Involving Engaging and Empowering Frontline Staff

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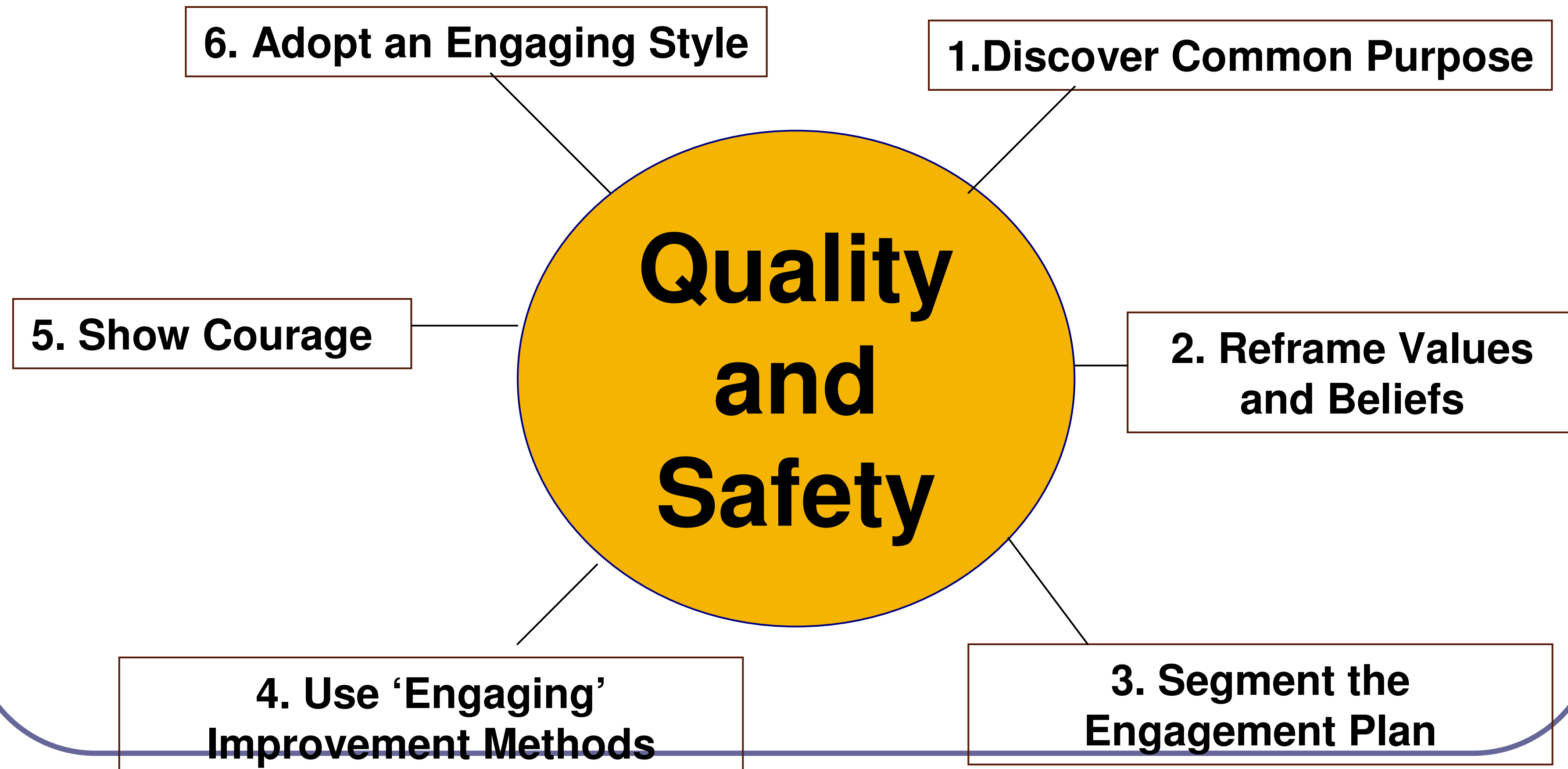
Model for Engaging Staff in Quality and Safety

(Institute for Healthcare Improvement, 2007)



Discover Common Purpose

- What are staff interested in?
  - Improving patient outcomes
  - Reducing time-wasting
- Understand the current local and organisational culture
  - Staff engagement difficulty assessment
  - Know and understand your staff

Staff Engagement Difficulty Assessment

(Adapted from Physician Engagement Difficulty Assessment, IHI 2007)

- Level of staff ‘connectedness’
- Staff loyalty
- Stability of structures and relationships
- Authority of professional committees
- Board engagement in quality and safety initiatives
- Historical culture of engagement

Reframe Values and Beliefs

- Make staff partners and not customers
  - All staff groups are asked to work with improvement leaders to do ‘real work’
  - Information, resources and responsibilities are shared
  - New recruits are advised what the expectations of the ward are

Reframe Values and Beliefs

- Promote system and individual responsibility for safety and quality
  - At ward/team meetings discuss an infection control related incident with reference to system issues
  - At a ward/team away day assess the current system for infection prevention and
  - Carry out Ward/Team morbidity and mortality reviews for patients with infections with reference to how the system failed the patient
  - Have a member of staff track the care of a patient with MRSA from admission to discharge and report on findings

Segment the Engagement Plan

- Use the 20/80 rule
- Identify and activate champions
  - Courage
  - Social skills
- Use people’s natural abilities and tendencies

Personality Types

Analyst	Amiable	Expressive	Driver
Analytical	Patient	Verbal	Action-orientated
Controlled	Loyal	Motivating	Decisive
Orderly	Sympathetic	Enthusiastic	Problem solver
Precise	Team person	Gregarious	Direct
Disciplined	Relaxed	Convincing	Assertive
Deliberate	Mature	Impulsive	Demanding
Cautious	Supportive	Generous	Risk taker
Diplomatic	Stable	Influential	Forceful
Accurate	Considerate	Charming	Competitive
Conscientious	Empathetic	Confident	Independent
Fact finder	Persevering	Inspiring	Determined
Systematic	Trusting	Dramatic	Result-orientated
Logical	Congenial	Optimistic	
Conventional		Animated	

Merrill and Reid (1999)

Working with ‘Analysts’

- Tell how first
- List pros and cons
- Be accurate and logical
- Provide evidence
- Provide deadlines
- Give the time, don’t surprise

Working with ‘Amiables’

- Tell why and who first
- Ask instead of telling
- Draw out their opinions
- Chat about their personal life
- Define expectations
- Strive for harmony

Working with ‘Expressives’

- Tell who first
- Be enthusiastic
- Allow for fun
- Support their creativity and intuition
- Talk about people and goals
- Value feelings and opinions
- Keep fast paced and flexible

Working with ‘Drivers’

- Tell what and when first
- Keep fast paced
- Don’t waste time
- Be businesslike
- Give some freedom
- Talk results
- Find shortcuts

Use ‘Engaging’ Improvement Methods

- Standardise only what is standardisable
  - Small scale testing
- Generate ‘light’ not ‘heat’ with data and information
  - Overall performance
  - Present data with reference to the ‘ideal’ and not the norm

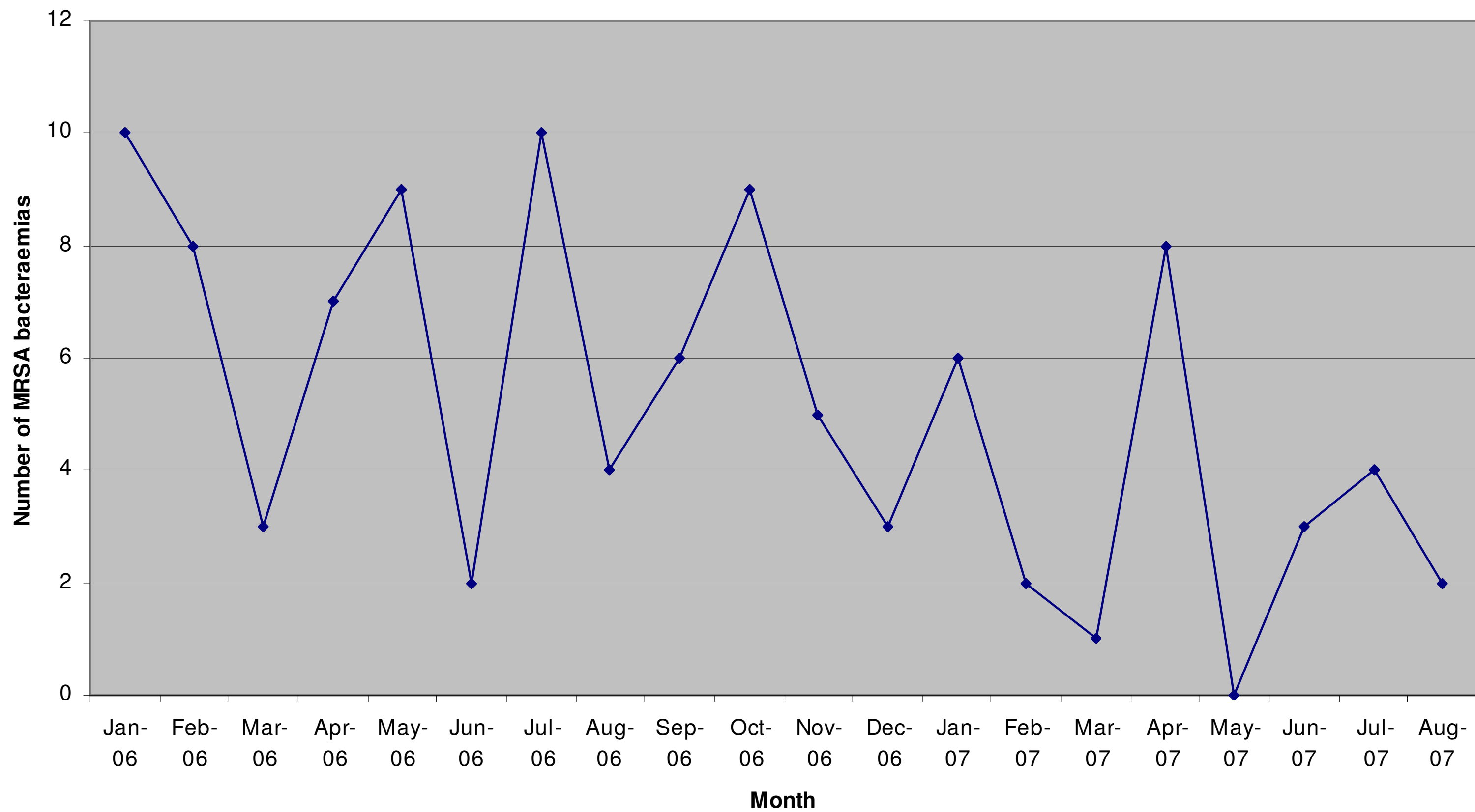
Measurements for Improvement

- Judgement – performance targets
- Diagnosis – understand process, problem and size
- Improvement – specific measures linked to objectives and aims
- Sustainability – ensure improvements are maintained
- Spread – extent to which improvements implemented

Metrics for Improvement

- Used to speed improvement not slow it
- Usefulness not perfection
- Specific measure for each objective
- Integrate data collection into daily routine
- Clearly understood definitions
- Regular reporting essential
- Baseline measurement
- Target for achievement
- System to monitor process

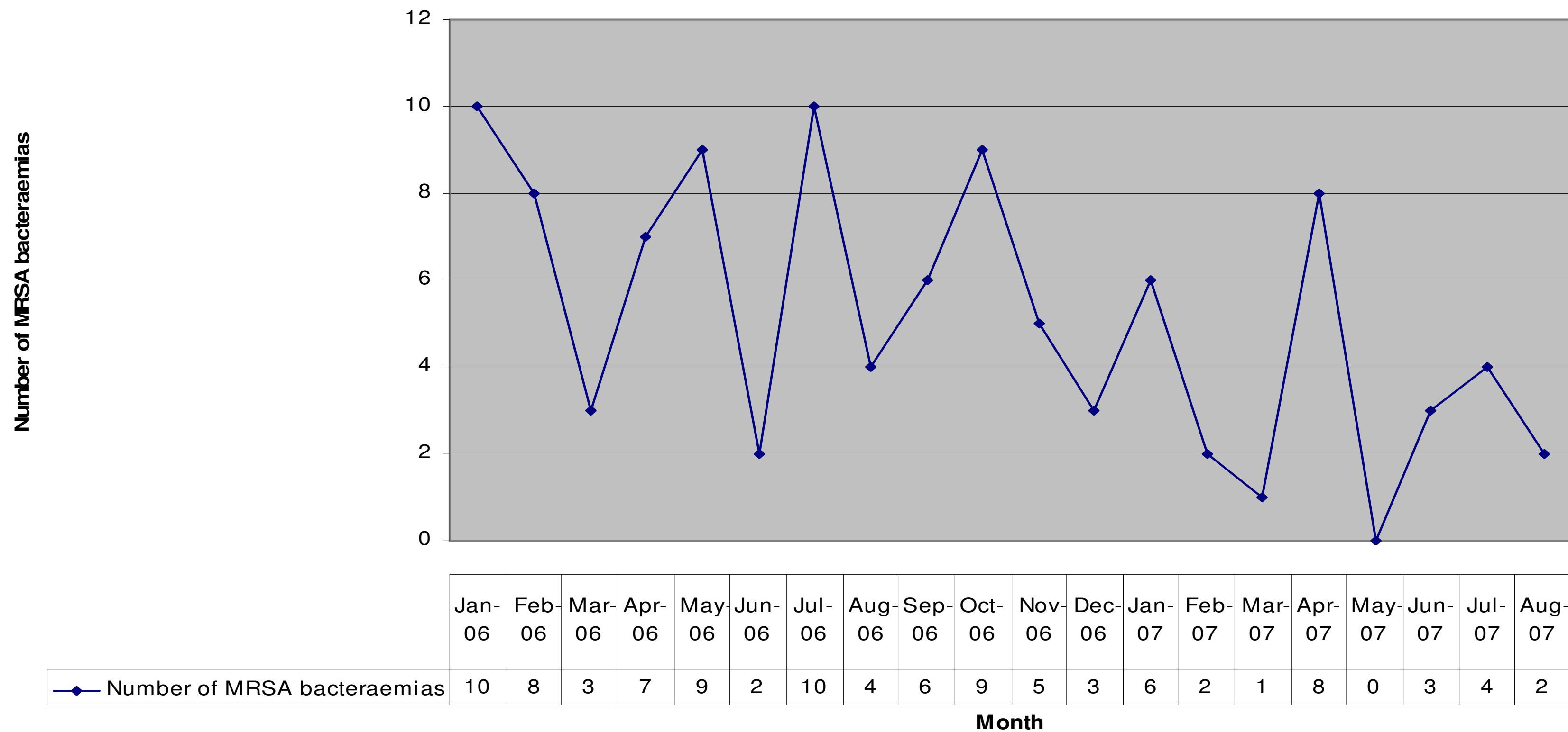
Presentation of Data



Presentation of Data

Month	Number of MRSA bacteraemias
Apr-06	7
May-06	9
Jun-06	2
Jul-06	10
Aug-06	4
Sep-06	6
Oct-06	9
Nov-06	5
Dec-06	3
Jan-07	6
Feb-07	2
Mar-07	1
Apr-07	8
May-07	0
Jun-07	3
Jul-07	4
Aug-07	2

Presentation of Data

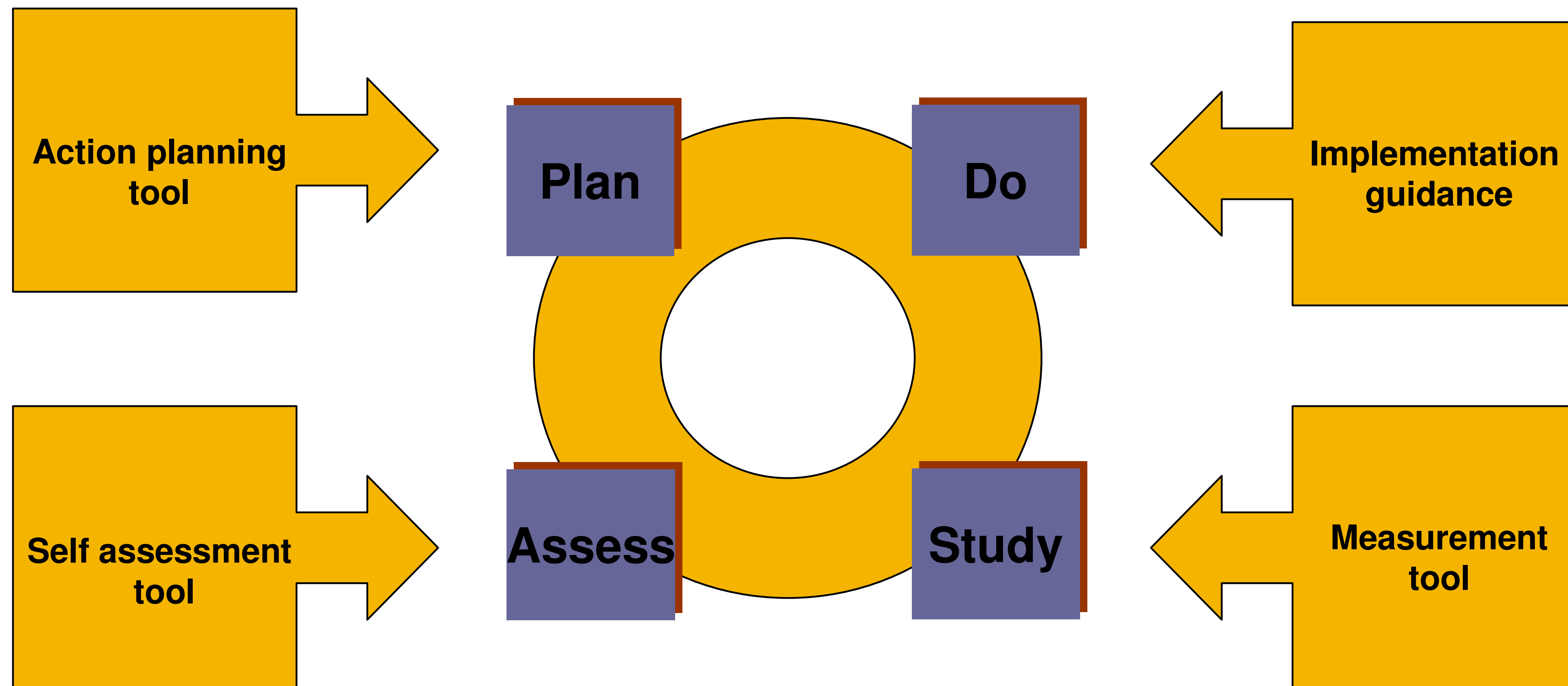


Month	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
Number of MRSA bacteraemias	10	8	3	7	9	2	10	4	6	9	5	3	6	2	1	8	0	3	4	2

Use ‘Engaging’ Improvement Methods

- Make the right thing easy to try
  - Avoid ‘paralysis by analysis’
  - Small scale test of the change
  - 1,3, 50% 100% roll out
- Make the right thing easy to do
  - Measure the impact of the change in terms of implementability

A continuous self improvement tool



Show Courage

- Address and do not tolerate poor behaviour
  - Get senior level support for this if needed
- Support Champions when they raise issues or specific staff as a problem

Adopt an Engaging Style

- Involve all staff from the start in all stages of the improvement process
- Identify and work with the real adopters
- Choose messages carefully
- Communicate openly and regularly
- Invest time

Engaging Staff in Hand Hygiene

- Make the case for change
  - Link lack of hand hygiene to poor patient outcomes
  - Demonstrate risk of and opportunities for hand transfer of micro-organisms
  - Use all grades of staff to do observations of care and hand hygiene

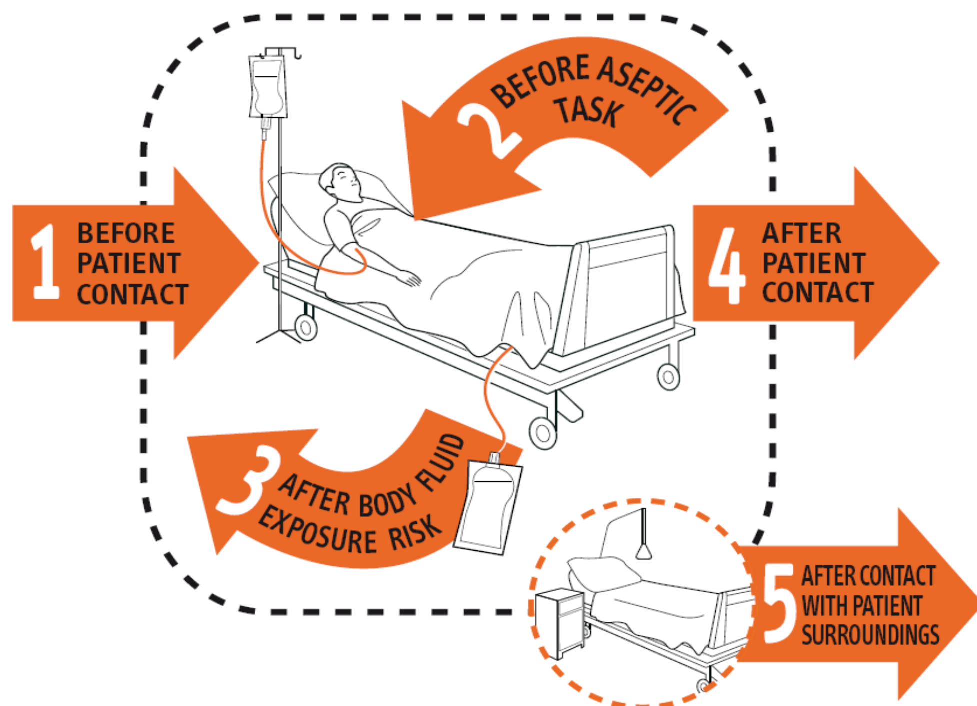
Reframe the Ward/Unit Values

- Adopt a zero tolerance approach to failure to carry out hand hygiene
- Identify system failures in hand hygiene compliance and feedback to staff
  - E.g. hand decontamination not carried out because alcohol gel empty

Identify and Support Clinical Champions

- Does not have to be the most experienced staff
- Engage those who are already engaged
- Know and use people’s strengths

Standardise Hand Hygiene Opportunities



www.who.int/gpsc/tools/5momentsHandHygiene_A3.pdf

Small Scale Changes

- Naked below the elbows
- Before patient contact
- Before Aseptic Technique
- After body fluid and exposure risk
- After patient contact
- After contact with the patient surroundings

A Receptive Context

- Stop ‘doing-to’ and create ownership
  - Experience rather than targets
  - Examples of where improvements have worked
- Improvements a normal part of every day work
  - Understandable language and not jargon
  - Don’t create separate improvement jobs
- Credibility through early wins

References

- World Health Organisation Global Patient Safety Challenge
  - http://www.who.int/gpsc/tools/en/
- Improvement leaders guides
  - http://www.institute.nhs.uk/building_capability/building_improvement_capability/improvement_leaders%27_guides%3a_introduction.html
- Institute for Healthcare Improvement – Reducing Hospital-Acquired Infections
  - http://www.ihi.org/IHI/Programs/InnovationCommunities/IMPACTICReducingHospital-AcquiredInfections.htm