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Heart Failure Facility Lead Workshop

Achieving Medical Staff Buy-In

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Speaker Discloser

- I have no disclosures

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Objectives

At the completion of this presentation, the participant will be able to:

1. Discuss barriers to communicating with hospital staff.
2. List three ways medical staff administration can assist in the communication with staff physicians.
3. Identify three resources his/her facility can utilize to improve buy-in from nursing and medical staff.
4. Describe one new process that he/she can initiate in his/her facility that could result in improved communication with staff.

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What is “Buy-In” Anyway?

- From the business/finance world: purchase or invest in a fund or stock with the *expectation of a return*.
- To acquire possession of...
- Commitment to achieving a SHARED goal.

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Why is Buy-In Important?

- Much more likely to get *ACTIVE* participation from the medical staff if they are informed.
- An informed and “bought-in” staff is much more responsive and agreeable to changes in process.
- You can’t do this alone!

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Why is Medical Staff Buy-In Important?

- Three of the HF Performance Measures are “physician-driven.”
 - Documentation of LV function
 - ACE-I/ARB prescription for EF < 40%
 - Beta-Blocker prescription for EF <40%
- Much of the documentation requirements for the measures are fulfilled in the H&P and the D/C summary.
- It’s just SO MUCH easier when you have buy-in from the physicians!!!

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Key Medical Staff Members

- Chief Medical Officer
 - Chief of staff
 - Department heads
 - Family medicine
 - Internal medicine
 - Cardiology
 - Hospitalists
 - Medical directors of large practices
- ❖ ANY of these who is committed to the cause can be your physician champion! Expert opinion is usually valued by the medical staff, so look for a physician who knows Heart Failure AND is interested in this initiative.

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Barriers to Achieving Medical Staff Buy-In

1. MANY physicians admit HF patients. It is difficult to inform all of them of the initiative and their roles.
2. HF guidelines have been extensively published but are still relatively new and many physicians have not seen or read them.
3. Physicians have different preferred ways of communication:
 - Email, memos, reminder letters, phone calls, chart prompters, staff meetings, CME events.
4. Physicians may have a bias against accepting medical information and guidelines from non-physicians.

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Barriers to Achieving Medical Staff Buy-In...

5. Physicians are busy – teaching new processes and documentation methods must take up a minimum of their time.
6. Many physicians are resistant to pre-printed order sets and protocols:
 - “Cook-book medicine” reduces individual thinking & decision making.
7. Physicians are used to treating one patient at a time - there needs to be a cultural shift for them to see their larger role in the hospital system.

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Breaking the Barriers...

Involve medical staff FROM THE BEGINNING!

Choose a physician champion:

- Someone who knows heart failure AND is interested and committed to the initiative.
- He/she will be vital to your team and can be the single most effective tool in achieving medical staff buy-in.
- Key attributes of a champion are courage and social skills.
- Be sure to invite/include the physician champion in the initial team meeting as well as all subsequent meetings...
 - If he/she doesn't attend (at least most) meetings, you need a new champion!

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Breaking the Barriers...

- Consider someone from medical staff services to serve on your team—this really improves communications with medical staff.
- Announce the HF initiative and introduce the performance measures as soon as you start
 - Print flyers for physician boxes
 - Article in medical staff news letter
 - Email blasts if allowed in your facility
 - Posters for medical staff lounge and locker rooms
 - Echo reading room, cath lab, ER, ALL dictation areas.

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What About Nursing? Do We Need Their Buy-In?

- Nurses are usually the heart of any patient-care-improvement initiative.
- Nurses spend the most time with patients and families during their hospital stay.
- Some of the Heart Failure measures are dependent on nurses:
 - Patient education
 - Smoking cessation advice (in most facilities).
- Nurses serve as care givers, case mgrs/care coordinators, administrators, coders, abstracters.
 - i.e – THEY'RE EVERYWHERE!

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Informing Staff of the Initiative

Include in the initial communication:

- Introduction of the HF initiative goals — emphasize improved care of patients (NOT required measures to comply with Joint Commission, etc).
- Introduction of the performance measures for HF
 - Be sure to point out who is responsible for which measures in your facility.
- Explain which patients/charts will be audited for HF initiative (**brief** inclusion/exclusion criteria)
- Clarify the expectations of the staff regarding the performance measures
- Describe the documentation expected of both nursing and medical staff

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Informing Staff of the Initiative

Other ideas that work:

- CME event at lunch or breakfast for clinical staff
 - 1 contact hour for CME
 - Cover Evidence-based HF management, current guidelines, and overview of your HF initiative
- Drop in breakfast in MD lounge.
 - Start at 6 am, serve them breakfast (buffet) and talk with them as they come in for AM rounds
- Physician/medical staff and nursing unit newsletters

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Ideas that likely WILL NOT work with Medical Staff:

- Multi-page memos & letters to medical staff
- Phone calls to their offices (especially if they're in clinic)
- Presentation of the HF initiative as "required by Joint Commission (or CMS)" – Present as initiative to improve care of HF patients and increase evidence-based practice
- Assuming that they are completely informed at all times

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Ideas that likely WILL NOT work with Nursing Staff:

- Telling them they HAVE to do something without at least some explanation of why and how it will help their patients.
- Multi-paged letters or memos

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Other Helpful Hints...

- Avoid “lectures” or long presentations unless you can organize a CME/grand rounds lunch for CME credit.
 - Limit information to 5 to 10 minutes if you’re attending staff meetings or meeting one-on-one with physicians.
 - Carry a few printed slides with you at all times that can help you make your point in a few minutes
 - Overview of the performance measures and which are physician-driven, copy of order sets, current data.

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Remember to Keep Everyone “in the Loop”

- Don’t just stop with the initial information.
- Develop a process for ongoing communication with the nursing units and the medical staff.
 - Be sure your message/updates are going to the bed side nurses and the Physicians who see the patients.
- Be sure that all staff know that this is an ongoing project rather than a “pilot” or temporary study.

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Ongoing Communication

- Monthly department meetings are a good place to update staff (recommend at least quarterly updates).
 - 2 to 3 slides with review of the measures/requirements and the most recent data.
 - Be sure to communicate measurements that are relevant: better patient outcomes, less wasted time for both nurses and physicians.
 - Remember to attend ALL medical department meetings if your facility has many (medicine, cardiology, family, ED, hospitalists).
 - Your physician champion is probably the best person to do this
 - Let physicians communicate with physicians

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Ongoing Communication

- Make poster that you can update at least quarterly (the more recent the data you send back to staff, the better it is received).
 - Overview of the process and the measures
 - Current data
 - Just change the data section as new data is compiled
 - Breakout the performance by nursing units/floors

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Communicating Missed Measures/Problems

- Most people do not accept criticism of their performance easily.
- Draft a letter to physicians and nurses who miss a performance measure.
 - This should not focus on “requirements,” but on the evidence-based care measures for HF and describe which was missed.
 - Include D/C date, patient name, patient MR # so that the physician can review chart if he/she wishes.
 - A copy should be kept in pertinent files.
 - Some facilities send these letters on to peer review for review process.
 - Physician letters should be signed by your physician champion or CMO (not someone in “administration” or quality department).
 - Nursing letters should be signed by CNO or HF Champion.

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Other Ways to Communicate the Data

- When making official reports on quality show data for the hospital as a whole.
- When the whole system is performing at 95% or better then deal with few outliers.
- Blinded compilation of the data sent out to physicians quarterly
 - Assign each physician a code or number
 - Create an excel sheet with data for all physicians who admit/treat HF patients
 - Number of admissions
 - Measures (missed and completed)
 - This allows physicians to see how they are doing and how they compare to their colleagues

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Communicate the Successes Too

- WHY? Hospital staff need to realize the importance of these recognition in the eyes of the public—these things tend to have significant impact on patient choice and therefore, on market share.
- Also lets the staff know that the efforts are working. Positive reinforcement is always a good thing!

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Communicate the Successes Too

Through the same communication methods that you use to give reports and feedback, be sure to let medical staff know about awards and recognition!

- Joint Commission
- American Heart Association (GWTG)
- Health Grades
- Care Science
- Thompson Top 100
- Other public reporting agencies

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Physicians and Quality

- Physicians ARE interested in quality especially as it pertains to patient outcomes and wasted time.
- All physicians feel crunched for time.
- It is known that the lack of time to do a good job is a strong driver of primary care unhappiness.
- It is important to let physicians know that in striving to implement these guidelines the goal is to eliminate things that waste everyone's time.

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Addressing the issue of “Cookbook” Medicine?

- Address using guidelines and evidence proven to improve patient outcomes.
- Rapid Tests of Change - Test initial protocols on a small scale – study shortcomings and redesign protocol.
- Once physicians see that protocols are not just “cookbook medicine”, but that they actually can produce better patient results, each subsequent pathway or protocol will be more easily accepted.
- Assure physicians that you seek to standardize only those things that can be standardized for most of the patients with HF.

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Why Should Administrators Be On Board?

- Take a leadership role in how the initiative will be rolled out within the hospital
- Stress to lower management that the initiative is important and merits time, energy and resources
 - When unit nurse managers see the CNO at the team meetings, they understand that she expects participation from them and their staff.
- Leverage to board and medical staff
 - Present the initiative's goals and vision to hospital officials, and provide status updates to stakeholders

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Don't Forget to Listen (to the dissenters) ...

- Use exact words when responding to questions or criticisms:
 - "I have trouble getting patients in and out quickly."
 - Say "this program will enable you to get your patients treated quickly."
- Tie the patients to your project:
 - "I just want what is good for my patients."
 - "This program will allow you to take better care of your patients."
- Realize what's important to that person:
 - Patient care, Length of Stay, Costs, Market Share, etc.

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Summary

In conclusion, let's answer the question you all have...

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How do we get buy-in?

- **Address – “What’s in it for me?”**
- **Get your Administrators and Management on on board EARLY**
 - Meetings, memos, mandates that come CMO will be more powerful than those coming from YOU!
- **Be sure the staff knows what you’re doing!**
 - Flyers/Memos, posters (MD lounge, library & dictation areas), medical staff meetings, breakfast in lounge
 - Show them examples of chart prompts and order sets (anything they will be asked to respond to or use)
- **CME offering for clinical staff:**
 - *Evidence-Based Management of Heart Failure*
 - CME at the hospital during lunch hour with meal provided
 - Consider applying for a grant from Pharm or Device company to cover expense
 - Get a regional “expert” speaker when you can
 - Follow the clinical talk, give an overview of your HF Initiative

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How do we get buy-in

- **Quarterly or monthly updates to medical staff**
 - Department meetings, newsletters, posters, flyers
- **Monthly letters to MDs and nurses making them aware of deficiencies**
 - Missed Measure "Letter"
 - This letter should be signed by a physician (not administration or quality department)
 - Copy kept in medical staff services department
- **Approach persons based on their motivational mindset.**
- **Communicate!!!!**
 - Changes in the process (new order sets, etc.)
 - Successes as well as missed measures and issues

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Questions?

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