In 2013, the Maine Quality Forum (MQF) funded a pilot to administer the Agency on Healthcare Research and Quality (AHRQ) Medical Office Survey on Patient Safety Culture to 78 primary and specialty care practices in Maine. Dimensions of medical office patient safety culture measured in the survey include:

- teamwork
- patient care tracking and follow-up
- organizational learning
- overall perceptions of patient safety and quality
- staff training
- leadership support for patient safety
- communication about error
- communication openness
- office process and standardization
- work pressure and pace
- patient safety and quality issues
- information exchange with other settings

Results from the survey showed that while practices may be doing well in areas such as patient care tracking and communication about errors, practices struggle with standardization of office processes and staff training, which were two areas significantly lower than the national comparison. In response to these findings, the MQF contracted with the Muskie School of Public Service to develop a summary of resources for practices to improve their standardization of processes and provision of staff orientation and training.

In addition to these resources, AHRQ has provided additional resources in each of the domain areas of the survey. You can access this resource by going to: [http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/medical-office/resource_list/moimpptsaf.pdf](http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/medical-office/resource_list/moimpptsaf.pdf)

The following are current resources available online as of December 2014. The following resources are not endorsed by the Maine Quality Forum, the Muskie School of Public Service, or Maine Quality Counts.

**Office Processes and Standardization**

- **2 Care Coordination**
  - Office Workflow Improvement
  - Consumer Expectations
  - Tests Results/Referrals
  - Team Work

- **7 Medication**

**Staff Training**

- **9 Orientation**
  - Staff Orientation
  - Medical Provider Orientation
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  - Connecting the Medical Community

- **13 Scope of Practice**
  - Scope for Clinical Personnel
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  - Patient Communication
  - The Patient as a Partner
  - Office Staff Communication
  - SBAR
  - Office Staff CommunicationReferral Communication

**Maine Quality Forum**

This toolkit was produced with the support of Maine Quality Forum.
We have made many changes in the past 2 years toward quality of care, patient satisfaction, work flow, to meet the changing needs of health care. I feel we are better for the changes made. –Survey Respondent

Office Workflow Improvement

Reducing Care Fragmentation Click here to access the Toolkit
Transforming the way patient referrals and transitions are managed.


Standardizing Workflow Processes: Click here
Standardizing rooms, equipment, patient flow, and information flow

Office Workflow Improvement [Click here]
- Scrutinize your schedule
- Analyze opportunities at the start of the day
- Develop a check list
- Time saving tips to keep on schedule.


“Advanced Access” Scheduling [Click here]
Reducing waits and delays: how Second Street Family Practice improved scheduling and quality


Analyze Office Processes [Click here]
Workflow and roles within the office

Weverka, P., Analyze Processes in Your Medical Office, Office.com

Workflow Mapping and Redesigning [Click here]
Use of a workflow map for primary care offices and others.


Our providers are wonderful in working with our patients.
The clinical staff is well-educated, and the RN is working on ensuring all processes are working and effective.

—Survey Respondent
Fulfilling and Managing Consumer Expectations

Lessons Learned from MA Coalition PROMISES Project

The PROMISES (Proactive Reduction of Outpatient Malpractice: Improving Safety, Efficiency, and Satisfaction) Project was funded by the Agency for Healthcare Research and Quality (AHRQ) to teach improvement skills to small and medium-sized primary care practices across Massachusetts. To learn more visit http://macoalition.org/promises_learning_materials.shtml

Sustaining Change  Powerpoint lecture about care coordination. (18:28 min.)


Follow-up on Test Results and Coordinating Referrals

Integrated Behavioral Health with Primary Care

Warm handoff scenarios from PCP to Behavioralist during office visit.

- Intro to warm hand off (Video 6.08 min.)
- A newly diagnosed case of depression with anxiety (Video 5:53 min.)
- A newly diagnosed patient with Type II diabetic (Video 5:53 min.)
- A newly diagnosed patient with bi-polar depression (Video 6:32 min.)
- Weight control (Video 5:51 min.)
- Pain management and quality of life (Video 5:53 min.)
- Case study of a patient with alcohol issues (Video 8:47 min.)
- Patient with insomnia (Video 5:53 min.)

Lessons Learned from MA Coalition PROMISES Project

The PROMISES (Proactive Reduction of Outpatient Malpractice: Improving Safety, Efficiency, and Satisfaction) Project to teach improvement skills to small and medium-sized primary care practices across Massachusetts. To learn more, visit http://macoalition.org/promises_learning_materials.shtml

Test Results Case Study, Family Doctors LLC, Managing Test Results. Testing using in-house lab work with results produced during office visit.


Coordinating Referrals Effectively (PowerPoint) Click here

Redesign a referral system between primary and specialty care.


Practice Improvement: Toolkit for Chronic Care Click here

Redesign systems to better address the needs of patients with depression, asthma, diabetes, and other chronic conditions.


Our office is fairly small, one or two providers every day. Our patients enjoy coming to our clinic. They like that they know the staff here— they are very comfortable with us.

—Survey Respondent
Team Work

TeamSTEPPS
The Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) have developed TeamSTEPPS, a teamwork system which offers a powerful solution to improving collaboration and communication.

- Introduction
- Team structure
- Communication
- Leading teams
- Situation Monitoring
- Mutual support
- Pulling it all together
- Change Management
- Coaching
- Measurement
- Implementation Workshop
- Practice Teaching Session

For Team Strategies and Tools to Enhance Performance and Patient Safety, Click here

TeamSTEPPS learning modules can be accessed at http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/index.html

Team STEPPS, Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services.

Patient Centered Care: Click here (Video, 9:12 min.)

Rebecca Bryson’s Story

Throughout her experience with a chronic illness marked by extensive complications, Rebecca Bryson, who works on a team in the Pursuing Perfection initiative in Whatcom County, Bellingham, Washington has found that many of the challenges patients face are system problems.

Excerpt from 2002 Institute for Healthcare Improvement (IHI) National Forum Retrieved from http://www.ihi.org/resources/Pages/AudioandVideo/PatientCenteredCareRebeccaBryson.aspx
This section offers protocols for refills, reconciling medications after a hand-off, preventing adverse effects from new medications, and patient education and responsibility.

Lessons Learned from MA Coalition PROMISES Project
The PROMISES (Proactive Reduction of Outpatient Malpractice: Improving Safety, Efficiency, and Satisfaction) Project to teach improvement skills to small and medium-sized primary care practices across Massachusetts. To learn more, visit http://macoalition.org/promises_learning_materials.shtml

Improvement Case Study for Medication Referrals,
Atkinson Family Practice. Video 14:47 min. This video demonstrates using data to improve care coordination through tracking and communication when refilling scripts.

Medication Safety in the Primary Care Setting,
Powerpoint lecture discusses protocols, medication reconciliation, literacy, protocol for updating patient medication list, allergies.

Confused Drug Names Form Click here
In a typical week, the average primary care physician is responsible for following up on 800 chemistry/hematology tests, 40 radiographs, and 12 pathology specimens.

Fewer than half of primary care physicians are satisfied with their system for managing test results, more than four in five reports having had at least one test result “they wished they had known about earlier” in the prior two months.

New staff members need orientation to their positions and to the organization: including who the other staff members are and how work is done. Although many offices provide training, rapid staff turnover and change in the medical office can be a challenge for adequate and consistent training. As a result, many staff members are asked to do tasks they have never been trained to do. Some training can be part of the orientation for newly hired staff.

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Teamwork is key between providers and staff for best outcomes and the patient care that this office strives for.

—Survey Respondent

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Staff Orientation

**Orientation Basics** [Click here](http://ctb.ku.edu/en/table-of-contents/structure/hiring-and-training/staff-orientation/main)


**Guidelines to Hiring, Orientation, Setting Professional Goals, and Training Staff** [Click here](http://ctb.ku.edu/en/table-of-contents/structure/hiring-and-training/develop-a-plan/main)


**Employee Orientation, Family Health Care Clinic, Inc.** [Click here](http://familyhealthcareclinic.com/media/Employee$20Orientation.doc)

Checklists for different areas: providers, receptionists, nurse aid/dental assistant, and lab technician.

Family Health Care Clinic, Inc., 4635 Highway 80 East, Post Office Box 6227, Pearl, MS 39288-6227, [http://familyhealthcareclinic.com](http://familyhealthcareclinic.com), retrieved from [familyhealthcareclinic.com](http://familyhealthcareclinic.com/media/Employee$20Orientation.doc)
New Employee Orientation Guide for Supervisors [Click here]

Medical Provider Orientation

New Provider Orientation [Click here]

Nursing Orientation Checklist [Click here]
General nursing, computer based education, including HIPPA, conflicts of interest, safe handling of hazardous drugs, testing, and CPR
University of Connecticut John Dempsey Hospital Nursing Orientation Activity Checklist

Adult Ambulatory Infusion Center [Click here]
Registered nurse orientation checklist to review competencies, learn the various functions, and conduct self assessment and validation of competency.

This office is one of the best. Very cooperative and caring staff and providers. Definitely a team. Patient care always comes first.

–Survey Respondent
John Hopkins HR Policy Manual [Click here](http://www.hopkinsmedicine.org/homecare/hr/handbook/HR%20Handbook%20Staff%20Presentation%2006.18.10%20with%20voice.pptx) for PowerPoint

Human resources overview and expectations


John Hopkins Orientation Topics for Nursing [Click here](http://www.hopkinsmedicine.org/nursing/_downloads/summary_hospital_orientation.pdf)

Covers the following

- Mission, Vision, Values
- Corporate Compliance
- Cultural Diversity
- Emergency Management
- Fire Safety
- Hazardous
- Communication
- Infection Control


Information Technology [Click here](http://www.hopkinsmedicine.org/nursing/_downloads/summary_hospital_orientation.pdf) for E-communication in the Communication section, page 17 at the bottom of the page.

Best Practice and Checklist for Cybersecurity [Click here](http://www.healthit.gov/sites/default/files/basic-security-for-the-small-healthcare-practice-checklists.pdf)

10 Best Practices for the small healthcare environment

- Password
- Anti-virus software
- Firewall
- Access control to protected information
- Physical access control
- Limit network access
- Plan for unexpected
- Good computer habits
- Mobile devices
- Security culture


Our office is fairly small, one or two providers every day.

Our patients enjoy coming to our clinic. They like that they know the staff here—they are very comfortable with us.

—Survey Respondent
Our goal and mission is to constantly improve our quality and safety for our patients as well as their experience with our staff and providers.

It will always be a work in progress to try to improve in all aspects of our patient care.

—Survey Respondent
Procedures and protocols for all staff, including office managers, clinical staff such as physicians, medical assistants, nurse practitioners, and physician assistants.

Scope of Practice for Clinical Personnel

Delegation of Clinical Responsibilities

Click here for a sheet outlining responsibilities delegated to nursing care associates and medical associates and a competency checklist for medical assistants and nursing care associates.

Retrieved from UConnhealth

Click here for a tool kit to guide nurses delegating tasks to medical associates.


Clinical Assistant Click here


I believe all staff and all providers want to function in a culture of safety—the rapid change environment in healthcare makes it challenging at times. All critical issues receive our attention accurately.

–Survey Respondent
Patient Care Assistants (Union Health Center) [Click here]
The Union Health Center in New York City expanded the role of medical assistants to provide team-based care and health coaching for patients with chronic diseases. This initiative helped to create a career ladder for advancement.


Elevating Practice Staff to Top of License Care [Click here]

Nurse Practitioner in Primary Care [Click here]

Hiring Non-Physician Providers [Click here]

Defining the Role of Care Manager [Click here]
Care managers, usually a registered nurse, sometimes a social worker or medical assistant, coordinate patient care for better outcomes, especially for high risk patients.


I think MA’s are often made to feel that they shouldn't report their mistakes or they will be penalized.

I think instead they should be encouraged to report errors so that systems can be changed to make errors less common (such as immunizations).

—Survey Respondent
Office Staff Skills and Helps

**Strengthening your Office Staff** [Click here]
Strengthening your team through continuing education and cross training


Front Desk Skills and Training

**Front Desk Medical Receptionist Skills** [Click here]

**Front Desk Influence on the Practice** [Click here]

**Asking Patients for Copays** [Click here]

**Helpful Words or Phrases to Use** [Click here]

As an office, we do our upmost best for our patients and for the community. Although we are not perfect every day we strive to do our best and to work as a team

—Survey Respondent
Management Skills

**Conflict Management**  [Click here]

**Ways to Motivate Staff**
The Basics  [Click here] for slideshow

**Employee Satisfaction Survey**  [Click here]
The Healthcare Improvement Skills Center v 3.0
Retrieved from www.improvement skills.org

**Lead and Support Your Staff: Patient Safety for Primary Care**  [Click here]
Practical hints and techniques, examples of local best practice and toolkits for the management and promotion of patient safety with a checklist to help plan activities and measure performance, allowing opportunities for solutions to be found at a local level.

For the full *Patient Safety for Primary Care* document [click here].


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Our company carries the highest level of accreditation (3 years) with CARF [Commission on Accreditation of Rehabilitation Facilities] demonstrating a strong commitment to adherences to meeting standards and quality care for consumers.

—Survey Respondent
Do you remember the game of telephone we played as children? One person would tell the next person a message and each person would repeat the message down the line until the last person would tell the message, as it transformed from the original. The same kind of misunderstanding can happen in the more serious setting of a physician office. Here are some tools to keep the flow of information clear. This section includes:

Patient Communication

Primary Care Office Staff Communication

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Patient Communication

Handoffs and Handovers
Friendly handover from PCP to Behavioralist,
An introduction to the warm hand-off (Video, 6:08 min.)
Sierra Family Medical Clinic, Retrieved from http://www.youtube.com/watch?v=umif1TDdKrM

E-Patient Communication
Security concerns you should know about while using electronic communication to connect with patients.


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We are a Patient-Centered Medical Home and have weekly quality and process review meetings — makes a huge difference to our patients.

—Survey Respondent
Teach Back, Show Back

40-80% of the medical information patients receive is forgotten immediately.


Go to the Unity Point web site for their short and easy to use Teach Back toolkit complete with short video demonstrations. [Click here](http://www.teachbacktraining.org/) for their interactive learning module. (45 min)


Teach Back involves prompts by the physician for the patient to say back what they need to remember. Here are examples:

- “I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?”
- “Can you show me how you will keep track of your medications when you get home?”
- “We covered a lot today... and I want to make sure that I explained things clearly. So let’s review what we discussed. What are three foods you will want to be careful of when taking warfarin?”

Prompt to gain feedback for developing a collaborative action plan with the patient:

- “On a scale of 1 - 10, 10 being the most important, how important is this to you?”
- “On a scale of 1 - 10, 10 being the most likely, how likely are you going to do this?”
- “What do you want to do now?”


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I have worked in several facilities and several positions in the 30+ years I have been in the medical field. This office is the best one by far. The staff works as a team. Doctors included. The doctors and staff genuinely care about the patient and patient needs. It’s amazing to be part of it

—Survey Respondent
The Patient as a Partner

“Nothing about me without me.” (Video, 18 min.)
Engaging patients to improve the primary practice and their own care.


Primary Care Office Staff Communication

Situation–Background–Assessment–Recommendation (SBAR)
The SBAR technique provides a framework for a health team to communicate about a patient’s condition and can be used for patient to provider communication using this sequence:

**Situation:** What is happening with the patient?
**Background:** What is the clinical background?
**Assessment:** What do I think the problem is?
**Recommendation:** What would I recommend?

ISBAR would include an introduction of self if necessary before beginning.

SBAR Toolkit from the Institute of Healthcare Improvement (IHI).
Retrieved from http://www.ihi.org/resources/Pages/Tools/SBARToolkit.aspx (Login with free registration.)

Here’s how SBAR works showing communication between providers with no SBAR and the same situation with SBAR. (Videos, 1 min each)
Retrieved from Toronto Rehabilitation Institute, University Health Network, (2014).

SBAR Worksheet, developed by Kaiser Permanente provides a clear guide for adoption in the office and can also be a tool to use SBAR with patients.


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We have improved quite a bit but (have) a long way to go.

—Survey Respondent
Office Staff Communication
Using the waiting room, two incidents of patient volume pressure in a practice where the schedule is already stretched. Click here for an overview of good practices for primary care offices.

(Videos below, <5min, 30 sec)

Team Work: Good team work practices for primary care offices.
Here is an example of poor communication and the same situation using good communication.

Situation Monitoring: Here is an example of poor team work and the same scenario using good team work.

Mutual support: Includes mutual support and difficult conversation practices for primary care offices.
Here is an example of mutual support demonstrated with poor team work and good team work.


Roles and Responsibilities
Click here for more about office staff roles and responsibilities in the Scope of Practice section.

Referral Communication
For communication between primary care and specialist offices about patient tracking for better continuum of care coordination, Click here for Lessons Learned from MA Coalition PROMISES Project, Referral Study linked in the Coordination of Care section.

This is the best place I have worked as an NP.
We are respected by administration to do our best and patient care is at the center of all decisions.
–Survey Respondent
We wish you success as you continue to improve and grow your practice to better serve your patients.

Thank you to the Maine Quality Forum for making this project possible.