Bringing Joy Back to Medicine: Building the Physician Practice of the Future

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AMGA Annual Conference
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Cedars-Sinai Medical Network Organizational Pillars

AT THE PINNACLE OF HEALTHCARE

OUTSTANDING CARE

OUTSTANDING TEAMS

OUTSTANDING EXPERIENCES

CLINICAL QUALITY & EFFICIENCY
SERVICE
PEOPLE
GROWTH & FINANCIAL STEWARDSHIP
Our Challenges are Growing and Constantly Changing
Our Challenges are Growing and Constantly Changing
There are countless books that describe physician burnout and how difficult the career is...you can read a lot about what is wrong...
The Pathway to Burnout

- **Frustration**
  “I don’t like doing this”

- **Dissatisfaction**
  “I hate doing this”

- **Disengagement**
  “I don’t want to do this”

- **Burnout**
  “I can’t go on”
Burnout rates in primary care physicians are among the highest.
The Burning Platform and Catalyst for Change at CSMG

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree &amp; Disagree</th>
<th>Strongly Agree &amp; Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that I am delivering good quality care to my patients</td>
<td>4%</td>
<td>92%</td>
</tr>
<tr>
<td>I feel appreciated by my patients</td>
<td>0%</td>
<td>92%</td>
</tr>
<tr>
<td>I find my present clinical work personally rewarding</td>
<td>8%</td>
<td>79%</td>
</tr>
<tr>
<td>My work schedule leaves me enough time for my personal/family life</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>The volume of clinical work is overwhelming</td>
<td>8%</td>
<td>83%</td>
</tr>
<tr>
<td>I have too much administrative work to do</td>
<td>16%</td>
<td>64%</td>
</tr>
<tr>
<td>Overall, I am satisfied with my job and don’t anticipate leaving within the next 5 years</td>
<td>16%</td>
<td>68%</td>
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</table>
Burnout Reflected in Employee Surveys

CSMG Provider Satisfaction

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td>98%</td>
<td></td>
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<tr>
<td>96%</td>
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<td>94%</td>
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<td>95%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>91%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I would recommend the group as a place of employment to other physicians.

CSMG PCP Burnout

- 1 or more symptoms of burnout
- No Burnout

CSMN Staff Engagement

<table>
<thead>
<tr>
<th>Year</th>
<th>Jul-14</th>
<th>Jun-15</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0%</td>
<td>79%</td>
<td>74.2%</td>
<td>68.9%</td>
</tr>
<tr>
<td>20.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40.0%</td>
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<td></td>
</tr>
<tr>
<td>60.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Restoring Joy is Crucial to Our Future

Healthcare is one of the few professions that profoundly improve lives. **Caring and healing should be naturally joyful.** The compassion and dedication of staff, if nurtured and not impeded, can lead to joy as well as to effective and empathetic care. This approach to improvement leads to designing more innovative solutions.

– Derek Feeley, CEO, Institute for Healthcare Improvement
Stephen J. Swensen, MD, Medical Director of Leadership and Innovation, Mayo Clinic
September 2016
Organizational Approaches Provide Greater Relief for Burnout

It's common for organizations today to try to reduce burnout through physician-directed interventions… **But when it comes to actually beating and preventing physician burnout altogether, the hallmark takeaway is that organization-directed interventions have a greater effect.**

- **Physician-directed interventions, or approaches** that target individuals—such as mindfulness or cognitive behavioral techniques to improve coping, communication, and competence; and
- **Organization-directed interventions**, or approaches that focus on improving the workplace environment—such as changes in scheduling, workload, practice operation, and decision-making.
Respect for people means believing they are capable, capable of struggling and of solving their own problems.

- James Hereford
COO, Stanford Health Care
Purpose Statement and Goals of the “Heart”
The purpose of the “model suite” design and implementation is to simultaneously bring patient, physician and staff joy by solving for operational and clinical efficiency. This strong and standard platform for the delivery of adult medicine will allow future integration with programs and innovations.

Soft Goals (of the heart):
“CSMG will be the gold standard for primary care delivery where others come to learn.”
- Create an inspiring and shared vision and culture for adult medicine in CSMG
- Re-energize entire care teams and bring joy back to practice
- Create environments that foster teams that thrive
- Integrate existing programs, seamlessly, to meet the patients’ needs without creating unnecessary burden to care teams
- Create a system that sustains and improves continuously
Process: Governance Structure

- Executive team provided guardrails
- Frontline teams built the work within the guardrails
- Implementation team did rigorous 30-60-90 day check and adjust cycles
  - Over 400 pieces of feedback reviewed, evaluated, discussed
## Governance Structure

<table>
<thead>
<tr>
<th>Who</th>
<th>Role</th>
<th>Frequency</th>
<th>Members</th>
</tr>
</thead>
</table>
| **Executive Sponsors**     | • Establishes the vision and defines the guiding principles  
• Aligns work with strategic plan and organizational initiatives  
• Champions and actively participates in design and implementation process  
• Holds team members accountable to adopting Model Clinic processes unless adoption is absolutely necessary and based on data  
• Holds team and process accountable for achievement of objectives and completion of action plan | Ad hoc based on issues that arise | • CEO  
• COO                                                     |
| **Executive Management Guidance Team** | • Responsible for ensuring that Model Clinic design is spread across the system  
• Manages the tradeoffs between local needs and system requirements  
• Provides resourcing and support for rollout  
• Champions and actively participates in the design and implementation process  
• Ensures resolution of any issues/barriers that arise  
• Ensures that learnings from Model Clinic are captured and disseminated across system  
• Actively communicates, promotes and recognizes teams going through the change process. | 60 min meetings every week | • CEO  
• COO  
• CMO  
• VP, Strat Ops  
• Med Dir  
• VP, Pop Health  
• Dept Chair, Primary Care  
• Asst. Med Dir.  
• Lean Consult  
• VP Ops                                                     |
| **Pace Setters**           | • Facilitates the entire process from design to implementation, including guidance of team meetings  
• Ensures alignment both vertically and horizontally  
• Tracks progress and surfaces problems/barriers to sponsors and guidance teams  
• Adjusts the hypothesis based on what is learned  
• Leads support teams | 60 min prep meetings every week | • VP, Strat Ops  
• Asst Med Dir.                                                   |
## Governance Structure

<table>
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<th>Role</th>
<th>Frequency</th>
<th>Members</th>
</tr>
</thead>
</table>
| **Implementation Team** | • Manages overall timeline  
  • Identifies and escalates issues needing system level resolution  
  • Develops resourcing plan and options including backfilling frontline resources  
  • Ensures that deliverables are implemented from the charter. Holds the tension from future state design until it is operational within the daily management system  
  • Coaches and models new behaviors/processes  
  • Provides team member resources and removes resourcing barriers  
  • Provides continuity between events and ensures that teams do not move backwards in decision making  
  • Defines and leads communication and change management strategy | 90 min meetings every week | • Lean Consult  
  • PI Team  
  • VP, Strat Ops  
  • Dept Chair, Primary Care  
  • Asst. Med Dir.  
  • Exec Dir, Ops  
  • Dir, Facilities  
  • Dir, Clin Ops  
  • Ops Mgrs  
  • Training  
  • Epic support |
| **Support Team**     | • Dedicated resources to support overall work plan, including:  
  • Lean consultation and training  
  • Overall project management (project and facility)  
  • Analytical support  
  • Process design and consultation  
  • Event design, facilitation, follow-up  
  • Communication planning support  
  • Change management support  
  • Documentation management support  
  • Agenda planning and coordination for all teams participating in process  
  • Epic optimization support  
  • Cadence/schedule optimization support  
  • Human Resource consultation and support | 60 min meetings every week (Overlaps w/Implementation team). Agenda published 5 days in advance. If not named on agenda, team members not expected to attend. | • Lean Consult  
  • PI Team  
  • Dir, HR  
  • Epic Support (Cadence, Amb)  
  • Telecom  
  • Clinical Services  
  • Epic MD Lead  
  • Others as needed |
Video: Practice Transformation
The Roadmap to Transformation

- **Future State**
- **SS & Supply Chain**
- **Leader Std. Work**
- **Access**
- **Admin Calls**
- **Clinical Calls**
- **Flow 1**
- **Flow 2**

Timeline:
- Feb 2016
- Mar 2016
- May 2016
- Jul 2016
- Aug 2016
- Oct 2016
- Jan 2017
The Roadmap to Transformation

Feb 2016

- Future State
- 5S & Supply Chain
- Leader Std. Work
- Access
- Admin Calls
- Clinical Calls
- Flow 1
- Flow 2
5S – Removing waste (motion/transport) from our physical space
**Goal:** 50% reduction in frequency a care team member has to leave the room for a supply during a visit.

**Spaghetti Diagram: Suite 220**

12 of 37 visits (32%)
- MA has to leave the room either during rooming or aftercare to get supplies
- Average Delay: 1min 15sec (Range: <1min to 7 min)

9 of 37 visits (24%)
- MD has to leave the room during the visit to get supplies
- Average Delay: 3min 48sec (Range: <1min to 10 min)

**Mar 2016**

- Future State
- 5S & Supply Chain
- Leader Std. Work
- Access
- Admin Calls
- Clinical Calls
- Flow 1
- Flow 2
5S – Removing waste (motion/transport) from our physical space

**Goal:** 50% reduction in frequency a care team member has to leave the room for a supply during a visit.

**Spaghetti Diagram: Suite 220**

1 Patient: Arrival to Departure for Physical Exam

MD: Fitzgerald

MA: Amy

**MA/LVN & Providers Leaving the Room:**

- Before: 56%
- After: 33%

**Reduction of 41%**
The ultimate arrogance is to change the way people work, but not to change the way we manage.

— Kim Barnas, ThedaCare
Life as a Leader
**Goal:** Reduce the backlog of patients waiting for a visit

**Lake Size** = The number of appointments booked out into the future.

**Larger lake** = Less same day access for patients
Access

**Goal:** Third next available (3NA) appointment with PCP in 3 days or less

*Improved access even as our panels grew by 3,200 patients*
Reduction in ED Visits in Model Line

ED Visits per 1000 patients

Number of ED Visits per 1000

Total # of ED Visits


Total # of ED Visits

61  77  68  64  42  71  68  64  68  60  67  63  58  63  66  57
Before:
29% incoming calls in which the patient’s needs were fully resolved in that call
Creating Call Teams: Administrative and Clinical

First Call Resolve (FCR) Rates by Call Type
(Aug ‘16 - Feb ‘17)

- % of Appointing Calls FCR
- % of Admin Calls FCR
- % of Clinical Calls FCR

<table>
<thead>
<tr>
<th>Month</th>
<th>% of Appointing Calls FCR</th>
<th>% of Admin Calls FCR</th>
<th>% of Clinical Calls FCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug '16</td>
<td>97%</td>
<td>79%</td>
<td>64%</td>
</tr>
<tr>
<td>Sept '16</td>
<td>98%</td>
<td>81%</td>
<td>60%</td>
</tr>
<tr>
<td>Oct '16</td>
<td>99%</td>
<td>79%</td>
<td>60%</td>
</tr>
<tr>
<td>Nov '16</td>
<td>99%</td>
<td>83%</td>
<td>68%</td>
</tr>
<tr>
<td>Dec '16</td>
<td>98%</td>
<td>77%</td>
<td>61%</td>
</tr>
<tr>
<td>Jan '17</td>
<td>99%</td>
<td>78%</td>
<td>57%</td>
</tr>
<tr>
<td>Feb '17</td>
<td>100%</td>
<td>87%</td>
<td>65%</td>
</tr>
</tbody>
</table>
**Goal:** Reduction in number of requests routed to back office/PCP

Assuming most unresolved Clinical & Appointing calls resulted in at least 1 “touch” to the back office and 1 “touch” to the front office to advise the patient of the response, this reduction of 543 requests translates to 1,086 less touches per week.
Flow 1 and Flow 2

**Flow 1:**
- Co-location (No physician offices)
- Brief daily huddles
- Standard check in
- Standard rooming
- Warm handoffs
- Standard check out
- Dyads co-managing inbasket & paperwork

**Flow 2:**
- Behavioral Health and Pharmacy Services ‘in flow’
“This week I was covering 2 practices, Transformation duties for Jonathan Weiner, and Doctor of the Day. Due to our access crisis, I extended my hours, a need we had anticipated. I saw 20 patients today cramming physicals, new patients and pre-op’s into 20 min visits. We had many flow-busting crises today including 2 urgent interruptions from doctors, a new cancer diagnosis, and a paralyzed new patient squeezed in, that if not seen would have been hospitalized...AND... at 5:30p I have done all my calls and messages, there are no patients waiting to hear from me, and all needs have been met.

Amy, Nydia, and Christina (in my office), all stuck to the standard work. They rerouted appointments that were inappropriate, managed MY in-basket in addition to their own, and teed things up. I am in awe.

Today it was evident that things are transforming!

Today was not just about getting home early, but about providing high quality care and impacting patients’ lives.

We set out to improve joy in medicine, today I can say that for the first time, I felt like, as a system, we are truly practicing high level, efficient care.

I am grateful to be a doctor here.”
Restoring Joy and Creating 1,500 Problem Solvers
Designing Space for Transformed Practices
The “Wow” Experience: Accessible, Effortless, From the Heart
All architecture is shelter.
All great architecture is the design of space that contains, cuddles, exalts, or stimulates the persons in that space.

-Philip Johnson
Playa Vista Runway - 12746 W Jefferson Blvd

- Transformed practices
- Opens September 2017
- 30,000 sq ft
- Floor 2: Urgent Care
- Floor 3: Internal Medicine (6 providers)
- Floor 4: Pediatrics & Ob/Gyn (6 providers)
Playa Vista Runway - 12746 W Jefferson Blvd
8767 Wilshire Blvd., Beverly Hills

- Transformed practices
- 30,000 sq ft
- Internal Medicine
- 25 providers
- 3rd floor opens July 2017
- 2nd floor opens August 2017
8767 Wilshire Blvd., Beverly Hills
10458 Culver Blvd

- Transformed practices
- Opens September/October 2017
- Family Practice
- 4 physicians, 1 AHP
- 12 exam rooms
- 5,000 sq ft
## Primary Care

<table>
<thead>
<tr>
<th>New Locations</th>
<th>Existing Model Line Providers</th>
<th>Existing Non-Model Line Providers</th>
<th>New Providers</th>
<th>New Tenured Providers</th>
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</thead>
<tbody>
<tr>
<td>8767 Wilshire</td>
<td>11</td>
<td>12</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Playa Vista</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Culver City</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12</strong></td>
<td><strong>13</strong></td>
<td><strong>9</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>
Many Moving Parts
Pace of Integration

Gastroenterology – Santa Monica
1919 Santa Monica Blvd.

Dec ‘16

Rotating Specialties
4464 Lincoln Blvd
Marina Del Rey

Jan ‘17

Cardiology expansion (CVMG)
MOT

Mar ‘17

Behavioral Health
250 Robertson

May ‘17

Integrative Health
8820 Wilshire Blvd.

Summer ‘17

Neurology, ENT, Nephrology Expansion
Medical Office Towers

Jul ‘17

Vascular Surgery
99 La Cienega

1919 Santa Monica Blvd.
TACRI new space

8767 Wilshire Blvd.
Internal Medicine
Pace of Integration

Pain Management
250 Robertson

10458 Culver Blvd.
Family Practice

1919 Santa Monica Blvd.
TACRI new space

4640 & 4676 Admiralty Way
Marina Del Rey
Primary Care and Specialty

8670 Wilshire Blvd.
Cal Heart expansion
(clinical)

1919 Santa Monica Blvd.
CSMG Internal Medicine

18193 Ventura Blvd.
Tarzana
Radiology Oncology, Oncology, Primary Care

9090 Wilshire Blvd.
THO renovated space

11818 Wilshire Blvd.
TACRI renovations

8670 Wilshire Blvd.
Cal Heart expansion
(research)

Plas & Recon Surg Expansion
250 Robertson

Infectious Dis. Expansion
MOT

9090 Wilshire Blvd.
THO renovated space

11818 Wilshire Blvd.
TACRI renovations

Pace of Integration

1919 Santa Monica Blvd.
CSMG Internal Medicine

18193 Ventura Blvd.
Tarzana
Radiology Oncology, Oncology, Primary Care

9090 Wilshire Blvd.
THO renovated space

11818 Wilshire Blvd.
TACRI renovations
In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.

- Eric Hoffer
Questions?

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Rupal.Badani@cshs.org
## Gemba Questions

### Gap
- How do you know this is a problem?
- How will you know you've reached success?
- Where does the problem occur? When?
- Given where you are, what is your problem statement?

### Root Cause
- What have you looked at?
- Who have you spoken with?
- What else do you need to understand about the current condition?
- What Go Sees are needed? Where? With whom?

### Pareto
- Which of these is within your control? (and could take action on soon)
- What other options did you consider & discard? Why?
- How do these pieces impact one another?

### Action Plan
- When will you action?
- How will you measure the success of your first experiment?
- When will you see initial results?
Medical Assistant Rooming Standards

Affix Patient Label Here

Gowning Standards:
Wellness/Phys: undress completely  Diabetics: shoes and socks off  Abdominal/Back Pain: undress waist down, underwear on
SOB/Wheezing/Cough: undress waist up  Knee (Joint): Site accessible  Genital/Vaginal: Underwear off

Additional instructions:
- Always measure weight and O2 sat
- Wellness/Phys: Get height (no shoes)
- Eye Complaint: Ask patient if any change in vision. If yes, vision screen and place eye kit
- Asthma/Wheezing: Get peak flow (best of three)

Support Staff Section (check when completed)
- 1. Greet patient in lobby by full name (first/last and smile as greeting)
- 2. MA/LVN introduces self (name and connection to MD)
- 3. Ask patient to state his/her full name and DOB
- 4. Weight: _______ & Height: _______ (measure only for wellness or annual exams)
  - For weight, use your judgement as to whether to have patient remove shoes
  - For height, have patient remove shoes every time
- 5. Ask patient if there are forms/letters to be completed (Complete and stamp all forms to be signed by MD) YES / NO
- 6. In CS Link, Request Care Everywhere updates
- 7. Enter Chief Complaint (Include relevant details – i.e duration, location and side of body if applicable)
- 8. Verify Allergies (Meds and latex & list reaction(s) always verify by clicking review tab)
- 9. Medication Review (Ask: Are you taking any OTC medications, herbs, or supplements regularly?) and Pharmacy Verification Document
- 10. Reconcile Medication Dispenses
- 11. Pend medication refills / labs / POCT orders (per POCT Protocol grid)
- 12. Complete/Enter Overdue Screenings (Depression/Fall Risk)
- 13. Update end/or Pend Overdue Health Maintenance
  - Immunizations (use normal status if administering in this visit), provide appropriate VIS
  - Use the Health Improvement SmartSet to pend HM orders
  - Pap source is almost always “Vagina/Cervix/Endocervix”
  - Pap tray (put & sticker on pap bottle & ensure all speculum sizes are available)
- 14. Advance Directives: If needed, ask patient to provide copy or place the Advance Directive booklet on keyboard/counter for provider to discuss with patient.
- 15. Wash hands
- 16. Assess Vitals (must be done at the end of the rooming process)
  - Full vitals = B/P, respiration, pulse, temperature, weight
  - Get O2 sat for all patients
- 17. Wash hands
- 18. Enter Vitals/LMP and Tobacco Use (Ask: Have you ever used tobacco products) in CS Link
- 19. Pend letters, if applicable including Return to Work. OR generate and print Work/School excuse letter. YES / NO
- 20. Explain My CS-Link enrollment/use (assist patient with initial log in, as time allows). If active, confirm patient can log in.
- 21. Closure Etiquette
  - Notify patient of possible wait time
  - Ask patient to undress as appropriate and have him/her sit in the room chair
  - Denote end of rooming process by placing the appropriate colored Epic dot on Epic schedule
  - Let the patient know you are closing the door for privacy
- 22. Secure screen from the patient’s encounter
- 23. Perform needed POCT orders (per POCT Protocol grid)
# Job Aid: AHP Telephone Treatment Protocol for Uncomplicated UTI

## Process Description:
- How to do a telephone treatment for a female with potential UTI

## Who Must Use this Process?
- AHP (NP/PA) or LVN

<table>
<thead>
<tr>
<th>Process Step (What)</th>
<th>Description (How)</th>
<th>Rationale/Scripting (Why)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confirm symptoms</td>
<td>Dysuria, Frequency, Urgency, Fevers/chills, Flank Pain, Duration, Vaginal discharge, Hematuria, Recent intercourse, Suspect Pregnancy, Last Menstrual Period (LMP), History of recent UTIs within 4 weeks</td>
<td>Want to meet patient’s need but symptoms don’t support UTI</td>
</tr>
</tbody>
</table>

## UTI Treatment Protocol:

1. **UTI confirmed based on symptoms**
   1a. No- patient removed from UTI algorithm
   1b. Yes- patient is continued on algorithm
2. Complicated or uncomplicated as defined by UP TO DATE
   2a. Complicated- set up AHP/MD visit
   2b. Uncomplicated- continued on algorithm
3. Go through treatment algorithm (6) and provide follow up recommendations (7)
4. Set up nurse visit for urine collection (8), follow treatment algorithm (6) and provide follow up recommendations (7)
5. Treatment guideline per Up-To-Date: This in order progresses based allergy and previous possible demonstrated resistance
   1. Macrolid 100 mg BID x 5d
   2. Bactrim DS BID x 3days
   3. Cephalexin (Keflex) 500mg BID x 5days
   4. Cipro 500mg BID X 5 day
   5. OTC APAP and Pyridium for pain relief
6. “After Completion of your Antibiotics, if your symptoms persist or worsen, send us a message via MyCSLink/Call (dependent on signup) for next steps.” If patient is coming in to leave urine add “if the urine you are leaving provides different information regarding your treatment, you will be contacted.”
7. Place order for UA with reflex to culture and set up Nurse Visit
<table>
<thead>
<tr>
<th><strong>Warm Handoff Card</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority issues</strong></td>
</tr>
<tr>
<td>1. __________________________</td>
</tr>
<tr>
<td>2. __________________________</td>
</tr>
<tr>
<td>3. __________________________</td>
</tr>
<tr>
<td><strong>Other concerns:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Abnormal vitals:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Extraordinary attitude/mood:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Pending tests/records/forms/results/HM due or refused/other info requested:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Time check &amp; countermeasure (e.g. running behind and plans to get back on track):</strong> __________________________</td>
</tr>
<tr>
<td><strong>For Extenders: Room #</strong> __________________________</td>
</tr>
</tbody>
</table>
Dyad Huddle Card

1. Is provider blocked for anything today?
2. Review nurse schedule
3. Staffing: Who is covering the provider, including lunch
4. Identify exam rooms for the day?
5. Identify if provider is covering other providers or pools?
6. Review the patient schedule:
   a. Intervals correct?
   b. Outside records?
   c. RAF/HCC alert?
   d. Who might take a long time? How will we manage?
   e. Patient seeing PharmD needing referral?
   f. Special instructions? (Rx rec declined, Specialty referrals, lab orders, etc.)
   g. Add overbooks? Black dots?
   h. Who might need team services? (i.e. Extenders or Central Program)
   i. Patients that shouldn’t be undressed?

7. Any urgent incoming communications?
   a. Examples: phone calls from outside providers,
   b. urgent faxes, paperwork that needs same day attention, etc.
8. Groom future schedule.
9. Consider and communicate necessary updates with Check-In PSRs.

FLOW COMMUNICATION BOARD

<table>
<thead>
<tr>
<th>MD:</th>
<th>MA:</th>
<th>MD Covering:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pool Covering:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MA Lunch:</th>
<th>MA Buddy Ext:</th>
<th>Offline PSR:</th>
<th>Rooms:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ext: Location:</td>
<td></td>
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</tbody>
</table>

Comments: LCMS in? □ Y □ N
PharmD in? □ Y □ N

<table>
<thead>
<tr>
<th>Patient Call</th>
<th>Patient Advice Request</th>
<th>Rx</th>
<th>Results</th>
<th>Paper</th>
</tr>
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