

Back to Basics: Healthcare Team Effectiveness and Access Improvement Among Primary Care Teams

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Background

Adaptive Reserve is considered a practice's ability to make and sustain change¹. Having high adaptive reserve is considered essential during times of stress and rapid change².

To ensure highest levels of adaptive reserve, teams that participate in AIM have the option of participating in Healthcare Team Effectiveness (HTE). The process is depicted in **Figure 1** and is intended to help practice staff and leaders pinpoint areas of strength within the team as well as areas they can target for improvement.

Figure 2 compares the elements observed as essential to building adaptive reserve with the key components of HTE. It is hypothesized that certain aspects of team effectiveness may be predictive of subsequent success with quality improvement initiatives.

Figure 1: Healthcare Team Effectiveness Process

| Activity | Steps in Process |
|---------------|--|
| Pre-workshop | 1. Completion of diagnostic survey |
| Workshop | 2. Introduction of HTE program concepts & tools |
| | 3. Review of diagnostic survey results |
| | 4. Identification of key issues areas |
| | 5. Matching tools to issue areas |
| Post workshop | 6. Creation of an action plan |
| | 7. Implementation of action plan |
| | 8. Impact on team functioning |
| | 9. Completion of post diagnostic survey |
| | 10. Identification of new and/or ongoing issue areas |

On-going use of HTE tools

Figure 2: Comparative Components of Adaptive Reserve and Healthcare Team Effectiveness

| Adaptive Reserve | Healthcare Team Effectiveness |
|--|--|
| Practice relationship infrastructure <ul style="list-style-type: none"> Trust Mindfulness Heedful interaction Respectful interaction Cognitive diversity Social and task relatedness Rich communication venues | Relationships <ul style="list-style-type: none"> Norms, values Diversity is valued Communication Conflict resolution Recognition |
| Facilitative leadership <ul style="list-style-type: none"> Promotes an enjoyable place to work Things can be accomplished Supports practice change efforts Time and space to discuss changes | Alignment <ul style="list-style-type: none"> Big picture, mission & vision Strategy, goals, action plans Roles & responsibilities Team skills Change processes supported |
| Teamwork <ul style="list-style-type: none"> Many opportunities to grow in work Practice operates as a real team | Methods <ul style="list-style-type: none"> Meeting management Information sharing Problem solving & decision-making New member integration Continuous improvement |
| Sensmaking <ul style="list-style-type: none"> Efforts made to understand problems in the practice Staff have information they need to do their jobs well | |
| Work environment <ul style="list-style-type: none"> People in practice enjoy their work Place of joy and hope | |
| Culture of learning <ul style="list-style-type: none"> Mistakes lead to positive changes Ease of getting things changed Practice learns from its mistakes | |

Objective

To determine which characteristics of teams, as measured by the HTE diagnostic tool, are most strongly correlated with access improvement.

Methods

Leader and team responses for each of the 59 questions on the HTE diagnostic survey were matched to Third Next Available (TNA) clinic measures collected during their AIM participation.

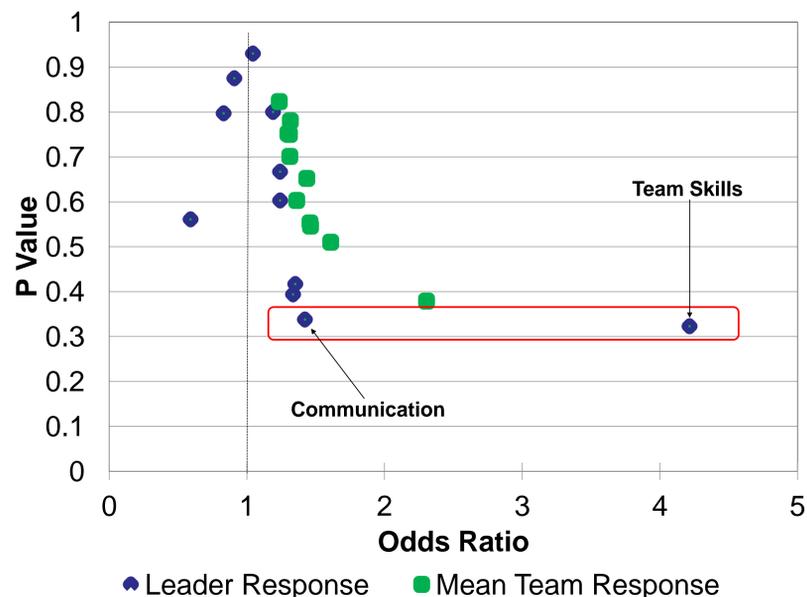
For each matched clinic (n=87) simple linear regression was used to determine if a significant improvement in TNA had occurred between the start and end of improvement work.

Relationship between leader and team diagnostic scores from the pre-workshop HTE survey and subsequent TNA improvements during AIM are represented by an odds ratio.

An odds ratio greater than 1.00 indicates that a higher (i.e. more developed) score for a given HTE survey diagnostic may contribute to significantly improving TNA.

Results

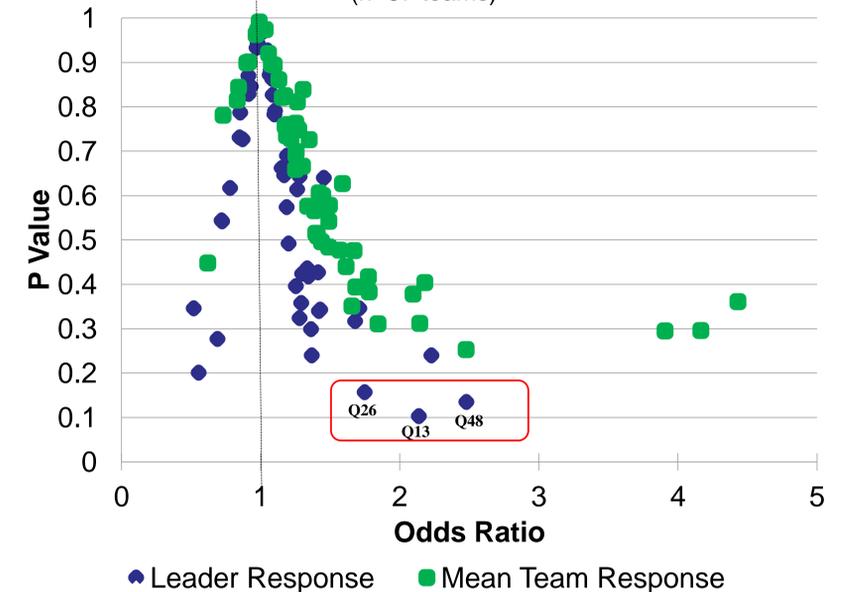
Figure 3: Odds of a Significant Decrease in Time to Third Next Available Appointment after Completion of AIM by Healthcare Team Effectiveness Aggregated Sub-Theme Scores (n=87)



Majority of leader and team survey themes showed an association between higher mean diagnostic and increased odds of TNA improvement, but none were statistically significant.

Of 11 themes, leader assessment of Interpersonal Communication (OR: 1.4; p=0.338) and Team Member Capabilities (OR: 4.2; p=0.323) exhibited the strongest relationship.

Figure 4: Odds of a Significant Decrease in Time to Third Next Available Appointment after Completion of AIM by 59 Health Team Effectiveness Diagnostic Question Scores (n=87 teams)



- Three HTE diagnostic questions, all assessed by the leader, showed the strongest relationship to odds of improvement:
 - Q13: OR: 2.14; p=0.103 → **“Sufficient opportunities to develop additional skills and knowledge exist”**
 - Q48: OR: 2.47; p=0.130 → **“Meeting discussion outcomes are always clear with specific resolutions and action items”**
 - Q26: OR: 1.75; p=0.157 → **“Members are Open and Honest when Voicing their Opinions”**
- When combined together in a single indicator, there was a near significant association between a higher diagnostic score for these three questions and the odds of a team seeing significant improvement in TNA during AIM (OR: 2.5; p=0.065)

Conclusions and Next Steps

Clinics that have an accessible learning environment, promote an open and honest sharing culture and run meetings efficiently complete with clear outcomes and action items appear to have the highest odds of improving TNA.

Interventions and tools focused on specifically on enhancing these attributes may benefit some clinics as they embark on a quality improvement journey.

References

1. Nutting, P; Crabtree B; Stewart, E. et al. 2010. Effect of Facilitation on Practice Outcomes in the National Demonstration Project Model of the Patient-Centered Medical Home *Ann Fam Med* 2010;8(Suppl 1):s33-s44
2. Jaen CR, Crabtree BF, Palmer R, et al. Methods for evaluating practice change toward a patient-centered medical home. *Ann Fam Med* 2010;8(Suppl 1):s9-s20.