

Building Strong Clinical Teams; Accelerating the Development of High Performance Teams

California Safety Net Institute



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Care Team Call Series

Objectives

- Provide participants with an introduction to the “Golden Rules” of Care Team optimization
- Expose attendees to best practices in Care Team optimization
- Introduce participants to several tools including:
 - Work Analysis tool...1st call
 - Demand / Supply analysis tool to determine Care Team needs...1st call
 - Care Team Development tools to accelerate the development of high performing Care Teams...this call



This Call's Objectives

- Review three Golden Rules for Care Team Optimization.
- Review process for accelerating the development of high performance Care Teams

Advanced Access and Teams

- **Governance**
- **Parameters and Options**
- **Selection and Grooming Team Leaders**
- **Team Accountability**
- **Time Off Policies**
- **Incentives**





Optimal Care Teams

- **Golden Rule Number 1:**

**“Understand your demand and supply for support staff.
Do a department profile.”**



Optimal Care Teams

- **Golden Rule Number 2**

“Elevate all members of the team to the highest level their education, training, and experience will allow.”



Optimal Care Teams

- **Golden Rule Number 3:**

“Move work away from the constraint in the system.”



Attributes of Highly Functional Care Teams

- Clear expectations and available tools
- Easy to understand and discuss processes of care
- Information is available when needed
- Everyone on the staff is valued; respect and sharing
- Feedback on performance and opportunities to grow
- Positive attitudes of co-workers

(24 Practices) from John H. Wasson MD - Dartmouth



1. Clear expectations

Can you answer these questions???

- What am I supposed to do?
- With whom do I work?
- Who do I turn to for help?



2. Available tools

- Interruption and work flow analysis will spotlight gaps
 - “Only one computer to check the...”
- Example - Chart prep may require:
 - Computer
 - Phone
 - Fax
 - Printer
 - Work space



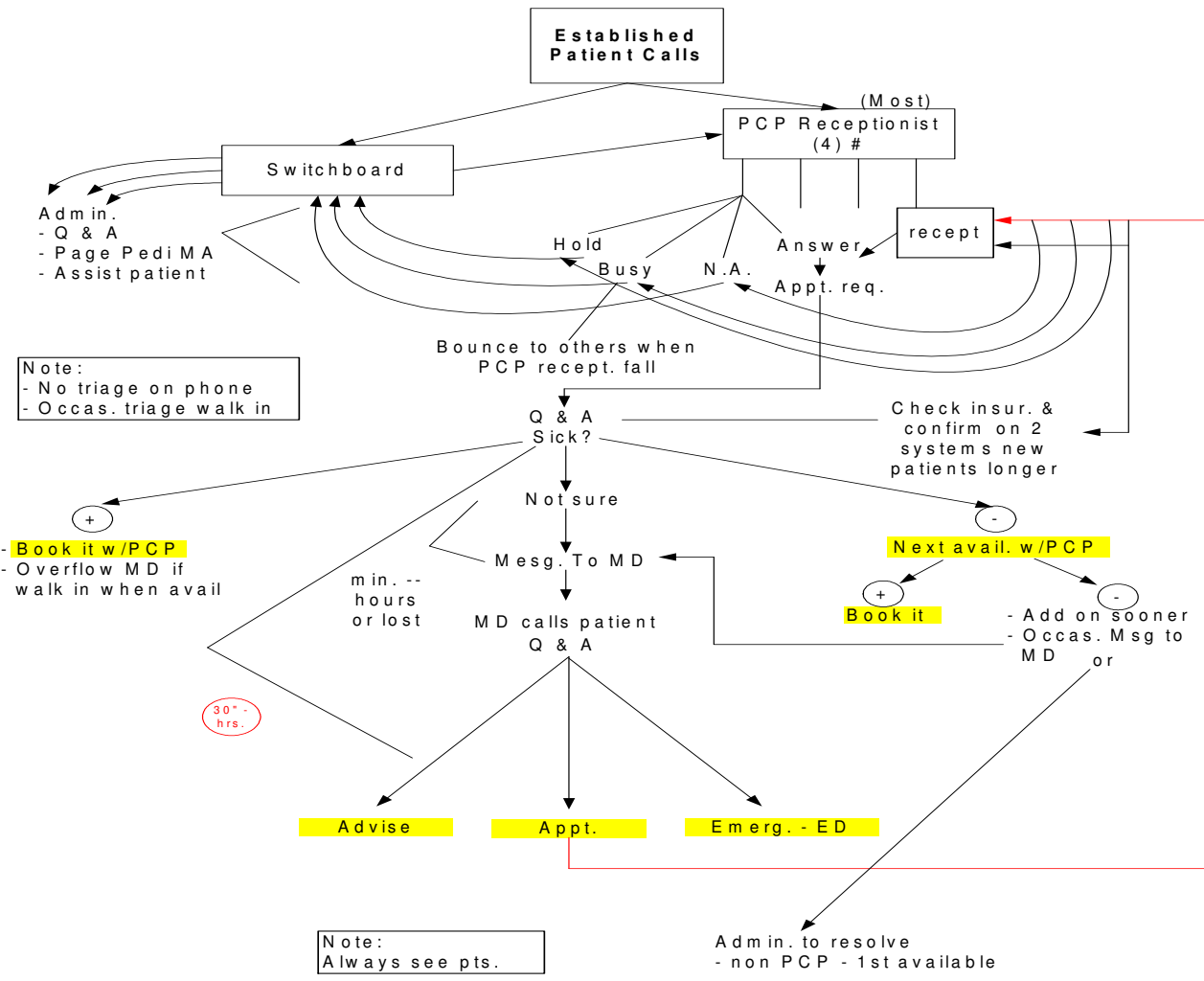
3. Easy to understand and discuss key processes

- Huddles
- Weekly meetings
- Use flow charting, practice walk-through, spaghetti diagram tools to better understand and redesign key office processes.

The longer patients/families wait, The harder we work....

New Patient Calls

(1 / w k / M D)



Note:
- No triage on phone
- Occas. triage walk in

+
- Book it w/PCP
- Overflow MD if walk in when avail

30* hrs.

Advise Appt. Emerg. - ED

Note:
Always see pts.

Admin. to resolve
- non PCP - 1st available



4. Information available when needed

- Interruption analysis can be used for each staff member
- Establish best, standard process for how to search for info and when to pass.



5. Everyone on the staff is valued

- Be clear about boundaries
- Don't squash ideas
- Follow up on issues, quickly
- Communicate, over-communicate
- Re-visit "how to run a successful meeting" , Talking Circles, Round Robin reversal.



6. Performance feedback and growth opportunity

- Based on clear expectations and communication
- Build the “new way” into job descriptions recruiting and hiring
- Don’t wait a year to give feedback
- What opportunities for growth available? What interests the team member? How do they like to receive praise?



7. Positive attitudes of co-workers

- Encourage and follow up on improvement ideas
- Encourage and reward improvement ideas and not griping
 - *"This place is the pits, they work us like dogs..."*
 - *"What ideas can we come up with that might lead to an improvement?"*
- Follow up by next Tuesday

Care Team Checklist...

1. Identify tasks, work to be done by team....Work Analysis
2. Identify job classifications needed to accomplish work of team
3. Conduct a Demand/Supply analysis for all the work to determine optimal numbers of each job classification.
4. Define roles and responsibilities of each team position elevating each job description to the highest level. Set that high performance as the standard.
5. Define micro teams, pods, and departments. Diagram. Consider Team size for optimal coverage, communication, Continuity, Demand, Supply and familiarity.
6. Co-locate team members in functional units, ideally at the micro team level.
7. Identify Team leadership
8. Establish Team decision making process
9. Identify Team meeting structure, format, frequency, evaluation
10. Specify Team communication process, real time, daily, weekly and monthly. Consider meetings, data boards, walkie talkies, messages, etc.
11. Care Team Project timeline
12. Care Team Project leads



Assessing and Developing High Functioning Care Teams

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What is a micro team?

- **Core team...smallest replicable unit (John Wasson MD, Dartmouth)**
- **Potential team**
- **Examples**
- **What is your micro team?**



An assessment tool

- **Background...SouthCentral Foundation, Anchorage, and others...**
- **History**
- **Application**
- **Example**



1. Micro Team Questionnaire

- **Each team interviewed as a group...real time learning and coaching.**
- **Team questions**
- **Explored:**
 - **Roles and responsibilities**
 - **Performance “failures”**
 - **Best practices**
 - **Team meetings and communication tools**
 - **Individual perspectives**
- **Follow up meeting with each team for coaching and feedback**

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Examples of questions...

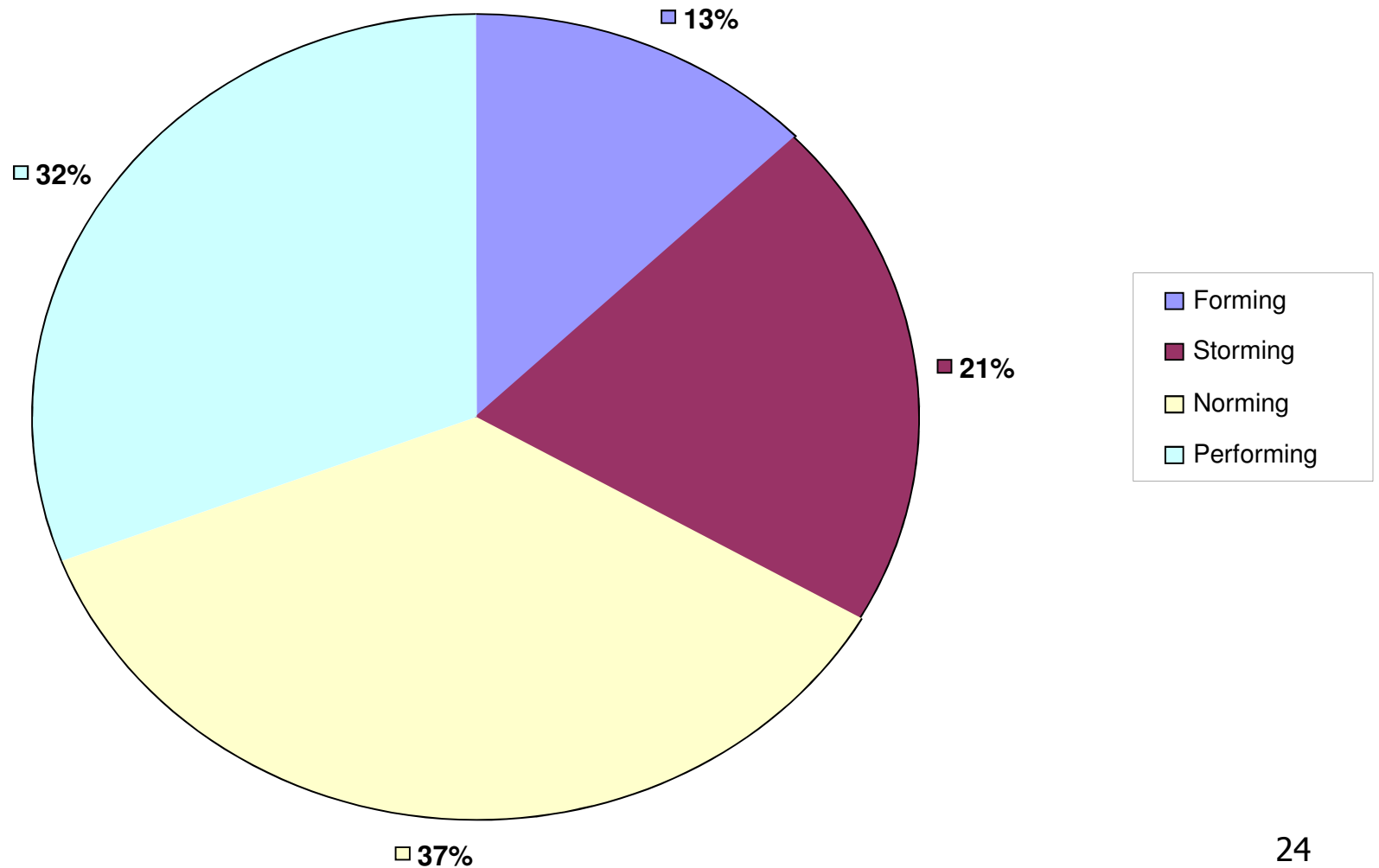
- Tell us about your orientation to the clinic?
- Please describe your understanding of your roll and responsibilities on the Care Team.
- From your perspective, what is the roll of the provider, MA, RN, receptionist, etc. on the clinical team? (Each person asked about every other team member.)
- Are you able to discuss performance failures within the team? Recent example?
- Do you meet as a team daily to plan the day?
- Do you feel your skills are fully utilized?
- How do you use the provider, MA, RN, receptionist, etc. on the team? (Each person asked about every other team member)



2. Micro Team Assessment

- **Methodology**
 - **Forming**
 - **Storming**
 - **Norming**
 - **Performing**
- **Current Practice and Areas for Improvement**
- **Key Areas Segmented**
 - **Orientation**
 - **Communication**
 - **Practice Management**
 - **Team work**

Family Medicine Clinic Clinical Team Evaluations Results...





3. Micro Team Best Practices

Definition

Primary Care example...

“A successful team is a team that has a panel of patients who are:

- Up to date on health maintenance requirements**
- Up to date on chronic disease management requirements**
- Demonstrating improvement in the management of chronic disease as evidenced by improved clinical outcomes.**
- Able to see the provider of choice at a time the patient chooses.”**

- SouthCentral Foundation

3. Micro Team Best Practices...

.....Definition of Success

- **Write one for your team**
“Our Care Team is successful team when...”



Best Practices list...

....create your own

- **Orientation**
- **Communication**
- **Practice management**
 - Roles and responsibilities
 - Proactive management of patients
 - Utilization of team members
 - Treatment planning
 - Initiative
 - Organization
- **Team work**
- **Helpful hints**
- **Other?**



Key Care Team Changes...

- Care Team linked to PCP and panel
- Team shares office space (co-located)
- Care Manager and Care Manager Support (clerical)
- Proactive management of chronically ill pts by Care manager, help from CMS for clerical tasks
- Access to quarterly Panel report; data guides
- Team has personal links to:
 - Health Educator
 - Physical Therapy,
 - Pharmacy,
 - Social worker
 - Mental Health/Behavioral Health
 - Village Health Aides
- Veteran Teams share with newly formed teams to accelerate team development.

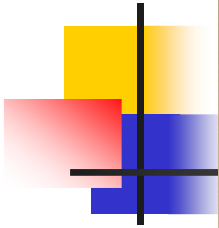
Update...

Executive Summary

It has been approximately five years since the original interviews with the SCF PCC Care teams. The purpose of this work was to identify key characteristics of high functioning Care Teams and to accelerate the growth and development of new teams. Five years ago SCF struggled, as do most health care organizations, to properly define and implement key components of a thriving and effective Care Team. The growth, development and improvement in the SCF teams over the past five years has been nothing short of stunning.

Key factors in this improvement include:

- Co-location of key staff on each care team
- Clear definition of roles and responsibilities for Care Team members that has moved beyond role definition and into actual practice.
- The introduction and use of Panel management tools including key data that is driving the work of the Care team members to pro-actively manage the care of specific patients on their panel.
- The strengthening of a culture of real time work, including Advanced Access, driving out unnecessary waits and delays for key processes.
- A relentless commitment on the part of leadership to dramatically improve the patient care experience.



**Yukon Kuskokwim Primary Care Team, Bethel Alaska
State Award for Excellence in Healthcare Innovation**



Tools from this call series...

- **Care Team Work Analysis**
- **RN Work Analysis for Clinical Work**
- **Care Team Demand Supply analysis tool**
- **Care Team Checklist**
- **How to Assess the Performance of Your Care Team...available survey.**

Summary....

- **What did you learn?**
- **What will you test next week?**
- **Questions????**

