

TLC Implementation Barrier Busters!

Please see online version for links to resources.

BARRIERS	POSSIBLE SOLUTIONS
Leadership Engagement	
Leadership does not see TLC as a priority	<p>Prepare and present a business case to leadership that demonstrates the need, efficacy, and cost of implementing TLC, including data from the TLC pilot. See the TLC PowerPoint for Leadership.</p> <p>Report monthly TLC referral and outcome data to leadership.</p>
Provider & Staff Engagement	
Staff does not see TLC as a priority	<p>Brainstorm with the HPDP committee members.</p> <p>Provide data on the need and efficacy of TLC, including data from the TLC pilot.</p> <p>Involve staff in the TLC team; listen to concerns and work to address them.</p> <p>Recognize staff that are utilizing TLC; give them certificates of recognition, be sure their supervisor knows about their role in TLC, and/or publicize in a newsletter.</p>
Staff are not referring patients to TLC	<p>Provide one-on-one education; follow-up with staff that are not referring patients to find out why and answer any questions they may have about the program. Help them identify candidate patients and model a conversation with that patient(s). See the Moving Veterans to TLC tool.</p> <p>Enlist leadership and clinical champions to promote the program with staff.</p> <p>Set referral goals and incentivize staff to refer patients to TLC.</p> <p>Keep in mind that it takes time to reach critical mass; in the meantime, work to keep TLC visible by using the materials and strategies available here.</p>
Staff feel they do not have time to refer patients	<p>Attend PACT huddles/meetings and PACT steering committee meetings to model brief conversations with patients about TLC.</p> <p>Communicate with staff how TLC may ultimately save time, through reduced clinic visits.</p> <p>Enable additional staff to place the consult, such as RNs, RN care managers, LPNs, RD's, and Behavioral Health staff.</p>

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<p>Staff are not completing goal setting with patients</p>	<p>Review how to use the TLC goal setting sheet with providers and the importance of setting goals during the clinic visit; however, keep in mind that goal setting is challenging for both providers and patients. It will take time for providers to fully incorporate goal setting into clinic visits.</p> <p>Integrate TLC and the Healthy Living Message CPRS tool to help remind providers to complete goal setting with patients and refer to TLC.</p>
<p>Clinical champions not fulfilling role</p>	<p>Identify people who are already enthusiastic about TLC and encourage “championing.”</p> <p>Consider the types of champions that may be needed. For example, if providers are not referring patients, find a physician champion to help with gaining support among their peers. Nurse champions may be important to work with Nurse Care Managers. Champions may come from various roles and professions within your facility and they can all help to build support for TLC.</p> <p>Recognize championing efforts; give champions certificates of recognition, be sure their supervisor knows about this work, and/or publicize in a newsletter.</p>
<p>Schedules are inflexible and there is no protected time for education on TLC</p>	<p>Increase TLC communication efforts in existing staff meetings and in-service trainings, and use email to discuss TLC with staff.</p> <p>If staff cannot attend training, bring the training to them during PACT huddles/meetings and catch people in the halls during the regular work day.</p>
<p>Hospital size makes full roll-out difficult</p>	<p>Consider staggering the roll-out to different services lines instead of the entire facility, then create unit-based teams to implement the program.</p>
<p>Patient Engagement</p>	
<p>Clinicians report that patients do not want to participate in TLC</p>	<p>Meet with PACT teams to model conversations that best engage patients and move them to the next stage of change; train providers to use the Moving Veterans to TLC tool.</p>
<p>Patients agree to participate in the program but TLC coaches are not able to reach them</p>	<p>Compile a list of unreachable patients and follow-up with them by phone or mail to find out why they were listed as unreachable and determine if you should reissue the consult.</p>