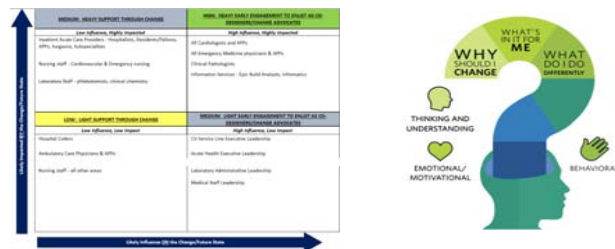


SPECTRUM HEALTH

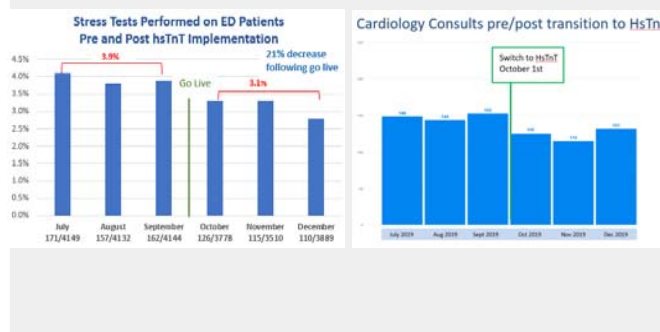
Background

Methods

- Principles of change management were used as a foundation for the project. A multi-disciplinary team was formed with physician leadership from cardiology, emergency medicine and the laboratory, coupled with an operational lead and a project manager.
- Additional members included a cardiology fellow and physician assistant, inpatient and emergency department clinical nurse specialists, a quality improvement specialist, laboratory operational and support staff, and an information services analyst familiar with the Epic build for the laboratory.
- The team reviewed the literature and consulted with other hospital systems to develop a diagnostic and treatment algorithm.
- A stakeholder analysis was performed to identify persons/roles impacted or influenced by the introduction of the new assay.



Phase	Activities	Collateral/Resources	Timing
Awareness	<ul style="list-style-type: none"> Meetings with CV service line leadership for endorsement of work Broad announcements at appropriate meetings as work progresses 	<ul style="list-style-type: none"> CV Service line Quality and Safety presentation Meeting minutes 	9-12 months prior to go live
Desire	<ul style="list-style-type: none"> Involve stakeholders in creating algorithms Regular multi-disciplinary workgroup meetings throughout Involve key stakeholders in go live date selection 	<ul style="list-style-type: none"> Share stories re: appropriate MI diagnosis and documentation Reach out to other organizations for lessons learned Include in calendar planning for fall education 	3-6 months prior to go live
Knowledge	<ul style="list-style-type: none"> Education on hsTropoin T assay and algorithm Education on documentation and 4th Universal Definition of MI 	<ul style="list-style-type: none"> Presentations recorded 60 seconds with Dr Decker video Provider newsletter Quick reference guides for algorithm 	4-6 weeks prior to go live
Ability	<ul style="list-style-type: none"> Daily huddle for first week to troubleshoot issues and plan rapid response 24/7 hotline support 	<ul style="list-style-type: none"> Post flyers on nursing units & physician workspaces Insite posts Epic ip sheets for ordering assay and viewing results 	Flyers posted 3d prior to go live Perfect Score support line first 3 wks after go live
Reinforcement	<ul style="list-style-type: none"> Report out at Daily Safety Huddle Unit rounding 	<ul style="list-style-type: none"> Share in Daily Safety Report Attach FAQs to Daily Safety Report 	First 2 wks after go live



Methods – cont.

- A detailed communication and education plan was developed that addressed the need for awareness, desire, knowledge, ability and reinforcement (ADKAR) tactics to implement and support the change across multiple hospital sites.

Results

The hsTnT assay was implemented on October 1, 2019. The team met daily during the rollout to identify and manage concerns. In the first 3 months after implementation, there was an 8% increase in discharges home for low risk ED chest pain patients, a 21% decrease in stress testing and no increase in Cardiology consults. In the first 3 weeks after go live, fewer than 15 calls were made to the support hotline. Moreover, leaders and clinicians of multiple specialties across the system offered high praise for the rollout, stating it was the, “smoothest project rollout” they had experienced.

Conclusions

A multi-disciplinary, highly engaged team using principles of change management is an effective strategy for implementation of a system wide change to create minimal disruption in workflows

Percent of projects that meet or exceed their goals when change is managed effectively¹

Percent of projects that succeed when there is ineffective or little/no change management

94%

15%

Reference

1. Prosci Inc. *Best Practices in Change Management*. 2017

Disclosure Statement: All presenters disclose no conflict of interest relative to this poster:
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