A Team of Experts is Not an Expert Team: Optimizing Interdisciplinary Rounds Communication

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Two hospitals, 1100 beds, Independent Academic Medical Center

53,621 Admissions
22nd in the nation
38,453 Surgeries
24th in the nation
173,857 ED Visits
22nd in the nation
6,346 Births
30th in the nation

Christiana Care Health System
Participating with Poll Everywhere
How to vote via text messaging

**FIRST POLL:**

To vote, simply text "AHA1" to 22333.

Your poll will show here
1. Install the app from polliev.com/app
2. Make sure you are in Slide Show mode

Still not working? Get help at polliev.com/app/help or Open poll in your web browser

**SUBSEQUENT POLLS:**

You've joined AHA Org’s session (AHA1). When you’re done, reply LEAVE.

Your poll will show here
1. Install the app from polliev.com/app
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Still not working? Get help at polliev.com/app/help or Open poll in your web browser
Today’s Session Objectives

- Identify teamwork behaviors, tools, and strategies that improve team performance during interprofessional rounds
- Describe strategies to enhance rounds effectiveness through real-time videotaping and debrief feedback
- Leverage lessons learned from a large regional health system’s approach

Follow these ‘STEPPS’

Assess Current State

- How are Rounding (or any) teams currently constructed?
- How well are these team principles being applied by the team?
- What are the opportunities for team effectiveness improvement?
- Establish goals; communicate and educate
- Develop a measurement and sustainment plan
### Observation Tool*

<table>
<thead>
<tr>
<th>Team Structure</th>
<th>Adapted from TeamSTEPPS Observation tool</th>
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### Observed Teams & Identified Opportunities

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### Timeline and Interventions

- **Cohorting Patients on Medicine units - 2011**
  - Setting the stage for Interdisciplinary Rounding
  - Team training need identified - 2013
  - In house expertise identified
  - Interprofessional sessions
  - In-situ videotaping and debriefs conducted

- **Interdisciplinary Rounds initiated 2011-2012**
  - Focus on process
  - No formalised team training

### Training plan

**Setting the Stage: 1-2 months**

- Setting the stage: Target audience, scheduling, locations, timelines, logistics, evaluation, documentation, feedback, coaching, monitoring, interventions

**Teaching Team Skills: 1-2 months**

- Teaching and coaching: Reflective practice, debriefs, role playing, simulations

**Application & Feedback: 3-12 months**

- Application and feedback: Simulation, debriefing, feedback, coaching, monitoring, interventions, expectations
Interdisciplinary Rounds
Team Education Plan

AUDIENCE:
• PICU team members: attending, nurse, PICU, OMSW, Pharm (clarify who has role of rounds coordinator)
• (Team STEPPS Count back to PICU)

Delivered on site: One-hour to PICU
• Video Review & Discussion of PICU patients (10 min) and potential problems for simulation

PRE REQUISITES:
• Video monitoring, interactive audience discussion, simulation, small group application sessions
• (Open-school patient safety, PICU, Teamwork and Communication recommended)
• PCR team members: attending, nurse, PCF, CM/SW, Pharm (clarify who has role of rounds coordinator)

LEVEL:
• Basic

Training Plan
Pre-session Reading/Online IHI Modules

In an environment of competing demands and production pressure, effective teamwork is more critical than ever.

http://www.youtube.com/watch?v=r8NPzLBS8yP
Session Objectives for Rounds Teams

- Identify characteristics of high performing teams
- Describe the principles of effective teamwork and the benefits of team based care
- Identify teamwork behaviors, tools and strategies that improve team performance during patient centered rounds

“A team of experts is not an expert team.”

~ TeamSTEPPS®

Key Principles

**Team Structure**
- Defines fundamentals such as team role, membership, leadership, composition, identification and distribution

**Leadership**
- Ability to coordinate the activities of team members by ensuring that roles are understood, changes in information are shared, and that team members have the necessary resources

**Situation Monitoring**
- Process of actively scanning and assessing situational elements to gain information, understanding, or maintain awareness to support functioning of the team

**Mutual Support**
- Ability to anticipate and support other team members' needs through accurate knowledge about their responsibilities and workload

**Communication**
- Process by which information is clearly and accurately exchanged among team members

Know the Plan, Share the Plan

Effective teamwork requires not only the teaching and practice of specific teamwork tools and behaviors, but also effective leadership and an acute understanding of safety culture, the environment in which the team operates.

Shift to Team Approach

<table>
<thead>
<tr>
<th>From (INDIVIDUAL)</th>
<th>To (TEAM)</th>
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</thead>
<tbody>
<tr>
<td>Single focus (clinical skills)</td>
<td>Dual focus (clinical and team skills)</td>
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<tr>
<td>Individual performance</td>
<td>Team performance</td>
</tr>
<tr>
<td>Individual efficiency</td>
<td>Team efficiency</td>
</tr>
<tr>
<td>Self-advocacy</td>
<td>Mutual support</td>
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<tr>
<td>Loose concept of teamwork</td>
<td>Clear understanding of teamwork</td>
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<tr>
<td>Under-informed decision-making</td>
<td>Informed decision-making</td>
</tr>
<tr>
<td>Having Information</td>
<td>Sharing information</td>
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<tr>
<td>Unbalanced workload</td>
<td>Managed workload</td>
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<tr>
<td>Self-improvement</td>
<td>Team improvement</td>
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Standardize the Model

- Early Discharges
- New Patients Seen
- ROUNDS Preparation
- Next Day D/C Preparation
- Interdisciplinary Rounds
- Afternoon huddle
- D/C process
- Progression of Care
Rounds Content

Current Clinical Status
• Brief summary
  • Working diagnosis, clinical status
  • Identified goals of hospitalization & discharge
  • State today’s plan towards these goals
  • Outline projected discharge date

Overnight Updates
• Tests, treatments, consults
• Medications
• SW/CM needs
• Quality/Safety Checklist

Discharge Goals
• Barriers
• Plan of Care

Interdisciplinary Rounds Team Members

1. Introduction MD/DO/APN
   • Working diagnosis, clinical status
   • Identified goals of hospitalization & discharge
   • State today’s plan towards these goals
   • Outline projected discharge date

2. RN or PCF
   • Overnight events/response to interventions
   • Updates linked to physician’s stated clinical goals
   • New lab results
   • Activity, O2, diet bowel movement
   • QS checklist: lines, catheters, beds, Foley, tube

3. Pharmacist
   • Current status, criteria in CM/SPMT
   • New meds/medications
   • Allergies/medication history
   • Current weight
   • IV to PO conversion

4. Social Work/Case Manager
   • Current status, criteria in CM/SPMT
   • Financial/Insurance
   • Discharge planning

5. MD/DO/APN
   • Summarize patient/family goals
   • Outline plan

Process Flow and Content by Role

Communication and Leadership
Structured communication creates predictability and agreement as to how team members will communicate.

Use names.

Have all team members spoken?

“If anyone has information that is different, please speak up at any time.”

“I need a little clarity”
Confirm responsibility for ownership of POC action.

“Let’s take a minute to ensure we all know what we’re doing for this patient today.” Summarize patient’s goal for the day.

Have I received the information I need?

“Does anyone have anything to add?”

Who will communicate info in the absence of a team member?

Verbalize expected discharge date.

Specific Clinical Protocols with Designated Team Member Follow Up

- VTE Prevention Protocol
- Lines? Removal
- Discharge Barriers
- Urinary Catheter Removal protocol
- Immunization Protocol
- Mobility Protocol
- Skin Protocol
- Fall Prevention Protocol

Have we addressed?

Cross Monitoring & Mutual Support

Video Viewing and Debrief Interdisciplinary Rounds

Whiteboard Illustration

PCR Whiteboard Video - Dr. Bhamidapati
Debriefing is an essential tool for effective teamwork and an environment of continuous learning and improvement.

**Rounds Video Debrief**

- There was a clear leader?
- Communication clear?
- Roles and responsibilities understood?
- Situation awareness maintained?
- Workload distribution?
- Did we ask for or offer assistance?
- Were errors made or avoided?
- What went well, what should change, what can improve?

**Debrief Tool (in your toolkits)**

**Team Structure**
- All required team member assembled

**Leadership**
- Physician invites team members to speak freely and ask questions
- Delegates tasks or assignments, as appropriate

**Situation Monitoring**
- Each team member actively shares information about each patient
- Establishes plan for communication with patient/family

**Mutual Support**
- Respectful, attentive collaboration with team members
- Assistance sought or offered

**Communication**
- Succinct summary of overnight events provided
- Today’s plan of care communicated
- Discharge date (anticipated) is discussed
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**Aggregated Data from Units via Video Review and Debriefs**

To identify common opportunities in Rounds team performance and shape sessions accordingly.

**TeamSTEPPS Interdisciplinary Rounds - Video Observation Results**

- **PCU Team Performance - Observer Evaluations**
- **PCU Team Performance - Self Evaluations**  
  - Observed and Expected results vs. Observed results vs. Not observed results.
Team Effectiveness Behaviors
Rounds Video Observation/Debriefs

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<tr>
<td>Team members, assemblies</td>
<td>Delegation tasks or responsibilities as appropriate</td>
<td>Audit nurse, medical assistant, and chief residents</td>
<td>Team members exchange feedback and share information about work process</td>
<td>Build, maintain, or select a team member as team leader</td>
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<tr>
<td>Control of information</td>
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<td>Increase in accountability</td>
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Emerging themes: Variation in teamwork elements

Post-Session Evaluation
How well objectives were met

<table>
<thead>
<tr>
<th>TeamSTEPPS for PCR Teams Post-Session Learning Objectives - Avg Rating</th>
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<tbody>
<tr>
<td>Apply the tools and strategies learned</td>
</tr>
<tr>
<td>Identify teamwork behaviors tools and strategies</td>
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<tr>
<td>Describe the principles of effective teamwork</td>
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<tr>
<td>Identify characteristics of leading high-performing teams</td>
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Post Session Evaluation
How will you apply team training?

Qualitative feedback

Please identify specifically what you intend to do in your practice with what you learned.

“More involvement of team members with delineated responsibility”
“Take more ownership & better delegation”
“Increase responsibility and make rounds more concise”
“Focus on goals and be sure they are discussed”
Lessons learned

- Team based care requires attention to both process and team skills
- Rounds leaders are critical to success
- In today’s healthcare environment, just in time targeted training in smaller doses helps teams efficiently and effectively identify their own opportunities
- Time to practice team skills and self-reflect through in-situ work processes with guided debriefing in the clinical environment is essential
- Protected time for all team members to participate in debriefs is somewhat challenging
- Offering feedback requires the establishment of a safe environment and ground rules

Acknowledgments

- Christiana Care Hospitalist Partners
- Department of Medicine
- Department of Care Management
- Department of Social Work
- IPC-The Hospitalist Group
- Organizational Excellence
- Patient Care Services (Nursing)
- Pharmacy
- Value Institute Center for Quality and Patient Safety
- Value Institute Academy
“Know the Plan, Share the Plan”

Layout of 90 minute session

- Proposal 1
- Check in - 5 min
- Slide presentation- outline events and data relevant to CCHS- all- 35 min
- Show rounds video and let participants use evaluation tool 15 min
- Break out to debrief in groups- 15 min
- Facilitated discussion- 15 min
- Wrap up - 5 min