

LESSONS FROM AN UNFINISHED PROJECT

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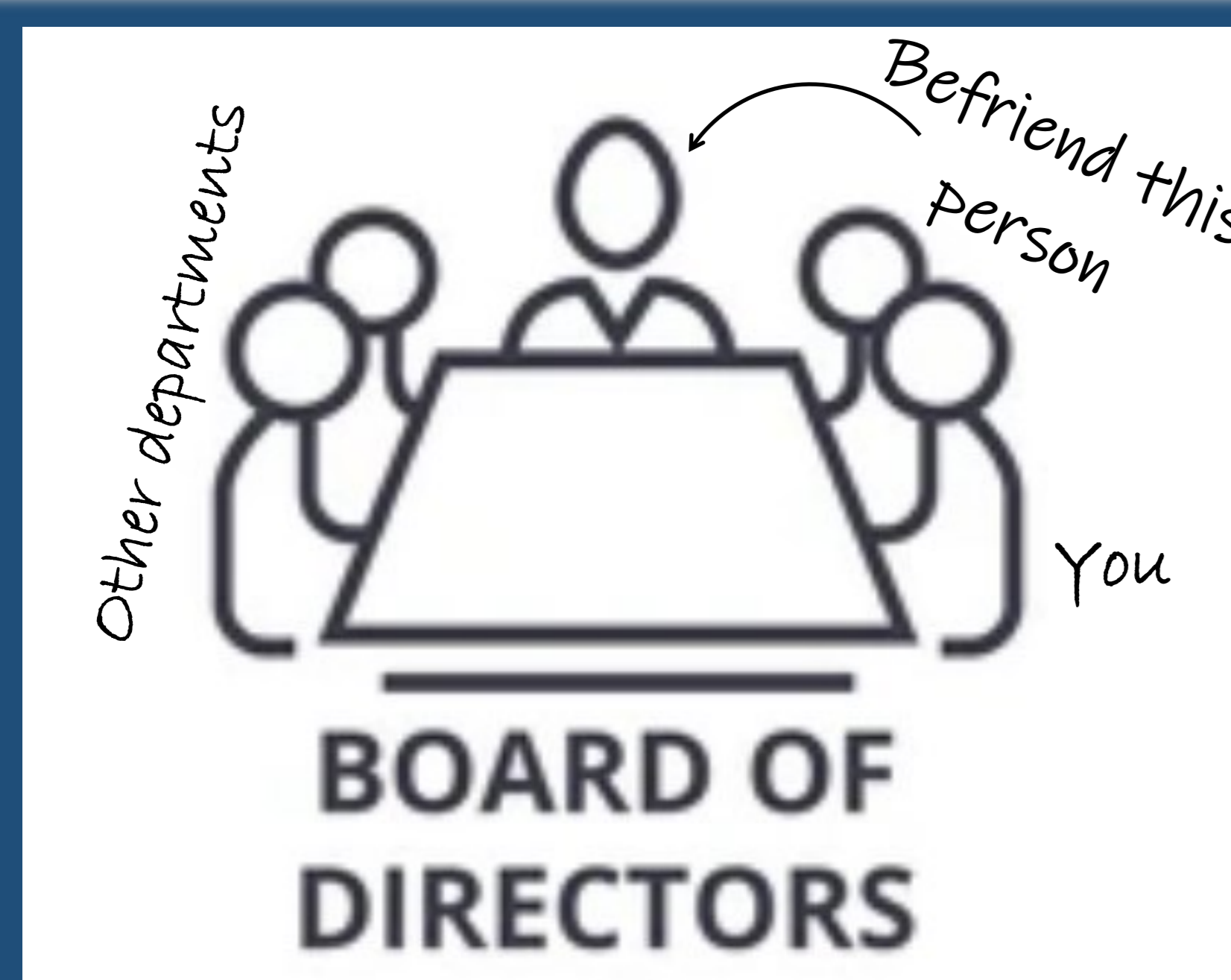
1. OBJECTIVES:

- To introduce a dedicated conduction system pacing (CSP) service in Scotland.
- To ensure that the service is deliverable both in tertiary and secondary centres where standard cardiac pacing is currently offered.

2. METHODS:

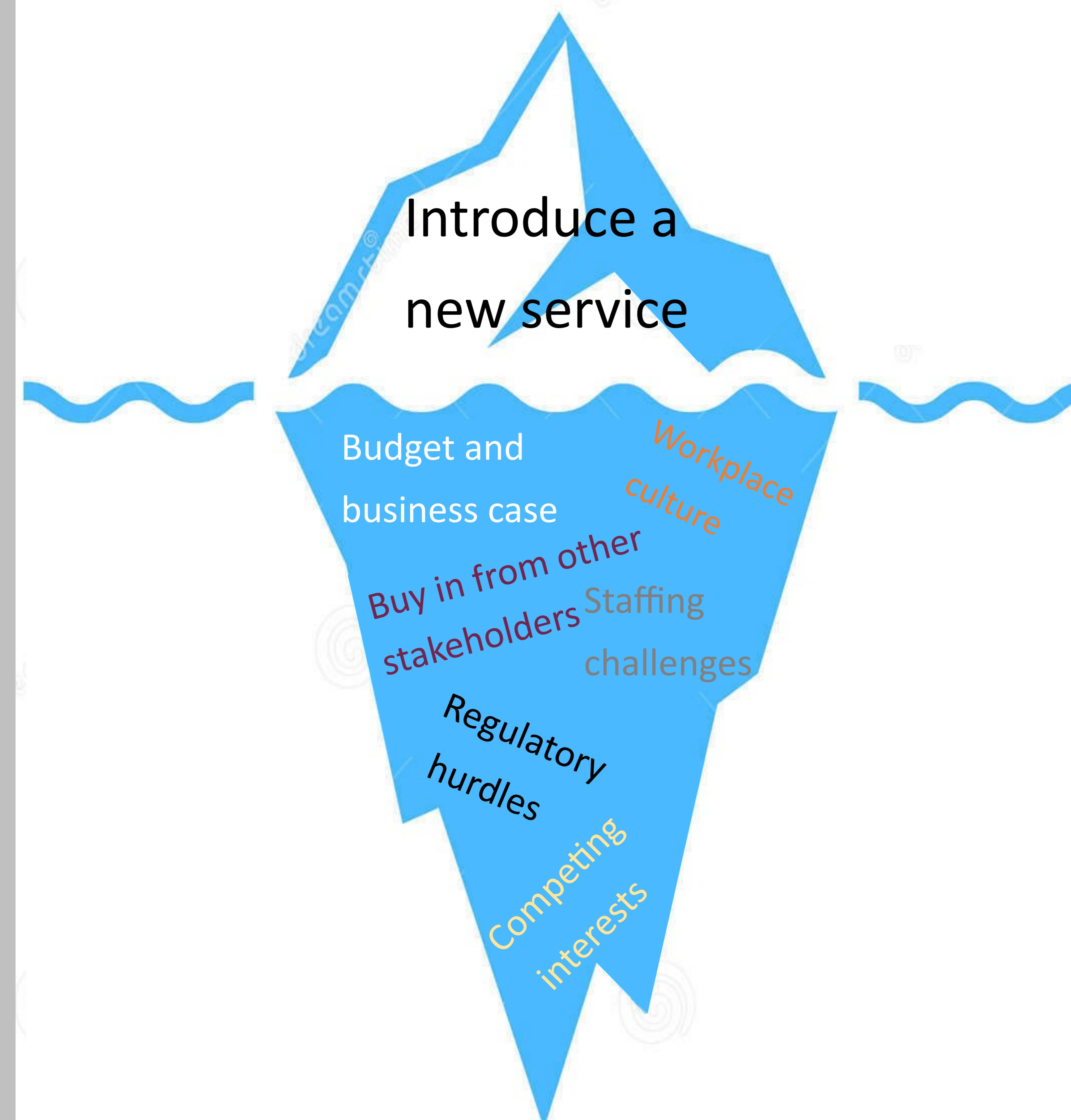
- Upskill 2 consultants working in both settings (tertiary & district) and use a standardised implant protocol which will form the basis of the service.
- Use already established pacing services in both centres to deliver CSP.
- Audit implant parameters (procedure / fluoroscopy time, radiation dose, success rates) between both sites to demonstrate feasibility of the project.

5. CLOUT



- Important to have a key decision-maker in the organisation on board with the project.
- Teams may be hesitant to make changes to practice for someone without a proven track record.

3. THE PROBLEM-BERG



- Anticipate more problems / hurdles than originally planned.
- Careful forward planning and mitigation of potential stumbling blocks by intensive pre-implementation informal lobbying / fact-finding discussions will be key in reducing delays to the project.
- Having buy-in / aligned interests from a member of the management team will help with non-clinical issues.

4. STAKEHOLDERS:



- Contemporaries - Easiest to convince because they share the same values / understanding / knowledge base
- Subordinates - May initially be on board but interest can start to wane if work is too onerous and results are slow
- Wider team - Most difficult to convince as they have least to gain and would rather not change usual practice

6. CONCLUSIONS:

- Anticipating potential hurdles and forward planning mitigating steps is key in ensuring the success of a project.
- Just as important is having the buy-in of clinical and management colleagues who will be able to provide important insights and support.

There are no conflicts of interests