



AHA Team Training

Engaging Physicians in Teamwork Training for Quality and Safety - Or Why Don't Your Physicians Get Engaged?

June 8, 2022



AHA CENTER FOR HEALTH

INNOVATION

Upcoming Team Training Events

Courses & Workshops

In-person TeamSTEPPS Master Training Courses

- September 29-30 at Duke
- October 17-18 at Northwell Health

Webinars

Challenges for Hospitals: Creating and Maintaining High Reliability – June 23 at 12 pm CT

Shrinking the Change: An Innovative TeamSTEPPS Implementation Plan for Success and Sustainability – July 13 at 12 pm CT

Healthy Aging: Creating Age-Friendly Health Systems – August 10 at 12 pm CT

Today's Presenter:



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Today's Objectives

**List the barriers to
physician
engagement**

**Describe literature-
based strategies to
improve physician
engagement**

**Utilize methods that
actively engage
physicians in team
training for patient
safety**

Consider the Following in Our Discussion:

- Why am I addressing engaging physicians?
- What is the goal in engaging physicians?
- Why is physician engagement so important in improving patient safety?

Let's Use Recent Literature On This Topic:

Taitz J, et al., A framework for engaging physicians in quality and safety.

BMJ Qual Saf 2012;21:722–728.

Definition of Physician Engagement in QI:

Involvement at every step in the process of working to reduce **unjustifiable** variation in care and improve patient outcomes, while considering **the process and systems** in which patients receive care.

Taitz J, et al., A framework for engaging physicians in quality and safety.

BMJ Qual Saf 2012;21:722–728.

- **Objective:** Survey of 10 high-performing hospitals in USA to determine how they engage their physicians in quality and safety.
- **Setting:** Hospitals chosen from the 2010 US News and World Report Best Hospitals and the Leapfrog Group on Patient Safety.
- **Design:** Qualitative study, used site visits and semi-structured 20 question interview.
- **Participants:** 42 interviews with 46 quality leaders including CEO's, Chief Medical Officers, Vice Presidents for Quality and Safety and physicians.

What is Physician Engagement and Why is It so Important?

- **”Definition”:** Physicians working to reduce unjustifiable variation in care, considering the processes and systems in which they care for their patients.
- **Physicians:** If they own most optimal way healthcare is delivered – its more likely to be focused, smooth, effective, and achieve desired patient outcomes.
- **Leaders:** Without engagement and alignment of physicians, there is no meaningful way to influence variation in healthcare delivery.

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Table 1 Health-system characteristics

Institution	Census region	Beds	Teaching hospital	Physician salaried	Owns health-insurance product	US News and World Report 2010 Ranking	Leapfrog group 2010 top hospital ranking
Partners Community Healthcare, Inc	New England	0	No	Variable	No	NA	NA
Brigham and Women's Hospital	New England	793	Yes	Yes	No	11	✓
Massachusetts General Hospital	New England	980	Yes	Yes	No	3	
Children's Hospital Boston	New England	386	Yes	Yes	No	2 (Paediatric)	✓
Geisinger Health System	Atlantic	820	Yes	Yes	Yes	High performance in five specialties	
Mayo Clinic	Midwest	2000	Yes	Yes	Yes	2	✓
Cleveland Clinic	Midwest	1200	Yes	Yes	Yes	4	
Cincinnati Children's Hospital	Midwest	523	Yes	Yes	No	3 (Paediatric)	
Virginia Mason Medical Center	Pacific	336	Yes	Yes	No	High performance in seven specialties	✓
Intermountain Healthcare	West	2441	Yes	Mixed	Yes	High performance in five specialties	

Types of Leaders Interviewed

42 Interviews Conducted

- Physician 12 (26%)
- Vice President 10 (21%)
- Chief Medical Officer 8 (17%)
- Quality Officer 8 (17%)
- Chief Executive 5 (11%)
- Patient-Safety 5 (11%)

- Total Personnel Interviewed 46 (100%)

Barriers to Physician Engagement

• Barrier	Frequency reporting barrier
• Lack of time	19 (45%)
• Institutional culture	13 (31%)
• Physician desire for autonomy	7 (17%)
• Lack of medical school training	7 (17%)
• Lack of trust in data	6 (15%)
• Lack of information-systems support.	5 (12%)
• Lack of quality improvement skills	5 (12%)

Framework for Engaging Physicians: 6 Steps

1. Engaged Leadership (70%)
2. Physician Compact (15%)
 - Focus on the patient
 - Dynamic reciprocal agreement that aligns expectations of the organization and the physicians
3. Appropriate Compensation (50%)
 - Quality is not an add-on to busy physicians' schedules, otherwise you don't get full commitment

Framework for Engaging Physicians: 6 Steps

4. Realignment of Financial Incentives (33%)

- Physicians are like everyone else: monetary rewards are a power to drive behavior

5. Data

- Enablers (66%): “There is no greater force than peer pressure in a structured format”
- Reporting (Transparency – 95%): Transparency of data to physicians and patients

6. Academic Promotion (14%)

Engaging Physicians in Quality Improvement in a Hospital Setting: A Scoping Review

Mahbooba Z, et al., Am J of Medical Quality 36(5):328-336, 2021.

- Database of PubMed in 2019 using Systematic Review and Meta-Analyses model to review articles for physician engagement in quality improvement.
- Initially found 425 articles → 16 included in final review
- Articles included several specific examples from individual institutions. One example – Keck School of Medicine of USC – Reducing LOS
 - Four days of training providing resources and time for doctors to participate: learned about building a case for quality and lean-thinking specific tools to help them identify a problem statement, practiced change management
 - Learned about fish-bones, RCA's, and application to real scenarios, training and coaching for 10 months.
 - Worked with early adapters: chairs who raised hand first

Engaging Physicians in Quality Improvement in a Hospital Setting: A Scoping Review

Mahbooba Z, et al., Am J of Medical Quality 36(5):328-336, 2021.

- Phase 1: Engaged and supportive senior leadership
 - Most frequently cited strategy to engage physicians
- Phase 2: Support physicians for successful projects
 - Clarifying organizational goals
 - Provide Clear and Transparent Data
 - Provide QI education and training
 - Recognize Time constraints – Provide Time
- Phase 3: Long-term sustainability
 - Recognition of improvement success
 - Promotion pathways
 - Time Constraints - Provide Time

Lessons For Institutions

- Start with engaged leadership
 - “...vital to have leaders with street cred that are able to get MDs to buy into quality and safety and develop a culture that communicates a clear institutional mandate for QI.”
 - Physicians listen to peers, leaders at every level must be engaged in QI
 - Leaders must demonstrate their commitment to QI by “walking the walk”
- Key Resources for physicians
 - Time
 - Knowledge

Key Elements For Institutions

- Collaborative, multidisciplinary team approach is key
 - Mandatory staff education – **Team Training**
 - Quality contracts
- Policies must be in line with evidence-based practice
- Clear direction set with senior leadership
- Strong physician champion is vital to success
- Invest in products with proven success:
 - Examples: Consistently use evidence-based practice, such as “bundles” on all insertions

Example of Best Practices/Evidenced-Based Care: Applying the central line insertion bundle

- **Must always Perform:**
 - Identification of appropriate site
 - Sterile technique, head-to-toe coverage
 - Everyone in room sterile or clean at all times
 - Sterile dressing and documentation of line
 - Continuous assessment of lines
 - Consistent line care and maintenance at all times -- “scrub the hub”
- Example of sustained reduction across multiple sites: *Pronovost P, et al., Sustaining reductions in catheter related bloodstream infections in Michigan intensive care units: observational study. BMJ 2010;340:c309*

Working with Physicians: Observational Comments from Reference articles

- Physicians are competitive
- They demand data to support is asked of them
- Physicians have great confidence in the validity of data that supports their opinion of current performance
- They are trained to be egocentric first, group-centric second and mission-centric third — and that's the way they think
- Physicians aren't engaged by projects that focus on costs and waste - It turns them off: Reframe the question so projects focus on providing exceptional care to patients and working on inefficiencies within the system that annoy physicians,

Physicians want the best for their patients. What are common concerns about engaging?

- Too much “Flavor of the Month” or “If you do this - things will be better!” Reality: More work, no evidence of improved outcomes.
 - Physicians lose confidence in administration
 - Credibility is lost
 - Physicians (and others) experience more burnout
- Physicians want to know:
 - “Will it take more time?”
 - “What is in it for my patients?”
 - “What is in it for me?”

Recommendations:

- Think strategically: Change is about **Organizational Behavior**
 - Use change principles from the business world:
 - Is there a “Burning Platform”? What will everyone rally around?



- Start with small changes that result in definite “wins” – something that is obvious

Recommendations:

- You **MUST** have “Physician Champions” – find them and use them!
 - Often the early adapters
 - Change must be outcome oriented – better patient or system outcomes that impact patients and physicians (and staff)
 - Listen to concerns about potential problems
 - Support with Time (removing some duties), Money, Benefits - educational activities, Advancement/Promotion
 - Provide authority

Recommendations

- Focus on an **OUTCOME**, not just physician behavior
- What are you going to “fix” that will result in an improved outcome?
 - Ambulatory:
 - Shorter waiting times in clinic
 - Finishing on time
 - Abnormal results always received and acted upon
 - Inpatient
 - Eliminating central line infections
 - Earlier discharge
 - Operating room: Earlier start times, better use of equipment, fewer infections
- Must have data from YOUR setting to confirm improved outcomes

What About Training?

- For leaders, may require financial support for proper training
- For initiating project, training must be:
 - Convenient: For surgeons/anesthesiologists, may have to be at 0600 by OR
 - Time-Limited – ideally without Cellphones
 - Focused on limited material that is directly relevant and will “make their life better”
 - Creative – Even Interesting:
 - Use videos
 - Use real cases as examples, esp. institutional mistakes – be open
 - Limit or Avoid lecturing
 - Use new formats: on-line delivery
 - Goal is to generate discussion and demonstrate value

Silence Still Kills: One Nurse Tells Her True Story



NTSB

National Transportation Safety Board

Office of Research and Engineering

Flight Path

Water Landing of U.S. Airways
Flight 1549, Airbus A320, N106US,
in the Hudson River

Westhaver, New Jersey



Examples of
Videos to
Engage
Physicians

Summary

- Physician engagement and buy-in **MUST** occur to implement changes
- Physicians are essential for successful change: Be sure you find your Champions
- Listen to the physicians who are nay-sayers: they may have a good reason something won't work
- Make patient safety a personal issue to physicians
- Use outcome data, especially from your own institution

Key Takeaways: Physician engagement is essential in quality improvement and patient safety.

1. Create formal strategies for physicians when addressing institutional quality improvement, patient safety, and team training initiatives
2. Begin by ensuring that leadership is lined up...all the way to the top
3. Focus on patient outcomes that physicians will support
4. Line up your Physician Champion(s)
5. Use real outcome data
6. Eliminate common barriers to physician engagement - Address time and money issues
7. Always ask: Is there a good reason that if I was a physician, I'd support your quality improvement initiative?



Questions? Stay in Touch!

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