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THE OFFICE

Team Building

If you really want your office staff to be invested in quality improvement and come together as a team, you have to get serious about changing the culture of your practice. That means being honest about how comfortable people are speaking up and challenging your ideas and actions and those of other physicians in the practice.

Five years ago, when our practice became a pilot site for a team-building project funded by a grant from the Institute for Healthcare Improvement, I realized how wide the gap can be between how a physician views his or her practice and what is heard among the office staff in the lunch room.

If you want individuals to be invested in practice improvement, you absolutely must create an environment in which everyone feels truly welcome to present ideas and then you must genuinely listen to what they have to say. Having that openness and readiness to hear what the front desk receptionist has noticed about a patient scheduling problem, and to hear suggestions about how to fix it, is critical for team building. In most offices there is a hierarchy depending on training. We have distinct professional roles. But it is still possible to build a culture of collaboration and learning.

Building teams requires moving away from the traditional notion that excellent health care is provided by excellent doctors. Physicians are trained to be leaders, so their natural definition of a team is a group of people working together to do what they want them to do. But building a solid team is more than just delegating responsibilities. It's about inspiring people to see how they can make a difference.

There's no shortcut around the time and energy this requires—but the payoffs are phenomenal. Once a month our office closes for a 1-hour lunchtime meeting during which everyone discusses what we want to accomplish. The idea is to brainstorm about best practices.

During one meeting, we addressed our management of hypertensive patients. When asked what a best practice would like look, the staff came to the table with a cornucopia of ideas. One individual in the front office took the initiative to investigate exercise resources in the community. She also went to every local pharmacy to see whether they carried recommended home monitors. And since checking the accuracy of home blood pressure monitors was taking too much of our time, she found another avenue: The local fire department provides such services and will send our office the results.

The clinical staff is compiling an informational handout that explains the causes of high blood pressure and provides tips for lowering salt intake.

At the suggestion of the medical assistant staff, protocols have been instituted for all diabetic patients so that they have more clinical responsibilities. They have been trained to conduct foot exams, and give immunizations with standing orders instead of waiting for the physician to initiate this for each patient.

They also follow up on eye exams, faxing the provider for results and scheduling exams, if needed. All of this is done before any physician walks into the exam room.

Protocols are also in place for the clinical staff to print mammogram orders, schedule Pap smears, and provide tetanus immunizations. As a result, our quality measures on preventive care are very high. In certain cases, the staff also handles prescription refills, which is a huge load off of the physician staff.

All of these changes have led to greater satisfaction among the staff. They are much happier because they feel empowered and the difference is already making a measurable improvement in patient care. ■

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