FACT SHEET

Implementation tips: engaging clinicians

It is important to acknowledge the key role clinicians, particularly doctors and nurses, can play in leading or undermining changes to hospital systems. This fact sheet may assist to identify strategies for ensuring that clinicians are engaged in the process of implementing a successful recognition and response system. It may be useful for hospital executives, quality managers, and project coordinators and committees with responsibility for implementing recognition and response systems.

Introducing systems for recognising and responding to patients who are clinically deteriorating patients involves change at every level of an organisation. It requires many clinicians to significantly adjust the way they operate both individually and as part of the broader healthcare team. Many nurses, for example, have been 'doing obs' for many years – asking them to reconsider the meaning of this essential task, use track and trigger systems and escalate care according to a set of pre–determined criteria can be interpreted as an offense to their clinical judgment and experience. Similarly, doctors who are experts in their clinical specialty may be offended by the idea of a rapid response team being called to 'their' patients.

It is impossible to implement recognition and response systems without meaningful leadership and support from both the nursing and medical professions. The distinct roles and cultures of the two professions may mean different approaches are required to achieve active engagement from each group. In addition, it is necessary to consider common barriers such as limited resources, time–poor staff with busy clinical workloads, the demands of involvement in multiple improvement projects and the administrative work associated with these.[1-2]

This fact sheet is structured around the three core principles that are required for safe and high quality care as specified in the Australian Safety and Quality Framework for Health Care: consumer centred, organised for safety, and driven by information. More information about using the Framework to improve safety and quality can be found on the Australian Commission on Safety and Quality in Health Care web site.

www.safetyandquality.gov.au

Be consumer centred: keep a clear focus on the specific ways in which the patient's experience of care will be different from what currently happens

- Analyse adverse events and use case studies to challenge clinicians to think about how current systems operate and how new systems could prevent or ameliorate error.
- Clinicians are busy – use meetings that are routinely scheduled to highlight patient experiences, for example, include discussion of the impact of current systems on patients whose care is reviewed in morbidity and mortality meetings or during case reviews in grand rounds.
- Trial new tools and be prepared to adjust them to improve usability.
- Ensure that the right resources are available – people, time, equipment and administrative support.

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Be driven by information: undertake a rigorous analysis of information on both current practice and achievable best practice

- Gather local evidence for change: examine adverse events, audit current practices and analyse local data.
- Undertake a diagnostic analysis of your current systems: use the self-assessment tools provided by the Australian Commission on Safety and Quality in Health Care in the *Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* to help identify what needs to be done.
- Identify clinical champions: talk to everyone, listen carefully and ask clinicians about their experiences and ideas to help identify who might be a good champion. Look for clinicians with determination and social skills as well as enthusiasm.
- Use baseline data to plan and pilot the system in an area with strong leadership and enthusiastic staff, evaluate how things went and be prepared to change the plan in light of new information.
- Ask target groups to be involved in information gathering to help them identify issues relating to their own professional practice (e.g. ask doctors to audit medical documentation practices, or nurses to audit observation practices).

Be organised for safety: develop a strategy for integrating both the implementation of change and the actual change in practice into the usual organisation of care

- Consider the impact on clinicians' time when developing new systems and aim to ensure that new tasks are not additional tasks, for example, avoid double documentation and streamline data collection.
- Troubleshoot new processes in the real world and involve frontline clinicians in developing new systems and tools that make it easy for them to do the right thing.

top tip

There are well documented reasons for the notoriously difficult process of engaging medical staff in change improvement projects. These reasons can include:[2]

- A culture of autonomous practice and individual responsibility for error which can impede understanding of the influence of teamwork and systems on patient safety (for example, a belief that individual surgical expertise outweighs the need to use the universal surgical safety checklist during operations).
- The professional process of proving the negative to reach a diagnosis can shape the way that doctors approach other problems. Doctors are taught to analyse and weigh up evidence in order to make considered decisions. In some cases this can result in 'paralysis by analysis' – no action is taken because the evidence is unclear or unavailable.

The Institute for Healthcare Improvement (IHI) Innovation Series white paper 'Engaging Physicians in a Shared Quality Agenda' is a useful resource that can help you plan strategies to get doctors at your facility actively involved in implementing changes to your systems for recognising and responding to clinical deterioration.

To access the paper log in to: www.ihi.org

Further information

Further information about implementing recognition and response systems can be found in the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012). This can be downloaded from:

www.safetyandquality.gov.au

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2. Reinertsen J, Gosfield A, Rupp W, Whittington J. Engaging Physicians in A Shared Quality Agenda. *IHI Innovation Series white paper*. Cambridge, Massachusetts. Institute for Healthcare Improvement, 2007.