Engaging Frontline Staff in Patient Flow

Two tactics to engage clinicians' hearts and minds

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Framing patient flow initiatives in terms of organizational efficiency and financial health will rarely engage clinicians to get on board with the changes.

Instead, executives need to ground efforts to improve patient flow in what is most important to clinicians: care quality. Connecting patient flow initiatives to the organization's broader quality strategy will help ensure frontline staff feel ownership and accountability for the success of those initiatives.

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The conventional wisdom

Many executives wish clinicians focused more on patient flow, given how important it is to organizational efficiency and financial health.

Executives tend to use a logical approach to encourage staff to embrace these throughput initiatives. They explain why the efforts will benefit the organization and repeatedly remind staff to prioritize patient flow.

However, clinicians often perceive these initiatives as additive work that doesn't seem to provide immediately obvious benefits to patient care. Executives tend to emphasize how important patient flow is to the organization's efficiency and finances. But that doesn't address clinician concerns, and they struggle to fully invest in these initiatives.

So, despite launching multiple throughput improvement efforts, many organizations continue to see stalled outcomes.

Source: Advisory Board interviews and analysis.

Our take

Patient flow improves only when clinicians are fully invested in the efforts logically with their minds *and* emotionally with their hearts. Leaders need to ensure that multidisciplinary teams understand the impact of flow not only on organizational health but also—more importantly—on patient care.

This type of engagement strategy is crucial because patient flow relies so heavily on the minute-by-minute decisions clinicians make in a patient's care progression. Clinicians must be fully on board with the organization's approach because just one small deviation can derail an entire strategy for patient flow. When leaders implement an engagement strategy that resonates with clinicians' hearts and minds, clinicians are more likely to buy-in to new throughput initiatives.

Two strategies to engage frontline staff in patient flow

Leaders have to contextualize patient flow in terms of what is most important to clinicians: quality of care. It's important to use different strategies to help clinicians see the benefits of fully adopting the organization's patient flow approach—not just for the organization, but for patients too. Start by examining clinicians' perceptions of patient flow and then reposition your initiatives to be in line with clinician thinking.

01

STRATEGY 1

Lead with quality

02

STRATEGY 2

Anticipate and respond to emotional reactions to workflow changes

In the following pages, we'll look at these two strategies in detail, showcasing how best-in-class systems around the world are driving clinician engagement in patient flow.

Source: Advisory Board interviews and analysis.

01 Lead with quality

Leaders often tend to talk about the benefits of improved patient flow in terms of efficiency and financial goals—a perspective that doesn't always resonate with clinicians. But pursuing quality will always be more compelling than efficiency. Clinicians want to provide the best care possible. If changes are framed in terms of increasing quality, clinicians are much more likely to adhere to best practices and improve operations. So, patient flow initiatives should always be framed as part of quality improvement.

Let's look at two examples of organizations that have successfully engaged clinicians in patient flow by reframing conversations to focus on quality.

Tap into storytelling to engage clinicians in collective goals

One way to emphasize the quality impact of patient flow initiatives is through storytelling.

At Anne Arundel Medical Center, a 380-bed not-for-profit hospital in Annapolis, Maryland, leaders implemented a number of patent flow initiatives that required radical changes for their clinical teams. To ensure the success of those initiatives, the CNO and CMO, who co-owned these patient flow initiatives, crafted a clinician engagement srategy that focused on how these changes affected individual patients directly.

The impact stories were powerful ways to show how patient flow inefficiencies can negatively impact patient care. The stories attached patients' faces and names to the importance of efficient throughput. Stories resonate with clinicians and staff alike.

Source: Anne Arundel Medical Center, MD, US; Advisory Board interviews and analysis.

STRATEGY 1: LEAD WITH QUALITY

At Anne Arundel Medical Center, leaders took a "cascading" approach—sharing patient stories with the leadership team and then spreading them to the front line. While there are many ways to spread patient stories throughout an organization, we recommend incorporating patient stories into your existing meetings or forums.

Storytelling served both as a catalyst for Anne Arundel Medical Center's throughput improvement work and a touchstone to remember why that work truly matters. You and your executive colleagues must lead with quality to cast patient flow initiatives in the right light.

Build a patient flow campaign around the shared goal of quality care

Government targets for emergency department care are now the norm, but clinical staff are often skeptical of these targets and the processes to help achieve them.

Auckland City Hospital, an 833-bed public hospital in New Zealand, was all too familiar with this challenge. The hospital wasn't able to achieve the Ministry of Health's six-hour emergency department target. Clinicians weren't engaged in efforts to achieve this target, limiting the success of throughput initiatives.

But the hospital started to frame the ED target in a new way. They developed an internal campaign for staff: the "Valuing Patients' Time" campaign, which emphasized how adherence to the six-hour target benefits patients. The campaign made the connection between seeing patients faster and giving them better care by focusing on the positive effect of shorter wait times on the overall patient experience.

STRATEGY 1: LEAD WITH QUALITY

We recommend presenting patient flow goals like wait times in a similar light so the targets don't feel like an "business" mandate. Instead, the targets become part of what clinical teams care about most: providing high-quality care to their patients. This change in messaging makes staff more invested in achieving patient flow gains.

02 Anticipate and respond to emotional reactions to workflow changes

New patient flow initiatives can produce a range of emotional reactions among clinicians. They may feel worried about the potential impact on patients or frustrated that they need to change their approach. Leaders must anticipate how clinicians feel about new initiatives to better engage them in patient flow strategy.

Acknowledge what staff stand to lose

New patient flow initiatives can create a lot of change for staff. And the hardest part about change is the loss associated with it. For example, standardizing multidisciplinary rounds might mean losing autonomy and a clinician's preferred rounding time. Or a staff member might perceive—rightly or wrongly—that a patient who has a shorter length of stay could be less safe.

This sense of loss is normal, but it's something leaders need to anticipate and address head-on. Acknowledging perceived losses is part of engaging clinicians' hearts and minds. It builds your credibility as a leader and adds a dose of reality to conversations about change.

But it can be difficult to anticipate how staff will react to workflow changes because everyone reacts to change differently. The wide range of possible reactions makes it hard to introduce a new patient flow initiative to everyone at the same meeting because you'll have many reactions happening in the same room, simultaneously.

STRATEGY 2: ANTICIPATE AND RESPOND TO EMOTIONAL REACTIONS TO WORKFLOW CHANGES

Pre-wire the right leaders

A pre-wire check-in is a "meeting before the meeting," used to preview a change that could potentially trigger an emotional response due to perceived loss. Leaders can proactively address emotional reactions by meeting with select staff members about new patient flow initiatives before they are implemented. This gives people time to think about the change and share any questions or concerns with you in private. This way, they will be in a much better frame of mind to productively contribute during the meeting where the change is introduced to everyone.

Identify a targeted number of individuals who you anticipate will have an outsized emotional reaction to the change required for flow initiatives, and conduct a pre-wire check-in with each of them. Here are the four categories of people we recommend meeting with in advance:

Four types of staff to consider for a pre-wire

1 Most impacted
- Has a personal stake in the patient flow strategy
- Stands to lose something or will be the most excited for the workflow change
- Stakeholders include: clinicians from the affected service lines or units, discharging physicians, team members from lab, imaging, pharmacy

2 Biggest skeptics
- Often resists workflow changes
- Combative or negative in group meetings

3 Influential leaders
- Others look to them when forming their own reactions
- Has relevant patient flow knowledge or expertise

4 Often overlooked stakeholders
- Less obviously impacted by workflow changes
- Stakeholders include: environmental services, patient transport

Source: Advisory Board Talent Development, Win Buy-In for Change (2018); Advisory Board interviews and analysis.

Components of an effective pre-wire check-in

These meetings can be brief, 5- to 20-minute conversations. Keep in mind that pre-wire check-ins don't need to be separate, stand-alone meetings. Start by dedicating time during a forum already in place, such as a regular one-on-one check-in or small group meeting with a subset of clinicians.

We recommend breaking down the pre-wire check-in into three parts:

1. **Open (10% of check-in):** Kick off the conversation on a positive or neutral note. In this portion of the check-in, introduce what the workflow change is, the rationale, and the goal for the change. Remember to position patient flow initiatives in the context of broader efforts to improve quality. .

2. **Listen (80% of check-in):** Spend the bulk of the time listening and allowing your colleague to react. This is a chance for them to process the new initiative before they are in a room of peers. Resist the urge to interrupt. Instead, listen attentively to ensure your colleague feels heard.

3. **Close (10% of check-in):** Once they've had time to respond, deliberately close the conversation and validate their reaction. Simply validating someone's reaction is powerful, but giving them a tangible next step can do even more to increase their buy-in. For example, if you expected a negative reaction but actually heard thoughtful feedback, ask them to share what you discussed in the group meeting. Or, tease out any valid objections and ask them to share that specific, valid point during the meeting. This allows your colleague to express their concern, but in a more tempered way.

Spending just 5 to 15 minutes on a pre-wire check-in can be a significant driver of engagement in new patient flow initiatives—even for the biggest critics. These check-ins help people feel like they are part of the workflow change, as opposed to feeling as if the change is being done to them.

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