

## Developing Organizational and Leadership Support

### What's Involved?

Standard implementation involves a complex blend of teamwork, organizational change, project management, communication and lots of perseverance. To win support, you will have to start with a very good product (the practice change or Standard), build a solid business case and then work to widely communicate and market the value of your project. Good project management from the outset is essential. Thorough planning of the different aspects of your project will ensure that you can answer many of the questions that will arise. Attractive presentation and good follow-up will help you communicate the value of your project. Gaining stakeholder support is crucial for the long-term sustainability of the practice change or Standard implementation and this should be addressed in the early stages of your project.

### Formal and Informal Leadership

Successful practice change or Standard implementation requires support from VIHA's formal and informal leadership. Leaders will need to recognize and agree on the value, feasibility and application of the Standard to assess and improve practice<sup>1</sup>. The leadership commitment to implementing the Standard to improve care processes and provide evidence-based practice will influence the staff's commitment. Leaders can directly support the project and fully participate; they can be role models, clarify expectations, ensure proper instruction and provide pertinent feedback. Common sense would say that the leaders who will be most supportive of a project are those leaders who will realize the most benefit in their area of operational responsibility.

Formal leadership includes key individuals who are responsible for identifying and implementing strategies to meet VIHA's goals and objectives. Key formal leadership positions include the CEO, Chief Nursing Officer, Chief Medical Health Officer, VPs, Corporate Area Medical Director, Medical Health Officers, Director of Communications, Executive Directors, Regional Directors, Medical Directors, Administrators, Patient Care Managers and Clinical Nurse Leaders. Try and identify your "champions" and potential sponsors from this group.

The informal leadership includes individuals who – by virtue of skill, attitude, influence or longevity – tend to influence others within their department, program or facility. These "natural leaders" are the staff that others look up to and follow. Try and involve the natural leaders from the beginning as their support is just as important as support from the formal leadership group.

### Other Organizational Stakeholders

VIHA's *Professional Practice Councils and Committees*, *Quality Councils* and the *Performance Monitoring and Improvement Unit* include individuals in formal and informal leadership roles. These individuals are working to identify and implement clinical and/or process improvements that result in measurable improvements. Clinical Standards can be used as a tool to improve care outcomes and processes. Therefore, consider linking your Standard implementation project to existing quality, professional, and planning activities.

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### Developing your Proposal

To generate interest in your project you will have to do your homework. Creating a high-level proposal will help you discuss the background, articulate the goals and provide a rationale for the project. Don't forget to include an executive summary, as this will be something you can widely distribute and use as a presentation outline. Think of the proposal as a road map and draw links between achieving project goals and organizational objectives.

Be pragmatic. Include action planning, timetables and projected costs and benefits in your proposal. It is difficult to say what implementation strategies are the most cost effective as this depends on a number of variables: extent of change, scope of change (unit specific versus across VIHA), degree of organizational support, etc. Developing a solid foundation relating to stakeholder engagement, good project management, and a good back up of evidence will ensure that strategies are effective. Sometimes a less costly strategy is used - only to result in more time spent for implementation and/or a non-sustainable outcome<sup>ii</sup>.

Include in the proposal an explanation of what outcomes you will measure and how you will measure them. Also, think about efficient ways to collect and analyze evaluation information that will minimize the data collection burden on the direct care staff. Finally, try to communicate the significance of the implementation project and how it will affect patient care outcomes and clinical practice.

### Start at the Beginning – with the Standard

To start developing your proposal, re-examine the development work that was done to revise or create a Standard:

- What is the importance of the Standard to a particular situation or patient population and how might it improve patient care?
- Was the Standard revised or created to address issues related to high-risk, high-volume, or problem-prone areas of care?
- Is the Standard specific for the clinical state or condition to be evaluated?
- Are the outcomes measured by the Standard relevant to the quality of care of the clients?
- What does the evidence tell us that would indicate a change or revision is justified?

The Standard should identify probable costs and cost-related benefits, which may result from its implementation including a way to compare with the current cost of care. Costs might relate to training, equipment upgrades, supplies, nursing time, and so forth. Look for or develop specific information about the administrative and educational support that will be needed as well as technical, equipment, and space-related issues. Have the likely beneficiaries of any direct and indirect cost reductions been defined? Cost benefits may involve reduced costs associated with repeated hospital transfers, more effective use of staff time, or improved client function thus resulting in less staff care time needed. Are

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Are there any other anticipated benefits such as legal, regulatory, client or staff satisfaction that may be affected by implementation?

### Considerations for Building the Business Case and Writing the Proposal

- How will the new/revised Standard improve care processes or practice?
- How will the new/revised Standard help measure patient outcomes and improve quality?
- What are some of the risks and potential problems that may result from the Standard's implementation?
- How can we convince key stakeholders to agree on the feasibility of using specific Standards to review and adjust their current care approaches?
- Can we identify Leaders that might support implementation?
- Can the Standard be implemented with acceptable cost to VIHA?
- How will the new/revised Standard improve work efficiency and manage costs?
- Can the Standard be utilized in the day-to-day care of clients without undue imposition on staff time?
- Can we identify staff that might support implementation?
- Can the Standard be implemented with in-house VIHA instruction within an acceptable time frame to meet the implementation needs?
- How can we educate the staff about the Standard and teach them the necessary skills?
- Is there adequate communication among the needed disciplines within VIHA to support successful implementation?

### Gaining Support from Leadership

Once you have written a proposal, have a look at your list of stakeholders and consider your approaches to get their support. Consider what is currently going on in the organization and in your targeted areas. It is better to spend more time in getting support than trying to rush the implementation. Using change theory, organizational development or CEL resources might aid you in the process of bring people on-board. You may want to start with an action plan specifically targeted to gaining leadership support for your Standards implementation project. Some of the action plan categories could be:

Initial Action/Strategies	Desired Outcomes	Indicators of Success	Key Resources Required	Target Dates
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A number of strategies can be used to engage leadership and convince those that are sceptical<sup>iii</sup>:

- Involve a member of your stakeholder group in the steering committee.
- Conduct interviews with stakeholders while building your proposal and business case. Use this as an opportunity to listen, conduct needs assessment, inform, and talk about your project.
- Discuss your project by using informal networking opportunities.
- Let decision-makers know ahead of any decision-making time what your project is about and how it benefits their area, program or the organization.

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- Bring in an opinion leader to address the stakeholder. Identify well-known opinion leaders who are credible, dynamic and reputable.
- Use external standards, research and case studies to support your claims or use as examples.

### Frequently Asked Questions from Stakeholders<sup>iv</sup>

#### *How will adding a Standard improve care or outcomes?*

The Standard can help health care providers follow the steps that will aid them in evaluating and managing common problems or issues. Ultimately, the goal is to decrease incidents or poor outcomes, do things better and help provide better overall care.

#### *Why make this change?*

Our organization is always interested in improving and getting better at what we do. There are many areas where there is room for improvement. Standards implementation addresses avoidable, potential problems and issues, rather than reacting to them once they occur.

The tasks required in a Standard implementation are usually things we are already doing, or things we should be doing to improve patient care. When an issue or condition addressed in a Standard is managed more effectively, we expect to see an effect in the corresponding workload. A Standard can also prevent duplication of work tasks, contribute to effective task planning, help improve organization and time management. Using a Standard should not take significantly more time. It should help us better structure our time and to improve the quality of time we spend with our clients.

#### *What do we get out of doing this?*

A Standard will not require health care providers to do anything that is not already expected of them. Standards are based on valid research that defines what is the best treatment and care for a patient with a particular condition. Patients will feel better as a result of improved care and will hopefully enjoy a better quality of life. Health care providers can use Standard implementation as professional development opportunities to learn and grow while providing safe, competent and ethical care. VIHA will achieve better care practices and processes, improve the quality of our services and will comply more closely with provincial and federal regulations.

#### *What is the role of VIHA leadership in implementing new Standards?*

It is important to have a champion or sponsor to visibly support the project. As well, leaders can directly support the project with human and financial resources. Leaders can fully participate at the operational level, be role models, clarify expectations, ensure proper instruction and provide pertinent feedback.

### Obtaining Support for your Standard Implementation Project

When you feel you have garnered enough organizational and leadership support for your project, seek approval for your budget and implementation action plan. Find out who needs to approve your plan and determine who will be paying for overall project costs.

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With this information defined, present your budget and obtain approval from your sponsor or commissioning group and financier(s).

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### Assessing Implementation Readiness

Use this questionnaire to assess your targeted area's readiness to implement a Standard, clinical practice guidelines, procedures, policies, clinical pathways, other protocols, or clinical initiatives AND to compare your area's progress before, during or after implementing any of these initiatives.

Circle a number for each of the questions, responding on a scale of 0 to 5 based on indicated ranges. Total the numbers circled and multiple by 2 to compare with a base score of 100.

Item	Area Score					
Extent that your area's current practices and processes are assessed for quality or care improvement	Not done at all 0	1	2	3	4	In-depth assessment 5
Extent that key leadership agree upon and support Standard implementation	Not done at all 0	1	2	3	4	Strongly supportive 5
Extent that those in other key departments and disciplines agree upon and support Standard implementation	Not done at all 0	1	2	3	4	Strongly supportive 5
Extent that the selected Standard is relevant to quality or care improvement opportunities	Not done at all 0	1	2	3	4	Highly relevant 5
Extent that the basic processes (assessment, monitoring, etc.) are consistently done systematically and correctly	Not done at all 0	1	2	3	4	Always 5
Extent that the processes and tasks essential to the selected Standard are done consistently and correctly	Not done at all 0	1	2	3	4	Always 5
Extent that key support systems are functioning appropriately	Not done at all 0	1	2	3	4	Totally 5
Extent that the core competencies required for the chosen Standard have been identified	Not done at all 0	1	2	3	4	Fully identified 5
Extent that essential education and training have been done	Not done at all 0	1	2	3	4	Fully 5
Extent that appropriate quality indicators have been identified	Not done at all 0	1	2	3	4	Fully 5

### Score Interpretation:

*Score of 75 or greater*

*Score of 60 – 74*

*Score less than 60*

Probably ready to implement successfully

Probably need some significant extra preparation in several areas before implementation or when beginning to implement

Probably should establish a more solid foundation before proceeding with implementation or additional implementation

Source: Adapted from American Medical Directors Association (AMDA). 2002. *We Care: Tools for Providers and Staff to Implement Clinical Practice Guidelines – Facility Readiness Assessment*. USA: Author

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### References

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- i American Medical Directors Association (AMDA) & American Health Care Association (AHCA). 1998. *Guideline Implementation*. USA: American Medical Directors Association & American Health Care Association (AHCA)
- ii Registered Nurses Association of Ontario (RNAO). 2002. *Toolkit: Implementation of clinical practice guidelines*. Toronto, Canada: Registered Nurses Association of Ontario
- iii Registered Nurses Association of Ontario (RNAO). 2004. *Best Practice Workshop Workbook*. Toronto, Canada: Registered Nurses Association of Ontario
- iv American Medical Directors Association (AMDA). 2002. *We Care: Tools for Providers and Staff to Implement Clinical Practice Guidelines*. USA: American Medical Directors Association