

Team Tune-Up: Helping Teams Work Better Together

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Objectives

By the end of this learning experience, learners will be able to:

- Define the characteristics of a high functioning integrated primary and behavioral healthcare team.
- Review results of a team functioning assessment.
- Select a team functioning improvement goal for the integration of primary and behavioral healthcare.
- Establish a change plan to improve functioning of the integrated primary and behavioral healthcare team in the coming six months.

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Why do we care about team function?

Focusing on team functioning and communication can lead to:

- Better outcomes
- Improved patient safety
- More provider satisfaction

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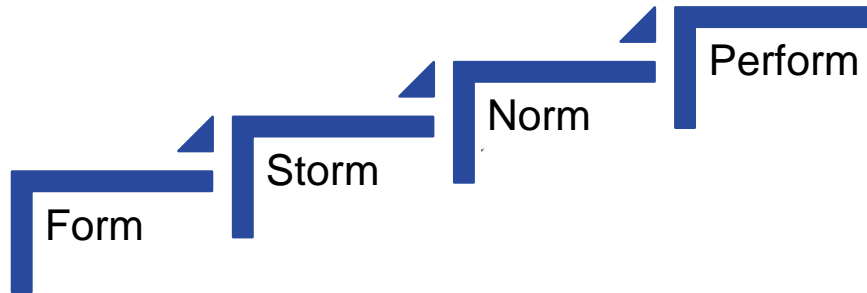
TeamSTEPPS

- Evidence-based framework to optimize team performance across the healthcare delivery system
- **Improved patient safety**
 - 50 percent reduction in adverse outcomes, based on the averaged scores after they were weighted for severity (Mann, et al., 2006).
 - Reduced rate of adverse drug events.
 - Improved medication reconciliation at patient admission (Haig, Sutton, & Whittington, 2006).
- **Improved provider experience**
 - Significant improvement in communication and supportive behavior.
 - Significantly increased perceptions of teamwork after training (Weaver, et al., 2010).
 - Reductions in turnover rate.
 - Increases in employee satisfaction (Leonard, Graham, & Bonacum, 2004).

Adapted from TeamSTEPPS materials:
<http://www.ahrq.gov/legacy/teamsteppstools/primarycare/igpcobt.htm#slide>

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Tuckman's Model of Team Building Form-Storm-Norm-Perform



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What makes a high functioning team?

- **Many different models with lots of overlap**
- **IOM Report Healthcare Teams**
 - **Values of team members:** Honesty, Discipline, Creativity, Humility, Curiosity
 - **Principles of team functioning:** Shared goals, Clear roles, Mutual trust, Effective communication, Measurable processes and outcomes
 - **Accountability:** Measuring and reflecting on function and continuous improvement

Mitchell et al. Core Principles & Values of Effective Team-Based Health Care. October 2012. <https://www.nationalahec.org/pdfs/VSRT-Team-Based-Care-Principles-values.pdf>

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Team Assessment

Shared Goals	
1	All primary and behavioral healthcare team members have a shared vision for integrating primary care and behavioral health.
2	Each member of the primary and behavioral healthcare team, including the patient, is clear about the goals of our behavioral health integration effort.
Clear Roles	
3	Everyone on the primary and behavioral healthcare team is clear about his/her role and responsibilities.
4	All primary and behavioral healthcare team members share <u>one</u> workflow for team-based patient care.
Mutual Trust	
5	There is trust in communication and relationships in our primary and behavioral healthcare team.
6	All primary and behavioral healthcare team members can rely on each other for support in their role on the team.
Effective Communication	
7	All primary and behavioral healthcare team members regularly use effective communication to facilitate care.
8	Conflict on our primary and behavioral healthcare team is addressed openly and constructively.
Measurable Processes and Outcomes	
9	All primary and behavioral healthcare team members regularly reflect on successes and failures related to our integrated behavioral health implementation goals.
10	All primary and behavioral healthcare team members regularly reflect on our successes and failures in team functioning to support integrated behavioral health implementation goals.



Team Tune-Up Process

- **Team Assessment:**
 - Team input on current functioning
 - Identify an area for “tune-up”
- **Team Tune-Up Plan Worksheet:**
 - Planning Phase
 - Implementation Phase
 - Evaluation and Sustainability
- **Coaching Calls:**
 - Share plans
 - Get support!



Model Team:



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Heritage: History of the team

- **Behavioral health organization that partnered with FQHC to provide primary care services onsite since 2011**
- **Care Team Includes:**
 - Project leader
 - Care managers; 2 nurse and 1 non-nurse
 - Health and Wellness Coach
 - Part-time Clerical staff
 - Contract with mid-level primary care provider
- **All staff** had very clear tasks in beginning, then cross-trained in team functions

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Heritage: Current Team Functioning

- **Team meetings originally weekly, now every 2-3 weeks**
 - Information sharing
 - Reflection on patient involvement at high level
- **Team huddle every morning**
 - Mostly patient focused
 - Expectation to also discuss team dynamics as needed
- **Communication about conflict**
 - Expectation that there would be enough trust
 - Occasionally hurt feelings
 - Culture of open conflict resolution
 - Not all members were comfortable with that in the beginning
- **Quarterly sharing of outcomes**
 - Off-site evaluator off-site collates and analyzes the data
 - Whole team sits down and reviews
 - Data also shared in team meetings
 - Additional adhoc checks about any changes needed

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Heritage: Team Assessment

- **Facilitated by PBHCHI Team Leader**
- **Given individually to staff**
- **Broad sampling:**
 - Care managers: RN, LMN
 - Team clerical staff
 - Non-medical care manager
 - FQHC PCP
 - Organization front desk staff
 - Behavioral health case managers



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Heritage: Assessment Results

- Overall positive!



- However, some organization staff reported lower numbers on:
 - Shared goals
 - Clear roles
 - Team communication



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Heritage: Team Improvement Planning Phase – Part 1

- What area(s) do we want to work on? (RESULTS from assessment)
 - Communication to broader organization and roles and goals because there were some assessments that
 - We wonder if goals of our effort are clear consumers?
- Why do we think our team is struggling in this area? (DEFINE THE PROBLEM)
 - Beginning → communicating regular to larger organization through the case manager team meetings.
 - Change in leadership and turn over in case managers → less communication.
- What would improvement look like in this area? (GOAL)
 - All members of the organization would understand the goals and roles of the team members in the programs. We think this will be important as part of the sustainability, especially to engage key stakeholders.

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Heritage: Team Improvement Planning Phase – Part 2

- How could improve in this area? (BRAINSTORM ALL IDEAS)
 - Communication Plan
 - To attend staff meetings of the case managers
 - To attend key division meetings to communicate sustainability plan and communicate plan to continue to support to care for clients
 - Consider adding a section about program level details; Program outcomes; Transition to sustainability
 - Continue newspaper articles and community promotion of the program including Seeds of Hope meeting
 - Do more assessment of case managers and clients
 - Take the assessment and customize the categories of people ex different
 - What kind of information would the different providers or clients like to get?
 - Shared care plans?
 - How could we move further in this direction?

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Heritage: Team Improvement Planning Phase – Part 3

- What idea(s) do we want to focus on? (PICK 1-2 IDEAS to develop)
 - Communication Plan
 - More Assessment
- Do we have the resources to invest in this change right now? (Consider financial, organizational, emotional)
 - We can take on a better communication plan and more assessment.

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Activity

- Make sure your group is sitting together
- Take out the results from your team assessment
 - If your group was not able to complete this pre-work pick one area from the team assessment to focus on (ex: Mutual Trust)
- Complete the **Planning Phase of the Team Tune-Up Plan Worksheet**
- Consider ideas from the **Common Challenges, Action Plan Ideas and Resources for Team Building**
- Prepare to share! Think about the following questions:
 - What area will your team tune-up?
 - How likely are you to implement your plan?

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What will be the focus of your Team Tune-Up? (Polling Question)

1. **Shared Goals**
2. **Clear Roles**
3. **Mutual Trust**
4. **Effective Communication**
5. **Measurable Processes and Outcomes**

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Implementation Phase

- **Specific:**
 - What is our plan?
 - Get detailed!
- **Measureable/ Mutual/ Motivated:**
 - How will we know if we are successful?
 - Get specific – what kind of data and when?
 - Is the whole team on board?
 - Are we committed to this goal?
- **Actionable/Attainable:**
 - What are the specific actions we will take?
 - Do we think this is a small enough change to be successful?
- **Realistic/Resourced/Revisable:**
 - Do we think we can make this change? Do we have the resources?
 - How and when can we revise the plan if needed?
- **Timely:**
 - What is our timeline? What are our checkpoints?
 - When will we assess our efforts?



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Evaluation and Sustainability

- What happened?
- What went well?
- What challenges did we have?
- Should we sustain this effort? What do we want to keep doing?
- How often will we engage in a team tune-up?
 - How will we integrate new team members?
 - How will we continue to practice becoming an excellent group?
- How are we going to celebrate?



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Sustainability Tips

- Continue to practice becoming an excellent group
- Ongoing feedback and coaching to group members
- Leadership continues to support the group
- Measure Success of the group
- Organization celebrates gains of the group
- Develop a funding model to sustain the group
- Continually update the group's plan

Adapted from TeamSTEPS: <http://teamsteps.ahrq.gov/>

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How likely is it that we will implement our plan? (Polling)

- 1. We are ready to do this!**
- 2. I am pretty sure we will work on this!**
- 3. This might happen.**
- 4. I'm not sure we will do this.**
- 5. We will not work on this any more.**

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Follow-Up Coaching Calls

- 60-minute call/webinars
- Come prepared to participate actively and share!
- These calls will be held on:
 - September 11, 2014 2pm EDT/1pm CST/11am PST (Thursday)
 - September 12, 2014 2pm EDT/1pm CST/11am PST (Friday)
 - September 15, 2014 2pm EDT/1pm CST/11am PST (Monday)
 - September 16, 2014 2pm EDT/1pm CST/11am PST (Tuesday)

