Brine Hamilton:

Thank you for joining us today. I'm your host, Brine Hamilton. And I have the pleasure today of being joined by Mike Cummings and Lisa Terry. Mike and Lisa, could you introduce yourselves for those of us who are meeting you for the first time?

Mike Cummings:

Thank you, Brine. It's my pleasure to be here today with you and Lisa to talk about change leadership. I've been in the private security profession for 47 years, the last 35 in the healthcare space, and I'm certainly no stranger to change.

I've also had the honor and pleasure to serve in many volunteer leadership capacities in two premier professional security organizations, IAHSS and ASIS International. During my career in healthcare, there was and continues to be tremendous change in the industry in general, and to many of the departments within including security.

It was necessary for me to learn how to both envision change in my area, and also develop processes to affect that change. And it is that which I am pleased to discuss today. Foundationally, I adapted one of a number of change management processes as my general approach, and then layered that with four approaches of support to help make those changes.

One example is that I use these in combination, to introduce and then change the type and scope of conflict management training, used both in the security department and ultimately throughout the enterprise.

Lisa Terry:

Thank you, Brine. I'm Lisa Terry, and I'm happy to be here as well. I'm originally from North Carolina and that's where I currently reside. After college, I began my career in municipal and higher education law enforcement. After five years, I made the move to health care security, policing safety and emergency management.

I've been privileged to work within some of the finest hospital systems in the country, as well as consult with many more over the past 30 years. I have happily served and continue to serve in some of the same volunteer leadership positions as you and Mike with ASIS International and IAHSS. Finally, I'm fortunate to currently serve as the vice president of healthcare for allied universal security services.

Brine Hamilton:

Excellent. Thank you for sharing that. And as you alluded to Mike today, we're going to be discussing change management. And I think just given your experience, it would be good for you to get this conversation started. But what's your experience in actually implementing change over the large healthcare organization?

Mike Cummings:

I personally seem to lean towards the eight steps found in the Kotter change process. There are many processes out there and they all provide a roadmap if you will, to getting that change done. The steps that Kotter includes are to create urgency, to build a team, to connect to strategic direction, to communicate, to remove barriers, to create short term wins, to monitor progress and finally, to anchor the change.

I found that this was general easy to implement these smaller steps that built on each other. There are times when the steps overlap like a Gantt chat, but generally it is somewhat predictable and

it's a linear process. The downsides are that you really can't afford to skip steps going along the way. And because there are a number of steps, it can take awhile.

Brine Hamilton:

You can't skip steps along the way. It sounds you had some experience that you can speak to from that.

Mike Cummings:

Yes, I think that as I recall, when you try to take shortcuts, and there've been times when in our zeal to get the change done and maybe some impatience that goes along with that, you skip a step or you shortcut a step. In my experience, I found that what that creates is probably more rework, because there are really no shortcuts to change.

There are some overlaps as I mentioned, which they build on each other and they support each other. But if you out and out, don't get the influencers, you don't build a team, the appropriate team and the right team that's going to support the change, you pay the price down the line and you end up having to redo some work.

Brine Hamilton:

Lisa, what about yourself? I'm sure you have lots of experience with change management as well.

Lisa Terry:

Yes. When I initially transitioned into the health care security space from that of the municipality and higher education law enforcement, health care quality was the thing that was defined in terms of processes and by the ratio of clinicians, the number of clinicians assigned to particular clinical area.

Basically that's initially how I learned requests staffing and training for each clinical area, that whoever had the loudest voice. And thankfully change occurred in the healthcare area and quality basically became measured by predominantly patient outcomes. Healthcare security started of course being impacted by those outcomes.

It is important that we as the change leaders were able to come to the table with data to demonstrate the fullback value, and the changes that were requested. We had to be able to measure how to reduce the number of assaults over time and workers' compensation costs. We had to quantify the value of that request and build a dataset. We had to stratify risks and action plans, and basically learn to communicate things of that nature.

Brine Hamilton:

In terms of project management, Mike, you touched on using the Kotter methodology. Lisa, you made reference I believe to Lean. And given that, what do you guys feel are the pros and cons of either approach? And do you have any reason in particular for choosing the methods that you chose?

Mike Cummings:

As I indicated Brine, I agree that I think there are a number of really solid change management processes that have been out there. Lean is certainly one of them as well. I think when I was earlier in my career and struggling with how to approach change, which can be daunting at times, especially if you're inexperienced.

I chose one that I've just stuck with at least as for the basics, and that's what I liked about the Kotter. It had eight definitive steps that I could follow a roadmap for me. And just probably in my later

career, I've been able to merge and expedite them a little bit, found where some of the similarities were, and that's been helpful.

But like Lean, very solid in an approach that gives you a direction. And until you do the change processes over for a number of times, it's good to have that roadmap I believe.

Lisa Terry:

I've utilized Lean the past and partially because as we built in my hospital system, a centralized communication center for our hospital, we had a project that involved more than 40 apartments. And basically it lasted more than two years from beginning until the center went live.

We had identified problems with some efficiencies in several areas, to include inpatient scheduling, outpatient scheduling, some normal or emergent communications with our air ambulances and ground ambulances, the normal and emergent communications between our hospitals police, and security, calls for service for environmental services at our system hospitals, calls for service with facility services and engineering at all of our system hospitals.

And then of course our system incident command, we really didn't have anything that we could set up for all of our hospitals. And then of course, everybody had this concept of some redundancy at a system level for our alarms.

For whatever reason, we wanted to fix all of that at once. And we decided to use the Lean methodology. We got together and we basically visited all seven principles of Lean at each meeting. And I think the number one principle was to focus on the customer, which for us in healthcare is always the patient.

Every meeting that we had, we focused on the customer, which was the patient. That was number one. The second one was we had to identify and understand how the work got done. The value stream. Number three, was to manage and improve and smooth, the process flow. And number four, to remove the non value added steps and waste.

And I think that was huge for us because we had a lot of inefficiencies, with the inpatient outpatient scheduling, calls were coming in almost all over the state and nothing was efficient. And then number five, was managed by facts and reduce variation, centralize it.

Number six was involve and it put the people in the process that gives them what they need to do the job, and then undertake improvement activity in a systematic way. For us, it was important that each person was heard.

I go back to that communication, we've got to make sure that everybody was heard, but that those efficiencies and economies of scale were found. Some positions were eliminated, but it was important to us as a group that those positions that were eliminated, that the executives were on board, that we moved every single staff member somewhere else in the organization.

And thank goodness, we were really able to do that most of the time, because we had open positions. No one lost any money, they didn't lose status. They may have gotten a different position elsewhere. And the initial project seemed overwhelming, but with Lean, there is a fish boning effect that you use to really drill down. And we were able to basically bring the entire group to a consensus and reconstruct three levels of a building to fit our plan. It's pretty doggone amazing.

Brine Hamilton:

Lisa, one thing that stuck out for me there as you were walking us through that, is with a big change like this, there's often a lot of resistance. And for a lot of reasons, especially in this example, you have a lot

of stakeholders. In those situations, not even necessarily in this one, but in situations like that, what has been your approach to overcoming the resistance to change?

Lisa Terry:

And I've been around for a little while, but I have found that change is absolutely difficult and stressful even when we've looked forward to that change. And those situations when I have met resistance, which I absolutely have had those situations, I found success by incorporating the simple, but often profound philosophy of treating every single person with respect and dignity.

Ego has no place when one is leading the change process. And to be honest with you, if I'm the leader, it's my responsibility to care enough to communicate with each person based on his or her unique situation.

If he or she is not comprehending the overall reason for the change, then it is again, my responsibility as the communicator to step back and try again. And I found that if I get a little too close to the project, then perhaps it would be wise to have an objective facilitator lead it.

And to be honest with you, we ended up with that centralized communications situation. We actually got two individuals that were not stakeholders at all to facilitate it, because we were all very close. All leaders of those 40 department, even though I was the person that pushed the envelope to get it started, all 40 department leaders felt we were the most important. We really needed individuals that they weren't stakeholders.

Brine Hamilton:

And I guess as the person who is leading that objective, even if you were doing it in the background, it seems if it's important for you to just have an understanding of the value proposition for each of the stakeholders.

Lisa Terry:

And be willing, as I said to take your hat off. Do not have any ego, really respect one another.

Brine Hamilton:

And Mike, what about yourself in terms of overcoming the resistance to change? What's been effective for you?

Mike Cummings:

As Lisa mentioned, it starts with solid communication and inclusion. We may have very strong feelings about where we want this to go and why the change is good and we've done our homework, so to speak. You get a team together and as Lisa just mentioned, not everybody's going to be on the same page initially.

What we need to do is engage people and have an open heart. And she mentioned about dignity and respect and that's extremely important. It's part of what we do in healthcare in general. It shouldn't be that hard to achieve that outcome in a project.

It's important to make sure that you really are doing active listening to the individuals who are on that team and even on the periphery of the team. If we can understand where they're coming from, listen to their suggestions. We're probably going to come up with an ultimately a more coherent and successful project at the end.

And so nobody's going to have all the answers. The comment about checking your ego at the door is extremely important, because none of these big things get done solely on the efforts of one or two individuals.

Brine Hamilton:

When we're talking about engaging these key stakeholders and really selling the outcome. Again, you're selling the outcome to a group of people with differing philosophies, and differing wants and needs at the end of the day.

Mike Cummings:

Yes, I'm sorry.

Brine Hamilton:

No, it's okay.

Mike Cummings:

I thought that was the end of the question.

Brine Hamilton:

It's okay. I have a lot of pauses at times, I throw people off. I'll just take that from the top and then just for the purpose of the person who's editing this. Now, in terms of gaining the support, getting buy in from those key stakeholders, it's like you're having to sell an outcome to a group of people with differing philosophies, or different wants and needs at the end of the day. Is this where you would see customization and scalability playing a factor?

Mike Cummings:

Definitely. I think we have to show the what's in it for them approach. With the project that I did, a large project that I did, which was to move our training processes, not only just for the security department, but I wanted to implement that throughout the organization.

And this was for a group of individuals that never had some of this type of training before, but we saw the value and the wisdom. First thing I had to do is show where the value and the benefits is going to be for their individual departments.

We had to make sure that they could see that there was some value and get a couple of people that were willing to do a pilot. Pilot as well is one of the tactics and the approaches that I've traditionally used, to see what works. We can do it because it's scalable.

And once we're successful with that, and we were successful for a couple of reasons, we would identify the benefits and we would hard wire some of those benefits and some metrics for them and show the ROI. And what's going to be their benefit to being one of those pilots.

It's been my experience that once we can engage somebody in a pilot that turns out to be successful to a large degree, it becomes in our experience a situation of mini me too movement. We heard the influencers who were willing to try the pilot, and have some success with it start talking it up.

And at the end, it wasn't we even had to go out anymore and say, this is great training does your department want to try it? We were getting inundated by department leaders asking when can our department try this as well?

We started small. We had to change our delivery styles to meet the various needs of the department. That's where the listening came in, because I couldn't necessarily do the same training for the same length of time in the same delivery mode to the ED, and do it for maybe customer service or gatekeeper roles elsewhere in the facility.

And so working with Vistelar, we were able to come up with all types of different delivery methodologies that met the needs. That wouldn't have happened if we had not listened to their needs and their abilities to implement, as well as listened to those individuals who were willing to start out and build some momentum for us.

Lisa Terry:

Those are great approaches Mike. I totally agree. And I pay one tool that seemed to work for me over the years, is to ensure that my security master plan is aligned with the organization's overall strategic plan. As I envisioned a change that I felt was necessary for instance, moving to a different conflict management training model, I solicited input from emergency management, risk management and various leaders from other security sensitive areas.

And this became one of my goals. I knew that I had to be able to again, use data to measure the quality and effectiveness of the current program and how a change could impact again, the outcomes important to individuals with different philosophies.

Of course, I had to measure and reduce the number of assaults and workers' comp claims to clinical staff over time, due to additional training and et cetera. I wanted to measure the amount of time spent on training and equipment compared to the amount spent on workers' comp, turnover, recruitment, et cetera.

Also, measure and reduce the number of injuries via patient assaults on security officer over time due to additional training and PTE, for instance, bike sleeves, face guards, things of that nature. And then also I researched large facilities and references when they were available.

Mike Cummings:

I think the metrics as I mentioned, are extremely important. They can be scalable and they also need to be customized to the department, or the area that you're trying to engage in the change. For example, when we are trying to change the training, and we all knew that violence in the workplace was a huge issue, but it still affected some departments differently than other departments.

I heard from our chief nursing executive, that one of her biggest challenges was threats, or actual turnover of nurses who are going to either retire early or leave the profession, because of their concern with the ongoing violence.

We calculated through our talent acquisition department, that it costs the organization approximately $70000 from start to finish, to hire a nurse. And by taking a very modest commitment of reducing turnover of only five nurses for the reason of workplace violence, we could have a positive impact of $350000 to the organization, which helped the nursing departments commit the time needed for their staff to attend the training.

At worst, it became budget neutral, and in some cases it became a very positive. Similarly, you mentioned workers' comp costs we did the same thing by analyzing the workers' comp costs, both the injury treatment, as well as the loss time for those departments who had individuals who were assaulted on the job.

We were able to again, convert those dollars to a projection and create a metric of reduced dollars expended in the area of workers' comp. And then there are always some soft costs also that can be looked at, or soft benefits.

Like most organizations we did and conducted an annual survey of our employees, a satisfaction survey, if you will. And we tried to find measurements as we changed the training and that we saw a reduction in the incidents as you mentioned, Lisa. We were able to see a corresponding increase in the patient satisfaction in HCAHPS as well as in the area of employee satisfaction through that scale.

HCAHPS, obviously a lot of things impact that, but it's something to be considered when the patients are here to be treated and they don't want to be subjected to seeing, or hearing, workplace violence and inappropriate behaviors. And if we could reduce those, we were actually able to see some positive increase in those scores as well.

Brine Hamilton:

We talk about obviously the metrics and the data that you're able to capture. I'm curious, and I'm sure some of us are curious as well. What did you find were some of the best most effective ways to actually tell the story of that data?

Mike Cummings:

I think as I reflect back, I think that it was again customizing it and having the communication with some of the individual leaders. Some of them were influenced and affected more specifically about turnover or changing the turnover. Others were just having the number of incidents reduce in their departments.

And so I don't think there was a one size fits all on that, Brine. I think it was we needed to go back and customize our review of success and or failure with each individual stakeholder to see if when they committed to do the training, what were their expectations and are we meeting those expectations.

I think you need to be able to in today's jargon, we needed to be able to pivot and make sure that we were tweaking or adjusting either the training, or our expectations for that individual or small group of departments that were most effected by that metric.

I think it's a constant process. It has a somewhat of an end point, but I don't think it has a complete end point, because you need to be constantly reassessing to make sure you're not slipping back into territory that you don't want to be.

Lisa Terry:

I think too, you've got to know your audience. Remember, you're speaking to clinicians, you're speaking to a CFO, you're speaking to a myriad of individuals that are going to be in that audience. And as you said, with potentially differing philosophies.

Being able to tell the numbers need to tell the story that they most want to hear, and that may be how do we reduce costs? How do we do the right thing for the patient, for the staff? How do we do the right thing in general? And I think it's important that we know how to interpret the data appropriately.

Brine Hamilton:

Excellent stuff. One area where I've often seen leaders get discouraged is when their entire proposal isn't accepted, even if they've gained partial acceptance of the proposal.

I would still consider a partial acceptance, at least in my opinion a win. In the example of training for example, if you're looking to go enterprise wide and you're only able to get approval for say the security department, what are your thoughts? Do you have a similar opinion to mine where even a partial victory is still worth celebrating, and you just try to build on that?

Mike Cummings:

Definitely. As I indicated, when we were trying to introduce this training concept organization wide, I realized that we weren't going to be able to provide this training to 34000 employees initially. I had control if you will, to what type of training the security department had, and we implemented it there first.

We then told the story of those successes that we were having. And I think it was evident from some of our key stakeholders who had daily interaction with security, such as the emergency department, behavioral health, the ICU that the training that our officers went through, was actually making a difference in the way they approach people, the lack of significant events that were happening, the lack of physical assaults and those sorts of things.

And so we built into that again, using that pilot approach, those various departments that were seeing the benefit to doing it. Others were very resistant for quite a long time. Little by little that turn.

And so if we would have not accepted the small wins in the beginning, we may not have ever gotten to the point that at the time that I retired from that organization. In that three and a half years since we started the implementation, we had put 50% 17000 employees through some level or module of the training that we envisioned in the beginning.

If we wouldn't have accepted some of those small wins in the beginning, we would have never got to that point. And I think that's an important thing to keep in mind not to be discouraged when you have some setbacks.

Brine Hamilton:

And now the other thing that you made me think of their Mike, obviously when you get to the point where everybody was doing the training. I'm going to assume the training wasn't exactly the same for security, as it would have been for say a clinician, or even you said it was every employee. I'm even thinking in terms of a unit clerk.

Mike Cummings:

Absolutely. And so that was important that we were working with a company that was very willing and needed to help us create different delivery models. Some of it was E-learning, certainly a lot of it was different levels of training. We did train the trainer approaches. And so the ability of us to work with our partner on this, our external partner to develop all that was really important.

As you mentioned, an ED nurse or a behavioral health clinician may have wanted to attend and did attend eight hours of training with our security officers. But maybe the front end staff, the gatekeepers, those registration people that would have to deal with people acting out or being upset about an appointment, couldn't afford eight hours. And they probably didn't quite frankly need eight hours of training.

And if we could provide that in a module in an E-learning, or we could give them a brown bag lunch discussion about that, or we could do a two hour class if an area needed a little bit more than the basics. We approach that from again, listening to our partners and respecting what they need and what

they could afford in some cases, and then finding a way to make that happen. And I think that's where we grew the momentum.

Brine Hamilton:

I guess it was really beneficial having one provider who was able to really scale that service and customize that service across the organization>

Mike Cummings:

It was absolutely crucial.

Brine Hamilton:

Lisa, I'd like to get your insights on this as well, just in terms of achieving a partial victory. Is that something that is worth celebrating from your perspective?

Lisa Terry:

Absolutely. A partial victory is a win and must be celebrated. Of course during our two years centralized communication center project, it was essential that we celebrated the small victories in order to maintain again, the momentum of the large projects as Mike mentioned.

We had some leadership changes that occurred in some instances, and staff needed to be continually reassured that we had turned the ship around, and we were still heading in that same direction. That is very important that they don't assume that things have changed. Very important that you celebrate and let people know that we're still going that way.

Brine Hamilton:

I'm going to ask both of you just based on your experiences and the examples that you've provided in terms of large scale changes. If you just think back to the beginning of these projects, if you think back and you're armed with the knowledge and experience and wisdom that you have now, what advice would you have given yourself stepping into that project?

And the reason why I ask this is because I know there's a lot of us who are engaged in this conversation right now, who are probably taking on some impactful change for the first time, or we've taken on change before and just have not been successful.

Mike Cummings:

I'll start. I think my primary advice would be to realize that regardless of how great the ideas and your level of enthusiasm, that the bigger the project and the longer it's going to take, the more complicated the journey will be.

It will have those setbacks that we talked about a few minutes ago, and there will be days when you question whether the juice is worth the squeeze on this one. You need to realize there will be successes, there will be failures along the way. As Lisa was saying, you need to take the joys and every little victory is a victory.

And you need to learn from the failures or learn from the setbacks, because each one of those also provides an opportunity to improve and to make sure that you're meeting the needs of your stakeholders. It's going to be a journey, it's going to be a destination ultimately, but you have to realize there's going to be tough days and good days. And you need to take the most each of them offered to you.

Lisa Terry:

I agree with Mike. I will say that although selecting a particular change management process is an important step in the process, that I would suggest you become even more educated in communications and non escalation, because following a process is important. However, the manner in which you communicate one on one, as you get further into the project, will actually determine your success and how you and the team feel about the outcome.

You have to live with one another, you have to live with the outcome, but you also have to live with one another. And it's, again that respect and dignity, and really working as a team is so important.

Brine Hamilton:

One key thing that you said there Lisa, that I want to highlight is the term non escalation, because I know this might be a new term for some of us. How would you define non escalation?

Lisa Terry:

Really the way you speak to individuals with respect, so that it never escalates into anything that would even remotely become anything more than a very respectful discussion, that would never get beyond a very respectful discussion.

Brine Hamilton:

This is a step that's a pre-de-escalation or hoping that we don't get to a situation where we create a response that we have to deescalate?

Lisa Terry:

Absolutely.

Mike Cummings:

And I would tack onto what Lisa just said, and I concur 100%. You used a word there a few seconds ago Brine, when you said hope. And as president Eisenhower said many, many years ago, hope isn't a strategy. I think the type of training we're talking about here, doesn't get us to a point where we hope we're going to have to back and have to deescalate something or in a worst case scenario, use physical interventions.

But by recognizing and being respectful and treating people with the dignity that Lisa's talked about a couple of times here, I believe that the training teaches us how to use those approaches from the beginning to never even get to a point as Lisa said, where we have to deescalate something. And I think that's truly a win-win for everybody.

Brine Hamilton:

We've covered a lot of ground in this discussion. Is there anything that I haven't asked you yet, or anything that I haven't brought up that either of you would like to elaborate on?

Mike Cummings:

I would just elaborate just a slight bit on the idea that the journey is never finished, and that the change once initiated is really not completed, because there's always more to come. And that we have to be mindful not to sit back and rest on our laurels.

To constantly be looking at the metrics we established and the outcomes that we had planned for, and make sure that they're there that they continue. It's kind of that almost the old TQM total quality management, we're always looking to improve. I think we need to be mindful of that.

Lisa Terry:

My last comment would be, do not hesitate to reach out to individuals that you trust and who have previously led a change in their organization. Ask for their assistance. You may be surprised at what you will learn. I have one more example. I have huge respect for Mike Cummings. During a brief conversation that he and I had a mid the project that he's referenced today, he shared with me some amazing statistics.

And because I have such trust for him and his ethics, I immediately became more interested and I sought out more information. I was amazed and I immediately made contact with Vistelar just based on what my trusted colleague had experienced. And so began another change with me and my organization, but it was because I trusted my colleague and I listened to what he had gone through.

Brine Hamilton:

I appreciate you guys. I appreciate both of you taking the time and sharing your knowledge with us. And I think everybody can benefit from the information that you've shared. And again, I just want to thank you for taking the time and helping us avoid some of the pitfalls that can definitely come with changes of this scale.

Lisa Terry:

Thank you, Brine.

Mike Cummings:

Thanks again for having me Brine, and it was a pleasure.

Lisa Terry:

Thanks, Brine.