



## PATIENT VISIT REDESIGN

# CueCard for Coaching RRTs

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### Objective

This CueCard contains some tips for managers who coach redesign teams as they run Rapid Redesign Tests of the new patient visit model.

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**NOTES**

### Follow the model

- Audit preparatory work:
  - Have tomorrow's appointments been confirmed?
  - Has eligibility of all scheduled patients been checked?
  - Are patients scheduled every 15 minutes?
  - And, does the scheduling make sense?
  - Are all patient charts for patients with appointments prepared and ready for review during the huddle?
- Sit in on Patient Care Team huddles to assure that:
  - All staff have arrived on time for the huddle.
  - All members of the patient care team are involved in the huddle.
  - The huddle is robust: Is the team leader (usually the clinician) leading the huddle by "bringing each scheduled patient and her/his needs to vivid life" so that the team is able to decide tactically how best to handle each visit?
  - Huddles should be up to 30 minutes long initially. With practice, they usually last only 15 minutes.

- Notice the patterns of staff arriving late and begin to earnestly counsel those who are late.
- Carefully note if the first scheduled patients for each patient care team are seen on time

## Day management

Manage the day in tactical chunks. In a four-hour clinical session:

- The first hour is **Start Up** and your key concerns are that:
  - Good huddles are conducted by patient care teams;
  - And, the first scheduled patients are in the exam room with the clinician (and a medical chart) no later than the time of the appointment.
  - If this has not happened, figuring out why not will tell you a lot.
  - *Just a note: it's almost never the patient's fault.*
- The next two hours are **Momentum**. Your main concern is whether:
  - The visit cycle times are staying under your performance mandate (e.g. "90% of all visits are completed within 45 minutes or less").
  - Or, if they are lengthening because teamwork is not tight enough.
  - Actively coach patient care teams that are falling behind—don't simply tell them what they already know (that they are falling behind!).
- During the final hour of the session, **Soft Landing**, focus on:
  - All team members working very closely together to complete the session's work;
  - Ensuring that staff can leave on time either for lunch or to go home at the end of the day.

## Make a scoreboard

- Track all cycle times for all providers using:
  - A white board;
  - Flip chart paper;
  - Or any other way you can devise.
- Cycle times should be collected in *real time*--in this way you can use them to make tactical decisions like:
  - If your provider can take a walk-in;
  - If patients need to be shifted from one provider to another.
- Cycle times for each provider need to be captured by management and summarized **at the end of each RRT**
- Post cycle times where everyone can see them—it will provide incentive to the patient care teams to pay attention to their teamwork and to getting patients seen in a timely manner.
- **Summarize** the RRT cycle times and productivity data **weekly** and post the data prominently, for all to see (including patients!).