Monitoring Team Effectiveness: Measuring with Metrics, Not to Metrics

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    - September 18, 2018 at 4:00pm ET
  - **Improving Team Effectiveness with Tom Gualtieri-Reed, MBA and Andy Esch, MD, MBA**
    - September 27, 2018 at 3:30pm ET

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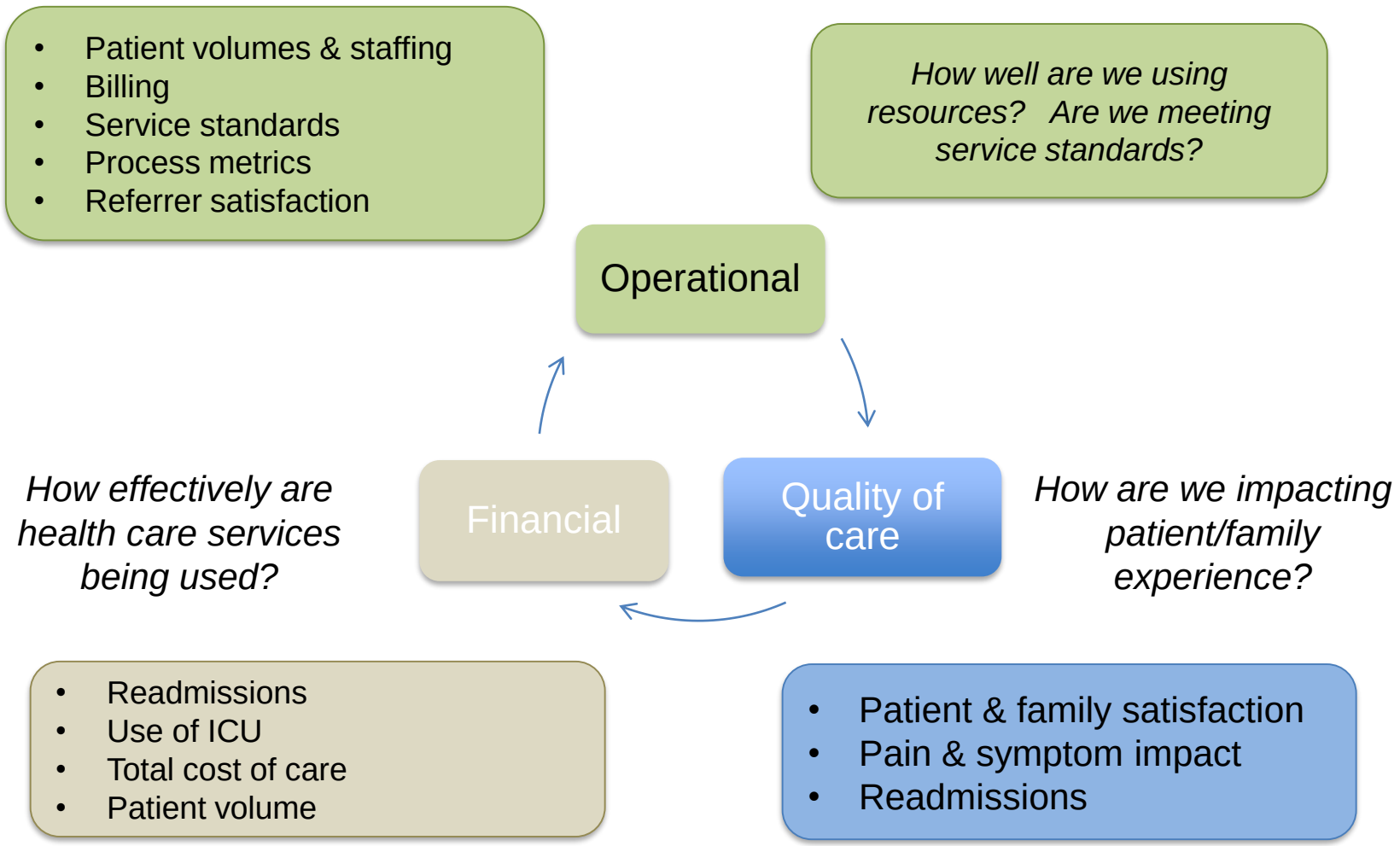
Goals

- Demonstrate ways to use transparent, simple data to reduce team stress
- Identify core operational metrics that are good proxies for value & support growth
- Illustrate why managing bigger teams is easier with data!

3 Important Domains: Our Focus is Operational



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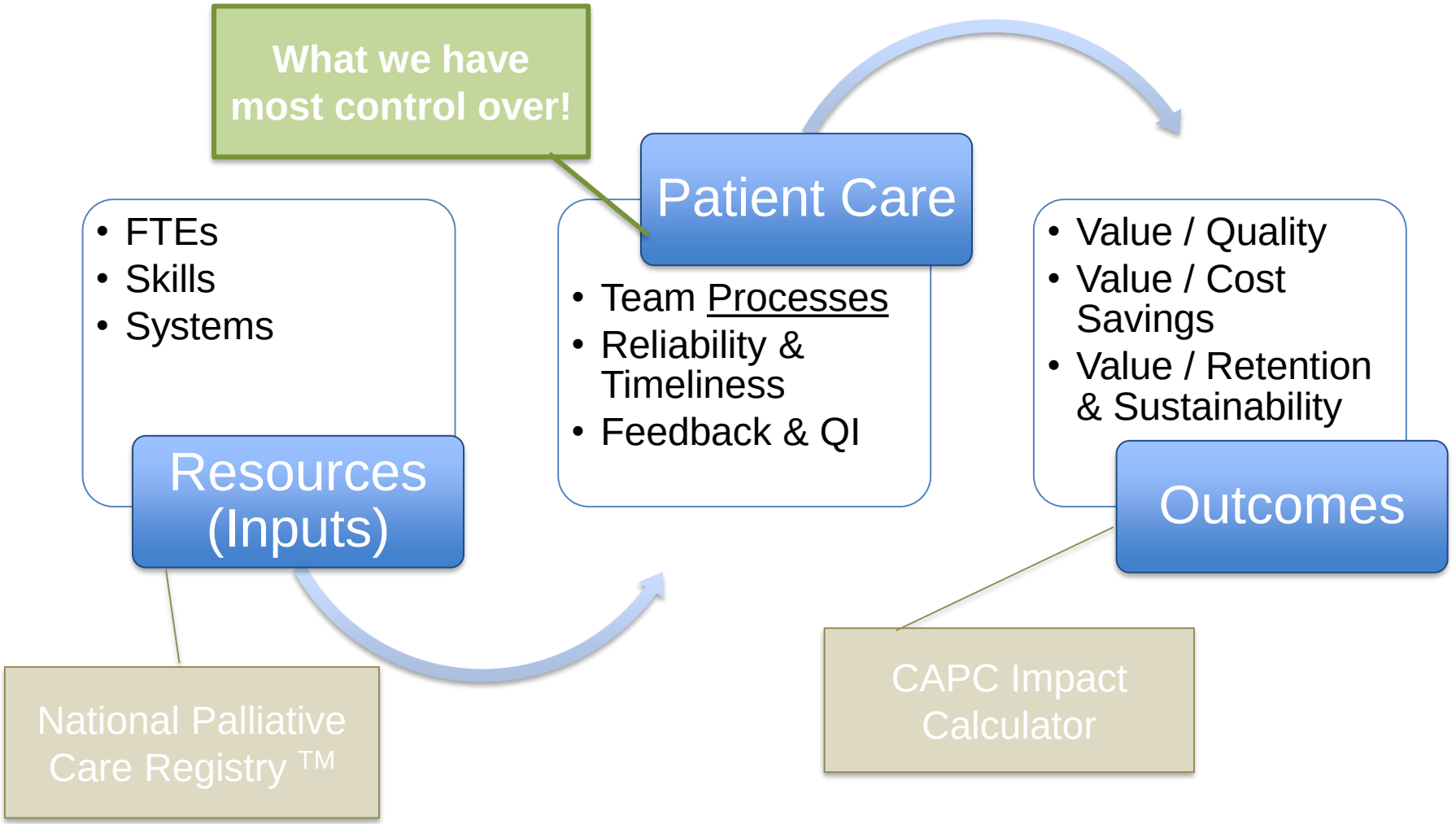
Logic Model: Cause & Effect



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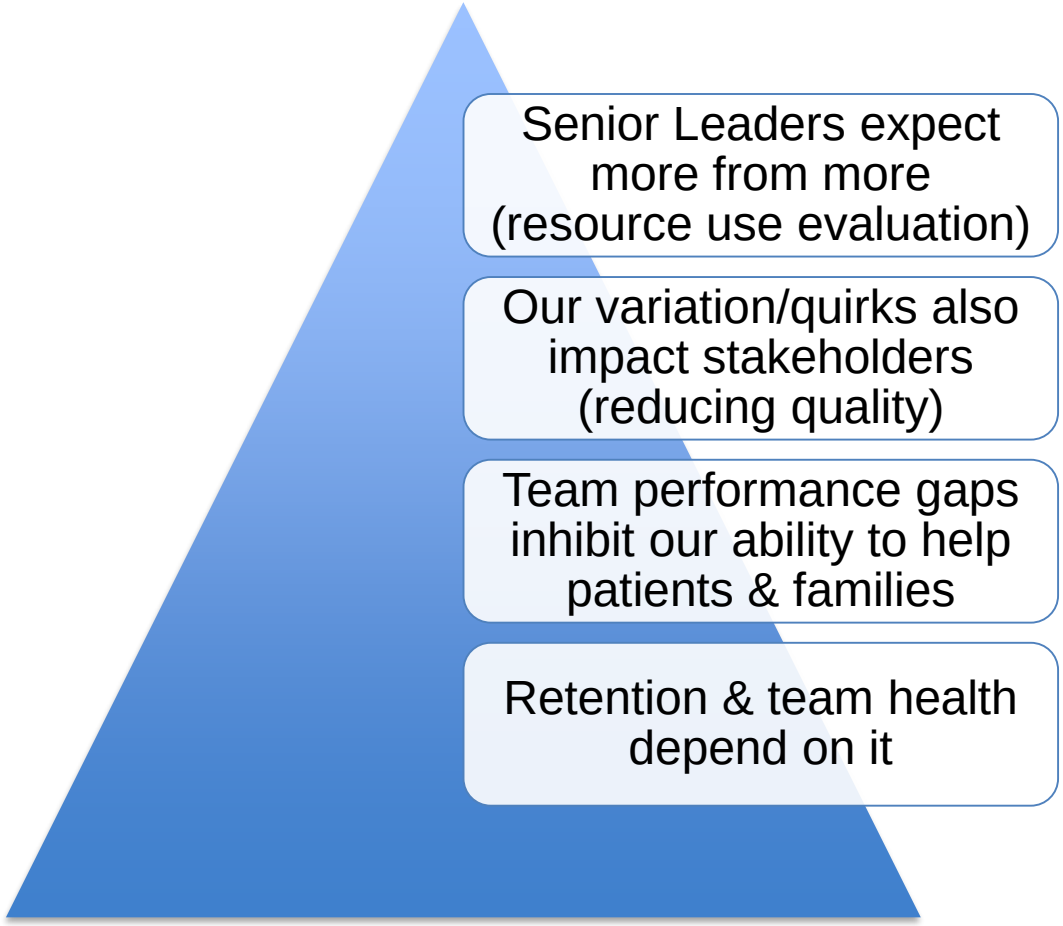
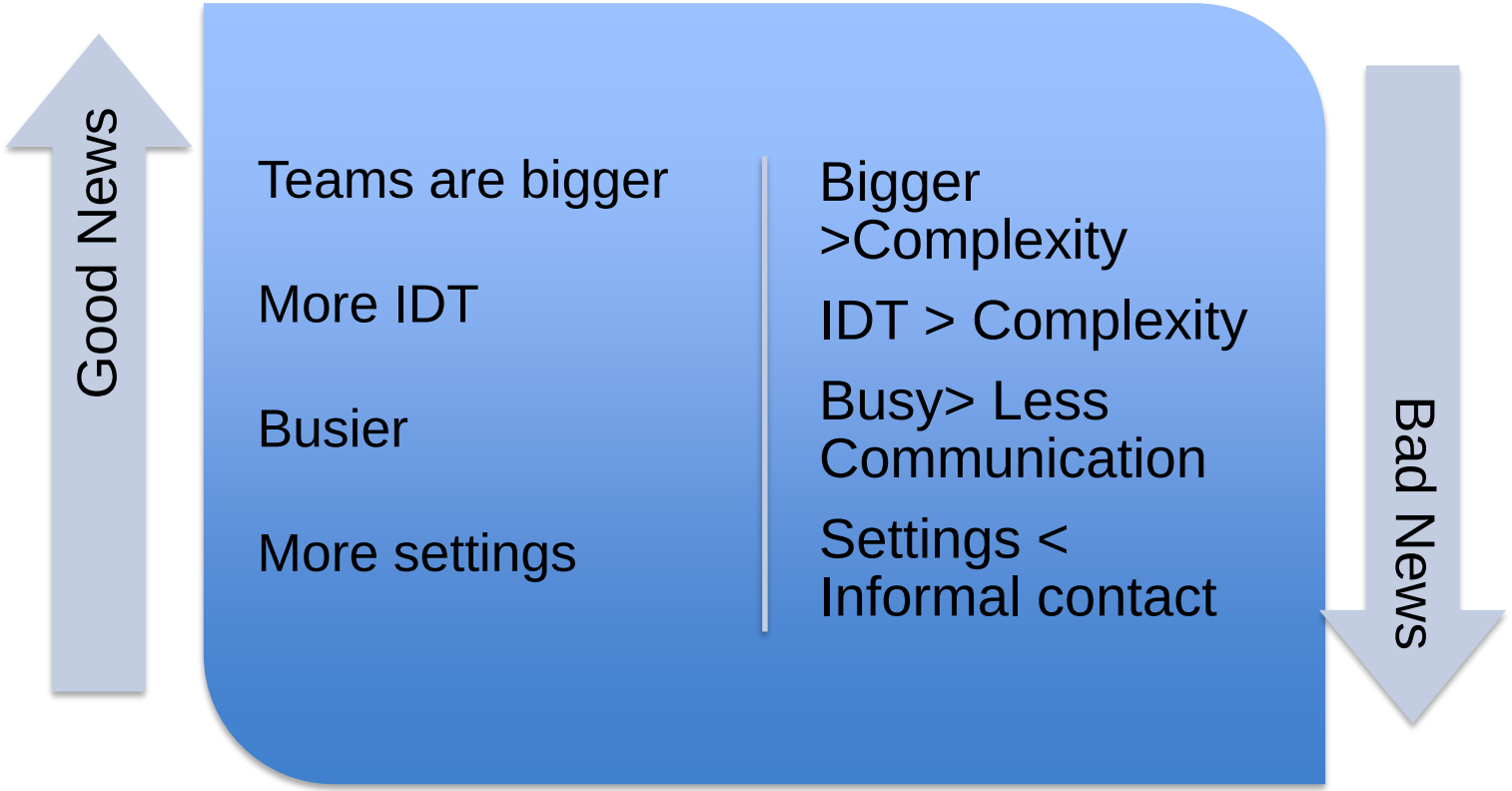
Why now? [External factors]



Why now? [Internal factors]



Demonstrating Effectiveness is Key to Value & Resources to grow…

Observations re Stress

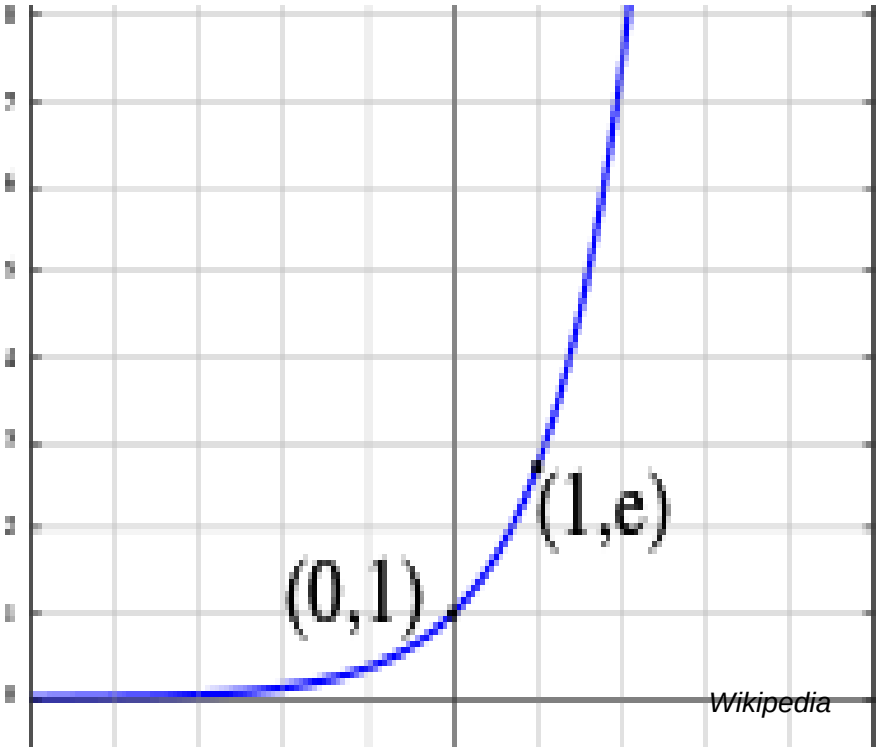
- Stress Increases with uncertainty
- Uncertainty increases with complexity
- Complexity increases with team scope & scale

More FTEs = Chaos

How many potential routes for communication exist for:

- Team of 1 (1)
- Team of 2 (4)
- Team of 4 (16)
- 2 Teams of 4 (64?)
- 2 Teams of 4 & 3 CbPC NPs?

Complexity increases exponentially, not linearly.



Myths of Team Management

- We are high performing individuals, so in aggregate we will be a high performing team.
- Informal communication is sufficient in bigger teams.
- Because we are adults, we will just figure it out (and all have the same answer…*mine*).

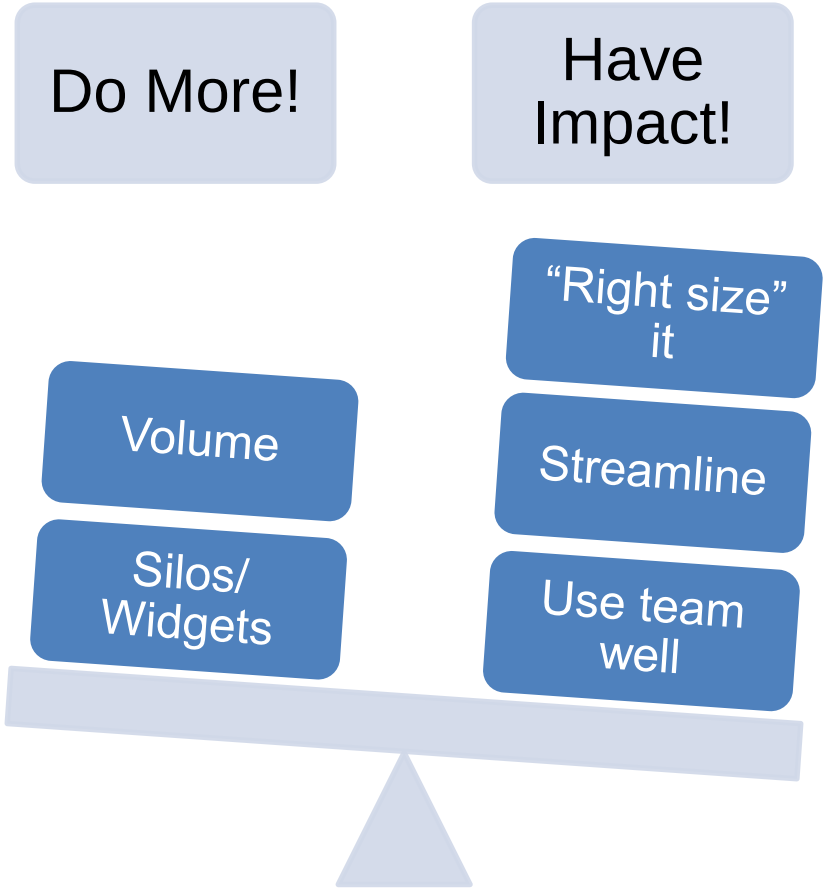
Risks of "Managing to Metrics"

- Focus on measure as the outcome vs. use as a proxy
- "Gaming" behavior (2 visits vs. 1, preference for simple problems)
- Reducing teamwork

Managing with Metrics =

More teamwork for best outcomes

Efficient vs. Effective



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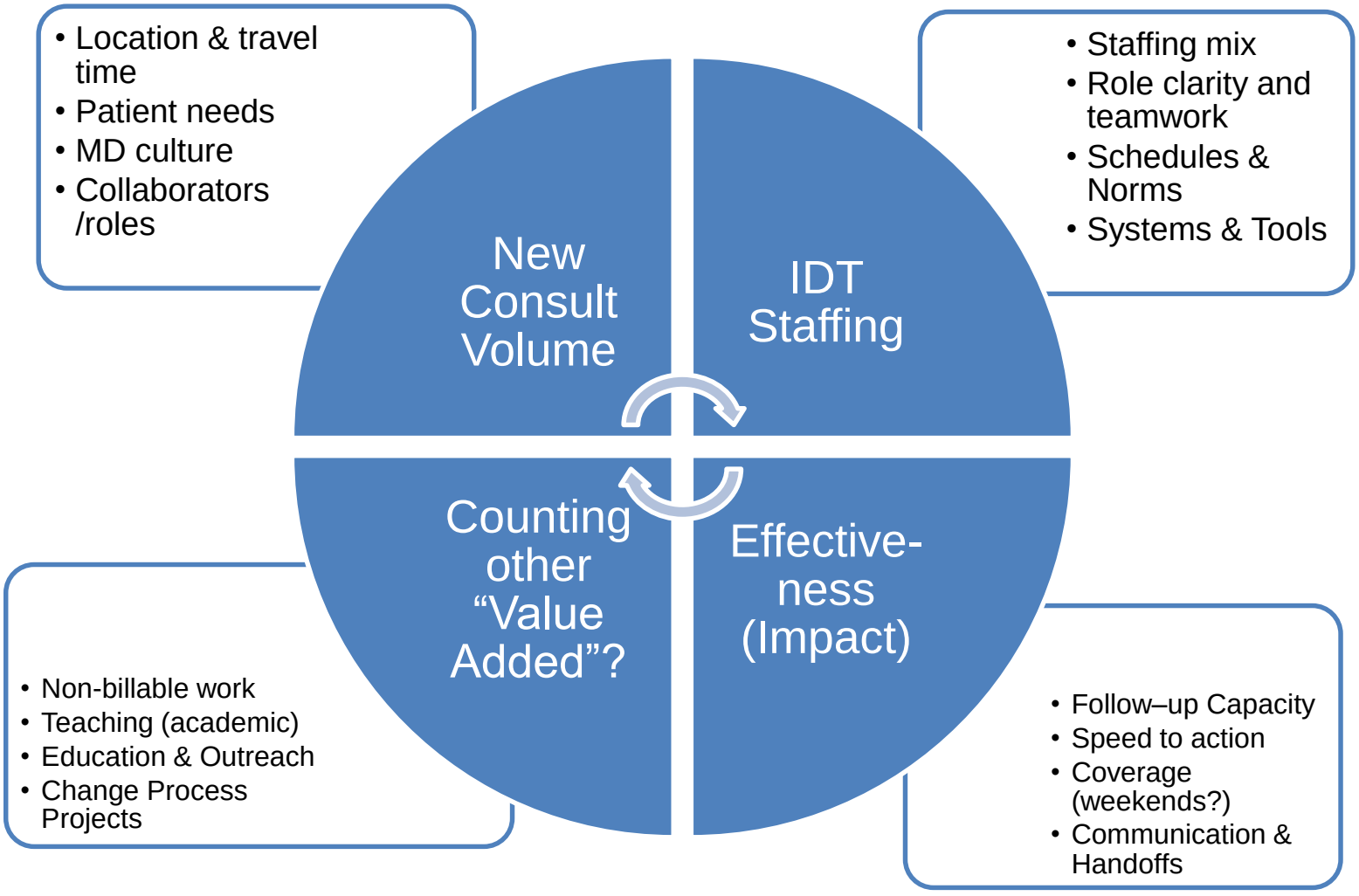
Productivity is a "Dependent" Variable



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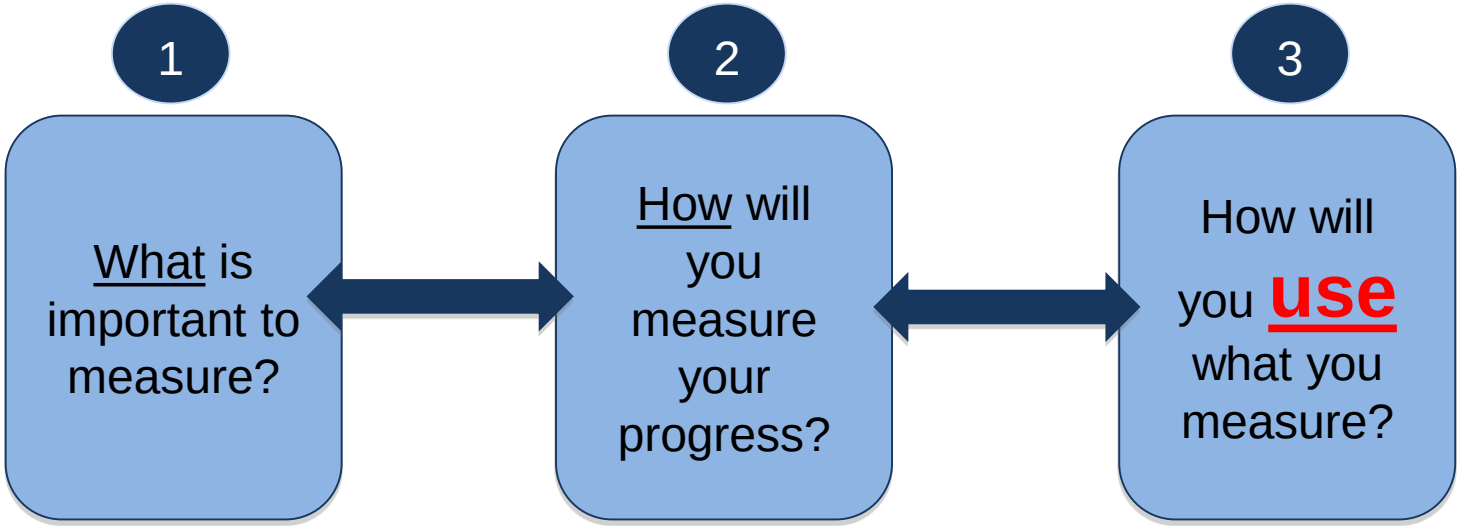
Ex: Importance of Clarity of Purpose

- If organization values your capacity for NEW patients and timeliness,

Don't use "visit volume" as an outcome.

[Unless you really want to just count RVUs...]

Steps to Using Your Data and Metrics to Improve Performance



What is the problem you are trying to solve?

What is important to your stakeholders?

What data do you have?

What data do you need?

Who will review the data?

What will you do with the information?

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Operational Metrics that Improve Team Health

Stress Driver or Indicator	Example Metric
Discontinuity, handoffs, uncertainty, and covering for missing staff	How many days this month did the service have the “planned” # of team members? (18 of 20? 10 of 20?)
Unpredictability of patient flow, capacity, or referrals	F/U visits per new patient, by different patient types, and compared to overall LOS
Unplanned schedule changes or inconsistent access	No show rates, access times, & appt. templates (*outpatient*)
Consistently over per day threshold. Unmatched staffing schedule with rounding schedule.	New consult requests by day (and day of week, and time of day) Referrals by service

Example: Does Team Availability Match Planned Capacity for Patient Flow and Needs?

DAILY SCHEDULE: EXAMPLE							
		Prov A	Prov B	Prov C	Prov D		
	FTE Status	1.0	1.0	1.0	0.5		
MONDAY	8:00 AM	PC		LEAVE		**CODES**	
	9:00 AM	PC	MTG			PC	on site /direct patient care
	10:00 AM	PC	MTG			OC	on call / backup
	11:00 AM	PC	ADM		MTG	ED	Education /outreach
	12:00 PM		PC		MTG	MTG	Meeting
	1:00 PM	PC	PC		PC	ADM	Admin Time
	2:00 PM	PC	PC		PC	RES	Research
	3:00 PM	PC	PC		PC	LEAVE	All personal leave
	4:00 PM	PC	PC			LEAVE	8 HRS
	5:00 PM	PC				PC TOTALS	17 HRS (57% OF TOTAL)
	6:00 PM					MTG	4 HRS
		9 hrs	8 hrs	8 hrs	5 hrs	ADM	1 HR

Ex: Availability vs. Volume & Quality Goals

We are budgeted for 2 full teams 5 days a week, including vacation coverage, but over the past month we only had two full teams on 8 days (Tuesdays and Wednesdays).

- *Self-reported team member stress is highest on Fridays.*
- *Our response time (from consult request to consult seen) is within our 8 hour target only 60% of the time, but on Wednesdays is at 90%.*
- *We average 6 new consults per day (7 day week), 8 to 9 per day (5 day week), but on 7 days this month we had >12 new requests.*
- *We seem to waste time juggling to meet our most urgent needs, and our team huddles focus on a lot of redundant updates to try and manage handoffs…*

Thoughts on ways to use this data?

What else do you need to know?

Ex: Variation in Practice

- We have 2 physicians on service every day (1 per team), but we get there by having 8 different clinicians rotating in.
- Our other IDT members have fairly consistent assignment, but complain about inconsistent expectations and processes.
- Our MDs complain that the team isn't very helpful and slows them down.
- Our referring clinicians complain that they "don't know what to expect" and our practice style slows them down, so they hesitate to refer.

Root Causes? Ideas for action? Data Needs?

Ex: Lost Opportunities

Our CbPC program has 4 NPs doing home visits. We thought they would average 1 new and 4 f/u per day, but w are not achieving that.

- Often our NP arrives, but is delayed by other services that are also in the house, like PT;
- Sometimes the patient is not there – gone to a specialist appointment;
- We have to enter data in 3 different systems -2 E.H.R.s and billing, so it uses a lot of time;
- We have a 1 month wait time for new patient appointments.

Root Causes? Ideas for action? Data needs?

Example of Weekly Report for TEAM

Week:	Current	Goal
Total Referrals	22	25
Total Consults	18	25
Total add't visits	65	75
Direct Patient Care Hours (actual)	100	125
Hours available svc/(consults +f/u)	1.2	1.25
Ave census	16	18
"caps", "turn backs", "delays"…	4,5	0
# of consult responses > 8 hours	6	0

How would you use the data? What do you need next?

Principles that work

- Transparency / Engage the team
- Use data to re-frame challenges and build buy-in to goals
- Small tests of change
- Enlist help from experts in the organization

Ideas to get started

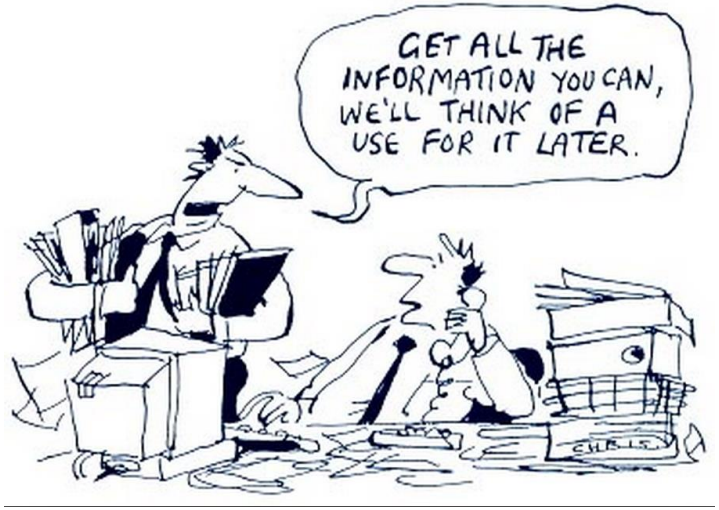
- Ask the individuals on the team
  - To ID sources of stress and characteristics of “bad” days, and sources of strength with characteristics of good days
  - To offer ideas about tasks that might not add value, or can be simplified,
  - About ways to use different IDT better

  [Ideally ask for individual written responses that can be accumulated and blinded by someone else]

Next steps

- Share results
- Discuss (resist “ready/aim/fire”)
- Prioritize a few important things that seem actionable
- Have team collect ID baseline data for a small sample
- Set a goal
- Review data, refine goal
- Celebrate successes (and revised hypotheses!)
- Move on to another measure

A Common Problem…



Make Data Fun Again…

- Value of therapeutic “closet cleaning” …store or freeze unused data
- Pick a few things to ”wear” and try them on with different accessories (different breakdowns)
- Have a party…brainstorm re-use and re-fresh options – what do you need that is not in the closet? Can you borrow it?
- Can you sew? Try a little manual data collection to test theories.

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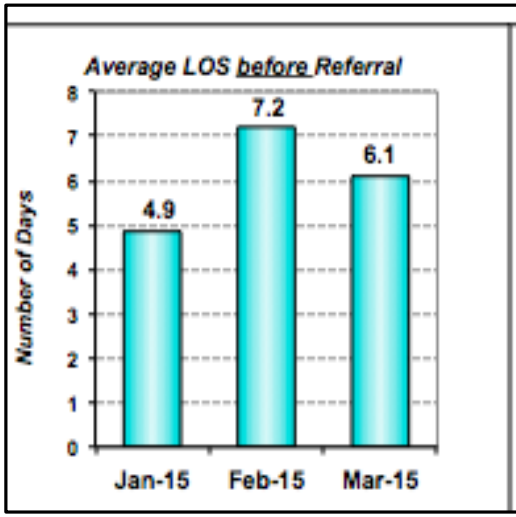
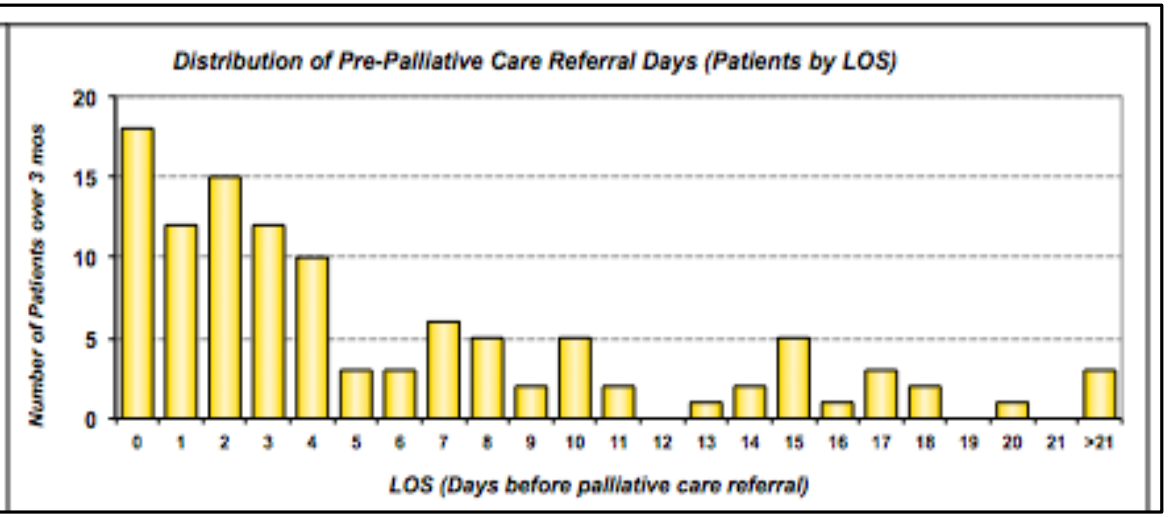
4 Examples of Chart Styles

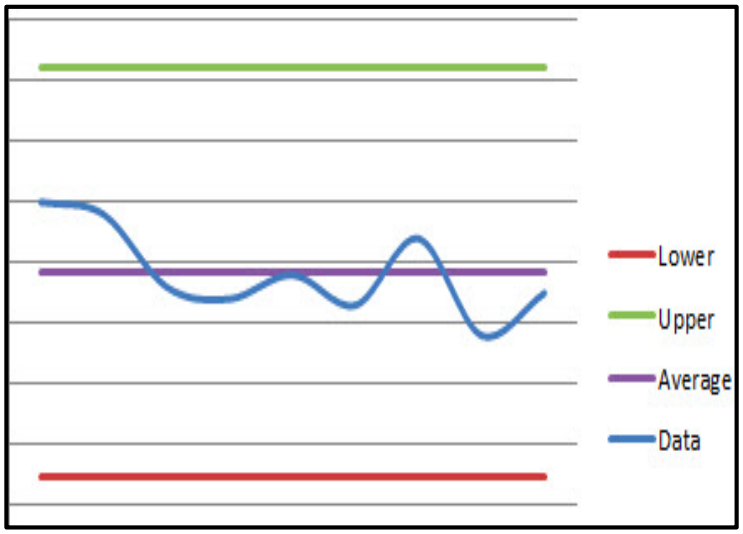
Mean



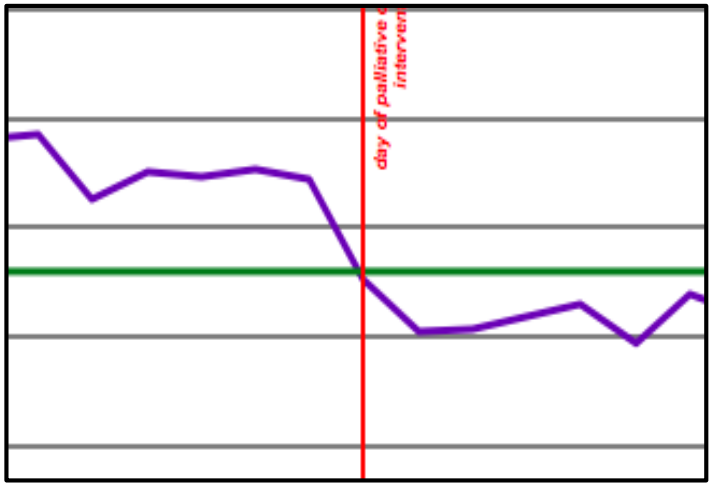
Distribution or Frequency



Control Chart



Trend of Single Variable (Cost)



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Internal Sources of Data

- ✓ Team Observations or Manual Collection
- ✓ Internal Financial, Volume and Staffing Reports
- ✓ Team Meeting Notes
- ✓ Schedules & Change Records
- ✓ Call records re ”reason codes” & appointment changes
- ✓ Electronic Medical Record (Consult requests, date/time stamps, etc.)
- ✓ Chart Audits
- ✓ Patient and Family Feedback / Staff Feedback
- ✓ Quality Improvement Reports
- ✓ Health System or Payer Partner “Macro” & Longitudinal data

Examples of Successes

- **New Standardized Template + Training** = more billing revenue and less stress for same volume
- **More structured team roles & meetings** = less time on handoffs & more capacity
- **Flexibility to substitute call-backs for visits** = more/quicker capacity for New Patients
- **Addition of Nurse Coordinator** to manage flow

Examples of “Opportunity”

- Current reports emphasize “visit” volume
- Data reported as means and medians, vs. more detailed breakdown/grouping (response time, day of week, type of svc)
- Lack of clarity about weekly, monthly, and annual goals
- Invisibility of non-billable work
- Lack of clarity about service goals when initiating care

Building Goals into Metrics

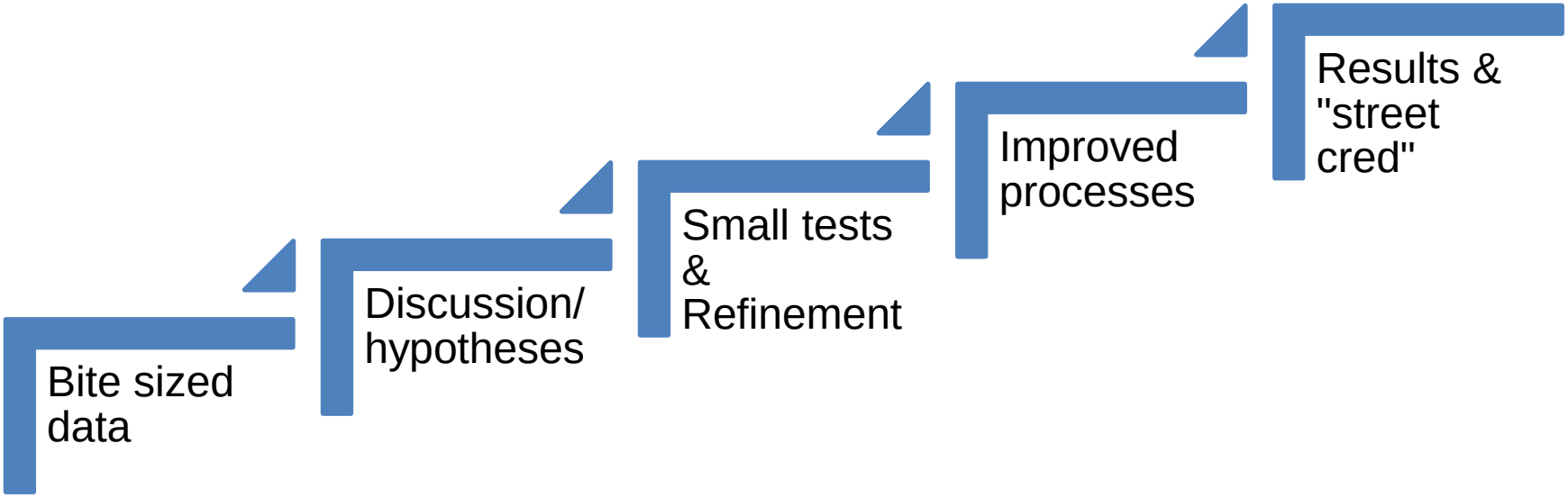
- Use clear **baseline data** to define a gap ("opportunity of not acting") & set a goal (make an offer for improvement)
- Put a **stake in the road** to help direct efforts - (by 2019 we will have 1 NP dedicated to the ICU(s) & impact an additional 20 patients/month)
- Define a **"threshold" level** to celebrate (we hit 100 new consults/month)…
- Use a **"process reliability"** monitor (85% of our consults are initiated within 24 hours of request)

Examples of Alternative Metrics

- Team based volume (vs. individual)
- "Net cost per consult" (annual team measure)*
- Satisfaction of referring clinicians
- Changes in patient mix, location, and timing
- Access measures (response time, f/u quality)

**Net cost per consult can fall as team size rises, given mix of team, justifying non-billable staff.*

Recommended Approach



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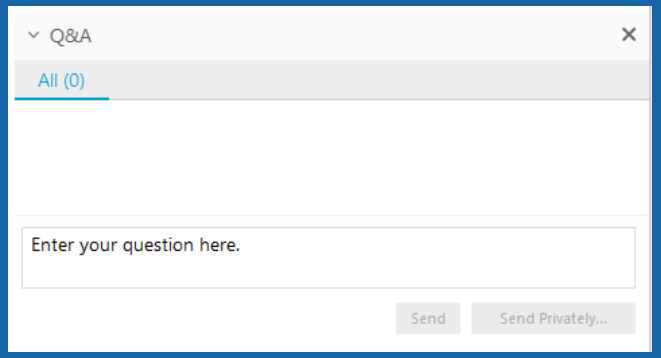
Summary

- Data can help normalize discussions about variation and practice
- Simple data is powerful
- Process (discussion, brainstorming) is essential
- This can be fun
- It can translate into value/budget priorities

…and we are here to help you!

Questions?

Please type your question into the questions pane on your WebEx control panel.



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