

“GETTING THERE” GUIDE



Engage the Right People for Your Performance Improvement (PI) Journey



CALLING ALL PASSENGERS The Art of Engagement—Three Must-Haves

ALL ABOARD! The Four Myths of Engagement vs. the Four Rules of Engagement

REACH YOUR DESTINATION Engagement at All Levels

CALLING ALL PASSENGERS

The Art of Engagement—Three Must-Haves

Successful improvement depends on the engagement of many people and roles in all levels of a healthcare organization. As leaders, it's important to understand *who to engage* and *how to connect* in an effective way. Staff members who feel connected to their organization and their work are more likely to be engaged in common paths for improvement.

Do you have the right people?

- Do you find you're the only driver?
- Are you tired from doing all the driving?
- Are the seats in your vehicle empty?
- Do you have unruly passengers?
- Do you have a route map?
- Are you stalled on the side of the road?

Instead of trying to do more with less, consider doing more with many!

It's time to take a step back from the science of performance improvement and focus on the art of engagement to lighten your load and accelerate your organization's improvement!

The art of engagement: Three must-haves:

- Appeal to the individual's mind (cognitive).
- Appeal to the individual's heart (emotional).
- Create an environment where it's possible and easy to do the right thing (behavior).

Healthcare team members will engage in improvement work for these reasons:

- Their values support it.
- They think the change will be worth it: What's in it for me (WIFM)?
- They think they can and are ready for it.
- They believe they need to take charge.
- There's a good plan and adequate support.
- They get frequent reminders about resources.
- They think it's fun.
- They want better outcomes for their patients.

ALL ABOARD!

The Four Myths of Engagement vs. the Four Rules of Engagement

To effectively engage members of our healthcare organizations, it's necessary to dispel four commonly held myths of engagement that shape unsuccessful behaviors and uncover the four “golden rules” of engagement that contribute to successful engagement at all levels. >>



MYTH #1

Showing the Evidence is Sufficient

Simply showing the research evidence to support a change is not enough to rapidly disseminate knowledge into everyday clinical practice. Non-engaging methods include the following:

- Passively share medical literature.
- Do something just because the Joint Commission requires it.
- Create and disseminate a policy—and do nothing more.



RULE #1

Connect to the Core

Active engagement and involvement are more likely to occur when the action, project or movement connects to employees' beliefs and values: their core. Successful methods to engage by "connecting to the core" include the following:

- Describe how a project fits into the bigger picture; i.e., the organizational mission.
- Align the project with an employee's professional identity.
- Show how staff impacted the project and made a difference.

MYTH #2

Everyone Engages at the Same Time

Expecting that everyone will start moving in one desired direction at the same time will lead to failure. Non-engaging methods include the following:

- Start a change process with an entire department, rather than individuals.
- Try to get buy-in from everyone at once, rather than focus on key early adopters.
- Utilize an early adopter with little credibility.
- Try too early to convince resisters to change.



RULE #2

Engage the Engaged

People adopt innovations at different rates, so a key strategy is to start with the "willing," or those already engaged. The best place to start is with early adopters—visionary individuals who are respected by their peers and have good communication skills. They will work with less intrepid individuals in the early and late majority to speed adoption. The skeptics may never come on board and ultimately may need to be required to adopt the change processes or leave.

Here are successful methods to engage the engaged:

- Seek champions who are opinion leaders (yet may not have a formal title).
- Start a project on a small scale with a few key participants.
- Include others after the early adopters work out the bugs.
- Use early adopter peers as spokespersons to spread the word.

MYTH #3

The Same Message Works for Everybody

Different individuals, depending on their receptive styles, respond differently to messages. Examples of such styles include:

- What's in it for me (WIFM)?: These individuals perceive the message in relation to their duties and responsibilities. For example, a CEO might be focused on keeping the Board of Directors happy, while the CFO is looking at the bottom line, the physicians are focused on their specialty or their practices, and the nurses are thinking of finishing their work and charting before end of shift. Messages to each of these individuals would need to be different in order to speak to the WIFM. (See next column on communication.)

Customizing the message based on the target audience's WIFM and listening style will improve uptake. The messenger matters as well. Healthcare workers seem more likely to absorb a message from a peer, especially if that peer is respected for his or her clinical expertise.

Failing to customize the message to the audience will lower the chance of engagement. Non-engaging methods include:

- Don't vet the messenger.
- Assume only people "with titles" can communicate.
- Use only e-mail to get the word out.
- Say "I told them."
- Use the same words and talking points for change towards everyone.



RULE #3

Customize Communication to Support Engagement

Individuals will be at different places along the "readiness" continuum, so communications must be customized for each employee. For example, creating a message guiding an employee to take action when he or she is neither aware of, nor thinking about, an issue, is unlikely to be fruitful. Instead, the message should focus on why the issue is important and inspire them to think about it.

Because different types of messages demonstrate different degrees of effectiveness in shaping behavior and promoting change, developing and disseminating the right message at the right time is critical.

Here are some points to consider when developing communication:

- Consider "What's in it for me (WIFM)?" Who is the target audience and what is/are their core intrinsic motivation(s)? "What is in it for them?" Or, from their perspective, "What's in it for ME?" Messaging about reducing readmissions to avoid financial penalties may be of interest to the hospital CFO, but for staff nurses, a more relevant message may address improving post-discharge patient transitions to avoid complications that undermine their diligent nursing care and lead to patients' return to the facility.
- Use the elevator speech: a short summary to quickly and simply define a product, service or organization and its value. The pitch should be delivered in the time it takes to ride an elevator, generally less than two minutes.
- Remember that the messenger matters. People are more likely to process a message if it comes from someone they respect, who communicates well, and who is not perceived as self-serving.

MYTH #4 Every Intervention is Equally Easy to Implement

Characteristics of an innovation that are most likely to lead to successful adoption include:

- Relative advantage: Provides a benefit compared to the old way of doing things.
- Complexity: Isn't complex and is easy to learn, use, teach or implement.
- Observability: Demonstrates visible, observable improvements.
- Compatibility: Is compatible with other current processes.
- Trial-ability: Can be beta-tested in phases without full commitment.

Here are some methods of implementation that don't engage:

- Attempt an intervention with the most challenging patients.
- Develop a rigid work plan limited by prior experience.
- Implement multiple change projects simultaneously.
- Use the same strategy on multiple projects.



RULE #4 Segment and Align

To create confidence, competence, and success, it's best to start quality improvement initiatives by launching their simplest components before tackling more complex or challenging steps or phases. For example, patient flow is one of the most complex activities in healthcare organizations and requires organizational improvement competence and collaboration at a high level. A unit-based foley catheter daily necessity checklist might be an easier process to implement.

Alignment, discussed in detail below, works hand-in-glove with segmentation. For example, to prevent central line infections in an ICU, each professional group is given specific tasks. To promote success of the entire project, however, each group must share the same goals, objectives, tools and methods.

Successful methods to segment and align include the following:

- Develop an organizational goal and enlist the participation of all levels.
- Publish a scorecard of key metrics.
- Roll out a project in an area most likely to be successful.
- Adapt implementation approaches for each segmented group or area while aligning the common goals and objectives.
- Create performance expectations for service lines and departments.
- Integrate performance expectations into performance evaluations and provider agreements.
- Align Ongoing Professional Practice Evaluation (OPPE) metrics to organizational objectives/metrics.

REACH YOUR DESTINATION

Engagement at All Levels

Engaging healthcare leadership, providers, clinicians and non-clinicians from “the top to the bedside” is a critical approach. According to the Institute of Medicine (IOM, now called the National Academy of Medicine), three key principles can guide this process:

- Rapid Cycle Plan-Do-Study-Act (PDSA) testing
- Engagement at all levels
- Collaboration, not competition

Promoting teamwork and collaboration, nurturing creativity in testing solutions, or making improvements in the spirit of fun and curiosity can set you up for success in your role and fill your performance improvement bus with enthusiastic riders who are all headed to the same destination. Try these engagement strategies to fill the empty seats in your PI caravan. Don't forget to consider What's In It for Me (WIFM) as you develop your initial communication and outreach to engage at each level.

ENGAGE BOARD OF DIRECTORS

Need a driver?

No map?

Uncharted territory?

STRATEGIES FOR ENGAGEMENT

- Develop quality goals with CEO.
- Participate in leadership rounds.
- Share board reports with data and ongoing quality improvement efforts.
- Share patient stories and experiences that highlight how the organization has succeeded (or fallen short) in delivering patient-centered care.
- Put quality at the top of the agenda.

WIFM?

- Improve patient satisfaction.
- Improve care.
- Enhance reputation.
- Be a better informed board member.

ENGAGE SENIOR LEADERS

Need a driver?

No map?

Unruly or sleepy passengers?

STRATEGIES FOR ENGAGEMENT

- Give presentations at existing leadership meetings, with quality at the top of the agenda.
- Share patient stories and experiences that highlight how the organization has succeeded (or fallen short) in delivering patient-centered care.
- Share information about the project and data showing progress towards milestones and goals via short, succinct, customized messages to management.
- Invite bedside caregivers to share updates on quality projects they are involved in at leadership or executive-level meetings.
- Assign an executive sponsor for quality projects with responsibility for allocation of resources, removal of barriers, and educating other leaders.

WIFM?

- Improve patient satisfaction.
- Improve care.
- Enhance reputation.
- Connect with staff.

ENGAGE MID-LEVEL MANAGEMENT (CLINICAL AND NON-CLINICAL)

Tired from doing all the driving?

Are the seats empty?

Unruly or sleepy passengers?

STRATEGIES FOR ENGAGEMENT

- Help them understand their connection to the organization.
- Help them know how their role supports the mission and business vision.
- Allow them some autonomy in meeting organizational objectives.
- Provide them the opportunity to develop new skills, receive recognition for their achievements, and be a part of high-performing teams.

WIFM?

- Be part of “how” change occurs.
- Gain knowledge, skills and expertise.
- Advance career.
- Connect to patient-centered purpose for non-clinicians.

IDEAS TO PONDER AS YOU ENGAGE THE MASSES:

- Make Marketing/Public Relations your friend: Think newsletters, table tents and flyers to communicate your project’s details/results/celebrations.
- Ask Finance to support data collection and to quantify current cost of harm/penalties experienced.
- Use an improvement calculator to quantify the return on investment for quality.

ENGAGE PHYSICIAN LEADERS/ CHAMPIONS

Need a driver?

No map?

*Unruly or sleepy
passengers?*

*Stalled, need fresh
ideas?*

STRATEGIES FOR ENGAGEMENT

- Get to know the physician as a person. Find out what's important to them before you ask to engage in a project.
- Find the right physician champions.
- Give the champions the tools they need for success.
- Master the elevator speech.
- Appeal emotionally regarding the benefits of quality improvement for patients and clinicians alike.

WIFM?

- Partner in the future direction of the organization.
- Achieve better outcomes for the patients they serve.
- Contribute to a healthier bottom line.
- Achieve growth and development.
- Find more joy in the practice of medicine.

QUALITIES OF A PHYSICIAN CHAMPION

- Passionate about quality
- Makes quality the highest priority
- Dissatisfied with the status quo
- Has a natural interest in systems and how systems affect workflow
- Clinically respected by peers and other clinical staff
- Clinically competent in the process in which change will occur
- Demonstrates a high degree of common sense and judgment
- Courageous
- Exhibits emotional maturity
- Doesn't have to carry the title of "director" or "chair"

CHARACTERISTICS TO AVOID

- Naysayer: Don't try to convert by making them champions
- Volunteers just to fill up a resumé
- Personal or professional self-promotion
- Carries hidden agendas (seeks influence, power or money)
- Unable to communicate effectively
- Authoritarian
- Burned out
- Clinically dogmatic without solid, evidence-based backup

TIPS FOR SUCCESS FOR THE NEW PHYSICIAN CHAMPION: AVOID THESE 8 CARDINAL MISTAKES OF PHYSICIAN CHAMPIONS

- 1 Starts with a committee rather than a receptive individual or group.
- 2 Equates clinical ability with ability to change.
- 3 Approaches a resistant Medical Executive Committee or Medical Director prematurely.
- 4 Mandates a unilateral change.
- 5 Gives up following the initial “blowback.”
- 6 Becomes the “change cop.”
- 7 Ignores business relationships.
- 8 Rushes to senior leaders to ask for more money/resources.

ENGAGE BEDSIDE CAREGIVERS

Are the seats empty?

Tired from all the driving?

Stalled, need fresh ideas?

Driving in circles with conflicting directions?

STRATEGIES FOR ENGAGEMENT

- Ask staff closest to the patient to suggest and test solutions on a small scale.
- Model the way.
- Inspire a shared vision.
- Challenge the process.
- Enable others to act.
 - Engage unlicensed assistive personnel as champions.
 - Elevate environmental service workers to infection prevention technicians.
 - Solicit feedback and input in a variety of creative ways, and provide incentives to contribute.
 - Provide administrative time for bedside staff to work on quality improvement activities; i.e., planning, educating and auditing.
- Encourage the heart.

WIFM?

- Be a part of “how” change occurs.
- At times, be a part of “what” gets changed.
- Gain knowledge and skills.
- Advance career.
- Find more joy in work.

ENGAGE PATIENTS & FAMILIES

Seats empty?

Stalled, need fresh ideas?

STRATEGIES FOR ENGAGEMENT

- Create a patient-family care council with patient-family advisors.
- Facilitate communication and feedback through patient rounding, community meetings and forums.
- Increase knowledge, skills and abilities.
- Provide opportunities for input into management and processes.

WIFM?

- Achieve better care and better understanding.
- Improve health, wellness and happiness.