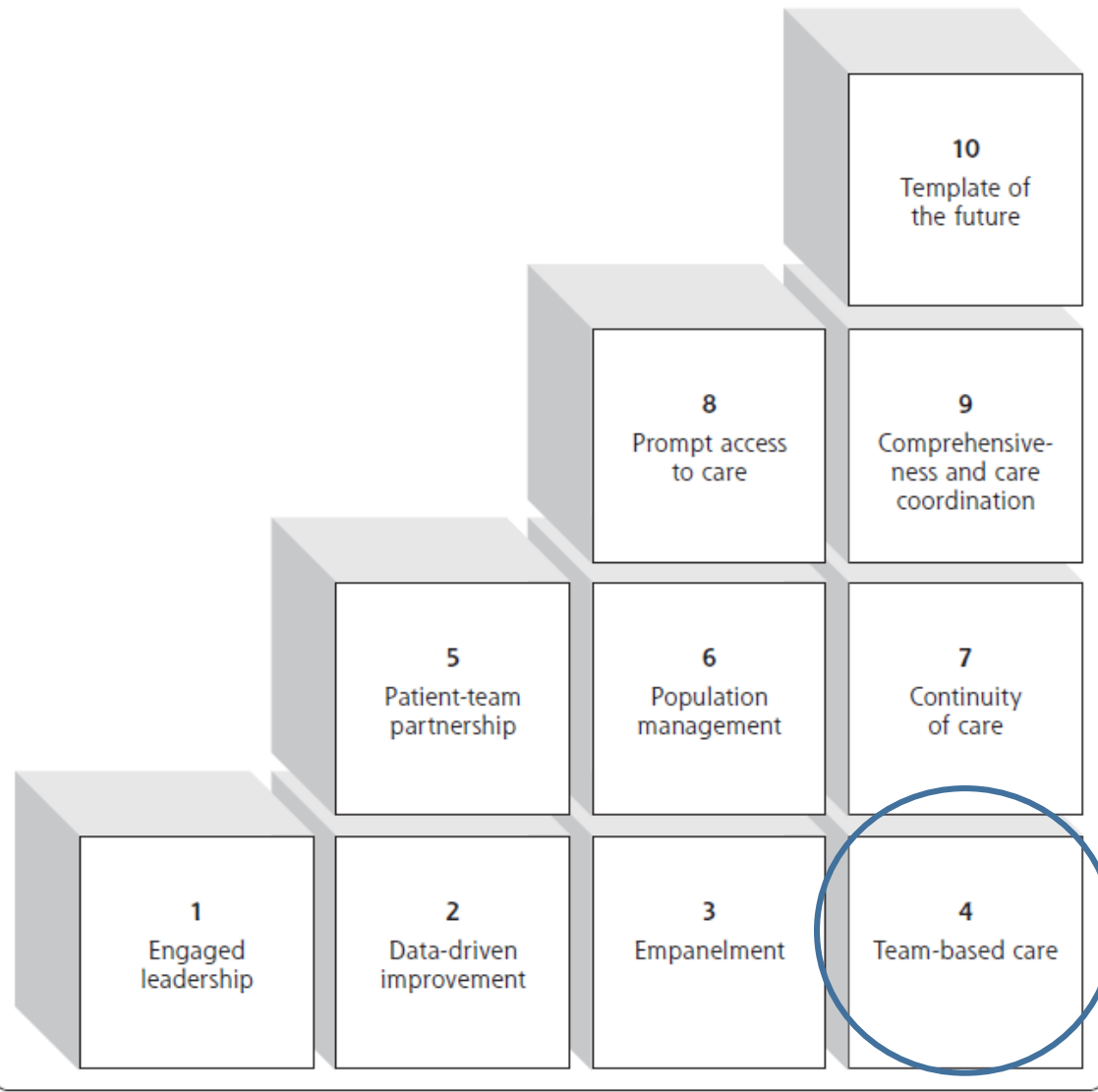


Improving Teamwork at Access Winnipeg West by Establishing “Micro teams”

Alexander Singer
Associate Professor
Special thanks to Jim Small



Figure 1. Ten Building blocks of high-performing primary care.



Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 building blocks of high-performing primary care. *Ann Fam Med*. 2014 Mar-Apr;12(2):166-71. doi: 10.1370/afm.1616.

Elevator pitch

- *Micro teams focus on a small set of objectives to produce a sense of shared purpose, trust and collective achievement, and support one another to work to the best of their abilities.*
- *Micro teams create an environment of psychological safety, which is shown to increase job satisfaction and sense of fulfilment.*
- *Members of a micro team have clear roles and responsibilities so they can communicate effectively to be able to give more patient-centred care in a culturally safe environment.*
- *Members of a micro team interact regularly and reflect on the challenges they face, which helps to reduce work related stress and fatigue.*



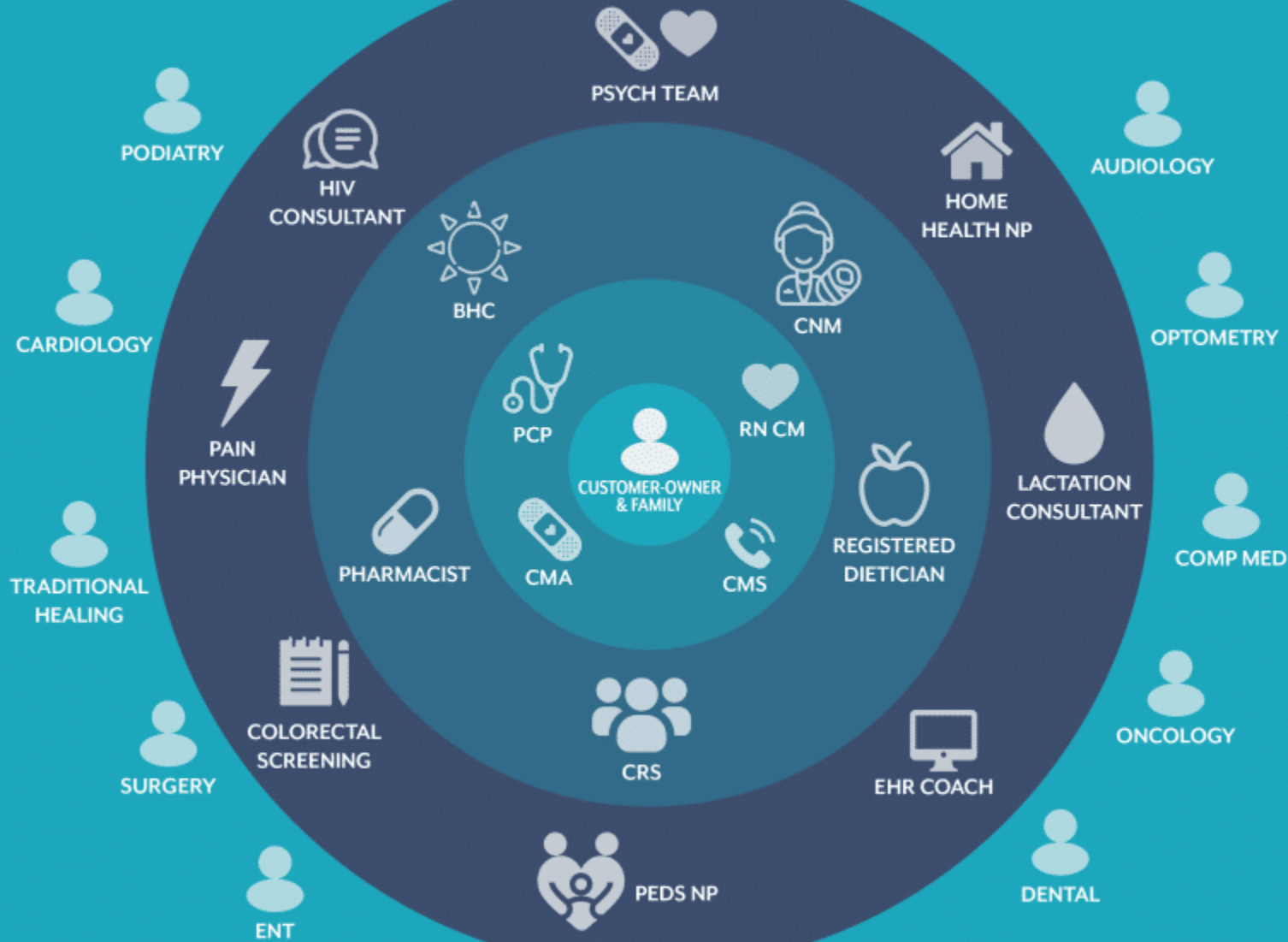
"I THINK IT'S THE LEADING EXAMPLE OF HEALTH CARE REDESIGN IN THE NATION, MAYBE THE WORLD."
Don Berwick, Former Administrator for Centers for Medicare and Medicaid Services



Being on a winning team is fun!



...And a necessary part of the quadruple/quintuple aim!



Primary Health Care Vision*

Access Winnipeg West Primary Care will be recognized for its **commitment to continuous quality improvement and innovation** in a clinical **teaching environment**.

A leader in developing stakeholder relationships and delivering valuable patient centered Primary Care programs and services through **interprofessional teams**.



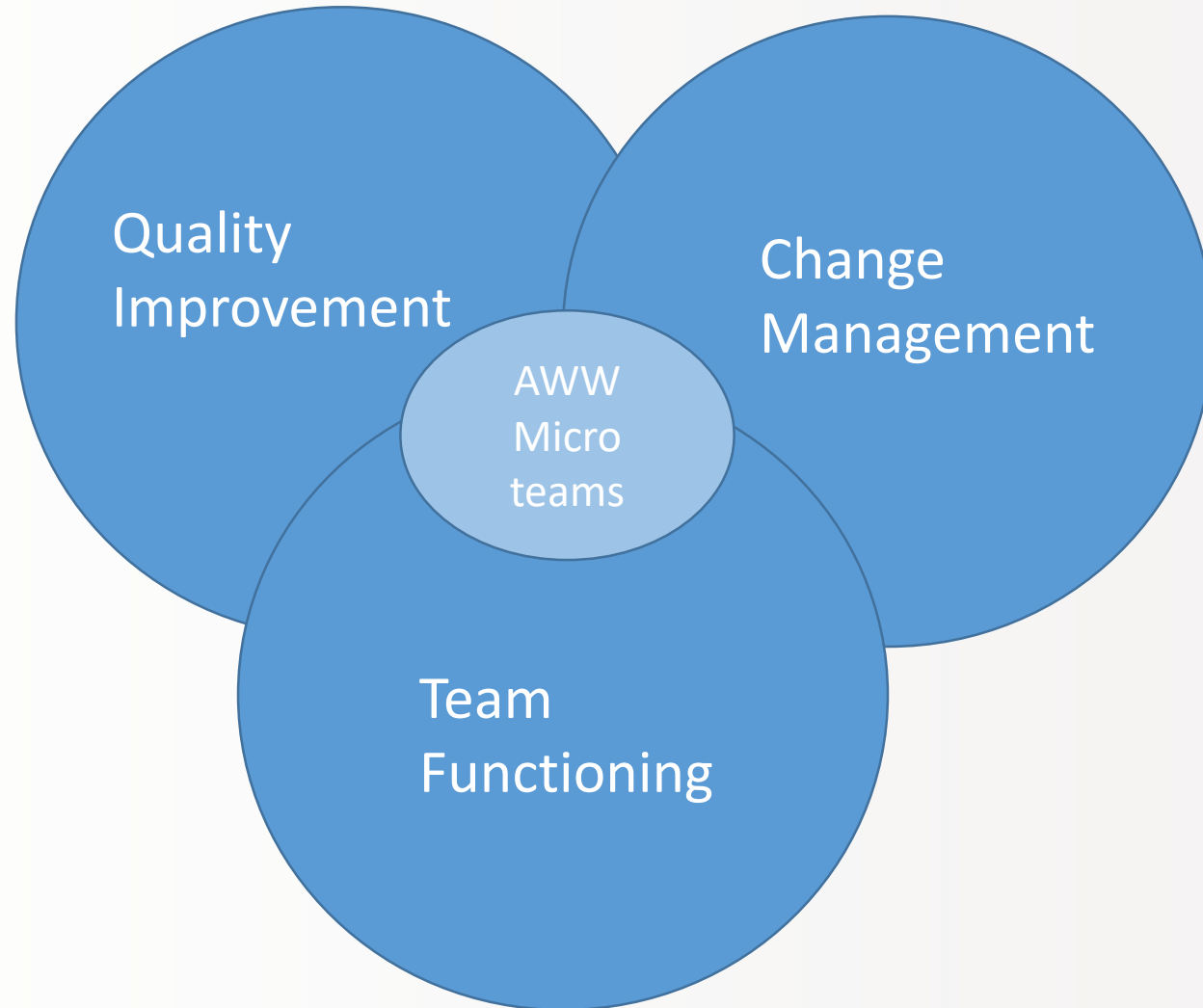
*Nov. 2020

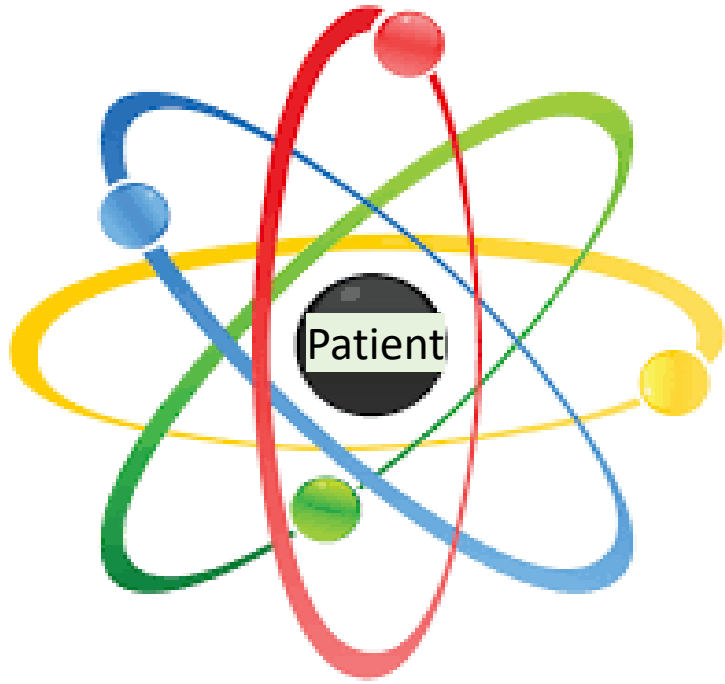
Primary Health Care Values *

- Respect
- Teamwork / Collaboration
- Patient/client/family – centeredness
- Professionalism / Accountability
- Work life balance



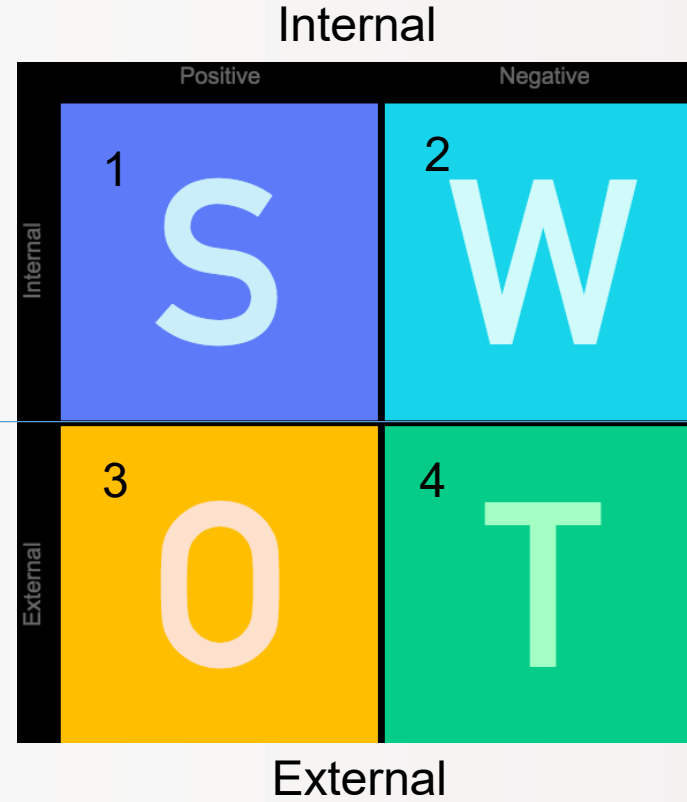
*Nov. 2020





Client
3. Opportunities

1. Strengths



2. Weaknesses/
Challenges

4. Threats

5. We cannot afford to lose...

SWOT Analysis (Change Management)

- SWOT = Strengths, Weaknesses/Challenges, Opportunities, Threats
- Strengths; Well resourced and well fed team
- Challenges; High burnout/turnover (especially among PCAs), COVID disruptions to operations, communication across large team, Accuro sucks, too many back and forth “tasks”
- Opportunities; Relationships with Grace Hospital/local clinics in MyHealth Team, WICC role in supporting “system needs”
- Threats; funding, COVID shit, Health Links quality, upstairs chaos

What we cannot afford to lose is...

- More staff, we lost too many already
- High quality patient care
- Primary care clinic space
- Our positive attitude and respect for our professional roles
- Virtual appointments and meetings

Basic QI Steps for Developing Micro Teams

1. Establish a Transitional Leadership Team (TLT)
2. Develop Patient Scenarios and Use Cases
 - Identify “Problems”/Opportunities for improvement
 - Define AIM and Measures
 - Root Cause Analysis
3. Define Key Roles on Micro team
4. Adapt and Operationalize C.A.R.E. model
 - Generate Change Ideas
5. Develop Quality Test Plan
6. Conduct (PDSA) Cycle Testing

Transitional Leadership Team

- Group representing the roles on a micro team
 - Patient, Physician, nurse practitioner, Nurse, Primary Care Assistant
- Advise and Assist in model design, adaptation and implementation
- Champion the transformation
 - Functional and Cultural Change
- Communicate the vision of micro teams with a positive forward thinking mindset
- Model behaviours of a high performing micro team

Scenarios & Use Cases

Scenarios

- Capture key events of an actual Patient interactions
- Identify misalignment between current Practices and patient/client's needs
- Produce opportunities for greater stability and safety in care environment

Use Case

- Lists actions or event steps derived from Patient Scenarios
- Helps in defining interactions of Actors in the system
 - An actor can be a human or other external system
- Help identify key requirements for Adapting the model
- Requirements provide base for Testing Model Quality (PDSA's)

Importance of Role Clarity

- **Role ambiguity** - associated with:
 - *Anxiety, burnout, depression, and physical illness*
- Lack of Role Clarity - causes miscommunication
 - *Miscommunication is a root cause of clinical errors*
- Role clarity provides the foundation for improving accountability and responsibility

Defining Micro Team Roles

- Patient
 - *Lens for operationalizing micro teams*
- Physician
 - *Lead team in clinical decisions*
 - *Share overall patient care and panel management*
- Nurse
 - *Responsible to manage/assist with Patient Care (Plans)*
- PCA
 - *Responsible to manage/operationalize the patient's visit*

What were the major changes?

- Created 3 clinical teams with ~1500 patients per with balanced EFTs
- Major reorganization of seating arrangements to co-locate teams 3 teams (PCA, PCN, NP, MD members on each)
- Moved walk-in out of the back hub area to the front admin area
- Regular meetings of TLT maintained incremental progress
- Redistribution of “admin” PCAs to the 3 micro teams
- Team A kicking ass and investing in new necklaces



“CARE” MODEL

- PCA builds relationship with patient
- **Check-In** – Patient arrives for visit and is greeted by PCA
- **Assessment** – PCA discusses changes with Patient and assesses strength of Relationship with team
- **Referral** – Intervention & Referrals with Physician
 - Warm Handovers / discussion with referrals
- **Evaluation** – PCA re-Joins Patient and obtains feedback
 - Generate Improvement Change Ideas
 - Quality Test Team Conducts PDSA's

Reflections from January 2023

- PCN; more connections with patients, therapeutic relationships happening, feels closer relationship to teammates (PCA in particular), more efficient workflows.
- PCA; easier to get to know little preferences of provider, patients have been nicer because they know they are talking to the same person, knows the patient from their voice.
- NP; better connections with colleagues, easier to integrate new members to the team, easier to know who to ask for.
- MD; less painful tasks, much easier to coordinate the “one offs”

Next Steps

- Operationalize the CARE model fully
- Convert the TLT to a Quality Test Team (QTT) to develop/test change ideas related to the CARE model
- QTT develop and conduct PDSA cycles to test CARE model change ideas
- Sustain and Spread– teach the transition to the micro team model to others

Thanks!

- Any Questions??

