

Surviving MI

AN ACC QUALITY INITIATIVE

Barriers and Solutions to Forming a Physician and Nurse Champion Team

A Champion Team should include a physician and nurse who work together to make decisions and are recognized as champions. Possible barriers to forming the Champion Team should be identified in advance, so that the team can proactively identify solutions. The table below shows common barriers and possible solutions.

COMMON BARRIERS	POSSIBLE SOLUTIONS
Lack of support from hospital leadership	<ul style="list-style-type: none"> • Establish a clinical planning committee that focuses on quality and patient safety, reports directly to the board, and is not considered a part of the medical staff. This committee should have significant physician representation. • Use a collaborative approach in which the champion has access to individuals from all levels of the organization to bring change. • Disseminate information and data using a method that meets hospital leadership needs.
Lack of staff support for physician and nurse champions	<ul style="list-style-type: none"> • Identify a physician champion who has the respect of many caregivers to promote acceptance among them. • Collaboratively solve problems that seek and address root causes across all staff levels versus one level of organizational leadership. • Form a Champion Team with individuals of diverse disciplines, including senior management and staff. • Focus on issues of quality of care and be transparent about values and goals to promote a culture of support.
Lack of knowledge and organization of quality improvement work	<ul style="list-style-type: none"> • Continuously build a culture with a learning climate. • Develop strong structural supports such as regular committee meetings, efficient information technology, and create transparency within the hospital/care team. • Appoint physicians to hospital quality and patient safety committees. • Set up an “operations” quality care council with physician representation to discuss day-to-day issues of quality and patient safety deployment. • Assign physicians as a “physician quality associate” to work with medical staff. • Ensure that all pertinent evidence-based best practices are considered for every patient every day. • Use CME reimbursement as a tool to encourage physician participation on special committees and attendance at medical staff meetings. • Create a sense of respect for diverse roles and interdependencies.
Inconsistent knowledge	<ul style="list-style-type: none"> • Set up a program for educational outreach to physicians’ office staff – conducted by health care professionals who bring informal or formal education programs to physicians’ offices. • Sponsor an annual combined education and social event for all office staff. • Hold interactive case-study presentations held throughout the year by a multidisciplinary team in a roundtable discussion with active participation from physicians, nurses; staff from the Emergency Department, cath lab, cardiac step-down; and discharge planners. • Have formal and informal physician/nurse rounding integrated into daily activities as well as the new nurse orientation program.

	<ul style="list-style-type: none"> • Create a culture where nurses and physicians are comfortable with two-way communication regarding a patient's condition and care needs requires careful planning, assembling of a team of key players, and persistence. • Encourage clinical personnel to share clinical pearls rather than just orders.
Lack of knowledge on executing change within an organization	<ul style="list-style-type: none"> • Select a clinical champion who is approachable and has interpersonal communication skills that foster interdisciplinary collaboration. • Select champions who are perceived as leaders and clinical experts who can motivate the team and act as a catalyst for change. The champion does not need to be in the highest ranked formal leadership position to be effective in motivating staff or influencing physician practice patterns.
Lack of time for champions to dedicate to quality improvement work	<ul style="list-style-type: none"> • Provide training leaders time off from patient care responsibilities to effectively dedicate to quality improvement work. • Do not require champions to sit in every meeting – take important bits of information to them. • Restructure the quality department so physicians have a person who works specifically on their projects and needs (one contact per person). • Have a strong clinical informatics e-mail or communication system that pushes out timely information to the medical staff.

References

1. Bradley, Elizabeth H., Leslie A. Curry, and Harlan M. Krumholz. "Hospital Strategies for Reducing Risk-Standardized Mortality Rates for Acute Myocardial Infarction." *Ann Intern Med* 157.8 (2012): 599.
2. Curry, Leslie, E. Spatz, J. W. Thompspon, D. Berg, and H. H. Ting. "What Distinguishes Top-Performing Hospitals in Acute Myocardial Infarction Mortality Rates?: A Qualitative Study." *Ann Intern Med* 154 (2011): 384-390.
3. Dailey, Mary S., Barbara B. Loeb, and Cheryl Peterman. "Communication, Collaboration and Critical Thinking = Quality Outcomes." *Patient Safety and Quality Healthcare*. Lionheart Publishing, Inc., 2007. Web. <<http://www.psqh.com/novdec07/quality.html>>.
4. Ellerbeck, Edward F., Arvind Bhimaraj, and Sandra Hall. "Impact of Organizational Infrastructure on β -blocker and Aspirin Therapy for Acute Myocardial Infarction." *Am Heart J* 152.3 (2006): 579-84.
5. Flynn, F. M., M. Cafarelli, K. Petrakos, and P. Christophersen. "Improving Outcomes for Acute Coronary Syndrome Patients in the Hospital Setting: Successful Implementation of the American Heart Association "Get With The Guidelines" Program by Phase I Cardiac Rehabilitation Nurses." *J Cardiovasc Nurs* 22.3 (2007): 166-76.
6. "Physician Engagement Tool Kit Project Practical Actions to Build and Rekindle Physician Relationships." N.p., n.d. Web. 15 May 2014. <<http://www.integratedhealthcarestrategies.com/documents/articles/83.pdf>>.
7. Stanford, J. R., L. Swaney-Berghoff, and K. Recht. "Cardiac Surgical Outcomes Improvement Led by a Physician Champion Working With a Nurse Clinical Coordinator." *Am Journal of Med Qual* 27.1 (2011): 5-10.