



- Involve clinicians from the very beginning
- Involve staff at the "coalface", there is better buy in if those who
 will be actually using the solutions to the issues are involved from
 day one
- Evidence, evidence, evidence.......Provide data as evidence that your institution has a problem in recognising deteriorating patients (adverse events, clinical review committee stats, audit results, medical emergency team callouts, cardiac arrests).
 This can be tailored to individual clinical areas or as a hospital as a whole.
- If particular areas are resistant to change provide the evidence as to why they actually need it (audit their specific areas)
- Once you have 30% buy in the momentum will grow
- Involve all relevant professional groups- medical, nurses, allied health
- Ensure you sell to each group "what's in it for me?"
 - There are benefits to all staff and people will only want to know what benefits there are for them
- Keep them in the loop throughout the process
- Provide monthly updates of the project in some format through newsletters or formal progress reports
- If possible get to the undergraduate level when health professionals are still students so bad habits aren't learned
- Secure a spot in hospital orientation for both nurses and doctors
- Communication, communication, communication......the following are useful methods:
 - Progress reports to all relevant stakeholders
 - Quarterly newsletters
 - Consultants-meetings (formal & informal), letters, wine & cheese!
 - o Posters
 - o Team meetings
 - o Steering Committee meetings
 - Presentations "ad nauseum"

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