

Guide for Coaches: Test Box #2



The Share & Learn webinar session with the innovation hub clinics for Test Box 2 is planned for April 5, 2018. **We recognize that some teams may be feeling like they're still working on Test Box 1, and are not ready to move on to Test Box 2.** Please reassure your team(s) that they're not expected to take on every potentially better practice (PBP) in each test box. Realistically, the time frame will only allow for a few things to be tested from each box. Clinics are busy, and we don't want the task of being an innovation hub to be onerous or stressful. Please reassure the teams that they can go back and incorporate the PBPs that they didn't get to in the future – this is a marathon, not a sprint!

As well, if the teams continue to feel overwhelmed at the end of the Test Box 2 period, let your IA know and we will look at reallocating the Test Box 3 time period for 'catch up'. This would extend the overall length of the innovation hub period, but we will absolutely do it if the teams are struggling.

The theme of Test Box 2 is '**Continuity, Communication and Team Roles**'.

To start, review the PBPs in the test box 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., even if it was in the past.

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.) If a team is having difficulty deciding what to take on, consider doing an Impact/Effort grid exercise with them. (*Instructions on next page.*)

'Potentially Better Practices' to choose from:

- Getting ready for continuity (*pre-work required to order HQCA report*)
- Enhancing communication using practice principles
- Coordinating today's work together
- Running EMR searches
- Determining and monitoring 'panel confirmation rate'

How to Facilitate an Impact/Effort Grid

1. Draw the grid on a white board or post-it paper
2. Label it as below
3. Facilitate the team in a discussion of each potentially better practice (PBP) – what level of effort would it require from the team? What degree of impact would it have for our patients/care planning process?
4. Write each PBP in the appropriate quadrant
5. As a general rule, the optimal choices are those in the high impact/low effort grid.
6. If the impact was deemed important, a team may choose to work on a high effort/high impact option - you may want to advise them to select fewer overall PBPs in light of the high effort required
7. Low impact PBPs are rarely considered good selections, unless the effort is a 'no-brainer' for some degree of impact



Getting Ready for Continuity

This “potentially better practice” is to support teams to:

- *Develop a shared understanding of the importance of continuity*
- *Use data to understand and inform the practice's continuity*
- *Develop a shared understanding of the provider behaviours that contribute to continuity*
- *Prepare to participate in the Central Patient Attachment Registry (CPAR)*

Don't be overwhelmed - there is a lot of information in this test box item but it is expected that teams will continue to revisit this test box item over the coming months.

Continuity Challenge

- This [slide deck](#) is provided as a resource to support teams in understanding Continuity
- It is designed as a quiz. It is a series of questions to pose to teams with supporting information after each question.
- It can be used in a number of ways. Coaches may choose to take their teams through the slide deck or use parts of it as a reference for themselves to prepare for improvement team meetings.
- Coaches are encouraged to pick and choose the content they wish to use. Get creative in how you use the quiz. Perhaps break it down – one question per week. Or, maybe a game format with a prize!
- The slide deck contains “animation” so it is best viewed in “presentation mode”.
- Coaches are also encouraged to contact their AMA Improvement Advisor with any questions that may arise once the content is reviewed. Your IA is here to help!
- Keep in mind that this slide deck will be updated as more information becomes available (i.e. Continuity Clinical Practice Guideline)
- Here is what is included in the slide deck:
 - Question 1 – Patient's Medical Home
 - Question 2 – Panel progress/continuity impact
 - Question 3 – Types of continuity
 - Question 4 – Evidence around continuity
 - Question 5 – Data sources to inform continuity
 - EMR Panel Reports
 - HQCA Panel Reports
 - Question 6 – Provider behaviours supporting continuity
 - Question 7 – Continuity Aim for Alberta
 - Question 8 – Central Patient Attachment Registry

TIP

Encourage providers to order their own HQCA report and have it available when reviewing that section of the Continuity Challenge.

Enhancing communication using practice principles

This test box item encourages teams to reflect critically on how they communicate with patients and team members.

Activity 1:

- Ask the team to share what currently guides how they communicate. Normalize that team members may have different ways of approaching communication based on different training or experiences they have had. Tip: If team members have experience or are trained in using a specific communication approach, such as Motivational Interviewing, encourage them to share with the rest of the team how they use the approach in their daily interactions with patients.
- Challenge teams to think about what makes their communication 'patient-centred'. Encourage them to dig down into what specific behaviours or approaches they use. If there is opportunity, ask a patient representative to identify what good patient-centred communication practices would look like from his or her perspective.
- Talk about how patient experience may be impacted with consistent application of communication principles across the team. Consider having the team explore what a patient may experience if each provider on the team used a different communication style and approach with them. If a patient experience survey is used by a team, identify what questions they may want to monitor to determine whether their communication approach is working for patients.

Activity 2:

This activity brings attention to four practice principles that teams can test using when interacting with patients, as well as with each other. Two resources ([HealthChange® Person-Centred Practice Principles Info Sheet](#) and [HealthChange® Person-Centred Practice Principles slides](#)) are included to support coaches and build team understanding of the principles. Examples are provided that teams can read and hear how application of the principles might sound.

- Coaches can role model the use of the practice principles during their interactions with team members. Tip: It can be valuable to prepare before a meeting and determine how you plan to incorporate and use the principles in the conversation with the team.
- Some teams have found it helpful to start by testing the application of the practice principles at team meetings and huddles. Start by focusing on one or two principles and then incorporate the others as the team becomes more confident. Take 2-3 minutes at the end of the meeting to reflect on how the team used the targeted principles.
- When team members are meeting with a patient together, encourage them to consider sharing their observations with each other afterward. Was advice offered before asking if the patient was interested? Did they wait for approximately 8 seconds after asking the patient a question? Team members may at first be uncomfortable giving feedback to each other, so a discussion of when and how feedback could be provided may be helpful.
- Asking patients for feedback can also feel uncomfortable for some providers. Tip: providers may want to share with patients at the start of a consultation that they are working on how they communicate and would like to hear from the patient at the end of the appointment on how the interaction went. This will 'set the scene' and open up an opportunity to ask patients for feedback at the end of an appointment.
- If a clinic is not able to supply paper to "invite the client to write", consider inviting patients to bring paper or a note taking device to their care planning appointment when the appointment is being booked over the telephone. This could sound like, "You may want to consider bringing a pad of paper to capture any important information during your care planning appointment."

Coordinating Today's Work Together

This 'potentially better practice' is focused on finding strategies for quickly planning and re-planning the day's activities to maximize communication and coordination. Every clinic has a schedule for the day, but it's rare that the schedule goes as planned! Emergencies pop up, team members go home sick, patients no-show or need to be squeezed in – there's always something that threatens to throw the schedule off.

Huddles

If the clinic is interested in testing this, review the description in the test box, ask if the team has any concerns about trying huddles. These are some common concerns, and ideas for responding:

- "We don't have time to meet in the morning."
 - *A huddle is intended to be very brief – some clinics keep it to 2-3 minutes*
 - *The more you do it, the more quick and efficient you will become*
 - *The few minutes before the first patients in the morning (and if possible, before the first in the afternoon), allow for 'pre-empting' issues that could arise later and create delays*
 - *A good huddle saves time through the rest of the day*
 - *Consider just trying it – do a huddle PDSA on one morning, and see if it makes a difference*
- "There's no way we'll get everyone there."
 - *This is just a PDSA – encourage everyone to just try it and see what they think*
 - *Has the team leader expressed that it's important to give this a solid try?*
 - *A huddle with even a few is usually better than no huddle at all*
 - *It always takes a bit of time to establish something new in the routine*
- "We tried having meetings in the past – they were a waste of time."
 - *In a busy clinic, formal daily meetings often don't work*
 - *That's why huddles were created – they're fast and efficient*
 - *Make sure to gather while standing, and at an EMR to check the schedule*
 - *A few minutes of planning in a huddle can save a lot of time in the day*
- "I don't like the term 'huddle'."
 - *Some teams call them 'check-ins'*
 - *It doesn't matter what you call it – it's up to you!*

If the team is ready and on board, help them to plan a **PDSA**. Some teams find it helpful to use a **checklist** to run through during the huddle. We've provided [a sample](#) that you can share with the teams. It's purposefully in Word format so that they can change and customize it as they see fit.

TIP

When guiding a discussion, consider reminding the team that anything they PDSA should have meaning and value for them – if it doesn't make their work easier or more efficient, then it won't be sustained.

EMR Messaging

Depending on the EMR they use, the team may already be using the messaging capabilities. They may want to explore how they could use the messaging in different ways or more broadly. If they haven't been using messaging, they may be interested in doing a PDSA to try it out. Some background work may be required. You may want to ask if a team member would be willing to check in the EMR's help files to learn more and report back to the group. Once they have the information on how to use the messaging tools, the team can determine when and how it would be helpful to use them. Ask them to pinpoint areas where better communication during the day would be helpful, plan how the EMR messaging could help, and then test and refine it.

Determining and Monitoring 'Panel Confirmation Rates'

- The section on getting ready for continuity is a good foundation for this part of the work – panel confirmation rates. If teams understand the concept of continuity, then the processes to confirm patients and run the panel confirmation rates will be easy to implement.
- Ask the team to define what a panel is. Review with the teams the definition of a panel provided in the test box. Remember, if the patient hasn't confirmed attachment and it's not indicated in the EMR, they are not considered to be on the panel. A patient list that does not have a confirmation date is just a list of patients, not a panel list.
- Incentives for the team can be powerful motivators, but not every clinic will be open to providing incentives.
 - It may be a good idea to float the idea of providing an incentive past the clinic leaders first before mentioning it to the team.
 - Incentives don't have to have a monetary value, they can be a simple thank you or recognition on a team board (or at the morning huddle!).
 - Understand the team dynamics to help come up with the best incentives. Setting up competition between staff can be effective, or it can backfire if it is counter to their culture.
- Using a run chart to display panel confirmation results can be highly motivating for the team. As a coach, you may need to get the 'ball rolling' by inputting the first data and printing off the graph. However, it's important to teach a team member how to do it and pass the responsibility to them. If the rate is not at target and stable, the team may want to monitor it more closely (e.g., weekly). Once stable, a monthly or quarterly 'check' will often suffice. (If you don't have a favourite, consider using this [Panel Confirmation Rate Run Chart Tool](#).)

Running EMR Searches

As the improvement facilitator/PaCT Coach, you are not expected to be an EMR expert. There are a number of EMR resources available for you and the team to tap into to help you along:

- Most of the vendors have excellent help files.
- The TOP EMR Guides contain a plethora of information related to using the EMR for PMH activities
- There are also approximately 30 short videos per vendor that complement the content in the EMR Guides.
- Your PaCT Team. How can you start to leverage your colleagues in the innovation hubs around the best practices for PaCT work? Share with your IA support if you are connecting, or if you have ideas about spreading and scaling EMR work. We'd love to hear from you how we can support you in this work.

Treat the changes you are making in the EMR like any other change and do small tests of change, or PDSAs. You will see that this section of the test box is set up to start with simple searches. Once you "do" them and they work, then "act" on them and scale the up to a more difficult search.

The activity of creating and running the searches might not be teamwork but rather the work of one or 2 individuals on the team.

- Engage the team with checking the output of the searches to make sure they are accurate.
- Talk as a team about how you will action the searches, such as using the output for outreach calls.