

Solutions To Common Barriers

Barrier: “Staffing issues. “Who is going to do all this?”

Solutions: Hold a team meeting in the beginning to get staffing responsibility assignments worked out and documented early in the process.

Think of creative ways to integrate with other areas of care. For example, you could involve:

- Respiratory Therapists (smoking cessation)
- Dietitians
- Pharmacists
- Rehab (exercise)

Educate and empower every member of the team. For those times when staff resources are scarce, have pre-printed materials available. Or create a discharge instruction sheet that the patient must acknowledge with a signature.

Consider different options on the actual data collection – one person responsible for collecting all the data elements and indicators for the 30 baseline patients versus dividing the work between the acute and secondary prevention elements between two different teams.

Barrier: “Champion and team member candidates who are ‘too busy.’”

Solutions: Get With The Guidelines® is best understood as a best-practice extension of what already motivates the staff in your hospital, not as something “extra” they need to add to their list of responsibilities.

Teams that have implemented Get With The Guidelines successfully found that stressing two points early in the process helped them find the team members and champion they needed:

1. The primary concern of Get With The Guidelines is patient welfare and well-being.
2. Get With The Guidelines is evidence-based, with real data behind its best practices.

At Edward Heart Hospital in Naperville, Illinois, Dr. Vince Bufalino and his team took an equally effective approach. They knew that doctors and staff already felt inundated by their daily workloads and paperwork, and would therefore be resistant to anything new. But the team capitalized on even stronger concerns on the part of doctors and staff to overcome this resistance. Dr. Bufalino knew that above all, his physicians wanted to be the best they could be at what they do. He knew he had to “give the docs the data” – the hospital’s initial low adherence rates and the science that showed how many additional lives they could save – to drive their buy-in to Get With The Guidelines. Similarly, his team found that most nurses on staff saw the program’s promise to bring them back into the care cycle. Despite having trained to be health-care providers, many nurses had felt they’d been moved away from the actual delivery of medical care. But they quickly saw that Get With The Guidelines would put them back at the patient’s bedside, with the doctor, providing hands-on treatment to patients. Once that became clear to them, they were more than willing to join the implementation team and get enthusiastic about the program.

Many hospitals are now considering a dual-champion model, where each champion serves a different function. One champion is the influencing “motivational leader,” who helps create energy for hospital staff and team members. The other champion is the “doer,” who focuses on the practical nuts and bolts of implementation – delegating effectively and ensuring that the implementation steps are followed effectively.

Barrier: “Getting buy-in from physicians and staff.”

Solutions: If the program has support from the top the rest follows. Be sure to go to the Chair of Medicine and the Hospital QI committee to get their buy-in. They could prove to lend a tremendous amount of support.

Physicians may resist because they believe they already comply with the guidelines. “I always send my patients home on beta blockers/etc.” is a common response. However, no one is perfect. So, ask them to “prove it”. This is another opportunity to use your baseline data. Most likely when they see the baseline data they will be shocked. The data will probably show they are not that bad, but they are not perfect either.

Staff will also be concerned about who is going to implement the program. It may seem at first to be a cumbersome, onerous task. Explain that it will improve patient care, involves data entry that they already collect and that there are a variety of tools available to help them do their job efficiently and well.

When trying to gain buy-in from important stakeholders, you need to highlight the “What’s In It For Them” aspect. All positions within the hospi-

tal can appreciate this type of approach. When a person understands what a program is going to bring to the table for them personally, it can drastically change their outlook.

- Physicians will respond well to science-based discussions about the treatment gap.
- COO’s get excited about Get With The Guidelines when they hear that the hospital can distinguish itself in the marketplace.
- CFOs become interested when they know that Get With The Guidelines can help reduce the average length of stay and protect the bottom line.
- Legal will need to know that the program is HIPAA-compliant.

Barrier: “Staff feels threatened by baseline data collection.”

Solutions: Ask your physicians how they think the hospital is doing in terms of following best-practice guidelines for cardiac and stroke patient care. They will most likely reply that they think they are doing ok. Agree with them and say something like “I agree. Let me pull some charts and verify that.” Your baseline analysis will show exactly where the gaps are that need to be addressed. Presenting the baseline data analysis as a “low key” issue that is about verification (and improving outcomes for patients) rather than finding fault in your hospital will go over much better with your co-workers.

This isn’t a faultfinding mission. Rather, you’re interested in finding out what your hospital does well and looking for places to improve patient care. Telling staff that you’re expecting to find high treatment rates when you look makes your data gathering less threatening, and it can heighten the “surprise” you convey when you

discover low compliance in some areas.

Stay focused on the science behind these best-practice guidelines. It's not a performance review of any single staff member.

Keep in mind that healthcare professionals are especially challenged to find the time to keep current with data that supports new treatments. Letting staff know you're sensitive to this will make them more receptive to what your efforts can teach them.

Barrier: "We already follow all the right guidelines."

Solutions: Many staff may already feel like all the right measures are in place. Pointing out the dramatic results that Get With The Guidelines can bring to a hospital, as well as the ease with which its tools can be integrated into existing procedures, can help win over some hesitant team members.

Early implementers of Get With The Guidelines have been extremely surprised by their initial levels of guideline adherence. Your baseline analysis evaluation will make it acutely clear where your gaps are.

Another way to look at this type of situation is through the analogy of the automobile. Ten years ago, cars ran perfectly well and got you where you needed to go. But consider how much better machines they are now, after a decade of ongoing improvement in design and manufacturing processes. The same is true when thinking about secondary prevention measures – there's always a better way to do what we do. Adopt a mindset that is always seeking improvements and con-

sidering propositions like, "Maybe we need our teams to be thinking how we could do a better job in outpatient treatment?" Then, when you find your list of potential improvements, ask, "How would we go about making these improvements?"

Barrier: "This sounds like 'cookbook medicine' to me. We need to treat every patient like a unique individual, and not just blindly resort to a checklist of practices and protocols. Our staff knows what to do to meet each patient's specific needs."

Solutions: Some health care practitioners guard their professional judgment and independence very vigilantly. It's important to know that Get With The Guidelines includes the necessary accommodations for patients with contraindications. Contraindications are acceptable and expected. As a result, they don't affect your adherence rates.

Patient welfare may be the one way to overcome that concern. Simply put, Get With The Guidelines standards save lives and improve patient care. The program sets clearly defined treatment and protocol goals, but it understands that each hospital needs to reach those goals in their own way.

Get With The Guidelines offers guidelines to follow to address the risk factors of cardiovascular and stroke patients. It is up to the doctor to prescribe medications and therapies suited to each patient and note contraindications.

Finally, know that some people may just not be a good fit for the team. If they're really resistant, you're better off looking for some more receptive

candidates.

Barrier: “Staff thinks current treatment rates are acceptable.”

Solutions: The data can change your hospital’s culture:

- From an attitude of telling patients, “You’re cured”
- To an attitude of telling them, “You’re at risk. We’ve treated and/or alleviated some of your symptoms, but you need to be on a range of therapies.”

Let the data do the talking to your staff and start a culture change in your hospital. Early participants found plenty of room for improvement in their first baseline data review. Their baseline analysis showed that their medication rates were lower than they expected, and in some cases that there were significant variation in care among physicians and low rates of therapies that they now consider routine.

The data also exposed an attitude that pervaded – that once the patient had been treated for their immediate complaint or symptom, they could consider themselves “cured.” Now that they have revised their protocols, the target of “acceptable” treatment rates is 100% adherence – due to a shift in attitude that now keeps patients on a range of therapies indefinitely after they leave the hospital.

Another early implementing team opted for a different but equally effective approach. They knew that doctors and staff already felt inundated by their daily workloads and paperwork, and would therefore be resistant to anything new. So the

team capitalized on even stronger concerns on the part of doctors and staff. The team champion knew that above all, his physicians wanted to be the best they could be at what they do. He knew he had to “give the docs the data” – the hospital’s initial low adherence rates and the science that showed how many additional lives they could save – to drive their buy-in to Get With The Guidelines. His team found that most nurses on staff saw the program’s promise to bring them back into the care cycle. Despite having trained to be healthcare providers, many nurses had felt they’d been moved away from the actual delivery of medical care. But they quickly saw that Get With The Guidelines would put them back at the patient’s bedside, with the doctor, providing hands-on treatment to patients. Once that became clear to them, they were more than willing to join the implementation team and get enthusiastic about the program.

Barrier: “Need a way to identify patients eligible for Get With The Guidelines.”

Solutions: Work with the ER to implement AMI protocols or a multidisciplinary order sheet designed by the unit. Clinical pathways can take place in the ED.

Consider simple bright ‘flag’ sticker on front of chart that is placed upon arrival to ED and identifies individual as a cardiac patient.

Consider asking the Nurse Manager or Admissions to run a census list of cardiac patients on a daily basis, then use this to cross-reference to patients in units. This may also help to identify cardiac patients that were admitted to other units.

Barrier: “Not increasing in compliance as quarters go by.”

Solutions: Look at individual physician data to see if there is one common denominator pulling the rates down. If so, ask the chief for that area to sit down with that physician and discuss.

Reflect on what changes have been made so far; emphasize that changing the process can take some time. Most hospitals won't see immediate results.

Try to drill down through the reporting function to try and identify areas of weakness – are rates dropping on certain days? Times of day?

Reconvene the Get With The Guidelines team to begin brainstorming and developing small tests of change that could lead to larger improvements.

Barrier: “Keeping staff continually motivated.”

Solutions: Celebrate your successes!

- Document and publicize the improvements you make
- Sharing good news gives momentum to your progress
- Make your goals more credible

Taking the time to acknowledge your accomplishments isn't just “resting on your laurels”. Your team's efforts, and the successful measures undertaken by all hospital staff, will produce discernable improvements in a surprisingly short time.

Be sure to publicize the accomplishments you

make as you move forward from your baseline. Letting the entire hospital know that their efforts are making a difference will raise morale about Get With The Guidelines even further, and will put in place the cycle of effort and success that your team is seeking.

It is just as important to take the time to celebrate improvements in some of the treatment rates because then your hospital will take you more seriously when you point out new or persistent areas in which your adherence rates aren't what you want them to be.

Keep in mind that other industries have accepted such shifts to cultures of constant improvement. These industries understand that this type of continual quality improvement is not a negative reflection on them. Rather, they see it as a positive change that's worth embracing and making fun, since it will only heighten the standing of their industry or sector.

Barrier: “Get With The Guidelines is “just another data collection process.”

Solutions:

Get With The Guidelines is NOT:

- A data registry designed for research
- An affordable JCAHO tool to sell to hospitals

Get With The Guidelines IS a paradigm shift in culture change regarding quality improvement and the integration of:

- Evidence-based medicine
- Mechanisms to continuously improve and measure the quality of patient care
- Based on the most up-to-date American Heart Association/American Stroke Association

tion guidelines

- A systematic process that ensures all patients receive the highest quality of care.

Many hospital staff – particularly in administration – are wary of anything that looks like another data collection process. Get With The Guidelines is not a registry where you are merely inputting lagging indicators that have no impact on patient outcomes. Nor is it a regulatory situation where hospitals comply because they have to. Get With The Guidelines is a measurable quality improvement program, where you use leading indicators to improve patient welfare and quality of care. Your hospital likely already has procedures for collecting data for quality improvement, perhaps in your rehab unit. The baseline data collection process can piggyback onto that existing procedure to minimize time and effort requirements.

Barrier: “We’re not sure of the correct time to obtain lipid profile.”

Solutions: Some hospitals get this in the morning, some hospitals get it in the ER and some hospitals have the labs hold until R/o MI has been confirmed.

As part of staff education, reinforce the guideline that indicates fasting lipid profile within 24 hours of admission. Bring the lab into the loop so a plan can be developed that promotes compliance through incorporation into standing orders.