



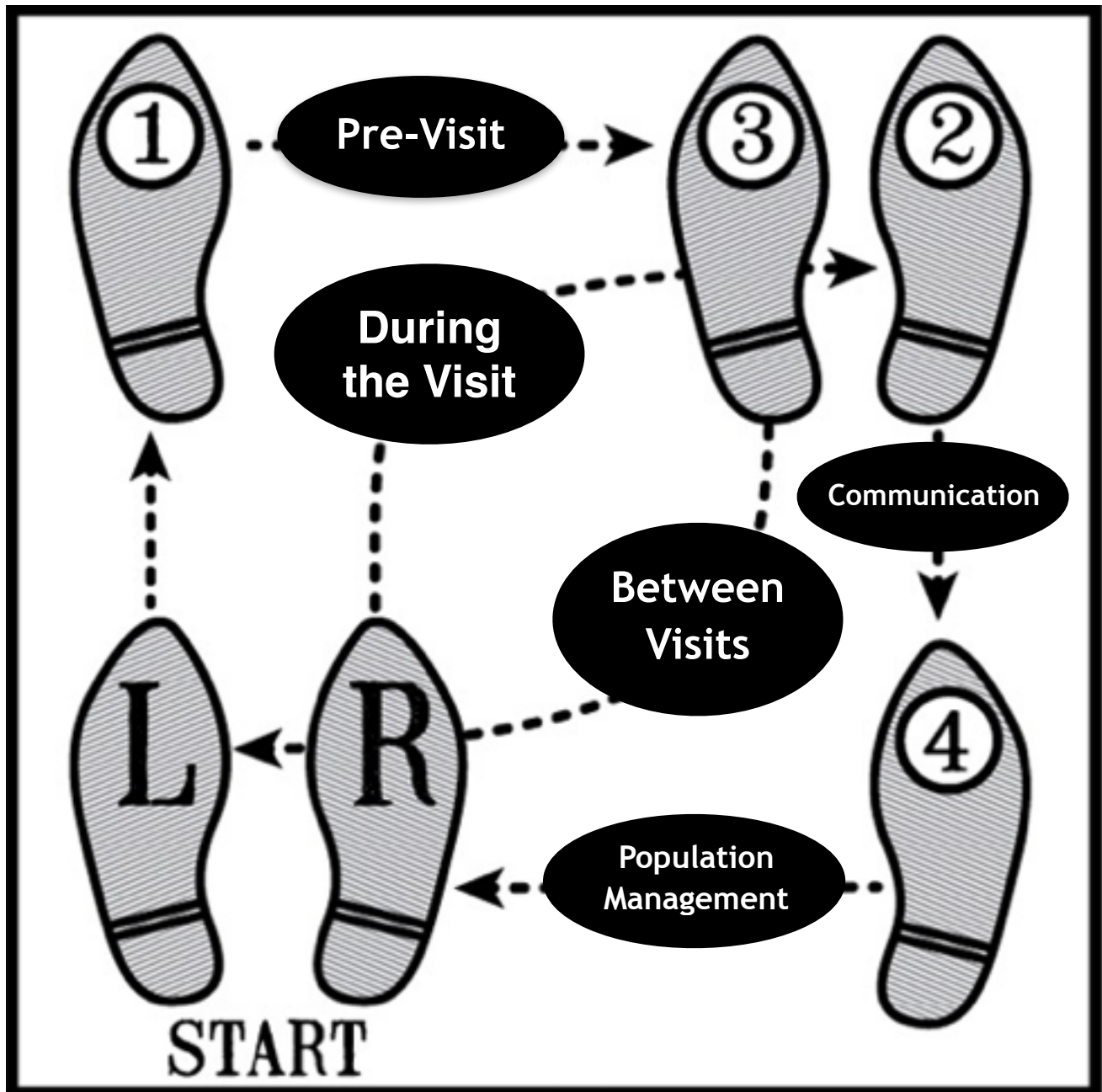
West County
Health Centers

Caring for our Communities

a california **health** center

Team Dance

Overview



Legend


Care Team Provider 

Care Team Registered Nurse 

Care Team Medical Assistant 

Care Team Front Office 

Behavioral Health 

Extended Care Team: Referrals,
Pharmacy Support Specialist,
Patient Navigator & Access
Coordinators 



Pre-Visit

Robust Calls 





Chart Prep    



Scheduling  

Arrive early and be present    

Huddle with empowered staff    

Proactive Plan for the Patient established    

Proactive Plan for the day established    

Provider/RN Mini- Huddle  

Quick Start   



Pre-Visit

Care Team Medical Assistant



Chart Prep: Prepare for the visit - team based - look through chart, alerts, order items ahead, review outstanding clinical items.

Scheduling: Work with the CTFO to manage the Providers schedule and identifying places for overbooks.

Arrive early and be present: Make necessary preparations so you are able to begin work at the start of your shift.

Huddle with empowered staff: Define each role in a huddle. What to bring and communication. *Focus on the flow of the day.*

Proactive Plan for the Patient established: Prepare for each individual patient by identifying which ones will require special vitals, supplies, in house lab testing etc.


Proactive Plan for the day established: Identify patients that will take more provider time and looking for spots to overbook. Make a plan for when a particular patient cancels or no shows for a visit.

Quick Start: Coordinate with other CTMA's to ensure that the first person of the day is roomed on time so the provider can start the day on schedule and end on schedule.



During the Visit

Shared agenda setting 

Medications/ Allergies/ Med History
Reconciled by Provider 

Charting in the room  

Managing the conversation in the room  



Mid visit check in 

Use Team 

Self Management   

Discharging the patient  

Referrals   

Managing the patient experience  

Supporting the provider   



During the Visit

Care Team Medical Assistant



Charting in the room: Obtain history on new patients, verification of medication, verification of allergies, obtaining vitals, verifying smoking status and dental home. Make sure to put data in the correct location so our QM team can generate reports and graphs. Remember, no data no money.

Managing the conversation in the room: Verify chief complaint, helping the patient to set an agenda for the visit, redirecting the patient when conversation becomes too lengthy.

Mid visit check in: Check in with provider to make sure they have everything they need by web ex or mid visit knock.

Self Management: Identify if the patient has self management goal when going over agenda setting form. Make sure all self management tool boxes are stocked with the proper forms. Communicate to the provider when a self management goal is set to ensure the provider touches on it during the visit. Make sure to set 'touch back alert' when necessary.

Discharging the patient: CTMA discharges after the Provider does the treatment window and follow up. Also, remember to print the visit summary.

Referrals: Manage information, communication and election of referrals.

Managing the patient experience: Notify the patient of anticipated wait time. Check back with the patient and asking if they need a magazine or water. Offer them a pager when appropriate. Use Apple TV as a resource to improve patient experience.

Supporting the Provider: Check in with the provider frequently to ask how the day is going and if there is anything that can be done to make the flow of the day go smoothly.



Between Visits

Schedule is managed 🗓️ 😊💉 🧑🏻‍⚕️

Charting completed before next visit 😊💉 🧑🏻‍⚕️

Mini huddle 😊💉 🧑🏻‍⚕️

Office visit status managed 😊💉 🧑🏻‍⚕️

Real-time work completed in real-time 🗓️ 😊💉 🧑🏻‍⚕️ 🧑🏻‍⚕️

Effective use of patient portal 🗓️ 😊💉 🧑🏻‍⚕️ 🧑🏻‍⚕️

Helpful Tips

- Keep Moving
- Know your EMR tools: Browse templates
- Proactively reduce interruptions





Between Visits

Care Team Medical Assistant



Schedule is managed: Continuity of care as a priority, CTMAs and CTFOs are empowered to manage the schedule.

Charting completed before next visit: Make sure all vitals, results of in house procedures, immunizations and shots are documented in a timely manner.

Mini huddle: A brief check in between the CTMA and provider to identify any new needs that arise and discuss any needs for patients that have been added on through out the day.

Office visit status managed: Manage patient no-shows and overbooks in a way that does not disrupt the flow of the day.

Real-time work completed in real-time: Chart injections, immunizations and procedures upon completion.

Effective use of patient portal: Identify all patients that could be signed up for the patient portal and signing them up in between visits or upon discharge.

Communication

Review of the day 🗣️ 😊💉 🩺

Team communicates effectively 🗣️ 😊💉 🩺 🩺

Warm hand-offs 😎 🩺 🤝 🩺

Care Team Meeting 🗣️ 😊💉 🩺 🩺

Manages jellies appropriately across team members 🗣️ 😊💉 🩺 🩺

Helpful Tips

Ongoing Collaboration



Communication

Care Team Medical Assistant



Review of the day: Spend 5 minutes at the end of the day with your CTFO and Provider if at all possible to review the flow of the day. Work on small improvements in flow, communication, teamwork, areas to enhance relationship based care, etc. Create small changes in workflows that can be used during the next shift.

Team communicates effectively: Primary care is a team sport, and communication is essential for great teamwork. Use every possible modality to communicate - real-time, through jellies, with smiles, WebEX Connect, video, notes, team meetings, etc.

Care Team Meeting: Use the monthly team meeting as an opportunity to build trust within the team, touch on things that worked well and things that did not, create small PDSA cycles for improving workflows or quality measures, view team dashboard outcomes to identify areas that need focus for the upcoming month and review/modify plans for CCM patients.

Manages jellies appropriately across team members: Learn what type of work to give to each member of your team. Receive feedback from your team on how you are managing your work. Help your team prioritize the work to be done.



Population Management

Time Managed



Understands items to be completed



Responding to needs of the patient



RN time management





Population Management

Care Team Medical Assistant



Time Managed: Mapping out the 4 hours of population management time per week in a way that will be most efficient. Have a clear picture of what needs to be accomplished at the end of your population management shift.

Understands items to be completed: CTMA completes needed outreach for chronic care items per protocol: Diabetes, HIV, Hep C & Cancer Screening.

Responding to needs of the patient: Barriers to care and working with your CTRN, and CTFO to break down those barriers i.e. transportation.

Helpful Tips

Find a quiet place to avoid getting distracted.

Use your time management tool and try to map out your time. Try to see how long it takes to complete your telephone encounters and document it. This will help to get a better picture of which tasks are most time consuming.

Try to focus on one area at a time. For example: Completion of your documents for 20 minutes and nothing else.



CTMA Diabetic Population Management Checklist

- Ordered Microalbumin random urine testing on all patients that have not completed one in the last year.
- Ordered a Hemoglobin A1C on all patients that have not completed one in the last 6 months.
- Ordered a Lipid Profile on all patients that have not had one completed in the last year.
- Created open access alerts on all patients that have not had an office visit in the last 6 months.
- Created an open access alert for all patients that have not had a depression screen within the last year.
- Created an open access alert on all patients that have not had a foot exam within the last year.
- Checked in with CTRN on all non-compliant patients and developed a plan of action.
- Documented any issues that you have had during population management.
- Documented any questions that you have in regards to population management.
- Attached a photocopy of your Diabetic patient list to this checklist.

Name: _____

Date: _____

CTMA Lab and Diagnostic Imaging Tracking Checklist

Please complete and check off the following tasks below by the first Friday of the month and turn into your MA Coordinator

DIAGNOSTIC IMAGING

- **December**-let the patients complete-IGNORE
- **November**-let the patients complete-IGNORE
- **October** -send a DI Reminder Letter—but first:
 - **Look in eCW to see if it was misfiled**
 - **Contact testing facility to see if test was complete**
- **September**-send provider a TE—but first:
 - **Look in eCW (again!) to see if the test was misfiled**
- **August**-follow up on old TEs. File to zMA or send another letter as indicated by provider.

OUTSTANDING LABS

(Remember to check both electronic and un-electronic lists)

- **December**-send the patients a Lab Reminder Letter---but first:
 - **Remember to give pt 1 month to complete**
 - **Check with lab company first to see if test didn't interface**
 - **If lab was complete and didn't interface--get a hard copy to your Lead**
- **November**-send a TE to the provider
 - **Pts should of gotten a reminder letter last month**
- **October**-follow up on old TEs
 - **Any transmitted labs from October and back will need to be reordered if the provider wants them completed. You may need to remind them**
- **OLDER**-if you are caught up you should have nothing older than September!!
 - **If you do you must notify the provider in a TE and see if they want to reorder or file them away.**
 - **Only labs from September 2010 and back can you file without notifying the provider first.**

CLEAN OUT YOUR PROVIDER'S OUTSTANDINGS- should be empty

- **Your Provider's Outstanding Labs**
 - Re-assign to yourself to track
 - Cut and paste any messages to the provider into a TE
- **Your Provider's Outstanding DI**
 - Check first to see if the 'received' button just didn't get clicked or Re-assign to yourself to track
 - Cut and paste any messages into a TE
 -

<ul style="list-style-type: none">• Do not delete any labs• Do not review a lab if it didn't actually come in• Any labs filed to zMA must be marked 'Test Not Performed' and timestamped	<p>Number of TEs: _____</p> <p>Oldest TE: _____</p> <p>Number of D jellies : _____</p> <p>Oldest D jelly: _____</p>
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Care Team Medical Assistant Checklist

	Needs Improvement	Satisfactory	Exceeded Expectation	Notes
Pre-Visit				
Chart Prep				
Scheduling				
Arrive early and be present				
Huddle with empowered staff:				
• Proactive Plan for the patient established				
• Proactive Plan for the day established				
Quick Start				
During the Visit				
Charting in the room				
Managing the conversation in the room				
Mid visit check in				
Self Management				
Discharging the patient				
Referrals				
Managing the patient experience				
Supporting the provider				

	Needs Improvement	Satisfactory	Exceeded Expectation	Notes
Between Visits				
Schedule is managed				
Charting completed before next Visit				
Mini huddle				
Office visit status managed				
Real-time work completed in real-time				
<ul style="list-style-type: none"> Effective use of patient portal 				
Communication				
Review of the day				
Team communicates effectively				
Care Team Meeting				
Manages jellies appropriately across team members				
Population Management				
Time Managed				
Understands items to be completed				
Responding to needs of the patient				
Understanding of other CT Members Pop Management responsibilities				

Overall, how well would you say your Care Team is functioning and/or performing?

On a scale of 1-5 (with 5 being the highest understanding) how well do you understand other members of your CT's responsibilities and workflows in general? (Circle)

1

2

3

4

5

Name



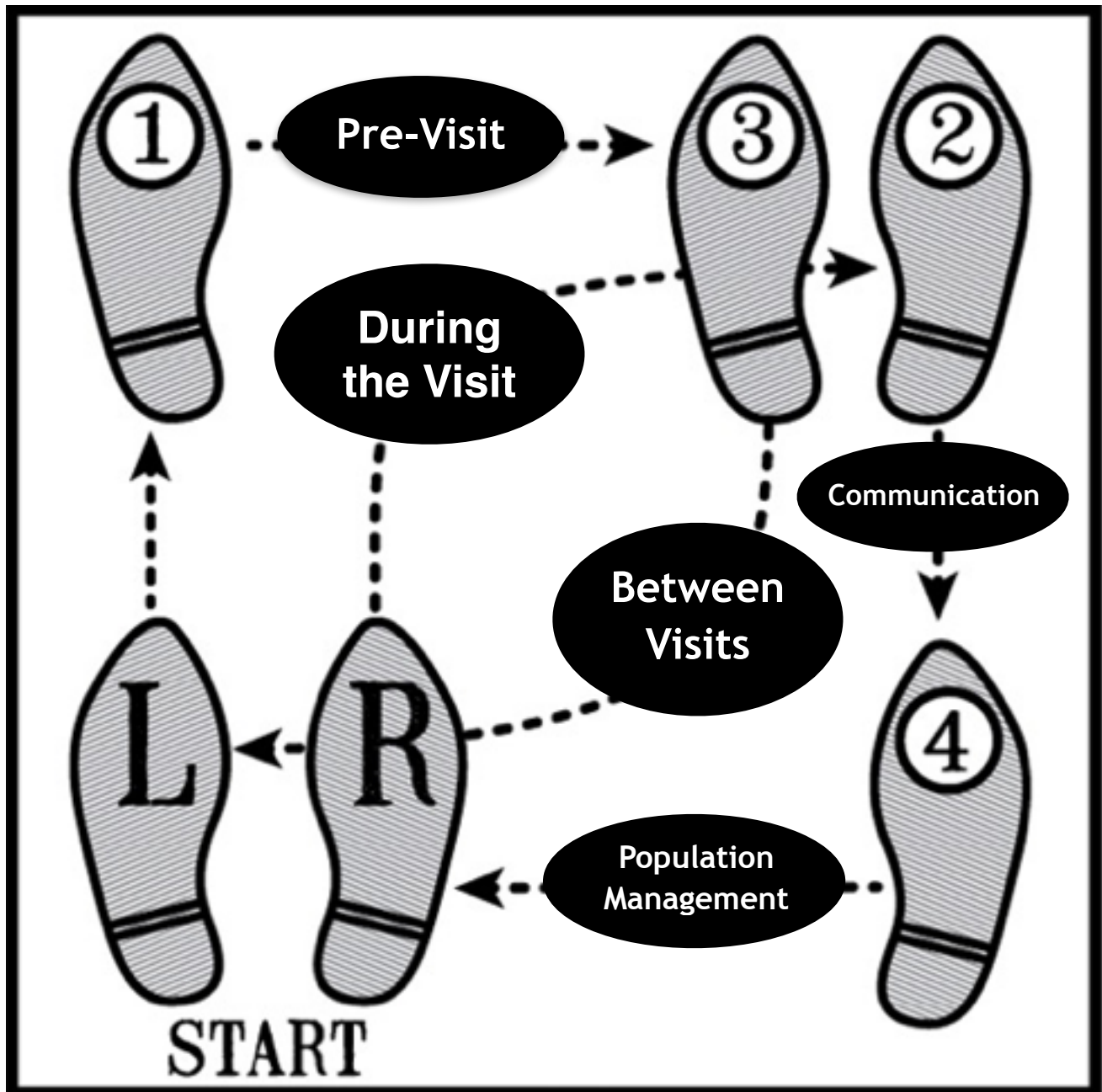
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Behavioral Health 

Extended Care Team: Referrals,
Pharmacy Support Specialist,
Patient Navigator & Access
Coordinators 



Pre-Visit

Robust Calls 





Chart Prep    



Scheduling  

Arrive early and be present    

Huddle with empowered staff    

Proactive Plan for the Patient established    

Proactive Plan for the day established    

Provider/RN Mini- Huddle  

Quick Start   



Pre-Visit

Care Team Front Office



Robust Calls: Process of gathering crucial information and screening for barriers while reminding patients of upcoming appointments. Screen for visits to other providers or facilities. Remind patients to bring medications. Verify current demographic and insurance information “it makes a world of difference to every other member of your team.”

Chart Prep: Prepare for the visit - team based - look through chart, alerts, review outstanding documents or Telephone encounters, print self-management goal and review in team in the huddle, and documenting personal information that affects the visit. Request records from other facilities or providers to have available for the visit.

Scheduling: Work with the CTMA to manage the Providers schedule, making adjustments throughout the day and identifying places for overbooks.

Arrive early and be present: Make necessary preparations so you are able to begin work at the start of your shift.

Huddle with empowered staff: Define each role in a huddle. What to bring and communication. Focus on the flow of the day.

Proactive Plan for the Patient established: Prepare for each individual patient by identifying which ones will require special support, records, and any chart information, etc.


Proactive Plan for the day established: Identify patients that will take more provider time and look for spots to overbook. Make a plan for when a particular patient cancels or no shows for a visit.

Quick Start: Coordinate with other CTFO's to insure that the first person of the day is checked in and ready on time so the provider can start the day on schedule and end on schedule.



During the Visit

Shared agenda setting 

Medications/ Allergies/ Med History
Reconciled by Provider 


Charting in the room  

Managing the conversation in the room  

Mid visit check in 

Use Team 

Self Management   

Discharging the patient  

Referrals   

Managing the patient experience  

Supporting the provider   



During the Visit

Care Team Front Office



Managing the Patient experience: Notify the patient of anticipated wait time while in the waiting room. Manage the waiting room experience and notify CTMA if the patient leaves the building. Collaborate with CTMAs in regards to patients needs in real-time. Respond to and connect patients to other resources and appointments.

Supporting the Provider: Check in with your CTMA to check the status of the day.



Between Visits



Schedule is managed   

Charting completed before next visit  

Mini huddle  

Office visit status managed  

Real-time work completed in real-time    

Effective use of patient portal    

Helpful Tips
Keep Moving
Know your EMR tools: Browse templates
Proactively reduce interruptions





Between Visits

Care Team Front Office



Schedule is managed: Continuity of care as a priority, CTFOs and CTMAs are empowered to manage the schedule.

Real-time work completed in real-time: Any FO-level tasks that are need for patients are completed in a timely manner. For tasks required for patients in the office - FO coordinates with Care Team to meet the needs of the patient while in the office.

Effective use of patient portal: Identify all patients that could be signed up for the patient portal and signing them up in between visits or upon discharge. Triage incoming portal communications and responding to patients when appropriate.

Communication

Review of the day 🗣️ 😊💉 🩺

Team communicates effectively 🗣️ 😊💉 🩺 🩺

Warm hand-offs 😎 🩺 🤝 🩺

Care Team Meeting 🗣️ 😊💉 🩺 🩺

Manages jellies appropriately across team members 🗣️ 😊💉 🩺 🩺

Helpful Tips

Ongoing Collaboration





Communication

Care Team Front Office



Review of the day: Spend 5 minutes at the end of the day with your CTFO and Provider if at all possible to review the flow of the day. Work on small improvements in flow, communication, teamwork, areas to enhance relationship based care, etc. Create small changes in workflows that can be used during the next shift.

Team communicates effectively: Primary care is a team sport, and communication is essential for great teamwork. Use every possible modality to communicate - real-time, through jellies, with smiles, WebEX Connect, video, notes, team meetings, etc.

Care Team Meeting: Use the monthly team meeting as an opportunity to build trust within the team, touch on things that worked well and things that did not, create small PDSA cycles for improving workflows or quality measures, view team dashboard outcomes to identify areas that need focus for the upcoming month and review/modify plans for CCM patients.

Manages jellies appropriately across team members: Learn what type of work to give to each member of your team. Receive feedback from your team on how you are managing your work. Help your team prioritize the work to be done.



Population Management

Time Managed



Understands items to be completed



Responding to needs of the patient



RN time management





Population Management

Care Team Front Office



Time Managed: Map out time to manage tasks in a way that will be most efficient. Have a clear and prioritized idea of what needs to be accomplished.

Understands items to be completed: Review your objectives and staying on task in regards to its prioritization.

Responding to needs of the patient: Identify barriers to care and working with your CTRN, CTMA and other resources to break down those barriers.

CTFO Time Tasks (previously called OA) 3.5 hrs; 1 day/wk

In order of priority:

- Manage Provider Schedule
 - o Review 1wk out; verify if all patients scheduled are paneled with correct provider.
 - o Manipulate appointments if needed (move to regular provider if they are working day of)
 - o Communicate with CTMA when/if appointments are moved; inform PCP of overbooks
 - o Ensure reason for visit is detailed (i.e: not just f/u, or check in)
- OA Registry List/Processing
 - o Print out Monday for THAT WEEK
 - o Get to provider to triage (1-schedule 2-push out OA 1 month 3-push 2 months)
 - o Provider should get it back to you by your OA time (you are responsible to keep communicating to get it back)
 - o Call/Schedule # 1's
 - o Edit # 2's and 3's OA date accordingly
 - o Initial and turn into Front Office Manager
- Breaks
- Non-Urgent TE's/Doc's
- Non-Urgent Scanning

Initial & Date: _____

Turn into your Front Office Manager w/ a copy of your OA list at end of CTFO time

Care Team Front Office Checklist

	Needs Improvement	Satisfactory	Exceeded Expectation	Notes
Pre-Visit				
Robust Calls				
Chart Prep				
Scheduling				
Arrive early and be present				
Huddle with empowered staff:				
<ul style="list-style-type: none"> Proactive Plan for the patient established 				
<ul style="list-style-type: none"> Proactive Plan for the day established 				
Quick Start				
During the Visit				
Managing the patient experience				
Supporting the provider				
Between Visits				
Schedule is managed				
Real-time work completed in real-time				
<ul style="list-style-type: none"> Effective use of patient portal 				

	Needs Improvement	Satisfactory	Exceeded Expectation	Notes
Communication				
Review of the day				
Team communicates effectively				
Care Team Meeting				
Manages jellies appropriately across team members				
Population Management				
Time Managed				
Understands items to be completed				
Responding to needs of the patient				
Understanding of other CT Members Pop Management responsibilities				

Overall, how well would you say your Care Team is functioning and/or performing?

On a scale of 1-5 (with 5 being the highest understanding) how well do you understand other members of your CT’s responsibilities and workflows in general? (Circle)

1

2

3

4

5

_____ **Name**



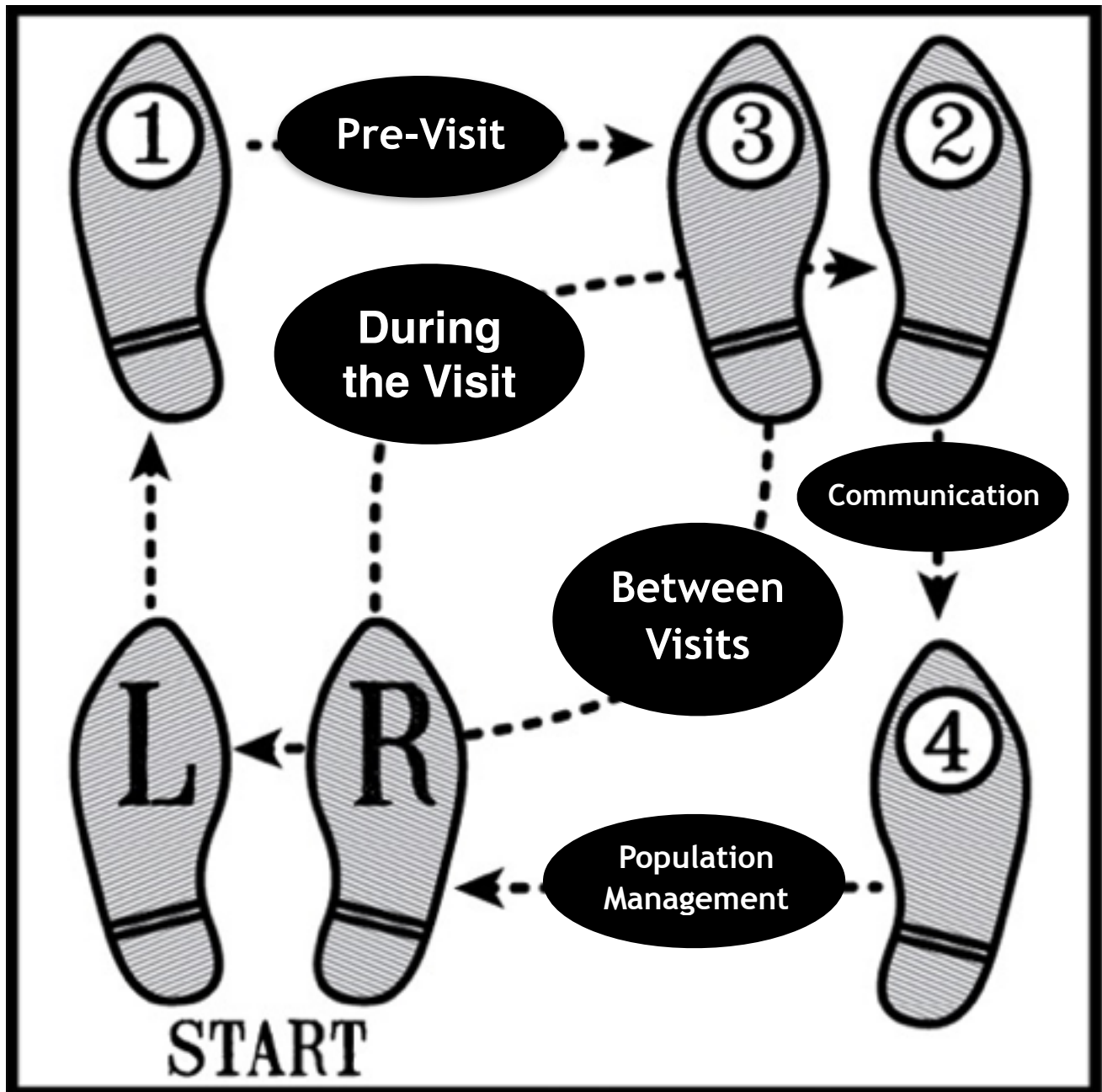
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Team Dance

Overview



Legend


Care Team Provider 

Care Team Registered Nurse 

Care Team Medical Assistant 

Care Team Front Office 

Behavioral Health 

Extended Care Team: Referrals,
Pharmacy Support Specialist,
Patient Navigator & Access
Coordinators 



Pre-Visit

Robust Calls 





Chart Prep    



Scheduling  

Arrive early and be present    

Huddle with empowered staff    

Proactive Plan for the Patient established    

Proactive Plan for the day established    

Provider/RN Mini- Huddle  

Quick Start   



Pre-Visit

Care Team Registered Nurse



Chart Prep: Quick scan of patient names on the schedule to determine if there are any patients who you want to check in on (PHASE, Hba1c>9, new dx's, CCM, TC, PARS). Scan schedule of other providers to see if any patients in panel are being seen by other providers and determine whether RN involvement is needed. Make notes of any items you would like CTFO, CTMA or Provider to follow up on.

Arrive early and be present: Make necessary preparations so you are able to begin work at the start of your shift.

Huddle with empowered staff: Define each role in a huddle. What to bring and communication. Focus on the flow of the day.

Proactive Plan for the Patient established: In collaboration with team, identify and assign items that need to be addressed with each patient (CCM, better blood sugar control, asthma education, Transition Care f/u, etc).


Proactive Plan for the day established: Identify items from RN perspective that may need to be addressed with the patient during the office visit.

Provider/RN Mini- Huddle: Quick check in regarding any items that need to be communicated and understand the priorities for the RN day (home visits, population management, transition care, etc).



During the Visit

Shared agenda setting 

Medications/ Allergies/ Med History
Reconciled by Provider 

Charting in the room  

Managing the conversation in the room  



Mid visit check in 

Use Team 

Self Management   

Discharging the patient  

Referrals   

Managing the patient experience  

Supporting the provider   



During the Visit

Care Team Registered Nurse



Self Management: When appropriate, check in with patients who have established a self management plan to see how they are doing and/or develop a self management plan.

Referrals: For patients with identified needs, connect them to resources in the community and in the organization.

Supporting the Provider: On a selective basis, provide patient education and follow up on outstanding case management items. Available by WebEX Connect video if provider would like to touch base with CTRN during visit about any items that need follow up or to make introduction.



Between Visits

Schedule is managed 🗓️ 💉 👩‍⚕️

Charting completed before next visit 😊 💉 🩺

Mini huddle 😊 🩺

Office visit status managed 😊 💉 🩺

Real-time work completed in real-time 🗓️ 😊 💉 👩‍⚕️ 🩺

Effective use of patient portal 🗓️ 😊 💉 👩‍⚕️ 🩺

Helpful Tips

- Keep Moving
- Know your EMR tools: Browse templates
- Proactively reduce interruptions





Between Visits

Care Team Registered Nurse



Schedule is managed: Triage RN works with CTMA to ensure needed appointments are scheduled in a manner that meets the needs of the patient and is sensitive to the flow of the day.

Real-time work completed in real-time: Any RN-level tasks that are needed for patients are completed in a timely manner. For tasks required for patients in the office - RN coordinates with Care Team to meet the needs of the patient while in the office.

Effective use of patient portal: CTRN uses the portal effectively to manage communication with patients.

Communication

Review of the day 🗣️ 😊💉 🩺

Team communicates effectively 🗣️ 😊💉 🩺 🩺

Warm hand-offs 😎 🩺 🤝 🩺

Care Team Meeting 🗣️ 😊💉 🩺 🩺

Manages jellies appropriately across team members 🗣️ 😊💉 🩺 🩺

Helpful Tips

Ongoing Collaboration





Communication

Care Team Registered Nurse



Team communicates effectively: Primary care is a team sport, and communication is essential for great teamwork. Use every possible modality to communicate - real-time, through jellies, with smiles, WebEX Connect, video, notes, team meetings, etc. Warm hand-offs: RN and provider effectively use warm hand-offs to transfer trust between team members.

Care Team Meeting: Use the monthly team meeting as an opportunity to build trust within the team, touch on things that worked well and things that did not, create small PDSA cycles for improving workflows or quality measures, view team dashboard outcomes to identify areas that need focus for the upcoming month and review/modify plans for CCM patients.

Manages jellies appropriately across team members: Learn what type of work to give to each member of your team. Receive feedback from your team on how you are managing your work. Help your team prioritize the work to be done.



Population Management

Time Managed



Understands items to be completed



Responding to needs of the patient



RN time management





Population Management

Care Team Registered Nurse



Time Managed: Create a weekly and monthly budget of the items needed to be completed; create an emotional space to complete the needed items away from the urgent needs of the day. Work with your team to prioritize population management items if needed.

Understands items to be completed: Use your RN panel list, patient lists, and check-off sheets to organize your needed population management items.

Responding to needs of the patient: Work with the patient to identify barriers, goals, needs and solutions. Work with your team to help meet the needs of the patients.

RN time management: Work directly with your Medical Provider, Clinical Nurse Manager and team to create a strategy for the day and week. Transition care visits, critical clinical items, complex care management items will often rise to the top of the priority list and limit time for other items - communicate the competing priorities and help manage the expectations of the team.

Monthly RN Care Management Report

I have completed the following for (month and year) _____:

- CCM acuity scores and CCM patient care plan updates
- Transition Care on all patients who were discharged from a hospital
- ED f/u calls
- Meeting timely communication expectations
- Daily provider jelly management support (E's, D's, TE's, L's)
- Pap and mammo tracking
- Reconciled tracked labs
- Performed medication reconciliation (ER, Hospitalizations, Consult notes)
- Coumadin management per protocol for patients on Coumadin
- No show/cancellation follow up
- RN Panel updated and acuity score reviewed
- Monthly care team meeting (at minimum)
- Monthly check-in with CTMA
- Chart prep (PARS, goal setting for pts being seen), attended huddles
- Once a year:
 - Diabetic Care Plans
- Every four months:
 - PHASE/HTN
 -

Number of home or hospital visits: _____

Number of TEs: _____

Oldest TE: _____

Number of D jellies: _____

Oldest D jelly: _____

Problems you encountered with any of the above or additional comments:

RN Name and Signature: _____

Clinic Nurse Manager Signature: _____

Date: _____

Care Team Registered Nurse Checklist

	Needs Improvement	Satisfactory	Exceeded Expectation	Notes
Pre-Visit				
Chart Prep				
Arrive early and be present				
Huddle with empowered staff:				
• Proactive Plan for the patient established				
• Proactive Plan for the day established				
• Provider/RN Mini-Huddle				
During the Visit				
Self Management				
Referrals				
Supporting the provider				
Between Visits				
Schedule is managed				
Real-time work completed in real-time				
• Effective use of patient portal				
Communication				
Team communicates effectively				
Warm hand-offs				

	Needs Improvement	Satisfactory	Exceeded Expectation	Notes
Care Team Meeting				
Manages jellies appropriately across team members				
Population Management				
Time Managed				
Understands items to be completed				
Responding to needs of the patient				
RN time management				
Understanding of other CT Members Pop Management responsibilities				

Overall, how well would you say your Care Team is functioning and/or performing?

On a scale of 1-5 (with 5 being the highest understanding) how well do you understand other members of your CT's responsibilities and workflows in general? (Circle)

1 2 3 4 5

Name