Get With The Guidelines Implementation Tips

Examples of some of the team decisions you will make:

- Map the different patient flows from ER to discharge.
- Physician and Staff education.
- Responsibility for data entry.
- Use paper tool/on-line combination.
- Map out the best data collection process for you.
- Patient teaching: who will facilitate this and what other materials (other than the ones provided in the Patient Management Tool) do you need?

Review care paths, protocols, treatment algorithms, and standing orders.

- Evaluate current protocols for compliance with the secondary prevention guidelines and risk interventions.
- Review current standing orders and current discharge plans.
- Assess hospital systems and patient education strategies currently in place.

Revise/develop care paths, protocols, treatment algorithms, and standing orders:

- 1. Verify guideline compliance.
- 2. Evaluate current processes, systems, and logistics.
- 3. Review new interdisciplinary systems for consistency and continuity.
- 4. Examine for gaps.
- 5. Assess process for manageability.

Implement protocols, standing orders and discharge plans:

- 1. Forms signed off and approved
- 2. Staff Educations
- 3. Physician
- 4. Interdepartmental
- Hospital
- 6. Troubleshooting and testing of implementation process

Staff Education:

- Hospital meeting to focus on importance of program and generate interdepartmental enthusiasm
- Hospital Newsletter article
- Physician education Grand Rounds, CME/CE whenever possible
- Interdepartmental meetings for departments involved in process

Be Innovative:

- 1. This is your team's opportunity to design a system that will work in your hospital
- 2. This is the time to focus on teamwork and cooperation

Build Your Infrastructure:

- Review current roles of the team members
- Look for duplication and overlap
- Find opportunities to share Get With The Guidelines at hospital functions
- Be innovative work as a team and share the kudos
- Use a "How can we do this better" approach rather than focusing on faultfinding.

Watch for these statements:

- 1. "We have always done it this way"
- 2. "This won't work"
- 3. "Our department can't do this"
- 4. Any statement that begins with "Yes. but..."

Be creative – counter with:

- 1. "This is a great opportunity to develop a better system"
- 2. "We can work together to share responsibilities"
- 3. "This is our chance to implement new ideas and processes"
- 4. "We can be proactive rather than reactive"

Collaborate:

This is the time for departments and hospitals that work along side of each other every day to join together and work as one team to enhance the care of every stroke patient.

Stay on the path of Continuous Quality Improvement:

- 1. Review of data (quarterly minimum monthly preferred)
 - Use the standard reports from the Patient Management Tool to identify areas in common for "non-compliant" patients
- 2. Review the design of your system What went wrong?

Continuous Quality Improvement – the KEY to Improvement

- 1. Do NOT be afraid to test changes in process on a few patients to see if your "hunch" works.
- 2. We tend to always evaluate and never make a change remember it is unlikely that you will not improve can always fix after if the system change doesn't work
- 3. Use PDSA Cycle (or a variation of PDSA that fits your hospital style)
 - Plan How can we improve?
 - Do Come up with a hunch on what needs to change.
 - Study Measure the change.
 - Act If it works, implement to be a full time change.

Achieve recognition and spread the excitement to build internal momentum.

Remember to share the success with your colleagues!

 Post the reports illustrating your success at nursing stations, conference rooms and coffee rooms.