HOME CARE ASSOCIATION OF FLORIDA | HomeCareCon

Leading Through the Fire

Building Resilient Teams in Times of Change

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SVP Coding and OASIS / Compliance — SimiTree

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50-MINUTE SESSION • INTERMEDIATE LEVEL • HOME HEALTH

Your Presenters

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- 38-year veteran home care RN
- Director, Staff Development & Appeals — home health & hospice
- Mock-survey and accreditation preparation expert
- Secretary, HCAF Board of Directors

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- 35 -Years of home health/hospice/private duty leadership experience
- Proven operational leader overseeing integrated home care services
- Strategic partner within Integrated Delivery Network (IDN)—aligning home care with physician, hospital, payer, and post-acute strategy
- President, HCAF Board of Directors

"We lead best when we lead together — through the change, not around it."

What You'll Leave With Today

Recognize change fatigue

Identify the signs in your clinicians and operations staff before performance slips.

Apply proven frameworks

Translate Kotter's 8-Step and ADKAR into real home health workflows.

Build team resilience

Use psychological safety, clear communication, and role clarity to stabilize teams.

Navigate resistance

Reframe pushback as engagement and script the difficult conversations you've been avoiding.

Sustain the change

Embed new behaviors into metrics, compliance outcomes, and daily workflow.

Leave with a 'start tomorrow' action

One concrete leadership behavior you'll practice this week.

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Our 50 Minutes Together

1	**Setting the Stage** *Change fatigue in healthcare*	7 min
2	**Proven Frameworks** *Kotter's 8-Step • ADKAR*	9 min
3	**Building Resilient Teams** *Safety, communication, role clarity*	11 min
4	**Managing Resistance** *Reframing & difficult conversations*	9 min
5	**Sustaining Change** *Embedding accountability*	7 min
6	**Change in Action** *An Epic EHR go-live case study*	5 min
7	**Reflection & Action** *'Start tomorrow' commitment*	2 min

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SECTION 1 • 7 MINUTES

Setting the Stage

Understanding change fatigue in home health

If your team says 'here we go again' — you're already behind.

The Home Health Landscape: Change Is the Job

Regulatory

- HHVBP expansion & 2026 rule changes
- OASIS-E1 updates
- CoP and audit pressure
- Medicare payment reform

Operational

- Tech rollouts (EHR, AI, ambient)
- PDGM optimization
- Quality measures and star ratings
- Referral-source expectations

Workforce

- Clinician shortages
- Turnover and burnout
- Multi-generational teams
- Remote and hybrid models

On any given Tuesday, your clinicians are absorbing change from all three domains simultaneously.

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Change Fatigue: Spotting It Before It Spreads

IN YOUR CLINICIANS

The signals you'll see first

- OASIS / visit documentation errors climbing
- Cynicism — 'this won't last' or 'we tried this'
- Call-outs and PTO spikes
- Short-tempered responses in team huddles
- Silence in meetings that used to have pushback
- Quiet quitting — doing the minimum

IN YOUR OPERATIONS

Where the data will confirm it

- OASIS accuracy scores trending down
- Late visits and scheduling misses
- Star rating dips in patient experience
- Rising turnover — especially new hires < 90 days
- More policy-exception requests
- Missed improvement-plan milestones

Fatigue shows up in behavior before it shows up in your dashboards.

Leader Behavior Is the Variable You Can Move

4.2x

higher engagement
when leaders communicate change with context

GALLUP

70%

of change initiatives fail — most from the people side, not the plan

MCKINSEY

2.6x

more likely to stay
when clinicians feel psychologically safe

IHI / EDMONDSON

THE CAUSAL CHAIN

Leader behavior > **Team stability** > **Clinical performance** > **Compliance outcomes**

SECTION 2 • 9 MINUTES

Proven Frameworks

Kotter's 8-Step and ADKAR, translated to home health

A framework without application is just theater. Let's apply them.

Kotter's 8-Step Change Model

1 **Create urgency** *Data on QA drift, audit risk, turnover cost.*	2 **Build a guiding coalition** *Clinical, ops, QA, and a respected field nurse.*	3 **Form strategic vision** *'What does good look like at 90 days?'*	4 **Enlist the volunteers** *Find early adopters; don't draft reluctant ones.*
5 **Enable action** *Remove workflow and tech barriers fast.*	6 **Generate short-term wins** *Celebrate the first OASIS audit with zero defects.*	7 **Sustain acceleration** *Build on wins — don't declare victory too early.*	8 **Institute change** *Bake into orientation, policies, and metrics.*

Kotter excels at big, organization-wide transitions — EHR rollouts, HHVBP, mergers.

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ADKAR: Change at the Individual Level

A	**Awareness**	Does the clinician know WHY we're changing? Connect to patient outcomes or audit risk — not just 'CMS said so.'
D	**Desire**	Do they want to participate? Address 'what's in it for me' — time back, fewer audits, safer patients.
K	**Knowledge**	Do they know HOW? Training in the context they'll use — not a generic webinar.
A	**Ability**	Can they actually do it on Monday morning? Tools, tech, time, and coaching in the field.
R	**Reinforcement**	What keeps it from sliding back? Metrics, recognition, accountability, and leader follow-through.

Skip any letter and the change fails — in exactly that spot.

Which Framework, When?

DIMENSION	KOTTER'S 8-STEP	ADKAR
Focus	Organizational change	Individual change
Best for	EHR rollouts, HHVBP implementation, mergers, new service lines	OASIS accuracy initiatives, new documentation standards, role changes
Strength	Builds momentum and coalition	Diagnoses WHY change is stuck
Watch out for	Declaring victory too early at Step 6	Jumping to Knowledge before Awareness / Desire
Home health use case	***Agency-wide HHVBP readiness plan for 2026***	***Field nurse compliance with OASIS-E1 M-items***

POWER COMBO: Use Kotter to run the org-level rollout and ADKAR to diagnose where individual clinicians are stuck within it.

SECTION 3 • 11 MINUTES

Building Resilient Teams

The longest section — because this is where leaders actually earn the trust.

Resilience is not a personality trait. It is a team capability you design.

Individual Resilience Isn't Enough

INDIVIDUAL RESILIENCE

What each person brings

- Personal coping skills
- Mindset and self-regulation
- Stress tolerance
- Work–life boundaries

LIMITATION: Finite. People burn out no matter how resilient they are.

TEAM RESILIENCE

What the team's design creates

- Shared purpose and clear priorities
- Psychological safety to speak up
- Distributed workload and backup
- Rituals that process setbacks

ADVANTAGE: Renewable. A team's resilience outlasts any one member.

As a leader, you don't fix people. You design the conditions that let the team renew itself.

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Lever 1 — Psychological Safety

WHAT IT IS

A climate where team members can speak up, disagree, or admit a mistake without fear of penalty or humiliation.

— Amy Edmondson, Harvard Business School

In home health specifically: the field nurse who tells you the new workflow won't work on Monday — before it fails on Monday.

LEADER BEHAVIORS THAT BUILD IT

Admit your own mistakes first

Model the vulnerability you want back. 'I got that call wrong last week — here's what I learned.'

Ask, don't tell, in huddles

'What am I not seeing from the field?' invites truth. 'Any concerns?' does not.

Respond to bad news well

Your first 10 seconds after someone surfaces a problem sets the ceiling for the next 10 issues.

Separate performance from identity

'That documentation was off' — not 'You're a sloppy documenter.'

Protect the dissenter

When someone disagrees publicly, name it as a contribution — not a problem.

Lever 2 — Communication During Uncertainty

THE RULE: In uncertainty, ***under-communicating is the same as lying.*** Silence is filled with whatever story calms your team's anxiety least.

SAY THIS	AVOID THIS	CADENCE
■ Here's what I know.	■ 'Let's wait until we know more.'	■ Weekly 10-min team update — even with no news
■ Here's what I don't know yet.	■ 'Everything's fine.' (when it isn't)	■ Same time, same format (predictability itself calms)
■ Here's when I'll update you next.	■ Jargon: 'optimization,' 'synergies'	■ Written recap after every huddle
■ This is hard — and here's why we're doing it.	■ Blaming CMS or corporate without owning your part	■ Open office hours during major transitions
■ I don't have that answer. I'll find out.	■ Going silent when you don't have answers	■ Field ride-alongs during rollouts

"The most reassuring message a leader can send in a hard season is a boring, predictable, on-time update."

Lever 3 — Role Clarity Drives Outcomes

THE THREE CLARITY QUESTIONS

Every team member should be able to answer these in 10 seconds.

1. **What am I responsible for this week?**
   Not 'my job description' — what this week actually requires.
2. **How will I know I did it well?**
   The metric, the threshold, or the observable outcome.
3. **Who decides, and who do I ask when stuck?**
   Ambiguity here is the #1 source of clinician frustration.

WHAT ROLE CLARITY PRODUCES

QUALITY
Fewer OASIS errors and documentation gaps

RETENTION
Lower 90-day turnover among new clinicians

SPEED
Faster SOC visits and visit-to-note turnaround

COMPLIANCE
Tighter adherence to CoP and survey readiness

SECTION 4 • 9 MINUTES

Managing Resistance

& the difficult conversations you've been avoiding

Resistance isn't the enemy of change. Untreated resistance is.

Resistance Is a Signal, Not a Defect

What the resistance usually means — and what to do about it

WHAT IT LOOKS LIKE	WHAT IT USUALLY MEANS	LEADER MOVE
'We tried this before'	Past change fatigue / broken trust	**Acknowledge the past. Name what's different this time.**
Silence in meetings	Psychological safety is low — OR agreement is shallow	**Pre-huddle 1:1s. Ask in private what won't be said in public.**
Passive compliance, slow execution	Lack of belief OR lack of ability (ADKAR: D or A)	**Diagnose with ADKAR. Fix the specific barrier.**
Loud, specific pushback	Genuine concern — often the most valuable input	**Lean in. Thank them. Incorporate or explain.**
Hidden undermining, side conversations	Fear of direct consequences from speaking up	**Address directly and privately. Name the behavior.**

The loudest resister is usually the person who cared enough to speak. Keep them in the room.

Scripts for the Hard Conversations

SCENARIO	TRY THIS	WHY IT WORKS
The senior clinician who says 'this won't work'	"I hear you — and I want to understand. What specifically about the workflow concerns you most? I'd rather fix it now than at Week 3."	*Validates + invites specifics + shows you're willing to adapt.*
The team member quietly underperforming post-change	"I've noticed your [metric] has shifted since the rollout. I want to understand what's getting in the way — and what support would actually help."	*Observation + curiosity + offer of help (not threat).*
The peer leader undermining the initiative in side channels	"I've heard you've raised concerns in other conversations. I'd rather hear them directly — because I need you on this. What's the real issue?"	*Names the behavior + reaffirms their value + demands directness.*

Three Moves That De-escalate Almost Any Resistance

01

Name the emotion

'This feels frustrating — I get it.' Naming the emotion lowers its charge. Ignoring it amplifies it.

02

Ask the second question

First answer is the surface. 'Tell me more' or 'what else?' gets you to the real concern.

03

Offer a small commitment

Not a solution — a next step. 'I'll look into X by Friday.' Predictability beats promises.

Do these in order. Most leaders jump to #3 first and wonder why the conversation stalls.

SECTION 5 • 7 MINUTES

Sustaining Change

Making it the default — without burning out the team

Change sticks when the old way becomes harder than the new way.

Embed the Change — Don't Just Announce It

WORKFLOW
Bake new steps into the EHR, templates, and daily huddle checklists. Make the new way the path of least resistance.

METRICS
Add the change to your QA dashboard and agency scorecard. What you don't measure quietly reverts.

ONBOARDING
Train new hires ONLY on the new way. Within 90 days the old way should feel foreign.

POLICY
Update the SOP, competency, and orientation binder. If the policy still says the old way, the old way wins.

A change is not 'done' until all four mechanisms reflect it.

Accountability Without Burnout

ACCOUNTABILITY IS...

- Clear expectations, set in advance
- Honest, specific, timely feedback
- Natural consequences — not punishment
- Following up every time, not just when convenient
- Caring enough to say the hard thing

ACCOUNTABILITY IS NOT...

- Surprise corrective conversations
- Fear-based compliance
- Public shaming or calling people out
- Micromanagement disguised as oversight
- One standard for stars, another for strugglers

"Clear is kind. Unclear is unkind." — Brené Brown

Connect Change to the Metrics That Already Matter

PERFORMANCE
What the business measures

- Visit productivity
- Star ratings
- HHVBP TPS
- Readmission %

COMPLIANCE
What the audit measures

- OASIS accuracy
- CoP adherence
- Documentation timeliness
- Audit findings

ENGAGEMENT
What the team measures

- Retention rates
- Pulse-survey trust score
- Huddle participation
- Idea submissions

RULE OF THUMB: Every change initiative should map to ONE metric in each domain. If it maps to none in Engagement, you'll sustain it until the next crisis — and not past it.

Five Leadership Behaviors That Build Resilience

01 **Name the change — including what's hard about it**
Denial amplifies fatigue. Honesty reduces it.

02 **Respond to bad news like it's a gift**
Your first 10 seconds set the ceiling for every future report.

03 **Communicate on cadence, even with no news**
Predictability is the most underrated leadership skill.

04 **Use Kotter for the rollout, ADKAR for the stuck person**
Different altitudes. Both needed.

05 **Embed the change in four places — or lose it**
Workflow. Metrics. Onboarding. Policy.

SECTION 6 • 5 MINUTES

Change in Action

What an Epic EHR go-live teaches about readiness

A composite case study — today's frameworks, applied in the field.

The Readiness Pulse — ADKAR, Measured

A	**Awareness**	Baseline pulse — 'It's been communicated that we're moving to Epic, and I understand the business reasons why.'
D	**Desire**	Baseline & pre-go-live — 'I'm personally motivated to be part of this change, and I believe my team supports it.'
K	**Knowledge**	Pre-training pulse (~3 weeks out) — 'I understand my training pathway and can explain the future-state workflow for my area.'
A	**Ability**	Pre-go-live pulse (~2 weeks out) — 'I have the skills to be successful using the new system on day one.'
R	**Reinforcement**	Post-go-live pulse (90 days) — 'I have the direction, guidance, and support I need to keep succeeding in the system.'

Run at four checkpoints — so leaders could fix the weak letter before go-live, not after.

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Reading the Signal: Ready, Monitor, Address

READY
Top of scale · 75–100%

- Low risk to a clean go-live
- Perceptions are where you want them
- Keep doing what is working
- Protect it — don't over-manage

MONITOR
Middle of scale · 51–74%

- Some risk if left alone
- Target communication and coaching
- Re-check at the next pulse
- Often where Knowledge or Desire dips

ADDRESS
Bottom of scale · 0–50%

- Real risk — act before training ends
- Name the specific barrier
- Build a targeted action plan
- Re-survey to confirm the fix

RULE OF THUMB: Collecting the pulse is not the point. The score tells leaders exactly where to spend their attention before go-live.

Leaders Own Go-Live Readiness

ATTESTATIONS
Every leader signs off that their team finished its defined, role-specific, due-dated readiness tasks.

CHECKPOINTS
Readiness is reported org-wide at 120, 90, 60, and 30 days out — so progress stays visible and shared.

OWNERSHIP
The manager's job: finish tasks on time, ask early when unclear, and escalate the moment a team slips.

CUTOVER
Teams move over on a rolling 2–3 week cutover, so home health and hospice staff are never switched cold.

Readiness isn't a pep talk — it's named tasks, hard dates, and leader sign-offs.

REFLECTION PROMPT

Start Tomorrow.

What is ONE leadership behavior from today that you will practice this week — and with whom?

Write it down. Tell one person. That's the difference between learning and leading.

— 60-second silent reflection —

Questions?

Let's talk about YOUR fire.

Thank you for leading home health through this season.

STAY IN TOUCH

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Please complete your session evaluation — your feedback shapes future HCAF programming.

References & Further Reading

Kotter, J. P.	*Leading Change; Accelerate; 8-Step Process for Leading Change*	Harvard Business Review Press / kotterinc.com
Hiatt, J.	*ADKAR: A Model for Change in Business, Government and Our Community*	Prosci Research
Edmondson, A.	*The Fearless Organization (2019)*	Wiley
Brown, B.	*Dare to Lead (2018)*	Random House
American Psychological Association	*Building Your Resilience (2023)*	apa.org
Institute for Healthcare Improvement	*Framework for Improving Joy in Work*	ihi.org
Harvard Business Review	*Leading Through Change & Uncertainty (multiple articles)*	hbr.org
McKinsey & Company	*Change Management & Organizational Health Insights (2021–2024)*	mckinsey.com
Centers for Medicare & Medicaid Services	*Home Health Value-Based Purchasing (HHVBP) — 2026 Rule*	cms.gov