Leadership Buy-in From the C-Suite Perspective
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Leadership Buy-in From the C-Suite Perspective
TeamSTEPPS National Conference
June 16, 2015
1:00pm – 2:30pm

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Parker Adventist Hospital
Denver, Colorado

Centura Health
- A faith-based, nonprofit health care organization formed in 1996 by Catholic Health Initiatives and Adventist Health System
- Colorado’s fourth largest private employer with nearly 16,000 associates and 5000 RNs
- The Centura system includes 25 operating entities:
  - 15 hospitals
  - 7 senior living communities
  - Centura Health at Home, Hospice, Health Network
  - Centura Health Physician Group

Centura Health
Porter Adventist Hospital

- Acute Care Hospital
- Adult and Geriatric Psychiatric Services
- Cancer Care Center
- Cardiovascular Institute
- Center for Joint Replacement
- Centura Health Transplant Program
- Complex Medicine
- Craniofacial & Skull Base Disorders
- Robotics Institute
- Spine Institute
- 2015 U.S. News and World Report #2 Hospital in Colorado for Quality and Safety
- 386 Licensed Beds
- Magnet® designation since January, 2009
- 500+ Registered Nurses
- 76% BSN
- 42% National Certification

Objectives

- Discuss the contributing factors in the decision to become a TeamSTEPPS champion
- Describe the journey
- Explain how colleagues engaged in the TeamSTEPPS initiative

Contributing Factors: The Evidence

_Institute of Medicine_ (IOM, 1999) To Err is Human: Building a safer health system. Teamwork prevents errors

_Joint Commission_ (JCAHO, 2008) Inter-professional collaboration prevents errors

_American Nurses Association_ (ANA, 2008) collaboration enhances patient safety

_American College of Physicians_ (ACP, 2009) The future of healthcare is dependent on inter-professional teams

TeamSTEPPS

- Evidence based system to improve communication, patient safety and teamwork skills in Health Care professionals
- Rooted in 20 years of research
- Developed by Department of Defense (DOD) and Agency for Healthcare Quality and Research (AHRQ)
- Teaches four trainable team skills: leadership, communication, situation monitoring, mutual support
- Competencies in team skills enhances performance, knowledge and attitudes

[http://teamSTEPPS.ahrq.gov/](http://teamSTEPPS.ahrq.gov/)
Contributing Factors: High Reliability

- Defect free operations in hazardous environments
- Safety is the hallmark of organizational culture
- Team and system focus
- Communication of all team members is valued
- High Reliability Organizations (HRO’s)
  - Promote team training
  - Process analysis, design and standardization

(2014; Riley)

Contributing Factors: High Reliability

- Outcomes
  - 66% CAUTI reduction
  - 100% CLABSI reduction
  - 2014 HealthGrades patient safety excellence award
  - 2014 Leapfrog “A” rating for patient safety
  - 2015 US News and World Report top 50th orthopedic program ranking and #2 hospital in Colorado for Quality and Safety

(www.porterhospital.org)

Contributing Factors: ANCC Magnet

(ANCC, 2014)

Contributing Factors: Coordination

- Previous teamwork training in OR did not enculturate
- Opportunity to improve teamwork across units
- Multi-disciplinary
- Flattening hierarchy
- Transparency
The Journey: Daily Safety Huddle

• Hospital wide daily safety huddle; July 2, 2014
• M-F 8:30am to 8:45am
• Facilitated by:
  – Patient Safety Manager
  – CMO
  – CNO
  – Alternates

The Journey: Daily Safety Huddle

• Combination of Brief, Huddle and Debrief
• Welcome “newbies”
• Review Occurrences, Safety reports and Resolve issues
• Disseminate information about potential issues
• Educate principles of high reliability
• Celebrate “great catches” or near misses

The Journey: Daily Safety Huddle

Goals

• Empower Staff
• Engage all disciplines
• Reduction in preventable harm
• Non-punitive culture of transparency
• Psychological safety

The Journey: Daily Safety Huddle

• Outcomes
  – 26% annualized decrease in FY 2015 from prior year

• Patient Safety Culture Survey
  – Increase in 8 of 12 categories from prior year
    • Teamwork within units
    • Supervisor/manager expectations
    • Organizational learning and continuous learning
    • Feedback and communication about error
    • Communication openness
    • Frequency of events reported
    • Non-punitive response to error
The Journey: Periop Services & ICU

- Direct from OR to ICU workflow changes
- Communication challenges
- Change management

The Journey: Periop Services & ICU

Internal Collaboration

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Role</th>
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<tbody>
<tr>
<td>Anne Adler</td>
<td>Margaret Fisher</td>
<td>Nicole Mackey</td>
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<tr>
<td>Chris Beugnater</td>
<td>JR Doosain</td>
<td>Jon Meeney</td>
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<td>Jennifer Bidgah</td>
<td>Kate Griffin</td>
<td>Melissa McKay</td>
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<td>Debra Bruckato</td>
<td>Gina Hemara</td>
<td>Tiffany Mealer</td>
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<td>Crystal Chick</td>
<td>Whitney Hone</td>
<td>Karen Montgomery</td>
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<td>Sheri DeMure</td>
<td>Rita Kurtz</td>
<td>Karen Moreno</td>
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<td>Graham DeWust</td>
<td>Tena Lynch</td>
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External Collaboration

- [Link](http://www.specificwebsite.com)

Facility Collaboration

- Executive Sponsor: Tom Drake, CMO
- Rita Kurtz, OR Director
- Nathan Shaw, ACNO
- Sheri DeMure

The Journey: Facility Implementation

2014-2015 TeamSTEPPS Timeline for Porter Adventist Hospital (Proposed)

- Complete periop and ICU training: May/June
- Policy Proposal: July/Aug
- Recruit 9 Train the Trainers: Sept/Oct
- Communication plan: Nov/Dec
- Train the Trainer and Conference: Jan/Feb
- Practice sessions for trainers: Mar/Apr/May
- Train ED
- Train 5N, 4N
- Train 3N, 1N
- Train 4E, Cath Lab
- Train Rehab, 5E
- Train 1S, 2S, ECT
- Develop Physician curriculum
- Develop refresher curriculum
Gaining Engagement

Benefits

- Quality & Safety
- The Cost of RN Turnover
  - Average cost of turnover for a RN = $36,000 to $88,000
  - National average RN turnover rate = 16.5%
  - Porter RN turnover = 11% (Exactly how many)
- Job satisfaction, Patient Satisfaction

Cost

- Current investment
  - 27 Trainers and 180 Periop Services and ICU associates trained = $40,656
- Cost to Complete training facility wide
  - $57,500

References


Institute for Healthcare Improvement: Small tests of change to accelerate improvement (N. D.) Retrieved from: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovement/


References


Motivating Physicians to Join the Core Team:

STOP INFORMING AND START ENGAGING

Stanley Rabinowitz, MD, FCCP

Contact Information

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Denver, Colorado

24 OPEN HOURS

Critical Care Unit
Voluntary Attending Physician

TeamSTEPPS

- Burnout
- Disengagement
- Out of the Loop
Circle of Care

How do you bring Physicians to the table?

1. TeamSTEPPS has improved communication between Attending Physicians and the CORE Team in the ICU.

- Strongly Agree: 11 (50%)
- Agree: 5 (22%)
- Neutral: 4 (18%)
- Disagree: 2 (9%)
- Strongly Disagree: 1 (5%)
2. The daily Brief with the critical care Physician Assistant (PA) provides an opportunity for the Attending Physician to collaborate regarding the plan of care.

3. The medical Director of critical care is available for "Briefs" and "Huddles".

4. Since the implementation of TeamSTEPPS in the CCC, I feel better informed about the status of my patient.

5. Since the Implementation of TeamSTEPPS, I feel like an active member of the CCC Core Team.
SSM-St. Louis

- Five adult acute care hospitals and one specialty pediatric hospital
- Over 12,000 employees and 2,500 physicians on staff
- First became interested in TeamSTEPPS in 2007

Initial Mandate

- Came from System President
- Implement TeamSTEPPS in obstetrics, emergency departments, operating rooms, ICUs in all of our hospitals by the end of 2012
- Good initial wins in mid 2012
Saga of 2013

- Many leadership changes
- Processes not hardwired
- Despite initial wins in units, loss of focus led to deterioration of support and loss of concepts and knowledge in many formerly high performing units

Retooling of TeamSTEPPS

- Many conversations among senior leadership including system president
- Implementation of TeamSTEPPS was included as one of the seven primary Patient Safety and Quality goals for the entire system
- Felt that more narrow focus was mandatory

Mandate of 2014

- TeamSTEPPS will be 100% implemented in high risk units by end of year 2015
- High risk units defined as OB, ICU, ED, ORs and cardiac cath labs/IVR units
- First unit implementation in 4Q14, 2nd in 1Q15 and one unit quarterly until 100% by end of 2015

The Revised Plan

- Each entity created an entity TeamSTEPPS team which was led by an entity physician and nurse champion
- Entity team is responsible for creating the implementation plan to comply with the system requirements and is accountable to the system
- Champions work with unit leadership to meet the requirements
The Revised Plan

• Each entity must submit and update quarterly which units are being implemented and when

• Some units were complete reimplementation and some were a focused refresh

• Mandate included 100% of physicians and hospital staff training on those units

Options of Implementation

• Full fundamentals course—STRONGLY preferred

• Optional condensed version in which several “mini sessions” focusing on various TS tools
  • To be used only in areas where there was significant resistance such as private surgeons in OR implementation that refused to participate

Other Implementation

• Refresh every 1-2 years for units

• Regular mandatory e-learnings to supplement and reinforce

• New hires must be trained on TeamSTEPPS within 120 days of hire

Leadership Buy-in

• Since it is one of the seven primary goals of system, it is part of the routine agenda at every level of organization—system, regional, entity

• Emphasized by all levels of leadership at each tier of the organization
Must be Woven into the Culture

- Routine conversations in senior leadership rounding—how you use concepts
- Routine part of inquiry in all root cause analyses for serious safety events on implemented units
- Must incorporate terminology and tools into everything that we do

Culture

- Must demonstrate benefit—first to leadership and then infiltrate through to staff and physicians
- Sharing of success stories throughout network—perhaps an internal video testimonials by professionals involved in events
- Dedicated intranet site as source of forms or any information related to TeamSTEPPS

Culture

- Should be a topic of discussion at all leadership and staff meetings
- If staff knows that it is important to senior leadership, it will be much more likely to succeed

Key Take Aways

- Strong senior leadership is a must
- Must demonstrate value through stories
- Must be a recurrent topic of conversation in all meetings, rounds and event investigations
Thanks

Questions?
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