ENGAGING PHYSICIANS AS PARTNERS

Authors:
Patricia Horstman, MSN, RN, NEA-BC
Claranne Mathiesen, MSN, RN, CNRN
Deborah Murphy, MSN, RN, CNRN, SCRN, CRNP
Disclosure

The authors/presenters have no actual or potential conflict of interest in relation to this presentation.
WVU Healthcare, Morgantown, WV

WVUHC, a 531-bed university affiliated medical complex anchored by Ruby Memorial Hospital, was first designated as an American Nurses Credentialing Center (ANCC) Magnet® recognized organization in 2005. As the regional referral center for tertiary care in West Virginia (WV), WVUHC is the flagship member of West Virginia United Health System (WVUHS) and provides services to citizens primarily from WV, southwestern Pennsylvania and Maryland.

American Nurses Credentialing Center Magnet® recognized organization since 2005. WVU Stroke Center, a Joint Commission designated Primary Stroke Center, was founded in 2000 and treats over 1200 stroke cases/year providing a full spectrum of services.
Lehigh Valley Hospital, Allentown, PA

- LVHN, a 850-bed university affiliated community hospital, was first designated as an American Nurses Credentialing Center (ANCC) Magnet® recognized organization in 2002. As the regional referral center for a 9 county area we provide services to the community of eastern Pennsylvania.

- LVH Stroke Center, was the first to become certified in Pennsylvania as a Joint Commission Comprehensive Stroke Center in 2012 and treats over 1200 complex stroke cases/ year providing a full spectrum of services.
Abington Health, Abington, PA

AH is the umbrella organization that encompasses it’s cardinal hospital, Abington Memorial Hospital (Diamond Comprehensive Stroke Center 2013), Lansdale Hospital (Primary Stroke Center 2013), four major Health Centers, Home Care, Acute Rehab and Hospice Centers. AH serve residents of Bucks, Montgomery and Philadelphia counties. American Nurses Credentialing Center Magnet® recognized organization since 2003.

AMH is a 665 bed, non-profit, community teaching hospital which employs 1,400 physicians & 6,000 employees, treats more than 1,150 stroke patients annually. AMH provides stroke and neurology telemedicine services to 4 spoke hospitals.
OBJECTIVE

Discuss strategies for engaging and maintaining a dynamic partnership with physicians in your institution.
PARTNERSHIP DEFINED

• Participation
• Association
• Joint Interest
• A business organization in which two or more individuals manage and operate the business. Both owners are equally and personally liable
PHYSICIAN ENGAGEMENT DEFINED

"Physician engagement is an intentional and deliberate process to bring physicians and other stakeholders together to address problems and continuously improve care and the patient experience."

Source: Kenneth Cohn; 01/27/12; www.HealthcareCollaboration.com
VALUE OF INCREASED PHYSICIAN ENGAGEMENT

- Decreased physician turnover
- Improved physician – staff relationships
- Decreased disruptive physician behavior
- Increased goal achievement
- Improved patient experience
- Decreased preventable readmissions
- Increased standards compliance
Medical Director Responsibilities

- Collaboration with program administrator and stroke coordinator
- Leadership and management of daily operational issues that involve medical staff and patient care
- Translation of program objectives, plans, policies and procedures, guidelines, protocols
- Active participation in monitoring and evaluating the quality of care
- Peer review of stroke care (e.g. inter-professional M & M meetings)
- Achievement of positive patient outcomes
- Management of medical staff performance related issues
- Professional development
- Participates in stroke research and publication projects
- Support and Participate in all Joint Commission survey preparation initiatives
Communication scholars generally teach three aspects of relationships:

• **Affect**: Do the parties have positive, neutral or negative feelings about each other?

• **Power**: To what extent is each party able to influence decision-making in the relationship?

• **Salience**: How important is the relationship to the parties?
LEADERSHIP STEPS TO PHYSICIAN ENGAGEMENT

• First, clarify your goals for different physician relationships.

• Second, reflect on the affect, power and salience of different relationships you seek with physicians.

• Third, use knowledge tools that help you avoid overdependence on your own point of view and let you see beyond the immediate interests of the organization.
PHYSICIAN ENGAGEMENT AND ALIGNMENT

• Though often used synonymously in the industry, engagement and alignment are not interchangeable.

• **Engagement** - measures physician’s appraisal of their work environment, emotional experiences, and attachment to workplace. A highly engaged physician may be content with day-to-day, patient-facing activities, but resisting organizational change and preventing his department from attaining key goals. This describes an engaged physician who is not aligned with his/her organization.

• **Alignment** - measures the extent to which a physician feels a strong partnership or connection with the organization's leadership.
PHYSICIAN ENGAGEMENT RESEARCH

Morehead & Associates, Inc. has found some association between high-performing hospitals and physician engagement.

• Typically, when we see physician engagement move, we see other important metrics move.

• Physician engagement is the lynchpin of many strategies in the organization, and without it, [those strategies] will not happen.

• Morehead reported a shift in balance, with physicians treated less as customers and more like partners in patient care.
DEVELOPING TRUST

Trust in the leadership team *precedes* physician collaboration, participation, and alignment, and is a vital element to the physician engagement process.

- Promise and deliver
  - Follow-up communications

- Demonstrate responsiveness

- Ensure all complaints receive a response (heard, investigated, and properly addressed)
SECURING and/or PROTECTING PHYSICIAN TIME TO PARTICIPATE

Rule # 1: Understand that attending meetings or reviewing proposed changes in hospital processes, are difficult for a physician with a large patient load.

Help them be successful:

- Recognize their patient responsibilities never go away – PLAN WISELY!!! (e.g. save questions till the weekly 7am team meetings)
- Clear and effective messaging
- DRAFT documents for editing vs. creating from scratch
- Help them establish Medical Director PI goals (often this will require reminding; should align or support your goals!)
- DRAFT power point presentations regarding Stroke for them to edit (work on their time management!)
STRATEGIES TO ENGAGE PHYSICIANS IN QUALITY IMPROVEMENT

Absolutely essential -> Credible data to identify areas that need improvement and systematically assess progress

– Use external, risk-adjusted data as a way to improve data credibility
– Appeal to the competitive nature of physicians through individual-level data or distribute aggregated quality scorecards
– Include whenever possible benchmarked data to like facilities
QUALITY MONITORING

• Collaborative discussions with physicians and other healthcare groups

• Standing Stroke Care Committee

• Loop closure

• Integration with Hospital PI process
NURSING – MEDICAL LEADERSHIP LINKAGE

Establish proactive, visible partnerships

**Goal(s):** To promote standards of conduct, build relationships, nurture clinical collaboration, minimize conflict over practice decisions, improve communication and elevate care quality
THE VISION

“Good leaders create a vision, articulate the vision, passionately own the vision, and relentlessly drive it to completion”. Jack Welch

Leadership communication with physicians should place them in a position of impact as the clinical workplace leaders. We should express the sentiment that ‘we cannot do this without our physicians’.

Physicians inherently appreciate being positioned as the clinical leader and having influence, and they will frequently embrace the responsibility and opportunity of making things better.
The most fundamental intervention for improving nurse-physician communication is fostering an organizational culture that is patient-centric, safety-focused, and supportive of open communication and teamwork.

- Proactively address points of friction up front and in private

Offer CME/Contact Hours for stroke seminars

Identify M & M Cases for review – utilize standard format for presentation by Stroke Coordinator and/or residents

Develop EMR tools to streamline MD documentation and address regulatory requirements
PRACTICING IN PARTNERSHIP

• Stroke Coordinator as a communication conduit - - -> can not always get all players in the same room at the same time
SUCCESSFUL STROKE PROGRAMS

Combination of skills and services:

• Strong Stroke Coordinator

• Physician Champion/Medical Director - responsible for communicating with individuals to ensure everyone buys in to the program

• Meet regularly (Administrator, Stroke Coordinator and Medical Director) to pre-plan, provide updates, project future work and timing required
Practice Change Case Study

Description: Stroke Team activations averaging 97/month overwhelming stroke team resources; high % of stroke mimics

Strategies:

• Partner with a stroke physician to champion the practice change
• Identify best practice (e.g. LAPSS – Los Angeles Pre-hospital Stroke Screen)
• Identify key players (e.g. Med Comm, Neurology, ED, Radiology, Pharmacy, etc.)
• Establish a team/sub-group of Stroke Committee to draft new guidelines, define outcome metrics and identify baseline data
Practice Change Case Study

Strategies:
Once a practice change is developed:
• Review and finalize guidelines at Stroke Committee level (and reflect in meeting minutes)
• Review & revise relevant hospital policy (e.g. Stroke Team Activations) and/or order sets, as applicable
• Imbed practice change by integrating into:
  – Resource guide and pocket guides
  – Documentation – ensure EMR includes key factors such as reasons for cancellation, time of cancellation, etc. (e.g. in neurology resident note)
• Develop communication plan
• Develop education plan
• Set an implementation date
• Monitor for compliance and measure outcome metrics and report through Stroke Committee (loop closure)
Take Away Tactics for Physician Engagement

- Be visible – round with the team/service; attend relevant Grand Rounds presentations, departmental M & M meetings, journal clubs
- Schedule *regular* meetings with your Medical Director
- Become resource savvy - identify key physicians and departmental leaders for each area
- Seek first to understand before forming an opinion – don’t be afraid to say ‘Let me do some homework on this issue and get back to you’
- Develop a global organizational perspective – volunteer for organizational committees e.g. Ethics, PNT Committee
- Provide frequent, small f/u communications on issues or requests
Take Away Tactics for Physician Engagement

- Establish mechanism for onboarding of new physicians
- Develop tools to help physicians work more efficiently and effectively e.g. resource manual, protocol pocket guides, use of EMR prompts
- Use external resources wisely e.g. ASA website resources; external peers
- Establish regular team meeting times e.g. every Tues at 7am in the same room, provide food and coffee 😊
- For every practice change:
  - Ask yourself – ‘Does this change require a change to a protocol, a guideline, a policy, the EMR order sets????’
  - Develop a communication plan and an education plan
Successful Physician Engagement

You know you are successful when:

• Physicians:
  – come to you to address issues
  – look to you for your input
  – are open to your suggestions for improvement

• You know **who** to go to and **how** to get things done within your organization

• Quality metrics meet/exceed or show steady improvement
References

- Cohn, K. 01/27/12; www.HealthcareCollaboration.com


QUESTIONS?