



## National Initiative VII

### Summative Presentation Cohort Four

# Megan Newman, MD, FACP



Associate Program Director,  
Internal Medicine Residency

Baylor Scott & White Health  
Temple, Texas



## 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

# 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



# 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

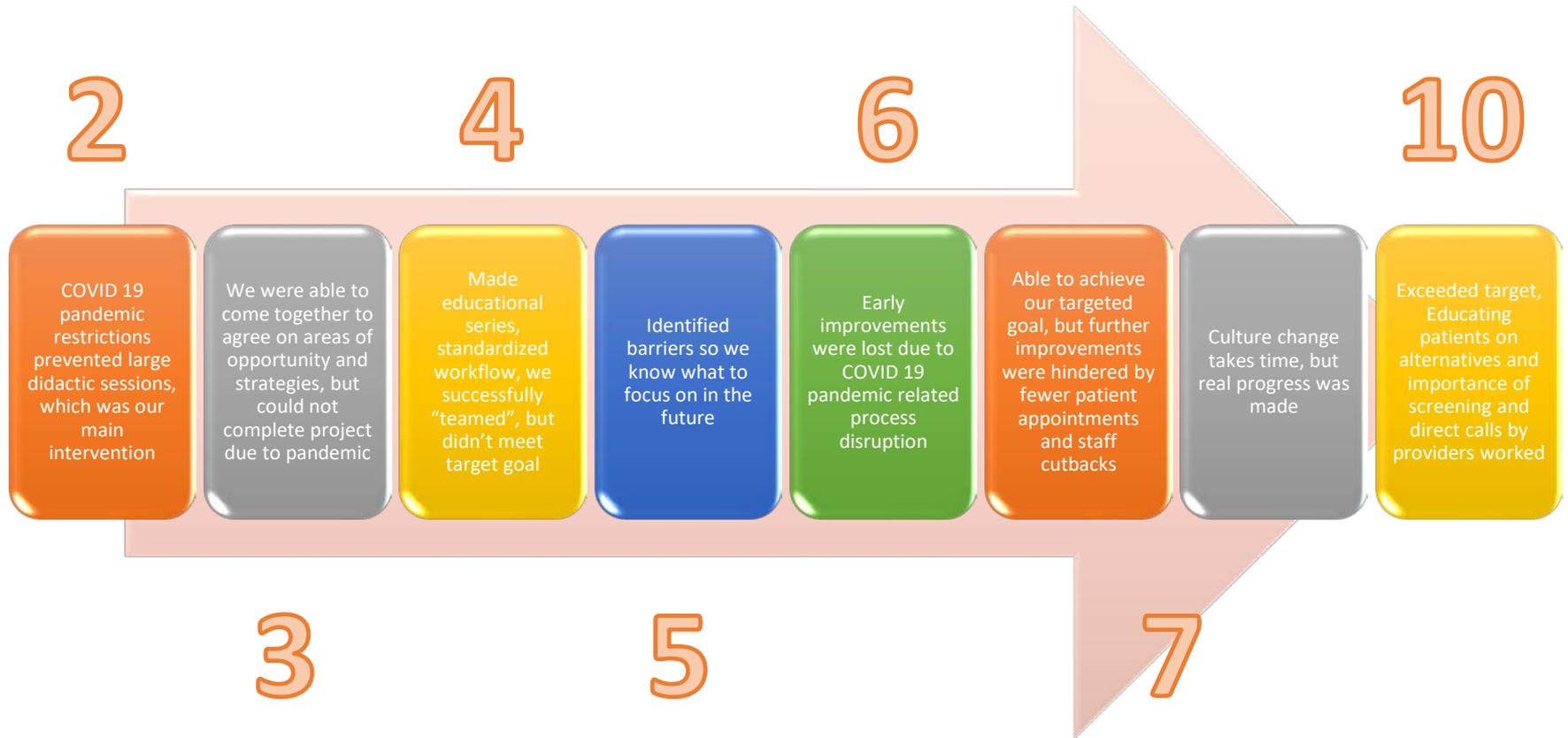
Communicate data about clinic panels to residents more frequently

Establish clear expectations for team participation, focused feedback

Create incentives for resident participation

Earlier introduction of intervention with more education

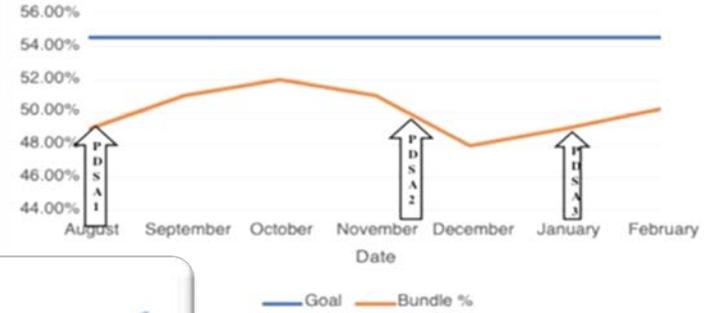
On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish and how were your results the same or different from your expectations.



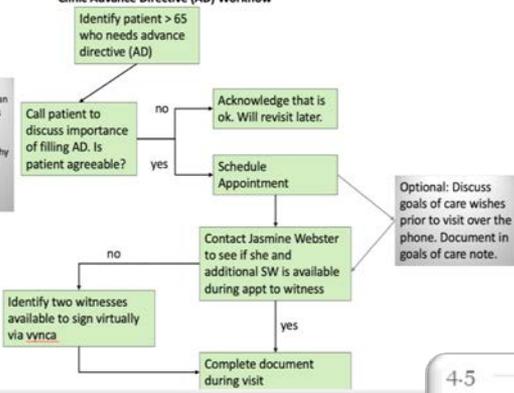
### DIABETES BUNDLE AS % FROM JULY 2020 TILL DATE



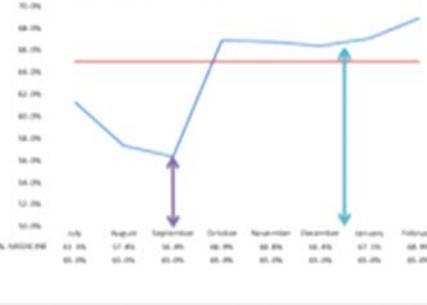
### Diabetic bundle rate



**Emphasize:**  
 Purpose: So family/care team can honor patient's values & wishes  
 Normalize  
 • "I have one"  
 • Should be done while healthy  
**Resources**  
 • Social Work, AD clinics, online: "honoring choices WI"



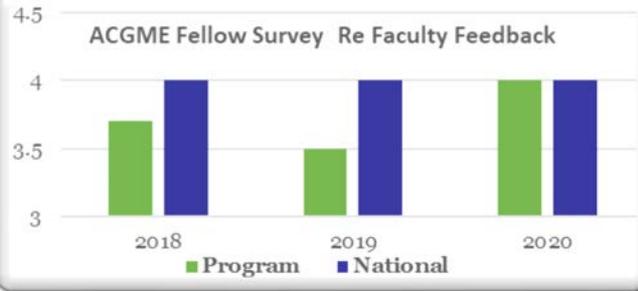
### Colorectal Screening Rates



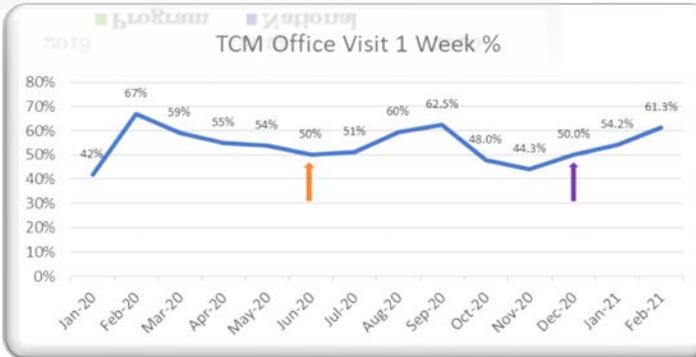
### Rate of Change in Milestones PGY1 → PGY2



### ACGME Fellow Survey Re Faculty Feedback



### TCM Office Visit 1 Week %



**Equipment**

- No team integration into center x 1
- All team members are not trained on all equipment x 2
- Keeping all POC testing iUTG and with training
- Recycle does not show PCR
- Difficult to communicate in the EMR
- Lack of clarity on how patient requests are handled in EMR
- Need more logistics/expectations to accommodate staff x 1
- Proper equipment in all rooms
- All the same equipment for both practices x 2
- Not having accessible computers
- Who orders the equipment
- Not quick access to equipment (booked)

**Policy/Procedure**

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

**PEOPLE**

- 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
- PIs 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 1
- Team roles unclear
- Hierarchy within teams do not promote assertive participation [r/OA/MA]
- Staff turnover impedes the development of relationships x 2
- Lack of psychological safety
- Needs 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

**ENVIRONMENT**

- 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 1
- Not enough physical space
- On hold times in the access center
- Insufficient use of the I2L system for these issues
- Data for teams in lacking
- Have to use support services (BHC, SW, CM)
- Food/Water Tracking
- OA's at WHC are really far away

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



## National Initiative VII

# Summative Presentation Cohort Five

# Cohort Five Presenter



Michelle Noltimier RN BSN MBA  
Director for Program Development and Student Clinical Education  
Office of Health Professional Education



# Cohort Five – Program/Education

HealthPartners, Minneapolis, MN

Designing a Teaming Framework to Align Training to Patient Care Outcomes

Main Line Health, Bryn Mawr, PA

Nurturing Collaborative Skills in the Clinical Learning Environment

Monmouth Medical Center,

Long Branch, NJ

Interprofessional Teaming to Address Hand Hygiene

Ochsner Health System,

New Orleans, LA

Teaming on Labor and Delivery

Our Lady of the Lake Regional

Medical Center, Baton Rouge, LA

Incorporating Lessons Learned to Increase Participation and Engagement in Interdisciplinary Huddles within Surgical Units

Aurora Health Care – GME,

Milwaukee, WI

Using Crisis Response Mock Drills to Prepare Leaders and Enhance Policies

Aurora Health Care – Radiology,

Milwaukee, WI

Radiation Exposure, Reduction Techniques, and Standardization of Swallow Study Evaluations

# What did you hope to accomplish? Themes

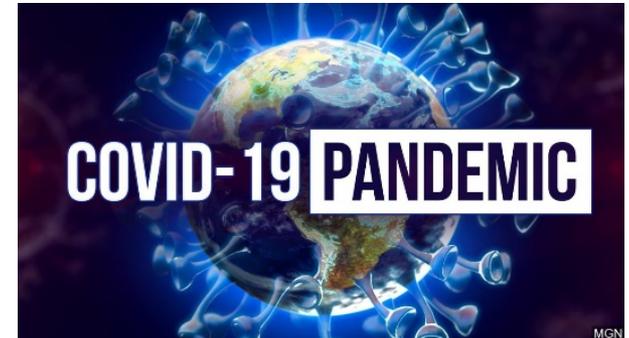
- Training
  - > Use of Medical Improv to improve teaming
  - > Interprofessional Conferences to improve teaming efficacy.
  - > Mock Drills to enhance team response to prevent suicide
- Quality
  - > Addressing hand hygiene using IP teams
  - > IP Rounding to improve patient safety
  - > Implementation of radiation safety for team members
- Communication
  - > Efficiency and situation awareness of team members by enhancing communication through checklists



[jssuni.edu.in](http://jssuni.edu.in)

# What were you able to accomplish?

- Teaming Framework developed for training
- Interprofessional education conferences
- Enhanced training to promote staff safety
- Established work groups and pilots
- Debriefing as a way to improve process- use of PDSA
- Mock Drills to bring policies to life
- Spread of success to other areas/departments
- Enhanced engagement of teams
- Improved patient outcomes related LOS, experience, harm reduction
- Identification of safety issues and need for sustained education and training



[forbes.com](https://www.forbes.com)

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



[dakotabusinesslending.com](http://dakotabusinesslending.com)

- Equal representation and more diverse team member participation
- Empowering others to speak up
- Scope and focus are important
- Plan for uncertainty
- Virtual meetings can assist in participation of members
- Advocate for technical resources earlier
- Plan to scale up
- Teaming might differ in crisis compared to routine care

# What does your CEO need to know to help keep your work sustainable?



[em-views.com](http://em-views.com)

- Establishing responsibility for work going forward- roles are clear and sustainable
- How the work can be incorporated into existing practices and expanded to new settings
- Importance of practices as a part of culture change eg hand hygiene
- Investment in resources/technology to enhance communication can facilitate desired outcomes
- Employing active methods of learning to gain understanding of complicated and high risk issues
- Support and engagement from all levels of leadership and clinical practice are important to sustain the teaming approach