Change is most likely to occur when there is a sense of urgency that the current practices are no longer acceptable. Transforming this sense of urgency into change requires two crucial elements:

1. engaging stakeholders in the conviction that change is necessary, and
2. working with stakeholders to define a goal for improvement.

Without these two elements in place, changing care practices will be difficult to achieve.

5.1 Engaging stakeholders

Engaging stakeholders means bringing senior leadership in your facility “on board” the quality improvement train. You have two important sources of information to assist you in this task. First, the results of your audit provide you with information specific to your health care institution that can raise awareness regarding real opportunities to improve the quality of care. Second, your knowledge about specific domains of care—i.e., the importance of that domain, expert advice regarding care in that domain, and the basics of care in that domain—will ensure an informed discussion with stakeholders. The manner in which this information is presented and the approach taken for discussing possible improvement efforts are crucial for bringing stakeholders “on board”.

Keep in mind that no one comes to work every day believing that they are doing less than a good job. We all believe that we are doing the best that we can. Information to the contrary is often met with skepticism and resistance.

- Our patients are sicker than patients at that other facility.
- Your survey must be wrong. I know it.
- Family members don’t understand what’s happening to their loved one. Only I know what’s really going on.
As a result, it is important to foster a safe, productive environment that allows critical reflection on the quality of care in your institution. You can promote an environment that will allow stakeholders to acknowledge a need to improve by

a. identifying your audience and considering its needs,

b. utilizing effective presentation techniques, and

c. listening to your audience.

5.1a Identify your audience and consider its needs

Before presenting the results of your audit, it is important to identify the stakeholders in your facility. For many health care institutions, the stakeholders include executives (e.g., Chief Executive Officer, Chief Financial Officer), physicians, nurses, and/or managers (e.g., nursing unit managers). The stakeholders in your institution may include representatives from some or all of these categories as well as others.

Once you have identified your key audience(s), ask yourself some questions to help specify their characteristics and information needs.

? What do they already know about quality end of life care?
? What information can best help educate and inform them about it?
? For what purpose will they use this information?
? What other sources of information do they trust and/or use now?
? What types of presentations or reports can best reach them?
? How many of the results are they willing or able to consider at once?

Your answers to these questions will help you determine the content and format of your presentation or reports.

Another significant clue as to how to organize your presentation is to understand the “mindset” or “mental models” of your audience. For example, administrators are often only concerned with the financial bottom line. Even though you may not consider this the most important issue, your presentation must take their concern into account. One way to do this is to approach quality improvement from the stance that improving consumer satisfaction also improves the financial bottom line. You can remind your audience that...
dissatisfied customers will not refer their friends and colleagues to your health care institution. You can also remind your audience that preliminary research shows that quality improvement efforts can actually improve patient outcomes and reduce the costs of care. In short, as this example demonstrates, the concerns and mindset of your audience should shape the way you present your audit results.

5.1b Utilizing effective presentation techniques

User-friendly reports and presentations that enable readers to understand and begin to take action on key issues are critical to the success of any audit. Two possible types of results can come from a TOOLKIT audit. First, every audit will produce survey results in the form of problem scores and scale scores that measure the quality of care in your institution. Second, some interviewers may also have recorded respondents’ stories in response to open questions at the end of the standardized survey interview or after a respondent has completed the interview.

People’s stories bring life to the numbers that constitute your survey results. These stories can foster an excitement about the need for changes in care practices in ways that numbers may not be able to do. While these stories can be powerful, it is important to remember that they complement your problem and scale scores. Since the Toolkit instruments are designed to produce problem scores and scale scores that summarize responses from your entire sample, one respondent’s story cannot replace or refute the survey results. Instead, a story may be used to support your survey results, or it may illustrate an experience that is not average for your institution.

A person’s experience that does not go along with the average experience as reported in your survey results is very important and should be heard. At the same time, though, that one experience does not invalidate the overall results of your survey. That person’s experience may help you and your institution’s stakeholders understand why some people report different quality of care than others, but the average report as reflected in the survey results continues to be important as well.
Tips for presenting survey results

✓ Gear the format to the audience. Use brief, succinct summaries for executive audiences. Use comprehensive summaries for those who will implement improvements.

✓ Use graphics. Data that are displayed visually are easier to interpret. Display trends or comparisons in bar charts, pie charts, or line charts.

✓ Keep the format succinct and consistent. Graphics, bullets, tables, and other visuals help guide the reader. Choose a few of these elements and use them consistently. Be consistent with the use and appearance of headers, fonts, graphic styles and placement of information.

✓ Emphasize priorities clearly. Emphasize the highest priority items for commendation in executive summaries and major findings. Highlight the most important items – for example, use bold or italicized type.

Tips for presenting respondents’ stories

✓ Give a pseudonym, or false name, to the person whose story you are telling. This will personalize the story without compromising your promise of confidentiality to the respondent.

✓ Along with a table or graph summarizing survey results, include a particularly poignant quote on the same page or handout.

✓ Choose the stories of one or two respondents to weave throughout your presentation.

✓ Emphasize the part of the story that makes your point or best illustrates the survey results. Include other information as background or only when needed to strengthen your point.

**IMPORTANT !!**

*When presenting a story as part of your results, it is essential to protect the respondent’s right to confidentiality.*

✓ Never attach a respondent’s name to a story or describe a respondent in such a way that anyone listening would be able to guess whose story you are telling.

See Chapter 4 for more information on respondents’ rights.
5.1c Listening to your audience

Often, the results of an audit are met with disbelief. Rather than discount questions and skepticism, listen to stakeholders and be sensitive to their questions and concerns. Encourage them to talk about what information they would like to see to increase their understanding of the current quality of care, and then provide that information. Your goal is to engage stakeholders in a discussion that eventually will convince them that current practices no longer are adequate.

For example, nurse managers at one hospice believed that family members who were reporting distressing dyspnea in the last days of patients’ lives were misperceiving normal physiological changes of dying as distressing to the patient. The nurse asked for a separate small study that examined the nurse’s perceptions of dyspnea among patients. Much to their surprise, the results were similar to the family members’ perceptions-- i.e., that patients often were in severe distress in the last days of life. A small degree of extra data collection in this situation resulted in the management staff recognizing the importance of an improvement project focusing on dyspnea.

Staff members also may voice concerns about the results of the audit. In this case, collecting data from medical records regarding processes of care can be very helpful for demonstrating the need to improve. For example, the hospice team members that examined dyspnea among terminally ill patients asked the staff members to outline the steps that should occur in the management of dyspnea for a 79 year-old white male with lung cancer. After the staff outlined each step, the evidence of what actually happened with this patient was presented from his medical record. This proved to be a powerful illustration of the need to improve current practices.

Listening to your audience and responding to their concerns encourages them to take ownership of the problem. Remember that your goal is to engage stakeholders in a discussion that eventually will convince them that there is an urgent need to improve current practices. You may have an idea of what your improvement goal should be, but your broader...
purpose is to engage your audience in the discussion and to convince them that something must be done. At this stage in the improvement model, allowing and encouraging others in your institution take ownership of the problem is a crucial element for implementing change. Change will not occur until key stakeholders say “Aha! We must change our current way of doing things.”

5.2 Defining a goal

As with the task of engaging stakeholders, you bring two important sources of information to the task of defining an overall goal—your audit results and your knowledge of quality care in specific domains. With this information in hand, work with your team of stakeholders to answer the two fundamental guiding questions for quality improvement:

- What is our overall goal?
- How will we know when this goal is achieved?

Answering these questions will guide your team to define a goal that is both clear and actionable.

What is our overall goal? Stating a clear goal is essential so that everyone in the unit knows the objective of the quality improvement effort. When defining your overall goal, keep in mind three criteria for creating overall goals. That is, define a goal that is of interest to the team members, that is feasible, and that focuses on a prevalent care issue. The prevalence of the care issue being addressed is important because the initial enthusiasm and momentum for quality improvement can be lost if the team must wait a long time before being able to begin. Another way to think about a goal is to consider what you want to promise yourselves and your patients about your chosen domain of care.
NOTE: Remember to allow your quality improvement team and staff members sufficient time to learn and become comfortable with applying quality improvement techniques. If this will be one of the first CQI efforts on this floor or at this institution, we recommend that you start with something "easy"—such as pain management. The reason for this is that the quality improvement team can focus most of its energies on educating itself and other staff members about quality improvement techniques rather than the need for quality pain management.

How will we know when this goal is achieved? Setting up a specific target for care allows everyone involved to know—and to celebrate—when success has been achieved. In other words, answering this question specifies the means by which change will be measured. One way to measure change is to re-administer that part of the Toolkit audit that addresses your chosen domain of interest.

5.2a Writing a goal statement

After answering these two fundamental guiding questions, you will be ready to write a goal statement that includes both your objective for change and the means by which this change will be measured.

“Our goal is to improve (X) and we will know this by a change in (Y).”

For example, let’s say that your institution’s stakeholders choose pain management as its quality improvement topic. After a meeting reviewing your audit results and current knowledge about quality care regarding pain management, your quality improvement team circulates the following goal statement:

Our goal is that dying patients will receive their desired level of pain control. We will know we’ve achieved this goal when our scores from the bereaved family member survey change from our current audit results to scores showing that all dying patients received their desired level of pain control.
5.2b Bringing staff members “on board”

In the process of engaging stakeholders and defining your goal, it is likely that you already have included some staff members in your quality improvement effort. Once you have arrived at an overall goal, it is important to speak with all the staff members on the unit where small changes in the process of care will be tested. Staff members need to know why it is important for them to change their care processes and behaviors.

Again, your two sources of information come in to play. That is, we recommend that you 1) present to staff members the results of your audit in your chosen area of improvement, and 2) discuss with staff members current knowledge about the chosen domain of care. For the above pain management goal statement, for example, staff members should know their facility’s or unit’s problem score for dying patients’ pain and they should be well versed current knowledge regarding effective pain management.

In short, just as you engaged stakeholders in the quality improvement process, staff members need to be brought “on board” with your overall goal for quality improvement. As with stakeholders, it is important to be patient, to listen to staff members’ comments, and to be responsive to their concerns. Letting those who need to change their behaviors take ownership of the goal and the improvement process is important for ensuring that change will occur and be sustained.

In Step II, you have accomplished two very important tasks. First, you have engaged the key players in your institution in order to bring them “on board” the quality improvement process. Second, you have defined an overall goal for the entire quality improvement project. Step III involves putting your plans into action. Chapter 6 uses the domain of physical comfort to introduce the quality improvement tools that you will use to reach your overall goal.

As you read Chapter 6, keep in mind that most quality improvement goals require multiple small interventions to be achieved. Just like the overall goal, each small intervention requires its own goal statement so that everyone knows the objective of the intervention and the means by which this change will be measured. Following the above example, you’ve stated that
your overall goal is for dying patients to receive their desired level of pain management. Your *first* intervention might set a goal of 90% of nurses documenting pain as “fifth vital sign.” You will know if this goal is achieved by following chart reviews over time. In short, while reading the following domain-specific chapters, remember that your change process will pursue multiple small changes that will accumulate over time to achieve your overall goal.
Reference List
