MAYO CLINIC

# IMPLEMENTATION TEAM MANUAL

The Statin Choice Decision Aid
Implementation Toolkit

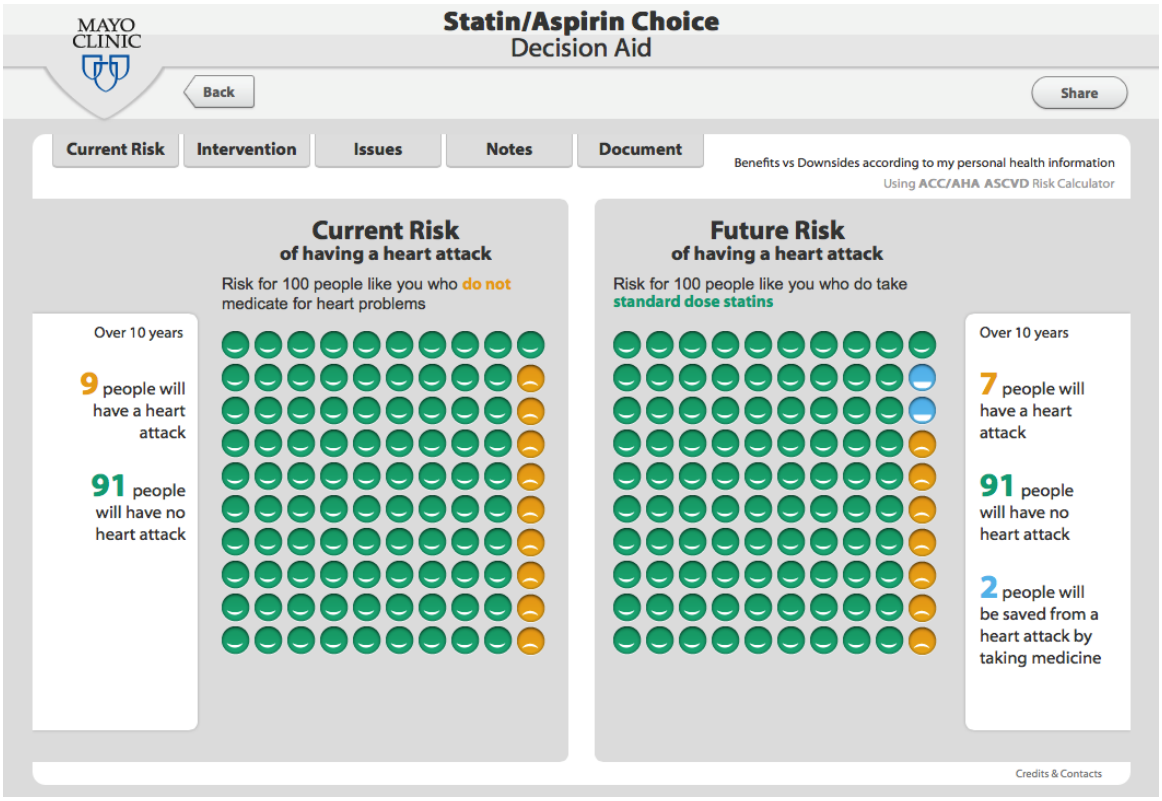
KERUNIT
KNOWLEDGE AND EVALUATION RESEARCH

# Hello,

This manual is intended to serve as a guide for organizations aiming to implement shared decision making (SDM) for point-of-care dicussions about reducing cardiovascular risk. It assumes you want to use the Statin Choice Decision Aid (SCDA) as a key tool for achieving this. That's right: the Decision Aid is not, in and of itself, SDM. Rather, it's a tool for making SDM fit more naturally and efficiently into the clinical encounter. As a member of the implementation team, you, more than anyone else in your organization, should know this! What? You're confused? You don't even HAVE an implementation team?!

No worries.

That's what this toolkit is for: to help you in understanding the things you need to do to succeed with implementation. We've broken it down into 3 "easy" steps ☺.



# Step 1

## Assemble the Implementation Team

There's no way around it. The most effective and efficient way to achieve success is to bring together people from your organization with different connections and experiences and with different types of influence and expertise. If you have a pre-established quality improvement team or other multidisciplinary team that is used to implementing organizational initiatives those folks would probably represent a great start. If that team has pre-existing procedures and common strategies that have worked in the past, that's even better! If not, no worries. Here's who you need:

1. The clinician champion: Usually this person is a physician that is respected by his or her colleagues for having sound clinical judgement and for providing patient-centered care. The ideal clinician champion also is a good communicator. Most importantly, the individual has to be EXCITED about SDM and Statin Choice. He or she must use the tool in practice and make an intentional effort to encourage colleagues to use it as well during implementation.

2. The project director: This can be anyone with authority to provide overall project orientation and make decisions related to resource commitment and allocation. Because multiple departments and service lines are in play (e.g. clinical care, information technology, communications), it usually means someone from the C-suite level.

3. Information technology liaisons: In order to integrate the tool into the electronic environment you will need someone from information technology leadership that can allocate resources and assign the project to the appropriate individual(s). It is helpful to invite the individuals that are assigned to the project (the "worker bees") to join the team as early in the process as possible.

4. The quality expert: We've found it is helpful to engage a person at your organization who manages quality metrics and improvement initiatives. This individual will likely know how to best synergize the project with ongoing priorities. He or she will also be able to help the team to think through the implications of the project on quality measures and how these can be optimized.

5. The project manager: This person needs to keep everyone on task. He or she will have organizational skills and will be responsible for arranging meetings and

tracking progress. This could be a nurse or an administrative assistant if a dedicated project manager is not available. Whoever it is, the person needs to have the confidence and authority to "bug" people. (P.S. Everyone else on the team also needs to commit to not being bugged when bugged ☺)

6. The clinical workflow informants: This person/these people are usually nurse managers or administrators for clinical sites or service lines. They know how the clinics operate from check-in to check-out and can be the "go-to" contacts to support implementation and to tell you what is and isn't working.

7. The integrator: This is not any particular person, but is the person everyone knows should be involved in the project. He/she gets stuff done and is respected around the organization, perhaps because of his or her track record. This person may be the "EMR guru" who also happens to be a clinician, for example.

*In recruiting the team, it is best to reach out to leadership first* (assuming you are not leadership). For example, you could send something like the following SBAR along with a link to the video demo of the tool:

S: Shared decision making is advocated by the America College of Cardiology/American Heart Association for cardiovascular risk reduction and the initiation of Statin therapy, yet we do not do this routinely in practice at (our organization).

B: Current guidelines say we should have risk-tailored, shared decision making conversations with patients when deciding whether to start them on statin therapy. Currently, we click on a calculator within the EMR to find the patient's 10 year risk, but there is no systematic support for shared decision making. The American College of Cardiology/American Heart Association and many others recommend the Mayo Clinic Statin Choice Decision Aid, which calculates risk but also helps to frame a shared decision making conversation. The tool has been proven in multiple trials and is well accepted by clinicians. It is also free to use and can be automated into the EMR workflow.

A: I have used the Statin Choice tool in my practice and patients really like it. It is visually very nice. I find it also helps me in my efforts to provide efficient, patient-centered care. Mayo has a toolkit that guides organizations in implementing the tool into practice and integrating it into the EMR (link). There is even a clinical program for Epic. Testimonials from other organizations seem to imply this can be done relatively easily.

R: We assemble a team to explore feasibility of implementing the Statin Choice Decision Aid system-wide.

# Step 2

## Prepare the Implementation Team

Once your team is assembled, you will need to become experts in both SDM and the Statin Choice tool. Reserve a conference room and block a half day on the calendar for the team's kickoff workshop. It is important that everyone is there. It also helps if everyone brings a laptop or tablet to practice with the tool. You will also need to print out enough copies of the organizational assessment for everyone to have one. Finally, you will need to record the group's thoughts and plans, so a whiteboard or flipchart is handy.

*Here is the agenda for the kickoff workshop:*

1. Introductions (5-30 mins): Team dynamics are important; everyone should feel comfortable. If there are people that don't know each other it is a good idea to have an ice-breaker. It does not matter who facilitates the meeting, so long as that person is comfortable doing so and he/she can create an open dialogue. It is important everyone feels open to give input.

2. Overview of Purpose (2 mins): The project director or clinician champion should clearly and succinctly state the purpose of the project and the rationale for the workshop. He or she should state that the goal is to leave with an actionable plan for implementation.

3. Webinar Session 1 (30 mins): First watch Session 1 of the implementation team webinar. This will provide an overview of SDM and the SCDA.

4. SCDA Video Demo (10 mins): Next watch the SCDA video demo provided in the toolkit as a team. Pay careful attention to the language used to convey risk. Discuss as time allows.

5. SCDA Practice (30 mins): Now, pair up and practice using the tool (either on a laptop or tablet) through role play. You can access it at: https://statindecisionaid.mayoclinic.org/. Take turns playing the clinician and the patient. You can use your own information (what you know) to populate the variables. When playing the clinician, pay careful attention to your language; try to emulate the wording on the demo. When playing the patient, pay careful attention to your experience. Debrief amongst the group. Use the $W^3$ approach if helpful:

- **What:** What happened? What stood out? What was different from the norm?
- **So What:** Why is that important to you? To your organization?
- **Now What:** What actions make sense?

6. **Break (30 mins):** Catch up on emails, use the restroom, grab something to eat.
7. **Webinar Session 2 (30 mins):** Watch Session 2 of the implementation team webinar. This will provide an overview of lessons learned from other organizations that have implemented the SCDA. It will prepare you to conduct an organizational assessment and to lay out your plan for implementation.
8. **Organizational Context Assessment (30 mins):** After watching Session 2, complete the organizational assessment provided in the toolkit as a group. This is a facilitated discussion. Designate someone to synthesize and record the group's thoughts on a whiteboard or flipchart.
    - **Step 1:** Hand each person a copy of the assessment and give them 5-7 minutes to complete independently.
    - **Step 2:** Then take a few minutes to report out the ratings (1 to 10) of each person for each domain of acceptability, feasibility, and appropriateness.
    - **Step 3:** Spend the remaining 20 minutes discussing the reasons for the ratings. Come to an agreement on a final rating as a group for each domain/question (from 1 to 10).
9. **Strategy Selection (15 mins):** After conducting the organizational evaluation, consider what strategies you will use to optimize each of the 3 domains. Peruse the SCDA Implementation Toolkit in making your selections. Also reflect on the experiences of the organizations described in Session 2 of the webinar.
    - **How will you improve appropriateness?**
        i. Use campaign to express importance (helps clinicians know this is encouraged by leadership)
        ii. Develop marketing materials (expresses to patients and public the patient-centered identity of the organization)
        iii. De-implement competing/overlapping tools

- How will you improve feasibility?
    i. Develop and email video of how to use in internal environment after placed in EMR (excellent if you know clinicians will watch, but what if they won't?)
    ii. Communicate initiative and demonstrate tool at clinician/nursing meetings (essential)
    iii. Have Grand Rounds/CME/education about the topic (good for maintaining interest and expressing the rationale)
- How will you improve acceptability?
    i. Putting link to tool in EMR (okay)
    ii. Integrating tool fully so that it auto-populates (much better)

10. Action Plan (15 mins): After selecting your strategies, organize them into a timeline and delegate responsibility. Do not leave without a plan for a follow-up meeting! Here is a sample action plan template and example:

## Organizational Statin Choice Implementation Action Plan

## ***SAMPLE***

| Date | What | Who |
|---|---|---|
| Every Tuesday | Send out action items and progress reports weekly | Project manager |
| Tomorrow | Schedule quarterly team meetings | Project manager |
| Next standing meeting | Discuss with service line managers | Project director/clinician champion |
| This week | Determine whether we could | Quality expert |

| | | |
|---|---|---|
| | use for MOC | |
| This week | Reach out to Mayo about usage reports/tracking | Clinician champion |
| This week | Engage Cardiology | Clinician champion |
| TBD | Engage marketing/PR | Project |
| This week | Begin EMR Integration | IT Liaisons |
| In 1 month | Pilot testing with super users | Integrator |
| In 3 months | End EMR Integration | It Liaisons |
| Fall provider meeting | Go-Live! | Clinician champion |
| Fall provider meeting | Provider/Clinician Meeting demo | Clinician champion |
| Day after fall provider meeting | Electronic Video Demo Emailed | Integrator |
| At fall nurse meeting | Nurse Meeting | Integrator/Workflow informants |
| Ongoing | Clinical Team Presentations | Clinician champion |
| With quarterly clinic meetings | Follow-up clinic site visits/training | Project manager |

# Step 3

## Executing the plan

The third and final step is to execute the plan. Although it is essential to have a timeline when you develop your plan, we realize this may change. That's okay. The most important thing is that the project manager keeps people engaged through any delays. It is helpful for the implementation team to meet in person and brainstorm solutions to delays when they exist. **In our experience, many delays can be avoided or troubleshooted just by maintaining communication.**

At most organizations, the effort required to integrate the tool into the EMR should take no more than 1-2 weeks (this can vary based on the complexity of the integration and whether pre-existing strategies exist for your vendor—see EMR Integration Supports. Efforts to communicate the presence of the tool and educate clinicians on how to use it will vary based on the size of your organization and how feasible it is to educate the clinicians. "At the elbow" support is important. We find it is helpful for someone to drop in on clinics from time to time and just remind the clinicians that the tool is there and demonstrate its use. Demonstration from within the internal workflow iis key. This will always spur questions and discussion.

If you want to track usage of the SCDA over time, you can work with your IT department to develop reports of when the tool is accessed from within the EMR (provided it is integrated into the EMR). For a more complete picture of total usage of the tool over time, our team may be able to provide Google Analytics reports for a small fee. If implementation is not going as well as you'd like, we also offer facilitation services (link?).

We're glad your organization wants to partner with patients in improving care. We look forward to hearing about your successes!