CCALAC Care Team
Dancing As A Patient Care Team – Part 1
February 24th & 26th, 2021
Your Trainers:

Project Manager, Process Redesigner & Trainer. Sacramento, CA. Harpreet truly enjoys the California sunshine, which is why she was born, raised, and hasn’t left the state. She was a Clinic Manager at a Federally Qualified Health Center (FQHC) right outside Sacramento, CA. She started as the front office lead, worked as a Medical Assistant and Flow Coordinator. Harpreet also worked on her Quality Improvement team at her health center, and she is a graduate of the Clinic Leadership Institute (CLI) Program. Before becoming a process redesigner, she went through a Rapid DPI™ at her health center when she excelled and learned how to manage change and become a coach herself. With Coleman, Harpreet manages Rapid DPI™ projects, DPI™ collaboratives, leads the High Impact Management Program, leads many phone room redesign projects, and was a key Coach aka Passion Ignitor in redesigning immigration and naturalization services.
Your Trainers:

Logistical Team Coordinator and Vroom! Administrator. Longmont, CO. Brizzia has been a mainstay in the Coleman family for over six years, leading the development and streamlining of our materials and production. Brizzia serves as the Coleman direct client support and administrator of Vroom! our online training platform (www.Vroom.Training). Brizzia is in charge of materials design, duplication, and shipping for all learning sessions which is a fancy way of saying that she has to catch all of the crazy requests and ideas flowing from her colleagues and turn them into tangible tools and get them where they need to go. She also handles all website updates, data reviews, webinar coordination, including all translation coordination for our Spanish language website. Brizzia provides direct support to the CEO and provides overall backup to the Associates.

Brizzia Burgos
Longmont, CO
Learning Objectives

- Participants will learn methods on dynamically managing the patient schedule.
- Participants will adapt best practice workflows to utilize at their own health center.
- Participants will learn tactics to adopt within their patient care team.
MA Training Webinar Series with CCALAC

1. **January 27th or 29th**
   - Introduction and the Art of Preparation
     - How to Reimagine the Needs of Patients in the 'New Normal'
     - Visit Prep
     - Financial Prep
     - Registration Prep (Over the phone)

2. **February 10th or 12th**
   - Telehealth – Role of the MA
     - The Indispensable Role of the MA
     - Robust Confirmation Calls
     - Robust Intake

3. **February 24th or 26th**
   - Telehealth – Dancing as a Patient Care Team
     - Huddles
     - Jockey-ing the Schedule
     - QuickStart
March 17th @ 12pm or March 19th @ 10am

4
March 17th or 19th
Telehealth - Dancing as a Patient Care Team
- Sheep & Shepherd (Growing as a team)
- 30-Second Report
- Charting in Real-Time

5
March 31st or April 2nd
Telehealth - Dancing as a Patient Care Team
- Communication
- Midway Knock

6
April 14th or 16th
Searching for Demand
- Outreach Opportunities
- Scrubbing & Raking
- Putting it All Together
Preparing for a New Normal Considerations:

• Well-coordinated execution
• Protective and reassuring for patients and staff
• Able to meet the needs of your communities
Today’s Takeaways

- Jockey-ing the Schedule
- Patient Care Team Huddles
- QuickStart

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Jockey the Schedule: Verb

Dynamically adjusting the schedule, in real time, to fit patients in with their team.
2. Jockey the Schedule

- Call patients just before the appointment time (Jockeying call). Reschedules create open slots.
- Protect open slots by moving early arriving patients into about-to-expire slots.
- Allow front desk/phone staff to fill open slots.
- Jockey-ing is based upon trust and communication front to back.
- Decrease “Missed Opportunities” radically.
- Read all about it in the Jockey-ing Article.
Jokey-ing Calls: Managing the planning in real time

A few minutes before the appointment:

1. Find out when patient is planning to arrive

2. Prepare the team for patient arrival

“Hi, we’re calling to see if you are still going to be able to keep your appointment. If so, what time can you get here (or be ready in the case of telehealth)? If not, we can reschedule you.”
Jockey-ing

1. LOOK AHEAD at the sessions
2. SEE WHO has not confirmed or has a history of not showing up
3. START MAKING jockeying calls

- Tardy staff
- Early or late patients
- Things missed in confirmation calls or new info
- Visits that are unusually short or long
- Urgent needs and walk-ins

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Jockey-ing the Schedule Video

In this video, watch the front desk staff member actively manage the schedule

What do you notice?

How could you test this tomorrow?

How will the front communicate with the back?

- Amanda, Front Office
- Harpreet, Medical Assistant or LPN
Jockey-ing

Move patients mindfully and try to fill all of your capacity (whether it’s with walk-ins or same days)

Continuity is priority, but if not possible, access is king!
Today’s Takeaways

- Jockey-ing the Schedule
- Patient Care Team Huddles: In-Person & Virtual
- QuickStart

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Preparing for the Visit: Day of Visit

Patient Care Team Huddles

- Check "Charts" for Completeness 1-2 days Prior
- Complete Robust Confirmation Calls prior to Huddle
- "Bring the Schedule to Life" in the Huddle
- Stay Tactical Throughout Huddle
THE TEAM HUDDLE IS A

PLAN TACTICS to meet the needs for the session

BRING EACH patient and their needs to life

THE TEAM starts together

MAKE LAST MINUTE adjustments to better prepare for the session

15 minute investment that pays off throughout the session
Preparing for the Visit

Patient Care Team Huddles—In-Person

Huddling in the exam room promotes privacy and doesn't occupy someone else's space

Closed door promotes punctuality

At least one computer to view the EMR

The doctor can stay in the exam room to meet the first patient
Preparing for the Visit

*Virtual Patient Care Team Huddles*

- Everyone joins the web conferencing platform at the beginning of the clinic session
- Join the huddle from a private space (PHI will be discussed)
- Everyone should be on video and logged into the EMR
- The provider and MA can stay on to facilitate QuickStart (more on that later)
Good Huddle vs. Bad Huddle

**Good Huddles**
- Timely
- Productive
- Staff See the Value

**Bad Huddles**
- Inconsistent
- Feels like "going through the motions"
- Staff could take it or leave it
Good Huddles

1. All PCT members present: provider, MA, front desk, phone staff, nurse, behaviorist, etc.
2. Everybody is there on time and ready to huddle.
3. Visit prep has been done.
4. Huddle happens in an exam room with the door closed.
5. There's a time keeper and a facilitator.
6. Team members talk about every patient.
7. You can't tell who the provider is: If you looked at the huddle from above, it looks like a flower: all team members standing around facing each other.
8. Only one conversation is happening at the time.
9. Every team member contributes meaningfully.
10. It's a problem-solving conversation: new ideas are brought up.
Bad Huddles

1. Some team members are missing or arrive late.
2. There has been no preparation work done: no visit prepped, confirmation calls, or schedules printed.
3. One person dominates the conversation.
4. Several conversations are happening at once, so team members miss what each other is saying.
5. Huddle happens in an open space, busy, and likely to create distractions.
6. The provider recites orders and everyone else just takes notes.
7. No one takes notes or leaves with a clear directive of what they need to deliver.
8. No one's keeping track of time, or the huddle keeps going the allotted time even though the first patient is here.
9. The conversation about the patient is a list of diagnoses and reasons for the visit; the patient isn't looked at in terms of a whole person, with healthcare maintenance and mental health needs.
10. Staff feels like they just went through the motions, but they could have had the same kind of day without having the huddle.
Patient Care Team Huddle

- Review each patient’s chart one-by-one.

- Look at the reason for the visit: be sure that it is clear and specific.
  - If COVID-19 related, was the patient reached? If yes, share what the patient stated with the team. If no, make a plan for trying to reach the patient.

- Review the following in the patient’s chart:
  - What stands out on the problem list?
  - Were any Labs, x-rays, diagnostic imaging done?
  - Will the patient need to be sent for labs?
  - Any pending referrals? Does the team need to do anything to move them forward?
  - Any recent ER visits or hospitalizations? If yes, are they COVID related?
  - Are there any pending health care maintenance items?
  - Are the vaccines up to date?

- Share what else was learned from Visit Prep & the Robust Confirmation Call.

- If needed, make a plan for when patients can come in to receive any in-office services such as vaccines that can not be administered virtually.
Today’s Takeaways

Jockey-ing the Schedule

Patient Care Team Huddles

QuickStart
QuickStart! Starting Visits on Time

QuickStart means the Patient and the Provider are together at the time of the FIRST appointment of the session.

Generally this works by having the Provider stay put right after the huddle and the MA goes to grab the first patient or gets the patient on the ‘virtual line.’

The provider can review the record and start the intake. Or the MA can start the intake while the provider listens.
QuickStart for Telehealth

QuickStart means the Patient and the Provider are together at the time of the FIRST appointment of the session.

Generally this works by having the Provider stay on the web conferencing platform right after the huddle and the MA gets the patient on the ‘virtual line.’

The provider can review the record and start the intake. Or the MA can start the intake while the provider listens.
Ways to QuickStart

- The MA can start the intake while the provider listens.
  - Review questions from visit prep and huddle.
  - Update (if needed) reason of the visit.
  - Verify medication refills.
  - Ask about home monitoring equipment.
- Or the provider can review the record and start the intake once MA gets patient on the line.
- Each QuickStart can be different.
- Make a plan during the huddle.
- Practice, practice, practice!
Today’s Takeaways

- Jockey-ing the Schedule
- Patient Care Team Huddles
- QuickStart

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New Visit Model

1-2 Days Before

Financial Preparatory work done
- Eligibility verified
- Eligibility notes made in EHR

Clinical Preparatory work done
- Visit Prep done
- Robust Confirmation Calls done
- Notes made in EHR

1 Day Before

Care Team Huddles
- Jockey-ing the Schedule
- QuickStart
- Robust Intake

Day Of Appt.

Provider, MAs, Front Desk (at the minimum)

On time start

More Coming...
What questions do you have?
Next Steps:

- Go back to your health center and get started!
- Communicate what you’ve learned with your health center manager and provider.
- What do you need to do in order to be successful with Jockey-ing? Who needs to be notified?
- Test either an in-person or virtual Care Team Huddle. Use the checklist provided or create your own.
- Test QuickStart. Remember practice makes perfect.
More Resources Are Available

COVID-19

COVID-19 Resources
1. Wherever you Listen to Podcasts
2. Search “Coleman Associates Innovation”
A special thank you to Traci, Andres, Sara and the CCALAC!
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