We Don’t Have a Magic Solution

• “I’ll admit it – I’m a little leery of management change consultants and experts... The endless pursuit to find the miracle solution simply points to the reality that there isn’t one solution that fits everyone....”

• We are all going to have to work on this one.

Objective

• Articulate the problems that hinder physicians’ involvement with safety and quality.
• Describe a framework to improve physician involvement with safety and quality.
• Apply practical improvement ideas that will help get physicians involved.

Group Discussion

• What does physician engagement in quality and safety mean to you?
• What types of roles do physicians play in quality and safety?
• How successful have you been personally in getting physician participation? What has helped or hindered your success?
Various Roles Physicians Play in Quality and Safety

• Champions*
• Medical Leadership/ Committee Members
• Team players - test of change
• Physician willing to use your “tools” once they are ready for deployment*

Your “Champions” Challenge

• You are working on decreasing surgical infections at your facility. You are forming a team to work on this. You need to recruit at least one physician to “champion” this work.
Champion

- Who are you going to pick?
- What characteristics will you want the champion to have?
- How will you know he/she is the right one?
- What is your plan to help and support him/her?

Characteristics

- Respected as a Physician
- Good at communicating
- Willing to stand up when needed (has courage)
- Good social skills and relationships
- Primary care background a bonus
Champion

• Think back to a project in which you had a great physician champion

• I want you to share a story with one another about this champion

Checklist

• Do you have a champion?

• How do you know that she is on board with you?

• How has she helped in the past?
Checklist

- How have you prepared him?
- Do you pay him? Why or Why not?
- How will you keep him informed?
- What type of leadership support do you give him?

Further Comments

- Be wise in their involvement
- Don’t abuse their time
- Thank him in as many ways as you can think of
Some Challenges Your “Champion” Will Face

• Cultural Issues
• Leadership
• Training/Education Issues
• Structural Issues

Culture/Environment

• Autonomy
• Highly Trained Individuals
• Mental models
• Solely focused on the individual patient in front of them and not on a population
Culture/Environment

- Small numbers “problem” when it comes to patient safety and quality
- Blame and shame culture in society and health care
- Old Compact
- Aversion to information technology?

Leadership

- Compelling argument for physician involvement?
- Communication/listening skills
- Creation of alignment?
- Power Issues
- Lack of understanding of systems
Leadership

• Change is imposed
• Lack of models for spread and innovation
• Quality Improvement Initiatives – Doctors not involved at the outset
• Limited understanding about what physicians need to support their work

Training/Education Issues

• The focus is on technical training and clinical conditions
• The training centers on working with individual patient
• Limited instruction on working in a system
• Limited teamwork training
• Limited human factors training
• Limited training on system thinking
• Limited statistical training
• Limited understanding in regard to clinical processes and outcomes measurement
Structural/Process Issues

- Limited information systems
- Lack of robust measurements that are meaningful to physicians
- Physicians are too busy/time constraints
- Physicians are not compensated for helping/financial pressures
- Poor knowledge management support systems (Hard to keep up with the known science)
- Malpractice issues

Medical Committees

- Based on the challenges we have just described with the medical community, what more do you need to do to support physician champions and leaders (committee members, department chairs, medical directors, etc.)?
- Think of at least 4 things that you can do to help them
Two Actual Examples

- Executive Committee mini-retreat (evening of drinks, hors d’oeuvres and dinner with 3-5 minute presentations from CEO, CNO, CMO, Regulatory mgmt, Quality mgmt and Medical Staff services)
- Funded physician leadership conference (away, sports, reception, overnight, presentations relevant to the hospital strategy)

Key Elements for Spread of Quality and Safety with All Physicians

Perceived key attributes of innovations explain much of the variance in innovation adoption rates, but it is the interaction among the innovation, the intended adopter(s) and a particular context that determines the adoption rate.

Greenhalgh et al, 2004
The Innovation

- Relative advantage
- Compatibility
- Complexity
- Trialability
- Observability
- Reinvention
- Risk
- Task issues
- Knowledge required to use it
- Support provided

The Individual-Readiness to Change

- Pre-contemplation – *consciousness raising*
- Contemplation – *emphasize benefits*
- Preparation – *provide support*
- Action – *continue support in addition to encouragement and praise*

Prochaska et al 1992
Adopter Categories

from Rogers, 1995

Context – Diffusion and Dissemination

- Interpersonal influence through social networks is dominant mechanism for diffusion
- Doctors tend to operate in informal horizontal networks
- Opinion leaders can influence positively or negatively
- Champions – positive influence
Context – Particular Innovation

- Tension for change
- Supporters outnumber/have more influence than opponents
- Dedicated time and resources
- Capacity to monitor and evaluate impact
- Top management support
- Innovation adapted to local context

Make the Effort to Involve Doctors - 1

- Know what is important to doctors:
  - Understand medical culture
  - Keep improvements evidence based and data driven
  - Proactively identify barriers to high quality care
- Understand the core processes of human change; different “interventions” are appropriate at different stages
- Believe in and trust doctors
Make the Effort to Involve Doctors - 2

- Facilitate development of empowered physician leaders
- Provide appropriate training – doctors are not trained in systems thinking, improvement models, human factors science, communication techniques, leadership skills
- Seek and value doctors’ contributions around issues that are important to them

Next Challenge

- You have developed a new process for giving preoperative antibiotics and you have tested it thoroughly with a small number of physicians
- How will you get the rest of the physicians to go along with this? Base your answer in part on what we have just described
Attraction Rather than Resistance

- Resistance to change may be viewed as attraction to factors in current situation
- Inquiring why individuals are reluctant to change may reveal profound attractors
- Create sufficient attraction for desired change
- Focus on relationships – relationships of trust that encourage honest dialogue more likely to uncover attractors

*Plsek and Kilo, 1999*

Polarity Management

- View engaging doctors as a polarity to manage rather than a problem to solve (poles might be clinical autonomy and standardization)
- Want to maximize the upsides of both whilst minimizing the downsides
- Discuss in turn upside of autonomy, downside of standardization, upside of standardization. Only if necessary go to downside of autonomy and identify problems you see
- *First be clear about their perception of reality*

*Johnson, 1996*
Final Test

• Your champion is at a surgery department meeting where SSI reduction changes are being discussed (antibiotics, shaving, glycemic control, normothermia, hyperoxgenation)

• One surgeon says, “I am not going to change. I have not had problems with infections. It is all about surgical technique whether you get an infection or not.”

• How will he/she deal with this individual?

More Techniques to Help

– Show potential gaps in performance
– Constantly communicate your message in multiple ways to multiple groups
– Recognize that when you talk with one physician you have talked to one physician
– Education
– Performance Comparison
– Discussion
– Threats
Techniques (Continued)

- Local buy in
- Use opinion leaders
- Involve all stakeholders
- Over communicate
- Academic detailing
- Reminders
- Feedback

References

Appendix

Practical Solutions

- Consistently effective interventions:
  - Educational outreach visits (for prescribing in North America)
  - Reminders (manual or computerized)
  - Multifaceted interventions (a combination that includes two or more of the following: audit and feedback, reminders, local consensus processes, or marketing)
  - Interactive educational meetings (participation in workshops that include discussion or practice)

Bero LA et al. Getting research findings into practice: Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. BMJ 1998;317 (7156):465-468.
Practical Solutions

• Interventions of variable effectiveness:
  – Audit and feedback (or any summary of clinical performance)
  – The use of local opinion leaders (practitioners identified by their colleagues as influential)
  – Local consensus processes (inclusion of participating practitioners in discussions to ensure their agreement that the chosen clinical problem is important and the approach to managing the problem is appropriate)
  – Patient mediated interventions (any intervention aimed at changing the performance of healthcare providers for which specific information was sought from or given to patients)

Practical Solutions

• Interventions that have little or no effect:
  – Educational materials (distribution of recommendations for clinical care, including clinical practice guidelines, audiovisual materials, and electronic publications)
  – Didactic educational meetings (such as lectures)
Further Suggestions

• Timely information
• Inclusion in decision making
• Feeling part of the institution
• Financial sharing