9 Habits of Safe and Effective Medical Practices

Dan O’Connell, PhD

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Objectives

• Describe the routines and behaviors that occur in effective practice teams
• Demonstrate these routines and behaviors in common practice situations
• Extend the habits to apply to other practice situations in the office, at the hospital and/or in other specialty practices
Habits We Will Cover

1. Team preparation and huddle to start clinic session
2. Building rapport with patients and families
3. Staff contributing to the fullest
4. Agenda setting to organize visit and budget time
5. Treating patients and families as partners
6. Enhancing continuity and coordination of care
7. Using the computer effectively in the exam room
8. Building adherence to plans
9. Team follow-up to assure coordination and completion of tasks
Habit #1

Team Preparation and Huddle
Habit # 1
Team Preparation and Huddle

- Staff feel and take more responsibility
- Clear roles and broader situational awareness
- Meet before clinic to anticipate and plan for patient needs and operational issues
- Concerns are called out for action
- Team communicates with warmth, respect and appreciation while taking ownership/accountability for tasks assigned
Team Preparation and Huddle Video
Habit # 1
Team Preparation and Huddle

✓ Staff take more responsibility
✓ Clear roles and broader awareness
✓ Meet to plan before start of clinic
✓ Concerns are called out for action
✓ Team communicates with respect and takes ownership for tasks
Habit #2

Building Rapport with Patients and Families
Habit # 2
Building Rapport with Patients and Families

• Every interaction conveys *warmth*, *welcome*, *familiarity* and *empathy* for patient and family

• Demonstrating to patients and families we *know them*, *hear them* and *care about them*
Habit #2

Building Rapport with Patients and Families

Video
Habit # 2
Building Rapport with Patients and Families (cont’d)

• Staff and provider *hand off both information and relationship* from one to another

• Patient and family feel an unbroken sense of care and connection as they move through the process of the encounter
Habit #2

Building Rapport with Patients and Families (cont’d)

Video
Habit #3

Staff Contributing to the Fullest
Habit #3
Staff Contributing to the Fullest

• Providers and managers teach and delegate tasks to staff who then take ownership and initiative
  – medication list reconciliation
  – monitoring for completed referrals/tests
  – scrubbing charts for health maintenance actions
  – building registries of patients with chronic conditions
  – follow-up calls to patients discharged from hospital or ER to support patient’s adherence to plans
Habit #3

Staff Contributing to the Fullest Video
Providers and managers teach and delegate tasks to staff who accept responsibility
Agenda Setting Begins Each Encounter
Habit #4
Agenda Setting Begins Each Encounter

• Encounters are organized around an agreed upon agenda of concerns and questions
  – “I have a few things on my list, but tell me first what are the concerns and questions on your list?”

• Patient agenda setting helps budget time

• Staff can further the agenda setting process
Habit #4

Agenda Setting Begins Each Encounter Video
Encounters are organized around an agreed upon agenda
Habit #5

Treating Patients and Families as Partners
Habit #5
Treating Patients and Families as Partners

• Elicit their self diagnoses and theories
• Demonstrate respect for information and opinions they have already gathered
• Elicit their preferences and expectations and demonstrate openness and consideration
• Turn “demands” into “questions”
  – “Let’s think about whether this is the safest and most effective way to treat your condition or could it do more harm than good?”
Habit #5

Treating Patients and Families as Partners

Video
Habit #5
Treating Patients and Families as Partners

✓ Learn self diagnoses and theories
✓ Respect their information and opinions
✓ Elicit their preferences and demonstrate consideration
✓ Turn “demands” into “questions”
Enhancing Continuity and Coordination of Care
Specialists and Surgeons
Build on what referring provider has already done
  - “Tell me what you and Dr. X have already done to try to treat this problem, so we can build on what has already been learned.”

Identify any specific expectations that may have been raised
  - “Did Dr. X discuss with you how we were likely to approach this problem?... For example, did the two of you talk about the kinds of tests and procedures we often recommend in situations like yours?”

Build on previous specialty work-ups
  - “Have you seen other specialists about this in the past?... Tell me a little more about what was learned from previous work-ups and what treatments and recommendations were made and how effective they were in improving the problem.”
Habit #6
Enhancing Continuity and Coordination of Care
Specialists and Surgeons (cont’d)

• **Coordinate current care with other providers**
  
  – Is there an effective treatment plan in place before returning to primary care?
    
    • “Once we have a plan in place that we know is working, then we are often able to have your PCP safely manage the problem.”

  – Which provider is responsible for this problem?
    
    • “Call my office for concerns about this problem/medication.”
    • “That is a question your psychiatrist should be answering.”
Habit #7

Using the Computer Effectively
Habit #7
Using the Computer Effectively

The computer is a powerful tool:

- Do not disparage the technology
- Ask permission to type notes
- Make eye contact when asking questions and then begin typing
- Say aloud what you are typing
- Tell patient what you are doing and why
- Describe and display information for patient
Habit #7

Using the Computer Effectively Video
Habit #7
Using the Computer Effectively

✓ Frame computer as asset for collaboration
✓ Ask permission to type notes
✓ Make eye contact when asking questions
✓ Tell patient what you are doing and why
✓ Describe and display information for patient
Habit #8

Building Adherence to Plans
Habit # 8
Building Adherence to Plans

- What must patient and family **know**?
- What must they be **able to do**?
  - Use team to teach skills patient and family must be capable of doing
  - Use “teach back” method
- Information retained best when directly connected to patient and family questions
- Verbal memory very limited so supplement with clinical summary, patient education printouts, preferred websites, other resources
Use structure of **conviction-confidence-importance-commitment** to test for agreement with your diagnosis and patient’s ability and motivation to adhere.

- “How convinced are you that ______ will be helpful/necessary to improve this condition?”
- “How confident are you that you can _____?”
- “Is this **important enough** for you to commit yourself to today?”

Type the plan that you have both committed to
- reinforces plan as a “contract”
Habit #8

Building Adherence to Plans

Video
Habit # 8
Building Adherence to Plans

✓ Use team to teach skills
✓ Use **conviction-confidence-importance-commitment** to test for agreement
✓ Provide clinical summary, patient education printouts, preferred websites, other resources
Responding to Disagreement or Non-adherence

• **Be curious rather than furious**
  – Elicit patient’s perspective and diagnose what undermined adherence

• Acknowledge **patient autonomy** while clarifying your role
  – “My role is to give you my best medical advice and respect your right to decide what to do next.”

Express **concern** rather than criticism
  – “I am concerned that, without better adherence, you may not have the outcome we both want.”
Habit #9

Team Follow-up to Assure Coordination and Completion of Tasks
Habit #9
Team Follow-up to Assure Completion of Tasks

- Clear **delegation and handoffs** of information, tasks and responsibilities
- **Reliable processes** that assure completion of tasks by physicians and staff
- Timely follow-up with patients and families to provide support, identify concerns and bolster adherence/detect non-adherence
  - Missed appointments, adherence to tests, referrals, medications and lifestyle changes, etc.
Habit #9

Team Follow-up to Assure Coordination and Completion of Tasks Video
Summary

- Safe, effective, high reliability and high patient and staff satisfaction practices have habits they develop, monitor and mutually reinforce

- While team members have different roles, credentials and capabilities, each member feels invested in creating the best experience for patients and families
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