



# Implementing a Team-based Workflow at a Community Clinic

Peace Moenga, DNP student

Andrea J Hill, DNP, APRN, FNP-BC & Jessica Grimm, DNP, APRN, ACNP-BC, CNE- Project Mentors.

## TOURO UNIVERSITY NEVADA



### BACKGROUND

- Population increase in urban communities has led to patients using community clinics as first care points for both urgent and routine care visits.
- Because these clinics are the main hubs for managing chronic diseases, increased demand for services has resulted in an overwhelmed primary care system.
- When the workflow of an outpatient community clinic cannot handle the increasing patient volume, wait times for services become longer causing delays in care.
- An evidence-based system of workflow improvement is needed at this community clinic to decrease staff overtime and increase job satisfaction
- The current workflow at this community clinic consists of undefined roles that overlap between front desk, nursing staff and providers.
- The cluttered workflow causes confusion among staff which leads to poor time management.

#### Project Question (PICOT)

In a primary care clinic, will implementing a patient-centered team-based approach as compared to the current workflow reduce patient wait times to 20 minutes in 4 weeks?



### PURPOSE AND HYPOTHESIS

- The aim of this project is to decrease patient wait times at the primary clinic through implementation of team-based approach using CPTP guidelines provided by the AHRQ.
- The current wait time at the project site averages 90 minutes between check-in and provider interaction, team-based primary care will improve efficiency in the clinic by increasing staff productivity and therefore decreasing patient wait times.

#### Objectives

1. Implement team-based primary care at this community clinic with the CPTP guidelines.
2. Administer an education session to the clinic team for training on the CPTP guidelines for team-based approach.
3. Decrease patient wait times to 20 minutes within a 4-week implementation timeframe



### METHODS

#### SEARCH METHODS

The academic search engines used to retrieve literature relevant to this project were, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google Scholar, and PubMed. The literature selected was critically appraised using the equator checklists.

Keywords that were used in selecting appropriate literature were, *team-based care, team communication, outpatient teams, and primary care teams*. The keywords were used in various combinations to retrieve relevant data.

#### Review of study methods and literature

The AHRQ guidelines titled *creating patient-centered team-based primary care (CPTP)* will be used in this project.

The recurring themes in the team-based approach in primary care analysis were (1) coherence, (2) role definition, (3) engagement and (4) ongoing training

#### Coherence

Establishing a team that trusts, respects, and communicates well with each other is the foundation of coherence.

#### Define roles

As a care coordination team strategy, role definition ensures that responsibilities are assigned appropriately, and staff maintains accountability for their specific tasks

#### Engagement of the team

An essential component of implementing a team-based approach is ensuring that the clinic team understands the basics and are willing participants

#### Training

Primary care clinics are encouraged to start the process of team-based care during the hiring process by selecting staff candidates that fit the team approach culture

#### TeamSTEPs

A portion of the Team Strategies and Tools to Enhance Performance and Patients Safety (TeamSTEPs) tools will be used to implement the CPTP guidelines. The TeamSTEPs protocol (Appendix A) was established by the Department of Defense in collaboration with the Agency for Healthcare Quality and Research (AHRQ).

#### TeamSTEPs Constructs



#### Interventions

- At the beginning of the project, the clinic staff will be introduced to the concept teamwork using the CPTP guidelines, this will be done during a 10–15-minute huddle before the clinic opens.
- Team progress will be monitored weekly and necessary changes will be made with input from the stakeholders
- During the second and third week of the project, the team concepts will be implemented into the clinic's daily practices. At the beginning of the shift, a team leader will be picked by the office manager to define the team structure of the day. Morning huddles, no more than 5 minutes, will be used to assign tasks of the day by the team leader.
- The last week of the project will be used to generate results and evaluate the success of the project.

#### Tools

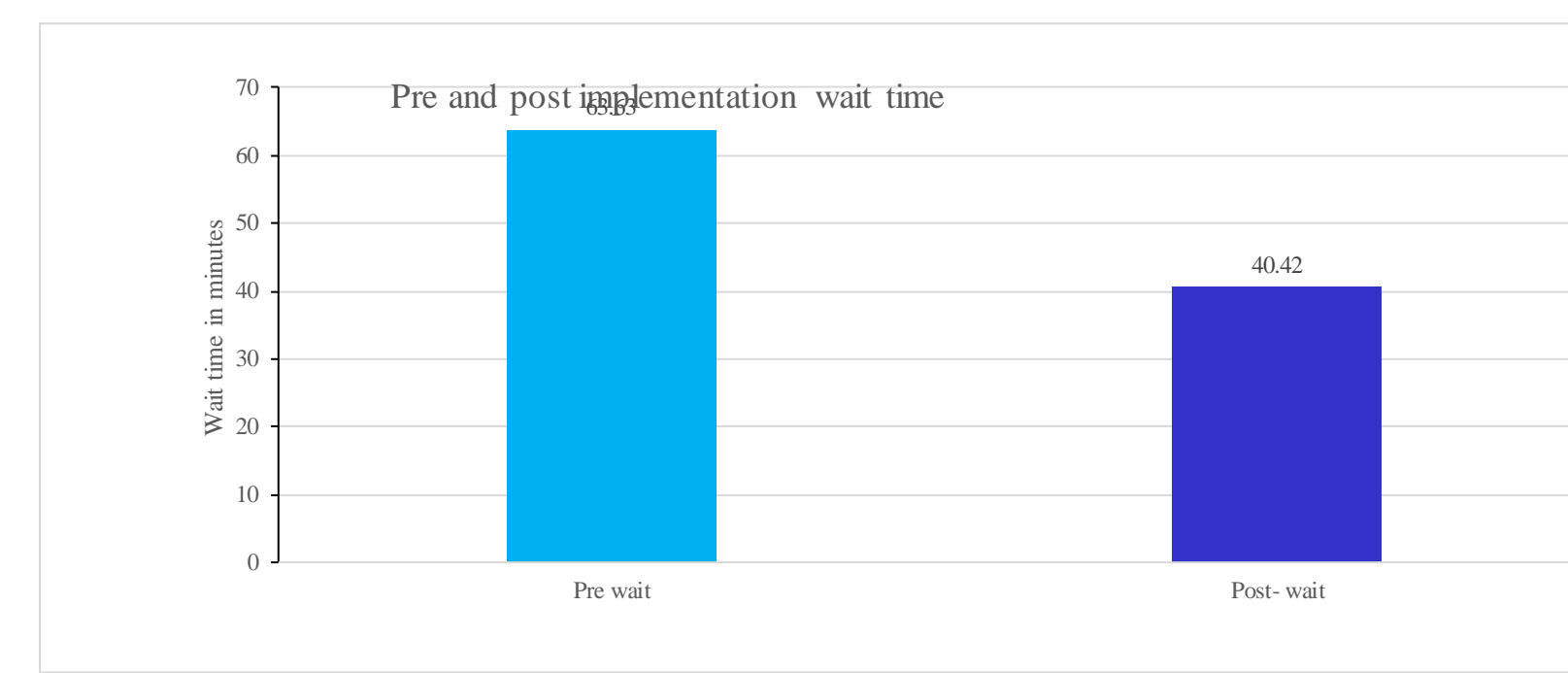
- The TeamSTEPs tools for implementation of the CPTP guidelines will be used to assess clinic staff perceptions and attitudes regarding the change in practice.
- The TeamSTEPs questionnaires about staff attitudes and perceptions will be utilized during week 1 and week 4 to assess any changes in readiness and knowledge.
- The clinic uses an EMR system known as office Ally, this system will be used to generate reports for patient wait times by evaluating the check-in and check-out time.
- An excel spread sheet (see Appendix E) will be used to audit the generated reports before analyzing the results.
- T-test score: This statistical test will be used to analyze the results by comparing the pre-implementation wait times and the wait times at the end of the project. This test will be used to test the hypothesis of whether teamwork decreased patient wait times at this community clinic.

#### Ethics and Human Subjects Protection

- The required checklist for the institutional review board (IRB) was completed and sent to the DNP student's school board for evaluation of the proposed method. The project is considered a quality improvement (QI) project at the DNP student's school and therefore does not require an IRB review.
- The project site does not require an IRB review, the project plan for implementation will be submitted to the site's leadership team a week before the start of the project.
- The anticipated benefits to the staff will be a better work environment and job satisfaction from improved workflow.
- Aspects of the patient experience, specifically the patient satisfaction scores may improve due to decreased wait times

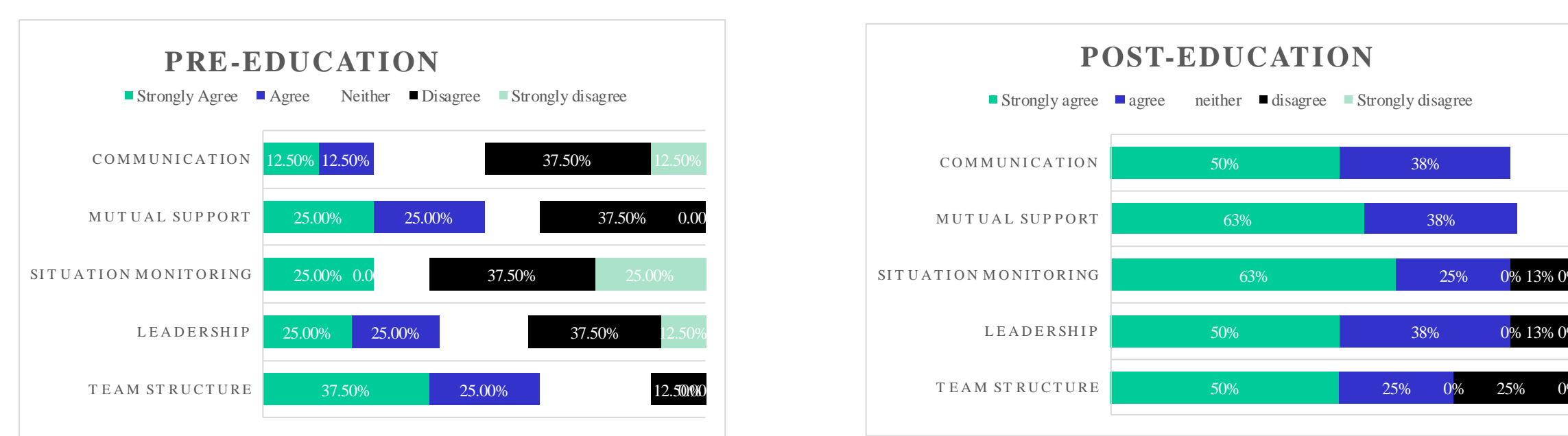
### RESULTS

At the end of 4 weeks, the wait time was decreased from 63 minutes to 41 minutes. The reduction in wait time was consistent with previous studies that had a similar goal of shorter wait times through implementation of teamwork



The questionnaires aim was to determine the level of team awareness among the staff. To test this, the staff was asked to answer a series of questions that were categorized within the 5 constructs of teamwork. The constructs that were examined included communication, mutual support, situation monitoring, leadership, and team structure. A higher score in any construct meant that the staff had an awareness of teamwork while a lower score meant that the staff did not perceive any teamwork in the clinic. During the education session, staff was discouraged from choosing a neutral response for better measurement of the results.

Pre-education, 58% of the staff answered in the affirmative indicating the perception of teamwork at the clinic while 42% felt that there was lack of teamwork. Post-education and implementation of the team-based protocol, 88% of the staff strongly agreed or agreed to the construct questions indicating that teamwork was occurring at the clinic.



### CONCLUSIONS

- At the beginning of this project, clinic staff roles were undefined, this created ambiguity in assignment that resulted in delayed care delivery. Implementing team-based primary care clarified roles by assigning daily tasks to improve workflow which resulted in shorter patient wait times.
- Due to evidence of a strong and inverse relationship between staff teamwork and staff satisfaction in primary care, the project lays the groundwork for ways to increase nursing satisfaction which may translate to nursing staff retention.
- The goal of the decreasing the time to 20 minutes was not met, it is likely that other factors not addressed in the project will be needed to achieve that goal

#### Implications

A strong inference that teamwork improves patient wait times and strengthens staff relationships through work collaboration. Future research should investigate in detail ways in which nursing leadership can support staff in creating effective patient care teams

#### Project Sustainability

The project's goal of decreased wait times aligns with the clinic's mission of making positive efforts in the community using data driven models to make long-lasting difference. As a clinic that has been in the community for over 30 years, it's stability within the community ensures continuity of sustained efforts to maintain teamwork. Teamwork improved staff perception and patient wait times without the need for additional financial resources, this promotes sustainability.

Training was provided to the key staff in charge of precepting new employees, this will ensure that the knowledge is passed on to new staff. Regular staff meetings will also be conducted for the next year to ensure that the new team-based model is ingrained as the clinic's culture.

### BIBLIOGRAPHY

Agency for Healthcare Research and Quality (aHRQ). (2011). *WorkFlow Assessment for Health IT Goals*. Retrieved August 07, 2021 from <https://www.ahrq.gov/improving-workflow/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

Agency for Healthcare Research and Quality (aHRQ). (2019). *Produce patient-centered team-based primary care (CPTP) guidelines*. Retrieved December 18, 2021 from <https://www.ahrq.gov/improving-workflow/cptp-guidelines/>

## Touro University Nevada

### School of Nursing

874 American Pacific Drive · Henderson, NV · 89014

702.777.1746 Website: <http://tun.touro.edu>