Fostering Team Synergy and Increased Awareness Through TeamSTEPPS

Steven Small, MPA, MSM
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75th Medical Group

TeamSTEPPS® and the 360° Patient Safety WalkRound
STEVEN W. SMALL, MPA, MSM
Patient Safety Manager

The 360° Patient Safety WalkRound
75th Medical Group Executive Team:

- Colonel Craig Rice, Medical Group Commander
- Colonel (Dr.) Peter Kovats, Aerospace Medicine Squadron Commander
- Colonel (select) Kristen Carlson, Chief Nurse
- Colonel (select) Deann Lees, Medical Operations Squadron Commander
- Colonel (select) Kyle Pelkey, Dental Squadron Commander
- Lt Col Jeff Cook, Medical Support Squadron Commander
- Lt Col (Dr.) Bret LeSueur, Chief of the Medical Staff
- Ms. Julia Piper, Director of Clinical Quality

Mission Statement: Prevent, Heal, Prepare...Deploy!


Strategic Plan Focus:
- Maximize the Health and Safety of Our Community
- Ensure a Medically Ready Force
- Provide Equipped Medics...For Today and Tomorrow
The 360° Patient Safety WalkRound
75th Medical Group Clinical Services

- Ambulatory Care Facility with 17.4K empanelment, servicing over 72K eligible beneficiaries. Services include, but are not limited to:
  - Family Health
  - Pediatrics
  - Women’s Health
  - Flight Medicine
  - Airmen Clinic
  - Occupational Medicine
  - Mental Health
  - Dental
  - Physical Therapy
  - Ancillary Support (Clinical laboratory, Diagnostic Imaging, Public Health, Immunizations)

Clinical Area Avg Daily Patients Seen

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Avg Daily Patients Seen</th>
</tr>
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<tbody>
<tr>
<td>Family Practice</td>
<td>179.7</td>
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<tr>
<td>Dental</td>
<td>53.5</td>
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<tr>
<td>Pediatrics</td>
<td>42.4</td>
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<tr>
<td>Mental Health/Family Advocacy</td>
<td>42.0</td>
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<tr>
<td>Occupational Medicine</td>
<td>37.5</td>
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<tr>
<td>Audiology/Hearing</td>
<td>27.7</td>
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<tr>
<td>Physical Therapy</td>
<td>24.4</td>
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<td>Flight Medicine</td>
<td>12.6</td>
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<tr>
<td>Optometry</td>
<td>11.8</td>
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<tr>
<td>Women's Health</td>
<td>10.4</td>
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Participating with Poll Everywhere
How to vote via text messaging

FIRST POLL: SUBSEQUENT POLLS:

1. Install the app from pollerv.com/app
2. Make sure you are in Slide Show mode

Still not working? Get help at pollerv.com/app/help or Open poll in your web browser
Prevent, Heal, Prepare…Deploy!

**The 360° Patient Safety WalkRound**
- Break from traditional leadership rounds
- Reason(s):
  - Strive to be a High Reliability Organization
  - Organization realized the need to break a “silo mentality” that plagued our system—promote cross-functional cooperation
  - Education of Patient Safety and TeamSTEPPS® principles = increased engagement
  - Different perspective = more innovative ideas (i.e. Deference to Expertise)—addresses fallacy of centrality
  - Groom Patient Safety leaders from the “bottom-up”
  - Condition staff to view/consider all issues in the context of patient safety
  - Develop trust

We strive for organizational team members to be more active and effective champions of patient safety by increasing:
- Knowledge
- Skills
- Confidence

**Staff Activation**

- Knowledge:
  - Why do we report patient safety events?
  - What constitutes a patient safety event?
Skills:
- How do we identify patient safety events?
- How do we report patient safety events?

Question #3
In your organization, what percentage of staff do you feel "truly" know how to report a patient safety event?

Answers:
- 81% - 100%
- 61% - 80%
- 41% - 60%
- 21% - 40%
- 0% - 20%

Confidence:
- There won’t be negative ramifications for reporting a patient safety event
- Concerns will be appreciated and contribute to organizational success

Question #4
In your organization, do staff feel there are negative ramifications for reporting a patient safety event (either at a local or executive level)?

Answers:
- Yes
- No
- Occasionally
Who should comprise the 360° Patient Safety WalkRound Team?
- Select executive leadership (Chief of the Medical Staff, CNO, Administrator, CEO/CC, etc.)
- Patient Safety Manager/Patient Safety Function member
- Junior staff member / early careerist (preferably someone who routinely interacts with surveyed area)
- Any team member who expresses interest

Team Structure:
Identification of the components of a multi-team system that must work together effectively to ensure patient safety.

Leadership:
Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources.

Leadership responsibilities fulfilled:
- Organize the team
- Review team performance; provide feedback when needed
- Facilitate information sharing
- Encourage team members to assist one another
- Model effective teamwork

Brief / Introductions:
- 360° Patient Safety WalkRound Team assembled and introduced; purpose of 360° WalkRound discussed.
- Overview of clinical area trends discussed (i.e. strengths, challenges, etc.), based on PSR reporting, PSM surveillance and informal observation.
- Discussion of implemented initiatives since last 360° Patient Safety WalkRound (what were previous challenges? How is staff addressing these issues now?)
The 360° Patient Safety WalkRound

Process

- Clinical Area Visit:
  - Team introduction to clinical area staff.
  - 360° Patient Safety WalkRound Assessment (entails interaction with staff to include opportunity for Q&A, discussion of challenges, etc.)
  - Assessment of NPSG knowledge and compliance
  - Miscellaneous & Cultural
  - Voluntary Protection Program (worker protection)

A growing body of literature emphasizes the benefits of aligning medical worker and patient safety.

Debrief:
- 360° WalkRound team discusses:
  - Observations
  - Strengths
  - Suggestions for area improvements
  - Follow-up actions, if needed
  - etc.

Challenges/Observations:
- Break from traditional leadership rounds (leadership must be willing to embrace views of junior staff—this takes practice).
- Junior members (early careerists) initially hesitant to speak up—often, they feel they’re not in a position to ask questions/suggest improvements.
- Ensure follow-up of staff and WalkRound team concerns—this builds trust and confidence.
- View opportunities for improvement in a “non-threatening” manner—aim to encourage more people to speak up.

Realized Benefit:
- CY14 NME reporting increased 819% over CY13 NME reporting—Harm Events down 45.5%
- Areas reporting increased 5-fold
- Knowledge-based assessments of Patient Safety and TeamSTEPPS® principles increased 32%
- Fostered sound, data-driven process improvement initiatives which has benefitted our most valued member of the care team—the patient.
- Disease Management communication aid—hand-off issues decreased by 87%
- Minor Procedure Continuum improvement (development of Universal Protocol 2.0)
- Reinforcement of NPSG #15, Identify Patient Safety Risks
- Integrity of clinical laboratory process

It’s amazing what can be accomplished when no one cares who gets the credit.
Prevent, Heal, Prepare...Deploy!

The 360° Patient Safety WalkRound
Non-Medication Events
Areas of occurrence

The 360° Patient Safety WalkRound
Non-Medication Events Reporting Activity

Questions?

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Invite your team members to be successful

SUCCESS

Prevent, Heal, Prepare...Deploy!
Develop Trust
- Eliminate intimidating behavior that may serve to suppress reporting, act in a timely way to fix the problems reported by workers, and communicate these improvements to the individual who reported the problem.
- That communication, in turn, strengthens the trust that led to the reports and fosters further identification and reporting of problems even further upstream from harm.
- When all three of these components of a safety culture (trust, report, and improve) are working well, they reinforce one another and produce a stable organizational culture that sustains high reliability.
- Hold staff accountable for adhering to safety protocols and procedures (discriminate between blameless errors and blameworthy actions).

High Reliability Organization
- Achieving high reliability in health care will require hospitals to undergo substantial changes that cannot take place rapidly.
- 5 High-Reliability Principles include:
  - Preoccupation with failure
  - Resist the temptation to simplify their observations
  - Sensitivity to operations
  - Commitment to resilience
  - Deference to expertise

Applying Athletic Principles to Medical Multidisciplinary Rounds
Can Improve Both the Efficiency and Quality of Patient Care
Frederick S. Southwick, M.D

- Problems
  - TeamSTEPPS is perceived as taking extensive training.
  - Adoption of a Government Sponsored Program can be associated with resistance: “Why do I need to know this TeamSTEPPS stuff? This is just another government mandate.”
- Solution
  - Athletic principles can be used to teach the same approach
  - Draws on everyone’s past experience with team sports
  - Applied to a discrete microsystem Medicine Multidisciplinary Rounds
- Why improve multidisciplinary rounds?
  - Extremely inefficient (rounds too often took 3 hours)
  - Multidisciplinary groups NOT multidisciplinary teams
  - Parallel rather than interdependent work patterns
Our approach also encourages caregivers to embrace TPS?

Year after year received the highest quality and reliability ratings.
8 year old Toyota = 2 year old VW
3 year old Ford or Chrysler

- Healthcare systems have implemented Toyota Production System (TPS) “lean” principles.
- Virginia Mason Medical Center
- Leapfrog Hospital of the Decade (2001-2010)

Hypothesis
Adoption of a rounding system based on athletic principles would
- shorten the duration of rounds
- shorten hospital length of stay
- reduce 30-day readmissions
- improve physician, medical student, and nurse satisfaction
- not reduce and possibly improve patient satisfaction

Three Athletic Principles (recapitulate TPS)
1. Playbooks – team roles
   - Patient – the team owner
   - Attending – the coach
   - Residents – running backs
   - Nurses – the offensive line
   - Case manager – assistant coach
   - Students – redshirt freshmen
   - Pharmacist – assistant coach
Athletic Principles
2. Know who is passing and who is catching (Customer-Supplier Relationships)
   - Caregiver-patient: restore well-being and health
   - MD-Nurse: physician supplies a clear treatment plan, nurse supplies clear information (SBAR)
   - Consultant-ward team: consultant supplies the expertise to allow the team to help their patient

3. Game films – continuous team performance reviews
   - Team self-review daily: What went well? What could be improved?
   - External coaches: observe interpersonal interactions and team function, serve as a mirror (critical for effective team performance)
Need to teach the fundamentals

- Use of a huddle
- Flattens the hierarchy
- Improves communication
- Results in a shared mental model
- Efficient Communication
  - SOAP
  - SBAR

Create a website
(Allows review of principles and fundamentals)
http://Gatorounds.med.ufl.edu

Ideal Multidisciplinary Rounds
http://gatorounds.med.ufl.edu/how-do-i-implement-gatorounds/game-films/

http://Gatorounds.med.ufl.edu
http://gatorounds.med.ufl.edu/how-do-i-implement-gatorounds/game-films/

Apply athletic principles to medical rounds to improve teaching and patient care

Abstract
Problem
Teaching hospital multidisciplinary work rounds are often inefficient, delaying completion of patient care tasks and detracting from teaching. Participants often work as independent teams, with little coordination between teams. Athletic principles were utilized to form an interdisciplinary team that included residents, fellows, and faculty. The team was trained using athletic principles and SBAR to improve communication and patient care. The team was then integrated into the work rounds.

Approach
The team was divided into two groups of residents and faculty members. The training involved the utilization of athletic principles and SBAR. The team was then integrated into the work rounds.

Outcomes
The team was able to increase communication and improve patient care. The team was encouraged to continue utilizing athletic principles and SBAR in the future.

Documents greater satisfaction of faculty, residents, and medical students, and student ratings of teaching were markedly improved. Patient satisfaction did not change.

Next Steps
The current training system was improved by utilizing athletic principles and SBAR. The team was encouraged to continue utilizing athletic principles and SBAR in the future.

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Design

• Matched Control and Experimental Team (general medical teams)
• 11-month prospective pilot study:
  • February-July 2009
  • September 2011-January 2012

Data – outcomes measures

• Relative length of stay – Calculated by dividing the actual LOS by the expected LOS.
• The expected LOS was calculated utilizing standardized multiple linear regression models.
• Models were developed for each base MS-DRG group
• Included variables:
  • patient demographics (age, race, socioeconomic status)
  • health status (comorbidities and complications)
  • arrival means (i.e. ER, clinic, outside referral)
• 30-day readmission rate
• Anonymous satisfaction scores – Likert scale (1 worst, 5 best)
  • Cronbach's alpha coefficients were all > 0.7

Data – outcomes measures

• Attending performance graded
  • 30-point, 6-category 5 point scale (1 worst, 5 best)
  1. Facilitating horizontal communication
  2. Trouble-shooting
  3. Involving the bedside nurses and case managers on rounds
  4. Following a rounding schedule
  5. Encouraging work-sharing
  6. Knowing the clinical details of patients prior to rounds

• Data – analysis
Two-tailed unpaired nonparametric Wilcoxon analysis n ≤ 30
Or two-tailed unpaired t test n > 30

Results

• Goal <120 min
  • Ctl = 126
  • Exp = 110
Length of Stay

- 2009 (400 cases)
  - Ctl = 0.87 ± 0.05
  - Exp = 0.90 ± 0.04
  - p = 0.52
- 2011 (250 cases)
  - Ctl = 0.93 ± 0.07
  - Exp = 0.76 ± 0.05
  - p = 0.01
(a priori excluded non-adherent attendings)
Other services 1.20 & 1.11

Attending adherence

- 19% scores < 15

30-day readmissions

- 2009 & 2011 (650 cases)
  - Ctl = 9.95 ± 1.02%
  - Exp = 6.95 ± 1.29%
  - p = 0.039
(other services)
21.75% (10,824)

Satisfaction

- Attending
  - Overall
  - Efficiency
  - Teaching time
  - Standardized
- Residents
  - Overall
  - Efficiency
- Importance of autonomy
  - Attendings
  - Residents
Satisfaction

- **Students**
  - Overall
  - Efficiency
  - Integrated
  - Teaching time
  - Teaching level appropriate

- **Nurses**
  - Physician responsive
  - Sufficient contact
  - Addressing patient needs
  - Respect

- **Patients**
  - Overall: $4.0 \pm 0.1$ vs $4.3 \pm 0.1$ ($p = 0.076$)

**Conclusions**

Incorporating the 3 principles of championship athletic teams

1. **Playbooks** – everyone’s roles are defined
2. **Knowing who is passing and catching** – customer supplier relationships
3. **Game films** – What went well? What could be improved?

Combined with huddles and efficient communication (SOAP, SBAR)

- We can relay the principles of TeamSTEPPS to:
  - Shorten rounding times, leaving more time for management & teaching
  - Reduce length of stay (high-occupancy hospitals take notice)
  - Lower 30-day readmission % (if $5,000/\text{readmission} = \$7 \text{ million/yr}$)
  - Improve physician, nursing and student satisfaction.

**Final Thoughts**

- Don’t our patients deserve the same high quality systems as our athletic teams?
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