



Co-Located, Engaged Teams High-Performing Practice ACTION TOOLS

THE CARE INTERVENTION SUBCOMMITTEE'S HIGH-PERFORMING PRACTICE STUDY IDENTIFIED SIX KEY ATTRIBUTES OF PRACTICES THAT WERE HIGH-PERFORMERS ON ED AND INPATIENT UTILIZATION. CO-LOCATION OF ENGAGED TEAMS WAS IDENTIFIED AS AN IMPORTANT ATTRIBUTE THAT FACILITATED TEAM-BASED CARE AND IMPROVED COMMUNICATION IN PRACTICES. THE FOLLOWING TOOLS WERE DEVELOPED TO ASSIST PRACTICES WITH CO-LOCATION AND COORDINATION AND INCORPORATES IDEAS TO MAKE THIS WORK, EVEN IN TIMES OF SOCIAL DISTANCING.

High-performing practices used a common and often central workspace to encourage team interaction and coordination. The workspace was used for charting, brief meetings and problem-solving. Workspaces were seldom large but set up to accommodate the preferences of team members. PCPs, RNs, MAs, Care Managers and sometimes billers and coders used these spots to coordinate and document. None of the practices had the benefit of large remodeling budgets but rather, creatively thought about the space available and repurposed it to suit their needs.

Below, we will share tips for physical co-location, and then for virtual co-location in the time of social distancing and COVID-19.

PHYSICAL CO-LOCATION

The AMA's Steps Forward Program has some good advice for teams that want to learn more about colocation.

From "Developing Team Stations", AMA Steps Forward, <https://edhub.ama-assn.org/steps-forward/module/2702559>

"Develop team stations that enhance team collaboration. Well-designed team stations or pods can improve practice efficiency and strengthen culture; they can help to improve communication, trust, collegiality, and may result in better patient outcomes and lower health care costsⁱ. Placing exam rooms close to the team's work area minimizes the space that must be travelled between tasks and allows everyone to communicate easily during and between patient appointments. The proximity of exam and work rooms allows team members to manage patient flow because they are able to physically see which rooms are available for patient use.

A team station or pod should be a quiet space that has natural lighting and access to daylight through outside window views. This type of setting can enhance the team's mood and alertness—allowing them to gain more fulfillment out of their daily work.ⁱⁱ

Team stations should be arranged in a manner that fosters communication. Glass partitions are ideal in this setting as they allow teammates to see and talk to each other while minimizing noise and ensuring privacy. Physicians and team members should be encouraged to use this space for in-person team communications, rather than emails or phone calls. In-person communications result in fewer emails to manage, more prompt completion of tasks, and a cohesive culture.”

ⁱ Nelson KM, Helfrich C, Sun H, et al. Implementation of the Patient-Centered Medical Home in the Veterans Health Administration: Associations With Patient Satisfaction, Quality of Care, Staff Burnout, and Hospital and Emergency Department Use. *JAMA Intern Med.* 2014;174(8):1350–1358. doi:10.1001/jamainternmed.2014.2488

ⁱⁱ Zadeh RS, Shepley MM, Williams G, Chung SSE,. The impact of windows and daylight on acute-care nurses' physiological, psychological, and behavioral health. *Health Environ Res Design.* 2014;7(4):35–61.

VIRTUAL CO-LOCATION

Social Distancing and Co-Location: But what about the need for social distancing for practices that are providing in-person care, especially in the time of COVID-19? There are still ways to gain the benefits of colocation, while keeping teams safe. At the heart of co-location is coordination among team members. “Virtual co-location” is a concept that adapts physical co-location to retain communication and coordination flows while honoring the need to minimize physical closeness and practice good social distancing.

Ideas for Incorporating Virtual Co-location in Your Practice: To experiment with virtual co-location concepts, a practice might, for example:

- Ask team members (PCP, RN, MA, Care Manager, other clinicians such as Social Workers and Behavioralists, front desk staff, billers and coders, etc.) to log the physical interactions with teammates during the course of a day or two.
- Assess the interactions to prioritize the extent to which they can effectively be replaced by electronic or other means. Some communication will remain essential but you may find that many interactions could be accommodated in other ways.
- After sharing your logs and observations with each other, determine as a team the adjustments that you will make. Pilot the new system for a week and reassess.
- To see if the new practice is working as intended, see if the number of patient queries or complaints increases during the pilot period, and keep a common log that all team members can contribute to of things that “fell through the cracks” and were not coordinated as intended. At the end of the week provide an opportunity for team members to anonymously rate (5=very well; 1=poorly) their comfort with the new processes. Make adjustments as needed and continue asking team members to rate their comfort on a weekly basis. Team members may be very willing to continue the ratings and contributing to the common “through the cracks” log so that any concerns or recommendations that they have can be voiced and addressed.