TEAM-BASED CARE TOOLS

SOUTH DAKOTA
CARDIOVASCULAR
COLLABORATIVE

CREATING HIGH FUNCTIONING TEAMS

- **Examples of Team Member Roles**
- **Team Huddles: Making a Game Plan for the Day**
- **Team Huddle Strategies**
- **Dealing with Different Types of People in Team Meetings**

Examples of Team Member Roles

Adapted from: Cambridge Health Alliance Model of Team-Based Care Implementation Guide and Toolkit
https://www.integration.samhsa.gov/workforce/team-members/Cambridge_Health_Alliance_Team-Based_Care_Toolkit.pdf

Provider	• Prepares for, attends and participates in team meetings and huddle(s). • Collaborates in developing team priorities and patient goals and care plans. • Keeps problem list, medication list and patient care plan updated for team members. • Approves orders and referrals for health maintenance.
Nurse	• Prepares for, attends and participates in team meetings and huddle(s). • Collaborates in developing team priorities and patient goals and care plans. • Active in patient education, goal setting, self-management teaching & coaching. • Medication reconciliation and education. • Chronic disease care management.

Medical Assistant	• Prepares for, attends and participates in team meetings and huddle(s).
	• Responsible for patient flow on day of visit:
	  - Completes required pre-visit and visit preparation using the MA Standards of Care checklist.
	  - Reviews and completes any overdue health maintenance and open orders at every visit.
	  - Completes appropriate documentation of questionnaires.
	  - Completes follow up work after visit.
	• Completes planned care team outreach assignments between visits.
	• Maintains room stocking.

Medical Receptionist	• Prepares for, attends and participates in team meetings and huddle(s). • Completes team outreach assignments including but not limited to follow up phone contact, appointment scheduling, and letters.
Planned Care Coordinator	• Facilitates team meetings and participates in follow up. • Provides a bridge between patients and their healthcare team. • Manages dashboard, prepares reports for team meetings and tracks results. • Provides support and coaching for patient /planned care teams. • Works with team members to organize group visits for patients with chronic diseases.
Clinical Pharmacist	• Attends team meetings for chronic disease management and participates in development of patient care plans. • Collaborates with providers on medication management. • Reviews medical record and status of patient health and makes suggestions to other team members regarding med management. • Completes patient visits for medication review and management, makes recommendations for medication adjustments to providers and patients, and educates patients about use of their medications.

Volunteer Health Advisor	• Assists in outreach calls for health maintenance issues and chronic disease management. • Participates in peer-led group visits, community-based health fairs, reminder calls.
Mental Health Specialist	• Assists patients with resources. • Provides counseling, facilitates support groups for patients living with chronic conditions. • Provides expert consultation and supports the work of the primary care teams.
Community Resource Specialist	• Works closely with patients and their planned care teams to facilitate community connections and access to a range of psychosocial resources both within and beyond CHA's immediate network. • Performs a wide range of functions which safely, effectively, and efficiently support patients to address their personalized health goals. • Includes direct interface with patients and members of site based care teams with the purpose of facilitating access to resources and removing barriers to social supports that facilitate patient health and safety. • In the context of a supportive, short-term, problem-solving relationship with patients effective resource utilization will improve patient experience of care, promote population health and wellness and ensure patient engagement and empowerment.
Nutritionist	• Assists patients with nutritional counseling. • Facilitates and participates in group visits for patients living with chronic disease conditions. • Provides expert consultation and supports the work of the primary care relationship and overall health of the patient.
Complex Care Manager-Nursing	• Receives Complex Care Management referrals, assesses appropriateness for Complex Care, works with patient/caregiver/co-learner to develop goals, informs care team if inappropriate for complex care and makes recommendations for care plan in usual care team. • Attends team meetings. • Provides clinical support and direct care management including patient education, goal setting, self-management teaching and coaching for the care team's top 5% highest risk patients. • Provides care coordination, follow up, and population management. • Assess readiness for transition back to usual care team or to more intensive level of care. • Works in coordination with CCM Social Worker.
Complex Care Manager-Social Worker	• Receives Complex Care Management referrals, assesses appropriateness for complex care, works with patient/caregiver/co-learner to develop goals, informs care team if inappropriate for complex care and makes recommendations for care plan in usual care team. • Attends team meetings. • Provides mental health support, linkage to ongoing mental health treatment, direct care management including patient education, goal setting, self-management teaching & coaching for the care team's top 5% highest risk patients. • Assess readiness for transition back to usual care team or to more intensive level of care.

Team Huddles: Making a Game Plan for the Day

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Huddles vary by teams within and across the health system. This tool can be used by team members to evaluate huddles.

	Every Session	Most Sessions	Some Sessions	Rarely
Do you huddle with a provider?				
Do you huddle with a nurse?				
Do you huddle with a medical assistant?				
Do you huddle with a receptionist?				
Do you discuss admitted patients, ER admits, or recently discharged patients with your care team?				
Do you huddle with other clinic staff?				

	Always	Sometimes	Rarely
Do you discuss admitted patients with your care team?			
Do you discuss patients recently discharged with your care team?			
Do you discuss patients recently discharged from the ED with your care team?			

Huddling with the MA is good because:

Could be better if:

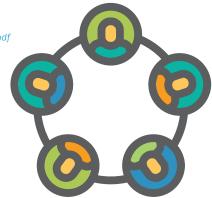**Huddling with the RN** is good because:

Could be better if:

Huddling with the front desk is good because:

Could be better if:

Team Huddle Strategies

> **"A good huddle can be held in as little as 10 minutes.
> It requires everyone to be there on time, which means if your
> first appointment is at 8:30am, everyone on the patient care
> team must show up at 8:15am to begin the huddle. Most teams
> build huddle time into their work schedules."**

1. **What is needed for a successful huddle?**
   - All team members present (typical teams include the provider, MA, and Nurse). There is added benefit to having other members attend, such as team receptionist, pharmacist, nutrition, covering PA/NP, behavioral health, etc.
   - Everyone is on time!
   - A place for the team to meet with a couple of computers available for the team to use.
   - Intense and purposeful focus with no interruptions. Do not be distracted by phone calls, emails, or other staff.
   - Proximity - a team should not spread out in a room sitting in chairs to huddle. Imagine how sports teams huddle. They get up close, heads together, and speak to each other with focus and energy. Try to mimic this kind of huddle.

2. **Team Huddle Guidelines**
   - Hold twice a day, before each session
   - Keep it to 10 minutes or less
   - Do it daily so it becomes a clinic practice routine

The goal of huddles is for everyone to feel calm; it's much calmer to plan for bumps in the road before they happen rather than dealing with them in the midst of seeing patients.

3. **What do you talk about?**

   Discuss the patients with appointments for that day and people you may need to be concerned about:
   - Patients with chronic disease: administering PHQ-9's for depression, asthma questionnaire/peak flow, or removal of shoes and socks for diabetics
   - Patients who are often late, problematic or have high service needs
   - Canceled appointments
   - Patients who need follow-up from the hospital or ED
   - Communicate about future/standing immunization, lab, and radiology orders and have provider place those future/standing orders not covered under CHA Standing Order Policies
   - Confirm which patients may need an interpreter for their visit
   - Population Health: those who will need FOBT cards, mammography, pap smear, PSA

4. **What determines an effective huddle?**
   - Everyone contributes
   - Team anticipates as much as it can
   - Strategies are developed to handle potential problems or scenarios

5. **Additional strategies for effective huddle and high performing team:**
   - Do a quick check in with everyone
     - How is everyone feeling today?
     - Is anyone leaving early?
     - Is anyone out today?
     - How can we support each other through the session?
   - Know the status of each team member because everyone is critical to the success of the team!

Dealing with Different People/Situations in Team Meetings

Think about how you might handle these potentially difficult situations. Preparing ahead of time may help prevent such problems or help you to better handle them if they arise.

1. **The Too-Talkative Person:** This is a person who talks all the time and tends to monopolize the discussion.

    The following suggestions may help:

    · Remind the person that we want to provide an opportunity for everyone to participate equally.

    · Refocus the discussion by summarizing the relevant point, then move on.

    · Spend time listening to the person outside the group.

    · Assign a buddy. Give the person someone else to talk to.

    · Use body language. Don't look toward the person when you ask a question. You may even consider having your back toward the person.

    · Talk with the person privately and praise him/her for contributions, and ask for help in getting others more involved.

    · Thank the person for the good comment, and tell him/her that you want everyone to have a turn at answering the question.

    · Say that you won't call on someone twice until everyone has had a chance to speak once first.

2. **The Silent Person:** This is a person who does not speak in discussions or does not become involved in activities.

    The following suggestions may help:

    · Watch carefully for any signs (e.g., body language) that the person wants to participate, especially during care team meetings like brainstorming and problem solving. Call on this person first, but only if he/she volunteers by raising a hand, nodding, etc.

    · Talk to them at the end of the care team meeting and find out how they feel about the team meetings.

    · Respect the wishes of the person who really doesn't want to talk; this doesn't mean that they are not getting something from the team meeting.

3. **The "Yes, but…" Person:** This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her.

    The following suggestions may help:

    · Acknowledge team members concerns or situation.

    · Open up to the rest of the care team.

    · After three "Yes, but's" from the person, state the need to move on and offer to talk to the person later.

    · It may be that the person's problem is too complicated to deal with in the team meeting or the real problem has not been identified. Therefore, offer to talk to the person after the meeting and move on with the agenda for the team meeting.

    · If the person is interrupting the discussion or problem-solving with "Yes, but's," remind the person that right now we are only trying to generate ideas, not critique them. Ask him/her to please listen and later we can discuss the ideas if there is time. If there is no time, again offer to talk to the person during the break or after the team meeting

4. **The Non-Participant:** This is the person who does not participate in any way.

    The following suggestions may help:

    · Recognize that the people in the teams are variable. Some may not be ready to do more than just listen. Others may already be doing a lot, or are overwhelmed. Some may be frightened to get "too involved." Still others may be learning from the team meetings, but do not want to talk about it in the group. Whatever the reason, do not assume the person is not benefiting from the group in some way, especially if he/she is attending each session.

    · Do not spend extra time trying to get this person to participate.

- Congratulate those team members who do participate.
- Realize that not everything will appeal to everyone in the same way or at the same time.
- Do not evaluate yourself as a leader based on one person who chooses not to participate.

5. **The Argumentative Person:** This is the person who disagrees, is constantly negative and undermines the team. He/she may be normally good natured but upset about something.

   The following suggestions may help:
   - Keep your own temper firmly in check. Do not let the group get excited.
   - If in doubt, clarify your intent.
   - Call on someone else to contribute.
   - Have a private conversation with the person; ask his/her opinion about how the group is going and whether or not he/she has any suggestions or comments.
   - Ask for the source of information, or for the person to share a reference with the group.
   - Tell the person that you'll discuss it further after the session if he/she is interested.

6. **The Angry or Hostile Person:** You will know one when you see one. The anger most likely has nothing to do with the leader, care team or anyone on the team. However, the leader and team members are usually adversely affected by this person and can become the target for hostility.

   The following suggestions may help:
   - Do not get angry yourself. Fighting fire with fire will only escalate the situation.
   - Get on the same physical level as the person, preferably sitting down.
   - Use a low, quiet voice.
   - Validate the participant's perceptions, interpretations and/or emotions where you can.
   - Encourage some ventilation to make sure you understand the person's position. Try to listen attentively and paraphrase the person's comments in these instances.
   - If the angry person attacks another participant, stop the behavior immediately by saying something like: "There is no place for that kind of behavior in this group. We want to respect each other and provide mutual support in this group."
   - When no solution seems acceptable ask, "At this time, what would you like us to do?" or "What would make you happy?" If this does not disarm the person, suggest that this issue will need to be addressed outside of the team meeting and ask them to excuse themselves from the team meeting.

7. **The Questioner:** This is the person who asks a lot of questions, some of which may be irrelevant and designed to stump the leader.

   The following suggestions may help:
   - Don't bluff if you don't know the answer. Say, "I don't know, but I'll find out."
   - Redirect to the team: "That's an interesting question. Who in the group would like to respond?"
   - Touch/move physically close and offer to discuss further later.
   - When you have repeated questions, say, "You have lots of good questions that we don't have time to address during this session. Why don't you look up the answer and report back to us next week."
   - Deflect back to topic.

8. **The Know-It-All Person:** This is the person who constantly interrupts to add an answer, comment, or opinion. Sometimes this person actually knows a lot about the topic and has useful things to contribute. Others, however, like to share their pet theories, irrelevant personal experiences and alternative treatments, eating up team meeting time.

   The following suggestions may help:
   - Restate the problem.
   - Limit contributions by not calling on the person.
   - Establish the guidelines at the start of the session and remind participants of the guidelines.

- Thank the person for positive comments.
- If the problem persists, invoke the rule of debate: Each member has a right to speak twice on an issue but cannot make the second comment as long as any other member of the group has not spoken and desires to speak.

9. **The Chatterbox:** This is a person who carries on side conversations, argues points with the person next to him/her or just talks all the time about personal topics. This type of person can be annoying and distracting.

The following suggestions may help:

- Stop all proceedings silently waiting for the team to come to order.
- Stand beside the person while you go on with workshop activities.
- Arrange the seating so a leader is sitting on either side of the person.
- Restate the activity to bring the person back to the task at hand or say, "Let me repeat the question."
- Ask the person to please be quiet.

10. **The Abusive Person:** This is someone who verbally attacks or judges another group member.

The following suggestions may help:

- Remind the team that all are here to support one another.
- Establish a team rule and remind everyone that each person is entitled to an opinion. One may disagree with an idea someone has but under no circumstances will personal attacks be appropriate.
- If the abuse continues, ask the person to leave.

10. **The Superior Observer:** This is a person with a superior attitude and that he/she already knows everything about the topics on the agenda and is performing their job well.

The following suggestions may help:

- If the person knows a lot and is doing well, you may want to have them provide examples of what they do at selected times for the team.
- A person may also act superior if he/she feels uncomfortable and not a part of the group. If so, include him/her in some way.
- If the person wants to be ignored, then ignore them. They will get bored and leave or start to participate.