Engaging Stakeholders in Hospital at Home

Effective stakeholder engagement is a core program leadership competency. At a time like this (disruptive and uncertain) it is even more important to reach out, listen, and where possible, influence the narrative. Being prepared and proactive now will help you identify risks and themes that your program can incorporate into priorities, planning, and resource management.

Tip: It is not necessary to have a dozen meetings or interviews with stakeholders; 1 to 3 in the most relevant category may be plenty. The descriptions and examples below are intended to prompt your thinking.

It may be useful to think about at least four categories of stakeholders:

1. **Leadership**
    Who are the formal leaders that evaluate your team's work and must advocate for you? Are they well-equipped to connect the dots between your work and bigger organizational goals? Do they see you as a problem-solver who can deliver? Remember that in a complex organization leaders are balancing many needs; how can you simplify and align with their thinking, vs. fighting the uphill battle of explaining why a Hospital at Home program is "important"?

2. **Financial/Business Staff**
    Who defines budget parameters for the organization (or your division), and who may be responsible for developing recommendations on investment or budget cutbacks? The people developing budget forecasts and at the planning table with senior leadership have a very important role. Do they understand what your program does and how it influences care quality, costs, and workload or efficiency for other clinical colleagues?

3. **Collaborators and Sponsors**
    Which leaders have influence with senior leadership and impact high-profile revenue streams and/or critical and constrained resources (bed capacity in the ICU, for example)? Often this includes nurse leaders, department managers, and physicians such as surgeons, cardiologists, oncologists, intensivists, and hospitalists. Having strong friends who can connect the dots between their performance and your program can be very effective. Engage early and develop shared goals with explicit assumptions. Develop bigger value propositions together.

4. **Funders**
    Consider opportunities to work more closely with the Development Office (COVID-19 has stimulated interest from local funders) or local foundations that may help fund program expansion (new roles, settings, or training).

Stakeholder Categories to Consider (Choose A FEW that make sense where you are)

Leadership	Examples	Goals of Engagement
Who do you report to? Who do they report to? Which executive leaders are your formal or informal sponsors? Who may have perspective on new value and ways to fund an innovative program such as Hospital at Home	• Section Chief, Department Chair • CMO, VP of Nursing, CEO • Population Health VP, business development team, non-acute services manager	• Test the waters: Get early warning signs re: business challenges and priorities • Influence the narrative and measures for your program • Introduce attractive options for program priorities so these stakeholders can start to include them in their plans

Finance / Business Staff	Examples	Goals of Engagement
Who preps performance reports and budget documents for leadership? Who builds out cost/benefit models in the organization? Understands the impact of quality measures like mortality rates, readmissions, etc.?	• Departmental managers and finance administrator or analyst • Quality department manager, Pop Health or CMO staff? • Health plan contracting	• Develop a relationship of trust • Influence the narrative & measures re your program • Introduce attractive options for program priorities so they start to include these in plans • Introduce areas of impact from your program that may not be well-understood

Collaborators & Sponsors	Examples	Goals of Engagement
Who influences budget priorities and has power and credibility? Who knows your team's good work and/or challenges and deficits and how these influence their own team's work? Who are your main sources of referrals? With whom to do you partner to deliver care in the community?	• Emergency Room Physicians • Hospitalist Groups • Surgeons • Primary care practice leaders • Nursing leaders • Patient advocates • Community-based service leaders • Key service leaders, such as Director of Pharmacy	• "Protection" when you are not in the room (someone else who can tell your value story) • Identify interdependencies- where palliative care provides value by impacting others' capacity and results • Generating a sense of competition- they want you to have capacity to help them

Funders	Approach	Goals of Engagement
Which state or local health foundations are active during COVID? Who knows private individuals with means, manages development, or sits on boards?	• Use good etiquette & start with your organization's development office • Brainstorm with your team	• Identify the process for getting on the radar with the development office; offer to help • Convey a compelling wish list • Identify funding options outside of "operating budget dollars" • Clarify impact on community well-being

Getting Ready: Flexible Prep for Stakeholder Discussions	
Create a One-Pager: Provide a quick-read summary that sets up a good discussion and shows that you are forward-looking.	Prep a good one (or two) page summary. Consider key stats on Hospital at Home services and performance, stories about past/current impact, and options for future impact. This document will be useful with many constituents, including development office and population health folks. 'Options for future impact' will help focus the conversation on tradeoffs and help you learn your stakeholder's priorities and engage them in planning *with* you (not *about* you). **Tip: Using a 'newsletter style' with quadrants helps to organize concepts and save space.**
Define Your Process and Goals	This can be very simple - but be explicit. For example, "We are planning our priorities, given the opportunity available with the new CMS Hospital at Home waiver. Given disruptions from COVID-19, we want to ensure best alignment with organizational needs. Therefore, we are asking for your input and perspective."
Engage Your Hospital at Home Champions	Can they help get input? What questions do they have? What are they hearing from other departments? What opportunities did they see while work was being reordered for COVID-19 prep? **Use a team meeting to brainstorm an inventory of your team's assets.** This will identify info for the one-pager and will help frame your planning priorities. **Topics could include:** • Team roles and skills (progress, enhancements?) • Coverage strengths (Weekends? Multiple sites? ED presence?) • New relationship strengths (support or increased knowledge and skills of key pockets of people in the system who are not on your team) • New capabilities (like rollout of new training) • Processes to support telehealth or EHR triggers or templates Roles and workgroups that your team members are participating in or leading that could be leveraged.
Prep Some Questions	Do not 'over-plan': this is not a survey. But do prep for some appropriate questions to guide the discussion. **Tip: Avoid using totally open-ended questions or closed-ended, yes/no questions. Aim for the middle with a focused prompt or example.** **Sample questions include:** • What keeps you up at night? • How has the COVID-19 response impacted our organizational priorities for this year or next? • As we plan for tradeoffs or expansion of inpatient work and community-based services, what do you want us to know? • What are the most important criteria in this moment for evaluating any service expansion? • We have invested a lot of time this year in 'just-in-time' training of others, vs. direct care; what is your perspective about the value of this as we plan future capacity?