



Overcoming common barriers to change

Top tips



These top tips focus on how to overcome common barriers identified by teams undertaking change projects. The tips were identified during the secondary fracture prevention breakthrough collaborative, run with the RCP Quality Improvement (QI) Programme in 2019. They have been compiled by the Falls and Fragility Fracture Programme (FFFAP) team.



Team factors

Barrier 1: High staff turnover, due to rotation of junior staff

- > Ensure the change project is a team activity, not taken on by individuals with shared ownership across the team and potentially a wider QI working group.
- > Keep a brief log or shared drive documentation so that information on where the improvement work has developed is accessible to rotating team members.
- > Before team members rotate meet to decide how/who will continue with the improvement.

Barrier 2: Getting everyone involved/ too few people involved

- > Involve the QI working group, or create one
- > Get teams involved from the start and provide an understanding of how it can benefit them.
- > At the beginning of the project, map out all potential stakeholders, **including patients**, carers and family.
- > A terms of reference document for patients, family and carers will help ensure expectations and responsibilities are clear.
- > Ask those you've identified to tell you who else might be important and missing from the team/working group.
- > Engage with stakeholders in different ways – phone calls, corridor conversations, or go and meet them.

Barrier 3: Effective communication

- > Decide what means of communication works best for the team, whether this be via virtual chat groups, emails, in person catchups or a combination.
- > Involve everyone in real-time conversations to ensure all of the team are included.

Barrier 4: Preparing the team for change

- > Decide on some key landmarks/goals to celebrate during the change project to maintain interest.
- > Break the larger goal into manageable achievable shortterm goals to maintain morale.

Barrier 5: Team members going on holiday and work not getting covered

- > Ensure that it is a team activity, not taken on by individuals.
- > Articulate shared ownership across the team
- > Plan activities and prioritise what needs to be done, by when and by who.

Barrier 6: Team skills

- > Identify early on what skills are within the team.
- > Make time to build the team and relationships to know the team and who will work best where/ on what.

Barrier 7: Reflection time

- > Protect time to reflect on what has worked and what could be improved.
- > Embed reflection time in meetings already participating as an item on the agenda.
- > Ask for feedback from stakeholders on what is going well and what could be better.

Barrier 8: Building confidence

- > Use reference materials, such as our improvement repository.
- > Talk to teams that are doing well in the area you are focusing on and ask how they have achieved this.



Organisational factors

Barrier 1: Taking on too much too soon

- > Think through change suggestions to divide larger tasks into smaller ones.
- > Create plan, do, study, act (PDSA) cycles for manageable tasks in shorter time periods

Barrier 2: Effective communication

- > Ensure all stakeholders are carefully considered and involved in decisions.
- > Be clear about the need to disseminate information to their networks as required.

Barrier 3: Data access and consent

- > If the data is part of a FFFAP audit (NAIF, NHFD or FLS-DB) a section 251 is in place to collect patient information across these audits. Any registered user for an organisation can request a login for their colleagues, subject to approval from the lead clinician.

Barrier 4: Funding

- > Make a clear case for the time spent planning and reviewing progress within a QI framework is essential as opposed to only having time to run the FLS in terms of identification to monitoring. Contact the ROS service development team on: fls@theros.org.uk

Barrier 5: Multiple IT systems

- > Speak to your IT team and involve them as a stakeholder to plan and find solutions that can be delivered within the required time-frame. Where this is not possible seek alternative solutions.

Barrier 6: Coding

- > Embed uniform coding and keywords to ensure patients are appropriately identified by teams. This could be run as a change project on its own.

Barrier 7: Winter pressures/ Summer inductions

- > Ensure you consider variations in workload, such as seasonal work, so that tasks are manageable.
- > Plan larger, more time-consuming tasks for quieter periods, ensuring as much preplanning is done to reduce work on the change project in busier periods.



Stakeholders

Barrier 1: Competing priorities

- > The burden of musculoskeletal diseases is often underappreciated by patients, clinicians and funders.
- > Take the time to quantify the expected local benefit at the patient, hospital and CCG level. The Royal Osteoporosis Society can help you to define the benefits (contact fls@theros.org.uk). This will help with prioritisation. The key is to link the time and resources needed for QI to achieving the expected benefits from an FLS. A clear case for the time spent planning and reviewing progress within a QI framework is essential as opposed to only having time to run the FLS in terms of identification to monitoring. Ensure the focus is something that is important to improve and work on communicating why this is important for all stakeholders involved to prioritise the change project.

Barrier 2: Additional workload

- > Make sure the aims of the project are realistic. Plan for work variables and ensure the tasks are manageable.
- > QI is appropriately focused on improving patient outcomes balancing effort with outcome.

Barrier 3: Lack of awareness

- > Ensure all stakeholders are carefully considered, involved in decisions and disseminate information to their networks as required.

Barrier 4: Limited time for team meetings

- > Make meetings a priority and be realistic about timings and duration. Consider embedding them into meetings already established, as an item on the agenda or to be held directly after.
- > Keep meetings short and focus on the key next deliverables, aiming for small but transformative steps.

Barrier 5: CCG time-limited funding

- > Take time to quantify the expected local benefit at the patient, hospital and CCG level. The Royal Osteoporosis Society can help you to define the benefits (contact fls@theros.org.uk). This will help with prioritisation and ensure alignment between the current work and expectation from funders on realistic deliverables that would support ongoing funding.

Barrier 6: Did not attend/ cancellations

- > Use multiple formats: letter, email, telephone and text to remind patients of appointments. Include a brief online summary of why this work is important at the top of correspondence to ensure focus is maintained. Make provision for non-attendance with follow-up calls.