

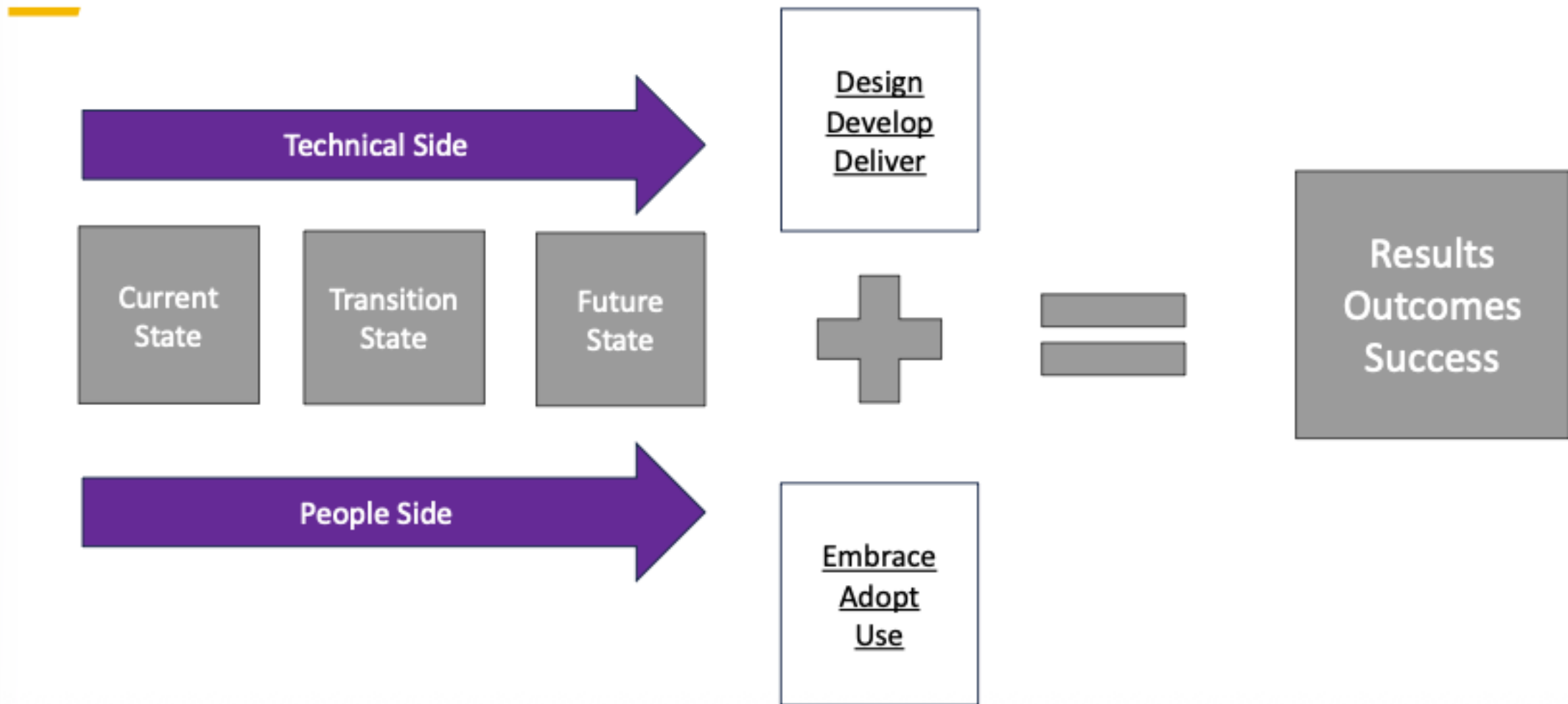
Change Management

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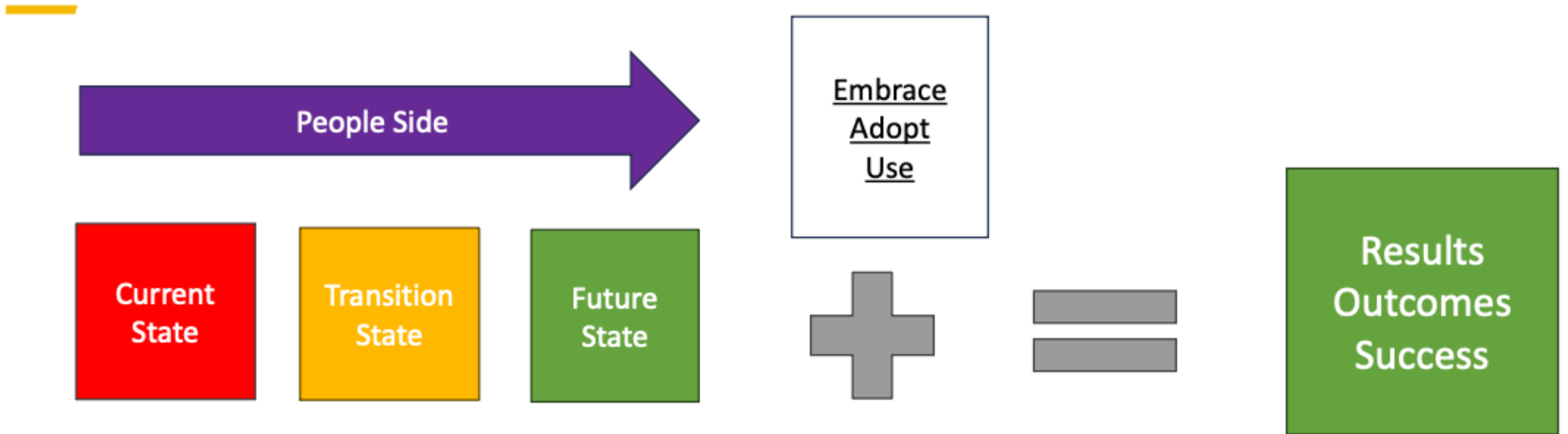
Change Management

**Driving Sustainable Improvement in
Antimicrobial Stewardship,
Infection Prevention & Control,
and Clinical Practice**

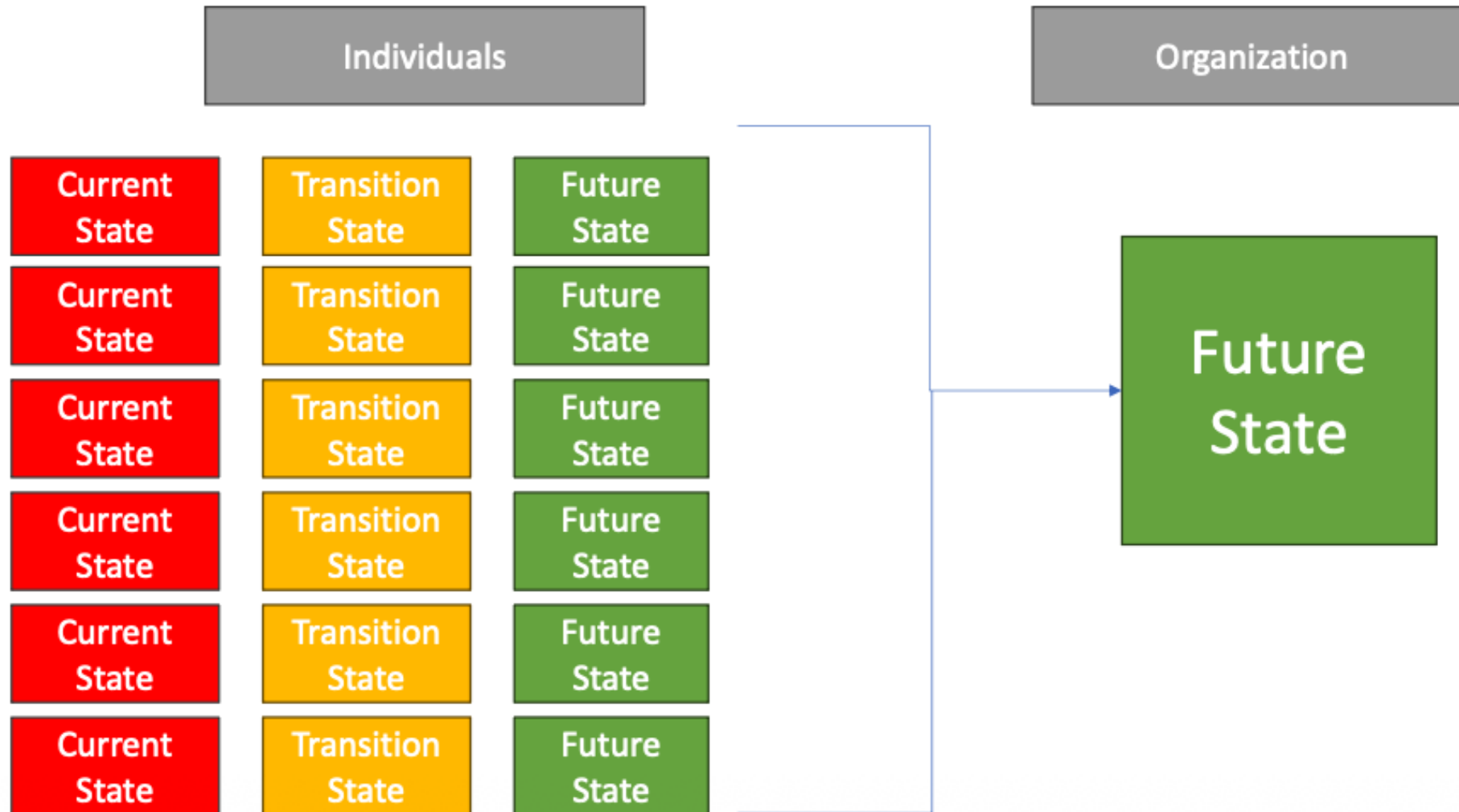
Project Management vs. Change Management



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Change management is one of the most difficult competencies to develop.

Why Does Change Feel SO Hard?

- Staff wear multiple hats – bandwidth for change is limited
- Close-knit teams can amplify resistance (or accelerate buy-in)
- New stewardship or IPC protocols disrupt longstanding habits
- QI mandates arrive without a clear “why”
- High turnover means gains can evaporate without reinforcement

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**Change management gives us
a map through this terrain**

- High turnover means gains can evaporate without reinforcement

What is Change Management?

A structured approach to transitioning individuals, teams, and organizations from a current state to a desired state

- Technical change is the easy part
- People are the variable
- Models give us a framework

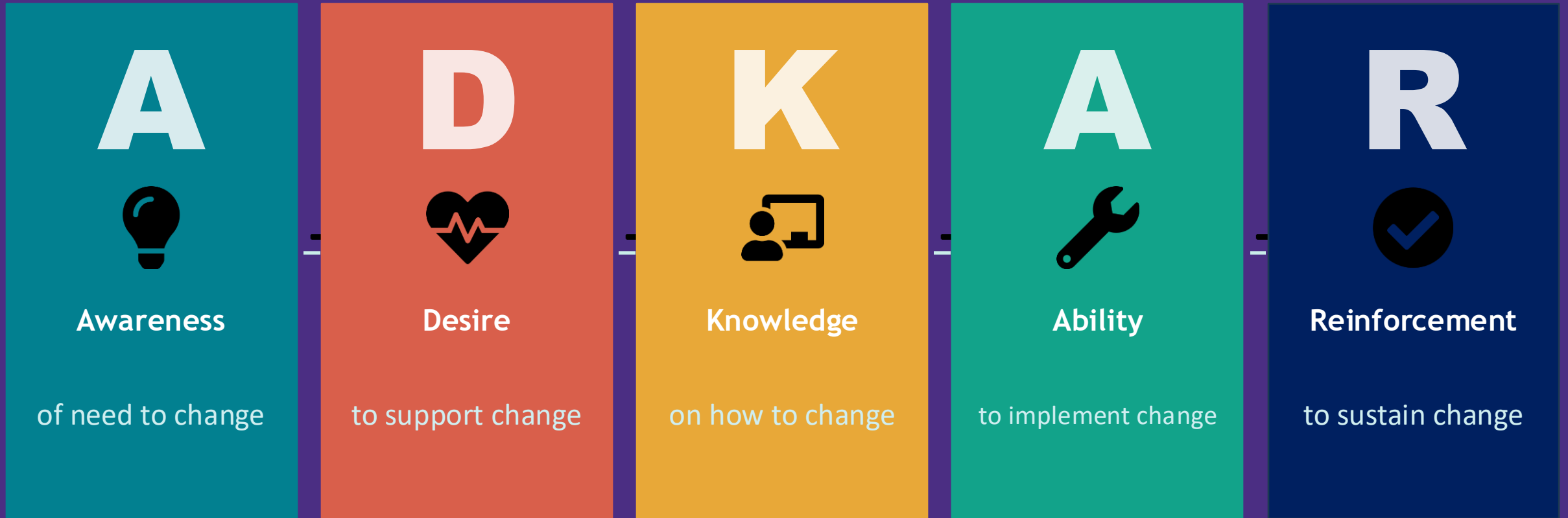
“People don’t resist change. They resist being changed.”
-Peter Senge

What is Change Management?

- **Technical change is the easy part**
 - Updating a policy takes minutes. Getting people to follow it takes months.
- **People are the variable**
 - Success depends on attitudes, skills, and habits – not just new procedures
- **Models give us a framework**
 - ADKAR and Kotter's 8 Steps are the most evidence-supported models in healthcare

A Goal-Oriented Framework for Individual Change

Developed by Prosci — built on research with 700+ organizations



Each element is a milestone. A gap at any step blocks the change.

Awareness & Desire — Building the 'Why'



A — AWARENESS

Understanding WHY change is necessary

Staff must understand the clinical rationale — rising resistance rates, regulatory requirements, patient harm data.

Tactics:

- Share local antibiogram data at huddles
- Connect to patient outcomes: 'Here's what happened when...'
- Use dashboards visible at the point of care



D — DESIRE

Motivation & willingness to participate

Awareness alone doesn't drive action. Desire is personal — it's about values, incentives, and trust in leadership.

Tactics:

- Ask: 'What matters to you as a clinician?'
- Identify and empower local champions (nurses, pharmacists)
- Address WIIFM — what's in it for me?

Knowledge, Ability & Reinforcement – Building the 'How'



K – KNOWLEDGE

Training, education, and access to information. Critical for new stewardship protocols.

Tactics:

- Competency-based training on new AMS guidelines
- Just-in-time references at point of care
- Pharmacist-led case reviews for nursing staff



A – ABILITY

Skills, practice, and behavioral mastery — turning knowledge into action.

Tactics:

- Observed return demonstrations on new workflows
- Peer coaching between nurses and pharmacists
- Simulation scenarios for IPC protocols



R – REINFORCEMENT

Sustaining the change through recognition, feedback, and accountability.

Tactics:

- Monthly scorecard shared with team
- Recognize early adopters publicly
- Embed change into orientation & annual competency

Finding the Barrier Point: Where Is Your Team Stuck?

The ADKAR model is diagnostic. Identify which element is the gap, then target your intervention.

Gap	"We hear this..."	Targeted response
Awareness Gap	<i>"I didn't know we had a problem with inappropriate antibiotic prescribing."</i>	Share data — antibiogram, benchmarks, local outcomes. Make the problem visible.
Desire Gap	<i>"I know it matters but my prescribers push back and it's not worth the conflict."</i>	Address fear, workload, and trust. Enlist physician champions. Focus on values alignment.
Knowledge Gap	<i>"We got the new IPC bundle but no one explained how it's different from what we do now."</i>	Targeted training — what's new, why it changed, step-by-step guidance.
Ability Gap	<i>"We attended the training but the workflow doesn't work in our unit during nights."</i>	Practice, coaching, and process redesign. Remove environmental barriers.
Reinforcement Gap	<i>"We did great for 3 months and then we got a new manager and everything reverted."</i>	Embed in policy, reporting, orientation. Celebrate wins and track metrics.

COMPLEMENTARY MODEL

Kotter's 8-Step Model – Leading Organizational Change

ADKAR focuses on the individual. Kotter's model guides the organization. Use both together.

1

Create Urgency

Share resistance data, outbreak costs, regulatory risk

2

Build a Coalition

Nurses + Pharmacists + MDs + Admin aligned

3

Form a Vision

Clear, simple destination for your AMS/IPC program

4

Communicate the Vision

Repetition across all channels — huddles, emails, rounds

5

Remove Barriers

Fix workflows, EHR alerts, staffing constraints

6

Generate Quick Wins

Celebrate early metric improvements — even small ones

7

Build on the Change

Expand pilots, deepen training, increase accountability

8

Anchor in Culture

Embed in onboarding, policy, annual review, identity

ADKAR + Kotter: Two Lenses, One Change

Kotter Step	ADKAR Element	Rural AMS/IPC Example
Create Urgency (1)	Awareness	Present local SSI / CDI rates to all staff
Build Coalition (2)	Desire	Pharmacist + charge nurse + MD form steering group
Form & Communicate Vision (3-4)	Awareness + Desire	"Zero preventable infections" campaign with shared data
Remove Barriers (5)	Ability	Fix the ordering workflow so stewardship pathway is default
Quick Wins (6)	Reinforcement	Celebrate first month of improved antibiotic days of therapy
Build & Anchor (7-8)	Knowledge + Reinforcement	Integrate AMS competency in annual review; update onboarding

Managing Resistance & Building Sponsorship

MAKING IT REAL

Resistance Is Normal

Most resistance is rooted in:

- Fear of failure or incompetence
- Loss of autonomy or routine
- Distrust of leadership intent
- Workload concerns
- Past changes that failed

*Don't fight resistance — get curious about it. Ask:
'What's getting in your way?'*

Active Sponsorship

Sponsors accelerate ADKAR:

- Communicate the 'why' with authority
- Reinforce desired behaviors visibly
- Remove systemic barriers
- Address resistance through direct dialogue
- Allocate time and resources

In rural settings, sponsors are often the CNO, CMO, or pharmacy director. Their visible engagement is decisive.

Case Application: Launching an AMS Stewardship Bundle

APPLIED CHANGE MANAGEMENT

Scenario: Your CAH wants to implement prospective audit and feedback for broad-spectrum antibiotics.

ADKAR Step	Action	Who Leads
Awareness	Present 12-month antibiogram showing 68% broad-spectrum use; compare to regional peers	<i>Pharmacy + Data team</i>
Desire	Pharmacist meets 1:1 with top prescribers; nurses invited to ID case review; team norms established	<i>Champions</i>
Knowledge	90-min practical training: what PAF is, how feedback is delivered, escalation path	<i>All clinical staff</i>
Ability	4-week pilot with pharmacist present for feedback conversations; debrief weekly	<i>Pharmacist-led</i>
Reinforcement	Monthly AMS scorecard to unit, quarterly report to board, embed in new provider orientation	<i>QI + Leadership</i>

Your Change Management Toolkit

PRACTICAL TOOLS



ADKAR Assessment

5-question survey to score A-D-K-A-R for your team; identifies barrier point in < 5 min

Prosci (free)



Change Charter

One-page document: scope, sponsors, timeline, success metrics, communication plan

Template available



Readiness Assessment

Survey team readiness before launch — catches low awareness or desire early

IHI / Prosci



Stakeholder Map

Plot key individuals on influence vs. support matrix; plan engagement accordingly

QI standard



Change Champion Network

Designate informal leaders in each unit — nurses and pharmacists are ideal champions

Rural-specific



Sustainment Plan

Hardwire: policy update, orientation, annual competency, dashboard, accountability rhythm

ADKAR Reinforce

Change is a journey, not an event.

- 1 ADKAR is your individual diagnostic — find the barrier point before choosing an intervention.
- 2 Kotter gives your organization a roadmap — urgency first, anchor last.
- 3 Resistance is information, not obstruction — get curious about the 'why behind the no.'
- 4 Sponsors matter — visible, active leadership is the #1 predictor of change success.
- 5 In (rural) healthcare, champions (nurses, pharmacists) are your greatest asset — identify and invest in them.
- 6 Reinforce or regress — embed change into culture, competencies, and workflows or it will fade.