

Administrative Barriers to Implementing Multimodal and Multidisciplinary Practice Changes



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Disclosures

- I have no relationships to disclose

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Objectives

- Anticipate barriers to implementing new protocols
 - Example: Enhanced Recovery After Surgery (ERAS); Regional Anesthesia/ Block team
- Offer solutions in regards to anticipated barriers and resistance to practice change
- Assess progress over time
 - Outcomes driven, staff feedback

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Barriers

- Anesthesia Departments
 - Differing ideologies, staffing, provider skill level, lack of resources
- Peri-Operative team
 - Surgeon
 - Preop Staff
 - PACU Staff
- Multidisciplinary team
 - Program coordinator
 - Pharmacy
 - Dietitians
 - PT
 - Patient/ Family members

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Staff Concerns

Anesthesia

- Resistance to new practice, techniques
 - “Cook-book” anesthesia
- Compliance with new protocols
- Knowledge deficits
 - Clinical skills
 - Unfamiliar with new drugs
- Resources not available
 - Block team
 - Medications available

Peri-Operative

- Resistance to new practice, techniques
- Compliance with new protocols
- Knowledge deficits
 - Lack of understanding/ goals
 - Unknown role in new protocols *
- Resources not available
 - Nurse leaders
 - Education opportunities

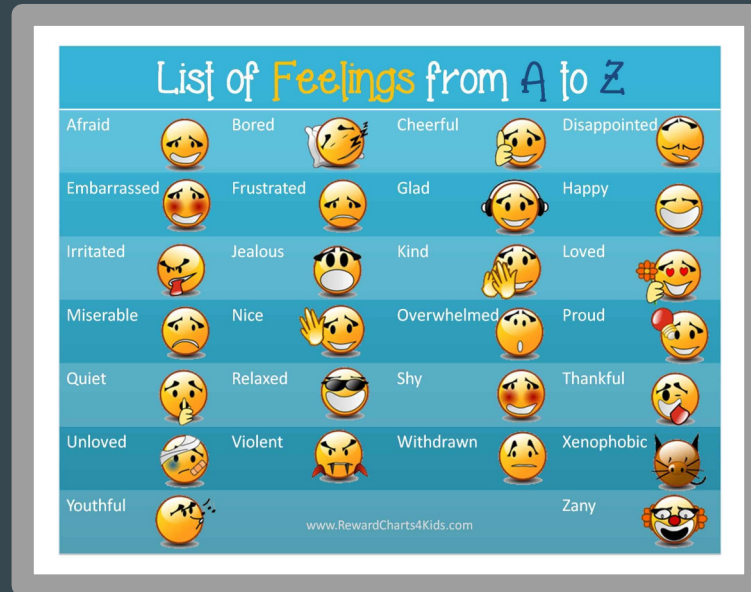
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Pharmacy

- Drug shortages/ supply chain issues
- Drug costs
- Lack of resources
 - Cannot make premixed medications
 - No storage available in Pyxis, Omnicell, etc.

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Emotional A.B.Cs



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Solutions

- Clinical coordinator
 - Point person so all specialties can have clear understanding
- Multidisciplinary team
 - Include IT, Finance leadership in addition to clinical staff we typically think of
- Benchmarks
 - Share data and be transparent, set clear goals to achieve
- Opportunities for engagement, education, recognition, and celebration
- Implementation structure
- Specialties involved
 - And adapting protocol for specific specialties

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Questions?



Break out session: 12:30 PM- 2PM