Quality and Safety Series

The Challenge of “Buy-In”
OBJECTIVES

• Define buy-in.
• Discuss the importance of buy-in.
• Identify methods for achieving buy-in.
The Pushback Pitfall

You have the perfect project. You’ve done all the data analysis, designed evidence-based interventions, and the pilot project shows positive results. Months later, the project remains stalled, interventions seem ineffective, and the data show no improvement.

What went wrong?

• Did providers use order sets?
• Were frontline staff following processes?
• Did leadership hold staff accountable?
What Is Buy-In?

• Buy-in is the term used to describe active support, belief, and enthusiasm for an initiative.

• Without buy-in from key persons within your hospital, a project is destined to fail.

• It is important to get buy-in before starting any project.

• Key personnel should be part of the project team.

• Accountability is part of buy-in.

https://www.dashe.com/blog/the-importance-of-stakeholder-buy-in
Keys to Successful Buy-In

- Engaged Frontline Staff
- Visible C-Suite Reinforcement
- Physician Support
Know Your Audience and WIIFM
Know Your Audience and WIIFM (cont.)

- Appeal to your audience based on what motivates them
  - **C-suite**: financial, satisfaction, employee retention, patient safety, etc.
  - **Frontline staff**: improved workflow, easier/automatic processes, improved patient outcomes, etc.
  - **Physicians/providers**: evidence-based practices, improved patient outcomes, improved workflow, etc.

- **Use patient stories**

- **Give them representation on the team**
  - C-suite sponsor
  - Physician/provider champion
  - Frontline staff

- **Align with the organization’s strategic goals**

Other Sources of Push-Back

• “Because we’ve always done it that way”
• “Flavor of the month”
• “More work”
• “Cookbook medicine”
Buy-In Strategies

Levels of Resistance

• Level 1: I don’t get it
  – This group needs data and ideas

• Level 2: I don’t like it
  – This group needs to feel some sort of emotional connection

• Level 3: I don’t like you
  – This group needs reasons to trust you

Buy-In Strategies (cont.)

Ask “What matters to you?”

Need to move from fix-it mode

1. Understand the purpose of conversation is to listen, learn, and build on assets and bright spots.

2. Recognize unique impediments to joy in work.

3. Commit to systems approach in a shared manner and co-design next steps.
   – Include patient family advisors (PFAs).

4. Use improvement science to test.

Buy-In Strategy Concepts and Elements

- Provider champions working with other providers
- No data without stories; no stories without data
- Consideration of morbidity and the quality of life post-discharge
- Robust multidisciplinary team
- Quality helps with guidance and data, but doesn’t run meetings
- PFAs
The Elevator Speech

Begin your conversations with an “elevator speech”

• Short, concise synopsis
• Persuasive
• No more than 1 minute
  – **Intro**: Who you are and/or who is your team
  – **Problem**: Who experiences the problem and pain points
  – **Solution**: The hypothesis of how your solution could solve the problem
  – **Ask**: What you want that person to do

Six Sigma. [https://www.isixsigma.com/implementati.../](https://www.isixsigma.com/implementation/communication/give-your-elevator-speech-a-lift/)
One-Minute Elevator Speech Template

Template available at: www.hsag.com/hqic-quality-series
Key Take-Aways

• Prepare for the pushback pitfalls
• Obtain key personnel buy-in
  – C-suite
  – Physician/provider
  – Frontline staff
• Recognize WIIFM
• Communicate
• Leverage PFAs
Thank you!

Questions: hospitalquality@hsag.com