



Building a High-Performance team in the Pediatric Medical Home

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Whole Child Pediatrics

- Whole Child Pediatrics
- Opened November 2007
- Using the Principles of a PCMH from creation.
- 2 Pediatricians
- 3 Nurses
- 2.5 Clerical



www.wholechildpediatrics.com





Whole Child Pediatrics

- Number of active patients 3600
- Affiliated with a FQHC
- Payer Mix
 - Medicaid/CHIP 55%
 - Commercial 30%
 - Uninsured 15%

My old way : Golf



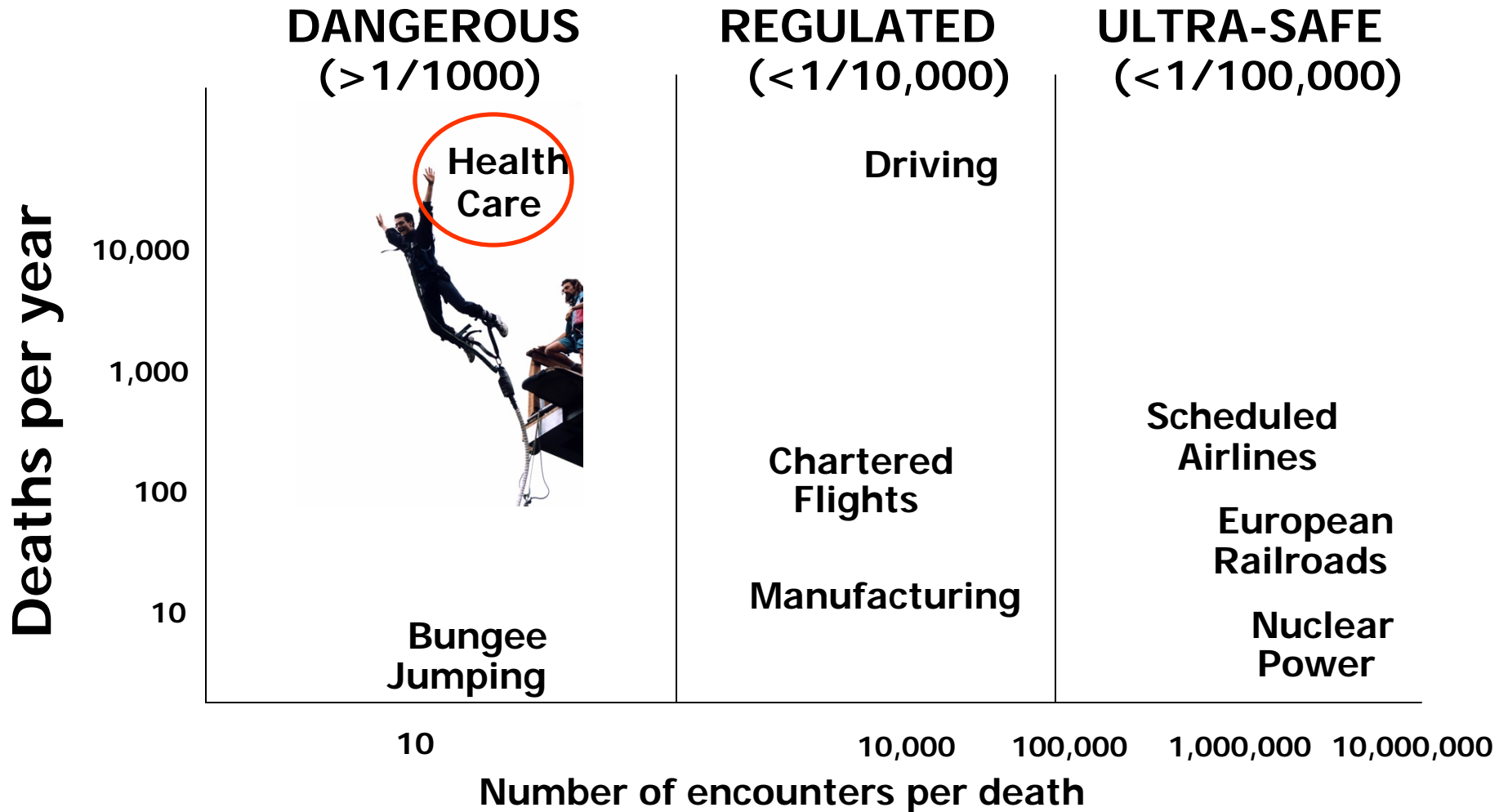
- Physician based
- Solitary
- Focused
- Controlled
- Work on hook

My new way : Basketball



- Constant Communication
- Emphasis on Relationships
- Training together
- Team dependent

How dangerous is healthcare?





Airline industry

- 1977 70% of accidents were traced to failures of communication
- 1978 United flight 173 communication failure inside the cockpit caused a tragedy.
- 1980's all airlines adopt Crew Resource Management team training tool



Importance of the Team

- National Transportation Safety Board
 - 73% of the incidents occurred the first day a crew flew together
- NASA
 - Fatigued crews made half the errors as rested crews that had not flown together
- Strategic Air Command
 - Kept the same teams for several years



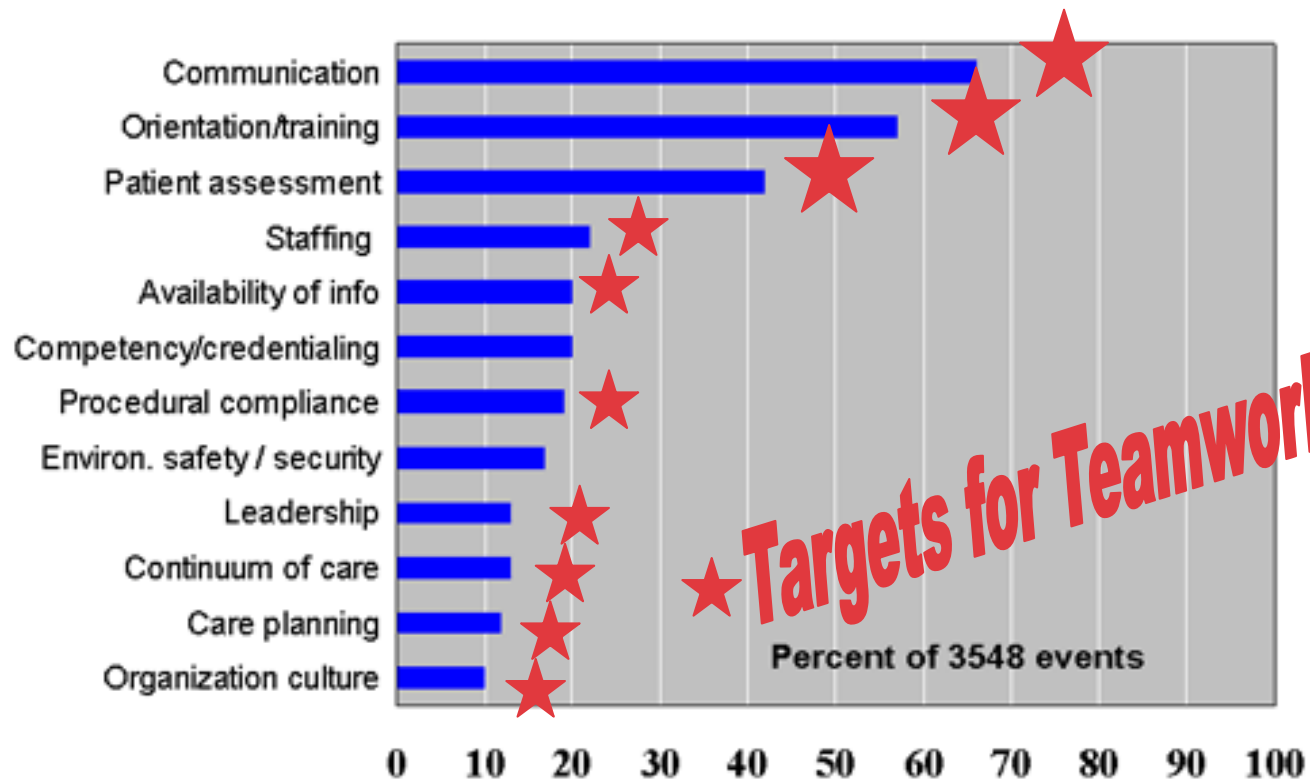
Why is Teamwork important in healthcare ?

- Reduce clinical errors
 - Teams make less mistakes than individuals
- Improve patient outcomes
- Improve process outcomes
- Increase patient satisfaction
- Increase staff satisfaction
- Reduce malpractice claims

JCAHO Sentinel Events

Root Causes of Sentinel Events

(All categories; 1995-2005)





Evidence-based attributes of a high-performance team

- Team Leadership

- Ability to direct and coordinate other team members in a positive atmosphere
- Assess team performance
- Assign tasks

- Mutual performance monitoring

- Accurately monitor teammates performance (identifies mistakes/lapses in other members)
- Regularly provide feedback individually and as a group



Evidence-based attributes of a high-performance team

- Mutual support
 - Anticipate other members needs
 - Shift workload to achieve balance during periods of high work load or pressure
- Adaptability
 - Identify opportunities for improvement and innovation with changes in the environment
- Team orientation
 - Belief in the importance of the team's goal over individual member's goals



Evidence-based attributes of a high-performance team

- Great Communication
 - Exchange of information between sender and receiver regardless of the medium
- Mutual trust
 - Each member trusts other members with their assigned function.
- Shared mental model
 - Anticipating other members needs and adjusting strategies



Transformation of Primary Care

- Primary care needs a leap not a step, to bridge the chasm between what we have and what we need.
- There needs to be a total transformation of the way we deliver care.
- The Medical Home is a JOURNEY. It is not an end result. It is an ongoing process



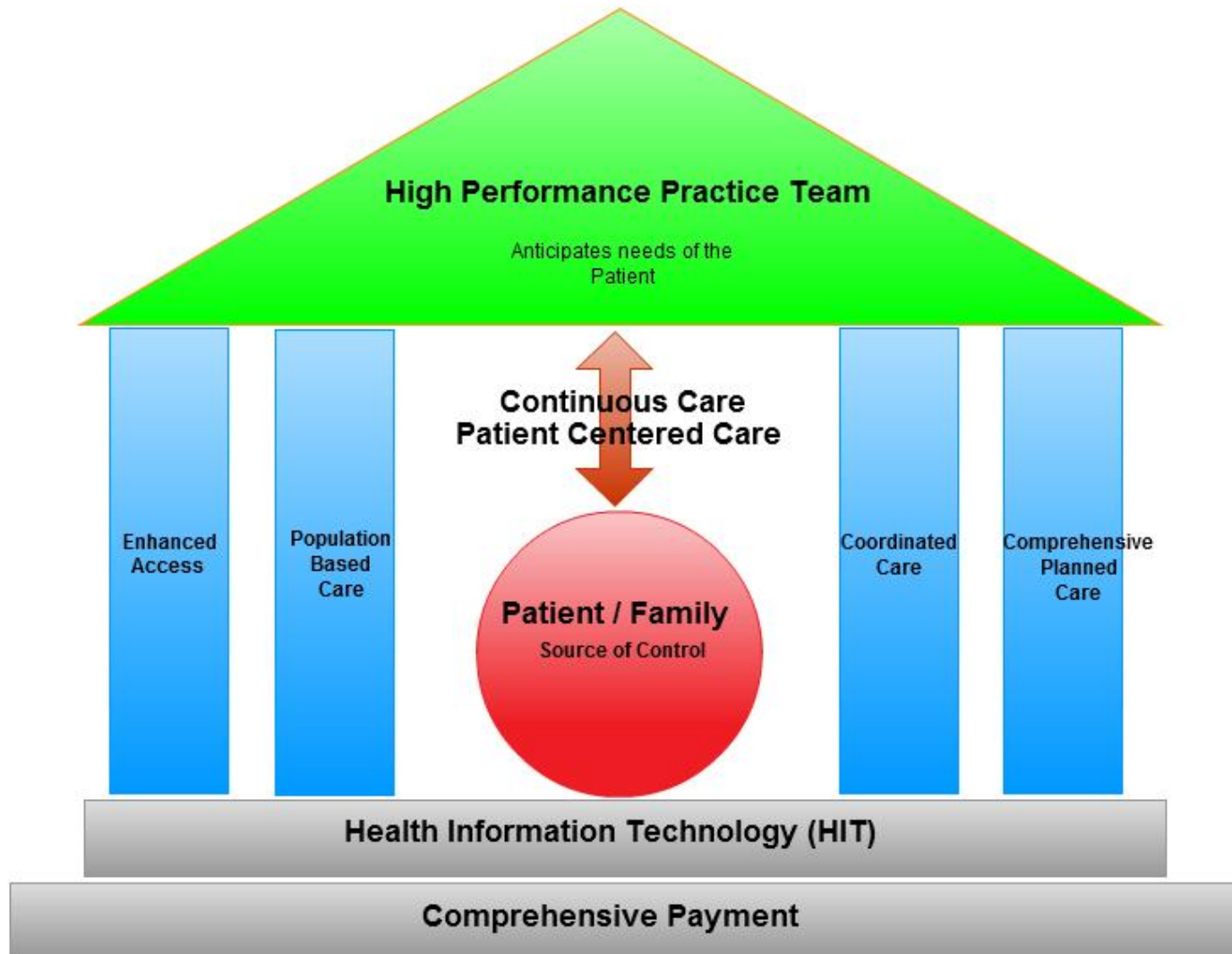
The Paradigm Shift

1. From Individual to **Population**
2. From Physician to **Team-Based**
3. From Episodic to **Continuous** care
4. From Episodic payment to **Comprehensive payment**
5. From Clinician Centered to **Patient Centered.**

Home Sweet Home...



- **Roof:** is the most important element of the home. Protects the building and its contents from the weather.
- **Weight bearing pillars and walls** support the roof. Joints are tight.
- **Foundation:** Is the structure that keeps the house from sinking



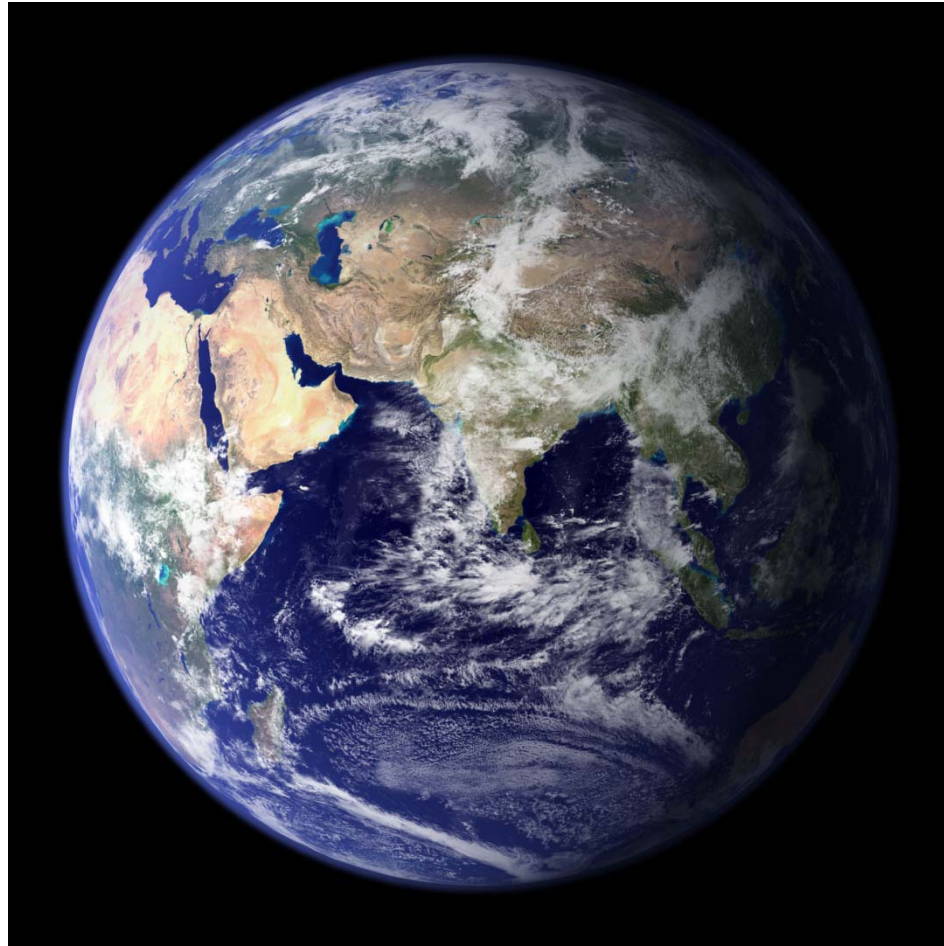
Just like a superb jazz ensemble..



- Everyone gets their solo moment with creative accompaniment
- Well-executed passing off
- Attention to rhythm of action, contemplation and relationship.



The View from Space



Does this remind you of our practices?

Clinicians

Nursing

Front
desk

Med
Records



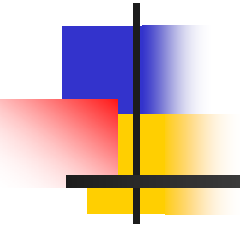


From Physician to Team-Based Care

■ The **VISION**

1. Practice staff functions as a high-performance team
2. Physician would act as a team leader and a clinical teacher.
3. Each member of the team performs to the highest level their education, training and license allows

1. Build a high-performance practice team





National Demonstration Project 2006 (NDP)

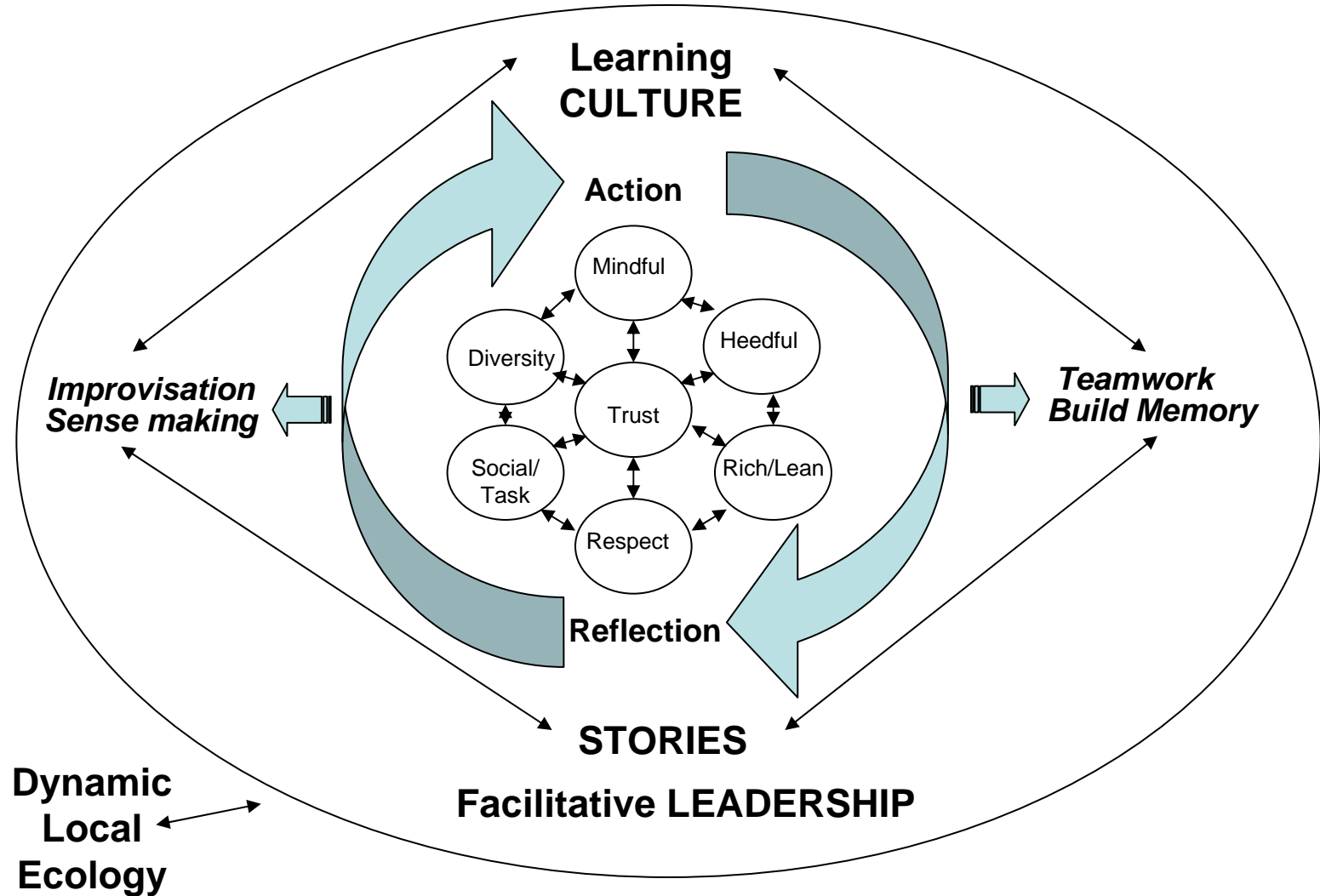
- Before embarking on change the practice must shore up its internal relationship (**team**) infrastructure
- The quality of those relationships is a huge determinant of success.
- Best predictor of **patient centered care** is the quality of **relationships** inside the practice



Practices are Complex Adaptive Systems

- Dynamic network individuals and teams with multiple feedback loops.
- Quality of the **relationships** of the agents is more important than the quality of the agents
- Much of the power for creativity and innovation lies within the **relationships** among the parts of the complex system
- What works in one practice may not work in another.

Relationship-Centered Capacity Model





Relationship Centered Functioning in Primary care

1. **Mindfulness:** awareness of self and relationships with others.
2. **Diversity:** valuing multiple ways of thinking.
3. **Heedful:** individual awareness of how their work and that of others affects practice goals.
4. **Rich** face to face communication (emotionally charged issues) **Lean** impersonal communication for clear simple messages (email)
5. Mix of **Social and Task** (work related) interactions in the practice



Relationship Centered Functioning in Primary Care

6. **Mutual Respect:** between all members of the team valuing each other's contribution.
 7. **Trust** in other members of the practice being capable and committed.
- These 7 relationship qualities are interdependent and mutually reinforcing and create a **supportive and collaborative organizational culture.**



Relationship Centered Functioning in Primary Care

- Web of relationships forms basis for cycles of action and reflection.
- Practice needs dedicated time for reflection (share knowledge, fortify relationships and solve problems)



Building a team

1. Establish a sense of urgency
2. Select members for technical skills but also communication and teamwork skills
3. Pay specific attention to the first meeting
4. Set few performance oriented tasks
5. Spend lots of time together



Stages on TEAM making

- FORM
- STORM
- NORM
- PERFORM

1. FORM the team



- Assemble your players
- Set your goals
- Define your roles
- Commit to rules of engagement



2. Storm



- Address Conflict
- Remove Baggage
- All speak the same language
- Develop solutions

3. Norm



- Reflect on Successes and Failures
- Growth
- Attempt to reach goals
- Continuous improvement

4. Perform : High Performance



- Nurture relationships
- Work toward higher goals
- Measure success
- Spread the team



2. Leadership is key



Leadership

- Shared , facilitative, adaptive leadership
- Asking questions, encouraging others to ask questions, facilitating conversations, welcoming many viewpoints
- Motivates the 7 key relationships qualities.
- Creates time and space for reflection



How to become a great team Leader

- Be accessible
 - Make clear that other's opinions are welcome and valued
- Ask for input
 - Empower team members to speak freely and ask questions
- Serve as fallibility model
 - Admit mistakes to the team



3. Optimize the care team



Optimize the care team

- RN's underutilized in primary care
 - Workload: 52% clinical, 48% clerical
 - Burdened with redundant processes
 - Refills
 - Referrals
 - Authorizations
 - Ideally suited for:
 - Chronic care management
 - Patient education



Optimize the care team

- Use standardized protocols for front desk
- Clerical work to clerical team members
 - Assess demand for clerical work
 - Add clerical support to Care Team
- Use structured communication
 - Briefs, huddles, debrief



Briefs: beginning of the day

- Who is the team today
- Goals for today
- Roles and responsibilities for each member
- Anticipated workload
- What resources are available?



Huddles: beginning of the day, beginning of the afternoon + prn

- Go through each patient in the schedule
 - Likelihood of no-show
 - Reason for visit
 - Need for labs, x-ray, consult reports
- Unexpected events and contingency plans



Debrief: at the end of the day

- Was communication clear?
 - Was workflow distributed equitably?
 - What went well?
 - What could we have done differently?
-
- Improves teamwork skills and outcomes



From Physician to Team-Based Care

- **My JOURNEY**

- Daily Huddles
- Regular Practice meetings.
- Nurses do outreach, recall, follow up
- Have dedicated care coordinator for high-risk patients, patients with special needs and chronic conditions.



Resources

- Team Stepps
 - <http://teamstepps.ahrq.gov/>
- Qualis Health
 - <http://www.qhmedicalhome.org/safety-net/teamcare.cfm#implementation1210>

Thank you!!



TEAMWORK

Overcoming differences to work towards a common goal.