

### 3 Top Tips for EXECS from Key Opinion Leaders



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#### 1. Encourage Shared Decision-Making

Shared decision-making between members of an emergency department team, including input from the patient, is key to delivering an accurate diagnosis as well as high quality treatment and care.

“When teams share mental models of a situation and communicate effectively, they can be collectively vigilant, observant, curious and present,” says Prof. Ronald Epstein—a family physician at the [University of Rochester Medical Center](#) in New York.

Collaborative active thought within a department team—including physicians, nurses, dietitians, psychologists and other staff—is just as important towards shared decision-making as sharing expertise and clinical data.

“There is tremendous potential for driving value-based care in the emergency setting through shared decision-making,” wrote Edward Melnick, MD, assistant professor of emergency medicine at the [Yale School of Medicine](#) and Erik Hess, associate professor of emergency medicine and research chair for the [Department of Emergency Medicine at the Mayo Clinic](#).

By including the patient in this decision, the patient becomes more engaged in his/her recovery and will be more inclined to adhere to the treatment plan. This approach can also reduce the likelihood for unnecessary hospital admissions in the ER setting.

**See Also:** [Our Top Management & Leadership Tips for 2017](#)

#### 2. Treat Departments as Small-Medium Scale Enterprises

Dr. Marc Noppen, managing director at [University Hospital Brussels](#), says: “we have some departments which we treat as if they were small or medium enterprises. We have departments in which we allow whole, eclectic, very decentralised self-steering governance...It's a variety of measures, not a single answer, which will solve all the question. It's a multi-layered approach.”

In this way, each department is enabled to focus on its strengths and weaknesses, whilst leaving the majority of the budgeting and top-level strategic decisions to the director.

“We allow them to manage their own business, but our role is to be sure that we create the framework that they can still use—the success formula of their centre. This is really hard, focused on research and a very powerful translational mechanism where they bring their research very quickly to the bedside and continuously improve this reflex and culture of continuous improvement and innovation,” says Dr. Noppen

#### 3. Build a Positive Working Culture

There are many elements involved in the hospital culture, and each hospital is different.

“I've worked in maybe 15 hospitals in my career and I can tell you that every hospital is different. There is another atmosphere, another culture, another way to do things, another way to talk to each other, another way of hierarchical organisation, and this reflects in the way you manage patients. You cannot avoid that and that is why I think this has to come from the top. You have to lead by example,” says Dr. Noppen.

[A Vanderbilt-led study published in JAMA Surgery](#) indicates that surgeons who are rude and disrespectful to patients are more likely to make  
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mistakes in the operating room. Researchers found that patients treated by rude or disruptive doctors had 14 percent more complications in the 30 days after their surgeries than patients who were treated by surgeons who had better bedside manners.

"If you take those numbers and distribute them across the United States where 27 million surgical procedures are performed each year, that could represent more than 350,000 surgical site infections, urinary tract infections, sepsis — all kinds of things that we know can be avoided when surgical teams work well together," said Gerald Hickson, MD, senior vice president for Quality, Safety and Risk Prevention at Vanderbilt University Medical Center (VUMC).

The results also show that disruptive doctors also impact the ability of other surgical team members to do their work.

"A thing that we work hard on here is the culture of the relationship amongst ourselves and between us and the patients. A point we focus a lot on is that we really want to welcome the patient in an empathetic, warm, friendly, polite manner. This sounds very obvious and very low profile and stuff, but it really makes a difference," says Dr. Noppen.

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