Introduction of the Lep® method in Riviera Hospital: strategies for organisational change

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Summary
Based on a survey conducted in one of the largest hospitals of French-speaking Switzerland, this paper analyses the strategies adopted to promote the introduction of the LEP® method. We present the four levers which stimulate the adoption and establishment of this methodology and propose a procedure for its introduction.

Introduction
Over the last ten years or so the Swiss healthcare sector has undergone numerous reforms. This context of change has involved a series of measures such as the introduction of cost accounting instruments. The type of organisational change presented here – the introduction of the LEP® method – has taken place in most Swiss hospitals: Built up on scientific bases, this methodology brings together a set of data input processes and statistical representations of medical care. Concretely, it consists in recording daily for every patient the care provided by the nursing staff. The LEP® measures the care time directly devoted to the patients and compares it to staff presence time.

Methodology
The empirical step was based on a questionnaire distributed to nursing staff and interviews with the project manager. This research was conducted by the nursing staff of the Riviera multi-site hospital. For reasons of time and access to the workforce we focused on the eight units of care at the Samaritan and on four at Montreux hospital. We distributed 258 questionnaires through the project manager, 109 of which were exploitable. The answer rate can be regarded as adequate (42.24%) considering the context of change and the heavy workload at the time of our investigation.

Strategies to promote the introduction of the LEP®
Our survey therefore focused on the analysis of forces at play in implementing an organisational change like the LEP® method. We present here a selection of four critical points in promoting its introduction.

Communication
The communication called «internal», defined as «the set of the actions of information and communication achieved by the management, the people responsible for internal communications or other specialists» ([1], pp. 65), aims to facilitate the staff’s adherence to management values and objectives and allow individuals to find the meaning of their actions in the organisation. In the case of the Riviera hospital, the first internal communication to the nursing staff triggered awareness of the process of change. This invitation to change, reinforced by the presentation of the LEP® method, thus emerged as a new fact in the process of staff construction of the real. It started a complex process of information processing to decide whether they had or had not an interest in this change.

To ensure that this system of interactions is healthy and constructive, it is not sufficient to reduce communication to transmission of information or to an imposition of management views, because the recipients may avoid the change [2]. It is also necessary to try and arrive at a common conception of lived situations and to try to implement the elements that contribute to quality communication. For this we use relational qualities rather than techniques. In this sense, the survey of Schmeltzer & Zener [3] showed that it is first and foremost confidence in the agents of change and the means of communication used that have the most impact. So the recipients of change ask for a rich so-called communication, i.e. discussions in small groups. Finally, in a situation of change, some elements such as proximity in contacts, frequent exchanges, clear and truthful messages or consistency between message and management conduct are important assets in implementing and maintaining efficient communication [4]. Consequently, the successful introduction of the LEP® method in the Riviera hospital shows quality communication between the actors of change. The communicational pipeline operated by the COPIL was coherent. It was able to show evi-
As was seen above, the clear and direct communication style adopted by the project manager with the nursing staff all along the process of change reflects efficient communication, which certainly contributes to the climate of confidence established between them. The communication plan was founded mainly on rich media, encouraging contacts and frequent exchanges with management.

Finally, the training seems to us sufficient and of good quality: the content of the theoretical and practical courses can be adapted to the needs of the future users of the software LEP® and the follow-up, a key element for good integration, and appears sufficient (the results that follow will show whether the staff has the same opinion).

The actors of change

It is interesting to note that most studies on the analysis of organisational change essentially concentrate on the strategies and techniques to be adopted at the time of change, while omitting one of the key factors of success: the actors of change.

In this chapter we examine the two types of role [5] that appear in a process of change, viz. the agents of change and the recipients.

The agents of change

The success of any type of organisational change depends largely on the agents of change, which are «any person or system that contributes directly or indirectly to the implementation of change» ([2], pp.142).

In the case of the Riviera hospital, we distinguish three agents of change: the decision-makers within the FHV who can be considered the «initiator agents», since it is they who expressed the need to introduce the LEP® method and participated to the first conception of the system; the COPIL (including the project manager), inventor and planner of change, is assigned to evaluate whether the objectives are reached; finally the project manager, supported by the trainers of the ISE and the FHV, who represents «the performer», that is, the person assigned to set in motion the details of the plan of action drawn up. The project manager seems to be the most influential agent of change because she impinges directly on the environment to be changed.

Table 1. This table highlights a positive link between communication and reduction of fears, showing all the importance it acquires at a time of organisational change.

<table>
<thead>
<tr>
<th>Interrelationships between the items «Communication» and reduction of fears</th>
<th>Reduction of fears ¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Com1 The information that I received concerning the LEP® was clear.</td>
<td>( r = 0.233^* )</td>
</tr>
<tr>
<td>Com2 Once I had been informed of this change, communication with the people responsible for the LEP® was regular.</td>
<td>( r = 0.240^* )</td>
</tr>
</tbody>
</table>

* \( p < 0.05 \)

Table 2

The table shows a positive link between the training item and reduction of nursing staff fears in relation to the LEP®. It shows again that it is essential to provide quality training suitable for the staff concerned.

<table>
<thead>
<tr>
<th>Interrelationship between the item «Training» and the reduction of fears</th>
<th>Reduction of fears</th>
</tr>
</thead>
<tbody>
<tr>
<td>Com3 The training in the use of the LEP® program that I had to follow was sufficient for me to master it adequately.</td>
<td>( r = 0.432^{**} )</td>
</tr>
</tbody>
</table>

\( ** p < 0.01 \)

¹ The proposed item was: «The information and training I received concerning the LEP® greatly lessened my fears about it.»

² Typology proposed by Collerette & al. [2].
while training the nursing staff for the LEP® method, coaching them during the training phase, and constantly interacting with them.

**Assets of the project manager**

The fact of being on a 100% contract is a first not inconsiderable asset. Indeed, it allows the «performer» to dedicate herself exclusively to the programme of organisational change and invest all her energy in it.

A second point to focus on consists in the fact that the project manager is internal to the environment subject to change. On the one hand, this agent of change lives with and within the system, allowing her to know her daily tolerance limits and her degree of vulnerability. She has information as well as facilitated access to the casual structure of the system, information that an external consultant would not have available.

On the other hand, because she has been working for several years in the establishment, the project manager is known and recognised by the nursing staff for her expertise. Moreover, she had the same profession as the recipients, thus increasing her degree of credibility and understanding among the staff affected by the change. These elements allow us to make the transition with an important (even fundamental) asset of the project manager’s: their confidence.

**Management by objectives**

The conduct of a project calls for some essential techniques of management such as the definition of objectives. During the project, the definition of objectives constitutes a guideline to be followed in attempting to reach the goal set. Management by objectives has three functions:

- It describes the goal aimed at, in order to clarify it and organise the means of action;
- Defining objectives simplifies communication of intentions to the recipients, while rendering them explicit and mobilising more of staff’s energy;
- It facilitates the process of assessing and judging the progress of the project ([7], pp. 9–10).

While transposing this approach to the case of the Riviera hospital, we can conduct the following analysis: the «final» objective fixed by the management is the introduction of the LEP® method at the four sites. On this basis, the COPIL then planned and specified the results to be reached progressively throughout the intervention, to approximate this objective more closely. It drew up a precise scheduling of the technical preparations for individual services, of staff training, then of the starting date for the official input of each service. Once they had completed theoretical and practical training, each of the units of care went through one transition period of three months. At the end of each of these months, the nursing staff had to reach an objective, of which we briefly present the content: at the end of the first month the nursing staff must grasp the benefits for patients and the staff’s working hours. At the end of the second month they must be able to
grasp the variable LEP® correctly. Finally, at the end of the third month they must grasp the variables of the unified process (inter-judge fidelity).

In our view these «intermediate» objectives fixed by the COPIL were very useful and important for appropriation of the LEP® method by nursing staff. First of all, it showed the precise result that every unit of care had to attain. Also, the fact of having fixed an objective at the end of every month made it possible a division of training, recognised as an effective element by training theory. Since the attainment or otherwise of these objectives is easily observable by the COPIL, thanks to analysis of the different tables and interviews with the ICUS, assessment becomes easier. Finally, the desired result of each of these objectives was fixed in a predetermined timeframe not allowing the objectives to turn into wishful thinking, without a concrete will to change and encompassing meeting of deadlines.

The temporal organisation of the objectives served to orchestrate action chronologically and strategically in the short, medium and long term as well as on the different levels of the establishment.

In the Riviera hospital, the introduction of the LEP® method does not constitute the final outcome of a project, but is part of another large programme, the «Informatics Patient File», written into a project for cost reform and rationalisation.

Management by objectives is thus an indispensable technique in conducting any type of project.

**Process of change**

On the basis of our observations and experience we propose here a process that describes a set of activities to be performed when introducing a change such as the LEP® method. This sequence naturally does not pretend to be unalterable, but it provides a chronological and methodological basis for organisational effort. This process can be divided into four stages:

**Analysis of the context and the present situation**

The promoters of change describe the situation judged unsatisfactory, in order to understand the advantage of introducing change. Once the decision is taken, they fix the objectives by which to reach the desired situation and guide the recipients of change in order to focus their energy on them. It is important that they feel concerned by the introduction of the change and thus appropriate it throughout the process.

Constitution of a group responsible for management and scheduling of change

The choice of the right people to be responsible for undertaking change is all-important. For this we feel it appropriate to set up a team composed of:

- A person belonging to the nursing staff, recognised for her capacity to lead some projects and having the confidence of her colleagues;
- A representative of the nursing directorate to manage the plan of action between the different services;
- A representative of general management responsible for communication and the transparency of the project within the establishment.

Once the team is constituted, the agents of change define their strategy. They prepare a transparent communication policy to promote mutual confidence and start on a healthy basis. Precise scheduling of the staff’s training must be planned, while taking care to offer a follow-up to the newly trained staff.

**Execution of the action plan**

The actors of change then arrive at the active phase of the process. This decisive stage must allow the recipients to integrate the mechanisms necessary to implement change. Thus, the planned activities can be modified or adapted according to need.

**Assessment of the progress of change**

It is important that the persons responsible constantly evaluate progress toward the objectives. For that reason we advise fixing intermediate objectives (cf. «Management by objectives») in order to facilitate assessment and, at the same time, workforce training.

**Conclusion**

To summarise, our intention in this survey was to examine the forces in play at the time of an organisational change and to analyse, in a critical manner, the introduction of the LEP® method in a hospital environment. Our results and observations enabled us to study the strategies that stimulated the adoption and implementation of this new methodology within hospital care units. Thus, fundamental elements in the Riviera hospital setting were communication policy, transparency, training, follow-up of staff and manage-
ment by objectives, to encourage implementation of the LEP® within care units. The different critical points show all the attention it is necessary to focus on the recipients because, in the end, it is they who condition the success of organisational change.

Thus, the more these conditions are united in the system in which the protagonists set out to institute change, the greater the chances of success.

References