

Perhaps I Am One of the Lucky Ones

Michael Heenan

I recently participated in the Ontario Hospital Association (OHA) webinar on quality and safety, in which I was asked to address the topic of engaging physicians in performance measurement, quality and safety. I am not a physician, but much of my work in healthcare has involved working with clinical leaders in these areas. At St. Joseph's Healthcare Hamilton, we started our quality and safety journey by creating a medical quality scorecard specifically designed for physicians. The card, written in physician-friendly versus business language, enabled physicians to drop the traditional business quadrants of finance and human resources and select four quadrants focused on clinical process and outcome indicators that matched their daily practice. Quality improvement initiatives resulting from the scorecard included the launch of a sepsis-management campaign in the emergency room and a new approach to neonatal safety.

The Credit Valley Hospital has started to improve quality within the surgical program by focusing on specific physician performance. It created a tool called Physician Performance on a Page, which highlights each physician's outcomes against a set of custom indicators within each service. Although in its infancy, the tool has already resulted in initial discussions on which surgeries are more appropriate for day versus in-patient surgery and on discharge practices.

I shared both of these stories during the OHA webinar; but as I drove home, I wondered about the topic of engaging physicians in quality and safety and why these two samples of work resonate within the sector? Why is it that the sector continues to say that physician engagement is a challenge for hospital administration when my experience suggests otherwise?

Perhaps I am a little naive – or am I just one of the lucky ones? Did I just strike it rich by working under great chiefs of staff and with front-line physicians who care deeply about quality of care? Did I just land in the right organization with the right culture? Is it really that different elsewhere?

All I do know is that since the Institute for Healthcare Improvement published its white paper on engaging physicians in quality (Reinertsen et al. 2007), the topic remains a hot one. Google *engaging physicians* and more than 33,000 results pop up. Google *engaging nurses* and only 5,860 results pop up. Why is this? And why is there always a negative connotation to the conversation of physician engagement? Why is it that we assume that this one particular group of professionals is not as engaged

as others? Isn't it time to change the tone of this discussion?

Perhaps we administrator types need to put ourselves in the physicians' shoes to understand why they might not be "engaged." So let's assume we are physicians. Now think back to your early days of undergraduate studies in which you dreamed of what you wanted to be when you grew up. Ah, medicine. Your calling is to help save lives and improve people's quality of life one patient at a time. So you enter medical school and residency and slug it out night in and night out in dark hallways racing from unit to unit with nothing but a creaky on-call room mattress and a vending machine to keep you going. Then you actually move on to practice, and nothing much changes given the shortage of health professionals. But despite these challenges, you labour each and every night to provide quality patient care because people are lined up at the door or are lying on hallway stretchers. Then, in your spare time, you decide to give back to the world of medicine by teaching future students and completing research to help improve care. And what do we administrators say after the effort you provide us every day? "Oh, you physicians are not engaged in quality. How can we get you to come to our meeting?"

Let's face it; I've never met a doctor who said, "I don't care about the level of quality and safe care my patient receives." Just like I have never met a nurse, allied health professional or administrator who did not care about the patient either. Yet we single out the doctors.

Now if I were to tell everyone that you were not engaged in quality, the way we talk about physicians, would you be eager to go to such a meeting? Language indicating the need to "engage" physicians in quality and patient safety can, on its own, deter physicians from participating in organizational-wide agendas. It wrongly assumes that physicians are not engaged to begin with. Those who become physicians do so out of a moral and ethical obligation to help people improve their quality of life and to protect them from harm. Yet we fail to appropriately recognize this perspective before we approach our physician colleagues to participate in organizational quality and safety initiatives.

Before the launch of the medical quality scorecard and Physician Performance on a Page, physicians were engaged in quality at both St. Joseph's Healthcare and the Credit Valley Hospital. Many efforts are being led by physicians in their clinic, unit or research laboratory. The issue is not how to engage physicians but, rather, how to align their engagement

with the emerging issues of the day so that hospital management and medical staff can work together to improve system quality. The key is to involve physician leaders up front in each project, just like we do when we engage other professions, and to stop using language that can turn physicians away.

But, then again, perhaps I am one of the lucky ones. **HQ**

About the Author

Michael Heenan, MBA, CPHQ, CHE, is director of quality performance and risk management at the Credit Valley Hospital, in Mississauga, Ontario. You can contact him at 905-813-1100, ext. 6531.

Reference

Reinertsen, J.L., A.G. Gosfield, W. Rupp and J.W. Whittington. 2007. *Engaging Physicians in a Shared Quality Agenda* (IHI Innovation Series White Paper). Cambridge, MA: Institute for Healthcare Improvement.

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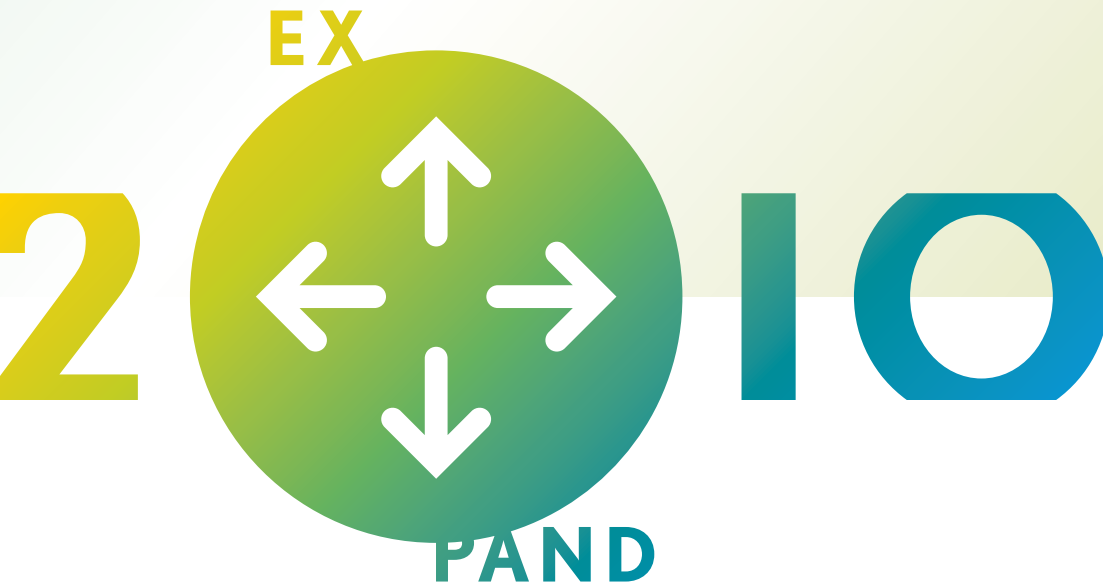


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