National Initiative

MONTHLY COHORT BREAKOUTS

Thursday, October 10th (3:45 – 4:30 pm)

Toolkit #4: Barriers Assessment

COHORT THREE: CLINICAL/QUALITY OUTCOMES
Advocate Lutheran General Hospital, Aurora Health Care, Community Health Network, Good Samaritan Hospital, Kaiser Permanente Northern California, Ocean Medical Center and UnityPoint Health – Des Moines

TOOLKIT #4: Barriers Assessment

Cohort # _____   Facilitator _____

Facilitator to request a scribe to keep notes on the flipchart as well as a presenter for the general session reports-out.

1. Identify the top three barriers teams identified/shared in common

2. Share strategies to overcome these barriers.

FOR REPORT OUT IN BALLROOM:

Share the top three barriers identified and one to two strategies to address meeting each barrier.

TOOLKIT #4: Barriers Assessment

INSTITUTION NAME:__Advocate Aurora Lutheran General Hospital_____

Describe potential barriers to your project's success and how your team would work to overcome these barriers. Potential barriers are listed below. Review these with your team and ask: Which of these barriers exist for us? How might they be resolved? What other potential barriers not listed here might we need to address?

1. Competition or turf issues - Who can you include that would ease turf issues among potential hospital departments? How might you build greater trust and respect among these groups? How might you ensure mutual benefit?

2. Bad history regarding teaming initiatives - What has happened previously (or in prior collaborative efforts) that makes it harder to be successful in this new effort? How can bad feelings and mistrust be resolved?

3. Lack of clear understanding of the "current state": can you ensure a clear understanding of the current state of teaming initiatives?

4. What concerns can you expect to be raised by those who may be impacted by the project?

5. Minimal organizational capacity - How will the team's organizational capacity be increased? What skills and time do members need to create a more efficient and effective partnership?

6. Resources - What strategies are needed to sustain the effort and are there more effective ones?

7. Failure to provide and create leadership within the group - How can new members be encouraged to step up as leaders within the project? How can leadership skills and opportunities be cultivated among unconventional or overlooked candidates?

8. How can we reduce the costs or increase the benefits of participation in the project by hospital leaders? What barriers can be eliminated or overcome?

9. How can we prepare individuals and teams to engage in the initiative and be prepared for changes you seek? How will you obtain continuing feedback?

> **Reflections (2-3 sentences) – What barriers did your committee find? Were there any surprises? Were you able to come to a consensus with a plan to overcome perceived barriers? Was this exercise helpful? If not, what can we do to improve?** Data collection and coordination of tasks/efforts likely to be largest barriers, particularly as planned hospital EMR change upcoming early next year. Both issues will require ongoing C-suite and leadership support as well as effective teaming. Use innovative in-house resources to keep team members engaged and updated on successes and setbacks

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Institution Name: Aurora Health Care

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- Faculty may have been required to participate in TeamSTEPPs courses/programs or other interventions over previous years and still struggle with "Teamwork". These programs were often "general" and not focused on a specific clinical concern/outcome (eg, radiation safety, advance directive) with team members selected from other professions independent of their connection to the project/concern. We have addressed that concern via our focus on a specific project that meets a shared institutional priority (shared goal) with targeted professions and clinic/staff leaders to address concerns.
- Definition of Teaming vs Team – as an action-oriented approach to support optimal quality/safety. Provide review of differences at GME-wide shared conference and GMEC meeting. Emphasis on power of interprofessional collaboration and the key role and accountabilities to the team. Work with steering committee to explore other strategies and potential partnerships (eg, food coloring in a glass).
- Steering Com/Project Sponsors very supportive of projects & IPCP providing system support as needed.
- Residents and Faculty are co-project leaders with on-going consultation/guidance to the team by Overall Project Leaders (Simpson, Bidwell, LaFratta).

TOOLKIT #4: Barriers Assessment

INSTITUTION NAME: Community Health Network

Describe potential barriers to your project's success, and how your team would work to overcome these barriers. Potential barriers are listed below. Review these with your team and ask: Which of these barriers exist for us? How might they be resolved? What other potential barriers not listed here might we need to address?

Problem Statement: Community Health Network (CHN) is a large non-profit organization in central Indiana with a full continuum of patient care. CHN has several large acute services of care along with an extensive outpatient network. The psychiatric acute care services are embedded within the North Campus, while smaller satellites for consults are available at the other locations i.e. East campus. Currently, nurse practitioners and social workers run this satellite service at the East Campus. It lacks the robust psychopharmacology, brief therapy, and disposition planning for a traditional consultation service.

Goal (SMART goal to come): Create an inter-disciplinary consult team on an East campus inpatient unit for individuals with psychiatric disorders to help improve patient outcomes and staff perceptions.

1. Competition or turf issues - Who can you include that would ease turf issues among potential hospital departments? How might you build greater trust and respect among these groups? How might you ensure mutual benefit?
   a. Competition/Turf
      i. Residents (New process)
      ii. Faculty (Time for supervision)
      iii. Current Mental Health Consult Team (NPs, needed for improved communication)
      iv. Pharmacy (Including within the handoff structure)
      v. Network (Not happening for all areas)
      vi. Nursing (Including within the handoff structure)
      vii. Ambulatory (New process for hand-offs)
   b. Build Greater Trust
      i. Timeliness
      ii. Treatment Plans are more thorough/holistic
   c. Mutual Benefit
      i. Increases educational opportunity
      ii. Decrease Time/More efficient
      iii. Improved patient outcomes

2. Bad history regarding teaming initiatives - What has happened previously (or in prior collaborative efforts) that makes it harder to be successful in this new effort? How can bad feelings and mistrust be resolved?
   a. Change (Resistant to change)
   b. Cost Effectiveness (Used to have physicians, and switched to NPs for cost)
   c. Silos/Territory (Individuals averse to collaboration)

3. Lack of clear understanding of the "current state": can you ensure a clear understanding of the current state of teaming initiatives?
   a. Current State of East Psychiatric Consult

4. What concerns can you expect to be raised by those who may be impacted by the project?
    a. Change in Roles
    b. Time Management
    c. Lack of resources
    d. Resident Supervision
    e. Communication for consults

5. Minimal organizational capacity - How will the team's organizational capacity be increased? What skills and time do members need to create a more efficient and effective partnership?
    a. Increased psychiatry resident supervision
    b. Training on process
    c. Data analysist department

6. Resources - What strategies are needed to sustain the effort and are there more effective ones?
    a. Process Map
    b. Education/Training
    c. Communication
    d. Tracking Metrics
    e. Buy-In from stakeholders

7. Failure to provide and create leadership within the group - How can new members be encouraged to step up as leaders within the project? How can leadership skills and opportunities be cultivated among unconventional or overlooked candidates?
    a. Explaining benefits
    b. Allowing fair process/dynamic in process
    c. Catering to skills and empower through responsibility

8. How can we reduce the costs or increase the benefits of participation in the project by hospital leaders? What barriers can be eliminated or overcome?
    a. Utilizing current resources
    b. Decrease Hospital length of stay
    c. Improve patient satisfaction
    d. Improving caretaker satisfaction (Feeling heard; Teaming!)

9. How can we prepare individuals and teams to engage in the initiative and be prepared for changes you seek? How will you obtain continuing feedback?
    a. Education
    b. Communication
    c. Training

Reflections (2-3 sentences) – What barriers did your committee find? Were there any surprises? Were you able to come to a consensus with a plan to overcome perceived barriers? Was this exercise helpful? If not, what can we do to improve?

We find that the biggest barrier will be re-allocation of resources and training in a new process. It will be important to have education and training along with buy-in for the new process. This project will be seeking to improve upon a current process.

This process was helpful. Some of the questions were redundant, however, helpful to work through
together

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Good Samaritan Hospital - Describe potential barriers to your project's success and how your team would work to overcome these barriers. Potential barriers are listed below. Review these with your team and ask: Which of these barriers exist for us? How might they be resolved? What other potential barriers not listed here might we need to address?

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2. Bad history regarding teaming initiatives - What has happened previously (or in prior collaborative efforts) that makes it harder to be successful in this new effort? How can bad feelings and mistrust be resolved?

3. Lack of clear understanding of the "current state": can you ensure a clear understanding of the current state of teaming initiatives?

4. What concerns can you expect to be raised by those who may be impacted by the project?

5. Minimal organizational capacity - How will the team's organizational capacity be increased? What skills and time do members need to create a more efficient and effective partnership?

6. Resources - What strategies are needed to sustain the effort and are there more effective ones?

7. Failure to provide and create leadership within the group - How can new members be encouraged to step up as leaders within the project? How can leadership skills and opportunities be cultivated among unconventional or overlooked candidates?

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> We are three new residency programs in two 2 complex organizations with many lines of reporting overlapping core functions within the residencies. This is particularly an issue at St. Vincent's, which is part of a larger health care system. This may be a necessary accommodation in its first year, but centralization of the residency-specific functions and clearer and more streamlined lines of authority will be necessary as the program grows. Success will require a nimble structure to accommodate more complexity as well as to react to both internal and external program demands.
> At both institutions, senior leadership must emphasize the institutional commitment to the programs and project. Leadership must ensure that all employees understand the responsibility that they have to the residencies and their scholarship requirements.

RETURN TO KRISTY STITH BY TUESDAY, SEPTEMBER 10th via email kristy@aiamc.org

TOOLKIT #4: Barriers Assessment

INSTITUTION NAME: Kaiser Permanente Northern California

Describe potential barriers to your project's success and how your team would work to overcome these barriers. Potential barriers are listed below. Review these with your team and ask: Which of these barriers exist for us? How might they be resolved? What other potential barriers not listed here might we need to address?

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> **The KP NI-VII recognizes the team commitment needed by various project stakeholders and the time required to create a collective approach. Understanding the current state of teaching in mobile health units within KP will begin at one medical center, expanding to other areas of possible environments wherein learners provide care/learn beyond KP's current teaching environments. Solidifying the project focus remains a slight barrier, we hope to confirm by early October.**

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INSTITUTION NAME: Hackensack Meridian Health Ocean Medical Center

Describe potential barriers to your project's success and how your team would work to overcome these barriers. Potential barriers are listed below. Review these with your team and ask: Which of these barriers exist for us? How might they be resolved? What other potential barriers not listed here might we need to address?

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> **Reflections (2-3 sentences) – What barriers did your committee find? Were there any surprises? Were you able to come to a consensus with a plan to overcome perceived barriers? Was this exercise helpful? If not, what can we do to improve?**
>
> Barriers we identified include
> 1) **Comparison groups- Residency teaching services and hospitalists have physicians in the hospital around the clock compared to private physicians**
> 2) **Transparency- some physicians or groups of physicians have different metrics they are following or different systems in place. We do not want physicians to feel singled out or targeted or to feel their clinical judgement is being undermined**
> 3) **Engagement- encouraging resident and physician engagement in the process by ensuring they find value in the process**
> 4) **System barriers- resources, staffing**

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Institution Name: UnityPoint Health – Des Moines

Describe potential barriers to your project's success and how your team would work to overcome these barriers. Potential barriers are listed below. Review these with your team and ask: Which of these barriers exist for us? How might they be resolved? What other potential barriers not listed here might we need to address?

1. Competition or turf issues - Who can you include that would ease turf issues among potential hospital departments? How might you build greater trust and respect among these groups? How might you ensure mutual benefit?

    There is no potential role conflicts currently foreseen for this project – given the outcome is to improve patient care. Our team includes representation from multiple areas of the hospital, and we are communicating our initiative agenda to support services (e.g., clinical quality and pathology lab), which will help facilitate the imitative.

2. Bad history regarding teaming initiatives - What has happened previously (or in prior collaborative efforts) that makes it harder to be successful in this new effort? How can bad feelings and mistrust be resolved?

    We do not know of any previous issues that may lead to concerns for this project. Though, in a prior initiative we had a pivotal personnel role for the hospital removed, leading to a breakdown an important internal task. We are trying to hardwire these actions this time via policy change.

3. Lack of clear understanding of the "current state": can you ensure a clear understanding of the current state of teaming initiatives?

    The topic for this project has been under investigation via a resident quality improvement project for the past 2-years, so we believe going into this initiative there is a clear understanding of the issue.

4. What concerns can you expect to be raised by those who may be impacted by the project?

    Initial clarification of new roles for personnel may take time for all peripheral parties to understand (i.e, pharmacist interventions).

5. Minimal organizational capacity - How will the team's organizational capacity be increased? What skills and time do members need to create a more efficient and effective partnership?

    Healthcare personnel will be asked to add meetings and roles to the status quo. These personnel have agreed to be a part of the team and providing clear and concise information to them may help minimize the burden of additional capacity.

6. Resources - What strategies are needed to sustain the effort and are there more effective ones?

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National Initiative VII:
Teaming for Interprofessional Collaborative Practice (IPCP)
Pre-Work
August – September 2019

Roles for ICU pharmacists need to be expanded. Making formal changes in embed these changes should help to solidify them into practice. Our team currently unaware of additional efforts needed beyond dissemination/education about this change.

7. Failure to provide and create leadership within the group - How can new members be encouraged to step up as leaders within the project? How can leadership skills and opportunities be cultivated among unconventional or overlooked candidates?

   On paper we currently have a robust team. We will hope to engage team members regularly and have a open-relationship and processes during meeting to encourage dialogue and participation.

8. How can we reduce the costs or increase the benefits of participation in the project by hospital leaders? What barriers can be eliminated or overcome?

   No known additional cost burdens exist. The burden of planned changes will be related to pharmacists expanded roles. We hope education will help less other's acceptance of these changes.

9. How can we prepare individuals and teams to engage in the initiative and be prepared for changes you seek? How will you obtain continuing feedback?

   Regular meeting and open-dialogue should help solicit informative feedback.

Reflections (2-3 sentences) – What barriers did your committee find? Were there any surprises? Were you able to come to a consensus with a plan to overcome perceived barriers? Was this exercise helpful? If not, what can we do to improve?

The biggest barrier we face with this project is changing hospital policy so pharmacists can order MRSA screening tests and communicate these results to physicians ordering Vancomyin in ICU patients and to then discuss potentially stopping Vancomycin when the MRSA test is negative. We also discussed how our project will require the involvement of physicians, nurses, and pharmacists working in the ICU at two different hospitals. Finally, we discussed the barrier of getting accurate reporting on Vancomycin usage in the ICU at both hospitals PRE and POST intervention.

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