Nurse-Led Team-based Care

Session 1: Team-based Care in a Post-COVID World

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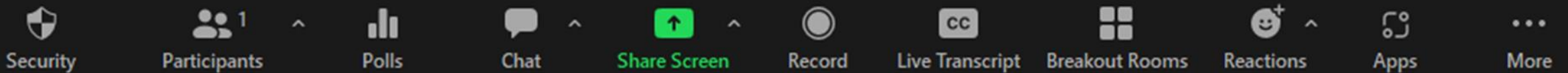
Live Captioning

To enable live captioning:

- o Go to the Zoom toolbar at the bottom of your screen

- o Click on "Live Captioning"

- o Select "Show Captions"

Icebreaker!
In the chat, please share…

What is something on your desk, a nearby wall, or outside your window that cheers you up during the day?

Housekeeping

Please turn your cameras on! We'd love to hear your voice and see your face. We will be successful today if everyone is able to contribute at least once.

This is an interactive session. We invite you to mic up or use the chat to ask questions, make comments, indicate agreement.

Take care of yourself. Take breaks, stretch, and let us know if you need support.
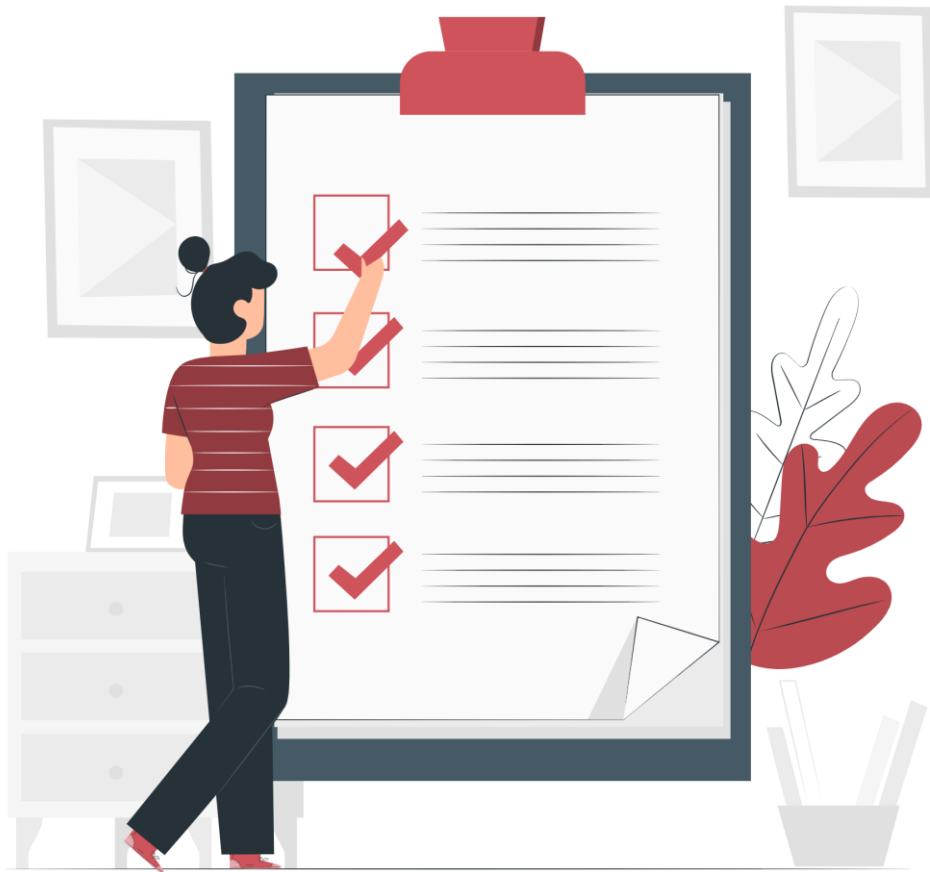
Learning Objectives

By the end of the session, participants will be able to...

1. Describe essential components of the structure (anatomy) and functioning (physiology) of teams.

2. Identify one responsibility related to diabetes care that could be redesigned to use the skills of the team.

3. Explain the purpose and process of pre-visit planning by nursing staff

Agenda

- Welcome + Overview

- Why We Need Teams

- Anatomy & Physiology of a Team

- How Have Teams Changed Since 2020?

- Small Group Activity: Share the Care

- Pre-visit Planning (example from Hudson Health)

- Wrap Up + Closing

Nurse-Led Team-Based Care

Thought exercise

Think of a time in your life when you felt supported by a team.

- Who was on your team?
- What did they do to show they had your back?
- What words would you use to describe that team?

Please share in chat or mic up to tell us about it.

Poll 1: Non-clinician team members…

- Play a limited role in providing clinical care

- Are primarily tasked with managing patient flow and triage

- Provide some clinical services such as assessment or self-management support

- Perform key clinical service roles that match their abilities and credentials
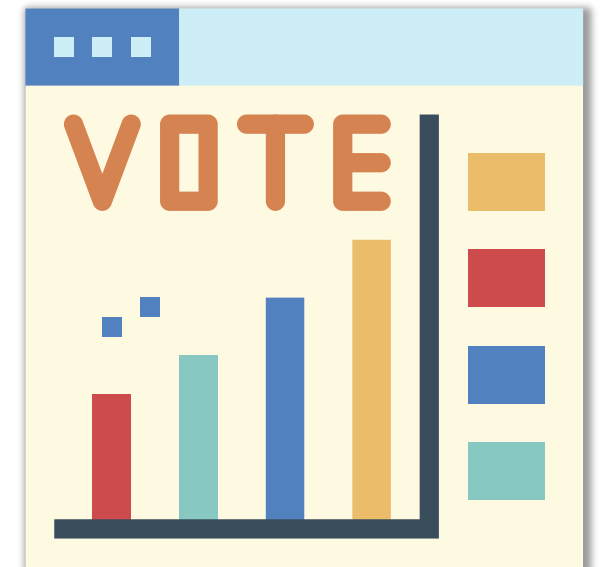
Poll 2: Workflows for clinical teams…

- Have not been documented or are different for each person or team

- Have been documented, but are not used to standardize workflows across the practice

- Have been documented and are utilized to standardize practice

- Have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis
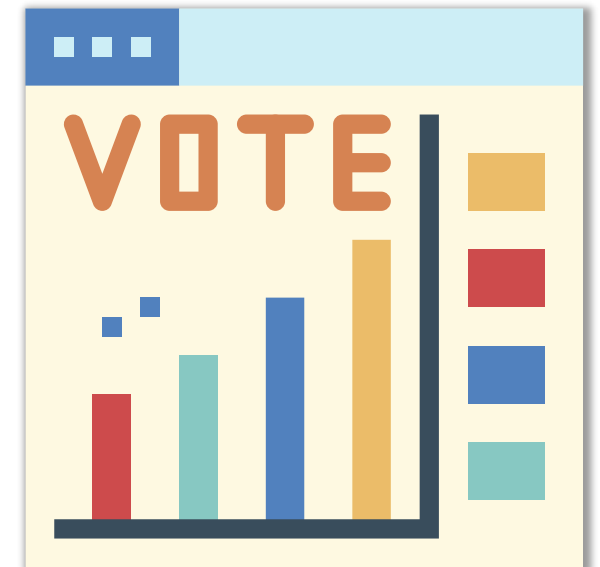
Why practice team-based care?

Menti Question: Why do we need team-based care?

- Click on the Menti.com link provided in the chat

- Share your responses

- Responses will appear on the screen in the form of a word cloud

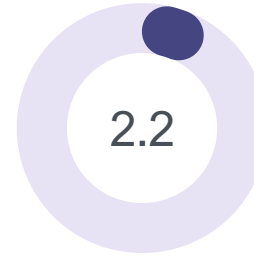# Why do we need team-based care?

Why teams in primary care?

o Create a small, comfortable place for patients

o Allows the clinic to organize and measure the work of primary care

o Empowers team members to see patients independently

o Increases quality

o Allows for sharing of responsibility of patient panels

The reality: 26.7 hours/day

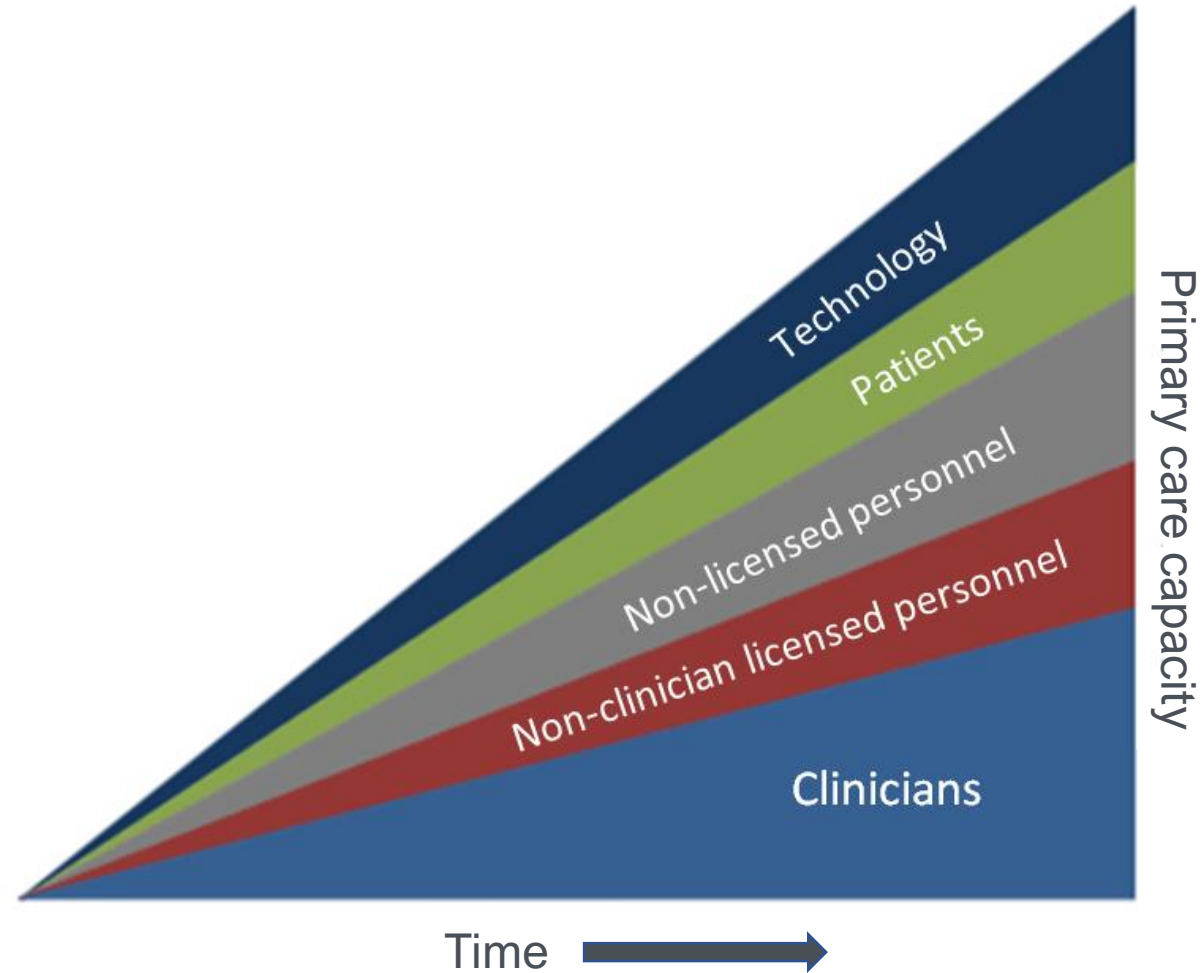**7.2** — Chronic care

2.2 — Acute care

14.1 — Preventive care

3.2 — Documentation/inbox management

Wedge approach to primary care capacity

Efficiency of practice: Examples

The Reciprocal Domains of Physician Well-Being

Chart illustrating the 3 domains of physician well-being, with each domain reciprocally influencing the others.

- Culture of Wellness
- Efficiency of Practice
- Personal Resilience

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

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ABSTRACT

We highlight primary care innovations gathered from high-functioning primary care practices, innovations we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing primary care practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life's vocation. Innovations identified include (1) proactive planned care, with previsit planning and previsit laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and stream-lined prescription management; (4) improving communication by verbal messaging and in-box management; and (5) improving team functioning through co-location, team meetings, and work flow mapping. Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.

Why do we need teams?

Why do we need teams?

What does it take to manage my diabetes well?

- Putting my medication in a place where I see it so I remember to take it

- Choosing to drink water

- Asking my partner to go on a walk with me after dinner

- Talking to someone who understands this is tough

- Snacking on carrots instead of chips

- Learning how to use my glucometer

- Finding people to inspire me

Anatomy & Physiology of a Team

Anatomy

- A stable team structure
- Colocation
- Defined roles
- Standing orders or protocols
- Adequate staffing ratios to facilitate new roles
- Ground rules

Physiology

- Culture shift: Share the care
- Training & skills check
- Communication

Who does it now?

Activity: Share the Care

Group Breakout

Instructions:

Determine who is currently responsible for primary functions and then consider who – under ideal circumstances – could perform these functions.

Time:

20 minutes in small groups
- 10 minutes evaluating who does the tasks now
- 10 minutes to focus on who could do the tasks

Goal:

Identify one task that might be better assigned to a new role.

Mural Activity Orientation

Clinic roles are along the top row

The list of visit tasks are along the columns

Mural Activity Orientation

Part 1:
Click and drag the check marks over to the role who performs the task *now*

Part 2:
Click and drag the light bulbs over to who *could do* each task
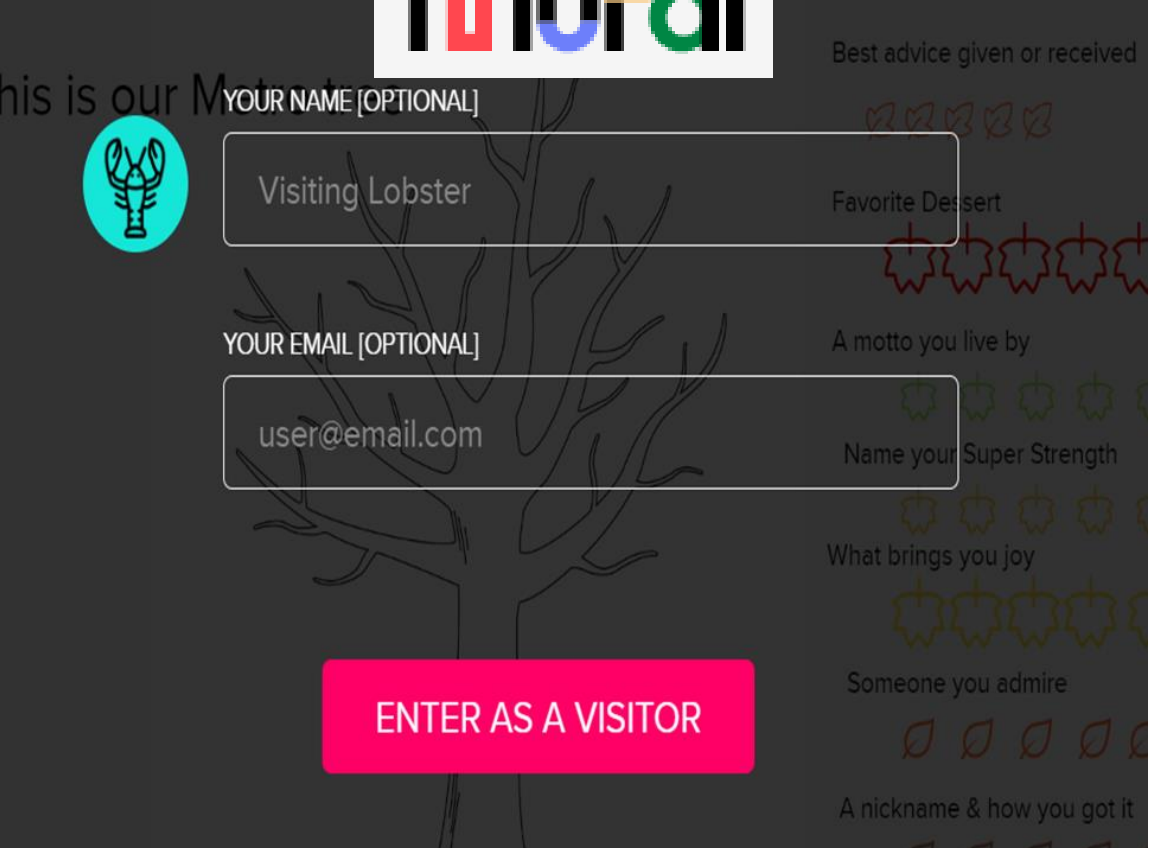
Mural Activity Orientation

Tasks: Medicare Annual Wellness Visit	Front Office	Panel Management	CMA	RN	Pharmacist	Traditional Health Worker
Outreach/Scheduling						
Chart Scrub						
Insurance Eligibility/Verification						
Provide Health Risk Assessment (HRA) Patient Paperwork	Front office	Panel Management	CMA	RN	Pharmacist	Traditional Health Wo
Enter HRA to EMR						
Medical/Family History (includes med rec.)						
Vitals (Height, Weight, BMI, BP)	Front office	Panel Management	CMA	RN	Pharmacist	Traditional Health Wo
Assess for Cognitive impairment						
Review the patient's potential risk factors for depression						
Review the						

Team-Based Care: Share the Care Mural Activity

- Link to Mural in the chat

- Click "Enter As Visitor" without creating account

Building Block 4: Anatomy & Physiology of a Team

Anatomy

- A stable team structure
- Colocation
- Defined roles
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Physiology

- Culture shift: Share the care
- Training & skills check
- Communication

Culture shift: Share the Care

From "I"
Clinician makes all decisions and non-clinician staff helps the clinician

To "We"
The entire team shares responsibility for the health of their patient panel

Sharing the Care is not only delegating tasks to non-clinician team members; it is reallocating responsibilities

Tasks — — — ▶ Responsibilities

Share the Care creates a collaborative team culture

- Medical assistants taking responsibility to ensure that all patients have received appropriate cancer screening improved screening rates
  (Baker. Qual Saf Health Care.2009;18(5):355-359; Kanter, Perm J. 2010;14(3):38-43).

- Teams with a collaborative team climate were associated with better diabetes management, patient satisfaction, and patient activation
  (Becker and Roblin. Medical Care 2008;46:795-805; Bower, Campbell, Bojke, & Sibbald. Qual Saf Health Care 2003;12:273-279).

- An observational study of 27 practices found that moving toward a "share the care" culture increases physician and staff satisfaction
  (O'Malley et al. JGIM 2015;30;183-192).

Team-based care in a post-COVID world

Team-based roles: Pre and Post COVID

Some functions are the same pre- and post-COVID, but have new workflows

Other post-COVID functions are new

Primary care now takes on more responsibility for public health

Poll 3: What new responsibilities have your team members taken on in the past few years?

- COVID testing

- COVID vaccinations

- Navigation of resources

- Outreach to get patients up-to-date on preventative care

- Outreach to vulnerable patients

- Rooming for telehealth visits

- Supporting patients in accessing telehealth

- Other: Please share in chat
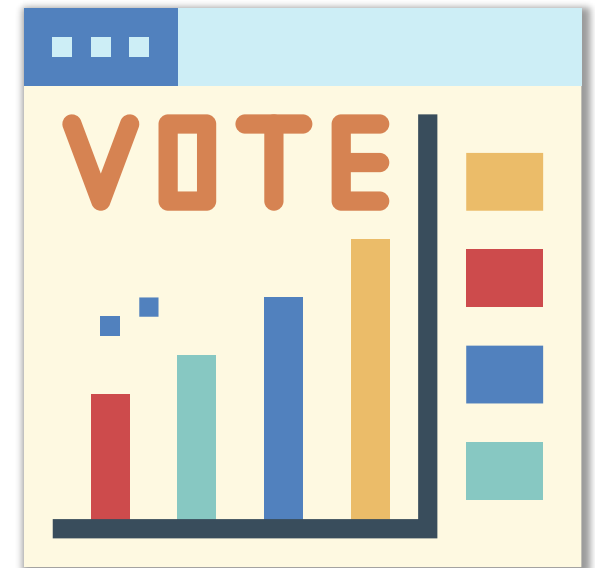
Advancing Team-Based Care: Patient Experience

Maureen Poole, DNP, RN, NE-BC
Vice President of Nursing
Hudson Headwaters Health Network

Team-Based Care: The patient experience

- Martin is a 60-year-old patient with a history of hypertension
- New diagnosis of insulin-dependent diabetes at last office visit
- He is a caregiver for his wife who is a chronic dialysis patient.

Team-Based Care: The patient experience

- Martin is experiencing some trouble with his blood sugars & managing his insulin dosing. Readings have been variable & he is new at daily dosing. His blood pressure has been reading higher as well.

- He calls the health center and tells the Patient Service Assistant (PSA) what is going on. The PSA transfers his call to the Telephone Triage RN for the team.

- The RN is familiar with him and gets the details. She suggests he come in and be seen as he may need his insulin dose adjusted and needs his blood pressure issue addressed.

- RN schedules Martin for later that day. She informs the team about the added visit.

✓ Martin is familiar with the PSA & the RN as interacts with a smaller number of health center staff, which make up his care team

✓ His typical primary care provider is fully booked. The RN offers him a visit with another care team provider. He agrees as he is aware they collaborate, & he has seen other providers on the team in the past.

Pre-visit Planning:

- Higher quality time spent with care team
- More meaningful visit
- Better engagement & efficiency

- Improved efficiency: encounter plans & orders are prepped
- Higher quality time: QMs are updated, ancillary tasks are prepared
- More quality time spent with patient

- Patient
- Providers
- Nursing Team
- Patient Services

- Less stress at time of visit
- May decrease errors
- Anticipate the bottlenecks of the day (procedures, immunizations, challenging visits)

- Reduce no-shows/allows for appropriate scheduling & improved access
- Understands the daily workload

Key nursing staff pre-visit planning activities

What	How	Why
Visit prep	Ensure pertinent or required records are on hand such as recent labs, any consults, ER visit notes, etc. since last office visit. Prep hypertension & diabetes action plans.	o Thinking ahead can help identify relevant information for the visit & make sure it is there when needed o Completing things ahead can save time at the point of care o Populating the chart ahead of time makes the visit more efficient
QMs	Prepare necessary documents & orders for visit type: he is due for flu shot, repeat hemoglobin a1C, foot exam, colonoscopy.	
Huddle prep	Decide what orders to suggest at huddle & cue up templates in visit.	

Pre-session Huddle

☐ Review staffing needs

☐ Review patient schedule & level of care needs
- o Care team knows the patient may need some extra time to discuss questions
- o Secure anticipated orders: POC glucose & Hgb a1C, flu shot

☐ Designate tasks to be completed with members present to assist with flow for day.
- o Nursing staff may print consent forms for all flu vaccine from verbal order at huddle
- o PSA may need to let other patients know if there is a delay due to needs of the patient during the visit
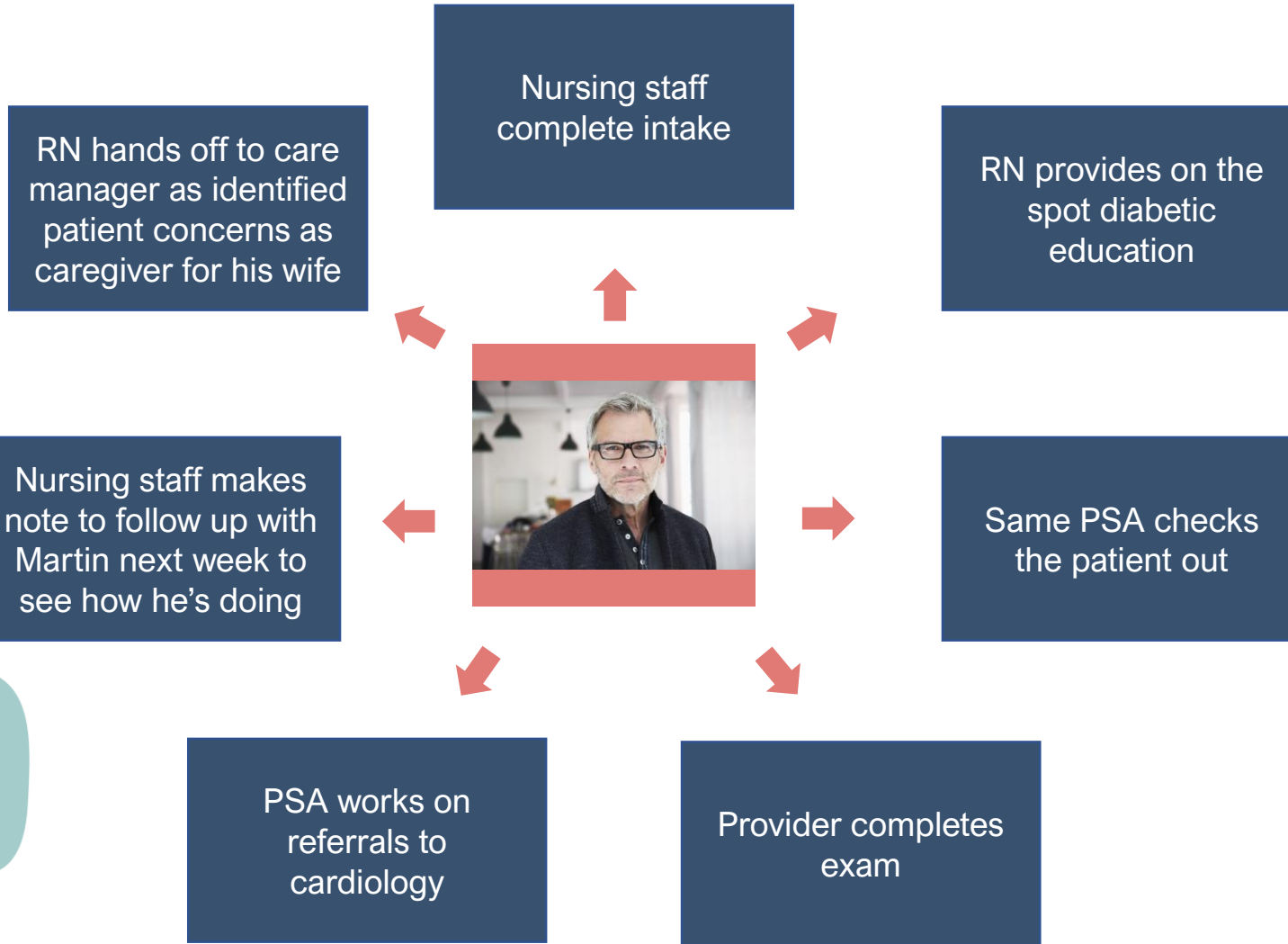- o RN may need to meet with patient to provide diabetic teaching

Patient arrives for visit with his care team…

Nursing staff complete intake

RN provides on the spot diabetic education

RN hands off to care manager as identified patient concerns as caregiver for his wife

Same PSA checks the patient out

Nursing staff makes note to follow up with Martin next week to see how he's doing

Provider completes exam

PSA works on referrals to cardiology

Pharmacist, CDCES behavioral health available if needed

"It's the same nurse that calls me, which is nice. She knows me."

"Having my phone calls get answered by the same people I see when I go there is nice."

Feedback from the team

"It's nice getting to know the patients better and they are getting to know us better. I like that."

"I can ask the provider questions sometimes when I have a patient on the phone and get an answer right away."

"By being right there, I can answer questions on the spot or overhear the nurse on the phone and intervene if I can answer a question right there."

"It feels good being part of something new and different. The patients like it so it feels good.

"By having the team in the same space, there is less pinging of patient cases"

Resources

A practical tool for building teamlets that work!

Week 2

Week 2 Purpose, Values and Trust

MA and provider come together to share a meal and to speak to each other from the heart about the work that they do. Use the work book to first write answers, and then be ready to share.

Purpose:
I am

_____

_____

_____

_____

I work at this clinic because

_____

_____

_____

What makes me feel good about the work that I have done at the end of the day

_____

_____

_____

_____

_____

_____

Available at:

https://cepc.ucsf.edu/teamlets

Getting To The Heart
Strengthening Team Communication

By Laura Miller, MD

Getting to the Heart

- Each week, each teamlet (clinician and MA) has lunch together to get to know each other and to discuss how the teamlet is working

  - Week 1: Introducing Getting to the Heart

  - Week 2: Values, trust

  - Week 3: Power, roles, agreements

  - Week 4: What have we learned; how do we move forward?

  - Total 8 weeks

- Evaluation
  - Improved patient access due to increased productivity
  - Improved patient and staff experience

Getting To The Heart
Strengthening Team Communication
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Next Session

1: Team-based Care in a Post-COVID World

5/23: Session 2 Building Capacity

3: Overcoming Common Challenges