ENGAGING PHYSICIANS IN QUALITY IMPROVEMENT: HARD LESSONS FROM IMPLEMENTING THE CLABSI BUNDLE

Margaret Lidovho (1), Dr R. Phillips (1), Dr S. Michéle Youngleson (2,4), Yolanda Walsh (2,3)

1. Mediclinic Morningside 2. Best Care Always! 3 Mediclinic Southern Africa 4. Institute for Healthcare Improvement

1. CONTEXT

Doctor involvement in quality improvement is always a challenge[1]. In private hospitals the problem is frequently put down to units not being closed. The closed six-bed renal high care unit at Mediclinic Morningside, with only one specialist nephrologist admitting patients, therefore seemed an ideal unit to pilot the central line-associated bloodstream infection (CLABSI) care bundle, of which the insertion part is largely doctor-dependent[2]. The project was championed by the deputy nursing manager.

Overall compliance scores were initially excellent (target >95%) but were not sustained. The physician seemed to become increasingly resistant to implementing the bundle protocol, blaming a lack of nursing staff competence and a lack of supplies on the insertion trolley. A number of interventions were tried to engage the physician, but to no avail.

The project champion realised that because the insertion bundle was so doctor-dependent they had become too focussed on changing the doctor's behaviour, losing sight of the importance of working together in the interest of the patient.

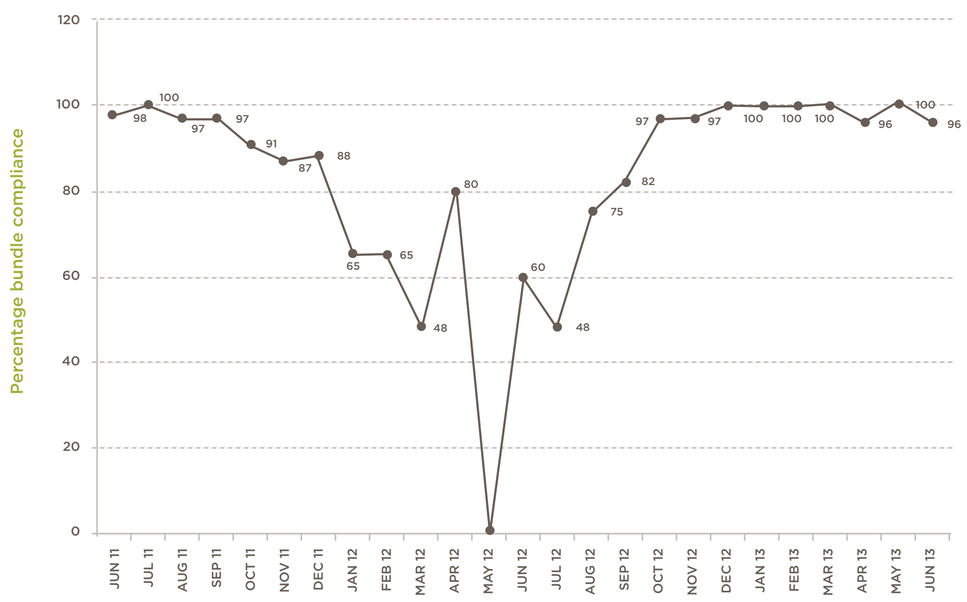
Changes from July 2012 included the champion joining the physician's morning rounds and assisting with line insertions whenever possible.

The issue of poor compliance was taken to the Clinical Board on the suggestion of the Clinical Projects Facilitator for Mediclinic, and the physician was addressed. The compliance data that had routinely been presented at the unit's monthly Morbidity and Mortality (M&M) meeting now drew the concern of other physicians.

Compliance steadily improved from this point forward and the target of >95% has been sustained for the past nine months (figure 1).

Figure 1

CLABSI BUNDLE COMPLIANCE
MEDICLINIC MORNINGSIDE, RENAL HIGH CARE



2. PROBLEM

The champion was proud of the improvement and wanted to share her experience of 'doctor engagement' by submitting this abstract. However, she felt that both disclosing, or not disclosing her intention to publish to the physician could jeopardise the very relationship she had been building with him.

3. ASSESSMENT OF PROBLEM AND ANALYSIS OF ITS CAUSES

Psychology plays an important role in team and relationship building, and can affect patient care.

4. INTERVENTION

The champion apprehensively approached the physician with a request for him to participate as a co-author.

5. STUDY DESIGN

Dynamic action learning.

6. STRATEGY FOR CHANGE

A philosophy of inclusion underpinned the champion's strategy.

7. MEASUREMENT OF IMPROVEMENT STRATEGY

Inclusion of the physician as a co-author on the abstract was the preferred outcome.

8. EFFECTS OF CHANGES

The physician welcomed the idea of publishing. The process also allowed him to describe his experience of poor compliance initially and his reasons for subsequent compliance. This gave the champion insights from which she could learn for the future. The physician's reasons for not complying included: not finding any supporting literature for the bundle; rapid insertion of central lines having once been a show of competence and prowess (when he was training); the increased time required by the insertion bundle impacting on his daily practice (he inserts about 70% of all central venous catheters in the hospital). It was also made worse by an unstable staffing situation due to high staff turnover and the unit manager's resignation. The physician was also not confident that staff would adequately maintain the lines after insertion. Furthermore, poor communication and interaction with hospital management hardened his attitude to the project.

What changed the physician's mind was not the letter from management, but rather the feedback from his peers at the M&M meeting and an improvement in staff competence with the employment of a unit manager trained in critical care nursing that made the unit more stable and functional. Nursing management visibility in the unit and contact with the physician on his rounds promoted teamwork and communication.

9. LESSONS LEARNT

Jointly developing an abstract further consolidated the champion's understanding around engaging doctors in quality improvement projects.

10. MESSAGE FOR OTHERS

Engagement means listening to the concerns of the doctor, rather than just hammering on about compliance.

1. Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. Engaging Physicians in a Shared Quality Agenda. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007. (Available at www.IHI.org)
2. How-to Guide: Prevent Central Line-Associated Bloodstream Infections. Cambridge, MA: Institute for Healthcare Improvement; 2012 (available at www.IHI.org).