

Catalysts for HOT Chemistry

Synthesizing better communications during Healthcare Organization Transformation (HOT)

"We are going to continue having these meetings, everyday, until I find out why no work is getting done." -Unknown

"We believe that each and every patient deserves the very best care . . . " CMIO Sam Shine began his remarks to the Medical Staff about the latest IT project.. *[That sentiment I really appreciate, putting the focus on patient care goals. And this is a big step for us, thought Dr. Bill Sullivan.]*. . . we know that having intensive care physician always available, remotely or locally, will offer the best possible outcomes . . ." he continued. "And we have innovative plans to make participation of key members of the medical staff active in the implementation decision-making process. Clinical input is vitally important to the success of this new eICU project." *[Yeah, Bill wondered, but how long before it will start, and will they really listen to us?]*

The meeting broke up, the grumbling started . . .



"Oh great, another IT project -- more meetings, I don't have time to see all the patients I have now," said one hospitalist.

The new cardiologist replied, "When I worked at County, this technology produced quality patient care data giving the medical staff good information to compare best practices."

A pediatrician shrugged: "Yet here IT implementation projects are all about the technology with no focus on the clinical benefit."

"And that's not because the medical staff's didn't offer input. There's always some reason that our ideas won't work", I added.

As we headed off I heard my name... "Bill!" called my friend, John. "I couldn't help overhearing your last comment."

"Hi, John", I responded. "Are you an IT believer now?"

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Synthesizing better communications during Healthcare Organization Transformation (HOT) “Could be... tell me what you heard about the new approach to project communication,” he asked.

I replied, “About that set up so we can do the work online, using online meeting software and a discussion board? I know computers are useful, but that’s nerdy. I have trouble getting my email.”

John bantered, “I was skeptical too, until Sam linked me to everything I need, even a hospital-only social network. We can keep in touch with each other and get our work done. I’ve just started but what I’ve learned has already made a difference for my patients.”

“I tried social networking at home. It was a waste of time. How’s this different?” I asked.

“He spent some time trying to figure out what makes doctors tick. Relationships drive our actions, so it helps to spend project time getting to know the people. Then we could enjoy our work more, be more satisfied with the results and the time spent. Now that’s how I measure success,” John finished with enthusiasm.

“You mean, less meeting time?”

“Yes, although there’s more to it. We should only meet when direct interaction is critical to developing agreement. Sharing information, providing feedback, and assuring accountability can be done with this collaboration stuff. Everyone gets what they need when they need it. No more cancelling because of no shows. Everyone can join a meeting by phone or by web.”

“I don’t know. My computer is old, there’s no camera...” I started.

“....wait a minute!” he interrupted with a good natured laugh, “Weren’t you just saying that there is always some reason it won’t work?”

“Well, yeah, . . .”

“...if you want change, you’ll have to invest yourself.”, John challenged.

“But I . . . OK, I’ll bite. Tell me more about this. Is this available to anyone?” I asked.

“Everybody. Remember your melancholy when the coatroom closed? The end of an era -- we all met before rounds. Now we only see each other at quality or medical meetings. Rounds are so rushed you rarely get to know the staff. If you know the people you discuss ideas with, you’re more likely to understand their perspective, and that creates a better process. Combine that with working on projects in small pieces, accountability to prevent rework, and not being stuck in a meeting worried about what’s on your desk. That really makes a difference and lets me think more about the team.” John went on, “What really hooked me was the savings. I know, I sound like an administrator, but two weeks ago I had 2 people out of the office for three days working on a project. Every time I turned around, someone I needed wasn’t there. Meetings are expensive.”

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“So if I want to try this, what do I do?”

“Call Sam, he set up a plan that starts everyone out with one-on-one social contacts and then expands, as you’re ready. The “pioneers” are helping others learn. Don’t worry about what you say until after you’re comfortable. I know all the administrators and directors are online now, and they are working on the staff. You should talk to Susan too, she started about a month ago.”

“I talk to Susan regularly, but she hasn’t mentioned it,” I said.

“That’s probably because she didn’t feel comfortable right away. She’s a regular now, but you know how she is about new things and technology.”

“Yeah, so I’m surprised. Although I did notice that she seems more relaxed lately. No complaints about those lab process improvement meetings, either.”

John went on, “Now she just gets online in her office for meetings that are only about half as long. Everybody gets information ahead of time and provides feedback when they want to. The meetings summarize status, review next steps, and deal with issues. Her project is about done.”

“Wow, the last project she was on took six months, yet this was bigger and went faster.”

“It did. Not having to mesh everybody’s schedules meant a tenfold reduction on the timeline.”

“Well, I’m a bit late for my meeting” I said ruefully, “but I certainly learned a lot. I’ll ask about this at the meeting, and give Sam a call later. Thanks John, I’m really glad I got to see you today.”

