

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.





Keys to Successful Buy-In





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: evidencebased 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.
- Commit to systems approach in a shared manner and co-design next steps.
 - Include patient family advisors (PFAs).
- 4. Use improvement science to test.

10





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



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One-Minute Elevator Speech Template



13 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!

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