changing workplaces. A moving book that describes heroes and their stories providing tips for changing work environments by changing attitudes and behaviors in simple ways.

Gladwell M. *The tipping point: how little things can make a big difference.* New York: Little Brown & Company; 2000. This book is about change--about how the smallest things can induce very big changes. "The best way to understand the dramatic of unknown books into bestsellers, or the rise of teenage smoking, or the phenomena of word of mouth or any number of the other mysterious changes that mark everyday life," writes Malcolm Gladwell, "is to think of them as epidemics. Ideas and products and messages and behaviors spread just like viruses do." Although anyone familiar with the theory of memetics will recognize this concept, Gladwell's *The tipping point* has quite a few interesting twists on the subject.

Hall DT. *The career is dead - long live the career: a relational approach to careers.* Jossey-Bass Business & Management Series. San Francisco: Jossey-Bass Publishers; 1996. *The career is dead* redefines "career" as a series of lifelong work experiences and personal learnings, making career security the responsibility of the individual. Fourteen essays present views on new organizational forms, career development, secure base relationships at work, growth-enhancing relationships outside work, career issues for single adults without children, the value of diversity, and career development for older workers.

Heyman R. *Why didn't you say that in the first place? How to be understood at work.* San Francisco: Jossey-Bass; 1994. Misunderstanding at work seems to be business as usual, yet nothing is more unproductive, costly, or frustrating. It frays tempers,

saps energy, and causes errors, delays, and even lawsuits. Heyman offers a path to clear communication by demonstrating how we can always reach full mutual understanding with others by using the power of plain talk in a systematic way. In this down-to-earth book, he explains why creating understanding is such a challenge: we can only understand each other by interpreting what we hear or read and no two people interpret the same words in exactly the same way. The success or failure of our communication depends largely on us, and Heyman shows how we can all make a difference. Heyman offers step-by-step methods for using strategic talk to create shared contexts for understanding and clear communication. Sample conversations, stories, examples, and checklists show how misunderstanding can be prevented when we understand the ambiguities of language. Forget about stereotypes and use strategic talk to communicate. Learn to systematically use questions, examples, and paraphrasing in our everyday talk; and build a culture that encourages people to say, without fear, "I don't understand." *Why didn't you say that in the first place?* provides a practical guide for speaking and writing to be understood--the first time!

Johnson S. *Who moved my cheese? An amazing way to deal with change in your work and in your life.* New York: Putnam Publishing Group; 1998. Change can be a blessing or a curse, depending on your perspective. The message of *Who Moved My Cheese?* is that all can come to see it as a blessing if they understand the nature of cheese and the role it plays in their lives. *Who Moved My Cheese?* is a parable that takes place in a maze. Four beings live in that maze: Sniff and Scurry are mice – non-analytical and non-judgmental, they just want cheese and are willing to do whatever it takes to get it. Hem and Haw are "little people," mouse-size humans who have an entirely different relationship with cheese. It's not just sustenance to them; it's their self-image. Their lives and belief systems are built around the cheese they've found. Most of us reading the story will see the cheese as something related to our livelihoods – our jobs, our career paths, the industries we work in--although it can stand for anything, from health to relationships. The point of the story is that we have to be alert to changes in the cheese, and be prepared to go running off in search of new sources of cheese when the cheese we have runs out.

Kotter JP. *Leading change.* Cambridge: Harvard Business School Press; 1996: 187 Pages. Harvard Business School professor Kotter (*A Force for Change*) breaks from the mold of M.B.A. jargon-filled texts to produce a truly accessible, clear and visionary guide to the business world's buzzword for the late '90s--change. In this manual, Kotter emphasizes a comprehensive eight-step framework that can be followed by executives at all levels. Kotter advises those who would implement change to foster a sense of urgency within the organization. "A higher rate of urgency does not imply ever-present panic, anxiety, or fear. It means a state in which complacency is virtually absent." Twenty-first century business change must overcome overmanaged and underled cultures. "Because management deals mostly with the status quo and leadership deals mostly with change, in the next century we are going to have to try to become much more skilled at creating leaders." Kotter also identifies pitfalls to be avoided, like "big egos and snakes" or personalities that can undermine a successful change effort. Kotter convincingly argues for the promotion and recognition of teams rather than individuals. He aptly concludes with an emphasis on lifelong learning. "In an ever changing world, you never learn it all, even if you keep growing into your '90s."

Larkin S, Larkin TJ. *Communicating change: how to win employee support for new business directions.* New York: McGraw-Hill; 1994. When a company decides to make a major organizational change—whether it's a new emphasis on customer service, quality management, restructuring or downsizing—managers must get the message through to front-line employees, and enlist their support, orthe changes will create more turmoil than progress. Written for busy managers at all levels, this book offers specific prescriptions for effecting successful change centered around three guiding principles: conveying the message through supervisors, communicating face-to-face, and making the changes relevant to each work area. In addition, a variety of helpful forms, checklists, sample communications, and surveys help managers to quickly put the principles into action.

Noer DM. *Healing the wounds: overcoming the trauma of layoffs and revitalizing downsized organizations.* Jossey-Bass Management Series. San Francisco: Jossey-Bass Publishers; 1995. Healing the wounds provides an antidote to the wide-spread malaise on the American business scene left in the wake of massive layoffs. David Noer provides executives, human resource professionals, managers, and

consultants with an original model and clear guidelines for revitalizing downsized organiza-tions. Noer examines the effects of layoffs on survivors and their organizations, offering strategies to relieve the paralysis of layoff survivor sickness and foster personal and organizational growth. He provides practical guidelines for revitalizing a downsized organization and gives layoff survivors specific coping mechanisms to help understand, survive, and transcend the toxic effects of the experience.

Noer DM. *Breaking free: a prescription for personal and organizational change.* Jossey-Bass Business & Management Series. San Francisco: Jossey-Bass Publishers; 1996. David Noer's methods for treating "survivor sickness syndrome" have made him the expert on the psychological effects of downsizing. As major organizations continue the trend of massive layoffs, Noer focuses on the employees struggling with the new rules of today's workplace. Breaking free encourages all of us to let go of the past and look to our self-directed future with excitement.

Stone D, Patton B, Heen S. *Difficult conversations: how to discuss what matters most.* New York: Viking Press; 1999. This latest how-to from the Harvard Negotiation Project will appeal to readers who've endured hostile, annoying, and utterly unproductive talks with family members, bosses, coworkers, neighbors and acquaintances. The authors' central insight is that tough conversations are difficult because they blend three layers: each party's version of "what happened"; each party's feelings; and the identity issues the subject raises for each party. By sorting out these three layers and adopting a curious, "learning" approach, one can take on sensitive subjects while strengthening rather than threatening long-term relationships. The authors draw on their background in negotiation, mediation and law, and also on "organizational behavior; cognitive, client-centered, and family therapies; social psychology; communication theory; and the growing body of work around the idea of 'dialogue.'" These talented communicators blend a daunting array of disciplines into highly readable and practical advice—advice selected by both The Literary Guild and the Doubleday Book Club for their readers. What is a difficult conversation? Asking for a raise. Ending a relationship. Saying "no" to your boss or spouse. Confronting disrespectful behavior. Apologizing. Conversations we dread, and often handle clumsily as a result, are part of all our lives: in boardrooms and family rooms, across the negotiation table and the dinner table. Now, *Difficult conversations* teaches us how to handle these dialogues with more success and less anxiety.

Articles on Change for Supervisors and Staff:

Abernathy DJ. A conversation with Rosabeth Moss Kanter about leaders. *Training & Development* 1998; 52(7):44-46.

Aiken LH, Sochalski J, Lake ET. Studying outcomes of organizational change in health services. *Medical Care* 1997; 35(11 Suppl):NS6-18.

Anonymous. Change: overturning myths and blocks. *OR Manager* 1998; 14(5):31-32.

Anonymous. Clerical, clinical changes increase nursing efficiency. *Patient-Focused Care and Satisfaction* 1998; 6(2):19-21.

Anonymous. On leading change: a conversation with John P. Kotter. *Strategy & Leadership* 1997; 25(1):18-23.

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Backer TE. Managing the human side of change in VA's transformation. *Hospital & Health Services Administration* 1997; 42(3):433-459.

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Berwick D. Spreading innovation. *Quality Connection* 1997; 6(1):1-3.

Boever S. Helping your staff become more receptive to change. *Balance* 1999; 3(3):10-12.

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Brown G. Interview with Avedis Donabedian, M.D. *American Journal of Medical Quality* 1996; 11(4):167-172.

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Freer J, Jackson S. Using the business excellence model to effectively manage change within clinical support services. *Health Manpower Management* 1998; 24(2-3):76-81.

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Giunipero LC. Organizational change and survival skills for materiel managers. *Hospital Materiel Management Quarterly* 1997; 18(3):36-44.

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Grindel CG, Bayley E, Kingston MB, Tuck MB, Wood L, Bryan Y. Nurses preparing for change: their needs and concerns. *Medsurg Nursing* 1997; 6(5):278-283, 286-277.

Harari O. Leading change from the middle. *Management Review* 1999; 88(2):29-32.

Hardison CD. Readiness, action, and resolve for change: do health care leaders have what it takes? *Quality Management in Health Care* 1998; 6(2):44-51.

Kanter RM. (1999). *The enduring skills of change leaders.* [Web Site]. Available: http://www.pfdf.org/leaderbooks/L2L/summer99/kanter.html, [January 15, 2000].

Kelly DL. Reframing beliefs about work and change processes in redesigning laboratory services. *Joint Commission Journal on Quality Improvement* 1998; 24(3):154-167.

Kerfoot K. The change leader. *AANA Journal* 1996; 64(6):590-592.

Knox S, Irving JA. Nurse manager perceptions of healthcare executive behaviors during organizational change. *Journal of Nursing Administration* 1997; 27(11): 33-39.

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Wilson P, et al. On the evidence. Managing change. *Health Service Journal* 1999; 109(5643):34-35.

Books on Change, Leadership, and Organizational Communication:

Barbour GL. *Redefining a Public Health System: How the Veterans Health Administration Improved Quality Measurement.* San Francisco: Jossey-Bass; 1996: 196 Pages.

Barbour GL, Lussier RR, Thomale J, R. W., Lerner JA. *Quality in the Veterans Health Administration: Lessons from the People Who Changed the System.* San Franscisco: Jossey-Bass; 1996: 301 Pages.

Barger NJ, Kirby LK. *The Challenge of Change in Organizations: Helping Employees Thrive in the New Frontier.* Palo Alto: Davies-Black Publishing; 1995: 283 Pages.

Beckhard R, Harris RT. *Organizational Transitions: Managing Complex Change.* Addison-Wesley Series on Organization Development. Reading: Addison-Wesley Publishers; 1987: 117 Pages.

Berger LA, Sikora MJ. *The Change Management Handbook: a Road Map to Corporate Transformation.* Toronto: Irwin Professional Publishers; 1993: 489 Pages.

Bridges W. *Managing Transitions, Making the Most of Change.* Reading, MA: Perseus; 1991: 130 Pages.

Caplan G, Teese M. *Survivors: How to Keep Your Best People on Board after Downsizing.* Palo Alto: Consulting Psychologists Press; 1997: 288 Pages.

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Appendix C:

A glossary of organizational change terms

Benchmarking: A process that quantitatively assesses an organization's performance thereby establishing a reference point by which to compare operations or procedures within the same organization, with competitors, or with other organizations that can be measured or rated in the same way.

Best Practices: The most productive or advantageous methods for accomplishing a task(s), usually determined by benchmarking.

Champion: A recognized leader who motivates and encourages by setting an example others may follow, and by actively promoting the group's goals within the organization.

Change Agent: An individual who can successfully begin and maintain the change process through his/her ability to initiate the new direction or goal. Change Agents respond to and dissipate adverse reactions as well as keep a positive attitude about the benefits and necessity of the change.

Change Management: A consistent set of techniques or strategies aiding and/or directing the progress, evolution, or policy of the design and implementation of the change process within an organization.

Communication Strategy: A skillfully planned system of giving or exchanging information about the change in accessible formats and at regular intervals.

Communication Vehicles: The methods by which information or data can be exchanged such as audio, video, written memos or electronic mail, etc.

Continuous Improvement: Using evaluations and feedback to regularly monitor and/or reassess and adjust a process or operation to increase its value to an organization.

Discontinuous Change: A sudden, drastic process of development. Growth is toward a more desirable or more profitable end by an extreme redesign of the system or its processes.

Dissemination: Goes beyond communicating to actively dispersing information to targeted groups with the goal of information utilization.

Driving Forces: Any cause or agent (economic, technological, social, etc.) that dominates conditions leading to change and that cannot be redirected.

Evolutionary Change: A gradual, progressive process of change. Growth is toward a more desirable or more profitable end by continuous improvement.

Facilitation: The act of making a process or discussion easier through directed communication and/or information exchange in directed discussions. Usually a facilitator leads these discussions.

Re-Engineering: The radical redesign of business processes to achieve major gains in cost, service or time. Re-engineering answers the question: if we could start from scratch, how would we do this?

Reorganization: Examining and altering an organization to reconstitute it in a new form.

Resister: A person or group of people who either actively or passively oppose the change.

Restraining Forces: Any cause or agent (economic, environmental, political, etc.) that represses conditions leading to impending change and may reshape the direction of change.

Stakeholders: Any persons or groups affected by an organization's actions. For example, patients, employees, managers, suppliers, outside contacts, community groups, customers, etc.

Unfreezing the System: Acknowledging the need to alter an established order to allow change to progress smoothly.

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