Population Health

Team-based Care Roles and Responsibilities – Communication Strategies

Based on the CMSA Standards of Practice for Case Management

Today's Presenters

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OBJECTIVES

At the conclusion of this presentation, the participant will be able to:

- Identify team-based care roles and responsibilities and discuss communication strategies.

AGENDA

1	Identify and review the different roles within a team-based care practice.
2	Review key communication tools and strategies
3	Review the nurse's role in supporting the patient, utilizing the full team experiences
4	Case study with Q & A

Disclosure

MI-CCSI, or the presenter, does not have any financial interest, relationships, or other potential conflicts, with respect to the material which will be covered in this presentation.

Case Management

It's A Process

Patient identification and selection

Pre-screening

Assessment and problem/opportunity identification

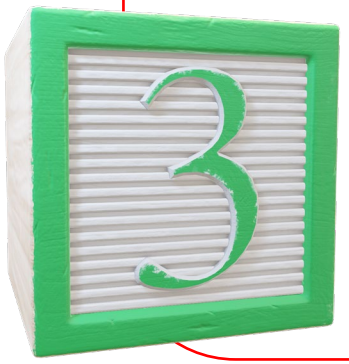
Development of the care plan

Implementation and coordination of care

Follow up and Monitoring

Transition/Case closure/Graduation/Return to the care team

Evaluation



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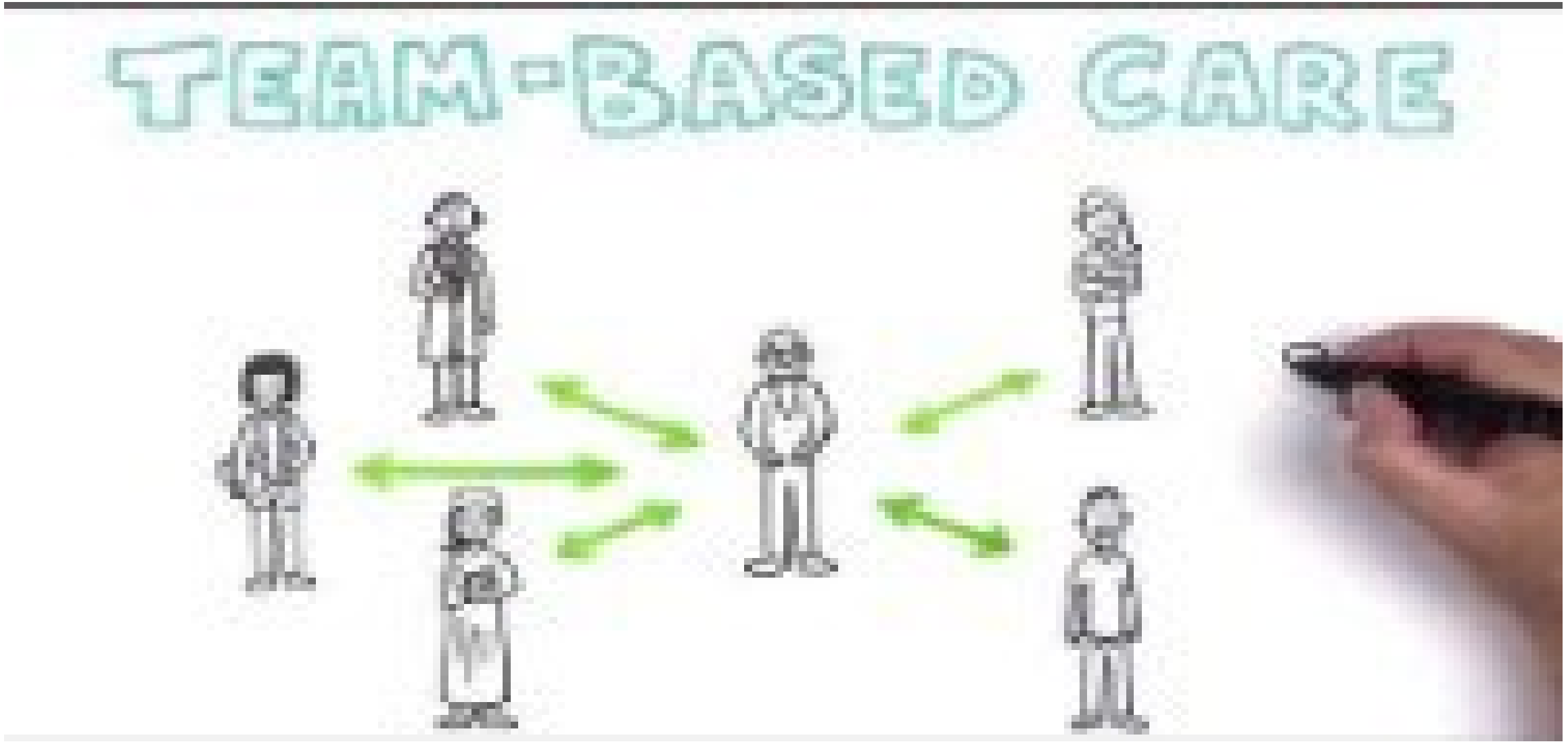
Promoting Team-based Care



Identify and Review the different Roles

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Components of Team-based Care

- Define and Track Goals
- Patient Engagement
- Define Standard Roles and Work Procedures
- Implement Staff Training
- Review Hiring Procedures
- Provide Culturally Competent Care

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Identifying the Team Roles

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Exercise:

Responsibility	Role				
	Provider	Office clerical	Clinic MA	Care Team Member	Patient
Participate in huddle					
Identify patients for care management					
Call patients after inpatient discharge within 48 hours					
Complete proactive outreach using patient registry lists					
Check-in process					
Complete screenings					
Complete patient assessment for plan of care					
Assist in the development of the patient plan of care					
Assess and reassess patient goals for success					
Assist with navigation of services					
Review/assist with medication management					
Provide self-management support					
Document/communicate the plan of care					
Schedule follow-up visits					
Coordinate case closures					

Breakout Sharing

- **Discovery**
- **AHA Moments**
- **Opportunities**

Review Key Communication Tools and Strategies

Let's Talk Team Communication

Communication is…….. …a taken-for-granted human activity that is recognized as important only when it has failed."

Complex Setting

Complex Patients

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Enhancing Team-based Care Communication

It's about Relationship and Engagement with Team members

- Seek out opportunities for interactions
- Shadow and reverse shadow team members
- Be curious
- Recognize common goals and values
- Recognize there may be differences in communication style
- Seek to understand-address proactively
- Assume the best

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Team Communication – Barriers to Good Communication

Personal	Environmental
• Memory limitations	• Many modes communication
• Stress/anxiety	• Rapid change
• Fatigue, physical factors	• Time pressure
• Multi-tasking	• Distractions
• Flawed assumptions	• Interruptions
• New role/new team	• Variations in team culture

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Communication Tools

- Clear patient encounter documentation in the EHR
- Messaging (skype)
- Ad hoc conversations
- SBAR (Situation, Background, Assessment, Recommendation)

Different communication tools serve different purposes – all are meant to keep the team informed of patient progress, plan of care changes, and operational changes that support better patient outcomes.

Using SBAR Communications in Efforts to Prevent Patient Rehospitalizations

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SBAR

- **Situation:** What is the concern? A very clear, succinct overview of pertinent issue.
- **Background:** What has occurred? Important brief information relating to event. What got us to this point?
- **Assessment:** What do you think is going on? Summarize the facts and give your best judgement.
- **Recommendation:** What do you recommend? What actions do want.

SBAR Ineffective Communication

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SBAR Effective Communication

https://www.youtube.com/watch?v=fsazEArBy2g

Thoughts on SBAR Videos

What made the difference?

Our Patient: Mr. B (83 year-old)

- Increasing symptoms of fatigue, weakness, shortness of breath
- Hospitalized 3 months ago for exacerbation of his Heart Failure
- History of hypertension, coronary artery disease, Myocardial infarction
- Temporarily living with his daughter
- Recent hospitalization after a mania event
- Needs assistance with transportation to medical appointments
- Has housing needs (based on wanting to return home)
- He can do his own personal hygiene
- Unsure about his medications. Specifically, in the hospital they held his hydrochlorothiazide and on discharge did not give any directions on what to do about that
- States feeling “low”
- Not following the low sodium diet – can’t stand the food without seasoning
- Worried about his living arrangements
- Wants to go back home but his daughter is concerned about that o He has fallen once – no injuries other than bruises on his forehead
- He’s having trouble sleeping
- He is unable to complete his own activities of daily living without some assistance o Tires easily and needs help dressing

Your Turn: Fill in the SBAR

- Situation:
- Background:
- Assessment:
- Recommendations:

Meetings and Huddles

Standing Orders

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Meeting Examples – Varies within Organizations

Huddle	Meeting
Short, patient centered	Has an agenda, operational
Frequent, even daily	Less frequent, but scheduled regularly or ad hoc
Goal is to discuss arising situations that need multi-disciplinary support and are complex enough for a conversation: • High risk patients, complex Plans of Care • ED or IP visits • Requests for different referrals • Concerns for a patient	Goal is to improve the overall program performance: • Review operational opportunities, such as scheduling or standing agreements/orders • Review process for referrals • Review outcomes measures / performance
Participants include the individuals directly involved with the huddle topics	Participants expanded to include all involved with the process on the agenda: front and back office, billing, PCP, Care Team, MA, Office Manager

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Standing Orders/Agreements

- Standing Orders/Agreements facilitate team-based care by giving blanket agreement for proactive outreach by the care team
- Standing orders examples:
  - Transitions of Care phone calls
  - Calling patients for gaps in care / other preventive care
  - Immunizations procedures
  - Enrollment into chronic care management

https://cepc.ucsf.edu/standing-orders. https://www.jabfm.org/content/25/5/594.

Nurse’s Role

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Nurse's Role – Use of Evidence Based Practices

Evidence-based nursing draws upon critical reasoning and judgment skills developed through experience and training.

- Ask a clear question about the patient's issue and determine an ultimate goal, such as improving a procedure to help their specific condition.
- Acquire the best evidence by searching relevant clinical articles from legitimate sources.
- Appraise the resources gathered to determine if the information is valid, of optimal quality compared to the evidence levels, and relevant for the patient.
- Apply the evidence to clinical practice by making decisions based on your nursing expertise and the new information.
- Assess outcomes to determine if the treatment was effective and should be considered for other patients.

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Nurse's Role – Patient Advocate

Nurses serve as patient advocates by:

- Providing information,
- Supporting patients' decisions,
- and acting in the best interests of their patients

When patients have questions or are trying to understand something about their health, the healthcare system, or recommended therapies and treatments, nurses have a responsibility to share their knowledge.

Patients are not always knowledgeable about healthcare, so they need someone who can advise and educate them about their options. This way, when they do choose a particular treatment or make some other health decision, they are making the choice or the decision from an educated place

https://online.emich.edu/degrees/healthcare/rn-to-bsn/becoming-a-better-patient-advocate/

Application with Q&A

Application: Optimizing the Team

1. Identify each touchpoint and team member of a standard patient visit
2. Where are the hand-offs to other team members?
3. How and what information is shared at each hand-off?
4. Any opportunities to better facilitate clear understanding of the patient situation and needs?

Example:

Patient registers at the front desk. Front desk provides insurance forms and screenings. Notifies the MA that the patient has arrived. MA completes pre-visit activities…….Visit is completed and the patient leaves the clinic.

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Q & A

Thank You