CCALAC Care Team
Dancing As A Patient Care Team – Part 2
March 17th & March 19th, 2021
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.
Your Trainers:

Harpreet Sanghera
Sacramento, CA

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.
Learning Objectives

PARTICIPANTS WILL LEARN METHODS TO AMP UP COMMUNICATION AMONGST THE PATIENT CARE TEAM.

PARTICIPANTS WILL ADAPT BEST PRACTICE WORKFLOWS TO UTILIZE AT THEIR OWN HEALTH CENTER.

PARTICIPANTS WILL LEARN TACTICS TO ADOPT WITHIN THEIR PATIENT CARE TEAM.
Preparing for a New Normal Considerations:

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

1-2 Days Before
- Financial Preparatory work done
  - Eligibility verified
  - Eligibility notes made in EHR

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

Day Of Appt.
- Care Team Huddles
  - Provider, MAs, Front Desk (at the minimum)
- On time start
  - Jockey-ing the Schedule
  - QuickStart
  - Robust Intake

More Today…
Today's Takeaways

Sheep & Shepherd

Red Carpeting & 30-Second Report

Charting in Real Time, SoftLanding & The Debrief

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Sheep & Shepherd

The MA acts as a shepherd guiding the provider (Sheep) throughout the clinic session.
Shepherd’s Role

- Coordinates patient care.
- Assesses the need for help from other PCTs by watching the data in real time.
- Works with the front desk on scheduling conflicts.
- Keeps the provider on track by minimizing distractions and communicating next steps.
Sheep’s Role

- Be the Sheep... don’t try to also be the shepherd.
- Allows the sheep to guide them instead of looking at the schedule.
- Focuses on direct patient care.
- Chart in real time.
Sheep and Shepherd

HOW TO PERFORM THE MODEL:

<table>
<thead>
<tr>
<th>VISIT PREP:</th>
<th>Reviews visit prep notes</th>
<th>Looks at, records, and prepares notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUDDLE:</td>
<td>Actively participates</td>
<td>Leads</td>
</tr>
<tr>
<td>30-SECOND REPORT:</td>
<td>Receives and responds to report</td>
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© Coleman Associates
GROWING YOUR SHEPHERD

TEACH THEM WHAT YOU ARE LOOKING FOR...
WHAT LABS TESTS YOU RUN...
WHAT QUESTIONS YOU ASK...
AND EVEN HOW YOU START DOCUMENTING THE HPI...

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Sheep & Shepherd Model

MA's ARE INDISPENSABLE - MA's provide increased clinician support, are more engaged and fulfilled at work

PROVIDERS FEEL SUPPORTED - The burden of caring for an entire panel of patients is eased through structure, support and predictable days

PATIENTS ENJOY THEIR CARE - Patients feel prepared for, taken care of and their waits are reduced and time is valued

Clinical Chaos Syndrome

DAYS FEEL OUT OF CONTROL - There is a feeling of dread, frustration, and loneliness amongst clinical staff

DAYS DRAG ON AND ON - Out of control days lead to staying late, charting at home and overtime expenses that impact the bottom line

PATIENTS ARE FRUSTRATED - Patients are kept on hold, can't get appointment times they want or are in the clinic too long for care
Communicate, Communicate, Communicate

Talk about everything in your team.

We only hear a portion of the info that comes to us—pause, communicate with eye contact briefly.

Check in often.

At first you may feel silly, but when this is done well... teams wonder how they ever lived without this.
Today’s Takeaways

Sheep & Shepherd

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Steps in the Team Dance

- Robust Confirmation Calls
- Visit Prep
- PCT Huddle
- QuickStart
- Jockey-ing the Schedule
- Robust Intake

- Red Carpet the patient
- 30-Second Report
- Midway Knock
- Sheep and Shepherd
- Red Carpet Exit
- Charting at the Time of Visit
- SoftLanding
- Over Communicate
The Team Dance Steps

Each of you is a unique component of your team. Together your team can work more or less optimally together…

The Team Dance teaches you the steps to optimize your work together.
The Team Dance: *Red Carpet the Patient*

No more yelling out patient names in lobby!

1. MAs see patient arrival in EMR with description of patient.

2. MA walks to lobby, finds patient, and quietly tells them they are ready to take them back.

3. MA introduces themselves to patient and walks side-by-side to exam room to begin visit.

No private HIPAA information discussed in hallway.
RED CARPET ENTRY
- Go out in the waiting room (rather than yelling their name from the doorway)
- Walk side-by-side to the exam room (rather than patient trailing behind)

RED CARPET EXIT
- At the end of the visit (when possible) walk the patient to the door and ensure that all needs are met (rather than having them walk themselves out from the exam room)
The Team Dance: *Robust Intake*

More than just getting vitals

The MA takes info learned in huddle and begins conversation with patient

**Confirms reason for visit**

Evaluates patient appearance, mood, behavior to gather clues to drive conversation

**Goal is to gather as much info that will be helpful for provider**
Team Dance
30-Second Report

1. MA completes intake

2. MA searches for provider and asks if provider is ready to hear about next patient.

3. MA shares information learned during the Robust Intake

4. The provider gives MA instructions if appropriate and they try to anticipate what the provider might need for the visit
30-Second Report

The MA and provider confer briefly to discuss any new info, any labs ordered, other anticipated needs, and to redeploy themselves.
Sheep and Shepherd

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© Coleman Associates
Today’s Takeaways

- Sheep & Shepherd
- Red Carpeting & 30-Second Report
- Charting in Real Time, SoftLanding & The Debrief

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The Team Dance: *Chart at the Time of Visit*

Redesign Principle: **Do Today’s Work Today!**

Provider charts as much as possible during the visit.

To avoid the “staring at the screen” syndrome, tell patient what you are doing as you document.

Getting all or almost all charts done means that the team’s work is all done. It gives the MAs time to stay in sync and the providers don’t have to take work home.
Chart At The Time Of Visit

Allow time to chart at the end of each visit.

Getting all or almost all charts done means that the team’s work is all done.

You can become more efficient seeing patients. It’s faster to chart in the moment than to remember hours later.
Sheep and Shepherd

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### Success Stories

![Image of a whiteboard with a table]

<table>
<thead>
<tr>
<th>Team</th>
<th>Rachel &amp; Maria</th>
<th>Rachel</th>
<th>Maria</th>
</tr>
</thead>
<tbody>
<tr>
<td>A + Time</td>
<td>10:35</td>
<td>10:34</td>
<td>10:33</td>
</tr>
<tr>
<td>In Time</td>
<td>9:30</td>
<td>9:30</td>
<td>9:30</td>
</tr>
<tr>
<td>On Time</td>
<td>7:30</td>
<td>7:30</td>
<td>7:30</td>
</tr>
<tr>
<td>Cycle Time</td>
<td>9:29</td>
<td>9:29</td>
<td>9:29</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pts. Scheduled</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Pts. Seen</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>No Shows</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Avg Cycle Time:** 9:00 (55:30)

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**Text Message from Rachel to Amanda:**

Amanda - finished by **5:20** got to see post op pt by **6pm** and home by 7 to my hubby with NO work. I can look at the sunset **tonight!!!!**

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*Image of a scenic view of the ocean*
QuickStart and SoftLanding are bookends to each clinic session.

QUICKSTART & SOFTLAND
Keep the train running on time

- Complete pre-registration over the phone
- Schedule patient(s) with least demanding intake first
- Consider time to complete diagnostic testing before the provider enters the room
- Strive for synchronous visits, rather than serial
- Mini-discussions about remaining patients and wrapping up the day
- Review the remaining documentation and tasks
- Make a plan to finish on time
Cuddle aka Debrief

- Goal
  - Keep it brief
  - Review the data
    - What worked well?
    - What needs fine tuning?
    - Opportunities for tighter communication?
  - Exchange feedback
  - Review the patients who were seen during the clinic session
  - Identify important follow ups
  - Discuss No-Show – do they need to be rescheduled?
Your New Visit Model

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- Charts At Time of Visit
- Cuddle/Debrief
- Sheep and Shepherd

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COVID-19
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thank you