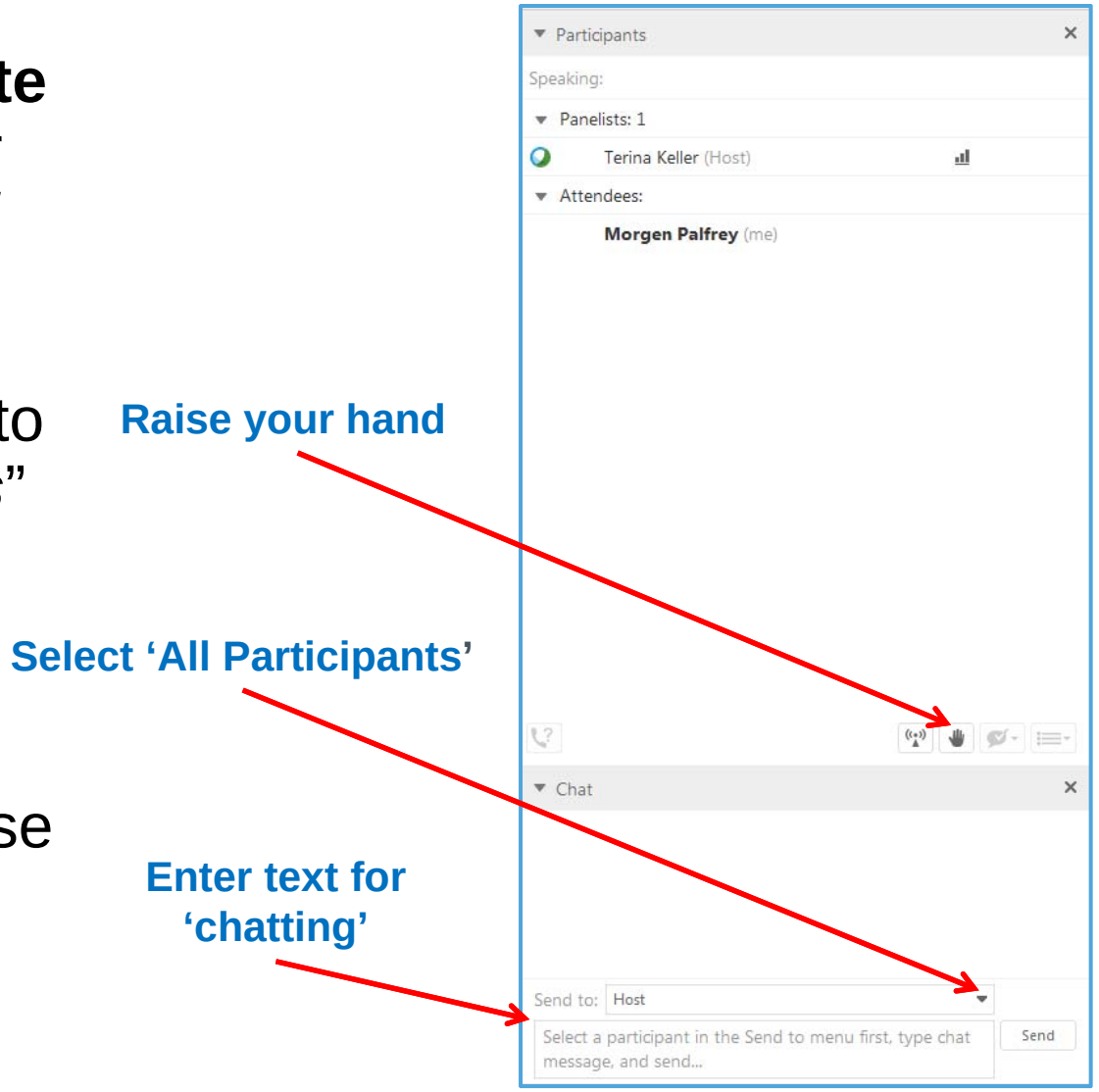
PaCT Coach Prep:

Test Box #1

December 13, 2017

WebEx Quick Reference

- **Mute and unmute** on your phone or using ***6** *(no hold music please)*
- Please use chat to "***All Participants***" for discussion & questions
- For technology issues only, please chat to "***Host***"



Agenda

Date:	**Wednesday, December 13, 2017**
Time:	**8:00 a.m. – 9:00 a.m.**
	Item
8:00	**Welcome, Introductions and Agenda** • Structure of today's session • Timing of future sessions • Ongoing support
8:10	Writing an Aim Statement
8:15	Standardized Data Entry for Team-based Care
8:25	Using the Current State Process Map
8:30	Setting the Scene for Care Planning
8:40	Scripting for Patient-centred Care Planning
8:50	Shifting the Conversation
8:55	Wrap-up

Who’s on the Webinar?

Please type your
NAME and WHERE
you’re calling from in the
chat box

Test Box 1 Contents

1. Writing an aim statement
2. Using the current state process map
3. Setting the scene for care planning
4. Scripting for patient-centred care
5. Shifting the conversation
6. Standardized charting for team-based care

Coach Prep: What to expect

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Innovation Hubs
Test Box #1

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PaCT Innovation Hubs

Test Box #1 – Guide for Coaches

The Share & Learn webinar session with the innovation hub clinics is planned for January 2018. Between now and then, teams are encouraged to work on the foundational activities in Test Box #1. **As in all PaCT test boxes, teams are not required to do all activities, but we hope that they will consider doing as many as possible.** The activities in Test Box #1 will provide a strong foundation for future care planning activities.

Review the activities with the team. If they've already completed any of them, you can check those off. Consider reminding the team that PaCT Central will be interested to hear about how they incorporated these activities, lessons learned, etc. For the activities that the team is not already doing, review each and discuss which ones they would like to test. (More in depth descriptions of each activity and how to support the team follows.)

Suggested test box activities:

- ☐ Writing an aim statement
- ☐ Using the current state process map
- ☐ Setting the scene for care planning
- ☐ Scripting for patient-centred care planning
- ☐ Shifting the conversation
- ☐ Standardized data entry for care planning

TIP

As a reminder, it's helpful to think about the recommended steps for quality improvement work:

1. Form a team with representation from all areas of the clinic
2. Set a measurable aim
3. Map the current process
4. Identify measures and determine the 'baseline'

1

Writing an Aim Statement

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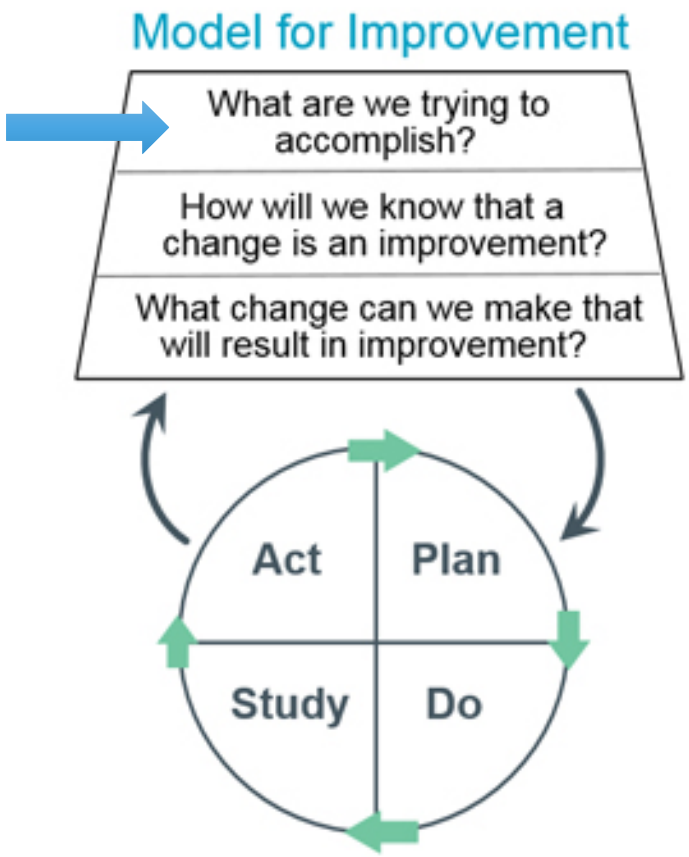
What & Why?



Writing an aim statement:

- Clarifies the goal
- Fosters discussion
- Creates team alignment
- Visual reminder

Aim statements

1. What you aim to change
2. By how much
3. By when

Example:

We will increase the number of annual care plans initiated for patients 75+ years old without a visit in the past year from 41% (23/56) to 84% (47/56) by October 31, 2018.

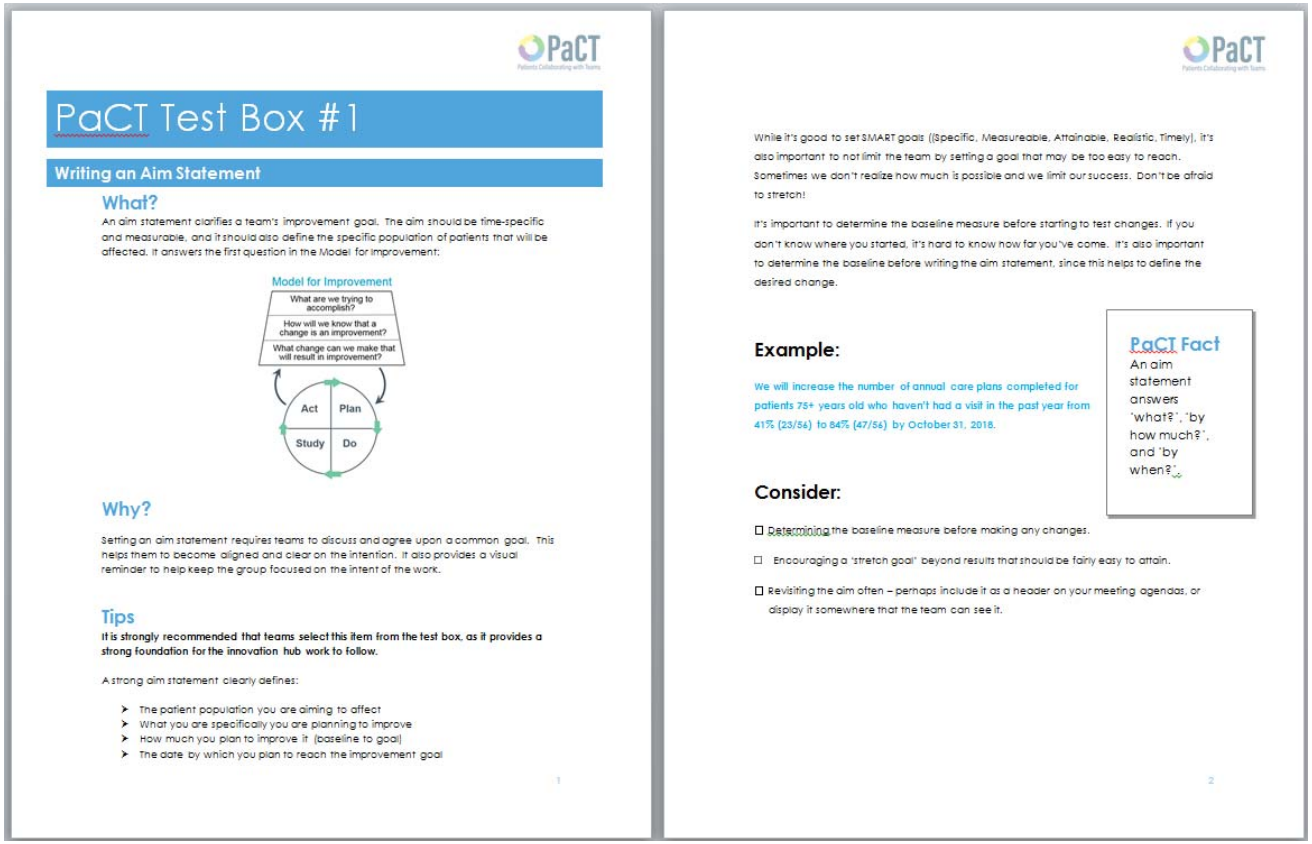
Chat in discussion

Has your team(s) set an aim yet?

How did it go?

How are they planning to use it? Is it visible?

Resources



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PaCT Test Box #1

Writing an Aim Statement

What?

An aim statement clarifies a team's improvement goal. The aim should be time-specific and measurable, and it should also define the specific population of patients that will be affected. It answers the first question in the Model for Improvement:

Model for Improvement

Why?

Setting an aim statement requires teams to discuss and agree upon a common goal. This helps them to become aligned and clear on the intention. It also provides a visual reminder to help keep the group focused on the intent of the work.

Tips

It is strongly recommended that teams select this item from the test box, as it provides a strong foundation for the innovation hub work to follow.

A strong aim statement clearly defines:

- The patient population you are aiming to affect
- What you are specifically you are planning to improve
- How much you plan to improve it (baseline to goal)
- The date by which you plan to reach the improvement goal

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While it's good to set SMART goals (Specific, Measureable, Attainable, Realistic, Timely), it's also important to not limit the team by setting a goal that may be too easy to reach. Sometimes we don't realize how much is possible and we limit our success. Don't be afraid to stretch!

It's important to determine the baseline measure before starting to test changes. If you don't know where you started, it's hard to know how far you've come. It's also important to determine the baseline before writing the aim statement, since this helps to define the desired change.

Example:

We will increase the number of annual care plans completed for patients 75+ years old who haven't had a visit in the past year from 41% (23/56) to 84% (47/56) by October 31, 2018.

PaCT Fact
An aim statement answers 'what?', 'by how much?', and 'by when?'.

Consider:

- ☐ Determining the baseline measure before making any changes.
- ☐ Encouraging a 'stretch goal' beyond results that should be fairly easy to attain.
- ☐ Revisiting the aim often – perhaps include it as a header on your meeting agendas, or display it somewhere that the team can see it.

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www.ihi.org

Discussion

Standardized Data Entry for Team-based Care

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What & Why

Standardized data entry will enable the care team to:

- Know where to consistently find information
- Create population-wide reminders for care coming/over due
- Map data directly to the care planning template, thereby reducing duplicate data entry
- Take quality improvement measures

How to introduce to teams

Discuss as a team areas where data entry is not yet standardized in the clinic.

Questions to consider asking your team:

Consider the population you have identified for PaCT. Are you entering data in your EMR in a standardized way that will enable you to take your improvement measures?

Consider the information in the care planning template. Many of the fields will map to auto-populate the template. Are there data elements that are not yet standardized that may impact the ability to map? Or the quality of the data being mapped to the template?

Resources

- General EMR Guide - "Guiding Principles for Effective Use of EMR for PMH Work"
- EMR-specific guides available on TOP Website this December – including PaCT-specific topics:
  - QHR Accuro
  - Telus Wolf
  - Telus Med Access
  - Microquest Healthquest
- EMR Videos on TOP website

Discussion

Using the Current State Process Map

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Some Ways to Process Map

Observation – sit back and watch

Interview those involved in the process – *include a patient*

During a meeting with your improvement team – remember to *go back to observe and validate*

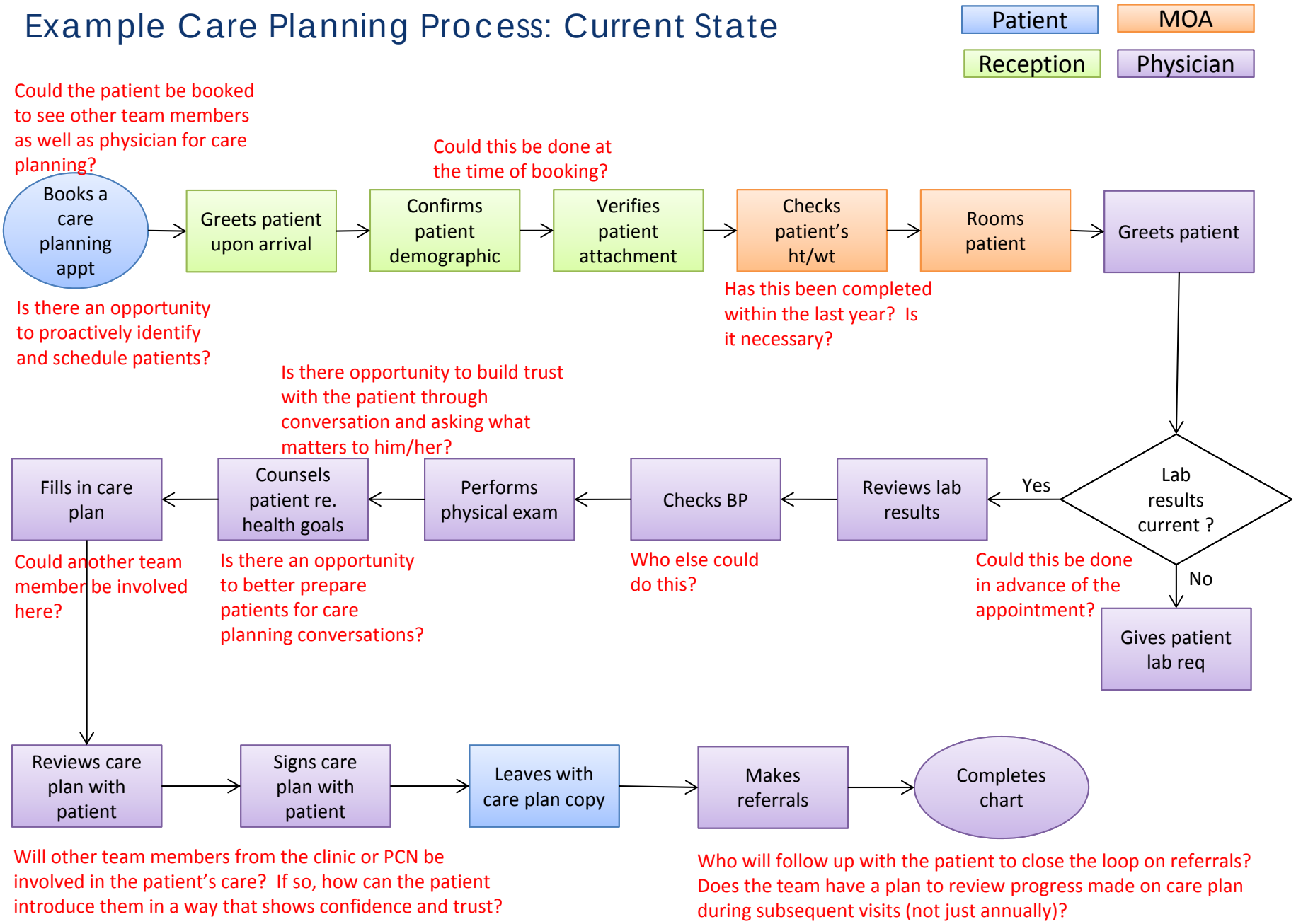
Questions to get teams thinking…

1. Where are there opportunities to improve the care planning process?

2. Are there steps in the process that are not patient-centered (e.g. extra waiting, not setting the right expectations, sending the patient back for labs, not introducing team members)?

3. Is there an opportunity to get a patient involved in designing or reviewing the process?

Example Care Planning Process: Current State

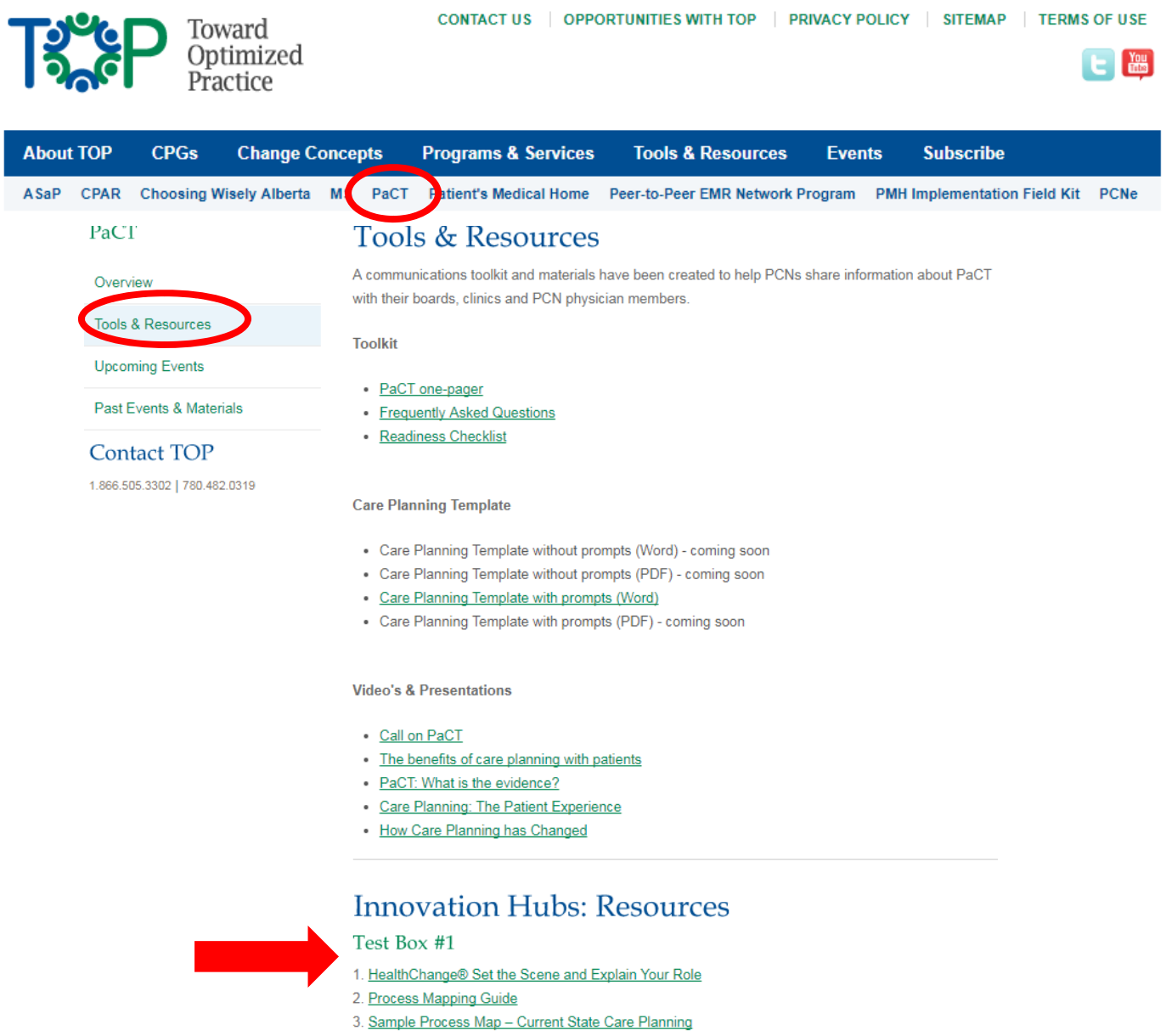


Chat-in & Discussion

Have you and your clinic team(s) created a process map of their current care planning process?

What did their process maps reveal?

Resources – www.topalbertadoctors.org



Setting the Scene for Care Planning

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SETTING A STRONG FOUNDATION

PATIENT CENTRED INTERACTIONS

With every patient interaction it is critical to build and maintain trust and rapport. This creates a safe place for the patient to interact and ask questions. Two elements that support providers to do this are **Set the Scene** and **Explain Your Role**. Set the Scene refers to what the physical environment looks like and what the interaction feels like for the patient. Explain your Role is about setting up accurate expectations for the consultation, including the role of the provider and the role of the patient.

ACTIVITY #1 - SET THE SCENE

Go into your clinic space and ask yourself if you were a patient coming in for an appointment, how would you experience the environment? How does the current environment either build trust or potentially create barriers for engagement? Share with your team what you have learned.

Things to Consider:

- Location of assessment tools (scales, measuring instruments and diagnostic charts)
- What is on the walls (posters, positive or negative messaging)
- Positioning and type of furniture (Does it support engagement? Would it be comfortable for all patients?)

ACTIVITY #2 - EXPLAIN YOUR ROLE

Using the **HealthChange® Explain your Role** elements below, take five minutes to write out how you would explain your role for different circumstances, such as:

- Appointment type (e.g. care planning or prenatal visit)
- Existing patient meeting with a team member for the first time
- New patient

Read it out loud to at least one colleague and get their feedback on how it sounds and what the impact is. Test this new version with a patient who comes into the clinic this week.

EXPLAIN YOUR ROLE ELEMENTS

1. Who you are and how you work using a collaborative approach (i.e. your role and their role)
2. What you won't do (address negative or inaccurate expectations)
3. What's in it for them (state the benefits and create positive expectations about your service)
4. State how long the consultation will take (and ask permission to proceed if relevant)

ACTIVITY #3 - EXPLAIN A TEAM MEMBER'S ROLE

When the patient needs to be referred to another provider (e.g. physician doing a warm hand off to a team member), use the Explain your Role elements to help the patient understand and make an informed decision about the referral. This may also increase their motivation to attend the referral and ensure they have accurate expectations. Test this new method of setting up referrals and track to see the impact on client *No Shows* to referrals.

ACTIVITY #4 - SAMPLE SCRIPTING

With a colleague, review and discuss the two sample scripting options in the **Test Box**. Talk about how conversations are different and what the potential impact is on the patient. Based on your discussions, adapt the scripting to your clinic context and have an appropriate team member test the booking of a care planning appointment with the script.

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HEALTHCHANGE Inspired® Behaviour Change Methodology

To access additional HealthChange® training and resources, email **PHC@ahs.ca**

- The physical environment
- The information received

Activity 1: Assess the physical environment

Test

For this test box, teams are encouraged to:

1. **Take an objective look at the physical space(s) where care planning occurs.**

   - Are there aspects of the physical environment that could be made more patient-friendly during care planning appointments?
   - Is there anything that may make an individual feel physically uncomfortable? Emotionally uncomfortable? Not part of the collaborative team?
   - Is the room where care planning occurs set up so that the patient can view the care plan as it is being developed?
   - Does the patient have what they need to be able to make notes for themselves? If not, will we provide paper and pens? Will we ensure the patient is asked and reminded to bring something to take notes with?
   - Do we currently invite the patient to bring a family member or friend, if they'd like? If they do, is there space in the room?

Activity 1: physical environment

E.g.,

- Narrow chairs with armrests that might not be appropriate for all body types.

- Patient seated across the desk and unable to see the EMR.

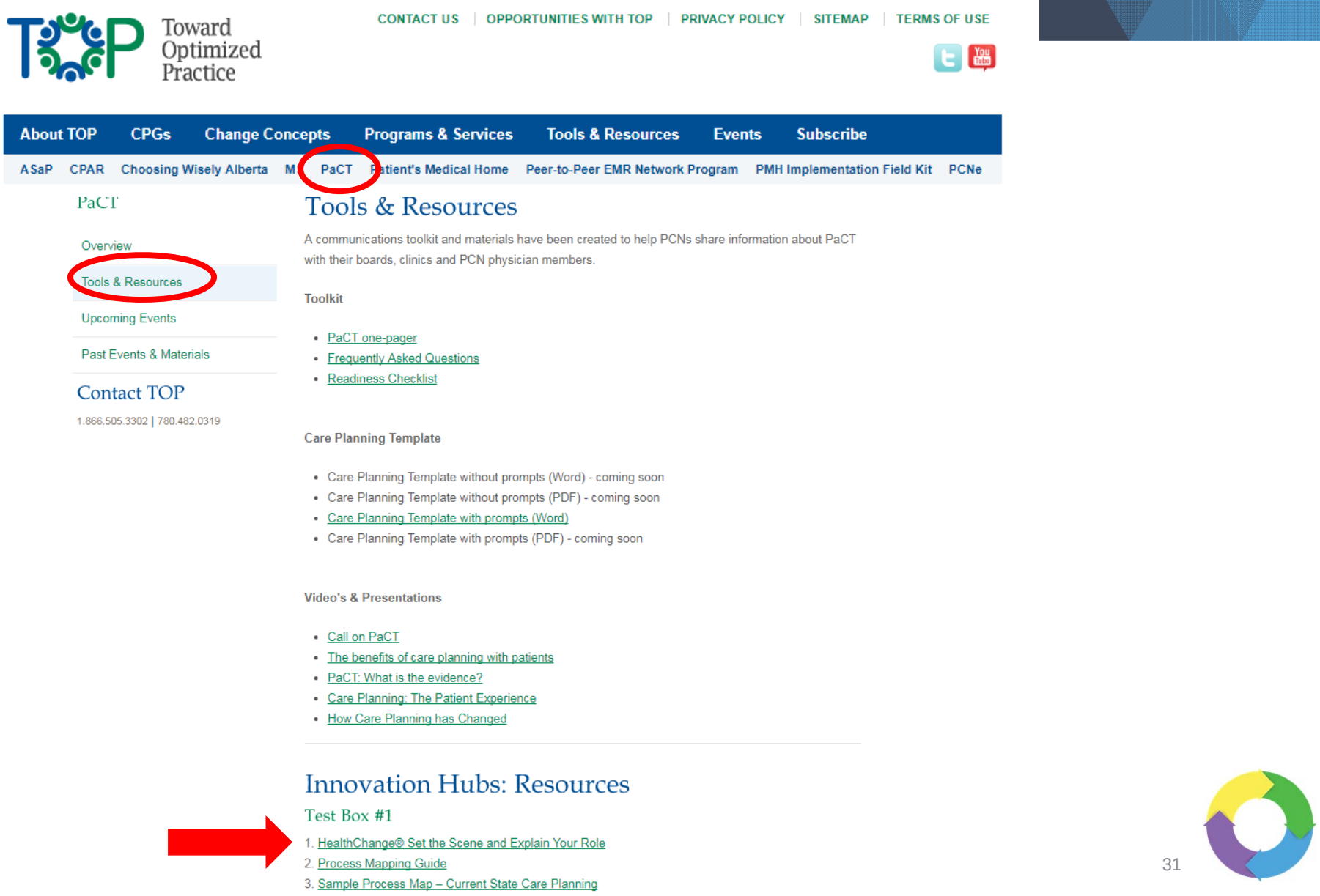
- Scale is in a location that doesn’t offer privacy for patients.

Activity 2: communicating about care planning

- What are the team's key messages?
- Who needs to know them?
- Scripting?

Discussion

Resources – www.topalbertadoctors.org



Scripting for Care Planning

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Let's Role Play

Option A:

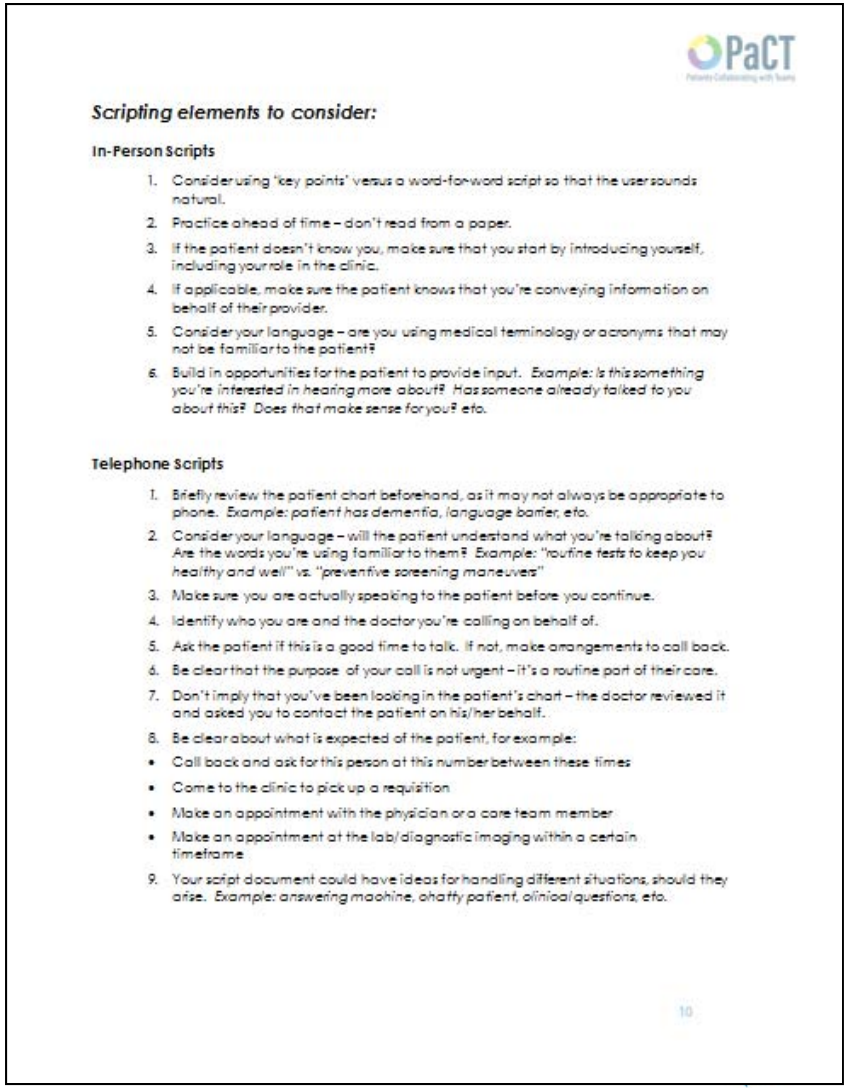
Good morning Mrs. Brown. This is Blue Meadow's Clinic calling. You are overdue for a complex care plan visit. We have an appointment for you on December 19th at 2:00.

Option B:

Good Morning, am I speaking with Mrs. Brown? *(Yes)* Hi, Mrs. Brown - this is _____ from Dr. Green's office. I'm a Medical Office Assistant, and part of my role is to connect with patients over the phone on behalf of the doctors and team here at the clinic. Is this a good time for you to talk?

Introducing Scripting

- Review ‘elements to consider’
- Encourage practice with each other
- Patient rep??



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Scripting elements to consider:

In-Person Scripts

1. Consider using ‘key points’ versus a word-for-word script so that the user sounds natural.
2. Practice ahead of time – don’t read from a paper.
3. If the patient doesn’t know you, make sure that you start by introducing yourself, including your role in the clinic.
4. If applicable, make sure the patient knows that you’re conveying information on behalf of their provider.
5. Consider your language – are you using medical terminology or acronyms that may not be familiar to the patient?
6. Build in opportunities for the patient to provide input. *Example: Is this something you’re interested in hearing more about? Has someone already talked to you about this? Does that make sense for you? etc.*

Telephone Scripts

1. Briefly review the patient chart beforehand, as it may not always be appropriate to phone. *Example: patient has dementia, language barrier, etc.*
2. Consider your language – will the patient understand what you’re talking about? Are the words you’re using familiar to them? *Example: “routine tests to keep you healthy and well” vs. “preventive screening maneuvers”*
3. Make sure you are actually speaking to the patient before you continue.
4. Identify who you are and the doctor you’re calling on behalf of.
5. Ask the patient if this is a good time to talk. If not, make arrangements to call back.
6. Be clear that the purpose of your call is not urgent – it’s a routine part of their care.
7. Don’t imply that you’ve been looking in the patient’s chart – the doctor reviewed it and asked you to contact the patient on his/her behalf.
8. Be clear about what is expected of the patient, for example:
   - Call back and ask for this person at this number between these times
   - Come to the clinic to pick up a requisition
   - Make an appointment with the physician or a care team member
   - Make an appointment at the lab/diagnostic imaging within a certain timeframe
9. Your script document could have ideas for handling different situations, should they arise. *Example: answering machine, chatty patient, clinical questions, etc.*

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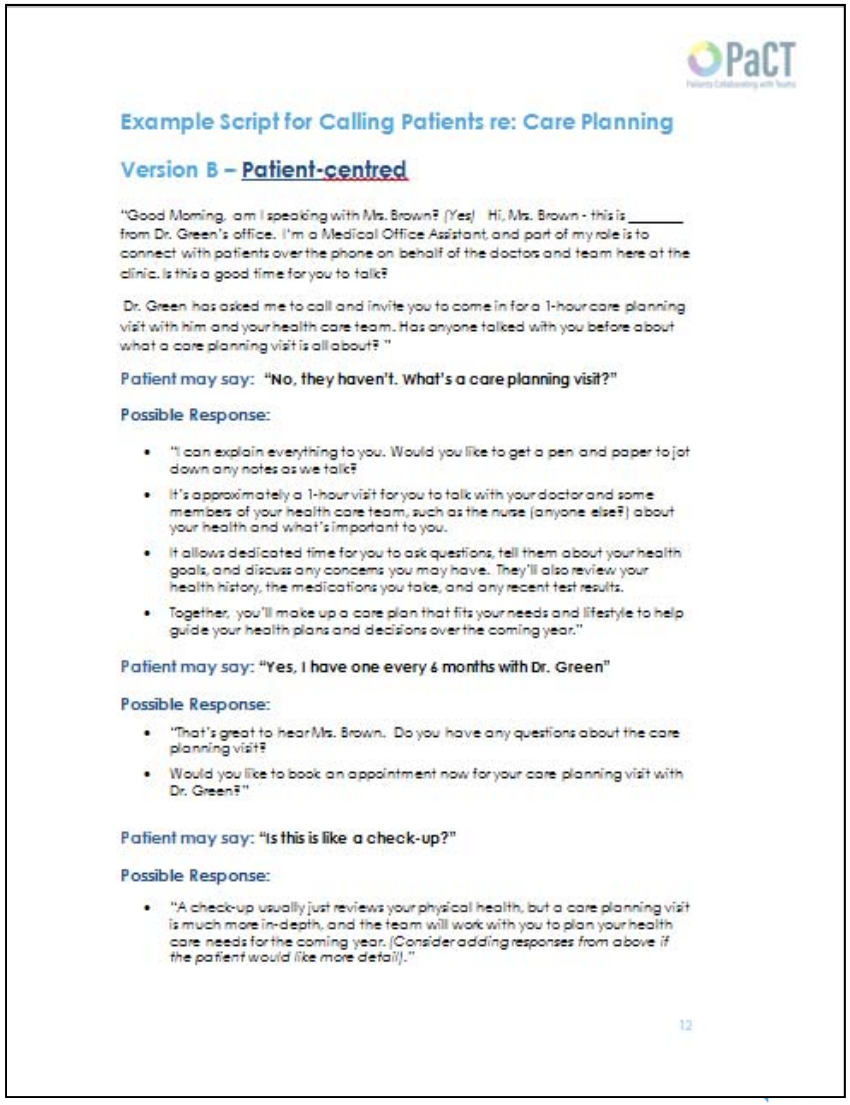
Resources

Sample script and elements provided in Test Box

HealthChange® Set the Scene and Explain Your Role *(website)*



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Example Script for Calling Patients re: Care Planning

Version B – Patient-centred

"Good Morning, am I speaking with Mrs. Brown? (Yes) Hi, Mrs. Brown - this is _____ from Dr. Green's office. I'm a Medical Office Assistant, and part of my role is to connect with patients over the phone on behalf of the doctors and team here at the clinic. Is this a good time for you to talk?

Dr. Green has asked me to call and invite you to come in for a 1-hour care planning visit with him and your health care team. Has anyone talked with you before about what a care planning visit is all about? "

Patient may say: "No, they haven't. What's a care planning visit?"

Possible Response:

- "I can explain everything to you. Would you like to get a pen and paper to jot down any notes as we talk?
- It's approximately a 1-hour visit for you to talk with your doctor and some members of your health care team, such as the nurse (anyone else?) about your health and what's important to you.
- It allows dedicated time for you to ask questions, tell them about your health goals, and discuss any concerns you may have. They'll also review your health history, the medications you take, and any recent test results.
- Together, you'll make up a care plan that fits your needs and lifestyle to help guide your health plans and decisions over the coming year."

Patient may say: "Yes, I have one every 6 months with Dr. Green"

Possible Response:

- "That's great to hear Mrs. Brown. Do you have any questions about the care planning visit?
- Would you like to book an appointment now for your care planning visit with Dr. Green?"

Patient may say: "Is this is like a check-up?"

Possible Response:

- "A check-up usually just reviews your physical health, but a care planning visit is much more in-depth, and the team will work with you to plan your health care needs for the coming year. *(Consider adding responses from above if the patient would like more detail).*"

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Discussion

Shifting the Conversation

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What matters to you?

- How and when to ask?
- How to document the answer?
- How to incorporate the information?

Discussion

Next Steps

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Upcoming Dates

Meet with team(s) to deliver Test Box 1

Jan 25 – *Share & Learn (Test Box 1)*

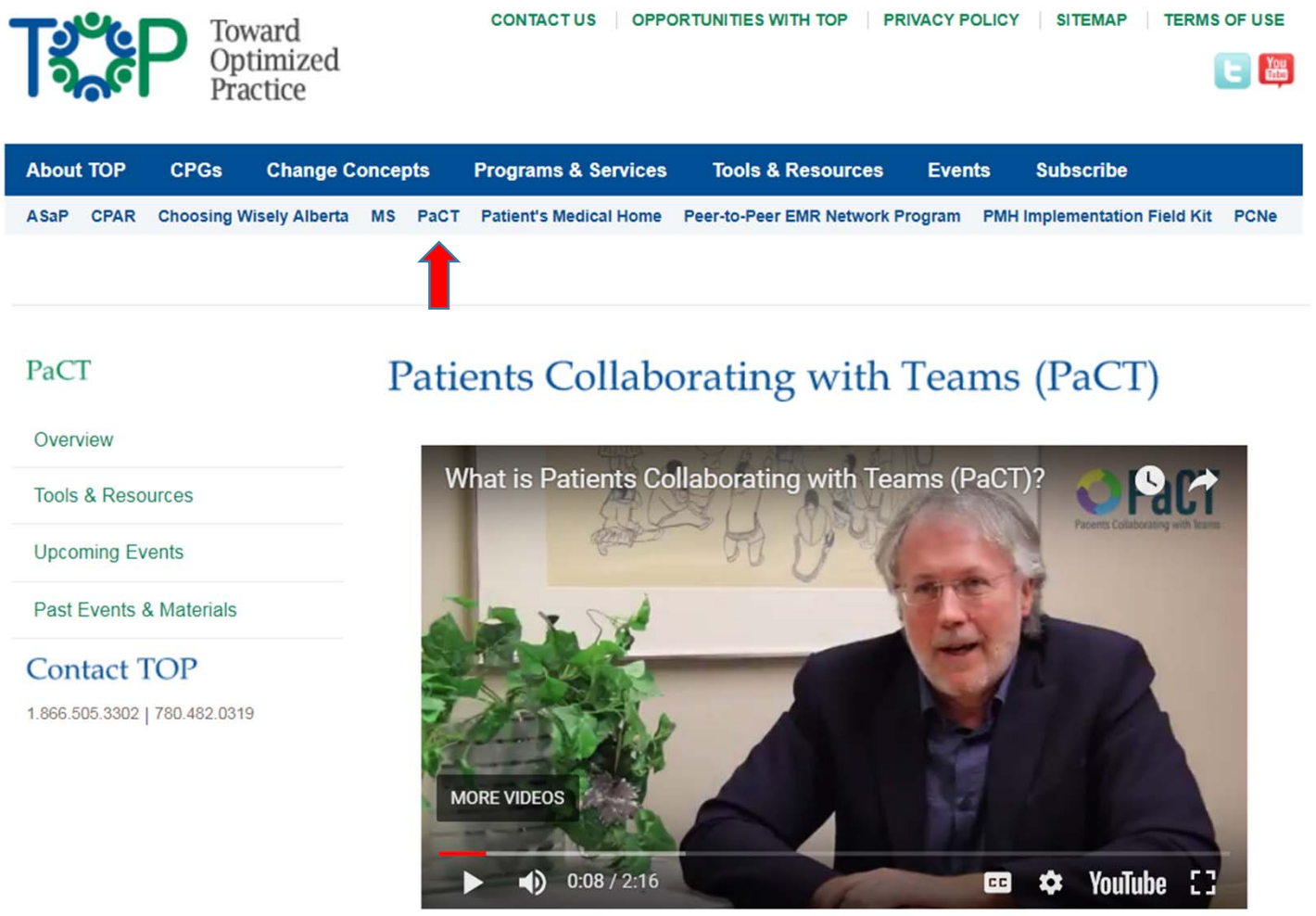
Feb 1 – *Coaches' Prep (Test Box 2)*

Share & Learns - Reminder

Chat Questions

- *What did you test?*
- *What did you learn? (Adopt/Adapt/Abandon)*
- *What would you recommend for other teams?*

Featured Teams

- *Share your story*

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