Scrubbing & Huddling
We Want To Hear From You!

Type questions into the **Questions Pane** at any time during this presentation.
Patient-Centered Primary Care Institute

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Webinars
Website
Learning Collaboratives
Trainings
TA Network

Patient-Centered Primary Care Institute

Transformation

+ Promote Knowledge Sharing
+ Facilitate Collaborative Learning
+ Build Capacity
+ Create Alignment
PCPCH Model of Care

Oregon’s PCPCH Model is defined by six core attributes, each with specific standards and measures

- **Access to Care** “Health care team, be there when we need you”
- **Accountability** “Take responsibility for making sure we receive the best possible health care”
- **Comprehensive Whole Person Care** “Take responsibility for making sure we receive the best possible health care”
- **Continuity** “Be our partner over time in caring for us”
- **Coordination and Integration** “Help us navigate the health care system to get the care we need in a safe and timely way”
- **Person and Family Centered Care** “Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness”

Learn more: [http://primarycarehome.oregon.gov](http://primarycarehome.oregon.gov)
Introduce Presenters

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CareOregon

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Medical Assistant
Virginia Garcia Clinic, Beaverton

CareOregon
Better Together

Virginia Garcia Memorial HEALTH CENTER
Learning Objectives

- **Objective 1**: Understanding of scrub and huddle processes and how these activities improve patient care
- **Objective 2**: Come away with ideas for integrating scrubbing and huddling into current work
- **Objective 3**: Understand how scrub and huddle relate to PCPCH standards
The Case for Team-based Care

Primary Care is increasingly accountable for:

**Process Measures**
- HbA1c Testing
- Breast & Cervical Cancer Screening
- Childhood and Adolescent Immunizations
- Well Child visits
- Developmental Screening
- SBIRT Screening
- Screening for depression and follow up
- AND MORE...

**Clinical Outcomes**
- Comprehensive DM care
- Controlling high BP
- Antidepressant and Antipsychotic Med Management
- Follow up for children on ADHD medication

**Utilization**
- All cause readmissions
- ACS hospital admissions
- ED utilization

**Patient Satisfaction**
Time Needed Today to Meet Patient Needs:

Preventive Care
7.4 hours

Evidence Based Care
10.6 hours


Primary Care
Population Health Strategies

1. Panel Management
   Chronic Disease

2. Care Management for
   Complex Case Management
   for high risk/cost patients

3. Complex Care Coordination
   Problem Solving
   Linking with Community Resources
   Empowerment and Education
   Transitional Care (post hosp/ED)

- Registries
- Gaps in Care Outreach
- Planned Visits

- Self Management Support
- Medication Management
- Care Coordination
- Patient Education
- Patient Activation

- Complex Care Coordination
- Problem Solving
- Linking with Community Resources
- Empowerment and Education
- Transitional Care (post hosp/ED)
Pro-active Care: Planned Visits

A **planned visit** means no matter the reason the patient schedules a visit, when they walk in the door the team knows which evidence-based care the patient would ideally receive.

**How?** The chart is “scrubbed” prior to the visit for gaps in care.
Traditional Methods of Managing Work Flow

Source: Southcentral Foundation
Parallel Work Flow Redesign

Source: Southcentral Foundation
Scrubbing Workflow

Identify the key health conditions that your clinic/team wants to scrub for

Choose someone in the team to look through patients who have scheduled appointments in the next 1-2 days and identify any gaps

Document items that the patient needs somewhere easily accessible by the team

Huddle before the session to review notes and decide on the plan for the day

Related to measures the team is trying to improve

This is a great role for MA’s, Office Staff, and Med students!

Find a place in your EHR (visit notes, care coordination note, etc) or use a paper log

How it connects to huddling!
Building the Process

• Choose the priority clinical measures you want to address (Hint: See PCPCH Standard 3.A for ideas)
  – USPSTF Grade A and B recommendations
  – Bright Futures Recommendations for Pediatric Health Care
  – ACIP recommended vaccinations
  – HRSA-recommended preventive services for women

• Develop clear guidelines for person scrubbing to use:
  – What to look for and where
  – What to document and where (smartphrases?)
### Patients with Diabetes on the Problem List - MCHD

<table>
<thead>
<tr>
<th>Activity</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1c</strong></td>
<td>Every 3 months if &gt;=8</td>
</tr>
<tr>
<td></td>
<td>Every 6 months if &lt;8</td>
</tr>
<tr>
<td><strong>LDL</strong></td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>Urine Microalbumin</strong></td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>CMP or BMP</strong></td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>Completed Dilated Retinal Exam</strong></td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>Dental Exam</strong></td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>Monofilament Foot Exam</strong></td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>Flu Vaccine</strong></td>
<td>Yearly</td>
</tr>
<tr>
<td><strong>Pneumovax</strong></td>
<td>One time after age 18, booster dose at age 65</td>
</tr>
</tbody>
</table>
### Scrubbing Example

**MCSCRUBWOMEN18ANDUP**  Scrubbing Checklist for Well Women age 18 and Up (version current as of @TD@)

**Forecast Immunizations at every visit.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Interval</th>
<th>Next Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health History</td>
<td>Once</td>
<td>Now if not done</td>
</tr>
<tr>
<td>PHQ2 Screening</td>
<td>Yearly</td>
<td>Next due:</td>
</tr>
<tr>
<td>PHQ9</td>
<td>Every Visit if dx of depression on problem list</td>
<td></td>
</tr>
<tr>
<td>Chlamydia/Gonorrhea</td>
<td>African-American, sexually active, under 30: Yearly</td>
<td>Next due:</td>
</tr>
<tr>
<td>Screening</td>
<td>All other sexually active women under 25: Yearly</td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>If pregnant and under 30, screen at first prenatal visit</td>
<td>No, not in target group</td>
</tr>
<tr>
<td>Pap Screening</td>
<td>Every 2 years for age 21-29;</td>
<td>Next due: Age 21</td>
</tr>
<tr>
<td></td>
<td>Every 3 years for age 30-65</td>
<td></td>
</tr>
<tr>
<td>Mammogram</td>
<td>Age 40-49: Discuss with provider</td>
<td>Next Due: Age 40 discuss</td>
</tr>
<tr>
<td></td>
<td>Age 50-74: Yearly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age &gt;75 Stop</td>
<td></td>
</tr>
<tr>
<td>Lipid Screening</td>
<td>Age 45 and up, every 5 years</td>
<td>Next Due: Age 45</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>Age 50 and up, yearly FOBT or colonoscopy every 10 years</td>
<td>Next Due: Age 50</td>
</tr>
<tr>
<td>Bone Density Screening</td>
<td>Age 65 and Up, one time</td>
<td>Next Due: Age 65</td>
</tr>
</tbody>
</table>
Tips for Success

• Expect this work to take a lot of time at first, but with increasing speed as charts get updated

• Resolve documentation inconsistency among providers and staff—Just Do It!

• Communicate often with everyone on the team
  – Providers will feel pressure to address all the gaps that get noted—this isn’t realistic.
  – Role change affects everyone
  – May need to build trust
Team-based Care at Work: Huddles
Huddles – Preparing for the Day

- Identify what patients are coming in for and why
- Know what labs/equipment might be needed for the visit
- Identify preventative health needs for the patients
- Make sure all patients on the schedule need a visit with the provider
- Identify patients that might need a warm hand off to Behavioral Health or RN
- Find outside records
- Proactively identify chronic no-shows and call before the visit
Basic Huddle Mechanics

• **Who attends:** Team members involved in daily flow (Provider/MA are the core)

• Determine communication for method for warm hand offs (Behavioral Health/RN)

• Pick a huddle leader (usually PCP)

• **Frequency** – Daily or before each session

• **Length:** Keep it short (5-15 min)
Recommend Visual Management to Monitor Implementation

• Allows leadership to easily monitor the process
• Keeps new process front and center for teams—eyes ahead!
### Visual Systems

| Team: ___________________________ | Week of: ____________ |

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCP SCRUB</strong></td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>All patient charts were scrubbed using the detailed scrubbing list</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                      |        |         |           |          |        |
| **AM HUDDLE**        |        |         |           |          |        |
| All required team members participated in the AM huddle (who were not off) |

|                      |        |         |           |          |        |
| **PM HUDDLE**        |        |         |           |          |        |
| All required team members participated in the PM huddle (who were not off) |

|                      |        |         |           |          |        |
| **Daily Notes**      |        |         |           |          |        |
| *(Optional)*          |        |         |           |          |        |
### Visual Systems

<table>
<thead>
<tr>
<th>PROVIDER NAME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baker</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100% Prep for Next Day?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>100% Prepped Today?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>17/18</td>
</tr>
<tr>
<td><strong>Chen</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100% Prep for Next Day?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>100% Prepped Today?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>15/22</td>
</tr>
<tr>
<td><strong>Davis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>1/22</td>
</tr>
<tr>
<td><strong>Jones</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100% Prep for Next Day?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>100% Prepped Today?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>17/20</td>
</tr>
</tbody>
</table>

**3:00 Each Day:**
Indicate if Visit Preparation completed for 100% of patients appointed for the next day.
Target = Yes 100% of the time

**End of Each Day:**
Indicate if Visit Preparation was completed for 100% of that day’s appointments
Target = Yes 100% of the time

**The Next Morning:** \( \frac{x}{y} \)

- \( x \)= # "Provider: Yes" responses from that day’s Visit Checklists
- \( y \)= # Scheduled Appointments that day
Target = 80%
Moving Forward: Making a Plan

• Don’t let the perfect be the enemy of the **Good** (What are 3 key preventive care measures your clinical team values most?)

• Engage key leaders from the start:
  • Who will champion this initiative?
  • Who will monitor the process?
  • What hurdles are anticipated (documentation standardization, change fatigue)

• Consider a small pilot to work out the kinks
Story from the Field:

Maribel Lopez, Medical Assistant
Virginia Garcia Memorial Health Center
Beaverton
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Resources & Thanks!

- Huddling and Scrubbing Tool: http://www.pcpcli.org/search?search_api_views_fulltext=standard+huddle

- Spectrum Medical Group Morning Huddles Video: http://www.youtube.com/watch?v=8Q8Cexq1fAw&feature=youtu.be

Thanks!
Please complete post-webinar survey