Appendix A. Checklists for Assessing Executive and Physician Champion Potential

# Assessing CAUTI Executive Champion Potential for Success

The checklist in the right column provides some concrete examples to look for when considering a leader for senior executive champion. The chief executive officer can use this assessment tool to identify the senior executive who has the greatest potential for leading a catheter-associated urinary tract infection quality improvement project to achieve and sustain success. It provides a concise snapshot of some key roles, responsibilities, and tasks often lacking in support of hospital quality improvement efforts. It provides a checklist of personal and interpersonal characteristics that have been demonstrated to result in more effective interactions to keep the project moving forward. This resource is adapted from a checklist developed by Andrea Silvey, Ph.D., M.S.N., chief quality improvement officer of Health Services Advisory Group, Inc., the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services.

| Examples: Roles and Responsibilities of the Executive Champion | Examples: Characteristics for Success |
| --- | --- |
| * Serves as an administrative leader who provides staff time and organizational resources for implementing evidence-based practices aimed at increasing appropriate use and timely removal of indwelling urinary catheters.
* Serves as the critical communication link between the hospital staff and executive leadership and between executive leadership and the medical staff.
* Works with the chief executive officer to delineate executive champion roles and responsibilities for quality improvement in increasing appropriate use and removal of indwelling urinary catheters.
* Verbalizes the importance of ongoing monitoring and reporting of process/outcome rates related to improvement interventions for increasing appropriate use and timely removal of indwelling urinary catheters.
* Works with the physician champion and the chief quality officer to delineate day-to-day leader roles and responsibilities for quality improvement in increasing appropriate use and timely removal of indwelling urinary catheters.
* Attends rounds on the nursing units talking to patients, families, and staff to understand quality problems related to appropriate use and timely removal of indwelling urinary catheters.
* Uses multiple forums—such as hospital staff meetings, impromptu discussions in the hallway, the employee cafeteria, et cetera—to disseminate information and share knowledge regarding appropriate use and timely removal of indwelling urinary catheters.
* Communicates to both employees and medical staff the clinical value and relevance of appropriate use and timely removal of indwelling urinary catheters. (Practicing physicians can be skeptical about research evidence for a practice change. They tend to embrace principles more readily when they hear administrators emphasizing clinical outcomes over regulatory requirements or financial benefits.)
* Questions the champion should be prepared to answer can include—
	+ - What is the evidence to support the change?
		- Why is the change necessary?
		- Are there others who have already adopted the change?
		- Is there value to the change, or is this change only for the sake of change?
		- Why should I want to change (what’s in it for me)?
* Is prepared with data from professional journals, national groups, and leaders in the field that—
	+ - Demonstrate the need for the change
		- Support the evidence
		- Demonstrate potential gaps between the evidence and practice
* Provides an open access mechanism for the physician champion and day-to-day leader to approach the leadership/ administration with ideas and roadblocks to changes.
* Provides the quality improvement (QI) team with necessary time and resources.
* Arranges for the necessary support to help schedule QI team meetings and circulate the agenda, minutes, materials, and other communications.
* Advocates for the ongoing monitoring and reporting of process/outcome rates related to improvement interventions.
* Receives and reviews verbal and written reports regarding team plans, progress, and barriers to progress.
* Works with organizational leadership to remove barriers.
* Is responsible for proposing solutions to address barriers in the hospital’s culture and infrastructure that are impeding QI efforts and activities for increasing appropriate use and timely removal of indwelling urinary catheters.
 | Primary Characteristics* Authorized to commit resources for development, testing, implementation, ongoing monitoring, and reporting of improvement interventions and results
* Spoken of in a positive, respectful manner by medical and hospital staff
* Stays current on issues in patient safety, quality improvement, and risk-management through variety of sources
* Is flexible and controlled when under stress
* Is not afraid to speak his/her mind or to try to influence others, but does so in a way that respects the personal boundaries of others
* Able to discern mutual goals beyond apparent differences in order to build consensus
* Communicates truthfully and does not withhold relevant information
* Addresses others’ concerns in a manner that is forthright and informed

Secondary Characteristics* Seen as wanting something for patients and families rather than for administration
* Easy to talk to or deal with, welcomes contact by others, makes time to attend to their issues, and shows interest in their views
* Able to defend self against aggressive incursions and foster self-control and respect in others
* Recognizes, perceives, and directly relates to the emotions of others
* Shows appreciation for the efforts and contributions of others
* Able to wait patiently and recognizes the importance of “timing” when initiating change
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## Bibliography

* Gould CV, Umscheid CA, Agarwal RK, et al. Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009. Centers for Disease Control and Prevention. http://www.cdc.gov/hicpac/pdf/cauti/cautiguideline2009final.pdf.
* Nash DB, Oetgen WJ, Pracilio VP. Governance for Healthcare Leaders: The Call to Leadership. New York, NY: Productivity Press; 2008.
* Patterson K, Grenny J, McMillan R, et al. Crucial Conversations: Tools for Talking when Stakes are High. New York, NY. McGraw Hill; 2002.
* Silvey AB, Chapin C, Warrick L. Identification and Synthesis of Components Essential to Achieving “High Performer” Status in Various Provider Types: Final Report. (Prepared by Health Services Advisory Group under Contract No. 500-02-AZ02 AZ0023.) Baltimore: Centers for Medicare & Medicaid Services; 2005..
* Studer Q. Hardwiring Excellence. Gulf Breeze, FL: Fire Starter Publishing; 2003.

# Assessing CAUTI Physician Champion Potential for Success

The checklist in the right column provides some examples of what to look for when considering a physician for physician champion. The chief executive officer and the chief medical officer can use this assessment tool to identify the physician who has the greatest potential for leading a catheter-associated urinary tract infection quality improvement project to achieve and sustain success. It provides a concise snapshot of some key roles, responsibilities, and tasks often lacking in support of hospital quality improvement efforts. It provides a checklist of personal and interpersonal characteristics that have been demonstrated to result in more effective interactions to keep the project moving forward. This resource is adapted from a checklist developed by Andrea Silvey, Ph.D., M.S.N., chief quality improvement officer of Health Services Advisory Group, Inc., the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services.

| Examples: Roles and Responsibilities of Physician Champions | Examples: Characteristics for Success |
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| * Attends and actively participates in CAUTI team meetings.
* Often described as a “voluntary leadership role” for a limited period of time. The literature equates the term with an opinion leader, a change agent, a physician who influences colleagues and friends.
* An expert who provides education, champions a cause or product, or gives support to staff around the diffusion and implementation of clinical practice guidelines, protocols, or evidence for increasing appropriate use and removal of indwelling urinary catheters.
* Able to influence other physicians to adopt or implement a new or revised process or guideline for appropriate use and timely removal of indwelling urinary catheters or to become physician champions themselves within their own practice groups.
* Promotes autonomy by modeling behaviors, serving as an example to others, and providing information and guidance to other physicians. He or she works with the health care organization to provide feedback to other physicians about their performance on appropriate use and timely removal of indwelling urinary catheters.
* Provides a vital link: A process change that is seen as advantageous by administrators may not be viewed as such from a practicing physician’s perspective. The physician champion’s role is positioned to serve as a liaison—updating administrators and physicians on project status, creating a mutual understanding of the needs of all parties, and facilitating a win-win solution to issues affecting processes and outcomes related to appropriate use and timely removal of indwelling urinary catheters.
* Uses his/her sphere of influence to promote changes for increasing appropriate use and timely removal of indwelling urinary catheters.
* Overcomes skepticism of practicing physicians about research evidence for appropriate use and timely removal of indwelling urinary catheters by verbally supporting and modeling the change.
* Shares the knowledge gained through implementation experience to ease the transition and narrow the gap between evidence and practice.
* Uses multiple forums to share information and knowledge, including—
	+ Presenting the process change at medical staff meetings
	+ Holding impromptu discussions in the hallway
	+ Sharing new evidence in a medical staff lounge
* Understands and recognizes the reluctance and hesitation by others to embrace changes related to appropriate use and timely removal of indwelling urinary catheters and addresses these concerns in a manner that is forthright and informed.
* Is prepared to answer questions that can include—
	+ What is the evidence to support the change?
	+ Why is the change necessary?
	+ Are there others who have already adopted the change?
	+ Is there value to the change, or is this change only for the sake of change?
	+ Why should I want to change (what’s in it for me)?
* Is prepared with data from professional journals, national societies, and leaders in the field that—
	+ Demonstrate the need for the change
	+ Support the evidence
	+ Demonstrate potential gaps between the evidence and practice
	+ Compare an individual to others
* Leads peer discussions to build consensus for the changes related to appropriate use and timely removal of indwelling urinary catheters.
 | **Primary Characteristics** * Has a wide peer and social network and an extensive knowledge of how his/her colleagues interact with each other; perceived as credible and is respected by peers
* Highly knowledgeable and stays connected to his/her area of expertise through a variety of sources
* Willing to share knowledge with others
* Willing to support and advocate for process changes related to appropriate use and timely removal of indwelling urinary catheters
* Willing to implement new guidelines and serve as a resource for others
* Easy to talk to or deal with, welcomes contact by others, makes time to attend to their issues, and shows an interest in their views
* Is flexible and controlled in the face of stress, leading others by example
* Is not afraid to speak his/her mind or to try to influence others, but does so in a way that respects the personal boundaries of others

**Secondary Characteristics** * Able to defend self against aggressive incursions and foster self-control and respect in others
* Able to discern mutual goals beyond apparent differences in order to build consensus among opposing parties
* Holds that all people should be treated as equals
* Recognizes, perceives, and directly relates to the emotions of others
* Communicates truthfully and does not withhold relevant information
* Shows appreciation for the efforts and contributions of others
* Follows through with duties and takes the time necessary to get the job done correctly
* Able to wait patiently and recognizes the importance of “timing” when initiating change
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## Bibliography

* Beeson SC. Engaging Physicians: A Manual to Physician Partnership. Gulf Breeze, FL: Fire Starter Publishing; 2009.
* Collins BA, Hawks JW, Davis R.. From theory to practice: Identifying authentic opinion leaders to improve care. Manag Care. 2000 Jul;9(7):56-8, 61-2. PMID: 18540342.
* Hartig JR, Allison J. Physician performance improvement: an overview of methodologies. Clin Exp Rheumatol. 2007 Nov-Dec;25(6 Suppl 47):50-4. PMID: 18021507.
* Gould CV, Umscheid CA, Agarwal RK, et al. Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009. Centers for Disease Control and Prevention. http://www.cdc.gov/hicpac/pdf/cauti/cautiguideline2009final.pdf.
* Howell JM. The right stuff: Identifying and developing effective champions of innovation. Academy of Management Perspectives. 2005 May 1;19(2):108–19. http://amp.aom.org/content/19/2/108.abstract.
* Pitluk H, Endsley S, Fermazin M, et al. Putting the “Champion” in Physician Champion. AzMed. Winter 2008.
* Thomson O’Brien MA, Oxman AD, Haynes RB, et al. Local opinion leaders: Effects on professional practice and health care outcomes. Cochrane Database Syst Rev. 2000;(2):CD000125.
* Valente TW, Pumpuang P. Identifying opinion leaders to promote behavior change. Health Educ Behav. 2007 Dec;34(6):881-96. PMID: 17602096.