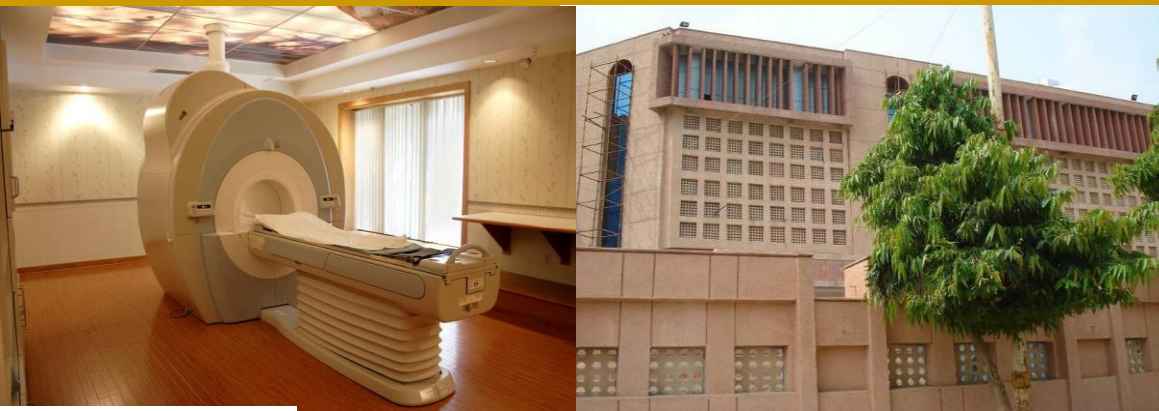


Institute of Liver & Biliary Sciences

*Dedicated to Excellence in Patient Care,
Teaching & Research in Liver & Biliary Diseases*



**Clinician's Engagement
Towards Quality**



A Deemed Liver University

ECHO
Program
School of
Hepatology

**New Delhi, India
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Disclosure

I have no conflict of Interest or disclosures to make

ILBS Residents



ILBS : Faculty



Scheme of Presentation

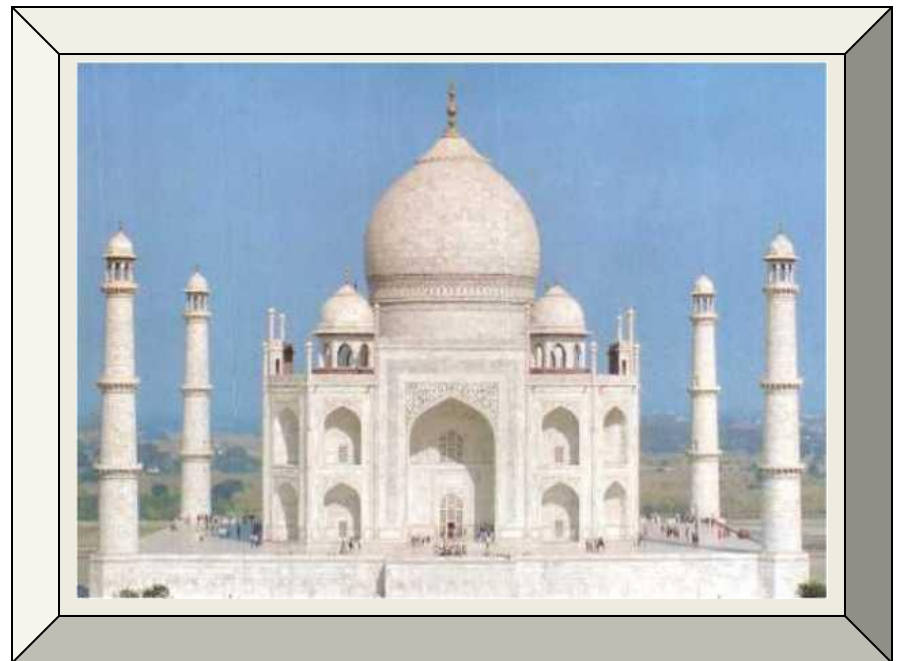
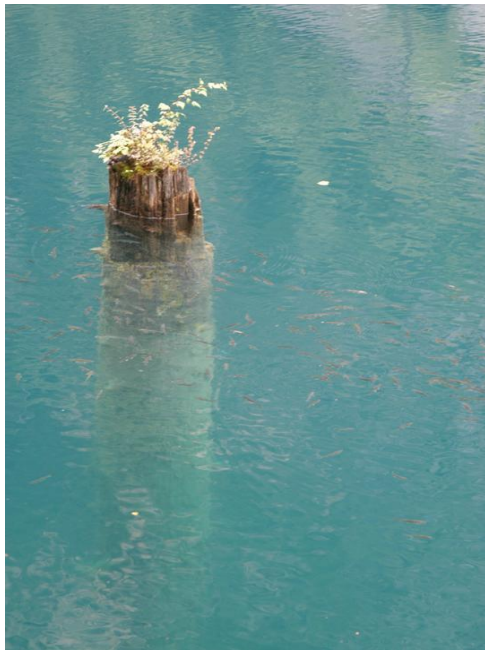
- **Clinician Engagement in Quality**
- **Acts in QI**
- **Challenges**
- **Managing Barriers to Change**
- **Strategies to Engage Doctors**
- **Conclusion**

Why Doctors in Quality !

Nowhere is the drive to do better more important than in medicine, where lives are on the line with every decision.

What is Quality !

End-Points should be Clear



Why Clinicians in Quality !

- **Patients are best teachers**
- **Have knowledge, skills**
- **Experience**
- **Cost concerns**
- **Prevent complications/adverse effects**

Common: Clinician and Cost

- **Clinicians have to listen to and respond to patient, society, Govt., admin**
- **Learn well in Private/ not Govt.**

How Clinicians Can Play a Role in QI !

- **Leadership, organizational skills**
- **Support Champions**
- **Executing the tools and protocols**
- **Human resource development**

Why Clinicians do not Engage in Quality?

- Limited Time → Compensate
- Non-scientific data → Learning
- Limited understanding → Train, unlearn
- Loose Identity → 'New Hat'
- Scientific Flavor → Evaluate, evaluate
- Attitude → 'I know', cost/skill

Limited Training

- **Medical Academics have limited training on working in a system and in teams**
- **Little on clinical processes, outcome measures**
- **Limited Primary Care**

How can we bridge the gap !!



Indian Medical Graduate (IMG)

Would have requisite knowledge, skills, attitudes, values and responsiveness so as to function appropriately and effectively as a **Basic Doctor** and physician of first contact for the community in the primary care setting in rural and urban area

Roles of Indian Medical Graduate (IMG)

Clinician

Who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

Leader and member of the health care team

With capabilities to collect, analyze and synthesize health data

Communicator

With patients, families, colleagues, community

Lifelong learner

Committed to continuous improvement of skills and knowledge

Professional committed to excellence

Who is ethical, responsive and accountable to patients, community and profession

Clinician as a Communicator: 'Leader'

- Medical staff, students
- Train nurses/techs while doing a procedure
- On rounds: ask drugs, side-effects, nutrition, next day's procedure,
- Teach pharmacist – adverse effects
- Dietitian, ward boy, lift man, chef, janitor, sweeper, gardner, admin staff
- All are valued staff for quality

Potential Ways

- **Development of Standards and Guidelines**
 - Surviving sepsis guidelines, Liver Failure Guidelines
- **Identifying QI opportunities**
 - Hand hygiene, check-list
- **Developing and Implementing QI Strategies**
- **Monitoring Performance**
 - Medical audit, Trends, cost efficiency

For Health Care Managers to Know

- **Clinicians' time is costly**
- **Use only for appropriate functions**
- **Identify initiatives with maximum promise**
- **Common goals: Patient + Academics + Costs**

Framework for Engaging Clinicians in

Quality and Safety: Review of Hospitals in the USA 2008

6. Adopt an engaging style

- 6.1 Involve clinicians from the beginning
- 6.2 Work with the real leaders, early adopters
- 6.3 Choose messengers carefully
- 6.4 Make clinician involvement visible
- 6.5 Build trust within each quality initiative
- 6.6 Communicate candidly, often
- 6.7 Value clinicians' time with your time

5. Show courage

- 5.1 Provide backup all the way to the board

4. Use "engaging" improvement methods

- 4.1 Standardise what can be standardised, no more
- 4.2 Use data to generate light, not heat (use data sensibly)
- 4.3 Make the right thing easy to try
- 4.4 Make the right thing easy to do

Engaging clinicians in quality and safety

1. Discover common purpose

- 1.1 Improve patient outcomes
- 1.2 Reduce hassles and wasted time
- 1.3 Understand the organisation's culture
- 1.4 Understand the legal opportunities and barriers

2. Reframe values and beliefs

- 2.1 Make clinicians partners
- 2.2 Promote both system and individual responsibility for quality

3. Segment the engagement plan

- 3.1 Use the 20/80 rule
- 3.2 Identify and activate champions
- 3.3 Educate and inform structural leaders
- 3.4 Develop project management skills
- 3.5 Identify and work with "laggards"

DISCOVER
PURPOSE

REFRAME
VALUES

REACH OUT &
ENGAGE

PROVIDE
SUPPORT

How to Engage Clinicians in Quality !

- **Institutional Culture and Ownership**
- **Emotional relationship**
- **Integrated accountability**
- **Design an OT/Lab**
- **Develop a team**
- **Prepare packages,**
- **How to handle bereavements !**

How to Engage Clinicians in Quality !

Learn to Take People Along





MSICU

Interprofessional Team Charter

Vision: Every voice is valued

We believe that living the principles of our charter will enhance our communication, teamwork, professionalism and decision-making. By making this commitment, we will be respectful, supportive and inclusive thereby achieving a personal and cultural transformation that will maximize our ability to provide outstanding patient-care.

Communication

We create a safe environment by:

- Listening attentively for facts and feelings;
- Setting a time to talk, if time doesn't permit full discussion;
- Maintaining positive/respectful body language, tone of voice and facial expressions;
- Being open, approachable, receptive and friendly;
- Giving constructive feedback that is specific and observable in a supportive, empathetic manner;
- Being open to constructive feedback and viewing it as a learning opportunity.

Teamwork

We lead by example and model teamwork by:

- Being aware of the needs of our co-workers and offering help - the work is not done until we're all done;
- Valuing and acknowledging the experience, strengths, skills and contributions of all team members;
- Enabling each team member to do their best work, by addressing their issues and concerns;
- Sharing accountability for teaching and learning;
- Adhering to an agreed upon system for assigning a fair workload and for progressive skill development.

Treating Others with Respect

We treat others the way we want to be treated by:

- Being courteous;
- Refusing to participate in cliques, bullying and gossip;
- Intervening when we witness disrespectful behaviour;
- Accepting differences in work styles, cultures, values, beliefs and communication styles;
- Speaking directly to the individual with whom we have an issue and if unable to resolve one-on-one then utilize the UHN Collaborative Resolution Process.

Supportive Inclusive Workplace

We promote fairness by:

- Fostering community by getting to know people at, and outside of work;
- Providing equitable and transparent processes for access to learning and employment opportunities and to councils and committees.

Decision-Making

We promote inclusive decision-making by:

- Clarifying to staff the role they have in each decision;
- Providing explanations to staff for management decisions;
- Optimizing opportunities for greater staff inclusion in decisions that affect their work;
- Holding one another accountable for follow through on commitments;
- Keeping staff informed about where we are in the process for new and existing initiatives;

Hero

/ˈhi(ə)rō/



1. noun: a person who is admired for courage, outstanding achievements, and noble qualities.
2. pronoun: Dr. Gary Levy.

Quality in Health Care Has to be Led Jointly by Clinicians and Health Managers

