



U.S. Department
of Veterans Affairs

NAME:

The Journey to Transformation: Whole Health Clinical Care

VETERANS HEALTH ADMINISTRATION
OFFICE OF PATIENT CENTERED CARE & CULTURAL TRANSFORMATION



**Prepared Under Contract to the VHA
by Pacific Institute for Research & Evaluation**

March 1, 2020

PARTICIPANT WORKBOOK

The Journey to Transformation: Whole Health Clinical Care

AGENDA

DAY 1 MORNING: READING THE “MAP”

<u>Time</u>	<u>Topic/Title</u>
7:30am – 8:00am	Registration
8:00am – 8:30am	1. Welcomes and Course Overview <ul style="list-style-type: none">• OPCC&CT and Site Welcomes• Why We Are Here: Objectives• Course Materials and Community Agreements
8:30am – 9:00am	2. Being the Change, Part 1: Your Mission <ul style="list-style-type: none">• Purpose in Your Work• The Purpose of the Work
9:00am – 9:05am	Movement
9:05am – 10:15am	3. Team Introductions: Who is in the Room? <ul style="list-style-type: none">• Faculty Introductions• Site by Site Introductions• Divide up by Roles: Speed Dating Activity
10:15am – 10:30am	Break
10:30am – 11:30am	4. The Journey to Transformation: Fundamentals <ul style="list-style-type: none">• The Essence of WHCC• The WH Designation Framework• Success Stories
11:30am – 12:30pm	Lunch

The Journey to Transformation: Whole Health Clinical Care

DAY 1 AFTERNOON: SETTING THE COMPASS HEADING

<u>Time</u>	<u>Topic/Title</u>
12:30pm – 1:15pm	5. “Aim”-ing High: The Ultimate WHCC Destination <ul style="list-style-type: none">• Shooting for the Stars• Small and Large Group Debriefs
1:15pm – 1:20 pm	Movement
1:20pm – 2:15pm	6. Aim Statements: Getting to the First Milestone <ul style="list-style-type: none">• Aim Statements: The Basics• Group Activity: Your Aim Statement
2:15pm – 2:45pm	Break
2:45pm – 3:30pm	7. Adjusting Your Aim: Where Do You <i>Really</i> Want to Go? <ul style="list-style-type: none">• Faculty Introductions• Site by Site Introductions• Divide up by Roles: Speed Dating Activity
3:30pm – 4:15pm	8. Now You Know Where You’re Going...How Will You Get There? <ul style="list-style-type: none">• A Memo from Your Chief of Staff• The People Side of Change• Six Essential Questions Revisited
4:15pm – 4:30pm	Wrap Up, Pulse Checks, and Adjourn

The Journey to Transformation: Whole Health Clinical Care

DAY 2 MORNING: PLANNING THE JOURNEY

<u>Time</u>	<u>Topic/Title</u>
7:30am – 8:00am	Registration
8:00am – 8:15am	Pulse Check Review, Mindful Awareness, Plan for the Day
8:15am – 8:45am	9. Being the Change, Part 2: Ikigai
8:45am – 9:20am	10. SWOT's Happening? A New Lens <ul style="list-style-type: none">• Small Groups Report Out on SWOT Findings• People and SWOT: The People Side of Change
9:20am – 9:25am	Movement
9:25am – 10:15am	11. Our Transportation to Success <ul style="list-style-type: none">• Workgroup Time: The People Side of Change• The Three-Legged Stool
10:15am – 10:30am	Break
10:30am – 11:30am	12. Using the New Lens: ADKAR Skills <ul style="list-style-type: none">• Your Barrier Point• Change Participants and Impacted Groups
11:30am – 12:30pm	Lunch (can be a working lunch, as desired)

The Journey to Transformation: Whole Health Clinical Care

DAY 2 AFTERNOON: PLANNING THE JOURNEY (CONT'D)

<u>Time</u>	<u>Topic/Title</u>
12:30pm – 12:45pm	13. Bridges, Trees, and Bears – Oh My!: Navigating Barriers <ul style="list-style-type: none">• Introduction to the 7 Key Elements
12:45pm – 1:45pm	14. Element 1: Communication <ul style="list-style-type: none">• Overview, Considerations, and Tips• Group Time: Messaging
1:45pm – 2:00pm	Break
2:00pm – 3:00pm	15. Element 2: Sponsorship <ul style="list-style-type: none">• Overview, Considerations and Tips• Group Time: Sponsor Checklists
3:00pm – 3:05pm	Movement
3:05pm – 4:25pm	16. Element 3: Resistance Management <ul style="list-style-type: none">• Overview, Considerations, and Tips• Group Time: Tactics for Managing Resistance• Groups Pair Up: Perspective Taking
4:25pm - 4:30pm	Wrap Up, Pulse Checks, and Adjourn

The Journey to Transformation: Whole Health Clinical Care

DAY 3 MORNING: PLANNING THE JOURNEY (CONT'D)

<u>Time</u>	<u>Topic/Title</u>
7:30am – 8:00am	Registration
8:00am – 8:15am	Pulse Check Review, Mindful Awareness, Plan for the Day
8:15am – 8:55am	17. Element 4: Coaching <ul style="list-style-type: none">• Overview, Considerations, and Tips• Group Time: Supporting Managers Supporting Change
8:55am – 9:00am	Movement
9:00am – 10:00am	18. Element 5: Nuts and Bolts <ul style="list-style-type: none">• Overview, Considerations, and Tips• Logistics: Tracking and Coding, EMR, PDSAs, Teamwork• Group Time: Nuts and Bolts Checklist
10:00am – 10:15am	Break
10:15am – 11:15am	19. Element 6: Training <ul style="list-style-type: none">• Overview, Considerations, and Tips• Whole Health Education Resources• Group Time: Training
11:15am – 11:30am	20. Element 7: Circling Back <ul style="list-style-type: none">• Getting Feedback, Filling Gaps, and Celebrating Successes• Group Discussion: Reinforcing Change
11:30am – 12:30pm	Lunch (can be a working lunch, as desired)

The Journey to Transformation: Whole Health Clinical Care

DAY 3 AFTERNOON: HITTING THE TRAIL

<u>Time</u>	<u>Topic/Title</u>
12:30pm – 1:00pm	21. Final Workgroup Time
1:00pm – 2:00pm	22. Group Reports with Feedback, Part 1
2:00pm – 2:15pm	Break
2:15pm – 3:10pm	23. Group Reports with Feedback, Part 2
3:10pm – 3:15pm	Movement
3:15pm – 4:00pm	24. The Journey to Transformation: Next Steps <ul style="list-style-type: none">• Sequel Activities• The Next 10 Days...and Beyond
4:00pm – 4:25pm	25. Closing Activity
4:25pm -4:30pm	Wrap Up, Evaluations, and Adjourn
	Thank You for Joining Us!

TABLE OF CONTENTS

Welcomes and Course Overview	3
Circle of Health	3
Whole Health System Diagram.....	4
Module 4. The Journey to Transformation: Fundamentals.....	5
Whole Health Educational Core Competencies for Clinicians	5
Applying Whole Health	6
Whole Health Clinical Care Process.....	7
Whole Health Clinical Care Flow	7
Excerpts from Designation Framework for Whole Health Implementation	8
Whole Health Clinical Care Resources	23
Module 5. “Aim”-ing High: The Ultimate WHCC Destination	25
Ultimate Destination Activity Guide.....	25
Module 6. Aim Statements: Getting to the First Milestone	28
Aim Statement Template	28
SMART Goal Summary – How to Write a WHCC SMART Goal	29
Module 8. Now You Know Where You’re Going...How Will You Get There?	30
Six Essential Questions.....	30
High Reliability Organization, Six Essential Questions.....	32
Five Tenets of Change Management	34
Module 10. SWOT’s Happening? A New Lens	35
SWOT Self-Assessment.....	35
Module 11. Our Transportation to Success.....	37
Prosci Project Change Triangle & Triange Expanded.....	37
Foundations for Change Assessment.....	38
Module 12. Using the New Lens: ADKAR Skills.....	42
Prosci ADKAR Model—Summary.....	42
How Does Change <i>Really</i> Happen? It’s ADKAR!	43
Engaging Change Participants and Impacted Groups	46
Module 13. Bridges, Trees, and Bears – Oh My!: Navigating Barriers	48
List of the Seven Key Elements	48
Module 14. Element 1: Communication	49
Communication—Key Messaging Guidelines.....	49

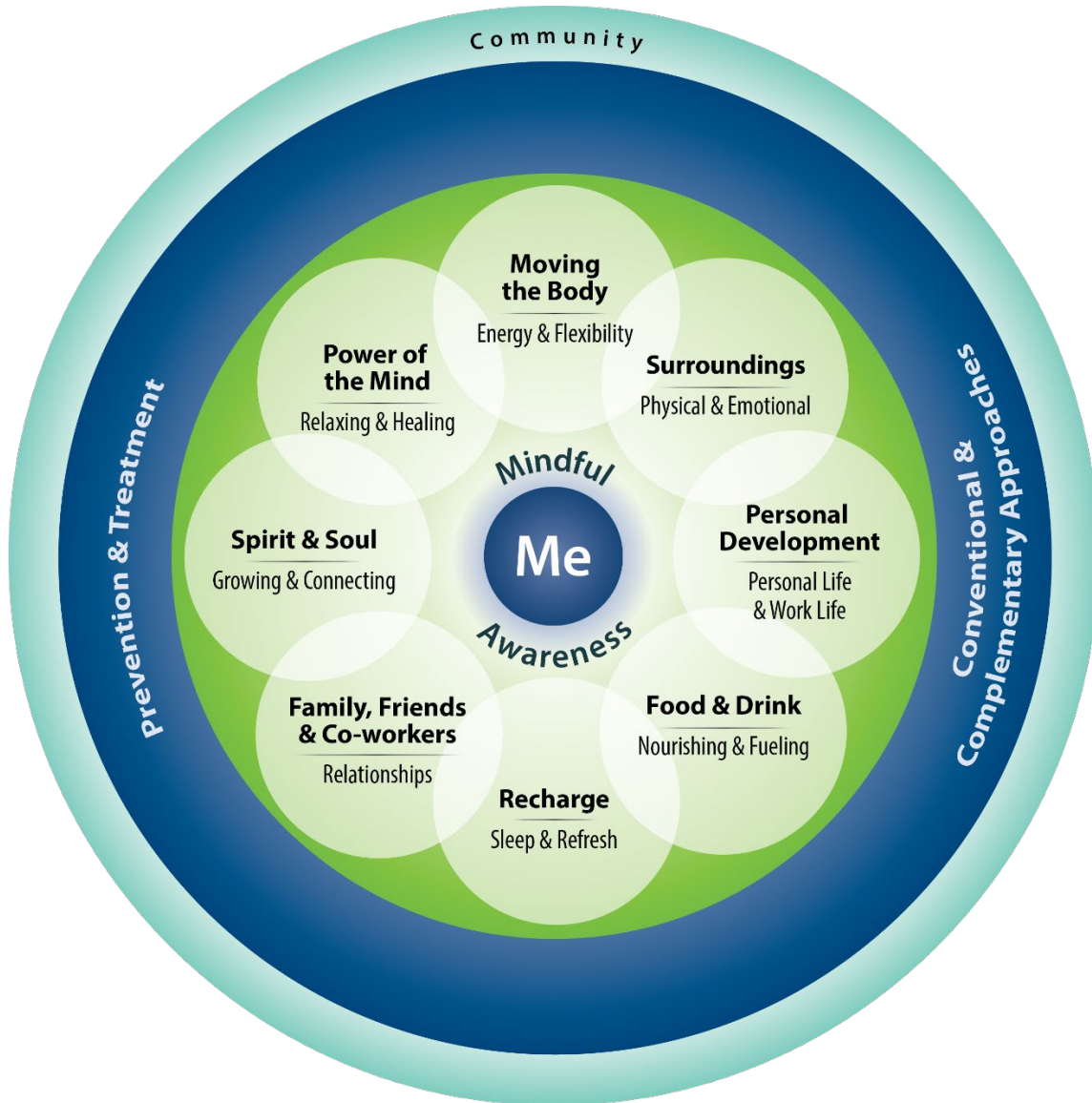
Key Messaging Guidelines for Executives	51
Key Messaging Guidelines for Managers.....	53
Key Messaging Guidelines for Employees.....	55
Module 15. Element 2: Sponsorship.....	57
Primary Sponsor Checklist for Planning and Start Up	57
Primary Sponsor Checklist for Implementation.....	59
Preparing Sponsors Tool	60
Module 16. Element 3: Resistance Management	64
Resistance Assessment Worksheet	64
10 Tactics for Managing Resistance	65
Module 17. Element 4: Coaching.....	67
Prosci Coaching Plan Template.....	67
Module 19. Element 6: Training	69
Whole Health Education Offerings Summary.....	69
Module 22. Group Reports with Feedback, Part 1.....	72
Guidelines for Presenting Your WHCC Action Plan.....	72
Reflections on How to Apply Whole Health.....	73
Blank Pages for Notes.....	81
Day 1—Pulse Check.....	85
Day 2—Pulse Check.....	87
Day 3—Pulse Check.....	89



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Patient Centered Care and
Cultural Transformation

The Circle of Health



To learn more visit: <https://www.va.gov/WHOLEHEALTH/>

WHOLE HEALTH SYSTEM DIAGRAM

Key Elements of the Whole Health System



MODULE 4. THE JOURNEY TO TRANSFORMATION: FUNDAMENTALS

WHOLE HEALTH EDUCATIONAL CORE COMPETENCIES FOR CLINICIANS

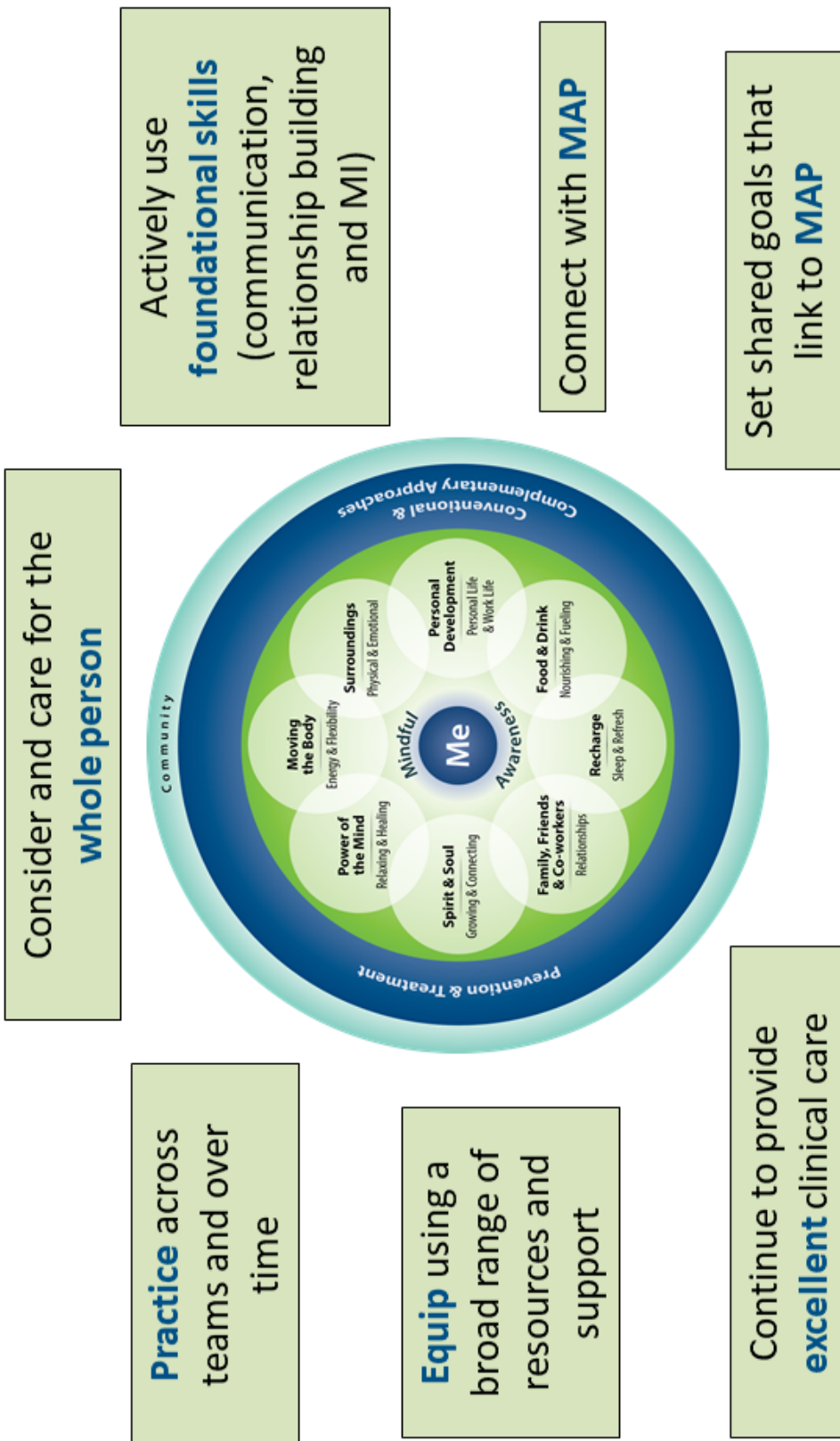
-updated January 2020

- In order to support effective education on Whole Health, while still allowing creative license and the ability to tailor to the needs of your facility, please reference these five Core Competencies and associated Learning Objectives as you create and deliver presentations.
- The goal is to cover all five Core Competencies with your audience over time.

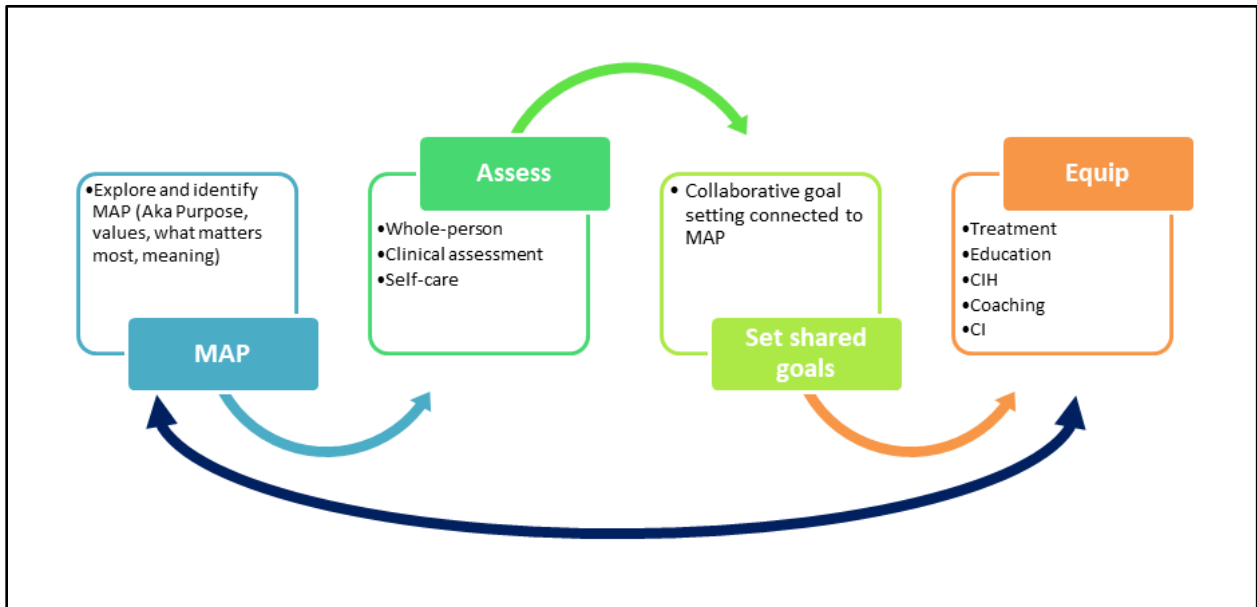
	Competency	Learning Objectives
1	Help Veterans explore their own health and well-being, and (if Veteran is ready) co-create a Personal Health Plan with the Veteran, their families and health care teams, incorporating patient values	<ul style="list-style-type: none"> • Ask patients what matters most to them and help them explore the many areas of their lives that may impact health and well-being • Support understanding of the critical role of self-care in health and well-being <ul style="list-style-type: none"> ○ Utilize the Personal Health Inventory and Circle of Health as tools to help engage patients in their own self-care ○ Appreciate the role of mindful awareness in supporting health and well-being • Co-create shared goals for health and well-being with patients (if they are ready) • Explain to patients and other colleagues what Whole Health is and its roll-out in VHA, including what a Whole Health System is
2	Work effectively as a member of an interprofessional team	<ul style="list-style-type: none"> • Optimize outcomes by effectively utilizing different interprofessional team members, including traditional team members, as well as patients, families, peers, health coaches, CIH professionals, etc. • Utilize effective teamwork strategies, including appreciative inquiry and developing skills in team communication and facilitation techniques
3	Demonstrate advanced skills in communication, empathy and facilitation of behavior change in Veterans and families	<ul style="list-style-type: none"> • Optimize the potential healing impact of a therapeutic relationship, including effectively conveying empathy and caring • Demonstrate skillful conversations that facilitate behavior change
4	Integrate CIH therapies and use CIH professionals as appropriate and informed by evidence and patient values and preferences	<ul style="list-style-type: none"> • Incorporate patient values/preferences along with evidence in co-creating a care plan with patients that may include CIH • Use mind-body discussions and techniques to help support health and well-being • Have awareness of one's own values/preferences for care plans and consider the potential impact on clinical outcomes
5	Apply a Whole Health approach to support my own (staff) health and well-being	<ul style="list-style-type: none"> • Consider what matters most to me (staff) in my own life • Use a mind-body-spirit approach to explore and support my own health and well-being • Describe the impact of staff well-being on patient interactions and outcomes

APPLYING WHOLE HEALTH

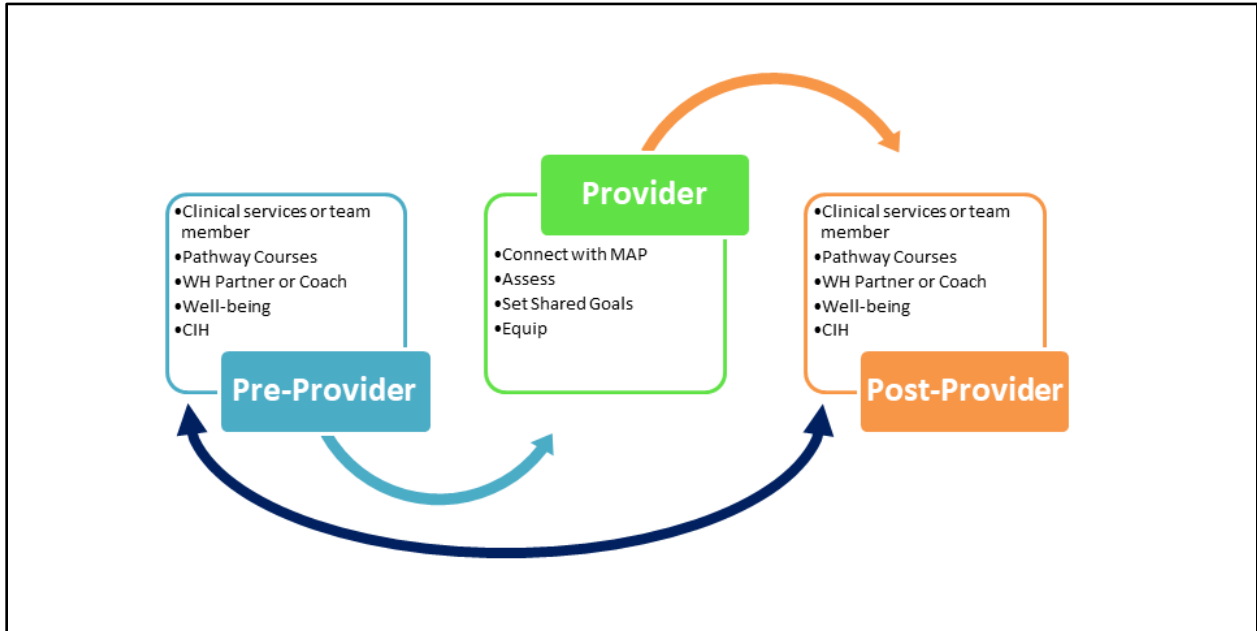
Keeping it Simple: Empower, Equip, Treat



WHOLE HEALTH CLINICAL CARE PROCESS



WHOLE HEALTH CLINICAL CARE FLOW



EXCERPTS FROM DESIGNATION FRAMEWORK FOR WHOLE HEALTH IMPLEMENTATION

The following sections are excerpted from the [Designation Framework for Whole Health Implementation](https://dvagov.sharepoint.com/ layouts/15/AccessDenied.aspx?p=2&type=accessremoved&correlation=1693349f-4028-a000-e2b5-a0c019e771d6). The full document is available at: <https://dvagov.sharepoint.com/ layouts/15/AccessDenied.aspx?p=2&type=accessremoved&correlation=1693349f-4028-a000-e2b5-a0c019e771d6>. These materials will help you assess what phase you are in when it comes to implementing your action plan.

EXECUTIVE SUMMARY AND BACKGROUND

EXECUTIVE SUMMARY


Begin with the end in mind. --Stephen Covey


The VA is committed to large-scale implementation of the Whole Health System (WHS). Delivering Whole Health is a key component of VHA Modernization efforts and is embedded within the Department of Veterans Affairs 2018-2024 Strategic Plan: *“the VA will significantly improve Veteran health outcomes by shifting from a system primarily focused on disease management to one that is based on partnering with Veterans throughout their lives and focused on Whole Health. VA will provide personalized, proactive, patient driven health care to empower, equip, and encourage Veterans to take charge of their health, well-being, and to adopt healthy living practices that deter or defer preventable health conditions.”* The Designation Framework for Whole Health Implementation was designed with a Veteran-driven system of care mindset to describe the future state when the Whole Health System is implemented and what will change from the site perspective and, even more importantly, from the Veteran perspective.

		PREPARATION	FOUNDATIONAL	DEVELOPMENTAL	FULL
Domains	GOVERNANCE				
	OPERATIONS				
	PATHWAY				
	WELL-BEING PROGRAM				
	WHOLE HEALTH CLINICAL CARE				
	EMPLOYEE WHOLE HEALTH				
	COMMUNITY PARTNERSHIPS				
			Phase 1	Phase 2	Phase 3

*WHAT DOES THE FUTURE STATE LOOK LIKE?
WHAT WILL BE DIFFERENT FOR THE VETERAN?*

- Key milestone accomplishments are described for each phase within each domain.
- It is anticipated that sites will work through WH implementation at different paces.
- How these accomplishments are achieved may vary from site to site.





The Designation Framework for Whole Health Implementation addresses **“Where are we going?”** It describes desired outcomes along the four phases of the Whole Health implementation journey. To achieve these outcomes, key milestone accomplishments have been identified and organized around seven domains: Governance, Operations, Pathway, Well-Being Program, Whole Health Clinical Care, Employee Whole Health, and Community Partnerships. It is NOT the intent of the model to prescribe how a site achieves each accomplishment; rather, the goal is to provide sites with the latitude and flexibility to operationalize processes and practices towards each accomplishment, encouraging exploration of local considerations and creative paths.

To assist sites in determining **“Are we there yet?”** a WHS Self-Assessment tool is available. **It is recommended you read this document in its entirety before completing the WHS Self-Assessment Tool.** This tool is intended to be used in conjunction with other OPCC&CT resources and with FIT consultation.

DESIGNATION FRAMEWORK FOR WHOLE HEALTH IMPLEMENTATION: BACKGROUND AND CONTEXT

BACKGROUND: Like the “Department of Veterans Affairs 2018-2024 Strategic Plan” and VHA Modernization efforts, the Designation Framework for Whole Health Implementation was designed with a Veteran-driven system of care mindset. Implementing Whole Health represents a comprehensive and systematic approach to provide whole health care at any stage of the relationship between VA and the Veteran. Moving from episodic to a holistic approach, it emphasizes self-care in the larger context of well-being, incorporating a full range of conventional and Complementary and Integrative Health (CIH) approaches to optimize lifelong Veteran health and well-being. The VA Whole Health System is based on three central components: Pathway; Well-Being Program; and Whole Health Clinical Care. The Personal Health Plan—a living document which grounds the approach to care in what matters most to the Veteran—forms the basis of decision-making and treatment planning as the Veteran moves through and across the continuum of care. Clinical practice is changing from a primary focus on ‘What’s the matter with you?’ to one that asks, ‘What matters to you and how can we help you live your best life?’ Rather than solely chasing disease, the goal is to optimize health and well-being as viewed through the Veteran’s lens.

The Designation Framework was designed to describe the future state when the Whole Health System is implemented and what will change from the site perspective and, even more importantly, from the Veteran perspective. It is a forward-looking framework that describes desired outcomes along the Whole Health implementation journey. To achieve these outcomes, key milestones were identified through the cumulative efforts and review by a multi-disciplinary workgroup (represented by OPCC&CT, EPCC/CHOIR, VISN and the field) as well as several content reviews by Whole Health subject matter experts and 10 volunteer VHA sites/facilities. In doing so, a common set of objectives and accomplishments were established. It is anticipated the Designation Framework will continue to evolve as we all learn from each other and teach each other in collaboration.

PURPOSE: To make transformational change, like large-scale implementation of the Whole Health System, the future state should be clear in terms of what will change from the site perspective and, even more importantly, from the Veteran perspective. **The Designation Framework addresses the question “Where are we going?”** The journey towards Whole Health transformation is more than changing actions or completing activities. It is about changing habits and behaviors to ultimately impact our system values and beliefs. The Designation Framework describes this transformational journey, which ultimately (in theory) would result in full transformation and designation as a Whole Health system via a certification process.

HOW TO USE THIS MODEL: The Designation Framework was **NOT** designed to provide the details and granularity for Whole Health implementation. Rather, the Designation Framework focuses on desired outcomes in terms of what will be different at the site and most importantly for the Veteran. Specifically, the Designation Framework outlines milestones and accomplishments sites can achieve as they progress through four phases of Whole Health transformation and cultural maturity: Preparation, Foundational, Developmental, and Full. It describes key accomplishments across each phase and organized around seven domains of focus: Governance, Operations, Pathway, Well-Being Program, Whole Health Clinical Care, Employee Whole Health, and Community Partnerships. How these accomplishments are achieved may vary from site to site. It is anticipated and understood that sites will work through Whole Health implementation at different paces, and how each site will integrate Whole Health with other existing programs, services, partners, and stakeholders (e.g., Mental Health, Healthy Living Teams, PACT, Social Work, Public Affairs, Nursing, VSOs, etc.) will differ based on local site considerations.

Remember, it is NOT the intent of the Designation Framework to prescribe HOW site achieves each accomplishment. Instead, the goal is to provide sites with latitude and flexibility in how they choose to operationalize processes and practices towards each accomplishment, encouraging exploration of local considerations and creative paths. As sites progress through each phase, each site will promote partnerships within existing VA/VHA programs and explore expansion capabilities and offerings via multiple options in service of milestone achievement.

Guidance and recommendations on the “how” can be obtained via multiple resources offered by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT), to include OPCC&CT FIT consultation and Whole Health System Implementation Guide. Ultimately, achievement of these milestones along all four phases provides a site the opportunity to apply for distinguished recognition as a premier Whole Health facility. A site must complete all accomplishments along the four phases before pursuing certification and designation as a fully transformed Whole Health System facility.

WHOLE HEALTH SYSTEM (WHS) SELF-ASSESSMENT TOOL: To assist sites in determining “**Are we there yet?**” a WHS Self-Assessment tool to accompany the Designation Framework is available. Accomplishments from each phase of the Designation Framework have been transferred into this tool as discrete elements that can be scored individually. Intended for individual site use, the WHS Self-Assessment tool can aid a site in identifying and organizing Whole Health initiatives and priorities, and potentially apply it to the development of a VISN and/or site strategic plan and/or project plans, thus bridging the gap between the current state and future state vision.

ADDITIONAL CONTEXT: In June 2018, a Whole Health Designation Model Workgroup comprised of OPCC&CT, QUERI, Field and VISN representatives was stood up to design the framework. The Workgroup took the following approach regarding maturity along the phases and organization of the accomplishments. The term “Whole Health Designation Model” was ultimately changed to “Designation Framework for Whole Health Implementation”.

The focus of each phase is:

- Phase 1 Preparation: Preliminary stages of implementation, such as planning (which should include intentional milestones ranging from initial implementation of core Whole Health offerings to expansion of efforts beyond initial start-up), conducting assessments, completing gap analyses, and determining how best to reach Veterans along the Designation Framework phases. This process will include decisions about whether to start mostly on campus/in-house versus beyond the campus/within the community and when to explore expansion. Design efforts should be conducted from the lens of the Veteran with intent to evaluate and validate accessibility and effectiveness in engaging, empowering, and equipping Veterans.
- Phase 2 Foundational: Implementation of the core structure and processes with the primary support hub at the main campus. The intent is to introduce both Veterans and employees to Whole Health and begin embedding personal health planning as the integral foundation for exploring what matters most.
- Phase 3 Developmental: Sustainment of the core structure with proactive efforts to expand and enhance the existing foundation through active and continuous evaluation and validation of efforts to reach and partner with Veterans, connect them to Whole Health approaches, and to explore and initiate expansion of capabilities (i.e. telehealth, CBOCs, community). The intent is to enhance integration of the Whole Health System components.

- Phase 4 Full: Focus on cultural evolution of the site as a Whole Health System which results in Veteran-driven care and lifelong optimization of health and well-being for Veterans. Because the site is focused on the integration of care with the Personal Health Plan (PHP) as the basis for critical connections and coordination, the site is a welcomed and trusted partner. The site offers a variety of points of entry into the system, expands offerings on an ongoing basis to meet Veteran demand, and is working towards full integration with all domains of the Designation Framework.

The Workgroup catalogued certain topics within the Governance and Operations domains rather than repeating them in multiple domains. For example, the following topics were assigned to the Governance domain:

- Strategic planning
- Metrics tracking
- Performance measurement and outcome evaluations
- Leadership engagement, leadership development and leadership experiential training

Whereas the following topics were assigned to the Operations domain:

- Veteran engagement and input
- Communications (internal and external) to include Veteran outreach and Whole Health marketing and branding
- Hiring staffing, performance appraisals, credentialing
- Staff training with the experiential element being a critical distinguishing factor
- Documentation and coding infrastructure
- Facility and space planning

Some topics were purposefully repeated to emphasize its importance. Language about Veteran’s Mission, Aspiration, and Purpose (MAP), Personal Health Inventory (PHI) tool, Personal Health Planning (PHP) documentation, and personal health planning are emphasized in multiple domains given the foundation these play in a Veteran-driven system of care. The interface and integration of the Whole Health System (WHS) component domains are repeated throughout to promote accessibility to each of the WHS components in supporting Veterans, families, and caregivers.

Referral processes are also found in multiple domains: in the Operations domain to emphasize the infrastructure piece, as well as the WHS component domains to emphasize the behaviors and actions related to use of referrals in the integration of the Whole Health approach.

Special thanks to the Workgroup members:

Anika Doucette (OPCCCT FIT), Eileen Dryden (EPCC/QUERI), Donna Faraone (OPCC&CT FIT), Linda Harrison (OPCC&CT), Justeen Hyde (EPCC/QUERI), Maureen Khung (OPCCCT FIT Leadership), Pamela LeDeaux (VISN Network Sponsor), James Marzolf (OPCC&CT), Christine Palarca (OPCC&CT), Lauri Phillips (OPCC&CT Leadership), Mary Quilty (MITRE), Craig Triscari (OPCC&CT FIT), Kelly Unrein (WH Administrative Director), Stacy Valenti (OPCC&CT).

GOVERNANCE

Domain Transformative Objective

As a fully transformed organization:

Leadership commitment to Whole Health concepts are evidenced by their seamless incorporation into the organization’s broader strategic plan and operational decision-making. In addition, leadership demonstrates commitment to Whole Health in attitude, behaviors and day-to-day conversation and interactions with staff at all levels in the organization.

Veteran participation and engagement in organizational decision making is embraced by leaders and staff at all levels, and such partnerships are considered critical to organizational strength and are based on mutual trust and respect.

Domain Components:

- Veteran engagement and input with feedback mechanisms
- Governance structure and processes are integrated, reflect adoption of Whole Health behaviors and mindset
- Whole Health is incorporated and woven into strategic planning
- Leadership engagement and commitment
- Leadership training in Whole Health, which includes the experiential element
- Performance improvement activities
- Outcomes aligned with organizational incentives
- Accountability

PHASE	OVERVIEW	ACCOMPLISHMENTS
PHASE 1: PREPARATION	Site is actively designing and in the beginning states of building a Whole Health governance structure. The effort may be driven primarily by a limited number of Whole Health champions from throughout the organization and with the support of a senior (Executive Leadership Team) leader.	<ul style="list-style-type: none"> • Identify governance members. • At least one member of the organization’s Executive Leadership Team is a Whole Health champion. • Define the structure for oversight of Whole Health activities. • Draft a written Whole Health charter or other document that outlines the responsibilities of the site’s Whole Health governing entity(ies).

		<ul style="list-style-type: none"> • Explore options for recruiting an active Veteran representative as part of the site’s governing entity to ensure Veteran engagement and input. • Identify Whole Health champions for major service/product lines to facilitate Whole Health adoption. • Complete a needs assessment and environmental scan to define the site’s Whole Health approach. • Draft a Whole Health strategic plan. • Develop a plan to regularly track and monitor Whole Health utilization, cost data, and outcomes.
<p>PHASE 2: FOUNDATIONAL</p>	<p>A basic Whole Health governance structure is in place and has begun operations. All senior leaders are knowledgeable about and support Whole Health.</p>	<ul style="list-style-type: none"> • Secure VISN and local executive leadership sponsors. • Designate the primary Whole Health POC. • Finalize a written Whole Health charter or other document that outlines the responsibilities of the site’s Whole Health governing entity(ies). • All senior leadership complete Whole Health training, which allows for participants to have a Whole Health personal experience. • Establish process to orient new leadership to core Whole Health concepts, which also allows for individual WH experiential element. • Establish Whole Health liaisons for relevant/appropriate service/product lines. • Whole Health strategic plan is finalized and implemented. • The main/core Whole Health steering committee/governing entity is operational. • Veteran member of steering committee/governing entity is recruited and in place. • Establish a process to capture broader Veteran input into site governance. • Establish processes to regularly track and monitor Whole Health utilization, cost data, and outcomes.
<p>PHASE 3: DEVELOPMENTAL</p>	<p>The basic Whole Health governance structure is in place and meets regularly to support how Whole Health implementation supports efforts to empower and equip Veterans, families and caregivers via governance</p>	<ul style="list-style-type: none"> • Whole Health strategic plan is in use and is updated to reflect Whole Health expansion and initial outcomes.

	<p>structures/mechanisms which expands Veteran input into corporate decision making and incorporates Whole Health into strategic planning.</p>	<ul style="list-style-type: none"> • Whole Health governance entity meets regularly to assess implementation. progress and to support decision making and quality improvement efforts. • Whole Health governance entity represents a broad range of service/product lines, both clinical and administrative and inclusive of Whole Health peer facilitators, Whole Health Partners, and non-clinical. • In addition to senior leaders, Service Chiefs and program managers complete. Whole Health training and have completed at least one personal WH experience. • Dissemination of Whole Health representation into other Medical Center or Health Care System committees has begun. • The site has begun to incorporate Whole Health principles/approaches into the organization’s policies and procedures where appropriate. • Veteran input into facility governance has expanded. • Veteran perspectives help inform Whole Health System transformation via a Patient Family Advisory Committee (PFAC) or equivalent group. • Evidence of monitoring and tracking of appropriate outcome measures that assess the positive benefits of the WHS approach on Veteran lives, the efficiency and effectiveness of health care delivery, and the organization’s financial health.
<p>PHASE 4: FULL</p>	<p>A robust and influential Whole Health governance structure, including significant and meaningful Veteran input, is in place. Leaders at all levels throughout the organization are knowledgeable and in support of Whole Health. Whole Health is routinely incorporated into strategic planning.</p>	<ul style="list-style-type: none"> • Whole Health governance is maintained as an entity with organizational influence. Accountability for Whole Health implementation is clearly integrated. • All leaders (supervisors, managers, Chiefs, executive leadership, etc.) complete Whole Health training, which includes a personal Whole Health experience. • Whole Health strategic plan is in use and routinely validated and updated. • All new leaders (supervisors, managers, Chiefs, executive leadership, etc.) receive Whole Health onboarding, including an experiential

		<p>component, and reliable. processes are in place to periodically reeducate leaders in Whole Health principles.</p> <ul style="list-style-type: none"> • Whole Health is infused into all existing hospital committees as appropriate. • Whole Health principles/approaches are routinely incorporated into the organization’s policies and procedures where appropriate. • Evidence exists of widespread and meaningful Veteran participation, input, and influence into organizational decision making and strategic planning. • Evidence of ongoing tracking of appropriate outcome measures that assess the positive benefits of the Whole Health approach to care on Veteran lives, the efficiency and effectiveness of health care delivery, and the organization’s financial health. The data generated through this process is regularly incorporated into performance improvement activities. • Evidence that Veterans readily provide feedback on value and satisfaction in attending Whole Health activities. • Evidence that the site regularly uses participation, satisfaction rates, and other inputs as appropriate to tailor Whole Health offerings and approaches based on Veteran feedback and demand. • Evidence of leadership commitment/engagement.
<p>DESIGNATION</p>	<p>As a fully transformed organization:</p> <p>Leadership commitment to Whole Health concepts are evidenced by their seamless incorporation into the organization’s broader strategic plan and operational decision-making. In addition, leadership demonstrates commitment to Whole Health in attitude, behaviors and day-to-day conversation and interactions with staff at all levels in the organization.</p> <p>Veteran participation and engagement in organizational decision making is embraced by</p>	<ul style="list-style-type: none"> • Clear evidence exists of the influence of Whole Health on strategic and operational decision making. Whole Health concepts are incorporated into the organization’s strategic plan rather than being a separate entity. • Corporate decision making routinely prioritizes support for Whole Health activities, offerings and approaches that further the goals of increasing Veteran engagement, enhancing health and well-being, which allow them to live fulfilled lives. • Leaders at all levels are skilled at communicating about Whole Health and capitalize on opportunities to educate and guide subordinates to establish and/or maintain initiatives that help Veterans achieve Whole Health ideals.

	<p>leaders and staff at all levels, and such partnerships are considered critical to organizational strength and are based on mutual trust and respect.</p>	<ul style="list-style-type: none"> • Whole Health concepts are infused throughout the organization’s written policies, procedures, committee minutes, and operational documents and are evident in day-to-day processes. • Leaders at all levels within the organization receive thorough orientation/onboarding to Whole Health concepts which include the experiential element. Periodic refresher courses and other opportunities for learning and Whole Health experiences are offered to and attended by these leaders. • Leaders at all levels lead by example, demonstrating strong commitment to Whole Health principles. Evidence exists of regular leadership participation and presence at Whole Health training sessions offered to front line staff. • Evidence exists of ongoing, systematic efforts to seek and expand opportunities to solicit meaningful feedback from Veterans and other stakeholders into governance and corporate decision making. • Clear evidence exists of the positive benefits of the Whole Health approach on Veteran lives, the efficiency and effectiveness of health care delivery, and the organization’s financial health. The evaluation and tracking plan is regularly validated and updated as needed. • Evidence that Veterans have made positive changes towards well-being. This may include participation in well-being activities offered by the site, and/or those pursued externally. • Transitioning service members choose VA care.
--	---	---

WHOLE HEALTH CLINICAL CARE

Domain Transformative Objective

As a fully transformed organization:

Every aspect of the health care system is delivered and experienced as one that is from an approach of Whole Health. Valued by Veterans, families, and caregivers as a trusted partner and invited team member on their journey to lifelong health and well-being, the Whole Health Clinical Care system is in synergistic operation with the site’s Pathway and Well-Being Program. Clinic practice has evolved from a primary focus on the disease state (‘What’s the matter with you?’) to one that is focused on the state of health and well-being and asks, ‘What matters

to you and how can we help you live your best life?” Mission, Aspiration, Purpose (MAP) and Personal Health Planning are the basis for integration of care and services. Every clinical care encounter acknowledges and values what a Veteran wants for his/her health for and, and then links his/her health care to his/her MAP through use of Shared Goals. Thereby, the Whole Health Clinical Care becomes a system property of the site. Exploring the MAP and understanding the PHP with each Veteran enhances motivation and empowerment, communicates compassion, builds trust, and creates deep satisfaction with the health care experience. This understanding of the motivation, values, perspective and choices of a Veteran has the benefit of directly informing clinicians of the most successful approach to care for each Veteran and fosters building a relationship based on partnership and trust, creating a path of success towards health endpoints. This ultimately results in evidence of higher quality care and improved outcomes. Considered a pre-eminent health care innovator, the site is the recognized community expert for the Whole Health System approach. Most importantly, the site is highly sought after and endorsed by Veterans.

Domain Components:

- Change the conversation and clinical experience for the Veteran
- Use of the Veteran’s MAP during the clinical encounter to align clinical treatments/services in service of personal health planning
- Integration of WH Clinical Care with Pathway and Well-Being Program
- Clinical operational changes to support the Whole Health approach
- Health care delivery practices to support the Whole Health approach
- Evidence of influence of Whole Health Clinical Care on Veteran health outcomes

PHASE	OVERVIEW	ACCOMPLISHMENTS
<p>PHASE 1: PREPARATION</p>	<p>With the Veteran’s personal health planning process as the foundation for exploring what matters most, the site is actively designing and building Whole Health Clinical Care component to change the conversation and clinical experience for the Veteran, family, and caregiver.</p>	<ul style="list-style-type: none"> • Develop a phased plan for Whole Health Clinical Care transformation to change the conversation, beginning with enhancing relationship-based and patient-centered communications skills and motivational interviewing techniques for clinical program employees. • Determine which CIH approaches, if any, will be integrated into clinical delivery (vice in the Well-Being Program) • Identify and empower change agents for Whole Health Clinical Care implementation by designating Whole Health clinical champions for anticipated pilot teams. • In working with leadership and Whole Health clinical champions, select which service/product lines will begin adopting Whole Health approach.

		<ul style="list-style-type: none"> • Provide opportunities for clinical program employees to enhance relationship-based and patient-centered communications skills and motivational interviewing techniques. • Existing educational and skill-building opportunities have been inventoried and alignment with Whole Health has been determined.
<p>PHASE 2: FOUNDATIONAL</p>	<p>The fundamental Whole Health Clinical Care component is in place to holistically treat the Veteran with an intentional focus on the Veteran’s mission, aspiration, and purpose (MAP), which allows clinical providers and teams to discover what matters most to the Veteran via a trusted and invited partnership with their Veteran patient.</p>	<ul style="list-style-type: none"> • Whole Health Clinical Champions conduct internal marketing and education to promote Whole Health awareness and buy-in. • Identify measures of spread and success of Whole Health approach within pilot clinical areas, such as assessment of well-being or vitality signs, Veteran satisfaction, utilization, and/or PHP accessibility across multiple service/product lines. • Select pilot teams to use MAP and shared goal setting in partnership with the Veteran during the clinical encounter to align clinical treatments/services; and to document accordingly. • Educate pilot teams on Whole Health Clinical Care, Mapping to the Map, Personal Health Planning and the tools to support and inform this process (i.e. well-being/vitality signs, PHI, HLA). • Establish processes for broader education of clinical teams (beyond pilot teams) on Whole Health Clinical Care, Personal Health Planning and tools to support the Personal Health Planning process (i.e. well-being/vitality signs, PHI, HLA). • Establish mechanism to educate Veterans on the role of Personal Health Planning in Whole Health Clinical Care. • Implement accessibility for the clinical team to access Veterans’ MAP, PHI, or PHP via designated CPRS template. • Whole Health Clinical Care Pilot teams promotes the Pathway for facilitated self-exploration of MAP for the Veteran. • Whole Health Clinical Care Pilot teams are documenting into a Personal Health Plan template in the medical record. • Explore ways to increase awareness of existing Well-Being Program and Pathway approaches and promote clinical team collaboration across all WHS components to include integration of Whole Health peer facilitator and Partners, Well-Being Program approaches and Whole Health coaching.

		<ul style="list-style-type: none"> • Develop referral strategies for clinical services provided off-site. • The site initiates integration of applicable CIH approaches into clinical service/product lines as appropriate (examples: yoga in pain clinic; BFA in primary care; meditation in Trauma Services). • Clinicians and providers recognize the importance of adopting workplace behaviors reflecting self-care and well-being for themselves. • A plan by which to measure uptake and change in clinical care is established.
<p>PHASE 3: DEVELOPMENTAL</p>	<p>As Whole Health Clinical Care transformation becomes more widely adopted, the Veteran is better equipped and empowered with what is needed in support of Shared Goals (and thus MAP), which is documented into the Personal Health Plan to facilitate coordination across all Whole Health System components. As the site is intentional in actively and continually evaluating progress in changing the conversation and clinical experience for the Veteran, integration of Whole Health Clinical Care with the other WHS components is essential.</p>	<ul style="list-style-type: none"> • Evaluate spread and success of Whole Health approach within pilot clinical areas, applying successes and lessons learned particularly to inform processes on tracking Veteran satisfaction, coding, utilization, and referrals. • Whole Health Clinical Care Pilot teams can articulate the relevance of their own self-care in buffering burnout and enhancing resilience. • Expand pilot efforts and bring on additional Whole Health Clinical Care cohort teams into Phase 1 or 2, as appropriate. • Expand use of Whole Health coaching within everyday health care delivery approach to include integration into clinical decision-making meetings (huddles, team meetings, etc.). • More clinical teams are utilizing Mapping to the MAP in developing shared goals with the Veteran, applying of “change the conversation” principles and documenting into a Personal Health Plan template in the medical record. • Well-being/vitality signs are regularly assessed and augments further exploration of the Veteran's Mission, Aspiration, Purpose. • Clinical teams regularly make referrals to CIH approaches when appropriate in service of MAP and Shared Goals. (not only to treat illness but to support health and well-being) • Clinical teams regularly make referrals to other educational and skill-building resources, tools and opportunities in support of Shared Goals and MAP. • Evidence that clinical teams routinely refer Veterans to Whole Health Coaches as appropriate for assistance with Personal Health Plans or to provide follow up support once a PHP is in place.

		<ul style="list-style-type: none"> • Various clinical care delivery methods in addition to the standard provider-patient encounter are being explored, such as telehealth, online classes/resources, shared medical appointments, etc. • Develop and implement processes and policies to promote clinical team collaboration across all WHS components, to include integration of Whole Health coaching, Well-Being Program approaches and Whole Health peer facilitators and Partners. • Embed validated tools for measurable outcomes (such as PROMIS 10 and PAM). • Evaluates effectiveness of coding and tracking processes for Whole Health Clinical Care.
<p>PHASE 4: FULL</p>	<p>A vibrant and vital Whole Health Clinical Care system is in full operation, well-utilized, tightly connected to the Pathway and Well-Being Program components, and highly valued and endorsed by Veterans. Because the site is focused on the integration of care with the PHP as the basis for coordination of care, Veterans feel empowered and engaged in all Whole Health System components as the site actively expands offerings to meet Veteran demand and continuously work towards full integration with all DM domains.</p>	<ul style="list-style-type: none"> • Clinical documentation and Veteran feedback demonstrates use of the Veteran’s MAP and PHP during clinical encounters to align clinical treatments/services. • The site continues to expand Whole Health Clinical Care into additional settings. Subsequent Whole Health Clinical Care cohorts have moved into Phase 2 or 3 accordingly. • The Veteran’s MAP and PHP are accessible across multiple clinical service/product lines. • The Veteran’s MAP and PHP drives provider conversation and health care across all visits. As such, clinical treatments/services are clearly aligned with the Veteran's Mission, Aspiration, Purpose as a system property across service/product lines. • As Whole Health Clinical Care transformation becomes more widely adopted, clinicians and staff are consistently demonstrating application of Whole Health Clinical Care in Veteran interactions throughout the flow of patient care delivery, including increased use of well-being/vitality signs and therapeutic interventions inclusive of other WHS component approaches within the facility and in the community. • At a minimum, Whole Health implementation has spread to primary care, mental health, and at least one other clinical setting (e.g., extended care, pain clinic, SCI, HBPC, specialty care, inpatient med/surg) with fully integrated Whole Health policies and procedures in place which includes referral and consultation processes.

		<ul style="list-style-type: none"> • Various clinical care delivery methods in addition to the standard provider-patient encounter are offered regularly, such as telehealth, online classes/resources, shared medical appointments, etc. • Site has optimized coding and tracking for Whole Health Clinical Care in all programs in which Whole Health clinical transformation has occurred. With reliable processes in place to track referrals and utilization, there is also clear evidence on how the Veterans' MAP and PHP are used to direct, plan, and coordinate care. (e.g., health factors and CHAR4). • CIH approaches are fully integrated into clinical service/product lines as appropriate (examples: yoga in pain clinic; BFA in primary care; meditation in Trauma Services) • Validated tools for measurable outcomes (such as PROMIS 10 and PAM) are regularly utilized and reviewed. • Data from coding, tracking and other Quality Improvement tools are used to inform process improvements efforts for onboarding incoming clinical teams/programs. • Clinicians are demonstrating workplace behaviors reflecting self-care and well-being, adoption for themselves. • The site uses innovative approaches to advance Whole Health clinical care and explores emerging approaches.
<p>DESIGNATION</p>	<p>As a fully transformed organization: Every aspect of the health care system is delivered and experienced as one that is from an approach of Whole Health. Valued by Veterans, families, and caregivers as a trusted partner and an invited team member on their journey to lifelong health and well-being, the Whole Health Clinical Care system is in synergistic operation with the site's Pathway and Well-Being Program. Clinic practice has evolved from a primary focus on the disease state ('What's the matter with you?') to one that is focused on the state of health and well-being and asks, 'What matters to</p>	<ul style="list-style-type: none"> • With a mature Whole Health Clinical Care system well established, the Whole Health approach is integrated across multiple service/product lines (ideally to include inpatient and outpatient) and evidenced by documentation and tracking strategies that all providers are integrating Whole Health into their practice. • Services are scheduled and delivered through a variety of methods, locations and formats appropriate to the site's Veteran population and accessible to Veterans at all locations served. • Because the Veteran's MAP is the foundation for planning Veterans' care, health care is clearly aligned (through Shared Goal setting) with

	<p>you and how can we help you live your best life?” Mission, Aspiration, Purpose (MAP) and Personal Health Planning are the basis for integration of care and services. Every clinical care encounter acknowledges and values what a Veteran wants for his/her health for and, and then links his/her health care to his/her MAP through use of Shared Goals. Thereby, the WH Clinical Care becomes a system property of the site. Exploring the MAP and understanding the PHP with each Veteran enhances motivation and empowerment, communicates compassion, builds trust, and creates deep satisfaction with the health care experience. This understanding of the motivation, values, perspective and choices of a Veteran has the benefit of directly informing clinicians of the most successful approach to care for each Veteran and fosters building a relationship based on partnership and trust, creating a path of success towards health endpoints. This ultimately results in evidence of higher quality care and improved outcomes. Considered a pre-eminent health care innovator, the site is the recognized community expert for the Whole Health System approach. Most importantly, the site is highly sought after and endorsed by Veterans.</p>	<p>the Veteran's MAP, the Veteran feels valued and a shared commitment to goal achievement.</p> <ul style="list-style-type: none"> • The clinical team and Veteran partner together to use the MAP and/or PHP to guide delivery of personalized care via Whole Health Clinical Care and when relevant: integrates the use of Complementary Integrative Health (CIH) approaches to support health and well-being; utilizes Whole Health coaching to aid a Veteran in achieving his/her goals, and/or incorporates the use of well-being approaches, health education, group services, etc. in addition to standard clinical intervention. • The clinicians, CIH staff, and Whole Health Coaches collaborate regularly to integrate seamless delivery of care to the Veteran using the Veteran’s MAP and/or PHP as the foundation. This is evidenced by clinical documentation and increasing referrals to CIH and well-being approaches when appropriate (not only to treat illness but to support health, well-being, and self-care). • Veterans experience a patient-centered, coordinated approach across clinical care and interfaces with other WHS components with timely access to quality Whole Health approaches. As such, Veterans report high satisfaction rates within Whole Health Clinical Care. • The site is recognized for innovative approaches on availability, delivery and/or effectiveness of Whole Health Clinical Care, evaluation efforts, and are continuously sharing best practices. • The site has Whole Health clinical leaders that serve as subject matter experts and has established training programs for the Whole Health approach (e.g., offering resident training, clinical rotations for clinical staff and teams). • VETERANS CHOOSE VA FOR THIS APPROACH!
--	--	--

WHOLE HEALTH CLINICAL CARE RESOURCES

OPCC&CT Field Implementation Team Program and Consultants

- Field Implementation Team Program and Consultants:
https://vaww.va.gov/patientcenteredcare/Field_Implementation_Program.asp

General Whole Health Resources

- VA Whole Health Website: <https://www.va.gov/WHOLEHEALTH/>
- Whole Health Library Website: <https://wholehealth.wisc.edu>
- OPCC&CT SharePoint Education Hub:
<https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx?AjaxDelta=1&isStartPlt1=1565725923678>
- Passport to Whole Health: [https://wholehealth.wisc.edu/wp-content/uploads/sites/414/2019/10/Passport to Whole Health.pdf](https://wholehealth.wisc.edu/wp-content/uploads/sites/414/2019/10/Passport_to_Whole_Health.pdf)
- ABC Guide to the Circle of Health: <https://wholehealth.wisc.edu/wp-content/uploads/sites/414/2018/09/ABC-Guide-to-the-Circle.pdf>

Whole Health Tools for the Clinical Setting

- Personal Health Inventory: <https://wholehealth.wisc.edu/wp-content/uploads/sites/414/2018/09/Personal-Health-Inventory-Brief.pdf>
- National Personal Health Planning Template:
<https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?viewid=4ba2c7d3%2Dd49a%2D456c%2Da49a%2Db6b2153c997b&id=%2Fsites%2FVHAOPCC%2FShared%20Documents%2FPersonal%20Health%20Plan>
- Questions You Can Ask During a Whole Health Visit:
<https://wholehealth.wisc.edu/tools/questions-whole-health-visit/>
- Whole Health: It Starts with Me (Veteran Handout):
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/docs/WHItStartsWithMe-508Final-9-4-2018.pdf>

Change Management and System Transformation Resources

- Register for a Prosci eToolkit account through VA at:
<https://portal.prosci.com/register/93799/vha-ncod>

- NCOD Smart Change Toolkit:
<https://vaww.vashare.vha.va.gov/sites/NOCD/SitePages/SmartChange/SmartChangeHome.asp>
- Whole Health Implementation Guide:
[https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Whole%20Health%20System%20Implementation/WH-ImplementationGuide March2019 Version3 Final.pdf](https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Whole%20Health%20System%20Implementation/WH-ImplementationGuide%20March2019%20Version3%20Final.pdf)
- Whole Health System Dashboard:
<https://biooffice.pa.cdw.va.gov/default.aspx?bookid=4bba0a83-d753-4628-b791-f11f223e75ee|ispasFalse|report7a242fbc-fda5-485f-a058-a7e9b8273c76|ws1|wsb0|isExportedTrue|isDisabledAnalyticsTrue|isDashboardPanelOnTrue>
- Designation Framework for Whole Health Implementation (milestones, accomplishments, and self-assessment for system transformation):
https://dvagov.sharepoint.com/_layouts/15/AccessDenied.aspx?p=2&type=accessremoved&correlation=1693349f-4028-a000-e2b5-a0c019e771d6
- Whole Health Evaluation Toolkit:
[https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/VHAOPCC/Shared%20Documents/Research/1.OPCCCT%20Research%20Projects/Evaluation%20Toolkit/WH Evaluation Toolkit&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7b4AD754A9-57D5-4A13-A317-D62DAB4881EB%7d](https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/VHAOPCC/Shared%20Documents/Research/1.OPCCCT%20Research%20Projects/Evaluation%20Toolkit/WH%20Evaluation%20Toolkit&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7b4AD754A9-57D5-4A13-A317-D62DAB4881EB%7d)
- Whole Health System Coding and Tracking Guidance:
<https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?viewid=4ba2c7d3-d49a-456c-a49a-b6b2153c997b&id=/sites/VHAOPCC/Shared%20Documents/CIH%20Coding%20Guidance>

MODULE 5. “AIM”-ING HIGH: THE ULTIMATE WHCC DESTINATION

ULTIMATE DESTINATION ACTIVITY GUIDE

Imagine that your supervisor sets up a meeting with you, and this is what you hear:

Thanks for coming in. Have I got an opportunity for you! As one of our star employees, we wanted to let you know that you now have unlimited resources and time to design a Whole Health Clinical Care program! Oh, and any staff members you need – just let us know and we’ll hire them within a week. Oh, and did you hear that all bureaucratic delays vanished as of last Tuesday? I think it has something to do with that recent astronomical event...

After you pick your jaw up off the floor and work through your mixed feelings of elation and trepidation, you start to ask yourself, “Hmm...what will my dream WHCC Design look like?”

Fortunately, you remembered that a course you recently took had a 10-question template you could use to reflect on this. Oh, yes - here it is! Please take a few minutes to jot down some of your ideas about the following. You need not answer these in order, and you need not answer every question.

1. First things first: What is the cool name of your amazing WHCC program?

2. How does it draw in elements of Whole Health care?

3. Who works with you and in what roles? How does leadership fit into the mix?

4. How does self-care for Veterans fit in?

5. How does your program link WHCC with other parts of the Whole Health System, like the Pathway and Well-Being programs?

6. How does care for the caregiver (clinician self-care) fit in?

7. Where is WHCC offered through your program – a specific location, or spread throughout your site? How do you create a setting that is a healing environment?

8. How do people train to offer WHCC?

9. How do you handle the details like billing, coding, tracking, and measuring success?

10. What else should everyone know about your WHCC design?

MODULE 6. AIM STATEMENTS: GETTING TO THE FIRST MILESTONE

AIM STATEMENT TEMPLATE

Creating Your Aim Statement

Write your Aim statement below. This may be one your team created during the Prequel or something that you are creating/modifying now. Consider the following:

- Is it clear? Can people immediately understand what you hope to achieve?
- Is it informed by the milestones in the Designation Framework?
- Does it give a sense of timeline and scope of work?
- Does it honor Veterans' needs? Clinicians? Others?
- Will it anchor your team (and others) as you create your WHCC Action Plan?
- Does it give a vision of what success looks like?
- Does your Aim statement accommodate SMART goal requirements, as featured on the next page?

<p>Aim Statement (DRAFT 1)</p>	
<p>Aim Statement (DRAFT 2)</p>	

SMART GOAL SUMMARY – HOW TO WRITE A WHCC SMART GOAL

Criteria for a SMART goal can be used to help you write your Aim statement. To begin, focus on a goal that is important. Just as you would for setting a self-care goal with a Veteran, your team goal should tie in with what really matters, to Mission, Aspiration, and/or Purpose (MAP). Once you have a goal in mind, apply the principles of SMART goals to it, as described in the table below. Remember:

- It is better to break a general goal down into smaller goals, to be sure you will succeed. You will likely have multiple goals as part of your WHCC Action Plan.
- The more detail the better. *“We will enhance training”* is very vague. *“Starting in six months, our team will have a full coaching strategy in place, based on a detailed list of supervisors and managers below with the corresponding timeframes”* is richer.
- Don’t forget to follow up later to see how it is going with reaching the goal. (“Circling Back” will be discussed on Day Three of this course.)

SMART Goal Element	Questions to Consider
Specific S	<ul style="list-style-type: none"> • Be very clear and detailed about what you want to do and why. • What is required? What are the challenges? • How will you do it? What are your assets and resources? • Who will be involved?
Measurable M	<ul style="list-style-type: none"> • How will you know you are making progress? • How will you know you have reached your goal?
Attainable A	<ul style="list-style-type: none"> • Do you have what you need to reach the goal? • Is it really doable? • Build on small steps.
Relevant R	<ul style="list-style-type: none"> • Is this goal worth it? • Is the goal lined up with your values? • Is the timing right?
Time-Bound T	<ul style="list-style-type: none"> • How much time will you spend? • How often (daily, weekly, monthly)? • How long do you need? • Are there any deadlines you have to meet? • When will you start?

This exercise was adapted from: Rollnick, Miller & Butler, *Motivational Interviewing in Health Care*, New York: Guilford Press; 2008

MODULE 8. NOW YOU KNOW WHERE YOU'RE GOING...HOW WILL YOU GET THERE?

DEFINE SUCCESS *Six Essential Questions*

In any change scenario, you want to be able to answer the basics – starting with what's changing, why, and what if we don't.

Due to the size and scope of VA, leaders come to “own” a change under different circumstances. When the change is *their* idea, of course they believe in it and see its value. However, when expected to implement changes initiated elsewhere, they may not fully understand the reasoning behind the change, nor the benefits expected from it. The worst case is when leaders are expected to carry out a change they don't fully understand **and** they expect it won't be helpful!

No matter the situation, when you take time to answer the **Six Essential Questions**, you set your change up for success. There is as much value in the *process* of completing the questions as there is in the answers you get from them:

1. What's changing?
2. Why?
3. Why now?
4. What's not changing?
5. What are the expected organizational and individual benefits?
6. What's the risk of not changing?

If a leader doesn't **believe in** *and* **understand** the change, how well can they lead others through that change?

Beyond informing communications, what else can the **Six Questions** do?

- Help a leader decide if it is the right change to implement
- Help a leader understand the change more fully so they can better lead others
- Help a leadership coalition or project group come to consensus on the key reasons for the change and facilitate buy-in from key partners
- Identify when you need to seek out more information to better understand the change
- Initiate discussions with key leaders to discuss alternatives to the change and/or fully understand implementation options

DEFINE SUCCESS *Six Essential Questions*

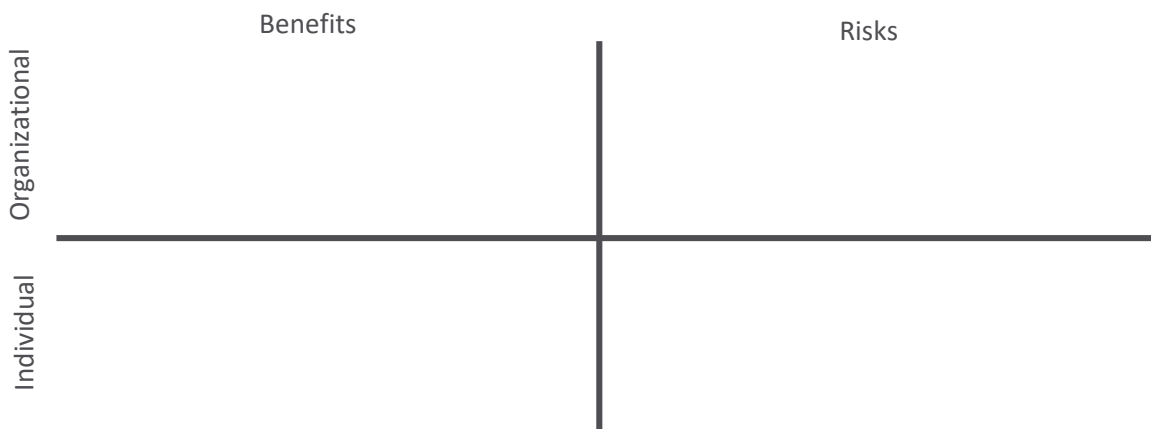
WHAT IS CHANGING?

WHY IS IT CHANGING?

WHY IS IT CHANGING NOW? (What circumstances have influenced the timing for this change?)

WHAT IS NOT CHANGING?

WHAT ARE THE INDIVIDUAL AND ORGANIZATIONAL BENEFITS OF THE CHANGE?



WHAT IS THE RISK OF NOT CHANGING?

VHA High Reliability Organization Committing to Zero Harm 6 Essential Questions



1. What is Changing?

High Reliability Organization (HRO) is not a new concept in VHA. While VHA has led and continues to lead many successful initiatives to prevent harm, this transformation is not an initiative with an end date, but a culture change that will be adopted in a coordinated way across all of VHA. VHA's enterprise-wide HRO Journey is a long-term commitment to our Veterans and our workforce to continuously improve and drive to Zero Harm.

Our HRO Journey requires that we transform our workplace culture to empower our most important resource: our dedicated, compassionate VA employees. Improving safety and reliability requires a Just Culture of transparency and trust where errors and near misses are regarded as opportunities to improve processes that could cause harm. Greater reliability requires a work environment where employees at every level of our organization – clinical and non-clinical – are empowered to speak up for safety. To get there, we need to become proficient in the three VHA HRO Pillars:

1. Leadership Commitment
2. Culture of Safety
3. Continuous Process Improvement

Everybody from leadership to front line staff will need to incorporate the five VHA HRO Principles in our daily work:

1. Focus on Front line Staff and Care Processes
2. Anticipate Risk - Every Staff Member a Problem Solver
3. Get to the Root Causes
4. Bounce Back from Mistakes
5. Empower and Value Expertise and Diversity

While remembering that our seven VHA HRO Values unite us and guide us on our HRO Journey:

1. It's About the Veteran
2. Support a Safety Culture
3. Commit to Zero Harm
4. Learn, Inquire and Improve
5. Duty to Speak Up
6. Respect for People
7. Clear Communications

2. Why is it Changing?

Setting a goal to become an HRO supports our efforts to regain the trust of Veterans and the American people—and of each other. By formalizing our HRO Journey, we ensure the necessary support, training and resourcing to continuously learn and improve. HRO practices also support The Joint Commission's *National Patient Safety Goals*® and key initiatives that improve care to our Veterans through implementation of evidence-based practices.

3. Why is it Changing Now?

Across the U.S. healthcare industry, there is an alarming rate of preventable harm. Recent studies estimate that between 210,000 and 440,000 patients suffer each year from preventable harm that contributes to death. If medical error was a disease it would rank as the 3rd leading cause of death in the U.S. behind heart disease and cancer. One patient harmed is one too many. Our goal must be Zero Harm!

VHA High Reliability Organization

Committing to Zero Harm

6 Essential Questions



4. What is not Changing?

Many of our daily work practices are already in alignment with HRO principles. We will continue our dedicated commitment to providing the best possible care for Veterans. Part of the HRO Journey is to leverage strong practices already in place across VHA, as well as introduce new improvement efforts. We will also continue to draw upon the wealth of knowledge and resources available from the National Center for Patient Safety (NCPS), Office of Systems Redesign and Improvement, and VISNs/Medical Centers that have made great strides in high reliability.

5. What are the risks of not becoming an HRO?

Trust is vital to our survival. If we harm patients and our workforce, we lose their trust. By emphasizing our focus on safety and empowering all staff to create an enterprise-wide culture of greater accountability and reliability, we embrace our VA core values and restore trust. By striving towards high reliability where harm prevention and process improvement are second nature to all employees, we can dramatically improve the way we deliver care to our Veterans.

6. What are the individual and organizational benefits of becoming an HRO?

Individual Benefit

- A psychologically and physically safe environment
- Empowerment to speak up and effect positive change
- A greater voice in improving your work environment
- Partnership in something bigger than yourself
- Being respected for your expertise

Organizational Benefits

- Shared leadership vision and approach
- Better outcomes and happier Veterans / family
- VHA viewed more positively by public and media
- More Veterans choose VA

Veteran Benefits

- Improved health outcomes
- Improved patient experience
- Greater trust in VA
- Respect for Veteran caregiver's input

FIVE TENETS OF CHANGE MANAGEMENT

Prosci Five Tenets of Change Management



1 We change for a reason.

2 Organizational change requires individual change.

3 Organizational outcomes are the collective result of individual change.

4 Change management is an enabling framework for managing the people side of change.

5 We apply change management to realize the benefits and desired outcomes of change.

Prosci Inc. All rights reserved. www.prosci.com

MODULE 10. SWOT'S HAPPENING? A NEW LENS

SWOT SELF-ASSESSMENT

Your “Aim” is your high level goal (your overarching mission, aspiration or purpose) for implementing Whole Health Clinical Care.

Draft Aim:

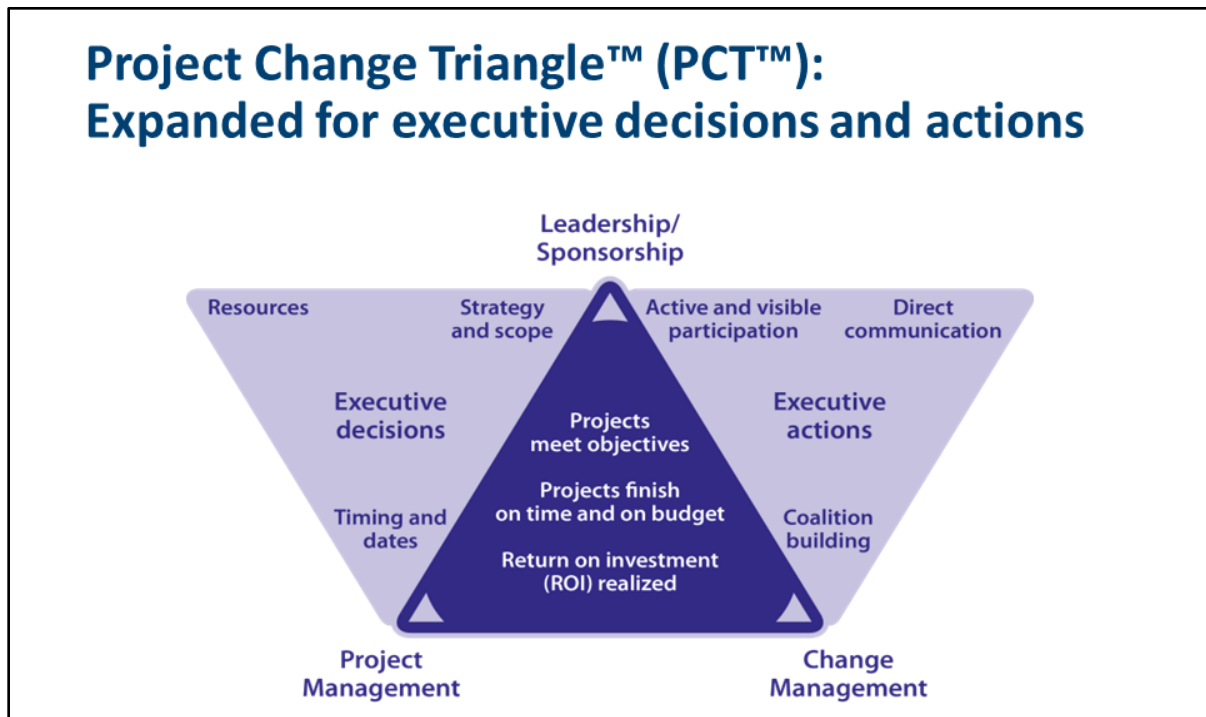
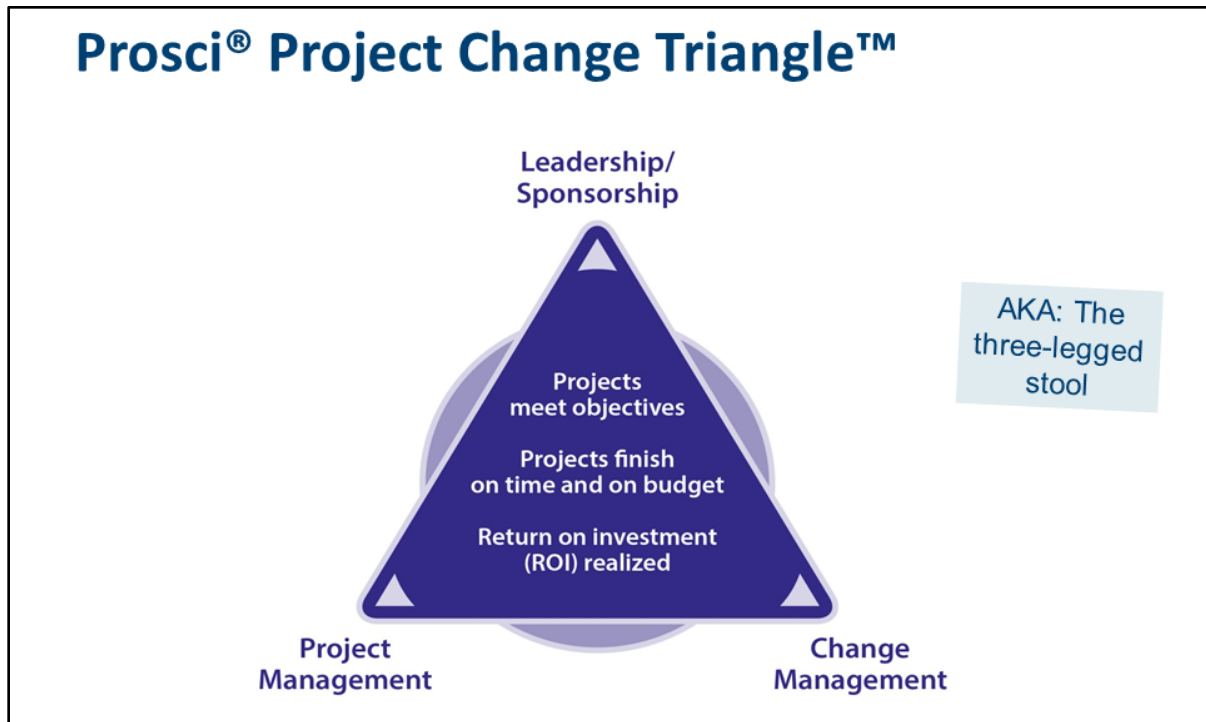
SWOT stands for Strength, Weaknesses, Opportunities and Threats. Consider these in terms of your Aim, using the questions below to guide you.

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • What programs are already going well? • Who (people or groups) are your allies? • What skills and assets do team members bring? • What are advantages does your site have? • What past successes support this work? 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • What elements of clinical care could be hard to incorporate? • Where are there gaps in support/buy-in? • Who is least likely to support Whole Health? • What bureaucratic obstacles are there? • What would your site need, that it doesn't yet have, to support this work?

<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Who is most supportive of WH? • How will this Aim support the organization’s highest priority? • Who has already expressed interest support? • What educational efforts can help? • Who else should be on the team? • How might you measure success? • What can be done without additional funding or FTE? 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Who is opposing this work? • Who might oppose it later? • What are the financial challenges? • Where are the points of tension related to Whole Health? • What are the “competing priorities” this change with face? • What are the barriers to this work?

MODULE 11. OUR TRANSPORTATION TO SUCCESS

PROSCI PROJECT CHANGE TRIANGLE & TRIANGE EXPANDED



Prosci Inc. All rights reserved. www.prosci.com

Foundations for Change

For a change to be successful, it needs strong support – from the beginning – in the three critical areas: (1) Leadership/Sponsorship, (2) Project Management, and (3) Change Management, as shown in the Prosci® Project Change Triangle.

The Prosci® Project Change Triangle™ (PCT)



This tool can be used to assess the three foundational areas to help you identify project strengths, and gaps or vulnerabilities to address

Instructions

Proceed through the rest of this tool, following instructions on each page.

We using this tool at the start of a project to guide your initial strategy, and then reassess every few weeks or months (depending on the project's timeline) to help the foundation for your change strong.

Tip: When shared regularly with senior leaders and the project team, it can be a powerful alignment tool!



Foundations for Change Assessment

Place a check by the items that are firmly in place for your change.

Leadership/ Sponsorship	<p>The change...</p> <ul style="list-style-type: none"><input type="checkbox"/> Has a primary sponsor.<input type="checkbox"/> Is aligned with the strategy and vision for the organization.<input type="checkbox"/> Has set priorities that have been communicated to all.<input type="checkbox"/> Is supported with adequate resources.	<p>The executive sponsor...</p> <ul style="list-style-type: none"><input type="checkbox"/> Actively and visibly champions the change.<input type="checkbox"/> Builds and maintains a sponsorship coalition.<input type="checkbox"/> Communicates directly with employees.<input type="checkbox"/> Celebrates successes with the team and organization.
Project Management	<p>The change...</p> <ul style="list-style-type: none"><input type="checkbox"/> Has a project manager/team.<input type="checkbox"/> Is clearly defined.<input type="checkbox"/> Is supported with adequate resources.<input type="checkbox"/> Has a schedule and identified milestones.	<p>The project manager/team...</p> <ul style="list-style-type: none"><input type="checkbox"/> Has access to the executive sponsor.<input type="checkbox"/> Manages the project resources and tasks.<input type="checkbox"/> Measures the specific objectives that define success.
Change Management	<p>The change...</p> <ul style="list-style-type: none"><input type="checkbox"/> Has a change manager/team.<input type="checkbox"/> Has a plan integrating project and change management (i.e. technical <u>and</u> people side of change).<input type="checkbox"/> Sponsor coalition strength and effectiveness has been assessed.<input type="checkbox"/> Impact on affected groups has been identified.<input type="checkbox"/> Resistance has been anticipated, and a plan to effectively manage it was created.	<p>The change manager/team...</p> <ul style="list-style-type: none"><input type="checkbox"/> Prepares leaders at all levels to sponsor the change.<input type="checkbox"/> Assists with a communication plan that addresses the needs of each impacted group.<input type="checkbox"/> Coaches managers and supervisors to be effective in their role.<input type="checkbox"/> Helps implement feedback processes to gather input from employees.

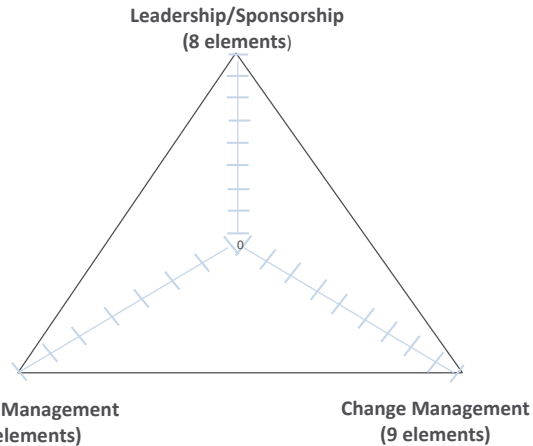
Foundations for Change: Analysis and Action Steps

- 1) Tally the check marks from each area on page 2 into this table:
- 2) Plot your tallies on the radar graph similarly to this example:

Leadership/ Sponsorship (L/S)	Project Management (PM)	Change Management (CM)
/8	/7	/9



EXAMPLE



- 3) Note any strengths and gaps from page 2 in the table below, and use insights to plan your next steps for each critical area:

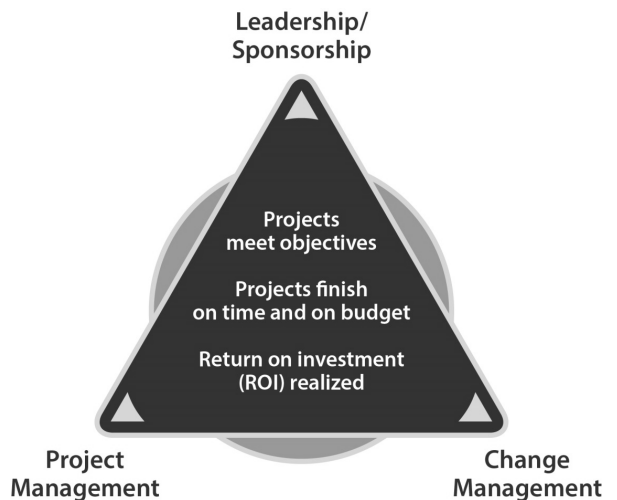
	Strengths to use	Gaps to address	Next steps strengthen foundations
L/S			
PM			
CM			

The goal is to build a stable foundation for your change, supported by these three critical areas, along with a clear, shared understanding of the results

Foundations for Change: Key Definitions from Prosci

Leadership/Sponsorship

Prosci's benchmarking studies with thousands of participants consistently report **the #1 contributor to successful change is active and visible sponsorship**. Executives and senior managers who approve, fund and charter change initiatives must also lead and sponsor them. They must participate actively and visibly throughout the project, building coalitions and communicating directly with employees about why the change is needed. They must also explain how the change is aligned with the vision and strategy of the organization. The primary sponsor role cannot be delegated; it is determined by the change itself.



Project Management

Project Management (PM) is a set of processes and tools applied to business projects that guides how tasks, resources and budget are managed in order to achieve a defined objective. Regardless of whether it is applied formally, it requires knowing what is changing (processes, systems, job roles, organizational structure, etc.) in order to be done well. Effective PM also requires understanding the trade offs between the time, cost and scope of a change.

Change Management

Change Management (CM) is the application of a structured process and set of tools for leading the people side of a change to achieve a desired outcome. Effective CM requires two perspectives – an individual perspective (leading individuals through change) and an organizational perspective (how groups are managed through a change process). Because a portion of every change depends on people changing their behavior, CM can reduce the risks of productivity loss, negative customer impact and employee turnover, while maximizing speed of adoption and ultimate use to help achieve business results.

MODULE 12. USING THE NEW LENS: ADKAR SKILLS

PROSCI ADKAR MODEL—SUMMARY

Prosci ADKAR Model

ADKAR element:	Definition	What you hear:	Without:
A Awareness	Of the need for change	“I understand why...”	Employees ask the same question over and over Hoarding of information and resources
D Desire	To participate and support the change	“I have decided to...”	Lower productivity Increased turnover Delays in implementation
K Knowledge	On how to change	“I know how to...”	Lower utilization or incorrect useage of new systems Sustained reduction in productivity
A Ability	To implement required skills and behaviors	“I am able to...”	Employees worry whether they can be successful in the future Greater impact on customers and partners
R Reinforcement	To sustain the change	“I will continue to...”	Employees revert back to old ways of doing work Ultimate utilization is less than anticipated The organization creates a history of poorly managed change

How does change *really* happen? It's ADKAR!

Organizations don't change, people do! While we often think of a change at the organizational level, it's more accurate – and helpful – to see it as a collection of many individual transitions.

Why is this helpful? Because individuals follow a pretty predictable sequence when getting on board with change, and what they need at each step is summed up in the ADKAR framework: **Awareness, Desire, Knowledge, Ability, and Reinforcement.**

We can use ADKAR to understand where someone is on their individual change journey. We also know that these elements build from one another, so you want to go in order. For example, a common mistake is trying to build *Knowledge* of how to change before a person has sufficient *Awareness* of the need for change or the *Desire* to participate and support the change.



The ADKAR framework helps you select and shape change activities to what is needed most. ADKAR is especially important when a person is in a “middle” role: responsible for getting a team to change, but not the original “owner” of the idea and perhaps not yet fully on board. If this is your situation, you should first explore your own ADKAR barrier to figure out what you need to then build ADKAR in others.

AWARENESS of the need for change	<ul style="list-style-type: none"> Understanding the nature of the change, why it is happening, expected benefits, and the consequences of not changing, business reasons behind the change
DESIRE to make the change happen	<ul style="list-style-type: none"> Willingness to support and engage in a change. Ultimately a personal choice, influenced by the degree of change and motivators unique to each person
KNOWLEDGE about how to change	<ul style="list-style-type: none"> Information, training/education needed for the future state Also need to know <i>how</i> to change Includes info on changes in behaviors, processes, tools, job roles, or skillsets needed to be successful
ABILITY to implement new skills/ behaviors	<ul style="list-style-type: none"> Putting knowledge into practice A demonstrated capability to implement the change at the required performance level Barriers to implementation may not reflect a skill deficit (e.g., competing demands)
REINFORCEMENT to sustain the change	<ul style="list-style-type: none"> External factors include recognition, rewards and celebrations tied to success Internal reinforcements are a person's internal satisfaction with his or her achievement or other personal benefits.

Want more?
Download
ADKAR: A model for change in business, government, and our community at
<https://go.usa.gov/xEBXx>

ADKAR assessment



Change is a process, and the ADKAR® framework helps describe where you are in that process. This helps you know what steps to take to make the most of changes coming your way. Knowing where employees are on ADKAR also helps the project team give the right kind of support at the right time.

1. Describe the change as you understand it:

2. Mark your level of agreement with the statements below:

Strongly Agree								
Agree								
Neutral								
Disagree								
Strongly Disagree								
	Awareness	Desire	Knowledge	Ability	Reinforcement			
	<i>I fully understand the reasons for this change</i>	<i>I've decided to support and participate in this change</i>	<i>I have the skills I need to succeed in this change.</i>	<i>I am able to do my work in the "new" way; I can put the required skills/behaviors into practice</i>	<i>I am/will be reinforced to help me continue and sustain this change.</i>			

3. Any notes or additional comments?

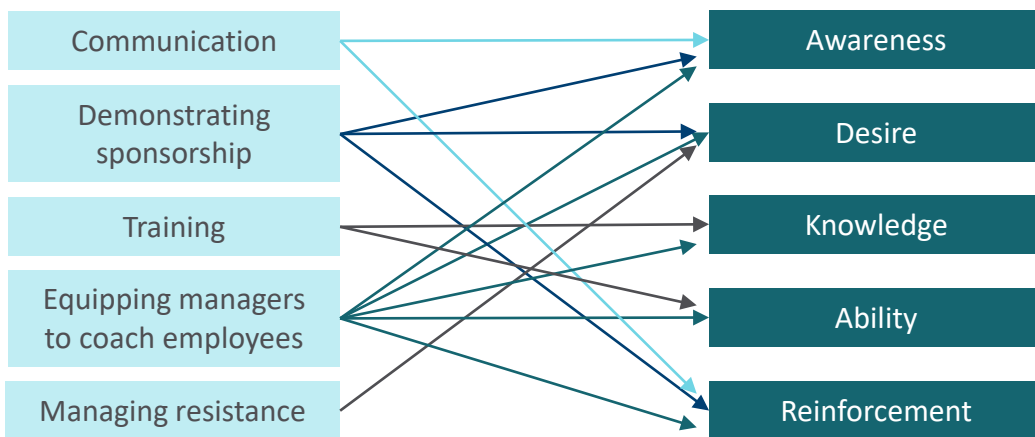
Putting ADKAR to use



After evaluating each ADKAR element, it is helpful to look at the scores of the group, letting you see which elements need attention. Depending on where people are in their individual transitions, the solution will be different: You can't train desire, after all!

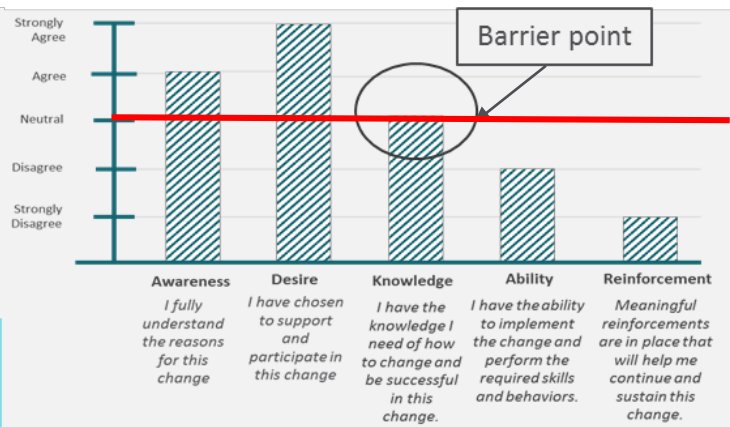
When you look at the ADKAR assessment results, identify the barrier point – that is, the first ADKAR element ranked “neutral” or below. This is where you should start when planning change strategies and activities. Of course, it is possible to score low on multiple ADKAR elements. Your change plan should address these elements in sequence – building up D, for instance, before moving on to K.

Key strategies linked to their ADKAR targets



Take a look at this example profile:

This person has sufficient Awareness and Desire to be part of the change. When you identify the barrier point (in this case, Knowledge), you can design (or repeat, if necessary) the change activities that are most needed.



REMEMBER:

Barrier Point = The **first** ADKAR element rated Neutral or below

Engaging Change Participants

Resistance to change is natural and should be expected. Using the ADKAR framework and tools, follow the steps below to identify, plan for, and address expected resistance to better engage participants in your change.

For each step, complete the related section(s) in the table on the next page.

1

Identify the groups impacted by the change

List each group affected by the change and their supervisor on the table. Direct supervisors are important because they are best positioned to help manage their employee's resistance to a change.

Estimate the expected level of resistance to the change for each group

To rate the resistance of each group, consider *impact* and *context* factors:

Impact

Impact factors represent the aspects of a group's job that are affected by the change.

Context

Context factors consider personal and environmental aspects related to the group's resistance.

2

- ✓ Structure (Boss, Compensation, Location)
- ✓ Role, Expectations, or Mindset
- ✓ Processes, Tasks, or Behaviors
- ✓ Systems, Tools, or Resources

- ✓ Their perception of the need for this change
- ✓ Their history of change resistance
- ✓ How many other changes are impacting them
- ✓ How much input they were able to provide

Based on an estimate of these factors, indicate a High/Medium/Low rating on the table for each group, adding any notes for your own reference. Rating all groups can help you prioritize resistance management efforts to best support the change.

3

Identify each group's barrier point

Recall that ADKAR represents the sequence of building blocks required for successful change. Using the **ADKAR Tool**, you can identify a group's Barrier Point (see instructions in the assessment) and mark it on the table. Barrier Points help us understand where a person/group may be stuck.

4

Make a plan to address each group's barrier point

Because different strategies help overcome different barriers, identifying a group's Barrier Point can prescribe actions to address their resistance. Create an action plan on the table for each group based on their Barrier Point, referring to the **Actions that Drive ADKAR Resource** for additional ideas if you get stuck.

Impacted Groups

Group Name	Supervisor	Expected Resistance (High/Med/Low)	Resistance Notes	ADKAR Barrier Point					Plan to Address the Barrier Point
				A	D	K	A	R	

MODULE 13. BRIDGES, TREES, AND BEARS – OH MY!: NAVAGATING BARRIERS

LIST OF THE SEVEN KEY ELEMENTS

7 Elements to Address Barriers



1. Communication

2. Sponsorship



3. Resistance Management

4. Coaching



5. Nuts and Bolts

6. Training



7. Circling Back

MODULE 14. ELEMENT 1: COMMUNICATION

COMMUNICATION—KEY MESSAGING GUIDELINES

Communications Plan – Key Messages Outline

1) Messages about the business today

- a) The current situation and the rationale for the change
 - i) Business issues or drivers that created a need for change
 - ii) Competitive issues or changes in the marketplace
 - iii) Customer issues
 - iv) Financial issues
- b) What might happen if a change is not made?

2) Messages about the change

- a) A vision of the organization after the change takes place
- b) Scope of the change (including process scope, organizational scope, systems and technology scope)
- c) Objectives for the change (what does success look like?)
- d) Overall timeframe to implement the change
- e) Alignment of the change with the business strategy
- f) How big of change is needed (how big is the gap between today and the future state)?
- g) Who is most impacted and who is least impacted?
- h) The basics of what is changing, how it will change, and when it will change including what will not change
- i) What do we know about the design of the change right now?
- j) Details about the solution (process, technology, organizational changes, job role changes)

3) Messages about how the change impacts employees

- a) The impact of the change on the day-to-day activities of each employee
- b) WIIFM – “what’s in it for me?” – from the employees’ perspective
- c) Implications of the change on job security (will I have a job?)
- d) Specific behaviors and activities expected from the employee, including support of the change
- e) Procedures for getting help and assistance during the change
- f) Ways to provide feedback
- g) The expectation that change will happen and is not a choice

4) Status updates and progress reports

- a) The schedule for the project overall
- b) When will new information be available?
- c) How will information be shared about the project?
- d) Major milestones and deliverables
- e) Key decision points
- f) Early success stories

Prosci Inc. All rights reserved. www.prosci.com

KEY MESSAGING GUIDELINES FOR EXECUTIVES

Communications Plan – Key Messages for Executives

Using the master communications content, reduce the information to fit the audience with emphasis on their primary focus areas, specifically for executives.

- Reduce content to executive **summary** only
- Clearly articulate the **objectives and scope** (they will be concerned with how their organization may impacted)
- Focus on **financials** and alignment with the business **strategy**
- Identify **key decision points** that they would be involved with or want to know about
- Present **actions** you need them to take or decisions they need to make

Use the executive presentation outline below as a starting point

1) Value proposition (summary of project overall)

- a) Summary of business change
- b) Key benefits to organization
- c) Alignment with business strategy
- d) Total cost savings
- e) Total incremental revenue
- f) Investment required
- g) Payback period
- h) ROI and NPV

2) Expected actions

- a) Decisions to be made
- b) Actions required
- c) When action is required

3) Business need

- a) Summary of key drivers (business issues or opportunities) behind the change

4) Objectives (financials) and scope

- a) Financial goals
- b) Customer goals
- c) Organizations, processes and systems in scope
- d) Organizations, processes and systems out of scope

5) Proposed solution

- a) Concept level only
- b) Alignment with business strategy

6) Alternatives

- a) Alternatives considered
- b) Option analysis

7) Recommendations

8) Financial analysis (if ready)

9) Schedule

Prosci Inc. All rights reserved. www.prosci.com

KEY MESSAGING GUIDELINES FOR MANAGERS

Communications Plan – Message Guidelines for Managers

Using the master communications content, reduce the information to fit a mid-level manager audience.

- Present those key messages that you would expect **them** to communicate to their employees
- Keep managers **one-step ahead** of their employees (avoid surprises)
- Focus on the scope of the change including clear explanations of what is in **scope** and what is out of scope (some managers will shut-out information and filter it away from their organization if they do not see a direct connection with their work processes or systems)
- Be clear on the expected **action** you need them to take to support the change within their group or department

Use the manager outline below as a starting point.

1) Messages about the business today

- a) The current situation and the rationale for the change
- b) Business issues or drivers that created a need for change
- c) Competitive issues or changes in the marketplace
- d) Customer issues
- e) Financial issues
- f) What might happen if a change is not made?

2) Messages about the change

- a) A vision of the organization after the change takes place
- b) Scope of the change (including process scope, organizational scope, systems and technology scope)
- c) Objectives for the change (what does success look like?)
- d) Overall timeframe to implement the change
- e) How big of change is needed (how big is the gap between today and the future state)?

- f) Who is most impacted and who is least impacted?
- g) The basics of what is changing, how it will change, and when it will change including what will not change
- h) How will this change affect other projects underway?
- i) Will this change affect the budgeting process or impact any existing budgets?
- j) What do we know about the design of the change right now?
- k) Business case summary and details about the future state design (process change, technology change, organization changes, job role changes)

3) Messages about how the change impacts employees

- a) The expectation that change will happen and is not a choice
- b) The impact of the change on the day-to-day activities of each employee
- c) WIIFM – “what’s in it for me?” – from the employees’ perspective
- d) Implications of the change on job security (will I have a job?)
- e) Specific behaviors and activities expected from employees
- f) Messages that should be reinforced with employees by managers
- g) Ways to provide feedback

4) Actions required by managers to support the change

- a) Specific activities expected from managers
- b) Where managers can get more information and assistance for employees
- c) Sample presentations that managers can use with their employees

5) Status updates and progress reports

- a) The schedule for the project overall
- b) Who is making the major decisions for the project?
- c) When will new information be available?
- d) How will information be shared about the project?
- e) Early success stories

Prosci Inc. All rights reserved. www.prosci.com

KEY MESSAGING GUIDELINES FOR EMPLOYEES

Communications Plan – Message Guidelines for Employees

Using the master communications content, reduce the information to fit front-line employees.

- Focus on the **impact** of the change on the employee.
- Be **clear** about what you know now and what you do not know now.
- Let employees know **when** more information will be available.
- Be clear how employees can provide **feedback** about the change.

Use the employee message outline below as a starting point.

1) Messages about the business today

- a) The current situation and the rationale for the change (why is this change necessary?)
 - i) Business issues or drivers that created a need for change
 - ii) Competitive issues or changes in the marketplace
 - iii) Customer issues (use quotes or customer input)
 - iv) Financial issues (show trends and charts if available)
- b) What might happen if a change is not made?
- c) Why is this change happening right now (what is the rush)?

2) Messages about the change

- a) A vision of the organization after the change takes place
- b) Scope of the change (including process scope, organizational scope, systems and technology scope)
- c) Objectives for the change (what does success look like?)
- d) Overall timeframe to implement the change
- e) Alignment of the change with the business strategy

- f) How big of change is needed (how big is the gap between today and the future state)?
- g) Who is most impacted and who is least impacted?
- h) The basics of what is changing, how it will change, and when it will change including what will not change
- i) What do we know about the design of the change right now?
- j) Details about the future state design (process change, technology change, organization changes, job role changes)
- k) Training requirements and educational opportunities

3) Messages about how the change impacts employees

- a) The expectation that change will happen and is not a choice
- b) The impact of the change on the day-to-day activities of each employee
- c) WIIFM – “what’s in it for me?” – from the employees’ perspective
- d) Implications of the change on job security (will I have a job?)
- e) Specific behaviors and activities expected from the employee, including support of the change
- f) What are the consequences for not changing and the benefits of supporting the change?
- g) Procedures for getting help and assistance during the change
- h) What do I do if I disagree with the change?
- i) Ways to provide feedback

4) Status updates and progress reports

- a) The schedule for the project overall
- b) When will new information be available?
- c) How will information be shared about the project?
- d) Early success stories

Prosci Inc. All rights reserved. www.prosci.com

MODULE 15. ELEMENT 2: SPONSORSHIP

PRIMARY SPONSOR CHECKLIST FOR PLANNING AND START UP

Audience: Project Team – Acquire project resources

- Select the best project leader and team members; include resources with change management expertise
- Provide necessary funding for the team, including training for all team members on change management
- Set priorities related to day-to-day work vs. project work to allow adequate team member participation
- Help the team understand the critical business issues or opportunities that must be addressed
- Provide clear direction and objectives for the project; describe what success will look like
- Jointly develop a high-level view of the future and link the change to the business strategy
- Be directly involved with the project team; set expectations; review key deliverables and remove obstacles
- Take ownership for success of the project and hold the team accountable for results
- Establish a commitment to change management; talk about change management and ensure required roles are filled

Audience: Managers – Build management support

- Enlist the support of executive managers and create a support network (coalition of managers needed to support the change)
- Create a steering committee of key managers to monitor progress (dependent on project size)
- Educate senior managers about the business drivers for change and the risks of not changing
- Work directly with managers who show early signs of resistance
- Create change advocates within the leadership team; build support and enthusiasm for the change
- Provide training on change management for senior managers
- Establish change activities that the leadership group is responsible for completing
- Define accountabilities for mid-level managers

- Determine and communicate priorities between this change and other change initiatives
- Resolve conflicting operational objectives with other senior leaders
- Solicit and listen to management feedback
- Connect project to organization's strategy and goals

Audience: Employees – Create awareness

- Describe the current state of the business and share the business issues or opportunities
- Explain why a change is needed now; share the risks of not changing
- Share a vision for the future; explain the nature of the change and show how the change will address the business problems or opportunities
- Answer the questions: “How will this change affect me?” and “What’s in it for me?”
- Be proactive, vocal and visible; communicate frequently, including face-to-face
- Listen and be open to dialogue and resistance
- Tell employees what they can expect to happen and when
- Understand the organizational culture and beliefs
- Repeat key messages over and over
- Share plans with customers and suppliers
- Show project milestones and provide progress updates
- Communicate clearly and honestly about aspects of the project that are still unknown

Prosci Inc. All rights reserved. www.prosci.com

PRIMARY SPONSOR CHECKLIST FOR IMPLEMENTATION

Audience: Project Team – Maintain momentum

- Secure resources necessary for implementation
- Stay engaged with the team: attend meetings, reward successes, hold them accountable for results and build enthusiasm
- Remove roadblocks and help the team overcome obstacles
- Stay the course; avoid shifting priorities too early
- Attend frequent project status meetings and actively track progress
- Resolve issues and conflicts - respond to escalation

Audience: Managers – Align leadership and manage resistance

- Continue to meet in public and private with business leaders and senior managers; align sponsorship; provide progress updates; resolve issues
- Communicate expectations to senior managers for their support of the change; provide activities they can do and messages they can communicate to their organizations
- Manage resistance from middle managers; correct or remove managers who will not support the change
- Model the change through personal example and hands-on involvement
- Stay involved throughout the entire project; stay visible

Audience: Employees – Reinforce and reward

- Reinforce key messages; align business strategy with project objectives; increase personal communications
- Reinforce why the change is being made and the risk of not changing (some employees may be ready to hear this message only when the change is near implementation)
- Listen to employees and encourage feedback; be willing to answer the tough questions
- Set expectations for employees; clearly communicate consequences of not changing
- Identify with the additional work and difficulties that may be experienced during implementation
- Enforce application of new processes and behaviors
- Look for quick wins; share successes and build enthusiasm for the change
- Celebrate success stories; be present and visible
- Acknowledge challenges and obstacles honestly

Prosci Inc. All rights reserved. www.prosci.com

Prepare Sponsors for Success

Why is it important to have an effective change sponsor?

Effective change sponsorship is the number one contributor to a successful change outcome. Preparing and equipping our change sponsors to effectively fulfil their role increases the likelihood our change will succeed.

What do effective change sponsors do?



They are **active**
and visible

- ✓ Be accessible and visible throughout the change.
- ✓ Participate in critical decisions.
- ✓ Stay connected to the project and hold others accountable for meeting goals and deadlines.



They **build**
a sponsorship
team

- ✓ Build support for the change with peers and mid-level managers.
- ✓ Provide information and updates to the management team.
- ✓ Recruit change leaders throughout the organization.



They **communicate**
effectively

- ✓ Share the reasons for the change, and how the change is connected to the organizational strategy and vision.
- ✓ Provide information multiple times in multiple ways.
- ✓ Allow for feedback and two-way communication with managers and employees.







Map your change sponsorship team

1. Identify the groups that will be impacted by the change

2. Identify 3-5 leaders connected to these groups and who will play a critical role in the change process.

- Place each leader’s initials in a box on the left column.
- Are they on board with the change? If yes, check the “Yes!” box. If they’re not on board, or just not quite sure, check the “Nope” box.
- What is their level of demonstrated sponsorship? Review the ABC behaviors listed above, and determine if they can effectively demonstrate these behaviors. If yes, check the “great at this” box. If not, check the “not quite ready” box.

Sponsor initials	On board with the change?		Sponsor competency	
	Yes! 	Nope. Not quite sure. 	Great at this. 	Not quite ready. 

3. Place each sponsor's initials in the corresponding quadrant.

Sponsor Competency	Great at this		
	Not quite ready		
	Supports the Change →	No	Yes

How to use your grid:

Identify your sponsors in the upper left quadrant: great at demonstrating the ABCs of sponsorship, and are supportive of the change. Recruit them to help improve the overall effectiveness of your change sponsorship team.

Work to get all members of the sponsor team on board with the change. Start by building **awareness** and **desire**.

Use the table on the next page to identify actions to improve sponsor effectiveness.



Sponsor support tips

Sponsor Competency

Great at this

- ✓ Start with **awareness**. Engage in two-way communication about the reasons for the change and the risk of not changing.
- ✓ Build **desire** by discussing what's in it for them.
- ✓ Recognize sponsors in this quadrant as a risk. Prioritize turning them into supporters.

- ✓ Reinforce the ABCs. When you see a leader engaging in effective sponsor behaviors, let them know!
- ✓ Recruit effective leaders to help mentor other members of the sponsorship team.
- ✓ Make it easy for them: craft messages and provide guidance that is simple to follow.

Not quite ready

- ✓ Start with **awareness**. Engage in two-way communication about the reasons for the change and the risk of not changing
- ✓ Build **desire** by discussing what's in it for them.
- ✓ Ensure there is a solid understanding of ADKAR and how they can help employees move through change.
- ✓ Make it easy for them: craft messages and provide guidance that is simple to follow.

- ✓ Review effective sponsor behaviors, the ABCs, and identify specific actions to practice.
- ✓ Ensure there is a solid understanding of ADKAR and how they can help employees move through change.
- ✓ Make it easy for them: craft messages and provide guidance that is simple to follow.
- ✓ Provide in-the-moment feedback and coaching. Communicate the impact of their behavior on their employees.

Supports the Change →

No

Yes

MODULE 16. ELEMENT 3: RESISTANCE MANAGEMENT

RESISTANCE ASSESSMENT WORKSHEET

Note: This assessment worksheet is based on the Prosci® ADKAR® Model. You can use this worksheet in a face-to-face discussion with a resistant employee or manager, or the employee could be asked to provide responses in writing. The administration of this worksheet should be done by the employee's direct supervisor if possible.

1. **Why do you think the change is happening?** For the current change underway, describe the business, customer, or competitor issues that you believe have created a need for change.
2. **Do you support this change?** What factors affect your desire to change? Would you consider yourself in favor of the change, neutral towards the change or opposed to the change?
3. **Do you have the training you need?** Identify the skills and knowledge that you believe are necessary to support the change. On a scale of 1 to 5, how would you rate your current training on these skills and knowledge areas?
4. **Are you having any difficulty implementing these skills and knowledge? If yes, in what areas?** Considering the required skills and knowledge, how would you rate your ability to implement the changes?
5. **Are you getting the support you need?** Is there adequate reinforcement and support for the change going forward? In what areas can we provide additional support or reinforcement?

10 TACTICS FOR MANAGING RESISTANCE

1) Listen and Understand Objections

- A critical step any manager should take when creating desire to change is to listen.
- In many cases employees simply want to be heard and to voice their objections.
- Understanding these objections can often provide a clear path toward resolution.
- Listening can also help managers identify misunderstandings about the change.

2) Focus on the “what” and let go of the “how”

- For some types of changes, it is effective for managers to let go of the "how" and simply communicate "what" needs to change (focus on outcomes).
- This process transfers ownership of the solution to employees.
- Employee involvement and ownership naturally builds desire to support the change.

3) Remove Barriers

- Barriers may relate to family, personal issues, physical limitations or money.
- Fully understand the individual situation with this employee. What may appear to be resistance or objections to the change may be disguised barriers that the employee cannot see past.
- Identify the barriers clearly.
- Determine ways that the business may be able to address these barriers.

4) Provide simple, Clear Choices and Consequences

- Building desire is ultimately about choice.
- Managers facilitate this process by being clear about the choices employees have during change.
- Communicate in simple and clear terms what the choices and consequences are for each employee.
- By providing simple and clear choices along with the consequences of those choices, you can put the ownership and control back into the hands of employees.

5) Create Hope

- Many people will respond to the opportunity for a better future.
- Managers can create desire to change by sharing their passion for change, and by creating excitement and enthusiasm.
- People will follow a leader who can create hope and whom they respect and trust.

10 TACTICS FOR MANAGING RESISTANCE

6) Show Benefits in a Real and Tangible Way

- For some employees, seeing is believing. Demonstrate the benefits of change in a real and tangible way:
 - Share case studies.
 - Invite guests to provide personal testimonials.
 - Visibly demonstrate the success of pilot programs or trials.

7) Make a Personal Appeal

- A personal appeal works best with honest, open relationships where there is a high degree of trust and respect.
- A personal appeal may sound like:
 - "I believe in this change."
 - "It is important to me."
 - "I would like your support."

8) Convert the Strongest Dissenters

- Managers can use special interventions to convert strong and vocal dissenters.
- The strongest dissenters can become your strongest advocates.
- They are often equally vocal in their support as they were in their resistance.

9) Demonstrate Consequences

- Often termed the "sacrificial lamb," removing a key manager who is demonstrating resistance to change sends a powerful signal to the organization as a whole.
- The message is:
 - They are serious about this change.
 - Resistance will not be tolerated.
 - The consequences for not moving ahead with the organization are real and severe.
- Use with caution and with involvement of HR and legal.

10) Provide Incentives

- Use with mid-level or senior managers who are critical to the success of the change:
 - Increase their compensation or create a bonus program such that they are directly rewarded for the successful completion of the change.
 - Offer a promotion to a position they desire.

MODULE 17. ELEMENT 4: COACHING

PROSCI COACHING PLAN TEMPLATE

1) Sponsorship message and invitation to the program

2) Preparing manager and supervisors for change

- a) Understanding changes underway and your role
- b) Adapting to change happening to you
- c) Developing competencies for managing change
 - i) Managers and supervisors training agenda
 - ii) Schedule for delivery of supervisor change management program

3) Leading employees through change (Managers and Supervisors)

- a) Introducing change to your employees
- b) Managing employees through the transition – Group coaching
 - i) Group coaching activities (from supervisors)
 - ii) Group activity
 - iii) Delivery date
 - iv) Key objectives and goals
 - v) Audience
 - vi) Group coaching agenda
- c) Managing employees through the transition - Individual coaching
 - i) ADKAR[®] profile for each individual in group

Employee	A	D	K	A	R	Notes/actions

ii) Individual action plan







Employee	ADKAR profile:	Actions to take:	Follow up:







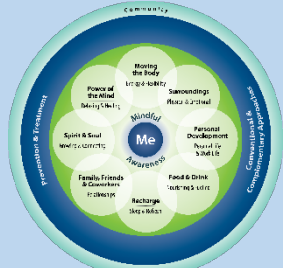
4) Follow-up schedule with supervisors and managers


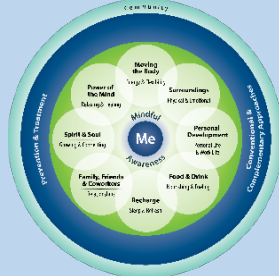

- a) Providing support and follow-up
- b) Collecting performance data for the project

MODULE 19. ELEMENT 6: TRAINING

WHOLE HEALTH EDUCATION OFFERINGS SUMMARY

Offerings for All Employees		
<p>Whole Health for Employees (WH102/102F)</p> 	<p>Enables VA employees to experience WH themselves in order to help foster a culture in VA where WH is the model of care for Veterans. Employees learn the importance of mindfulness, self-care, resilience, complementary and integrative health, and the power of community through highly experiential activities. This course is now available as an initial 4-hour introduction to Whole Health; Whole Health 101 (8 hours) may continue being offered by sites that have already been using it. Train-the-Trainer curriculum is available for this course.</p>	<ul style="list-style-type: none"> • All employees who have not previously attended a WH course • Half-day, in-person curriculum • 4 CEUs • 102F is designated for Flagship sites
Clinical Offerings <i>(Primary focus: training clinicians in how to incorporate WH into their clinical practice.)</i>		
<p>Implementing Whole Health in Clinical Care (WH202)</p> 	<p>Offers an intensive, highly practical experience for busy VA clinicians and clinical teams that focuses on skills and tools to make clinical practice more effective, efficient, and satisfying. Provides clinicians and teams with a quick-start guide for helping patients optimize their own health and well-being. This course is ideal for clinicians unable to attend Whole Health in Your Practice and/or who want additional focus on local implementation. Train-the-Trainer curriculum is available for this course.</p>	<ul style="list-style-type: none"> • All clinicians • Half-day, in-person curriculum • 4 CEUs • Prerequisite: Any 100-series or other clinical offering listed on this page • Requirement: Local WH Education Champion or clinical champion to partner with FIT as course faculty
<p>Whole Health in Your Practice</p> 	<p>Advances skills in the delivery of personalized, proactive, patient-driven care, extending beyond disease-based care to focus on health creation. Provides up-to-date evidence-based information and case studies and Complementary and Integrative Health approaches to treating common conditions. This course is largely experiential, with a focus on Personal Health Planning and how to implement and sustain WH in practical and meaningful ways. Emphasis on clinician self-care and burnout prevention.</p>	<ul style="list-style-type: none"> • All clinicians • 3-day, in-person curriculum • 20.5 CEUs
<p>Whole Health for Pain and Suffering</p> 	<p>Education and skills-based practice on WH approaches to pain and suffering using complementary and integrative therapies. Provides evidence-informed, safe, and effective non-pharmaceutical approaches to pain care. Shows how mind-body approaches and self-management can support coping and well-being for Veterans with pain. Emphasis on clinician self-care and burnout prevention.</p>	<ul style="list-style-type: none"> • Providers, clinicians, and others working with Veterans experiencing pain • 2-day, in-person curriculum • Optional 4-hour Battlefield Acupuncture training on day 3 • 14 CEUs (plus 4 CEUs for BFA)
<p>Eating for Whole Health</p> 	<p>Introduces clinicians to the WH approach as it relates to a fundamental aspect of self-care: nutrition. This advanced, stand-alone course is informed by the latest research, and areas of focus include optimizing nutrition for specific disease states, preventing chronic diseases, collaborating effectively with dietitians and other care team members, and sharing nutrition success stories.</p>	<ul style="list-style-type: none"> • Clinicians incorporating nutrition recommendations into Veterans' Personal Health Plans • 2-day, in-person curriculum • 14 CEUs
<p>Whole Health for Mental Health</p> 	<p>Explores a system of care where mental health is seamlessly incorporated as a core aspect of whole-person care. Explores how mental health can seamlessly be incorporated as a core aspect of whole-person care. This course draws on positive psychology, the recovery model, psychotherapeutic approaches, and the best that conventional care and CIH have to offer. This course is being piloted in FY19.</p>	<ul style="list-style-type: none"> • Clinicians supporting Veterans' mental health, such as primary care providers and mental health professionals • 2-day, in-person curriculum • 14.5 CEUs

Non-Clinical Offerings <i>(Primary focus: training non-clinicians in their role as WH Coach, Facilitator, Partner, or Mentor.)</i>		
<p>Whole Health Coaching</p> 	<p>This highly experiential and practical course provides instruction and mentoring on effective communication and coaching skills. In VA's Whole Health Coaching model, the coach partners with a Veteran to proactively take action toward behavior change that aligns with the Veteran's goals and values, and is present- and future-oriented. Graduates are eligible to become National Board-Certified Health and Wellness Coaches.</p>	<ul style="list-style-type: none"> • Full- or part-time WH Coaches, volunteers, other non-clinical and clinical staff who incorporate WH Coaching into their interactions with Veterans • 6-day, in-person curriculum (two 3-day parts, 1 month apart) 38 CEUs
<p>Whole Health Facilitated Groups</p> 	<p>This train-the-facilitator course teaches Veteran peer facilitators how to lead <i>Taking Charge of My Life and Health</i> to empower Veteran participants to become more proactive in their own health. Focus is on effective group facilitation skills through practice with feedback. Facilitators learn to assist Veterans in exploring their life mission, aspirations, and purpose; learning the practice of mindfulness; and goal setting, skill-building, and self-management of their health with the support of their peers. Train-the-Trainer curriculum is in pilot stage for this course.</p>	<ul style="list-style-type: none"> • Veteran volunteers, Peer Support Specialists, WH Partners, WH Coaches • 3-day, in-person curriculum
<p>Whole Health Partner Skills Training</p> 	<p>WH Partners receive training in how to recruit and engage Veterans in the WH System. Partners learn how to guide Veterans through various offerings within the WH Pathway, as well as resources available in Wellness and Complementary and Integrative Health circles. Partners become well-versed in the Circle of Health, Four-Stage WH Process for navigating change, and the Personal Health Inventory.</p>	<ul style="list-style-type: none"> • WH Partners and WH Program Managers, Veteran volunteers, peers • 2-day, in-person curriculum • Prerequisite: WH Coaching or WH Facilitated Groups
<p>Whole Health Mentor Course (Pilot)</p> 	<p>Learn to support, enhance, and ensure the fidelity of the services provided by the Whole Health Pathway including Whole Health Coaches, Whole Health Facilitators, and Whole Health Partners. Mentor participants will learn how to provide ongoing skill training and mentoring to staff through effective feedback techniques, continuing education, and skillful coordination with supervisors and clinical staff. This course is being piloted in FY19.</p>	<ul style="list-style-type: none"> • For professionals who will provide ongoing mentorship and training for WH Partners, WH Coaches, or facilitators at their facility • 2.5-day, in-person curriculum • Prerequisite: WH Coaching, WH Facilitated Groups, and/or WH Partner
Virtual Offerings		
<p>Whole Health Library</p> 	<p>Go-to site for all things WH. Essential tips on how to get started with WH, overviews on all aspects of WH that synthesize the latest research, and practical tools to use at the point of care with Veterans. Includes links to resources for both self-care and professional care.</p>	<p>Available at https://wholehealth.wisc.edu/</p>
<p>Whole Health TMS/TRAIN Courses</p> 	<p>Accredited learning modules including Clinician Self-Care, Introduction to Complementary and Integrative Approaches, Mindful Awareness, Eating for Whole Health: Functional Approaches to Food and Drink, and the Whole Health for Pain and Suffering video series. Non-accredited modules include Whole Health Foundation: A Personal Experience and Facilitation Tips and Techniques.</p>	<ul style="list-style-type: none"> • Links available on the Whole Health Education SharePoint for WH TMS/TRAIN, Passport to WH, and COPs 

<p>Passport to Whole Health Reference Manual</p> 	<p>Comprehensive, 330-page reference manual on WH, the WH System, Personal Health Planning, mindful awareness, the areas of self-care, complementary and integrative health, and whole systems of medicine, etc. Complete with up-to-date hyperlinks of evidence and other resources.</p>	<ul style="list-style-type: none"> Links available on the Whole Health Education SharePoint for WH TMS/TRAIN, Passport to WH, and COPs 
<p>Communities of Practice</p> 	<p>The following monthly calls are offered to continue skill-building, knowledge, and implementation strategies: WH Clinical COP, WH Coaching COP, and WH Facilitated Groups COP.</p>	
<p>Where to Start? <i>(Your site's Field Implementation Team Consultant can help you develop an education strategy that best supports WH transformation, and can also provide additional WH education resources and support.)</i></p>		
<p>Clinicians</p> <ul style="list-style-type: none"> Attend 102 and 202 at facility to dive into Whole Health, OR Attend a two- or three-day clinical course (either as a traveler, or if home facility is hosting). All clinical offerings provide different points of entry depending on the interest of the clinician and the Whole Health implementation strategy at their facility. <i>Note: 102 and 202 are NOT prerequisites for other clinical courses. Clinicians who have attended a two- or three-day clinical course may find 100-series courses duplicative. There is some overlap of materials among all clinical courses.</i> 		<p>Non-Clinicians</p> <ul style="list-style-type: none"> Employees should select the course that corresponds with their role at the facility (such as WH Coach or WH Partner, facilitator of Taking Charge of My Life and Health, and/or mentor to Coaches/Partners/facilitators). <i>Note: If employees are serving in multiple roles, they may attend multiple non-clinical courses. There is some overlap of materials among all non-clinical courses.</i>
<p>Virtual offerings are a great resource for clinicians and non-clinicians unable to attend a face-to-face course, or as a supplement to in-person offerings. Find face-to-face course sign-up and more information on the Whole Health Education SharePoint</p>		

A few additional options to consider include:

- Field Implementation Team (FIT) site visits. As noted above, each VA facility has a FIT-C, who is an expert in all things Whole Health. A group of them is available to visit sites, when appropriate, and offer specific guidance related to Whole Health implementation. To explore this option, contact <https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/FIT-programs.aspx>
- Skill-Building Courses for Veterans. These 60-80 minute courses, which focus on each of the eight areas of self-care, are available at the [Whole Health Skilling Building](#) section of the Whole Health Library website. Materials for each course include slides, participant handouts, and a faculty guide.

MODULE 22. GROUP REPORTS WITH FEEDBACK, PART 1

GUIDELINES FOR PRESENTING YOUR WHCC ACTION PLAN

Thank you for all the time and energy (blood, sweat and tears?) you have invested in creating your Whole Health Clinical Care Action Plan! Each group will be asked to have a spokesperson share their slides. What follows are some suggestions to guide you along the way:

- ❑ You will have 7 minutes to present. We'll signal you when you have 3, 2, and 1 minutes left.
- ❑ You will then have 3 minutes for Q&A. We'll track time for that as well.
- ❑ It takes an average of 1-2 minutes to present any on slide, and a lot of the slides in your PowerPoint presentation will be fairly information dense. Pay attention to the level of detail, to make sure you stay on time. You might consider the following:
 - Remind the group of your Aim statement (everyone should be able to read it, since they will be displayed around the room)
 - Give a few highlights, as relevant, related to your answers to the 6 Essential Questions
 - Share an overview of your Foundations for Change. Give an overview – you need not read every detail.
 - List your impacted groups, highlighting where they are on ADKAR and what you intend to do to move things forward.
 - Choose 2-3 of the 7 Essential Elements to share about. There won't be time to go over all of them. Which ones will be your first areas of focus? (Circling back is the focus of the Sequel experience, so that may be one to leave out for now.)
 - Communication
 - Sponsorship
 - Resistance Management
 - Coaching
 - Nuts and Bolts
 - Training
 - Circling Back
 - Provide an overall summary. With all of these pieces, what is at the forefront for your group? On a scale of 1 to 10, how confident are you that you will succeed? On a scale of 1 to 10, how important is it that you succeed?

Thanks!

REFLECTIONS ON HOW TO APPLY WHOLE HEALTH

Use this section to jot down ideas you have about how you will apply and implement what you are learning.

Module 1. Welcomes and Course Overview

Module 2. Being the Change, Part 1: Your Mission

Module 3. Team Introductions: Who is in the Room?

Module 4. The Journey to Transformation: Fundamentals

Module 5. “Aim”-ing High: The Ultimate WHCC Destination

Module 6. Aim Statements: Getting to the First Milestone

Module 7. Adjusting Your Aim: Where Do You *Really* Want to Go?

Module 8. Now You Know Where You’re Going...How Will You Get There?

Module 9. Being the Change, Part 2: Ikigai

Module 10. SWOT's Happening? A New Lens

Module 11. Our Transportation to Success

Module 12. Using the New Lens: ADKAR Skills

Module 13. Bridges, Trees, and Bears – Oh My!: Navigating Barriers

Module 14. Element 1: Communication

Module 15. Element 2: Sponsorship

Module 16. Element 3: Resistance Management

Module 17. Element 4: Coaching

Module 18. Element 5: Nuts and Bolts

Module 19. Element 6: Training

Module 20. Element 7: Circling Back

Module 21. Final Workgroup Time

Module 22. Group Reports with Feedback, Part 1

Module 23. Group Reports with Feedback, Part 2

Module 24. The Journey to Transformation: Next Steps

Module 25. Closing Activity

NOTES

NOTES

NOTES

NOTES

DAY 1—PULSE CHECK

The Journey to Transformation: Whole Health Clinical Care

We value your input, and it will shape how we plan the rest of the course.

1) Please rate the following sections of Day 1:

MODULE	Poor				Excellent
1. Welcomes and Course Overview	1	2	3	4	5
2. Being the Change, Part 1: Your Mission	1	2	3	4	5
3. Team Introductions: Who is in the Room?	1	2	3	4	5
4. The Journey to Transformation: Fundamentals	1	2	3	4	5
5. “Aim”-ing High: The Ultimate WHCC Destination	1	2	3	4	5
6. Aim Statements: Getting to the First Milestone	1	2	3	4	5
7. Adjusting Your Aim: Where Do You Really Want to Go?	1	2	3	4	5
8. Now You Know Where You’re Going... How Will You Get There?	1	2	3	4	5
Rating of the facility Sound, temperature, comfort, etc.	1	2	3	4	5
OVERALL MATERIAL ON DAY ONE	1	2	3	4	5

2) What about the course today (Day 1) was most helpful to you?

3) What about the course today (Day 1) could be even better?

4) Other feedback and helpful suggestions (feel free to write on the back of this page, too):

Day 1—Pulse Check, Page 2

Please do not write your course notes on this page as you will be turning this sheet in at the end of Day 1. See note pages starting on page 81 for space to take notes.

DAY 2—PULSE CHECK

The Journey to Transformation: Whole Health Clinical Care

We value your input, and it will shape how we plan the rest of the course.

1) Please rate the following sections of Day 2:

MODULE	Poor				Excellent
9. Being the Change, Part 2: Ikigai	1	2	3	4	5
10. SWOT's Happening? A New Lens	1	2	3	4	5
11. Our Transportation to Success	1	2	3	4	5
12. Using the New Lens: ADKAR Skills	1	2	3	4	5
13. Bridges, Trees, and Bears – Oh My!: Navigating Barriers	1	2	3	4	5
14. Element 1: Communication	1	2	3	4	5
15. Element 2: Sponsorship	1	2	3	4	5
16. Element 3: Resistance Management	1	2	3	4	5
Rating of the facility Sound, temperature, comfort, etc.	1	2	3	4	5
OVERALL MATERIAL ON DAY TWO	1	2	3	4	5

2) What about the course today (Day 2) was most helpful to you?

3) What about the course today (Day 2) could be even better?

4) Other feedback and helpful suggestions (feel free to write on the back of this page, too):

Day 2—Pulse Check, Page 2

Please do not write your course notes on this page as you will be turning this sheet in at the end of Day 2. See note pages starting on page 81 for space to take notes.

DAY 3—PULSE CHECK AND FINAL EVALUATION

The Journey to Transformation: Whole Health Clinical Care

We value your input, and it will shape planning for future courses.

1) Please rate the following sections of Day 3:

MODULE	Poor				Excellent
17. Element 4: Coaching	1	2	3	4	5
18. Element 5: Nuts and Bolts	1	2	3	4	5
19. Element 6: Training	1	2	3	4	5
20. Element 7: Circling Back	1	2	3	4	5
21. Final Workgroup Time	1	2	3	4	5
22. Group Reports with Feedback, Part 1	1	2	3	4	5
23. Group Reports with Feedback, Part 2	1	2	3	4	5
24. The Journey to Transformation: Next Steps	1	2	3	4	5
25. Closing Activity	1	2	3	4	5
Rating of the facility Sound, temperature, comfort, etc.	1	2	3	4	5
OVERALL MATERIAL ON DAY THREE	1	2	3	4	5

2) What about the course today (Day 3) was most helpful to you?

3) What about the course today (Day 3) could be even better?

Please See Back of Page

4) What was your favorite thing about the Journey to Transformation course?

5) What is the #1 thing you would change about this course?

6) As we move forward with future Whole Health Advanced Clinical Education courses, do you have any additional thoughts about how to optimize their experience?

7) Other thoughts and comments?

Do You Have a Supportive Statement to Share?

We hope you have enjoyed the course. If you would like to share a positive statement that can be passed along to the Office of Patient Centered Care & Cultural Transformation for use in brochures, courses, and other materials, please write it here.

Tear out this sheet and submit to the course administrator. Thank you!

Supportive Statement, Page 2

Please do not write your course notes on this page. See note pages starting on page 81 for space to take notes.