Appendix B

Stakeholder/Committee/Special Group Reporting and Approval Process

Identifying all the stakeholders and defining who needs to buy in and be aware of your efforts are important to increasing the likelihood of early adoption, to giving you legal protection for information you uncover and to planning educational efforts. Typically, this includes representation from:

- 1. Pharmacy and Therapeutics Committee
- 2. Pharmacists
- 3. Bedside nursing staff
- 4. Cardiologists
- 5. Hospitalists
- 6. Other internists
- 7. Heart failure nurses
- 8. Heart failure educators
- 9. Cardiothoracic surgery
- 10. Nutritionists/dieticians
- 11. Health information department (including those involved in core measure abstraction)
- 12. Hospital informatics
- 13. Home care
- 14. Data analysts
- 15. Emergency department

Each hospital team must decide who will be the key core members essential for the development and implementation of the heart failure team initiative. Other persons whose input will be required periodically may serve as ad hoc heart failure team members, for example, representatives from billing/coding services and finance.



Appendix B

TASK A

Identify key stakeholders, committees and special groups that need to be aware of your efforts to improve heart failure care. You also need to understand where your team fits into the organization's quality improvement structure. This understanding is critical, especially if barriers or issues that need broader organizational support are identified. In addition, clarifying this relationship will assist other QI teams and will help to standardize the approach to clinical care improvement.

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Stakeholders:		
Committees:		
Special Groups:		

TASK B

Clarify the reporting structure and approval process for your order sets, interventions and resource approval.

Reporting Structure:	Approval Process:	
Assignment of Task 2A		_(Team Leader)
Assignment of Task 2B		
Time line for beginning and completing		