Understanding How Change Impacts Organizations, and Effective Responses to an Evolving Environment
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Alexia Eslan: I am a senior consultant at JSI Research and Training Institute and I am presenting with my colleague Morgan Anderson who will be assisting during the webinar today. Morgan you want to say hi to everyone?

Morgan Anderson: Sure. Hi everyone I hope you can see me, I'll be helping out with the technical side of this webinar.

Alexia Eslan: Right. Well, thanks again everyone for joining us, we're looking forward to presenting the information but also hearing from you we really like to have interactive webinars, so as much as you feel like sharing with the rest of the group, please go ahead and do that. We'll be talking in just a little bit how you can go ahead and share with the rest of the group.

Before we get started, I wanted to tell you a little bit about JSI Research and Training Institute. We are a Public Health consulting company. We have been involved in HIV care and prevention since the beginning of the epidemic. We've been around for almost 30 years. Currently we are funded under the Center for Disease Control and Prevention for providing capacity building assistance to community based organization throughout the US and you can see on the screen the different areas that we provide capacity building assistance on.

Organization infrastructure and program sustainability, the selection, adaptation, implementation and evaluation of evidence based intervention and monitoring of and evaluation of both at the organizational level and at the programmatic level.

We will be giving you our contact information at the end of the webinar so you can always feel free to contact us with any capacity building assistance needs you might have.

We have three main learning objectives for our presentation today, and [02:00] the first one is to identify the stages of response to change. The second one is to identify core components of change management strategies. So those two first objectives are more on the theoretical side of things and then the last one describe rapid cycle improvement, we will actually do some hands-on description of tools that you can use to implement change within your organization. We will be walking through a case study using those tools so then it would make more sense to everyone.

Before I actually dive into the content, I will have Morgan go through a couple of the basics on how you can participate in this webinar.

Morgan Anderson: Thanks Alexia. So there are a few ways that you can participate today, it's going to really add to the dynamics of the webinar if we get interactive. To begin with, we're going to do a couple of polls throughout the webinar. When they pop up, you have the option to select your answer and submit it to us so we can get a feel of how the group responds to a question. Your answer will not be linked to your name, so you don't have to worry about us calling you out individually.

We also have the option to do a chat which towards the bottom of your screen, you will see that there is an option to chat people. If you have a question about the webinar in general, you can click on the host presenter which is me, or you can click to everybody and ask the question. If you click it just to me, I'm gong to assume that you don't want me to say your name out loud so I'll just then ask the question to the group. Especially if it's a technical issue, feel free to just send that question to me.

The last way that you can get your question answered is to raise your hand, you're going to see that little red circle that just popped up [04:00]. If you raise your hand or if your audio is linked to your name, I can un-mute you and you can ask that question verbally. Once, your question is answered you have to click, 'raise hand again' to un-raise your hand. Otherwise I'm going to want to keep your line open and that can get some background noise in there.

The easiest way is to send the question via chat and I can read it but if you feel more comfortable verbally asking your questions, raise your hand and I will try to un-mute you if your audio is linked to your name. Those are the ways that we have to communicate today.

Alexia Eslan: Great, thank you Morgan. Okay, so before we get started, let's take a poll and we are going to ask you a question, so I think everyone can see this now. When you think of change of management, what is your response? I better start looking for a new job? Do we really need to change? Oh good, someone is going to start managing this mess? Yeah change, let me know what to do?

We will give you all a minute to answer this poll. Let us know what your feelings about change management are. So if you just want to look on your right column, and select one of those four options on how you feel

about change management? Okay, I think most of you have answered, so we'll go ahead and close the poll and see what the actual responses are.

Okay, so, let's see. The majority of you are [06:00] within the, yeah change, let me know what to do. That's great. A couple of you are, I see one person, I better start looking for another new job, which is a very common feeling and then one of you, do we really need to change.

So I think it is very common to actually have many different feelings when it comes to change. When we look at individual level responses, there's typically a curve for how we feel when change is introduced and this is a curve for the individual level feeling. People tend to go through a range of responses when adjusting to major change. The change curve model describes the four stages most people go through as they adjust to change as you can see in this figure.

The change curve is widely used in business and change management and there are many variations and adaptations of it. It is often attributed to psychiatrist Elisabeth Kubler Ross resulting from her work on personal transition in grieve and bereavement. Managing the change can help the curve less deep or move people through the stages faster. So even if they go through these stages, if you're managing it well, they could go through it faster or it can make it less severe.

Let's take a look at the specific changes. As the change curve shows, when change is first introduced people's initial reaction maybe shock or denial. That's that first stage right here, stage one that's shock-denial, so I think that the two of you that answered I better look for a new job, or do we really need change that many times is kind of like that image or reaction just to change. It's like, "Oh no, I'm going to loose my job [08:00], what's going on?"

Then as people start knowing more about the change and what's going to happen, then they start many times going to the second stage of anger and fear and that's when there could be quite a bit of disruption within their conversation. If the change is not managed correctly, this could really implicate us, this could be a lot of problems in this second phase if it's not managed correctly.

If it's managed well then people tend to move forward to the third stage of acceptance and exploring, "Okay, what's my role within this new environment within the different changes that have been implemented and eventually they will commit to the change and work toward making their conversation better.

Of course that will depend on how that change is managed and so that's why we are here today to this webinar to talk a little bit about how to manage change.

First starting with the definition, what is change management? The definition we have here is change management is a structure approach for ensuring that changes are thoroughly and smoothly implemented and that the lasting benefits of change are achieved. The focus is on the wider impact of change particularly on people and how they as individuals and teams move from the current situation to the new one. The change in question could range from a simple process change to major changes in policy or strategy needed if they were going to station is just achieve it's potential.

No matter what the size of the change is, there will always be some adjustment to it. So we don't manage the change well, it could really cause chaos. This is a little person [10:00] feeling turned upside down because their world, there's no change management basically, you might feel like your world is turned upside down, you might feel lost, you might feel angry. All those feelings that we saw in that person second stage of the change.

Currently HIV prevention is at an intersection of two very rapidly changing environments, HIV science and healthcare. We have a lot of changes happening with implementation of high impact HIV prevention under portable care act and so most of us, most community based organizations at this time are going through quite a bit of change.

How we manage the change will depend on what our future will look like in this new environment. Are there any questions at this point? Again if you have any questions, you can either chat them to everyone or you can raise your hand and then we'll un-mute your phones. Also if you have any comments, that you want to share anything as we go along, please do so as well.

The wise change needs leadership so when we talk about change management we have to talk about leadership, why does it need leadership.

30 years of research by leadership guru Dr. John Carter I don't know if you're familiar with him, but have proven that 70% of all major change efforts in organizations fail. Why do these efforts change, and why do thy fail? Mostly because organizations often do not take the holistic approach required to see change through.

For example within the HIV world, if we look at an example [12:00] a lot of organizations when they implemented, EHRs (Electronic Health Records) they were not successful. Part of the reason of that is because they didn't understand their own needs and priorities for the technology ahead of time. They weren't able to articulate their needs to the vendor when they were purchasing the electronic health record.

They weren't ready to use access and data within their organization and so basically they were not ready to use this new system. We've seen with the help of Information Technology that it has failed in the past, and now from lessons learned there has been changes to the implementation that have made those more successful.

That's just using an example of … within the field of something that was not very successful at first. So by improving their ability to change, organizations can increase their chances of success, both today and in the future. Without this ability to adopt continuously organizations cannot thrive. So as I'm sure you're all aware of, we're continuously changing and we need to adopt to change. So knowing how to do this again is very important.

Let's look at some of the components that can make change successful. So here we can see in this slide, there are six different components listed; sponsorship, buy-in, readiness, communication, impact and involvement. These are components that are important when we are looking at change.

The first one's sponsorship. It is important to ensure that there is active sponsorship for a change at a senior executive level within the organization and engaging this sponsorship to achieve the desired results [14:00]. If you don't have the sponsorship for an executive level, it is very to make the changes at the other levels. So this is a very important first step.

Then you need involvement, you need to involve the right people in the design and implementation of the changes to make sure the right changes are made. I think this is one step that many times gets skipped or not the right people are not always involved and so then as you're moving further within the change you realize, "Oh we forgot to involve so and so, and that could create some [inaudible 14:35]. So it's important to think from the beginning who are the people that need to be involved in designing and implementing the change.

Then the impact is very important, monitoring the impact, assessing and addressing how the changes will affect people and so within that, you're looking at how is it going to impact the people and then you're communicating with everyone that will be impacted by this change. So you're sharing what the change is with everyone and you're saying how it's going to impact them and this needs to be done continuously as you're implementing that change.

Communication is extremely important and I can't stress it enough. I've really seen a lot of successful stories when the organization at all levels has continuously communicated about what is going on. Many times when people don't have the information that's when they feel lost.

Then we move to readiness, getting people ready to adapt to the changes by ensuring they have the right information, training and help. Making sure they have those right tools to be able to implement the change.

Finally that buy-in, that last step is gaining buy-in for the changes for those involved and affected directly and indirectly. You gain by and by having all that stuff to do this before by having, like communicating [16:00] by making sure that you're sharing the right tools, you're giving the training for them, people come by and see that change.

So any questions at this point about the components of change leadership? Well, so if change is done correctly and the right people are involved then you have good change management. You have people that are engaged that are happy about the changes to come that share and are involved.

These are just some pictures of involvement and what happy people might look like. Okay, well if there's no questions at this point, what we're going to do now is dive into more of the hands-on piece of it. What I'm going to do next is share with you're the model of improvement, which is also known as the rapid cycle improvement model. It's a model that was developed by the associates in process improvement and used and promoted by the Institute for Healthcare Improvement, IHI.

It's used a lot to implement change at a small level to begin with and then spread it at a larger level. It's a great way to test change and if it works then spread it at the larger organizational level.

It has two main parts, the first part is the three fundamental questions that are listed right here. What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that

will result in improvement? We'll go into these in a lot more detail as we move to the other slide.

Then the second part of the model is the wheel that you see right here, the Plan [18:00], Do, Study, Act. The first one, it's also known as the PDSA Cycle, the Plan Do Study Act. PDSA Cycle guides the test of the change to determine if the change is an improvement. If the PDSA cycles are successful, then you can improvement change on a broader level.

Well, let's run a full … it would be helpful for me to know who has expertise when it comes to the PDSA Cycle. So we're going to run another poll now and want to know how familiar are you with the Plan Do Study Act framework protecting change?

I use it all the time, I have participated in a few PDA safe Cycle that's the Plan Do Study Act cycle. I have heard of PDSA but haven't use it, I am not familiar with the process or term. So if you can take a minute and now on your right hand side on your screen if you can select one of these options and let us know how familiar you are with the PDSA framework.

This is going to help me to gauge your expertise when I go through the actual model and example. Okay, we'll go ahead, we have a couple of people that didn't participate but let's see what responses we do have, okay, so four of you are not familiar with the process or term and then three of our have actually participated in a few PDSA cycles [20:00] before. That's great and what we … as we go through the example those of you who have participated in PDSA cycles it would be great if you could chime in and let us know how did it go, what you learned, any hands on experience would be really great to share with the group. So please feel free to raise your hand or send us via chat your own experiences.

As I said the model has the three main fundamental questions that one needs to answer. The first one is setting aims, what are we trying to accomplish? Improvement requires studying aims, the aims should be smart, that means they should be specific, measurable, achievable, realistic and time framed.

Then we need to establish measures. Your organizational team needs to establish quantitative measures to determine if the specific change actually needs some improvement. This is a very important component because if you don't establish the measures from the beginning then you won't know if the change was an improvement or not.

Then selecting what the changes are going to be. So ideas for change may come from the insights of those who work at the community based organization, from change concepts or other creative thinking techniques, by borrowing from the experiences of others. For example if another community based organization has a similar aim as yours, given funding priorities, and has been successful in implementing the change then you can borrow what they did if you know this is a good change, it works with them, let's try it here as well.

Once [22:00] you select what change you want to do, you will focus on what you need to do first on a small scale to see if it will work, and then if it does work you can start implementing it a larger scale. The nice thing of implementing in a small scale is, well of course you can see if it works or it doesn't work, but then you can also make small tweaks. Sometimes most things might work but there might be small little things that you didn't anticipate that you can then tweak and then work to implement the change. Try it again and then again till it really is perfected and then including it at a larger level.

As I said, here are some reasons to test changes, so expanding on what I was talking about. Some of the reasons are to increase the belief that the change will result in improvement. We often belief a change will lead to improvement but we don't know that till we test it many times to help us prioritize which changes will lead to the desired improvement. To evaluate how much improvement can be expected from the change, this is why it's important to establish the qualitative measure.

Sometimes we might think a change is going to make a huge difference but in reality it just might make a small difference and then if it does, then you might prioritize the different change because of course implementing many changes at one time can be really disruptive. So it's better to select your changes and prioritize them and do them little by little.

Then to decide whether the proposed change will work in the actual environment and change might have been extremely successful in a community based organization serving predominantly Latino population for example but might now work the same when you implement it with a different population. So, making sure that that proposed change [24:00] is actually working in that environment.

To decide which combinations will have a desired effect on the important measure of quality. To evaluate cost, social impact and side effects from a proposed change, which many times of course we don't know that, but

we actually start implementing it and finally to minimize resistance of one implementation. If you have data that demonstrates that that change or changes have been successful on a smaller page, it is a lot easier than if we could buy them from key stakeholders to implement it on a larger scale.

As you can see, I mean and there's definitely other reasons as well but these are some of the reasons why it's important to test change. Any questions at this time? And again feel free to raise your hand if you have any question and we're going to un-mute your line and you can participate.

Okay, so the second part of this model is that PDSA Cycle, the Plan Do Study Act. Some of you have participated in these. Let's go through each of these steps and see what are some of the main things that we're looking at in each of these steps.

The first one is the Plan step. You plan the task of observation including a plan for collecting data. You state the objective of the test, you make predictions about what will happen and why and then you develop a plan to test the change. Within that plan you want to say who, what, when, where, what data needs to be collected. You really want to be specific and in your plan.

The second stage is the Do stage which is trying out the test on a small scale. You're basically testing the change. You carry out the test, you document any problems in an expected observation and you begin analysis of the data [26:00].

In the third stage, the study stage, that's when you're truly analyzing all the riddles and comparing them to your predictions. You summarize and then reflect on what you learn. In the plan stage you're predicting what will happen and then in the study stage you're really seeing okay what happened and how does it compare to what we predicted?

Finally the last step which is the fourth stage, Act, you refine the change based on what was learned from the test, you determine what modifications should be made. Prepare a plan for the next step and then you continue conducting the PDSA Cycle to test the change until you get your desired outcome.

As you see, this PDSA Cycle is truly meant to be implemented various times. The first time you probably will have a few modifications, the second time you implement it, you might have less and then maybe the

third or fourth time you will be able to really resolve it and then say is it worth it to implement at a larger scale.

That drives us to actually implement the change. You implement and spread the change accordingly. After testing a change in a small scale, learning from each step and finding the change to several PDSA cycles then we may implement the change on a broader scale.

For example for an entire target population or an entire department, and when spreading the change, if you think back on those components that we talked about change leadership, it's really important to think of each of those, sponsorship, involvement, impact, communication, readiness and buy-in.

When you're doing changes at a smaller scale it's a little easier to [28:00] not involve everyone and have as much buy-in, but when you're doing it, spreading it at a larger scale, that's when you really want to make sure that you have … again the sponsorship from the executive level, involvement from all the key players. If you're measuring what the impact will be at a larger scale, you're communicating the change, making sure everyone's ready for it and so then they can fire into it.

Okay, well, I think it's always good when you present actual tool to walk through an example of how to use it. Before we do, let me just make sure there is no questions at this time of the actual model itself.

Okay. Well then let's walk through the actual case study and this is a made up case study. It has some basis on some of the capacity building assistance that we have provided and so as I go through it, please those of you whoa re looking at implementing a change within your organization and would like to actually use your real scenarios for us to discuss, please do share those.

Okay, so in this case study we have a community based organization that conducts testing, that's counseling and then refers to HIV positive persons to the local community health center.

This community based organization is interested in establishing a formal linkage o care process with that community health center which it currently is referring people to. They're going to do an actual rapid cycle improvement process on their [30:00] the change that they want to implement.

First they need to answer the three questions, setting their aim. What are we trying to accomplish? The CBO wants to link all clients that have an initial and verified HIV positive test results to care within two weeks of diagnosis. That is what they want they want to accomplish.

Then establishing the measures, how will we know that there are changes and improvements? What we're going to measure is client satisfaction, number of clients successfully linked to care, number of clients on ART and so forth. I didn't list them all because of room but there's other measures that you could definitely look at. So teams use this quantitative measure to determine if this specific change actually leads to an improvement.

And then the final question is … or the final step here is selecting the changes. What changes can we make that will result in improvement? Some of the changes that this CBO is going to look at is working with the local CHC to establish a formal linkage to care program. This is one example, you could also look at others, for example establishing a tracking system for patients like due care, providing medical care in-house. So instead of linking someone else to a CHC you could look at potentially providing the care in-house.

There's different alternatives but this specific CBO is going to be looking at working with the local CHC to establish that program linkage to care program.

Okay, so now let's look at the actual CDSA cycle that they're going to go through. That first stage is when they're planning what they're trying to do, the who? When? Where? And what [32:00]? First the CBO needs to develop a plan to test the change.

A lead person is assigned to oversee the process and let's say that the lead person's name is Sam. Then the CBO decides to test the change with a finite number of patients, in this case the first five individuals to receive an initial and verified positive HIV test result in a two week time frame.

Sam then talks with executive management at the local community health center and together they determine what needs to be in place to link the five HIV positive persons to care. They create a system for the community based organizations will schedule clients at the community health center. In this case the case manager at the CBO will call the community health center to make an appointment for that HIV positive client.

So you make your predictions about what will happen and why. Let's say that this CBO makes a prediction that all five clients will be linked to care with the local community health center through the established system between the community based organization and the CHC.

Once the first appointment for the client is scheduled, the likelihood is greater that the person will continue getting care and then get on that antiretroviral treatment. Those are the predictions that that CBO is doing.

Now, let's move to that second stage, the Do stage. This is when you actually carry out the test and then you document your observations. So the test is carried out and we're documenting what might some of the problems might have been. In this case study, the case manager at the CBO a couple of times had trouble scheduling the clients when they were at the community based organization because the phone number at the CHC was busy. So they have to schedule it later and call the client to give him/her the appointment information.

The results are that four clients [34:00] went to the first appointment and one missed it. Of the four that went to that first appointment, three made a second appointment and followed up with their care. That's documenting our observations.

The next step is truly looking at let's analyze what happened, and why it happened. So you're summarizing and only selecting on what you've learnt. In this case, the case manager at the community based organization was not able to schedule an appointment for a client right away because as we said before, the phone was busy so they had to, well two clients actually called back later.

The fifth client that was not able to get an appointment was because the CBO was not able to get a hold of that client once they left the CBO and then the fourth client that did not schedule a follow up appointment did not like the PCP that he saw. So that's the reason why that other one was not scheduled. Okay, so if you can see, now you're starting to get to see the reason behind those results.

The last stage, the Act stage it says, "Okay, what are we going to try in the next cycle? The modifications that we're going to do from what we've learned."

The modifications that this CBO decides to do is they need to have a direct access to schedule appointments or have a direct number to a medical assistant in the front desk if the number is busy, the regular

number to call to schedule an appointment and also they establish a backup system to follow up with the client if you can't get through. So the goal is to really try to schedule that appointment when that patient is at the CBO itself [36:00].

The second modification they decide to do is to give a card to the client with the phone number for the CHC, the community health center, in case they need to reschedule that appointment and they conduct the appointment, reminder phone calls, the day prior to the appointment. So you can determine who will conduct this. In this case study it's actually the CBO that conducts the reminder call, but it could also be the community health center.

Then the other modification they've done is that they provide the buyers to the primary care providers for clients to select who they like to see for their first appointment. This way they can increase client satisfaction with their PCP.

The final modification that they do is they establish a larger network of providers to link clients to care. After these modifications are done, then these community based organizations can prepare a plan for the next step, with these modifications. It's not part of these slides, or this case study but as you can see the same process can be followed for the new plan with those modifications. And then from that you might have other modifications that come up.

I hope that you can start seeing how from testing change at a smaller level you can the really create a plan that is going to be a lot more successful when it's implemented at a larger level.

Okay any questions about the model, about this case study?

Morgan Anderson: Just a reminder you can chat your questions to me, Morgan Anderson or everyone. If you want to raise your hand, you'll find that button right below the participant list, we will un-mute your line.

Alexia Eslan: [38:00] I'm interested for those individuals that have actually participated in a PDSA cycle, would anyone be willing to share how it went and what the change was about? Okay, well I don't want to put anyone on the spot but if you do feel like sharing I think it's always interesting to see what some of the actual on-the-ground changes are.

Well, let's continue then if we don't have any questions at this time. Here are a few tips for successful change management and when I talk about

change management here, this is more on a larger scale. So when you're doing many of these smaller scale test changes together. The first one is to really think a couple of cycles ahead. When you're designing a test, imagine at the start what the subsequent tests or two might be. Given various possible findings in the study, phase of the PDSA cycle

For example, if a community based organization is looking at increasing use of social networking for recruitment strategy, it's good to think of various networks to look at and then test one at a time. That's how you're looking at many cycles. So you're saying okay, first cycle we'll test this one network, the second cycle we'll test another network instead of within one cycle trying to test all of them, scale down the scope of the task.

Did I mention that the task can be scaled down by either number of clients [40:00] or patients that are involved, the number of providers and others involved in the task. So for example instead of testing it on 200 clients or patients you might want to just do 10.

Also it can be scaled down by the location or duration of the task. You can test it for one week instead of testing it for one month. The smaller the scale the easier it is to make changes and the easier it is to involve less people and we'll talk a little bit about that a little further down.

Seek willing volunteers, work with those who want to work with you. If your are getting some push backs on implementing or testing of specific change from a specific provider for example, test the change with another provider because the rapid cycle it says it all, rapid cycle, you want it to be a quick test and you don't want to have to breakdown a lot of barriers to begin with.

Once you have the data as we talked about earlier then we can be able to get the rest of the providers or the rest of the people on board. Along those lines avoid the need for consensus, buy-in or political solutions. As I said, really select, try to make it easy on yourself when you're testing and then once you have that data, then involve more people.

Be innovative since changes are tested on a small scale, if you're a failure it's not a big issue. Use innovation and try ideas that come up as they come out. If you have a great idea when you're doing one test change, when you're doing the next cycle then test that great idea, that new innovation that you have.

Then next one is pick easy change to try, I skipped the, don't reinvent the wheel so instead [42:00] replicate changes made elsewhere. I mentioned this a little bit earlier when you are selecting what changes to make you can look at what other people have done and what's worked for them.

You might want to start off doing that instead of trying to start from scratch. Now, pick easy changes to try, look for the contents that's the most feasible and will have the greatest impact. Reflect on the results of every change. After making a change the teams should ask themselves, what did we expect to happen? What actually happened? Were there unintended consequences? What was the best thing about this change? What was the worst thing? What might we do next? I think two often people avoid reflecting on the failures and then sometimes they really don't do good reflection and then they might commit the same mistakes over and over. So spending that time to talk about with team and debriefing is very important.

Test over a wide range of conditions. That's that last bullet in this slide. Try different dates of the week to account for different SM floats or find some patients and providers. Avoid technical slowdowns. For example if you are waiting for a new computer to arrive and you're saying, "Once that new computer arrives, then I'm going to test this change," go ahead and test the change with your current situation and then you can retest it once you have that new technology or that new thing.

For example if you're already working on a change right now, and you say, "Well we'll wait till this is done so we test it," sometimes it might be best to just go ahead and test it now. So you obviously can kind of predict depending on what your situation is.

Hopefully [44:00] these tips are helpful when you're looking at implementing the change and again this is for change made on a few different cycles.

Okay, so that's our actual conference for today, what are some of your observations from the material that we've covered? Or again some of the change situations that you have gone through that you would like to share with everyone? You can send those out via chat or we can un-mute your line if you'd like to participate via phone.

We have a very quite group today, hopefully you haven't gotten tired of hearing my voice. Okay, we don't have any questions at this time. Before I go into sharing some resources, Morgan wanted to talk a little bit about our evaluation.

Morgan Anderson:	I'm going to be sending out a link in the chat as well that you can click on. It's just an evaluation for this webinar. We really appreciate your feedback, it helps us with future webinars and training, content area and how you like to see the information and material presented to you. Once you get that link, if you could take the time to fill it out, it's pretty short, but we really appreciate it and use that information for future webinars.
Alexia Eslan:	Great, thank you Morgan. So here are a few good resources for you, the first one is called Mind Tools and Mind Tools has great tools and some of them are actually free. Some of them [46:00] have a smaller cost, if you want to download them but they have a lot of great free tools on there that help with change management, help with also strategic planning and strategic positioning. They are really a great resource to have and if you are looking for tools, it's good to search there records and see what you can find.
	The second resource on here is the actual website for the Institute of Healthcare Improvement that has more detail about the improvement model, the PDSA framework. So the framework that I went over if you want more detail you can go to this link.
	And then the last resource on there is our website cba.jsi.com there you can access other webinars that we have done, we will have a recording of this webinar in the next couple of weeks posted on that website also there is a links to contact us, or if you want to contact us you can always send us an email at cba@jsi.com
	Any technical assistance or training that you need around any of these topics, or around other topics related to organizational structure and [inaudible 47:28] you can always send us an email and we can help you through that process of entering a request for capacity building assistance.
	So thank you very much for your time today, and if you have any questions or anything, we'll be on the line for the next few minutes, so you can either chat them or ask them or otherwise please take a minute to just fill out the evaluation and give us your feedback. Thank you.