Team-based Care Workshop

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Introductions

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ACTT

Accelerating Change Transformation Team

Today's Agenda

▶ **01** Team-based Care:
Benefits, Challenges,
Recommendations

▶ **02** Activity 1:
Who's on your team?

▶ **03** Activity 2:
Effective Team Huddles

▶ **04** Activity 3:
Roles & Responsibilities

▶ **05** Activity 4:
Introductions with Intention

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▶ Accelerating Change Transformation Team

Workshop Objectives

1 **Evidence Review & Current State**
Clinic Managers will understand the benefits and challenges of implementing team-based care. Clinic Managers will learn about the functional and cultural changes needed to transform teams.

2 **Reflective Activity**
Clinic managers will have the opportunity to identify their team, both within their clinic settings as well as the Health Neighborhood

3 **Team-based Care Resources**
Clinic Managers will engage in activities to learn more about 3 tools: Effective Team Huddles, Roles & Responsibilities and Introductions with Intention

What is Team-based Care?

- An interdisciplinary approach to care
  Ensuring the right people provide the right care at the right time

- Interdependent on respective tasks

- Share common goals and responsibilities for results

- Focus on safe, timely, effective, efficient, equitable, patient-centered care

- The team also includes the patient and their caregivers

Why Team-based Care Matters

Improved chronic disease management

Improved quality of care

Improved health outcomes

Increased patient satisfaction

Successful implementation of primary care innovations
Example: Patient's Medical Home

Improved access to care

Reduced burnout

Why is Team-based Care important for Alberta?

▶ **Albertans expect their Primary Health Care System to be there for them.**

Imagine Citizens Network (ICN) supported in MAPS prioritizing Team-based Care.

▶ **A priority key focus area in MAPS includes team-based care**

Accelerate efforts to ensure every person in Alberta can be connected to a patient's medical home that provides team-based primary care with a diverse team of health care professionals.

Team-based care is not new...

Despite evidence-based guidelines, there are still **challenges** for practices to implement effective team-based care

Teams should engage in **functional and cultural change processes**

Functional Change Processes

Domain of Change	Functional Change Processes
Team Formation	• Role clarity • Team time • Access to clinical data
Capacity for Continuous Improvement	• Improvement Skills • Meeting structures • Data collection capacity

From Kyle et al. (2021). A mixed methods study of change processes enabling effective transition to team-based care.

Cultural Change Processes

Domain of Change	Cultural Change Processes
Team Formation	• Sharing authority • Staff engagement • Physician leadership
Capacity for Continuous Improvement	• Openness to experimentation • Willingness to fail • Data is a valued tool

From Kyle et al. (2021). A mixed methods study of change processes enabling effective transition to team-based care.

| Domain of Change	Functional Change Processes	Cultural Change Processes
Team Formation	Role revision & clarity Team Time Access to Clinical Data	Shared authority Staff engagement Physician leadership
Capacity for Continuous Improvement	Improvement Skills Meeting Structures Data Collection Capacity	Openness to experimentation Willingness to fail Data as a valued tool

Practical Tips for Clinic Managers

Tools to Support You & Your Teams

Accelerating Change Transformation Team

Team-based Care Resources
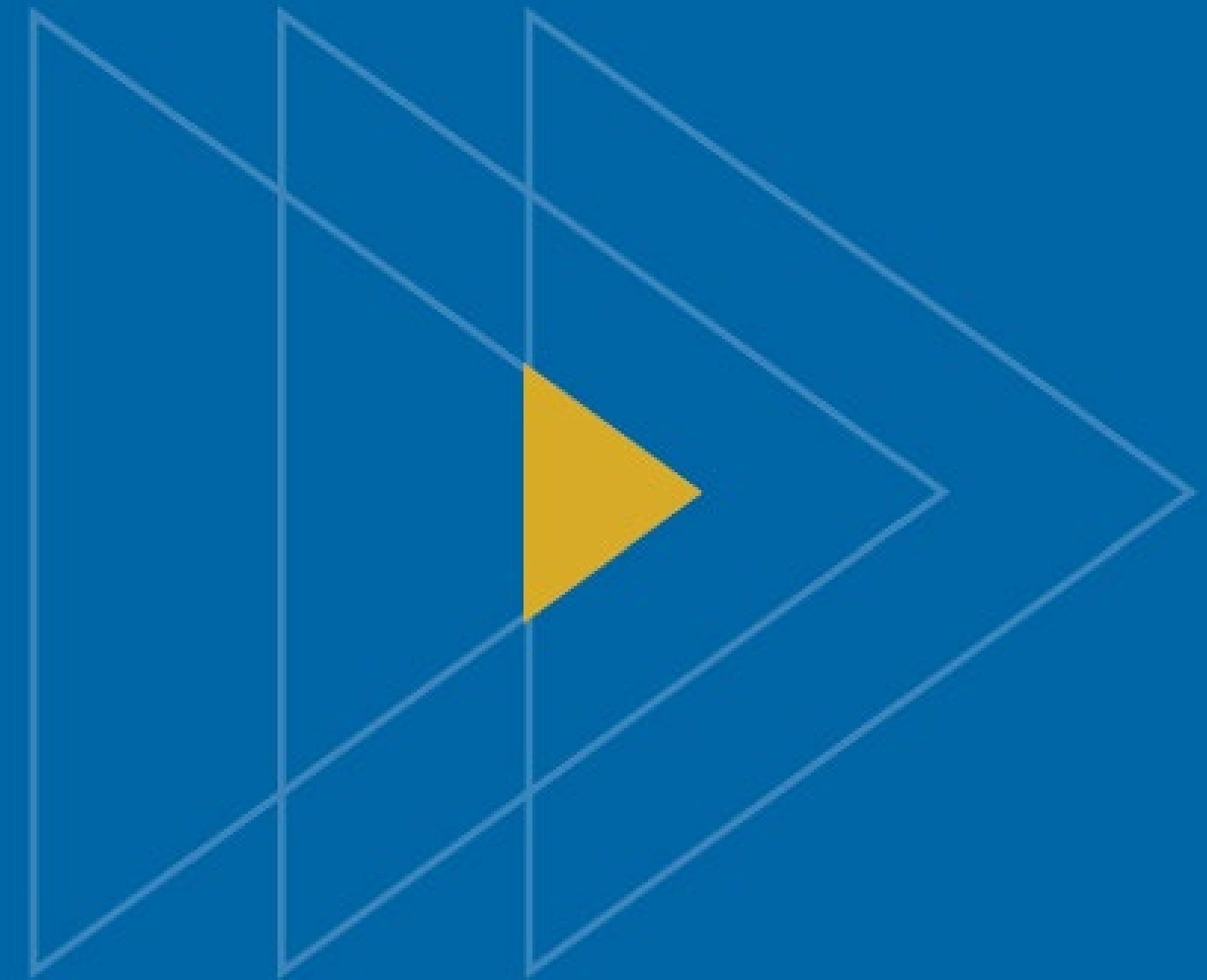
AMA-ACTT Website

🌐 albertadoctors.org/resource-centre/
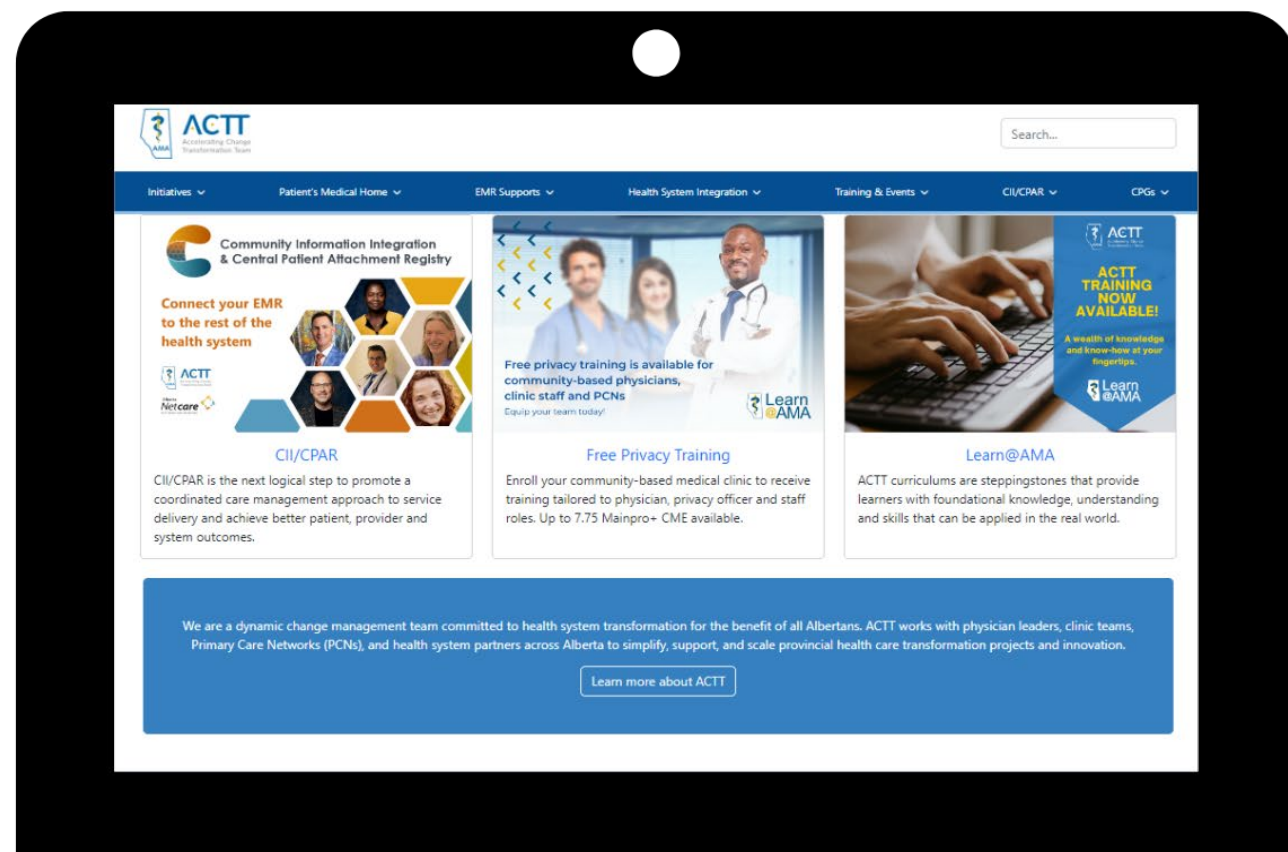
▶ **Roles and responsibilities assignments**

▶ **Introductions with Intention**

▶ **Team Huddles Guide**

Activity 1: Defining your team

Health Ecosystem

Alberta Health Services

People of Alberta

Medical Home

Primary Care Clinic

Community Care Clinic

Health Neighbourhood

Connect Care

Healthy Communities

Food
Recreation
Hospital
Spiritual
Environment
EMS and Community Paramedics
School
Long-Term Care/ Supportive Living
Rehabilitation Services
Finance
Health & Social Centres
Community Pharmacy
Primary Care Network
Home Care
Lab
Social
Public & Community Health
Specialist
Social Services
Health Promotion
Housing
Transport
Harm Reduction

Source: Primary Health Care, Alberta Health Services
PHC@albertahealthservices.ca

Defining your team

Activity 1: Defining your Team

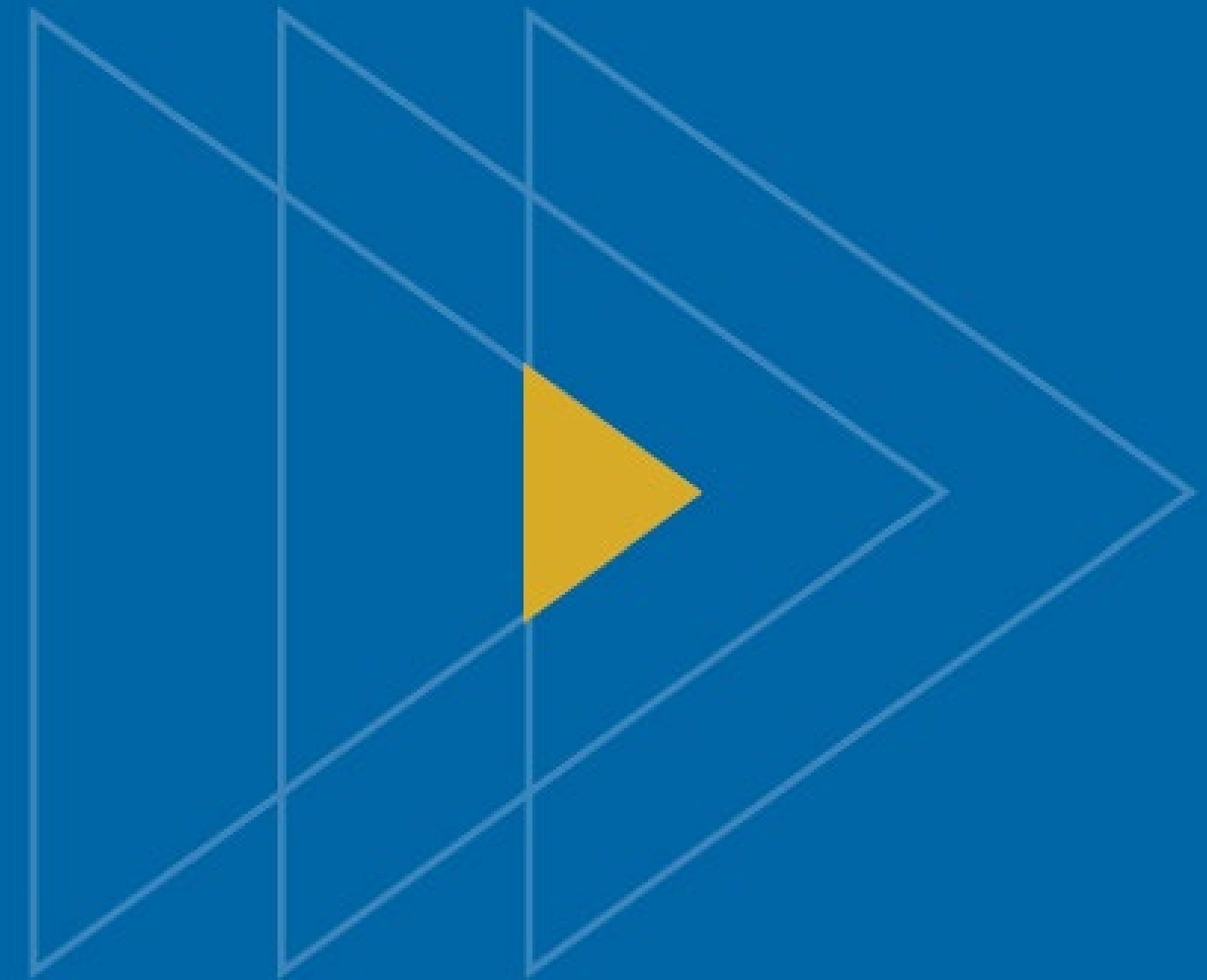| Who is on your team?	
Patient Medical Home/Clinic	Health Neighborhood

- Refer to the worksheets in your conference package

- Reflective exercise, complete your sheet

- Share with your table
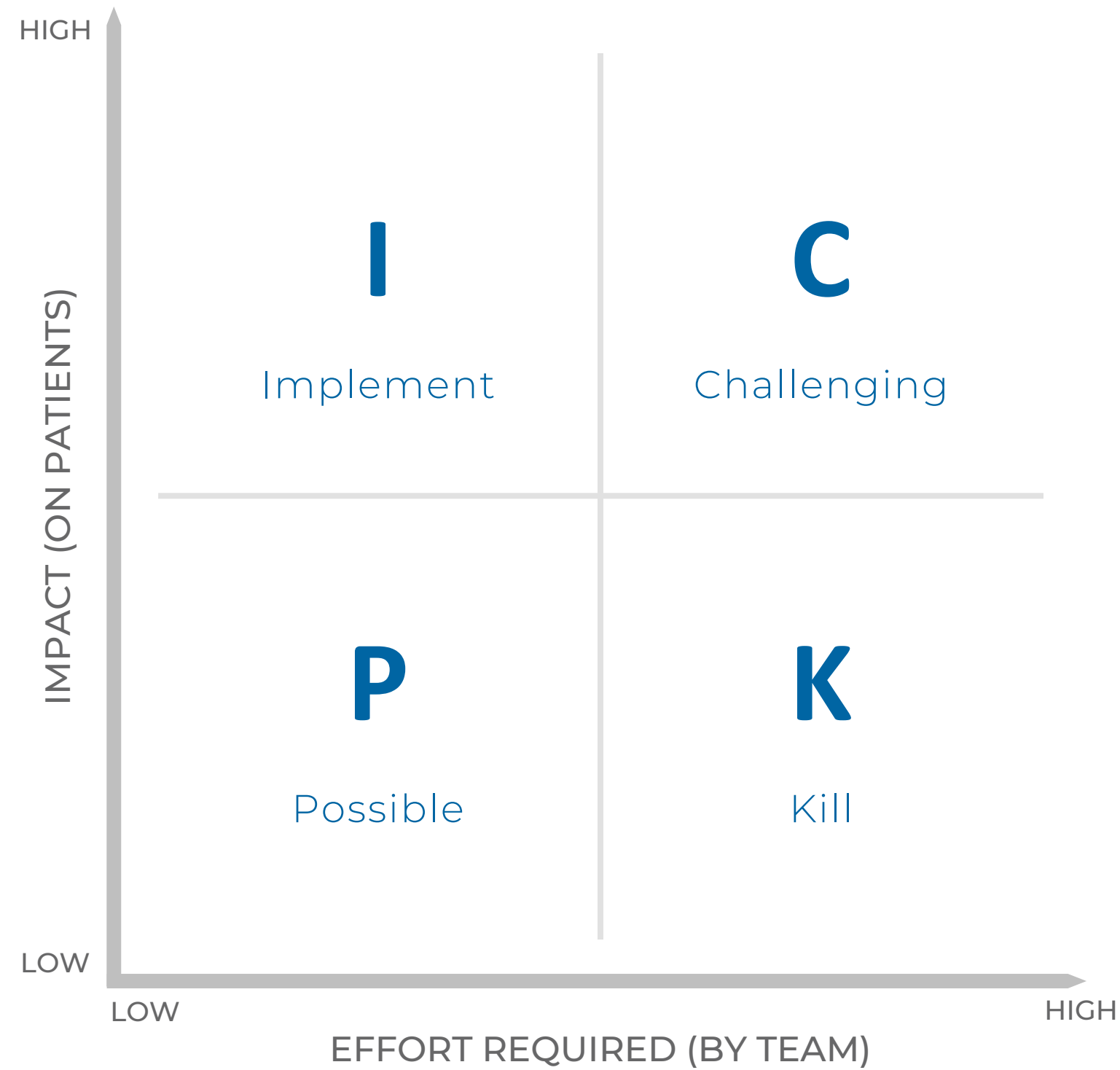
Activity 2: Team Huddles

Team Huddles

- Brief (2-30 minutes)

- Focused

- Done while standing

- Standardized (same time and place) every day

- Scheduled 'as needed'

- Inclusive

Team Huddles Guide

Purpose of Team Huddles

- Engage team members to think and talk about their work

- Identify issues that need immediate attention

- Update team members about quality and safety issues

- Review critical incidents

- Quality improvement initiatives

**Team Huddles
Guide**

Benefits of Team Huddles

- Improved communication across clinical and administrative roles

- Increased patient safety

- Increased staff satisfaction

- Increased staff engagement and collaboration

- Improved problem-solving

- Perceptions of a more supportive practice climate

- Strengthens workplace trust relationships

Team Huddles Guide

Team Huddles Guide

Huddle Checklist

This sample checklist can be adapted to suit the specific needs of your clinic.

MORNING HUDDLE *(before 1ˢᵗ patient of the day)*	
Team Check-in	**Notes**
How is everyone feeling today?	
Are there any external team members here today? *(e.g. PCN team, residents, etc.)*	
Is anyone away? How will we manage that?	
Is anyone leaving early? How will we manage that?	
Is there anything else we should know today?	
Other clinic-specific items	
Schedule Review	
Who is coming in today? Cancellations? Squeeze-ins?	
Is there anything that the team should know about? *(e.g., patient grieving, will be receiving a difficult diagnosis, often late or no shows, etc.)*	
Can we offer opportunistic care while they're here? *(e.g., screening due, requisitions, prescription renewal, care plan update, etc.)*	
Can we get anything ready in advance? *(e.g., Netcare results, print requisitions, administer screen/self-assessment, pap prep, etc.)*	
Are we doing any PDSAs today? What's the plan?	
Other clinic-specific items	
AFTERNOON HUDDLE (before 1st patient of the afternoon) --- OPTIONAL	
Any change in team status? *(e.g. leaving early, gone home sick, etc.)*	
Any change in the schedule? *(e.g. running late, new cancellations, squeeze-ins, etc.)*	
Does anyone need help?	
PDSA update *(if applicable)*	
Other clinic-specific items	
END OF DAY HUDDLE --- OPTIONAL	
Brief review of incident(s)	
What went well?	
What could we have handled differently?	
Actions required?	
Other clinic-specific items	

Strategies for quickly planning and re-planning the day's activities to maximize:

▶ communication

▶ coordination

Team Huddles Guide

Frameworks for Communication

Tool	Description
SBAR Situation-Background-Assessment-Recommendation	S – concise statement of the problem B – pertinent, brief information A – team member's analysis and options to consider R – team member's request or recommendation
CUS I am concerned. I am uncomfortable. This is a safety issue.	Assertive statements to help team members to speak up

Pimentel et al. (2021). Huddles and their effectiveness at the frontlines of clinical care: a scoping review

Continuous Improvement: Another use for Team Huddles

Physical Huddle Run Board
- Team submits ideas
- Quick hits and complex issues

Team Huddles
- To review possible solutions
- Quick hits – problems resolved within 24-48 hours
- Complex issues – requires more time, project management
- Consider frequency and length

Lin et al. (2022). The effectiveness of Multidisciplinary Team Huddles in Healthcare Hospital-Based Setting.
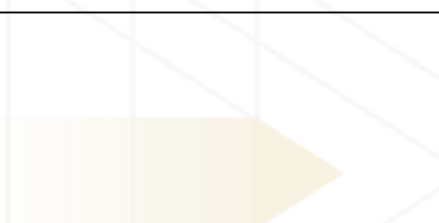
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Activity 2: Team Huddles

Activity 2: Effective Team Huddles

Reflective Exercise

Name all the ways your team currently communicates. (eg. weekly or monthly team meetings, emails, EMR messages, staff bulletin boards, newsletters etc.).	
Which communication methods are effective and why? Can you share an example of effective communication within your clinic setting?	
Which communication methods are ineffective and why?	
Does your team have huddles? Are they effective? If your team does not currently have huddles, are there barriers to implementing them?	

Next steps for your team

Consider forming an Improvement Team to assess team communication. This team could represent different roles or areas of the clinic and may include patients. Who would be part of your Improvement Team?	

- Refer to the worksheets in your conference package

- Reflective exercise, complete your sheet

- Share with your table

**Team Huddles
Guide**

Activity 3: Roles & Responsibilities

A challenge for teams...

"The lack of role clarity, lack of understanding of the boundaries between roles, and poorly defined scope of practice can jeopardize teamwork"

HMM, SEEK CLARITY YOU DO?

Kilpatrick et al. (2020)Systematic review of the characteristics of brief team interventions to clarify roles and improve functioning in healthcare teams

Barriers to creating role clarity within teams

Transforming traditional physician-centered models of care

Low staffing resources

Limited time for training

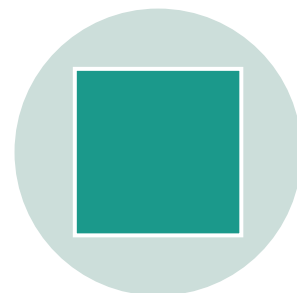Poor understanding of professional roles & scopes of practice

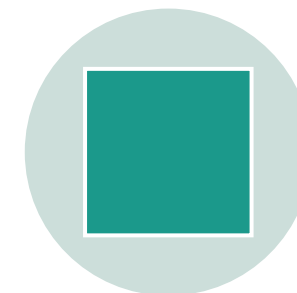Overlapping scopes of practice amongst interdisciplinary team

Lack of agreement about what core team members should do

Lack of trust and respect between team members

Threats to professional identities

People resist collaboration and try to assert authority

Role Clarity

"Role clarity is associated with improved care coordination and professional autonomy balanced with interdependence"

Ly, Sibbald, Verma, & Rocker (2018). Exploring role clairty in interorganizational spread and scale-up initiaitves: the 'INSPIRED' COPD collaborative

Role Boundaries

Collaborative

Team members exchange knowledge and interact frequently

Interprofessional Interactions

Autonomous

Team members work more independently from each other and have less collaboration

Interchangeable

Responsibilities of different team members overlap

Distribution of Tasks

Differentiated

Team members have separate and distinct responsibilities

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How to Create Role Clarity

[Topic/Project name] Team Tasks	Who?			
	Could do it (in scope)	Has interest/ experience/ availability	RESPONSIBLE	CROSS TRAIN
QI and clinical tasks:				
Example: Regularly schedule QI team meetings				
Example: Generate a referral(s), if needed				
Example: Add a point of care reminder to patient's chart				

▶ **Roles & Responsibilities Assignments**

Activity 3: Roles & Responsibilities

Activity 3: Roles & Responsibilities

Let's practice!

|	
Identify a QI or a clinical task (examples: generating a referral, taking patient's vital signs, filling out a QI project charter etc.)	
Based on job descriptions and scopes of practice, who on your team can do this task? (examples: medical office assistant, LPN, RN, social worker, clinic coordinator, referral coordinator etc.)	
Who on your team has interest/experience or capacity to do this task?	
Decision point: **Who would you sign as the person Responsible for doing this task?**	
Sustainability planning: **Who could you cross train in this task?**	

Next steps for your team

Consider forming an Improvement Team to complete a roles and responsibilities analysis. This team could represent different roles or areas of the clinic and may include patients. **Who would be part of your Improvement Team?**	

- Refer to the worksheets in your conference package

- Reflective exercise, complete your sheet

- Share with your table

Activity 4: Introductions with Intention
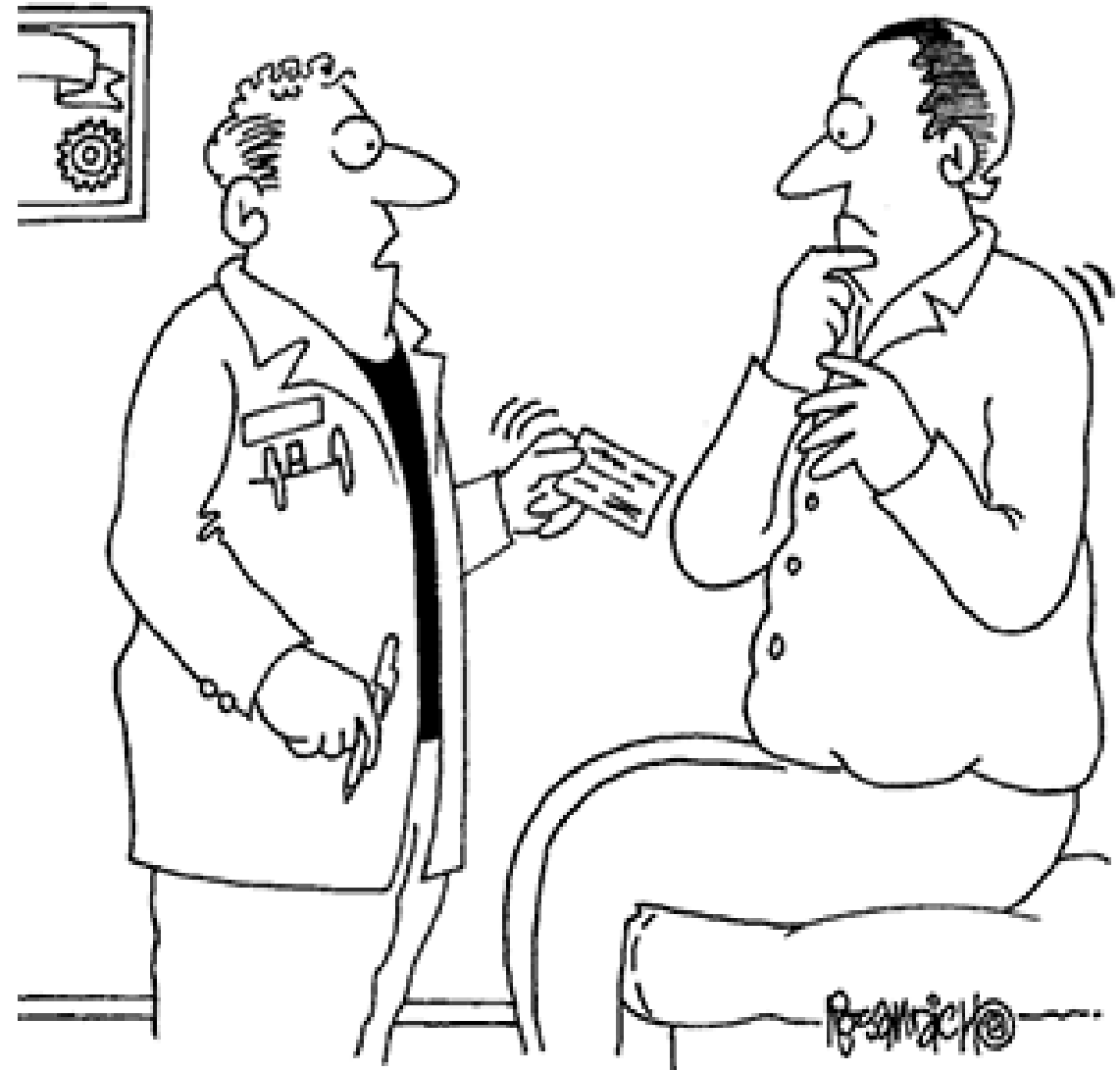
"Because of your fear of doctors, I'm referring you to a veterinarian."

DansCartoons.com

Introductions with Intention

Introductions with Intention

For Providers:

In some clinics, the concept of the patient seeing someone other than the physician for clinical care may be new. Patients may be concerned about this change of process; they may worry that they're not getting the 'best' care.

For this reason, it's <u>critical</u> to be strategic when introducing patients to team members for shared care. Some tips include:

- If possible, make the introduction in person.
- Highlight the knowledge and skill level of the team member.
- State how much you trust the team member.
- Reassure the patient that you will still be their primary provider and be available when they need you.
- Explain that the team member will be keeping you up to date on the patient's situation and progress.
- As appropriate, highlight that the team member knows more about the topic than you do, and can offer more to help or guide the patient (e.g., dietitian).
- Be patient! Some people need more time to adjust to a new process.
- Although it's good to offer to continue seeing the patient as often as they would like to see you, most physicians who have switched to a team approach report that patients typically book with them more appropriately. This allows for physicians and NPs to focus on the delivering the care that only they can. It also creates increased opportunity to provide appointments for patients who need more immediate care (i.e., improved access).

Introductions with Intention

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Introducing Your Role with Intention

For Team Members:

If a patient doesn't know you, or you haven't worked directly with them in the past, taking time to introduce your role in their care is important for building trust. A patient may not be familiar with your title or what you can offer. As well, patients who are unfamiliar with a team approach sometimes worry that they've been 'passed off' to someone else and don't understand why.

When combined with a warm handoff from the provider, taking a few extra minutes to introduce your role with intention can strengthen the relationship with the patient and ultimately result in better outcomes.

Some tips to consider:
- Be careful to explain your role in layman's terms – sometimes the language and acronyms that are commonly used amongst clinic team members are completely foreign to the patient.
- Explain what you'll do <u>and</u> what you won't do (e.g., work with them vs. tell them what to do).
- Reassure the patient that you're seeing them at the physician's request and that you work closely with him or her.
- Let the patient know that you will be communicating with the physician/NP and discussing the care plan.
- Check in with the patient to see if they have any comments, questions or concerns.

Introductions with Intention

Introductions with Intention

Characteristics of a warm hand-off:

- ▶ Name and role of individual

- ▶ Share that your team member is known personally & trusted

- ▶ Highlight skill and knowledge of team member

- ▶ The team will maintain strong communication about patient's status and progress

▶ **Introductions
with Intention**

Activity 4: Introductions with Intention

Activity 4: Introductions with Intention

Reflective Exercise

Is your team already doing Introductions with Intention?	
If yes, do you feel this is an effective practice? Are there areas for improvement?	
If no, what barriers may exist if you wanted to introduce this practice with your team? How might you overcome those barriers?	

Next steps for your team

Consider forming an Improvement Team to review or implement Introductions with Intention. This team could represent different roles or areas of the clinic and may include patients. Who would be part of your Improvement Team?	

- Refer to the worksheets in your conference package

- Reflective exercise, complete your sheet

- Share with your table

Recommended Next Steps

1. FORM AN IMPROVEMENT TEAM
- Assemble a team that represents all areas & roles of the clinic; consider including patients on your team.

2. CLARIFY THE PROBLEM STATEMENT
- Articulate the problem you want to solve. Use evidence & data to strengthen your rationale (e.g., HQCA Physician Panel Report).
- For improvement projects with higher complexity, create a project charter.

3. MAP PROCESSES
- Visually depict the sequence/steps of events in a process; identify gaps.
- Document the new, interim, and final processes.

4. USE MODEL FOR IMPROVEMENT

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Act | Plan
Study | Do

SET AN AIM STATEMENT
- The aim should be time specific and measurable; it should also define the specific population of patients or other system that will be affected.

IDENTIFY MEASURES
- Determine the baseline – the measure of how you are currently doing.
- Use process, outcome, and balancing measures to check if you are improving.

SELECT CHANGES OR 'POTENTIALLY BETTER PRACTICES' TO TEST
- Ideas for change may come from people who actually perform the work, or from the experience of others who have successfully improved (e.g., evidence).

TEST CHANGES
- The Plan-Do-Study-Act cycle is short hand for testing the potentially better practices in the real work setting — by planning it, trying it, studying the results together, and acting on what is learned.

5. SUSTAIN THE GAINS
- Complete periodic measures; display your results.

6. SPREAD THE SUCCESSFUL CHANGES
- After successful implementation of a change, or package of changes for a pilot population, the improvement team can spread the changes to other parts of the clinic or to other clinics.

7. CELEBRATE
- Plan to celebrate at milestones along the improvement journey, as well as when you achieve your aim.
- Recognize and highlight the efforts and accomplishments of the team.

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Plan, Do, Study, Act

Use the table below to document your PDSA cycles.

Project Title:		
What question do we want to answer on this PDSA cycle?	Is this cycle used to: ☐ Develop a change idea, or ☐ Test a change idea, or ☐ Implement a change idea	
Plan		
Plan to answer the question 'who will do what, when and where?'		
Plan for collection of data: who, what when, where.		
Prediction of results of this cycle:		
Do		
Carry out the PDSA cycle, collect data and begin analysis.		
Study		
Compare data to predictions:		
Summarize what was learned:		
Act		
Do we want to: ☐ Adopt this change, or ☐ Adapt this change, or ☐ Abandon this change.	Plan for the next cycle:	

Join us for the next CM Network Webinar!

Clinic Quality Improvement

October 17, 2024 from 12-1 pm

Wrap-up

▶ 01   Team-based care is a top priority in Alberta

▶ 02   Building effective teams requires engaged leaders focusing on functional and cultural changes

▶ 03   Investing in team-based care leads to many positive outcomes

References

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Wakefield, B., Farag, A., Paez, M. B., & Steward, G. L. (2024). Perceptions of responsibility by primary care staff in a patient-centered medical home. The Journal of Nursing Administration, 54(6).

Resources

- Team-based Care of BC
  [Variety of Resources](#)

- Navigating the Team-based Care Journey
  [Resources and Learnings to Support](#)

- UBC Continuing Professional Development (UBC CPD)
  [Best Practices in Team-Based Care](#)

- ACTT template for roles and responsibilities assignments
  [Download Word Document](#)

- Model of Team-Based Care Implementation Guide and Toolkit - [Implementation Guide and Toolkit](#)

- Team Huddles Guide
  [Download PDF](#)

Resources

▶ American College of Physicians
Team-based Care Toolkit

▶ The College of Family Physicians of Canada
Team-based Care in the Patient's Medical Home

▶ Accelerating Change Transformation Team (ACTT)
Patient's Medical Home: Team-based Care

▶ Canadian Medical Association Health Summit 2023
Scaling up Team-based Care Video

Survey

Let us know how we did!