National Initiative VII

Summative Presentation
Cohort Four

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Cohort Four – Teaming to Improve Care

- Baylor Scott & White, Temple, TX
- Christiana Care Health Services, Newark, DE
- Guthrie Robert Packer Hospital, Sayre, PA
- Aurora Health Care – Cardiology, Milwaukee, WI
- Aurora Health Care – Internal Medicine, Milwaukee, WI

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What did you hope to accomplish?

Reinforce lessons from a communication workshop using a targeted educational intervention

Create a unique patient experience and provider experience that improved engagement and satisfaction of providers at work

Created a targeted data sharing approach to improve resident quality metrics- focusing initially on diabetes bundle compliance

Improve transitional care management visit rates using multidisciplinary huddles

Improve performance on the diabetes bundle by holding a workshop on how to use EHR dashboards

Improving colon cancer screening rates by having providers call patients and offering alternatives to traditional colonoscopy

Improve communication and feedback between cardiology fellows and faculty; improve efficiency of the Cath lab

Increase advance directive completion numbers for elderly patients through a standardized workflow

What were you able to accomplish?

- Diabetes bundle
- Colorectal cancer screening
- Depression screening
- Fall risk screening
- Advanced directive completion
- Transitional care management

Improved Quality Metrics

- Root Cause Analysis leading to 3 PDSA cycles
- Faculty training on feedback techniques

Education

- Baseline data collected
- Data collection strategy formulated

Data Collection

- Explicitly defined and trained on communications

Communication

- Improved workplace satisfaction
- Expectations clearly communicated

Wellness

- Brainstorming interventions
- C-suite buy in

Stakeholders Engaged

- ACGME survey faculty feedback score improved
- Resident quality metrics
- Residents and Fellows engaged in QI

Improved Program Metrics

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Knowing what you know now, what might you do differently?

- No didactics in a pandemic
- Smaller project
- Standardize some component of the team
- Remain connected while physically distanced
- Encourage the intersection of as many projects as possible
- Offer virtual visits more quickly
- Speed up PDSA Cycles/ root cause analyses to get to the true root cause sooner
- Communicate data about clinic panels to residents more frequently
- Establish clear expectations for team participation, focused feedback
- Create incentives for resident participation
- Earlier introduction of intervention with more education

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On a scale of 1 to 10 (with "1" meaning nothing and "10" meaning everything) how much of what you set out to do was your team able to accomplish and how were your results the same or different from your expectations.

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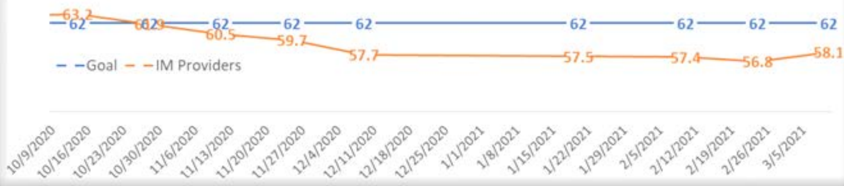

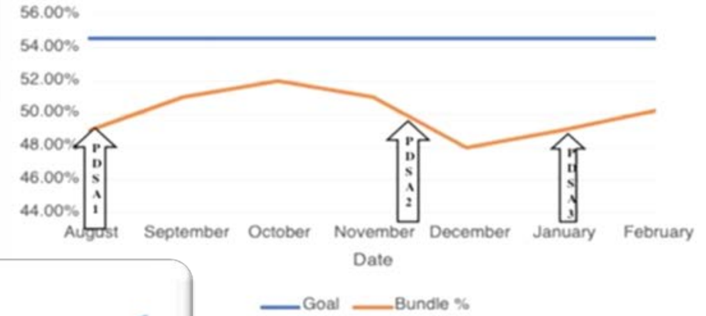

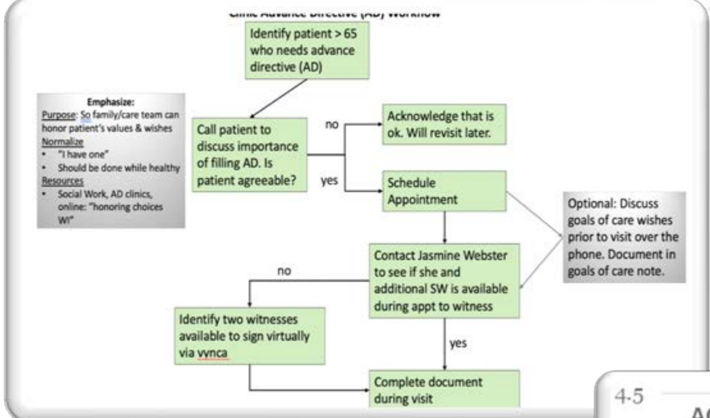

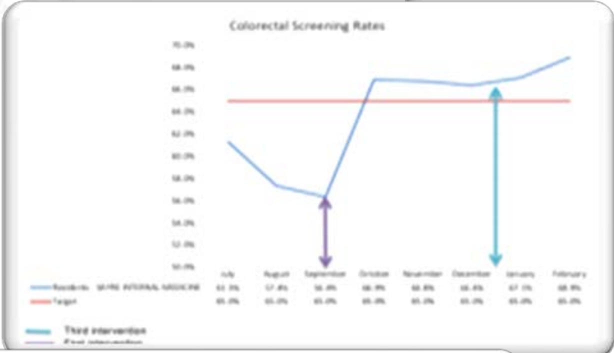

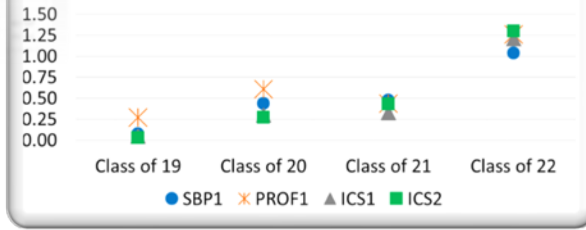

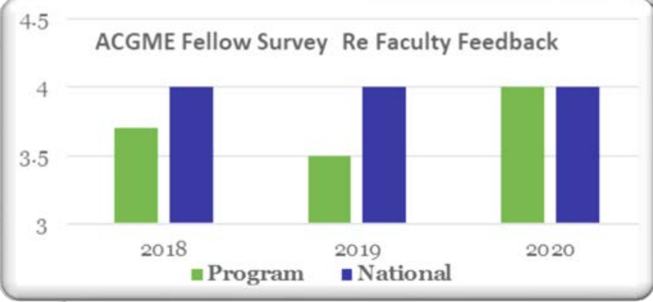

Equipment

No team integration into corner x 3
All team members are not trained on all equipment x 2
Keeping all POC testing UTD and with training
RevCycle does not show PCP
Difficult to communicate in the EMR
Lack of clarity on how patient requests are handled in EMR
Need more laptops/workstations to accommodate staff x 2
Proper equipment in all rooms
ALL the same equipment for both practices x 2
Not having portable computers
Who orders the equipment
Not quick access to equipment (locked)

Policy/Procedure

Inaccuracy in data
Unclear of roles
Different reporting structure for team parts
Confusion on team function
gearing all policies and procedures towards teams
make outreach calls for team patients only
Folders need to be team based
Scheduling geared towards teams
Huddle not always done/not effective x 2
No standard SOPs
Unsure of what teamlet means
Resident scheduling makes continuity/team scheduling difficult x 3
Portal use not optimized
Access Center not geared towards teams
Need standardization between 2 practices
Better Access to care
Outreach calls take too much time
Consistent Policy/workflow updates
No enforcement of late policy

Improve team based care for our patients and providers in our academic practices

Staffing issues/fully staffed teams x 4
High Turnover and unclear leadership/hierarchy
Low buy in to participate in teams x 6
Team members doing their role to maximum ability
Residents are not available
Pts do not know who their PCP is
MAs are pulled to cover other things and are not rooming for their team
Access center scheduling issues x 3
Team roles unclear
Hierarchy within teams do not promote assertive participation fr OA/MA
Staff turnover impedes the development of relationships x 2
Lack of psychological safety
Need providers to always be available
Accurate training of new staff
Time to meet
Constantly changing teams--turnover
Messages not being read in EMR when patients call in

Residents Moving between locations
Teams don't physically work together x 4
Current seating not in teams
Patients do not know they are on teams x 2
Not enough physical space
On hold times in the access center
Insufficient use of the R2L system for these issues
Data for teams in lacking
How to use support services (BHC, SW, CM)
Foulk/Wilm Tracking
OA's at WHC are really far away

PEOPLE

ENVIRONMENT