



HPOE *Live!*

2015 Webinar Series

The presentation will begin shortly.

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TeamSTEPPS Implementation: Fostering Buy-in from the Front Lines to the C-suite

Robert L. Smith, PhD

Director, Medical Staff Assistance Program

Director, TeamSTEPPS Regional Training Center

and

Joe Golob, MD

Medical Director, Hospital Patient Safety

Medical Director, SICU

Teamwork Is All Around Us



What is TeamSTEPPS™?

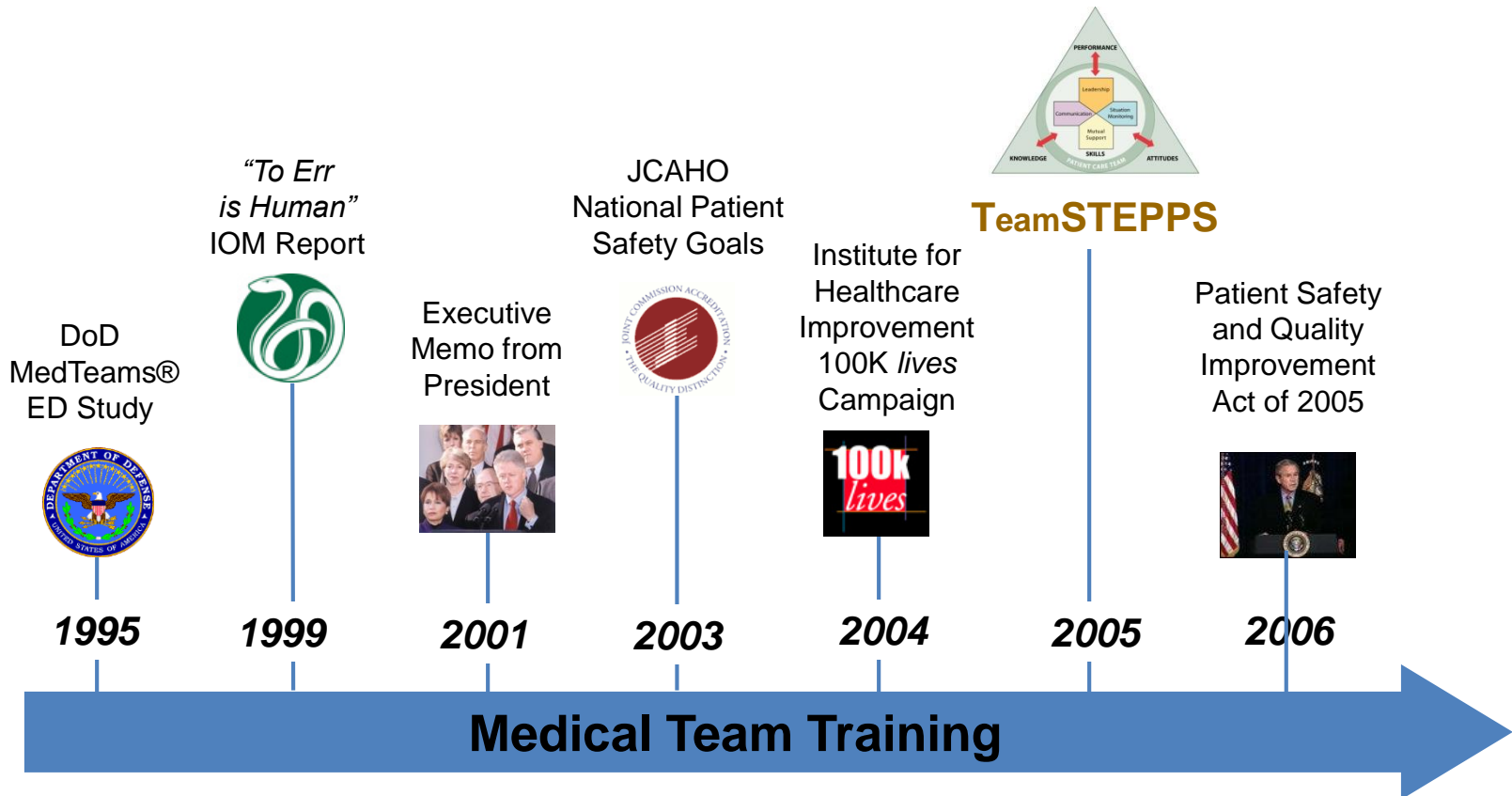
- Team **S**trategies and **T**ools to **E**nhance **P**erformance and **P**atient **S**afety
- An evidence-based teamwork system
- Designed to improve: Quality, Safety, Efficiency of health care
- Practical and adaptable to inpatient / outpatient services

Background: US Army Aviation

- Army aviation failures in mid-80s contributed to 147 aviation fatalities and cost more than \$290 million
- Failures attributed to poor crew communication, and task prioritization
- Developed Crew Resource Management



Patient Safety Movement



Evolution of TeamSTEPPS

Curriculum Contributors

- Department of Defense
- Agency for Healthcare Research and Quality
- Research Organizations
- Universities
- Medical and Business Schools
- Hospitals—Military and Civilian, Teaching and Community-Based
- Healthcare Foundations
- Private Companies
- Subject Matter Experts in Teamwork, Human Factors, and Crew Resource Management (CRM)

TeamSTEPPS

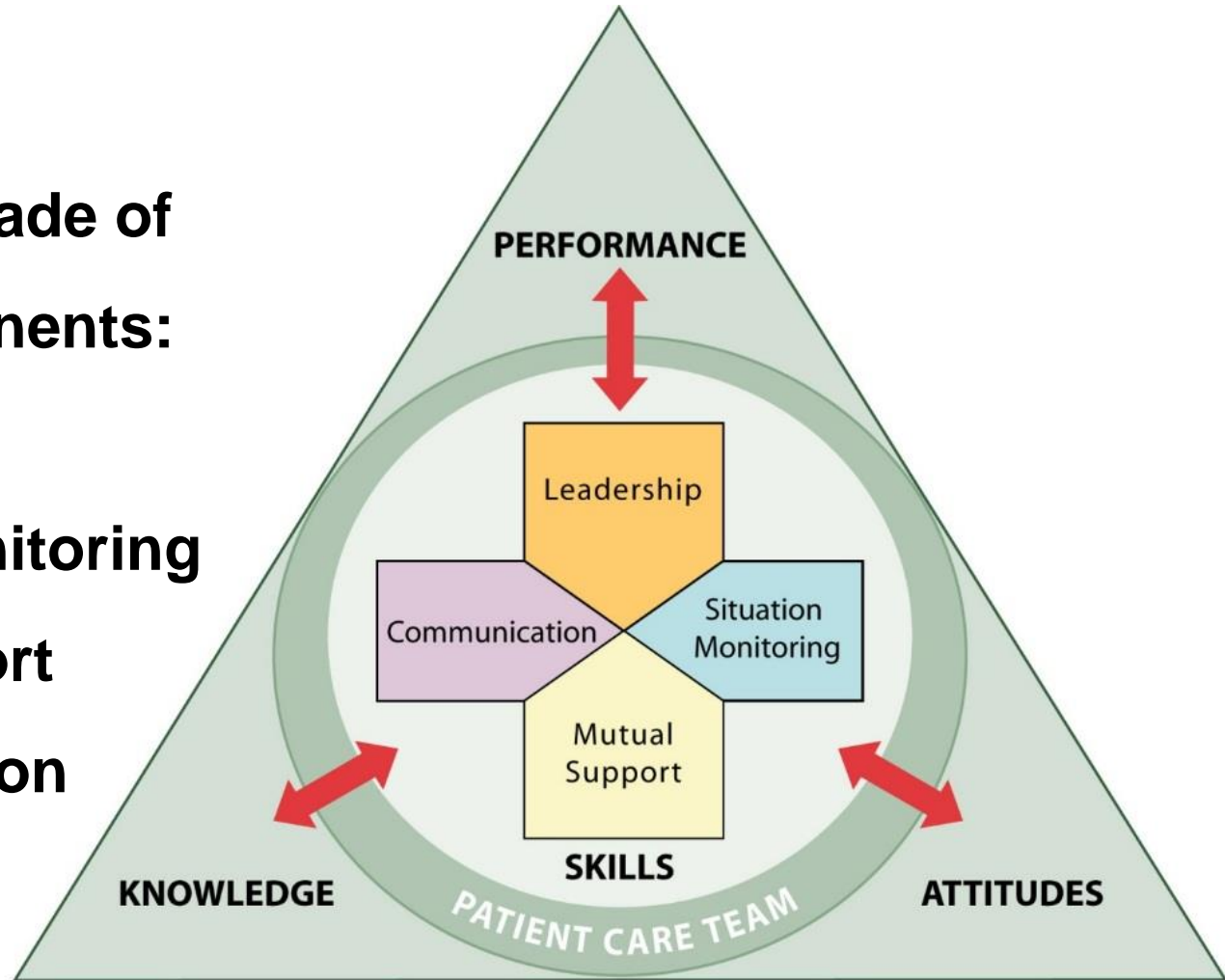
Team Strategies and Tools to Enhance Performance and Patient Safety

“Initiative based on evidence derived from team performance...leveraging more than 25 years of research in military, aviation, nuclear power, business and industry...to acquire team competencies”

TeamSTEPPS

Teamwork is made of various components:

- **Leadership**
- **Situation Monitoring**
- **Mutual Support**
- **Communication**



Evidence for TeamSTEPPS

- Communication failure has been identified as the leading root cause of sentinel events over the past 10 years (Joint Commission)
- Communication failure identified as a primary contributing factor in almost 80% of 6000 root cause analyses of adverse events and close calls (VA Center for Patient Safety)

Clinical Benefits

- Improved Quality Care
- Improved Safety
- Improved Outcomes
- Shortened Length of Stays
- Improved Overall Patient and Family Satisfaction

Benefits to the Organization

- Increased patient satisfaction and retention
- Increased staff satisfaction and retention
- Compliance with Joint Commission standards emphasizing teams
- Avoidance of legal action

Who is MetroHealth?

MetroHealth

- Serving Cuyahoga County in Cleveland since 1837
- One of the largest healthcare organizations in Northeast Ohio
- 700-bed medical center
- 17 community health centers

Staffing

- Over 476 Primary Care/ Specialty Physicians
- 1,230 Registered Nurses
- 145 Advanced Practice Nurses



Training Programs

- Twenty-four Residency Programs
 - 374 Interns/Residents
- Fifteen Fellowship Programs
 - 55 Fellows
- 1st and 2nd Year Medical Students, etc.
 - 1035 “students”



Patient Care at MetroHealth

- Care provided in 2014
 - 28,000 inpatients
 - 2,900 newborns delivered
 - Over 1,000,000 visits in outpatient centers
 - Over 107,000 visits to the Emergency Department



How to Get Started:

*Select your “Champion”
and “Change Team”*

CHAMPION

OF A NEW ERA



Dwayne Johnson –
“The Rock”

UNCH
WRESTLING
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Champion

- Passionate
- Confident
- Respected, knowledgeable, influential
- Able to dedicate time
- Willing to own the project and take risks
- Comfortable making presentations
- Understands culture and politics

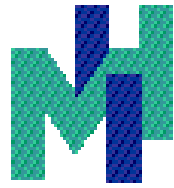


Change Team

- Influential and passionate
- Respected by peers
- Understands culture and politics
- Has access to information and resources
- Models leadership and communication
- Represents all key areas

Change Team Tasks

- Determine department's/organization's “real” interest
- Review literature
- Talk with organizations that have implemented TeamSTEPPS
- Ask “what is our commitment?”



Organizational Change Team

- Quality Department
- OB/GYN
- Emergency Medicine
- Surgery
- Trauma / Burn Units
- Medicine
- Pediatrics
- Geriatrics
- PM&R
- Ambulatory Care
- Medical ICU
- Organizational Development
- Simulation Center
- Communication
- Diversity and Inclusion
- Marketing
- MetroHealth Union

Unit Change Team



Unit Change Team

- Medical Director
- Nurse Manager
- Representatives of all disciplines
 - Nursing
 - Attendings
 - Physical Therapy
 - Respiratory Therapy
 - Environmental Services
 - Unit Secretary



Target Administration for Buy-In

Persuading Administration

- Research regarding Medical Teams
- Tell the story of TeamSTEPPS
 - “Data tells, stories sell”
- “Why our organization?”
 - Use existing internal data: quality, risk management, patient satisfaction, etc.

Persuading Administration

- Cost of errors to your organization
 - Risk Management Data, Malpractice Data
- Investment / Cost
 - Estimate resources needed, time away from work for training, etc.

Persuading Administration

- Expected outcome
- Review literature
- Not an educational program

“A change in culture”

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RETURN

ON

INVESTMENT

Persuading Administration

- Provide overview of plan
- Do not “oversell”
 - Avoid tight deadlines
 - Anticipate “results” 6 months to one year after implementation
 - Plan for sustainability and measurement from the start

Examples of MetroHealth's Administrative Buy-In

MetroHealth's Mission



“Leading the way to a
healthier you
and a healthier
community
through service,
teaching, discovery
and

teamwork.”

MetroHealth's Values



- **S**ervice to Others
- **T**eamwork
- **A**ccountability
- **R**espect
- **I**nclusion and Diversity
- **Q**uest for Excellence

Preparing Departments for Implementation

Determining “Readiness”

- Develop an Implementation Team
- Standardize your process:
 - Brief presentation regarding TeamSTEPPS
 - Survey the staff (AHRQ survey)
 - Review role of instructors and ask for volunteers
 - Return and present survey data

Determining “Readiness”

- Low return of surveys
- Minimal response to request for instructors
- Feedback – “this is just another training”
- Push back - “we don’t have time for this”
- Minimal support from Chair, Director, etc.

Recognize that they may need to wait and that you may need to help them get ready.

“Resisters”



TeamSTEPPS



Overcome Resistance

- Enlist Chairperson, Director, etc.
- Acquire survey data
- “Drill down” to identify issues
- Share survey data
- Conduct small focus groups to discuss staff reactions
- Be patient, but persistent

Engaging Staff

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Key Elements

- No Consultants
- Program is flexible and nothing is imposed
- Design program to make it relevant
- Instructors from each area teach staff and serve as coaches

Adult Learner Model of Instruction

- Limited lecture - avoid “death by PowerPoint”
- Opportunity for questions and discussion
- Role-play and simulation
- Avoid “one size fits all”
- Enjoyable experience - “fun”

TeamSTEPPS and MetroHealth 2014 Implementation

- Emergency Department
- Critical Care/ Trauma/ Burn Units
- Operating Room and PACU
- Labor & Delivery, NICU and Post-Partum
- Administration, Strategic Planning, Foundation
- Physical Medicine and Rehabilitation
- Middleburg Hts. Ambulatory Care
- Ambulatory Surgery on Main Campus

TeamSTEPPS and MetroHealth 2015

- Approximately **1/3 of staff trained**
- On Deck:
 - Cardiology
 - Pulmonology
 - Internal Medicine
 - Pediatrics
 - Finance / Information Systems
 - Ambulatory Network
 - Environmental Services / Dietary / Textiles

Return on Investment

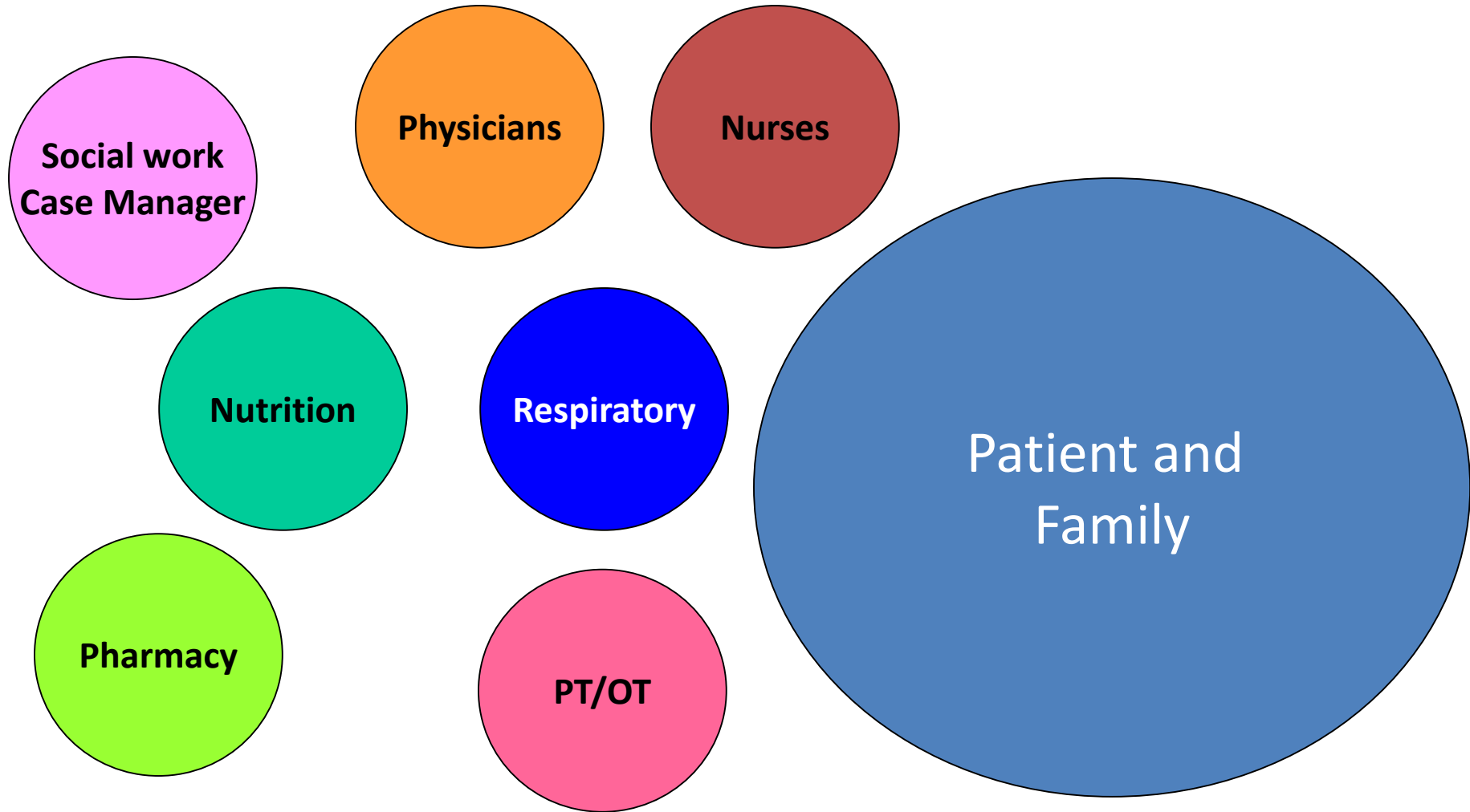
Joe Golob, MD

Trauma Surgeon and Surgical Intensivist

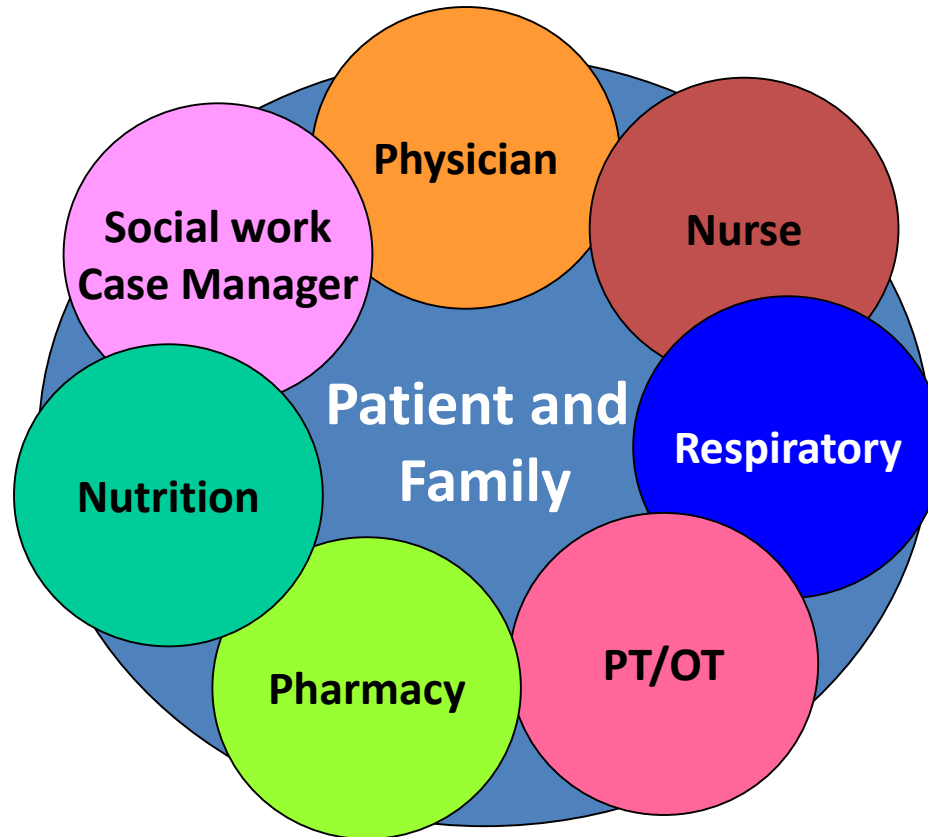
Medical Director, Hospital Patient Safety

Medical Director, SICU

ICU Care: The Pieces

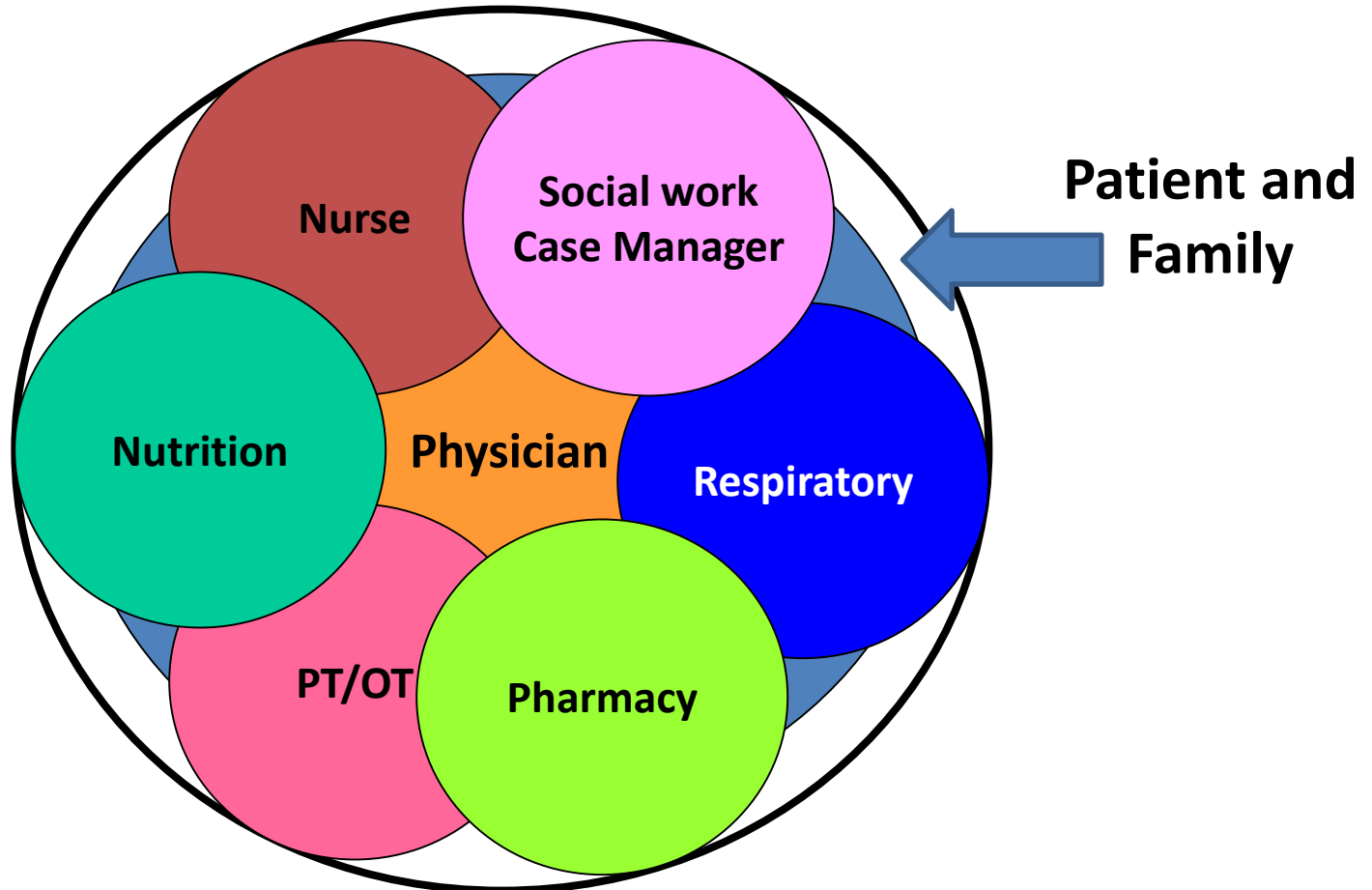


Pre-TeamSTEPPS Culture



Care is given by “teams of experts”

Post-TeamSTEPPS Culture



Care given by “an expert team” not “teams of experts”

The Process of Change

1. TeamSTEPPS Organizational Readiness Assessment
 - Evaluates need, readiness for change, time, resources, personnel and sustainment of change
2. Surveyed the entire unit staff on their perception of patient safety, communication and job satisfaction
 - Modified version of the AHRQ's Patient Safety Culture Survey

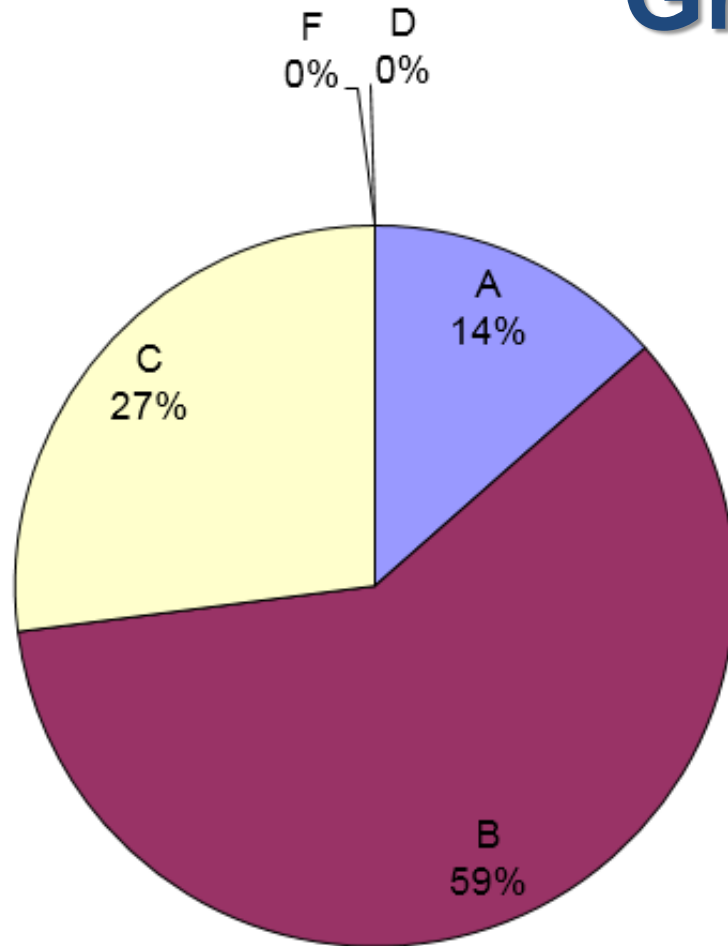
SHARED RESULTS WITH STAFF!

The Process of Change

3. Created a TeamSTEPPS Intervention – TeamSTEPPS Rounding Improvement Project (TRIP)
4. Five-hour TeamSTEPPS training for the entire unit
5. Implemented TRIP
6. Re-surveyed the entire unit staff on their perception of patient safety, communication and job satisfaction

SHARED RESULTS WEITH STAFF!

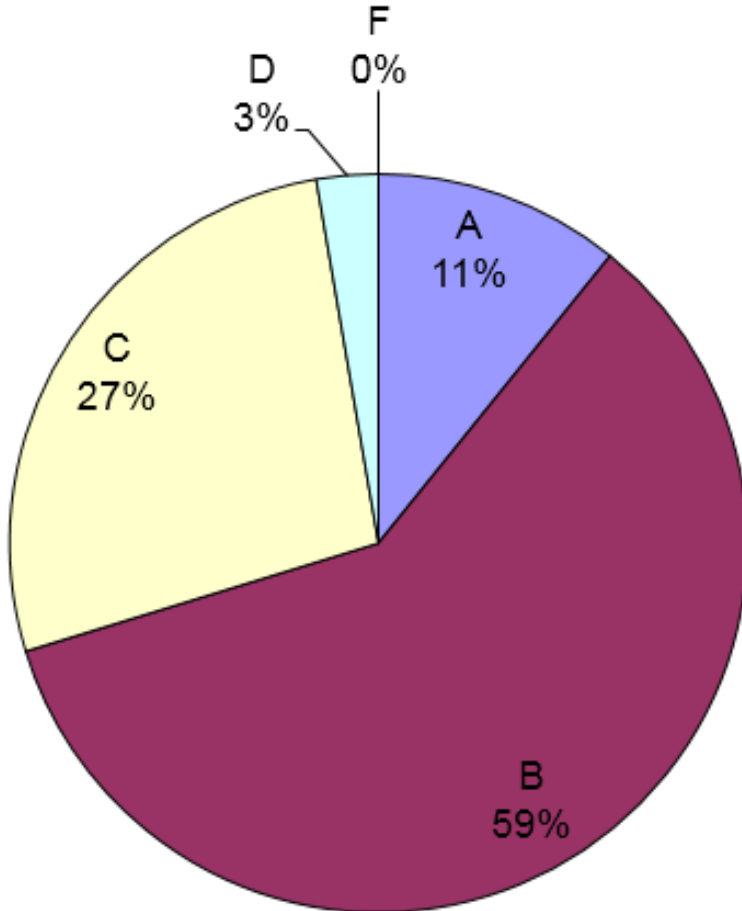
Pre-TeamSTEPPS Patient Safety Grade



Positive (Grade A or B) = 73%

Negative (Grade C, D, F) = 27%

Pre-TeamSTEPPS Communication Grade



Positive (Grade A or B) = 70%

Negative (Grade C, D, F) = 30%

TeamSTEPPS Rounding Improvement Project (TRIP)

1. Nurse initiates rounds, reviewing and presenting overnight events, concerns, and current clinical data
2. Physicians examines patient and discusses daily plan
3. Nurse summarizes the daily plan
4. Attending closes by asking the team if they have any unanswered questions, concerns and creates a follow up list for the remainder of the day.

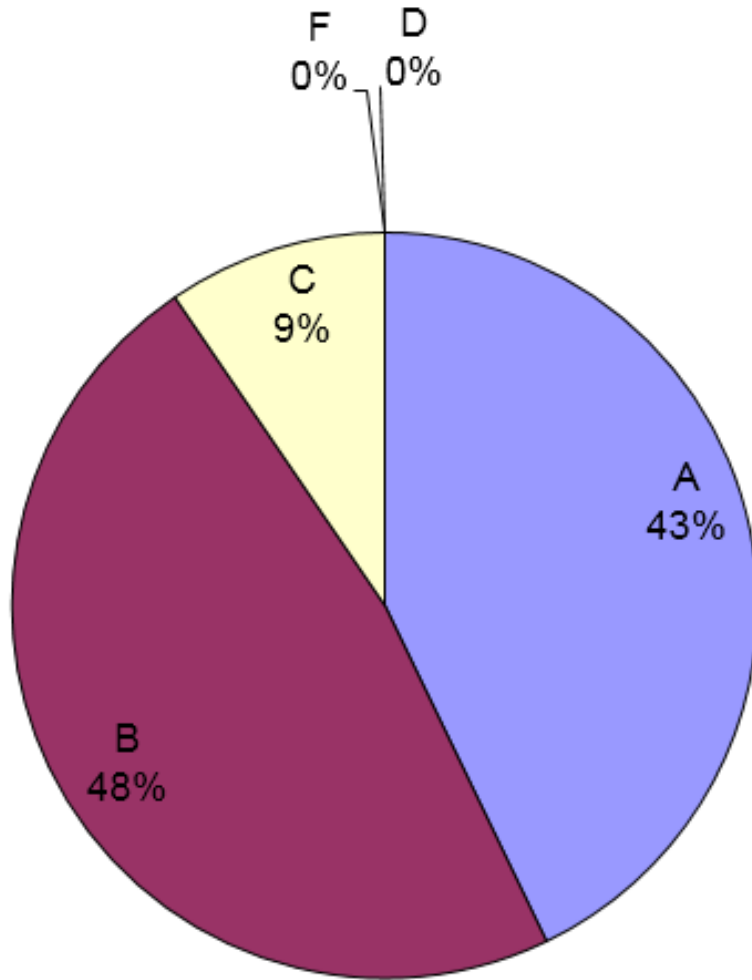
Sterile Cockpit!

Major TeamSTEPPS Tools Used: briefs, call outs, checks backs, check lists, debriefs

Problems Encountered with TRIP Implementation

- Angry night nurses
 - “Filling out the TRIP sheet is busy work”
- Angry day nurses
 - “Reporting vitals and labs is a resident’s job”
- Impatient attending intensivists
 - “I have to wait for the nurse to round?”
- Implementation of the sterile cockpit
 - “No interruptions?”
- Increased time on rounds – Not really!

Post-TeamSTEPPS Patient Safety Grade



Positive (Grade A or B)

Pre-TeamSTEPPS = 73%

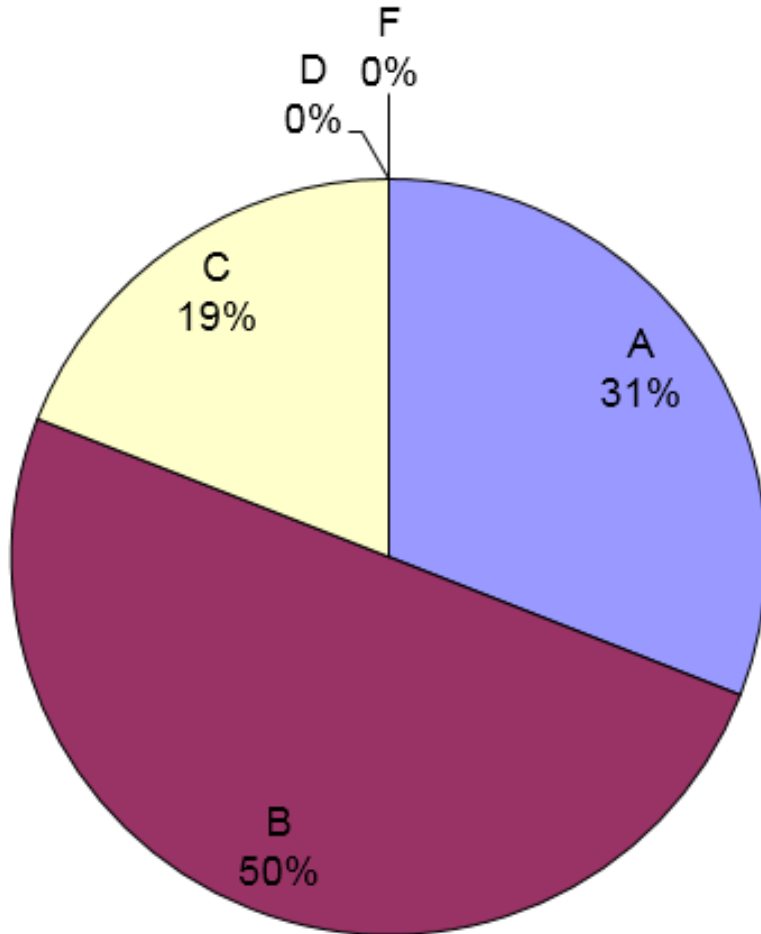
Post- TeamSTEPPS = 91%

Negative (Grade C, D, F)

Pre-TeamSTEPPS = 27%

Post –TeamSTEPPS = 9%

Post-TeamSTEPPS Communication Grade



Positive (Grade A or B)

Pre-TeamSTEPPS = 70%

Post- TeamSTEPPS = 81%

Negative (Grade C, D, F)

Pre-TeamSTEPPS = 30%

Post –TeamSTEPPS = 19%

Continued TRIP Improvement

- Trained observers, blinded to the rounding team audited TRIP rounds
 - 262 TRIP rounding observations
 - Entire Team present during rounds: 81%
 - All four parts of the rounding process used: 71%
- Identified issues:
 - Nurse not always available for rounds
 - TRIP sheet not always complete and legible
 - Attending forgets to conduct the end of rounds debrief and summary

Conclusions

- Utilize the TeamSTEPPS Implementation Guide
- Collect data and **show** the staff so they know personally what TeamSTEPPS is trying to improve in their unit
- Utilize frontline staff to create a project to be started during or immediately after training to show staff they are using TeamSTEPPS
- Continue to modify the process and make improvements
- **Show the staff success!**



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Questions and Answers

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