

Change, although beneficial at times, can be difficult to accept, as well as implement, especially if those in charge of implementing the change do not describe the “why” and “how” of the impending change to those you will have to be effectuating the change itself. The implementer(s) need to not only present and describe the change that will occur, but they have to also be able to provide the necessary support during the transition into the change, as well as during the “hard-wire” phase of the change.

In my current Unit, not only are we contending with a new Nursing Manager who is also new to the organization, but we are going through the growing pains that come with adjusting to new leadership, as well as having to navigate changes that the new leader wants to implement. One of the changes the new leader has introduced is having to fill out a discharge readiness questionnaire for our patients at the time of admission. This questionnaire was geared to gauging a patient’s preparedness for when they would be discharged from the hospital. According to our new leader, this initiative is something she wants to pilot on our Unit prior to presenting it for use hospital-wide. We were given a paper form to be filled out as this initiative has not been approved for uploading into Epic, which is the charting system that we have been using for the past 2 years, and we were instructed that the initiative was to be started immediately. The only instructions that were received was that this piece of paper must be filled out at every admission and that not doing so was “non-negotiable”.

For the nurses, adding this additional step with no clear-cut explanation as to why this information was needed at such an early stage in the admission or any evidence-based practices to substantiate its need made the implementation of this change was difficult and many were reluctant to begin using the form. Because of its rocky start, the actual implementation and the effort it took to get everyone to comply took longer than anticipated.

Although the change eventually became part of our daily practices with some tweaks and improvements, it was not easy to get the new Nurse Manager to be open to giving the staff more time to get to understand the initiative and do an initial trial of the data prior to the official go-live date. One particular change to the initiative was the timing of when to use the form to gather the necessary data to help improve the discharge process. Rather than utilizing the form on admission, the initial pilot showed that using the form within 24 hours of the planned discharge allowed the staff to help the patients be better prepared for discharge by being able to address concerns and questions prior to the actual discharge date. This made for smoother discharge processes and decreased discharge order to discharge times for our Unit.

Every professional should be able to fully understand why a particular change is being implemented, how this change will impact the Unit, and be shown that it is supported by evidence-based practices. Understanding these elements of the change to be implemented is crucial for the staff to not just blindly follow initiatives because they were instructed to do so, but rather to have a deeper understanding of the potential impact the change will have to their practice and their patients. The principal takeaway that I gained from this situation is that for a