

On the CUSP: STOP BSI Physician Engagement

Learning Objectives

- To understand what is meant by physician engagement
- To learn strategies to enhance physician engagement at management and staff levels



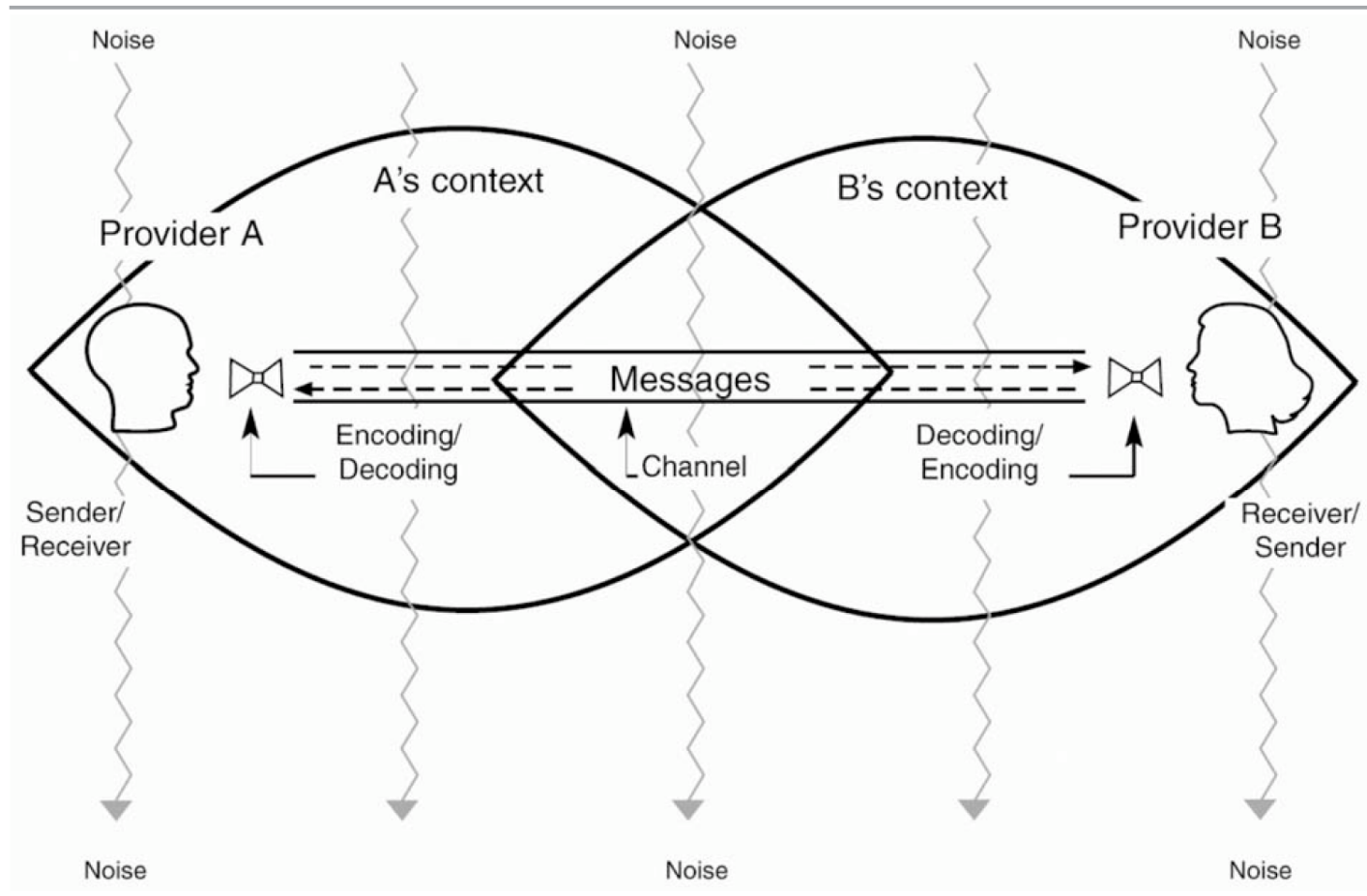
What Have We Learned So Far?

- Work involves technical problems
 - Evidence
 - Measurement
- Adaptive problems
 - Engagement of nurses, physicians, leaders
 - CUSP
 - Daily goals
 - Competing priorities

Science of Safe Safety: Principles of Safe Design

- Standardize what we do
 - Eliminate defect
- Create independent check
 - Make it visible
- Learn from Mistakes
- These principles apply to technical and team work

Basic Components and Process of Communication



Elizabeth Dayton, Joint Commission Journal, Jan. 2007

Improving ICU Culture by Creating Trust

- Caring
 - Keep Patients as your North Star
 - Preventable harm is not tenable
 - Tell your own Josie Story
- Competent
 - Learn from mistakes and implement teamwork tools (CUSP)

Stages of Support



Strategies for Physician Engagement

- Management level
 - Assign physician leader for project
 - ICU director, chief medical officer or senior physician
 - Obtain support from hospital for this persons time
 - Create Compact
 - Clearly define what is expected of them
 - Review performance regularly

Example: ICU Physician Leader Compact

- Hospital will provide support percent of physicians time
- In return, physician will do the following
 - Monitor and improve quality
 - Implement CUSP and StopBSI
 - Report rates of CLABSI and learning from defects to senior leaders and board
 - Hold regular meetings with ICU team
 - Involve other members of Medical staff in quality
 - Work with hospital to clarify what will be measured, who will measure it, and who will produce reports
 - Implement ICU physician staffing
- Review performance quarterly

Strategies for Physician Engagement

- Staff level
 - Create containing vessel to dialogue with physicians (eliminate decoding errors)
 - M and M, grand rounds, quality meetings
 - Identify and overcome barriers
 - Clinician, Intervention, System
 - Communicate prior to start of project
 - No surprises
 - who, what, when, where, how
 - Listen to those who resist
 - Reward physician and nurse leaders
 - News letters or presentations to senior leaders

Strategies for Physician Engagement

- Tune to WIFM
 - Please resist loss not change
 - Try to surface and mitigate real and perceived loss
 - Time is likely a major concern
 - Perceived losses often much greater than real
 - Perceived loss high when communication is low

Manage Communication

- At each step or meeting clarify
 - Message
 - Who needs to know
- Assume that all staff have patient as north star
- Remind staff they are participating in something greater - ohana

Action Plan

- Ensure you have physician leader for this project
- Create Compact for this role
- Create containing vessel for communication
- Develop plan for communication
- Listen to physicians to surface and mitigate loss

