Identifying Stakeholders

A significant milestone has been reached once executive leadership is onboard and fully supports the development of an anemia clinic model in the organization. The questions now being asked are: What are the next steps, and how will we make this happen?

Stakeholders are individuals with interest in the outcome of the project, which in this case is establishment of an anemia clinic with the goals of improved patient outcomes and decreased health-care costs. In many cases, stakeholders will also be people with the power and influence to help drive project success. Developing positive relationships and maintaining open lines of communication with key stakeholders will significantly increase the likelihood of the project remaining on track and successfully achieving desired results.

Who are the key stakeholders? In the case of an anemia clinic, they will likely include patients and family members who want easy access to services, the assurance of a well-thought-out care plan, and open communication with the health-care team. As the public grows increasingly aware of the inherent risks of transfusion, patients are seeking safe, effective management of anemia without transfusion.

Stakeholders will also include medical professionals whose work is directly impacted by the services an anemia clinic provides. Physicians and their staff members benefit when scheduling a patient for treatment of anemia is a simple task and when results are communicated back with clear, timely documentation. Blood bankers benefit when the institutions they serve make a practice of managing patient anemia early and thoughtfully, as that conserves the community blood supply and decreases the frequency of emergency transfusions. Hospital staff benefits because patients who do not require transfusion have fewer complications and in general recover more quickly.

These individuals may or may not be members of the core working team, but getting their support and guidance through open dialogue throughout the project will greatly enhance the likelihood of success. Keep them in the loop through frequent communication and, when appropriate, through direct involvement in the work of the core team.

It Takes a Village: Developing the Working Team

The real work happens within the core team. Look for team members who are knowledgeable, available, and passionate about the project, as that passion and commitment empower them to work through obstacles while never losing sight of the ultimate goal: better outcomes and lower costs for patients who entrust their health, and the health of those they love, to the organization.

Everyone wants neighbors who are willing to work to improve the neighborhood, and those who are invited to be neighbors in this particular village will greatly influence the ultimate success of the project. First, the clinical service line that will take on leadership for the anemia clinic(s) must be identified and brought onboard. Some organizations grant that responsibility to the anesthesia department, others to medicine or surgery, while some develop a combined leadership model.

In most instances, a physician will be tasked with the role of selecting and leading the working team, and will continue to share responsibility for the functions of the anemia clinic once it is established. The leader is responsible for communicating the project's size and scope, the agreed-upon timeline, and any incremental targets to the team. He or she will manage available resources, assign tasks to various individuals, follow up to keep the project moving forward, and report both progress and obstacles to executive leadership.

In addition to strong clinical participation, the leader will need administrative support in order to meet these goals. This may

include someone responsible for creating agendas and other project materials, scheduling meetings and site visits, monitoring expenses, and keeping members updated and in touch with one another.

In every organization there are people who are actively working to manage anemia without transfusion, whether it is a single innovative physician, a few pioneering nurses, or an established blood management team. As early adopters, they should certainly be considered for the core group because there will be no need to convince them of the project's value. They will serve as the group's initial cheerleaders and influenc-

ers. The individuals chosen for the core group will vary from organization to organization.

A word of caution is in order regarding selecting members for the core team. Enthusiastic workers are in demand, and as a result, they can easily become overcommitted. The most skilled candidate will not benefit the team if he or she is simply not available to help.

Anemia is an issue that touches many areas of health care. Give consideration to including individuals from the clinical and business areas listed in Table 4-1.

Table 4-1. Potential Members of the Working Team

Physician Champions

Anesthesiology

Medicine (may include):
- Endocrinology
- Gastroenterology
- Hematology/Oncology
- Pathology
- Pediatrics/Neonatology
- Primary Care
- Psychiatry (perioperative medication management)
- Obstetrics/Gynecology
- Surgery

Blood Management

Laboratory/Transfusion Services

Patient Blood Management/Bloodless Medicine

Transfusion Safety

Nursing and Allied Health

Nurse Anesthetist

Nurse Educator

Nurse Midwife

Nutritionist/Dietician

Perfusionist

Pharmacist

Physician Assistant

Business and Finance

Billing

Data Analyst/Business Intelligence

Health Information Management/Electronic Health Records

Marketing/Communications

Operations/Finance

Patient Experience

Patient Scheduling

Practice Management

Project Management

Defining Team Size and Scope

Many of the decisions about core team members will be based on the scope of the project. Is a single clinic being established in one location, multiple clinics across a wide geographic area, or something in the middle? As the core team is being formed, several questions should be considered:

- How many members will be invited?
- How often will the group meet?
- Will all meetings be in person, or can some be targeted, brief conference calls?
- What work is expected between meetings?
- Will a portion of the work be done in subgroups, and if so, how will the core group be updated?
- What specific goals is the group expected to attain, and within what timeline?
- How will progress be recorded and measured, and to whom will it be reported?

Studies have been done over the years in an attempt to identify the optimal number of members for a successful working team, and results indicate that larger groups tend to be less efficient. This is often attributed to two main factors: loss of motivation and loss of coordination. Members of a large team may be less inclined to take on a task because they perceive that there are so many others to do it (loss of motivation), or they may be confused about who is responsible for specific tasks (loss of coordination).

No perfect member number has been established for building an effective team. However, it is important to consider what each member is expected and able to bring to the project. In general, it is advisable to avoid adding members who are not truly engaged just because of title or function.

Small, flexible subgroups of two to five people who "own" a specific task will often be more effective than larger groups working with a broad focus. It may be advantageous to do the bulk of the work in small subgroups, and periodically bring the full membership together to share and celebrate advancement.

Guiding Team Interactions

It is vital that members treat one another with respect and appreciation; after all, each person has likely taken on added responsibility in order to support a goal they consider worthwhile. While respect among team members is expected, consensus is not. The more passionately people feel about the work of the team, the more likely it is that there will be conflict. The team's ability to engage in open discussion and share differing opinions is essential to success. In the book *The Five Dysfunctions of a Team*,[1] author Patrick Lencioni addresses the dysfunction that comes with a fear of conflict and the desire for peace and harmony at any cost. Teams where members fear conflict have boring meetings, create environments where back-channel politics and personal attacks thrive, and basically waste a great deal of time and energy. Lencioni goes on to share that teams willing to engage in conflict have lively, interesting meetings, extract and exploit the ideas of all team members, and solve real problems quickly.

As the project moves forward and initial goals are attained, many team members will remain enthusiastic and on target. Inevitably, however, there will be some who lose interest, fail to contribute, and may even begin to spread negativity. If not managed either up or out, those individuals may derail the forward momentum of the project and significantly delay progress.

Addressing low performance is difficult. In the book *Hardwiring Excellence*,[2] Quint Studer recommends meeting with the low-performing individual to describe the troublesome behavior, to provide an opportunity for correction if warranted, and finally to share the consequences if it continues. Protect the spirit and the progress of the team by promptly addressing any behavior that threatens either one.