CAPACITY-BUILDING WEBINAR

HUMAN-CENTERED CHANGE MANAGEMENT

Public Policy Lab's Evolution

DATE   February 6, 2025

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publicpolicylab.org | @publicpolicylab

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John Buckley

PPL'S DESIGN STRATEGY DIRECTOR

- Co-developer of PPL's project approach model

- Supports all design teams achieve project goals

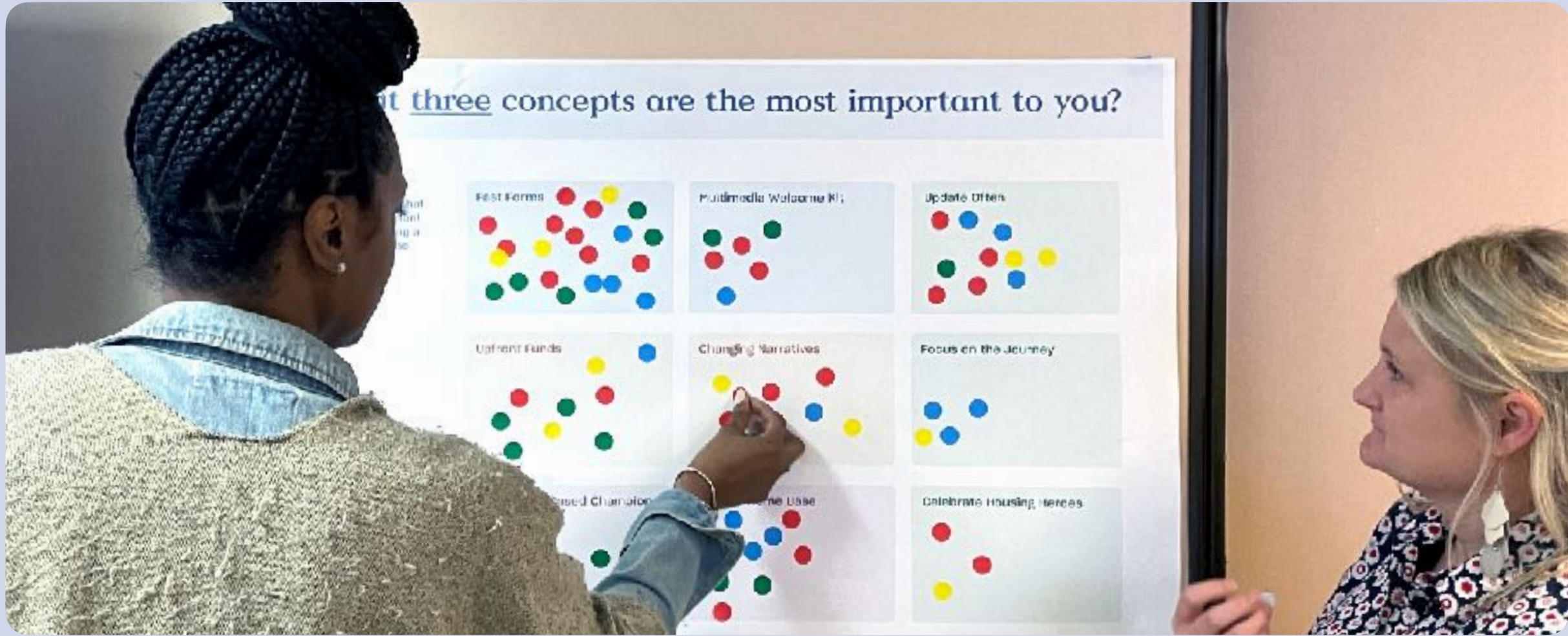- Provides in-depth oversight on specific projects

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- First nonprofit policy-design lab for US public sector

- Partner with government agencies and NGOs

- Design both policy and services

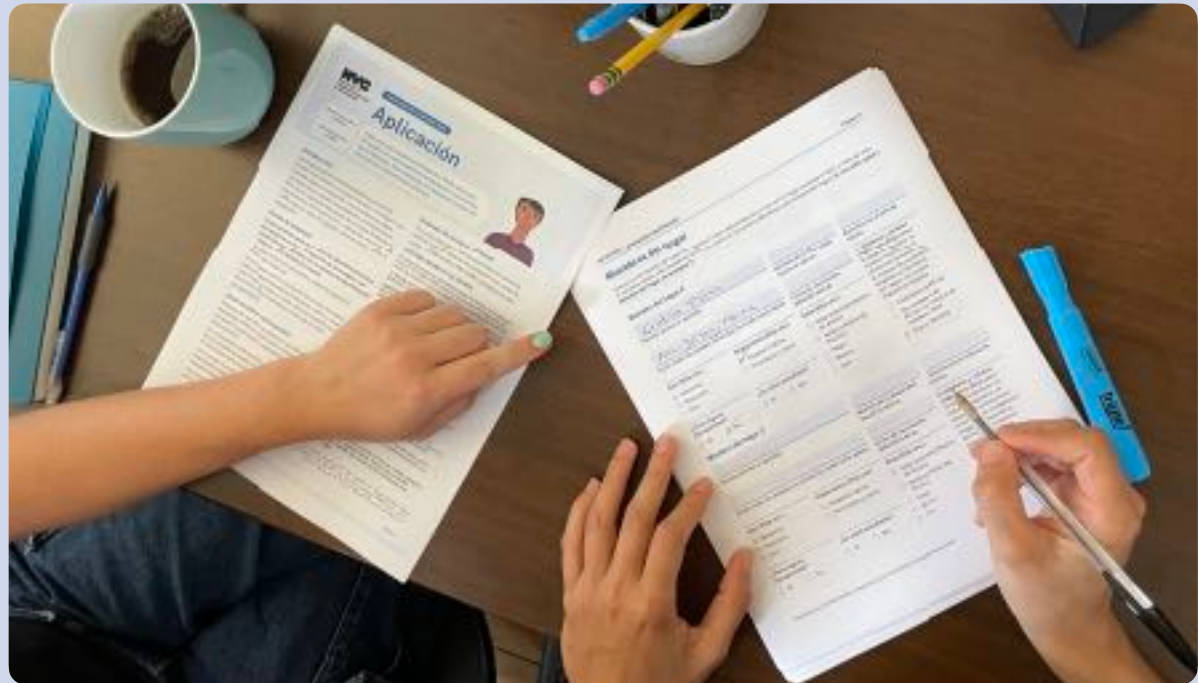- Focus on experiences of low-income and marginalized people

▾ SERVICE DESIGN

▾ POLICY DESIGN

▾ PRODUCT DESIGN
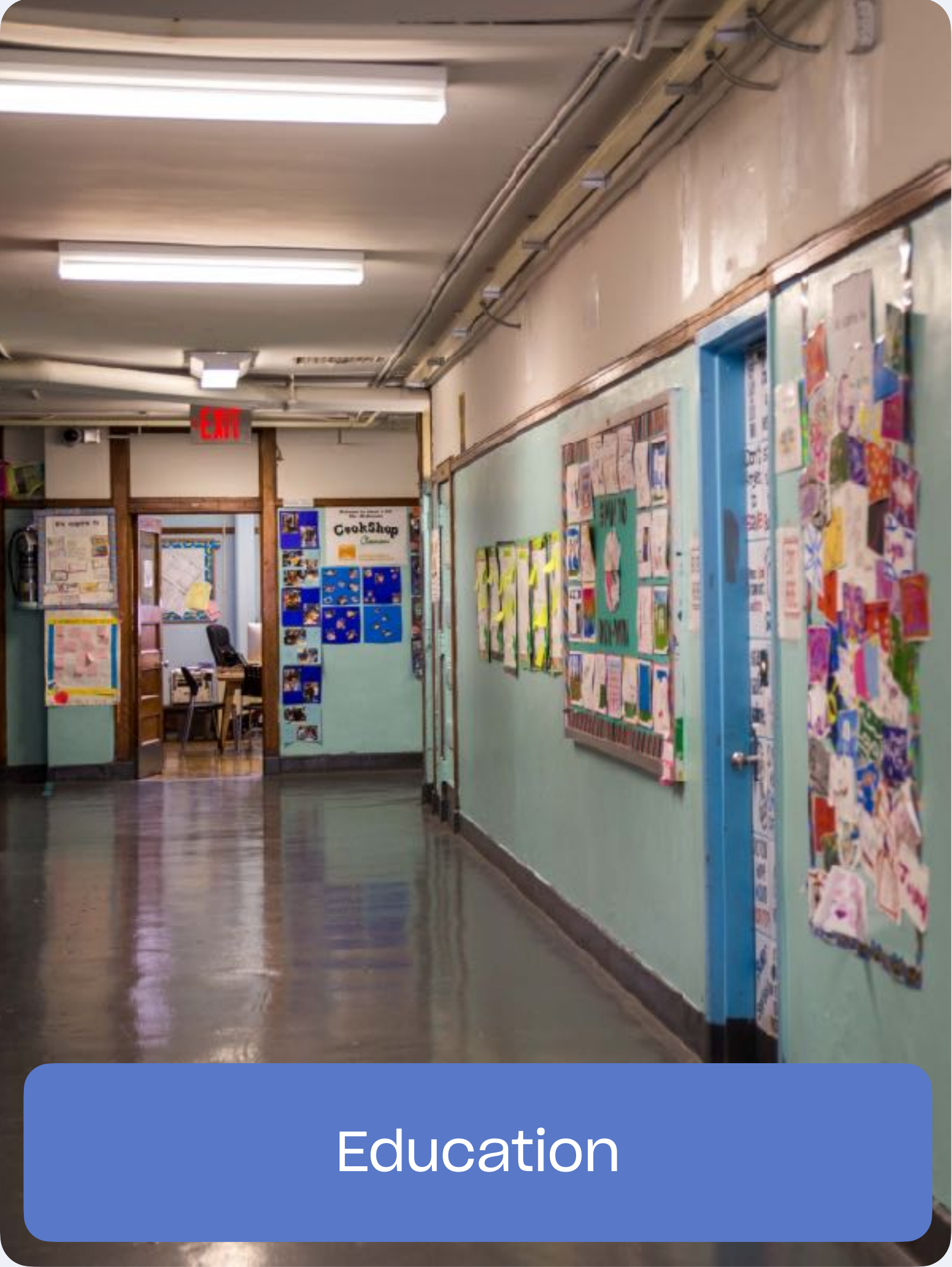
▾ RESEARCH & EVALUATION

▾ CHANGE MANAGEMENT
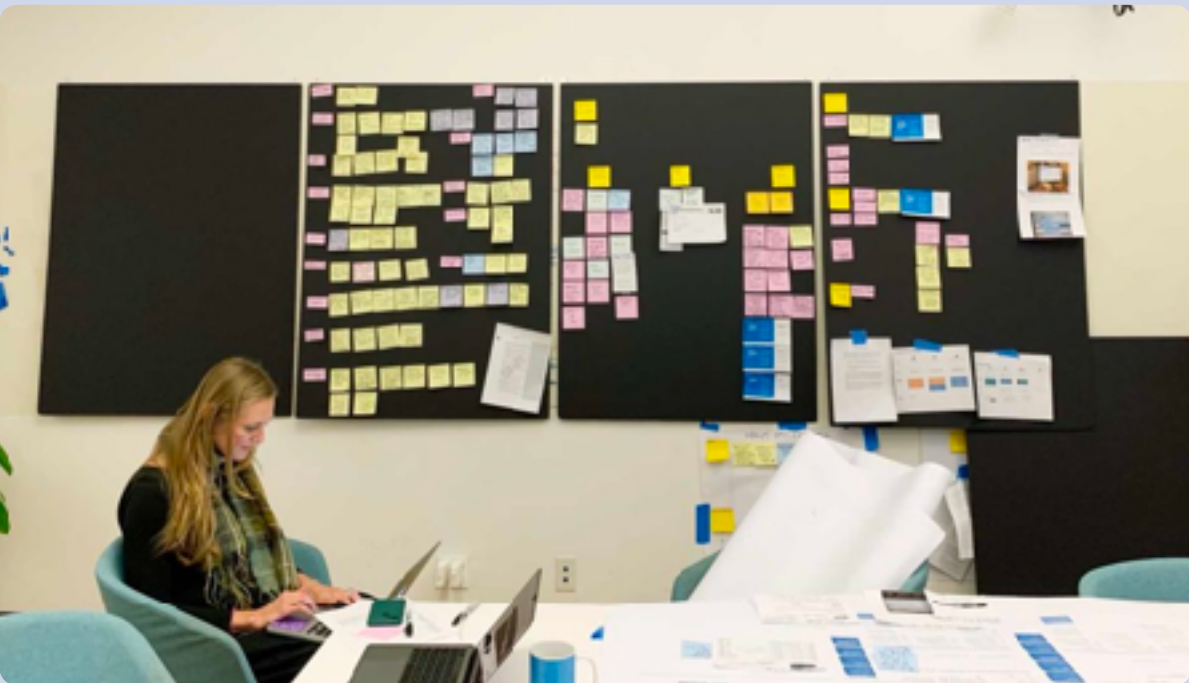
▾ COMMUNITY ENGAGEMENT

Children & Families

Education

Health & Accessibility

Housing & Homelessness

Justice & Violence

Veterans
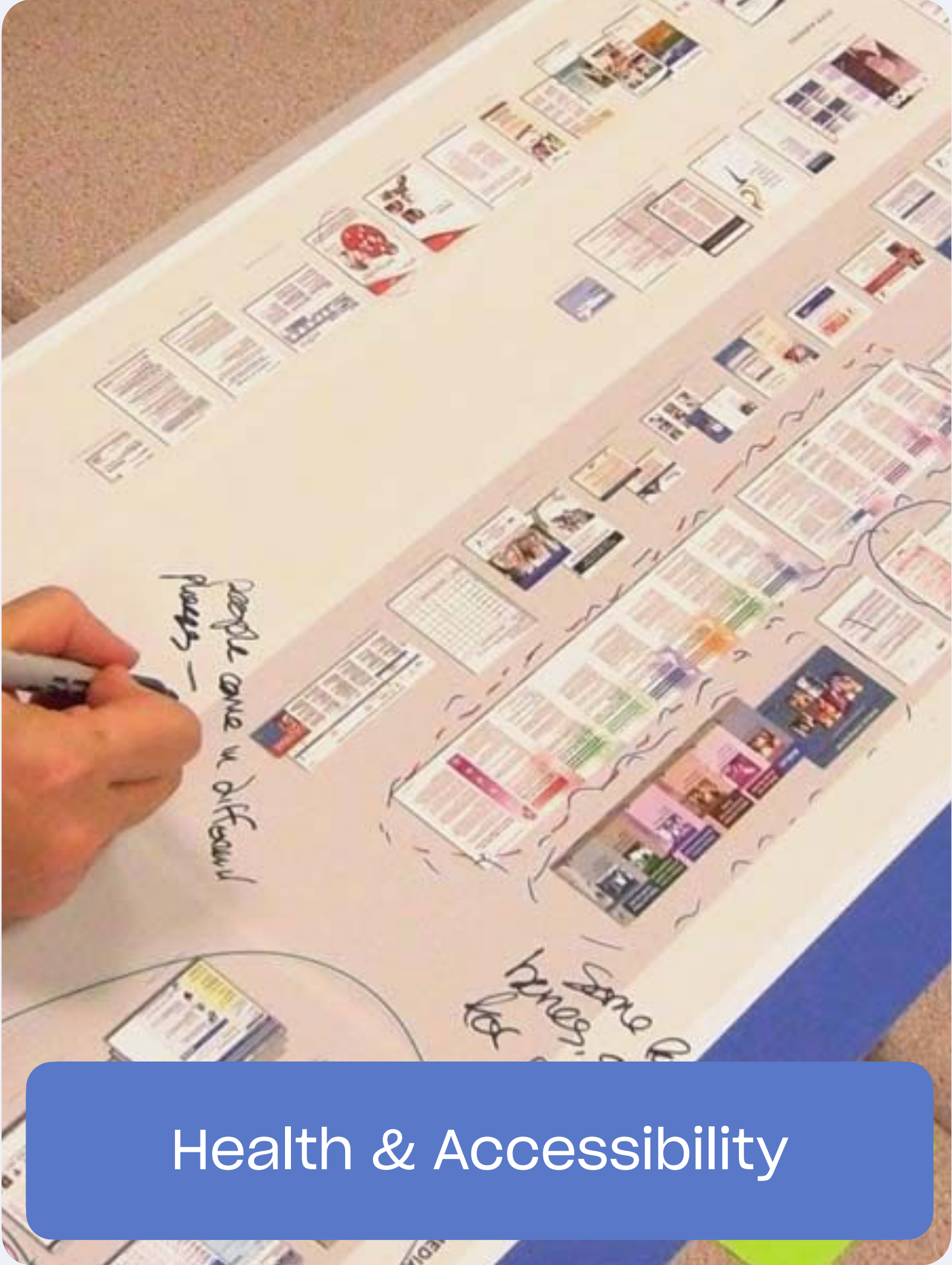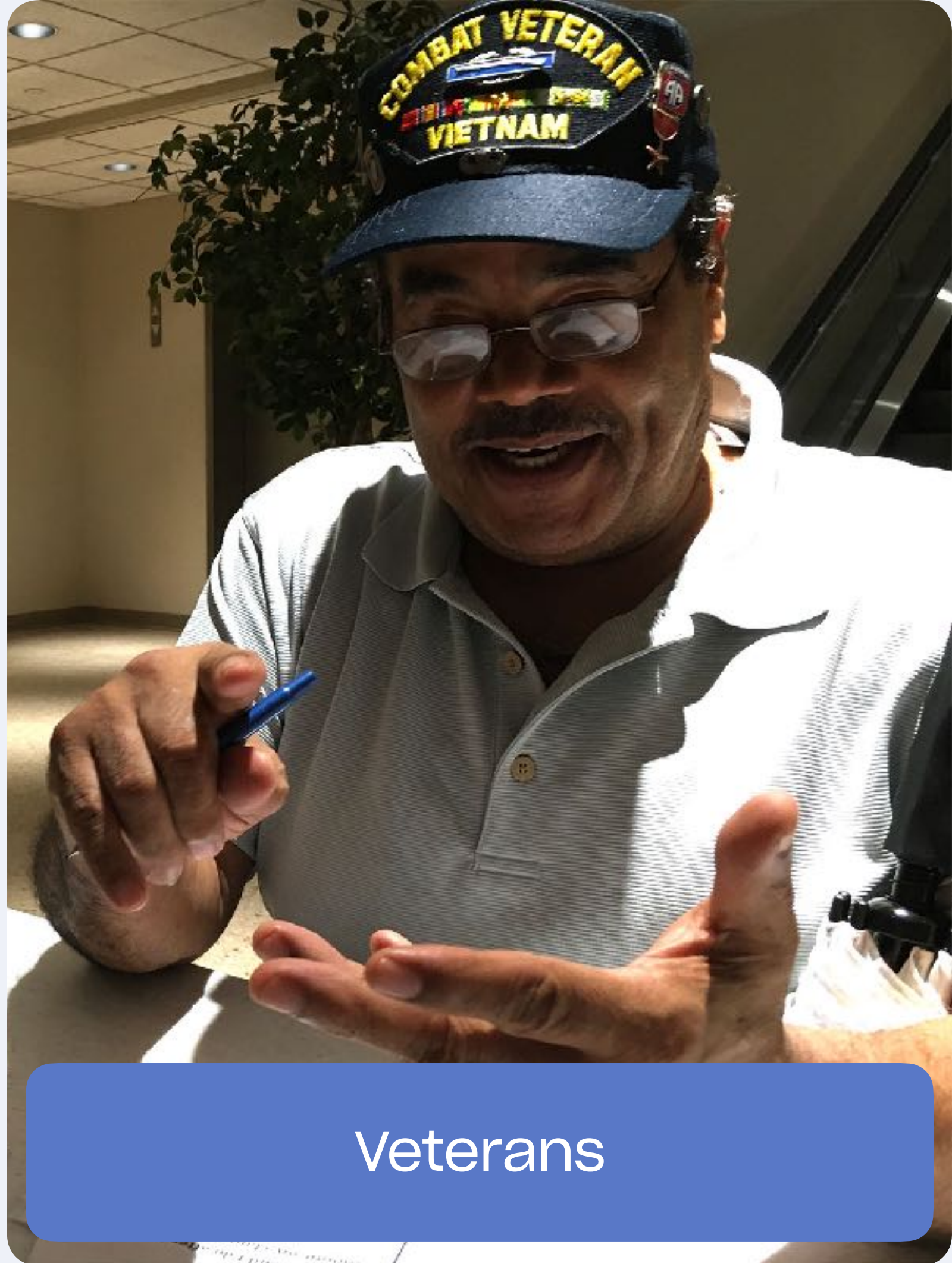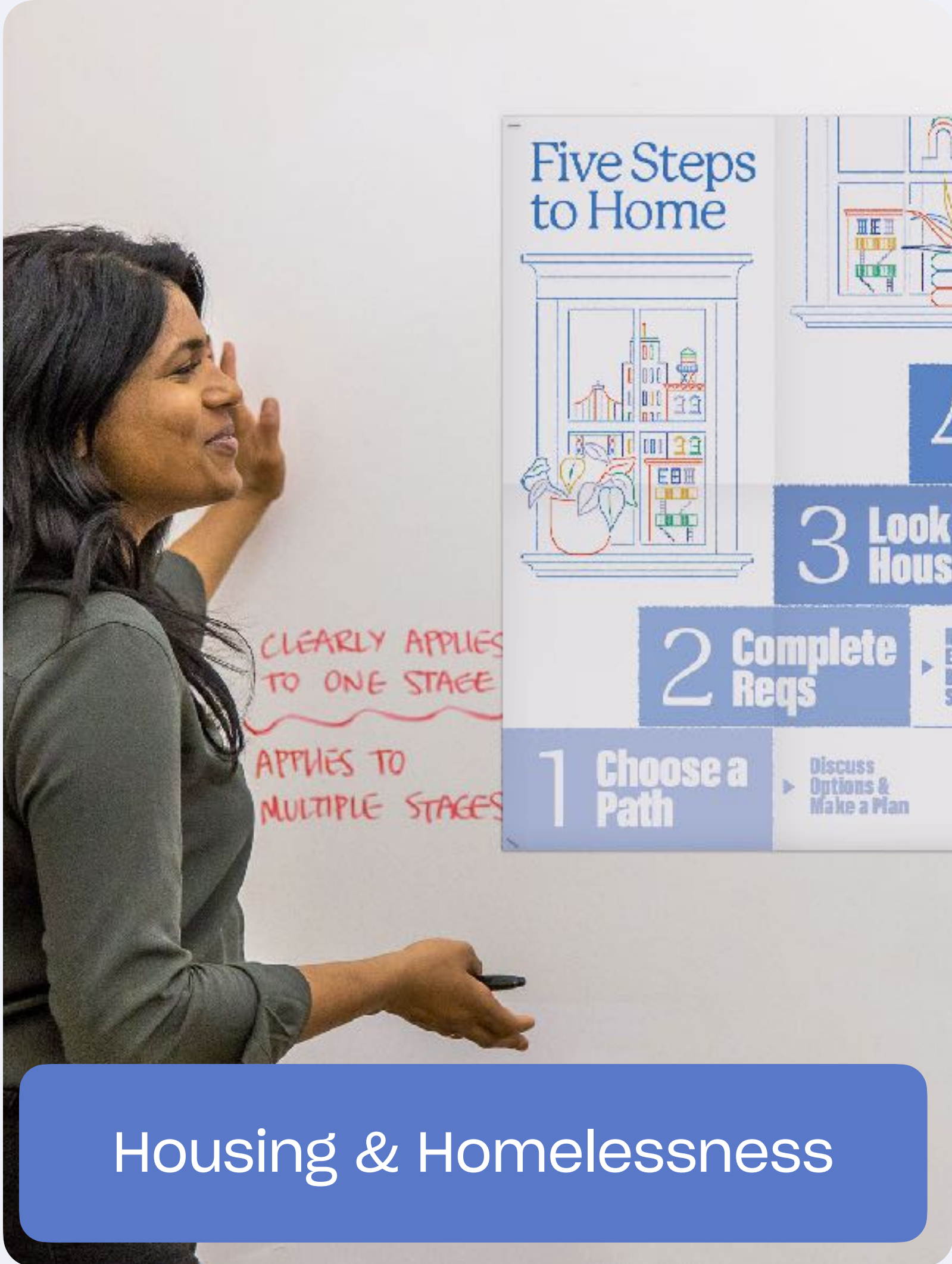
Human-Centered

Co-Creative

Material & Iterative

Time-Based & Holistic

Adapted from Stickdorn et al.

'CHANGE' & 'CHANGE MANAGEMENT'

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Change

The act of making something different

- Ideally, through a human–centered innovation process

- Commonly outsourced to design agencies

- Outputs not always implemented as intended once design team step away
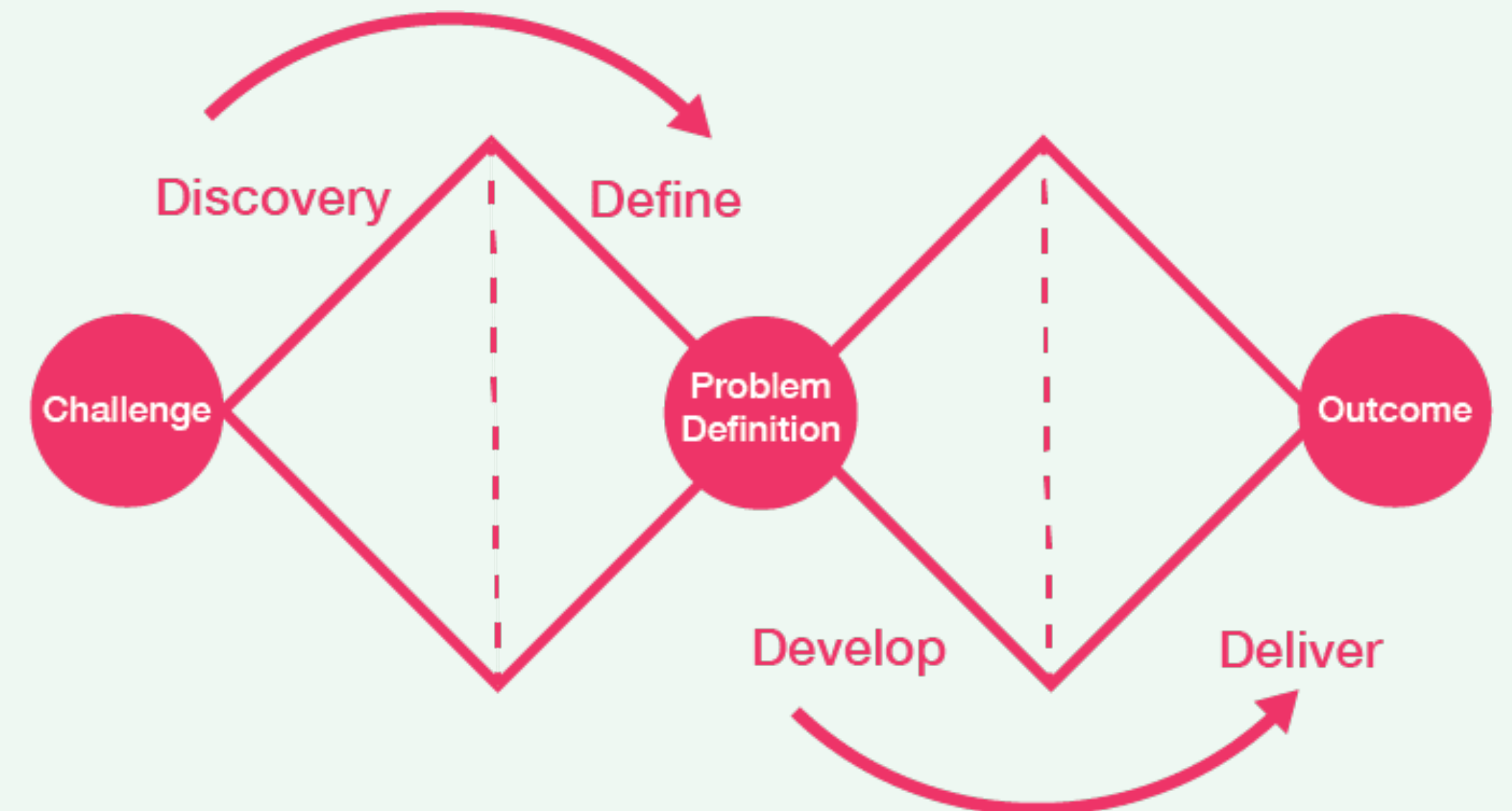
▲ DESIGN COUNCIL'S DOUBLE DIAMOND

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Change

The act of making something different
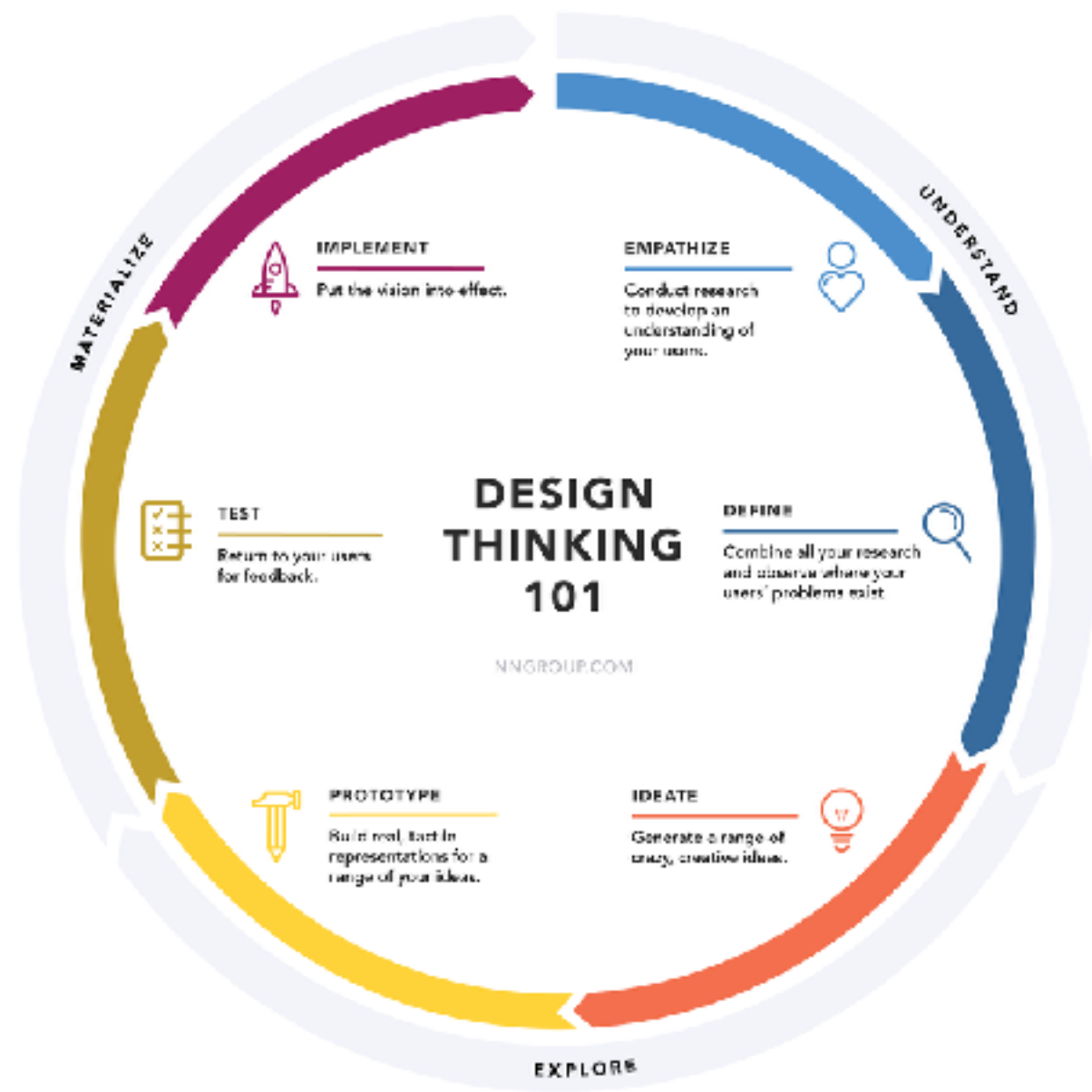
▲ NNGROUP.COM
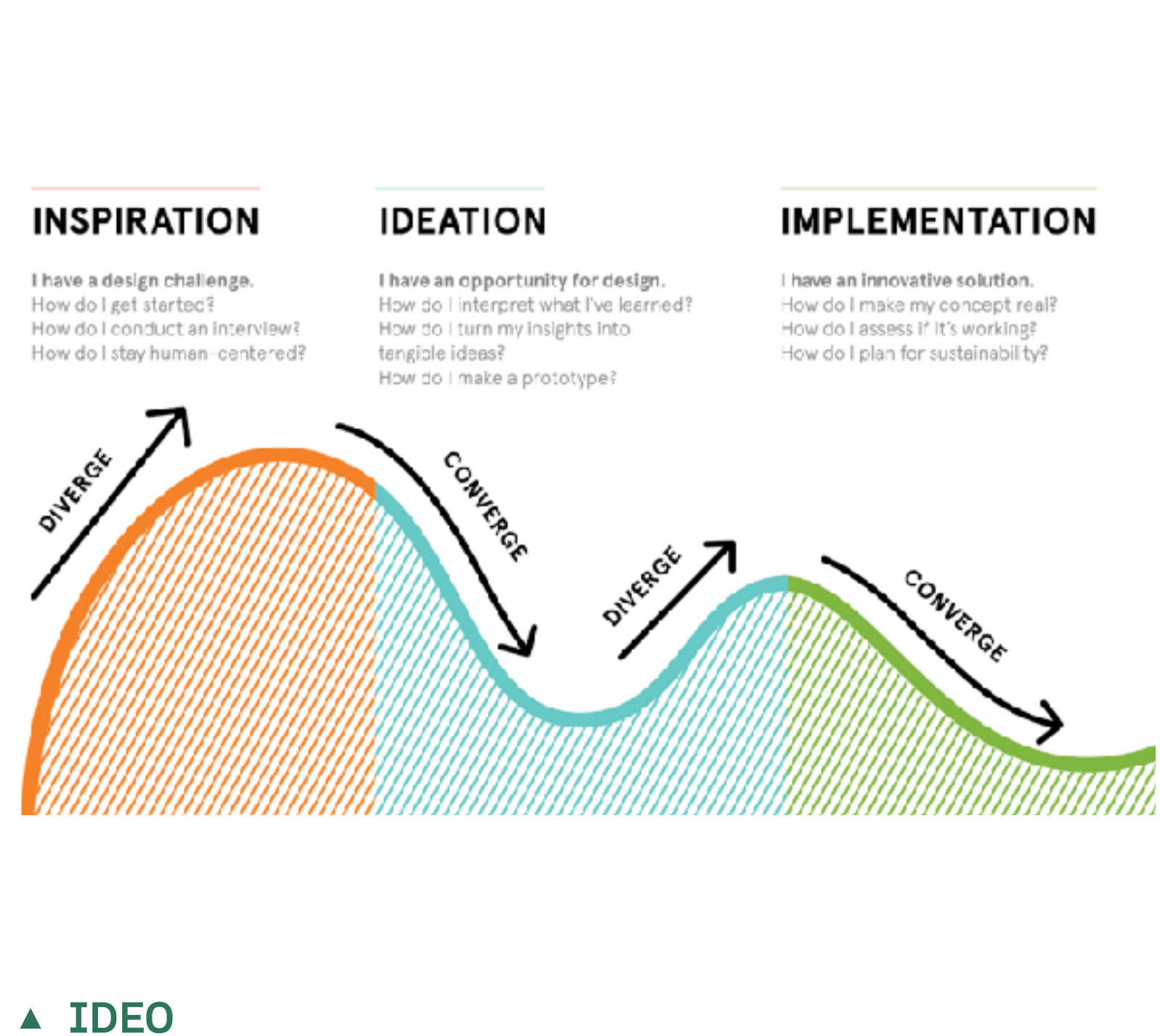
▲ IDEO
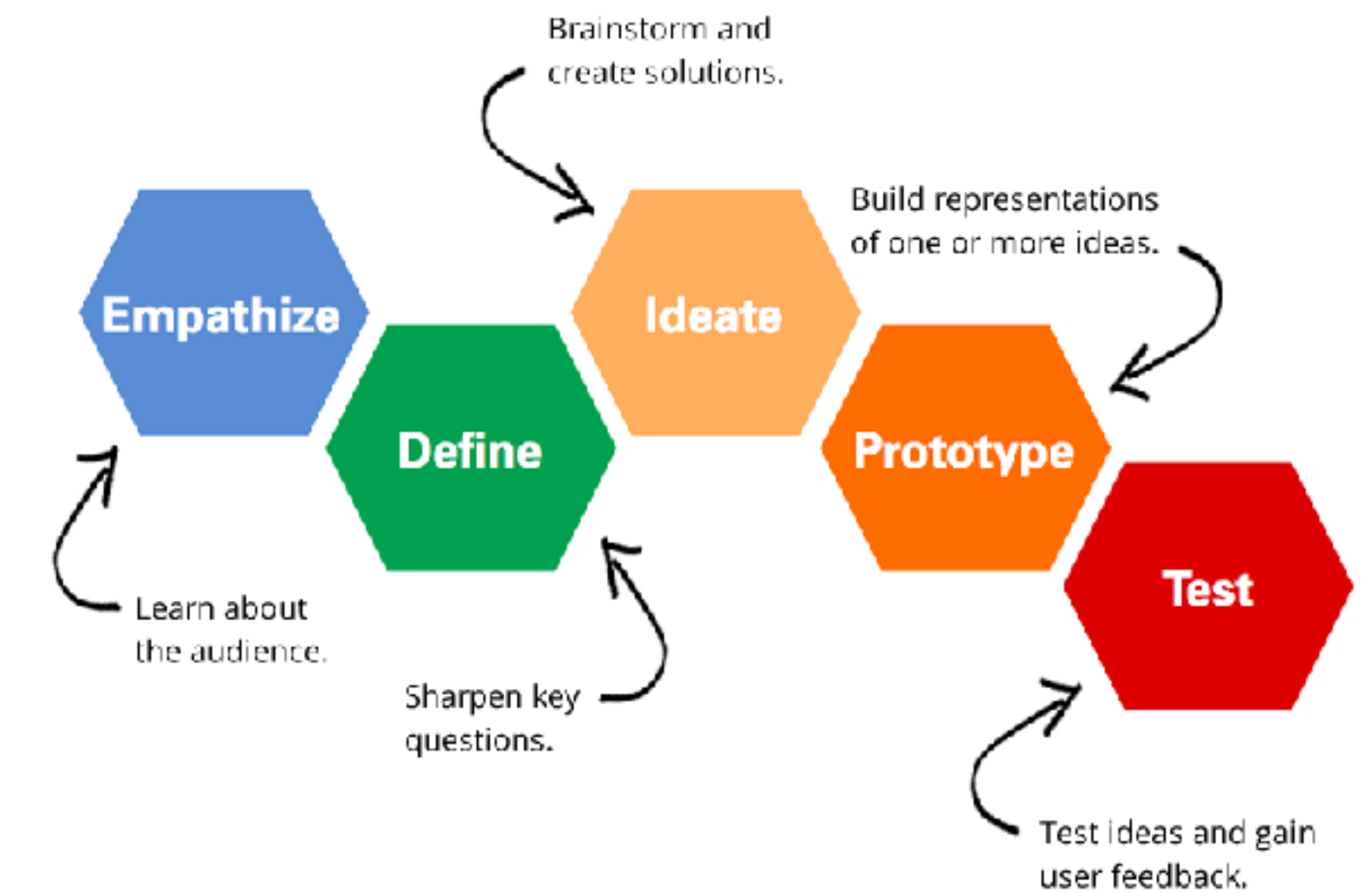
▲ STANFORD SCHOOL

Change Management

The process of considered implementation of a change

- Many methodologies—most focus on communication & coordination

- Commonly overseen by in-house teams

- Top-down approaches suffer from a lack of consideration of the realities of front-line staff
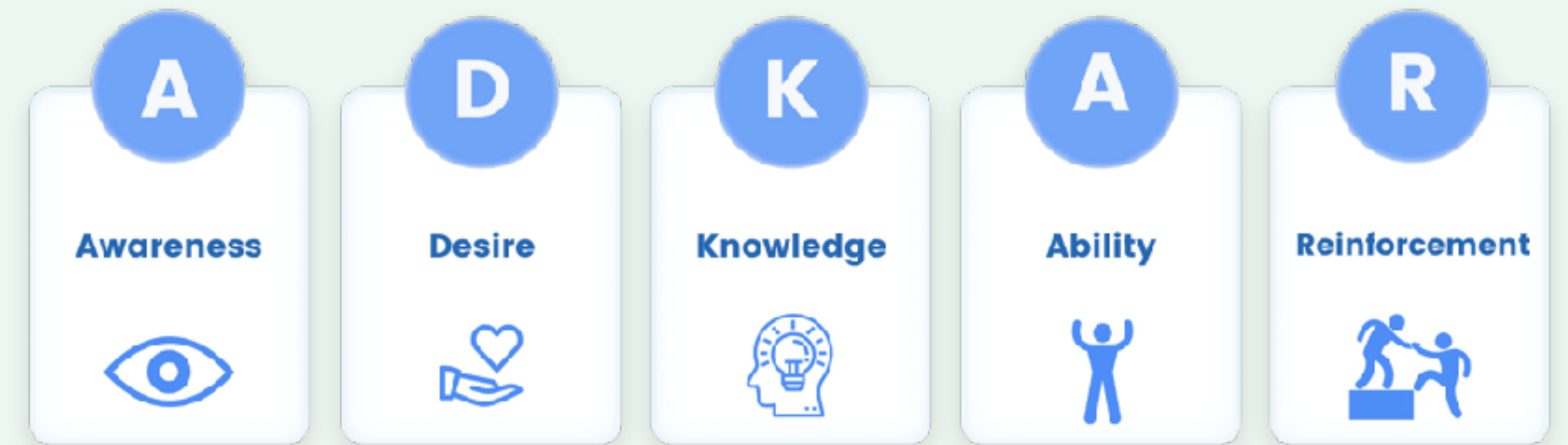
▲ PROSCI'S ADKAR MODEL

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Change Management

The process of considered implementation of a change
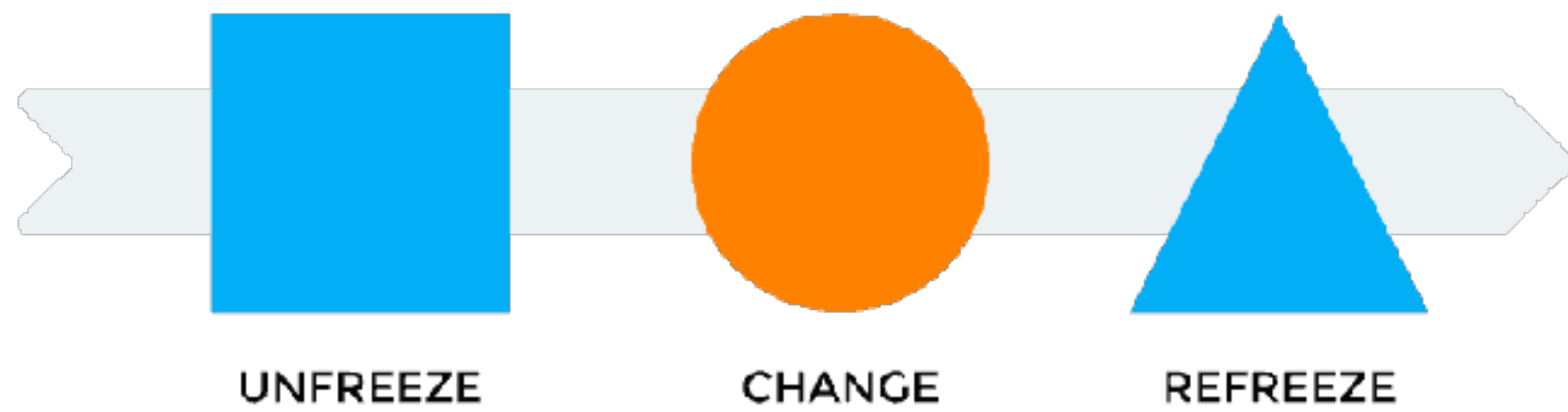
▲ LEWIN'S CHANGE MODEL
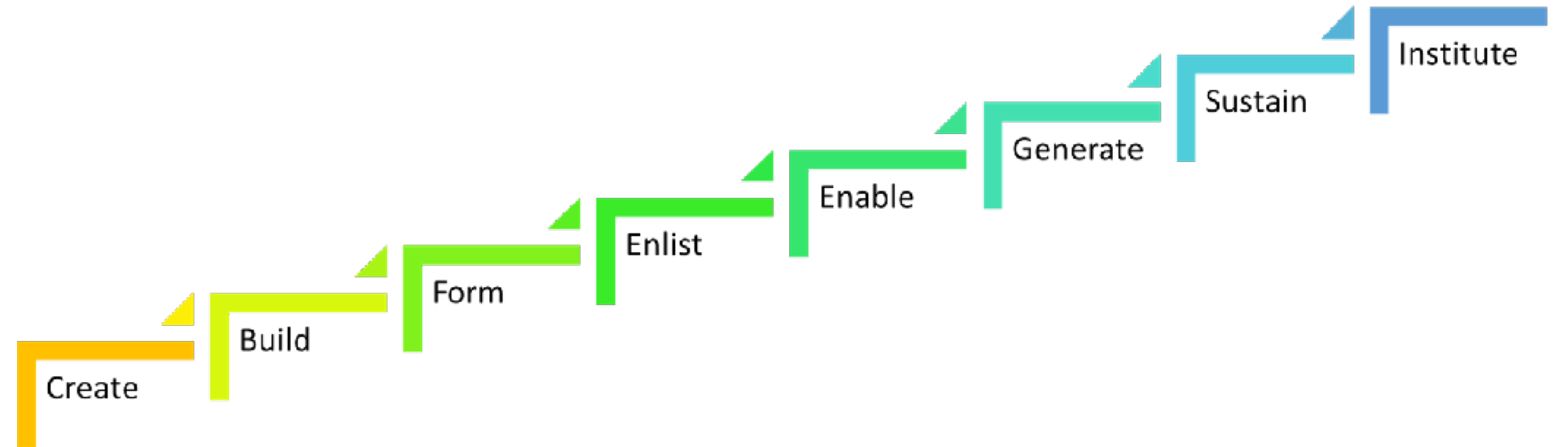
▲ KOTTER'S 8-STEP CHANGE MODEL

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Sticking with the status quo = bad

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A poorly planned change = bad, bad, not good

Sticking with the status quo = bad

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Determine if you actually need a change project or a change management process

You don't have a clear 'good' process/tool/policy/service	You have something that works or could work but it is inconsistently applied	No clear need for change or you lack resources to implement a change
Change Project	Change Management Process	Neither

CHANGE MANAGEMENT AT PPL

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Change
Product or Service

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Change
Product or Service

Change Management
Considered Process

Change
Product or Service

Change Management
Considered Process

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Change
Product or Service

Change Management
Considered Process

Change Management at PPL ▸ PPL's Release Model

PLAN		RESEARCH		DESIGN		DEPLOY		SCALE	
R1 Scope	**R2** Prepare	**R3** Research	**R4** Synthesize	**R5** Co-Design	**R6** Launch	**R7** Monitor & Evaluate	**R8** Redesign	**R9** Integrate	**R10** Scale & Share

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PLAN
RESEARCH

| R1 Scope | R2 Prepare | R3 Research | R4 Synthesize | R5 Co-Design | | R9 Integrate | R10 Scale & Share |

The design process includes contextual research of front-line staff and service users.

Discovery Define

Challenge Problem Definition Outcome

Develop Deliver

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PLAN		RESEARCH		DESIGN		
R1 Scope	**R2** Prepare	**R3** Research	**R4** Synthesize	**R5** Co-Design	**R6** Launch	Monitor

- Involve front-line staff and service users in developing the outcome.

- Work with operational teams to prepare for an isolated pilot.

- Work with agency leadership for approvals.

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PLAN

DEPLOY

SCALE

R1
Scope

R2
Prepare

R7
Monitor & Evaluate

R8
Redesign

R9
Integrate

R10
Scale & Share

- Oversee a live pilot to identify issues with the products/services and the implementation needs.

- Redesign the products/ services for scaled launch.

- Use pilot findings to inform a scaling plan.

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PLAN

RESEARCH

SCALE

| R1 Scope | R2 Prepare | R3 Research | R4 Synthesize | Co- | R8 edesign | R9 Integrate | R10 Scale & Share |

- Broadcast changes to wider staff.

- Integrate new products/ service processes into systems, trainings and workflows.

- Onboard and train relevant staff.

- Sunset old systems/tools/ processes to encourage adoption.

CASE STUDY: PREVENTION PATHWAYS

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ACS PREVENTION PROGRAMS

ACS PREVENTION PROGRAMS
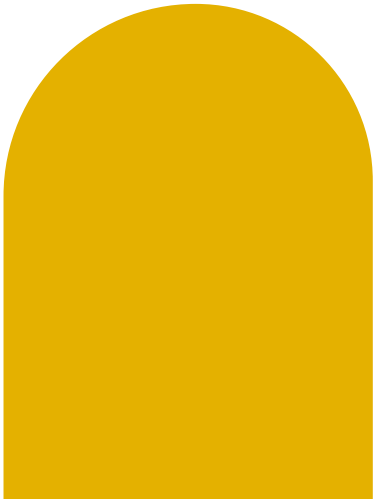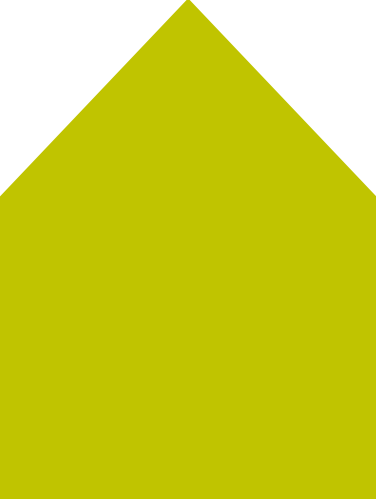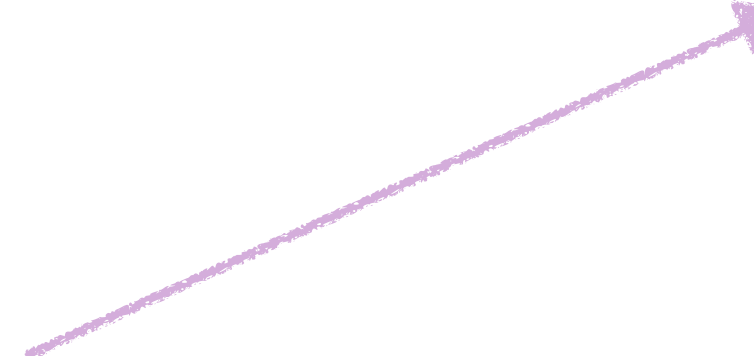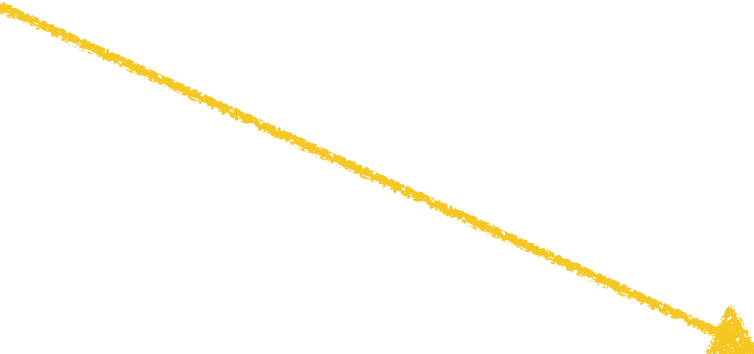
NYC AGENCY
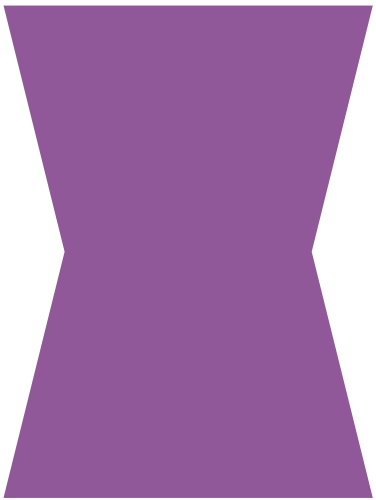
NYC AGENCY

NYC AGENCY

ACS PREVENTION PROGRAMS

1. **Identified a partner with shared vision and objectives**

- ACS Prevention works with many City agencies to increase referrals

- NYC Health & Hospitals (H+H) recently invested in their office of Child Abuse Prevention and Treatment

- H+H committed to referring to Prevention services where possible

2. Ensured inclusive, transparent communications

- H+H leaders were included in all project meetings

- All conversations of consequence included representatives from both agencies
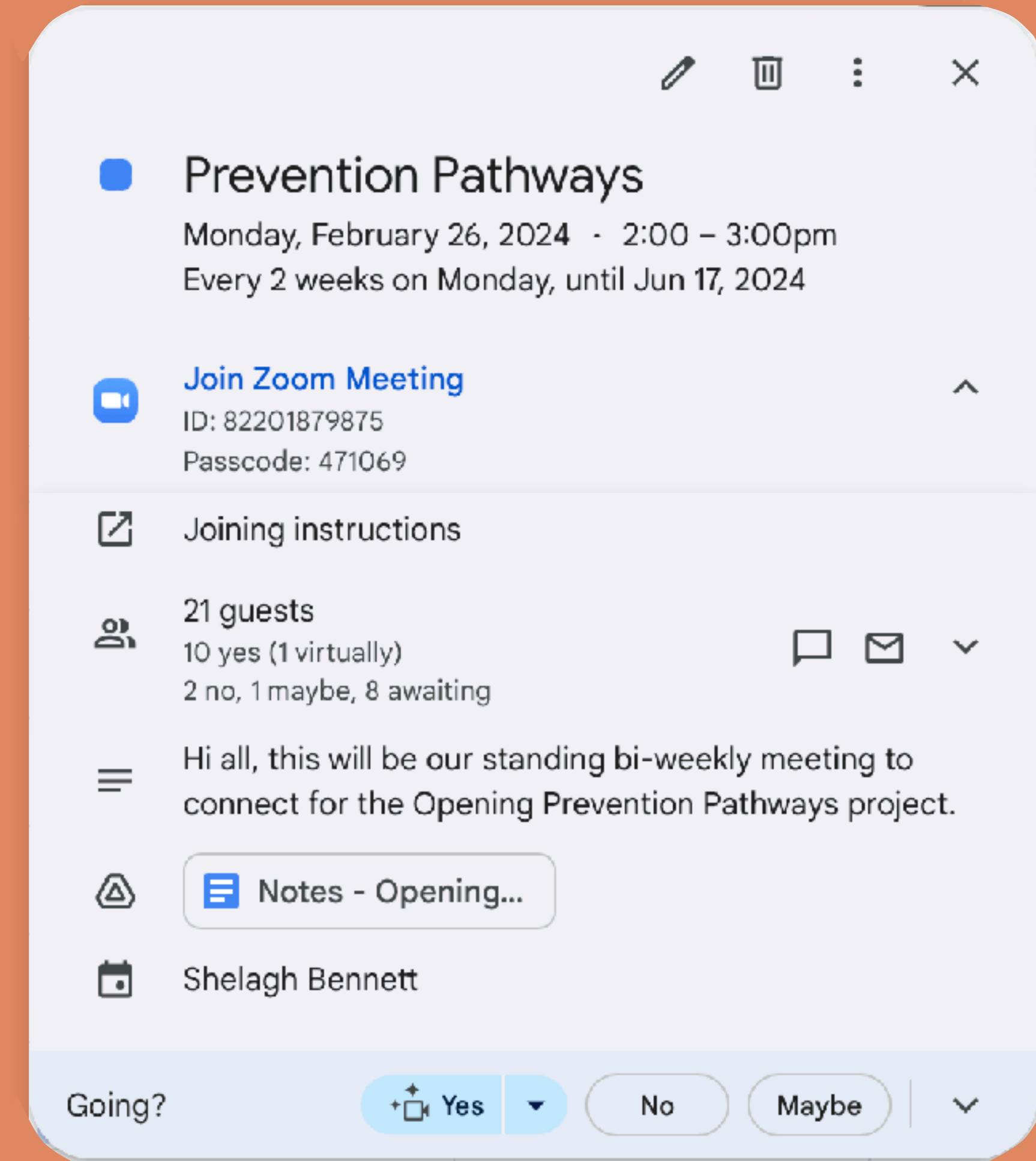
3. Co-designed and tested change with staff and users of both agencies

- Staff and family-centered outputs (Prevention → Family Support)

- Unified process ensured both agencies were on shared journey

- Regionalized pilot highlighted need for simplified materials and misalignment between partners

4. Integrated staff at multiple levels

- Pilot launch held at H+H hospital with networking for social workers on ACS' & H+H's sides

- Redesigned referral pathway and trainings encourage social worker interactions

- Implementation requires collaborating from operational and staff in both agencies

5. Leaned into the grunt work

- Vast majority of effort goes to working with product owners, operational leaders, support staff

- 1,000s of hours go into training decks, outreach emails, screener forms, coordination, template copy, policy clarifications, legal reviews, systems access, etc.

Email #8: Test Refer

Send to: CBO provider P
notifications

Hello _____,

Thank you for letting us k
Please complete the follo

Step 1: Add the findhelp.

- support@findhelp
- hello@findhelpma
- no-reply@zoom.u

Step 2: Ask your IT team
address

- *.findhelp.com
- *.findhelp-qa.org
- @findhelpmail.com
- @findhelp.com
- 159.135.232.210
- no-reply@zoom.us (*for webinar invitations*)

If you require additional support or continue encountering issues with receiving notifications, please respond to this email or contact PREVFindHelp@acs.nyc.gov.

Thank you,

Email #6: Listing Setup Approved & Test Referral

Send to: CBO provider Program Directors and staff supporting with listing setup

Hello _____,

Thank you for confirming that you have completed the two self-guided trainings and set up your listing.

We have reviewed your listing and eligibility screener form, and it is approved by ACS Prevention.
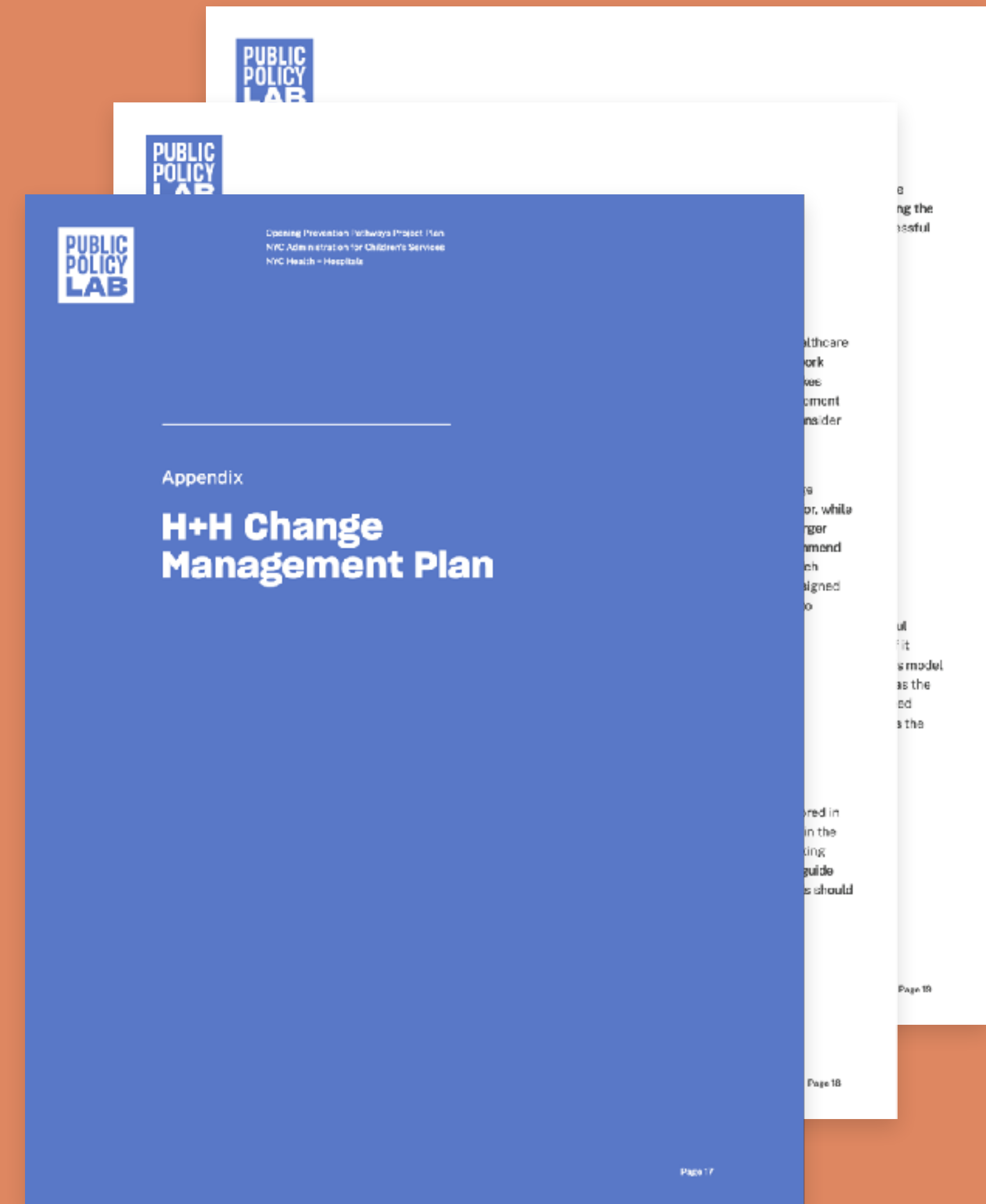
To ensure you are receiving referral notifications, we have sent you a test referral. Staff members whose email addresses are set to receive eligibility form referral notifications should have received an automated email from findhelp.org notifying them of the new referral. **Please let us know if you or any staff added to manage your listing did not receive a referral notification.**

If you require additional support, please respond to this email or contact PREVFindHelp@acs.nyc.gov.
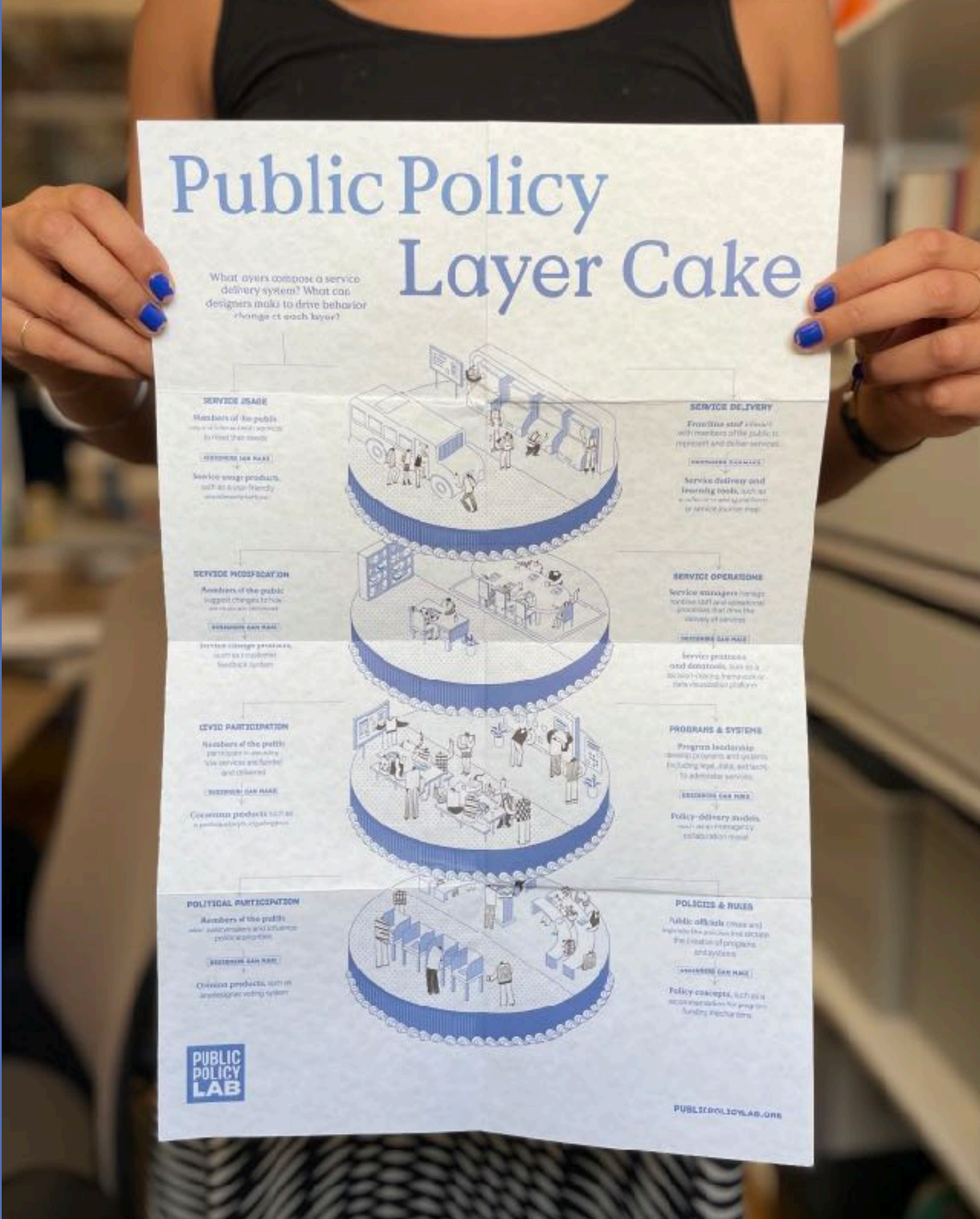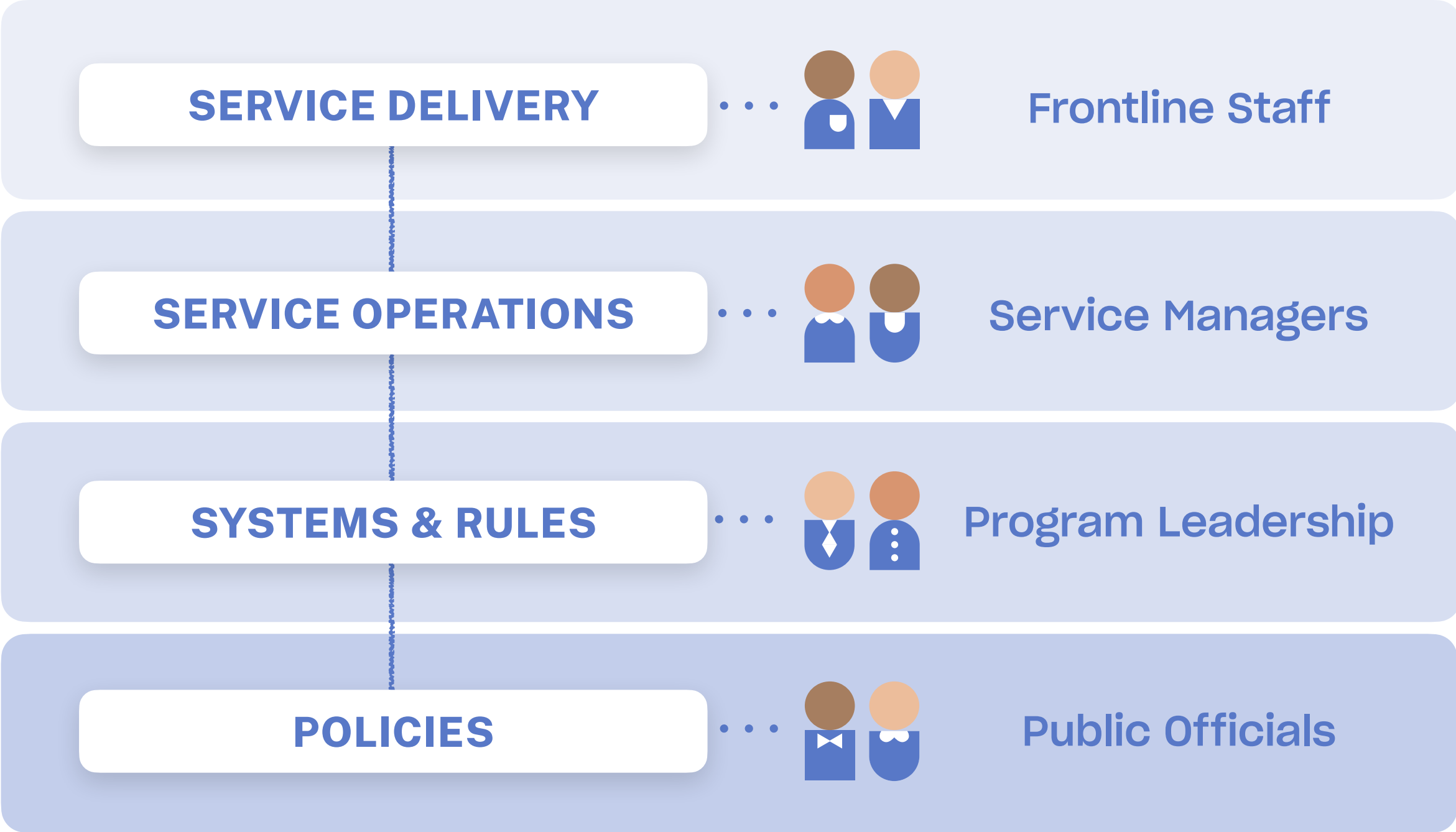
Thank you,

6. Leveraged proven change management methods

- Developed an action plan following Kotter's 8 Steps for H+H system-wide roll out

- Built ACS' system-wide rollout with ADKAR method in mind

PPL TOOLS

SERVICE DELIVERY · · · Frontline Staff

SERVICE OPERATIONS · · · Service Managers

SYSTEMS & RULES · · · Program Leadership

POLICIES · · · Public Officials

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Healthcare Communications

How Communication Flows from National Guidance through to Frontline Healthcare Workers

This chart is based on the flow of infection control information from national and state guidance down through healthcare systems and facilities, ultimately reaching frontline healthcare workers. With a focus on materials and communication tools, the chart highlights the various forms and actors information passes through as it gets disseminated. It was originally developed to help guidance-setters consider the various audiences and translations of their outputs.
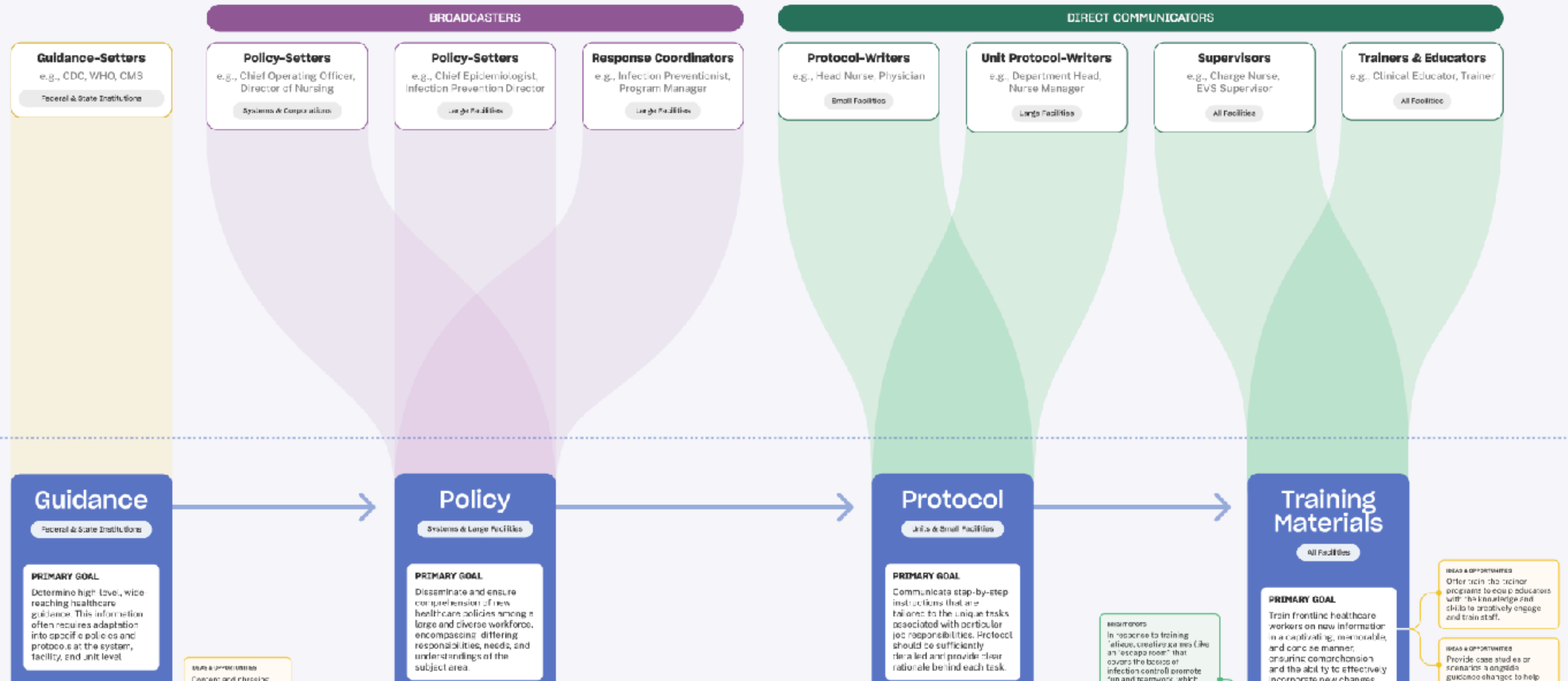
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MATERIAL CREATORS

At each level of the infection control communications system, a variety of materials and tools are used to effectively convey information to healthcare workers.

Some materials facilitate **broadcast** (or wide-reaching) communication, while others facilitate **direct** communication.

Broadcasters
These user roles leverage communications tools, channels, and/or messengers to reach the target audience.

Direct Communicators
These user roles speak directly to intended audiences.

BROADCASTERS

Guidance-Setters
e.g., CDC, WHO, CMS
Federal & State Institutions

Policy-Setters
e.g., Chief Operating Officer, Director of Nursing
Systems & Corporations

Policy-Setters
e.g., Chief Epidemiologist, Infection Prevention Director
Large Facilities

Response Coordinators
e.g., Infection Preventionist, Program Manager
Large Facilities

DIRECT COMMUNICATORS

Protocol-Writers
e.g., Head Nurse, Physician
Small Facilities

Unit Protocol-Writers
e.g., Department Head, Nurse Manager
Large Facilities

Supervisors
e.g., Charge Nurse, EVS Supervisor
All Facilities

Trainers & Educators
e.g., Clinical Educator, Trainer
All Facilities

MATERIALS

Materials produced at each stage of the communications flow are critical for successfully transferring information.

LEGEND:

⚠ Mainly present or especially relevant during emergencies

Bright Spots

Challenges

Guidance
Federal & State Institutions

PRIMARY GOAL
Determine high-level, wide-reaching healthcare guidance. This information often requires adaptation into specific policies and protocols at the system, facility, and unit level.

Policy
Systems & Large Facilities

PRIMARY GOAL
Disseminate and ensure comprehension of new healthcare policies among a large and diverse workforce, encompassing differing responsibilities, needs, and understandings of the subject area.

Protocol
Units & Small Facilities

PRIMARY GOAL
Communicate step-by-step instructions that are tailored to the unique tasks associated with particular job responsibilities. Protocol should be sufficiently detailed and provide clear rationale behind each task.

Training Materials
All Facilities

PRIMARY GOAL
Train frontline healthcare workers on new information in a captivating, memorable, and concise manner, ensuring comprehension and the ability to effectively incorporate new changes.

QUESTION AND ANSWER

WAYS TO WORK WITH US

In collaboration with the NYC Service Design Studio, PPL now offers funded capacity building and human-centered design services to City agencies.

PARTNER & FUNDER

- NYC Service Design Studio / NYC Mayor's Office of Economic Opportunity

- Research Foundation of CUNY Institute of State and Local Governance

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The partnership allows us to offer NYC public agencies:

PRACTICE EXERCISES

NYC staff, chat with us!

Join our weekly virtual office hours to get light-touch consulting on a project or idea.

COLLABORATIVE DESIGN PROJECTS

CAPACITY BUILDING WORKSHOPS

OFFICE HOURS

- Staff of NYC Agencies, email:
  info@publicpolicylab.org

- All others, email:
  jbuckley@publicpolicylab.org

THANK YOU