Are We a Team of Experts or an Expert Team?

BEST PRACTICES: Care for the Complex Community Dwelling Older Adult

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Objectives

• Describe six elements of an effective interdisciplinary team

• Explain the role of effective interdisciplinary team function in overcoming barriers to communication and preventing errors caring for older adults

• Identify four skills that enable team performance when implemented within a team structure

I have no conflicts of interest with respect to any product or commercial interest.
A Framework for Quality Care

Patient – Centered Care

Communication & Teamwork Skills

Patient Safety

Evidence – Based Guidelines

Adapted from Lyons & Coleman (In Press).
Six Elements of a Team

- Complementary skills
- Interdependent tasks
- Clear role expectations
- Common purpose
- Performance goals
- Mutual accountability

Katzenbach & Smith (2005)
Rubin & Beckhard (1972)
Groups vs. Teams

Working Group
- Designated leader
- Individual accountability
- Individual work products
- Efficient meetings
- Indirect measures of performance
- Discusses, decides, delegates

Team
- Share leadership roles
- Mutual accountability
- Collective work products
- Problem-solving meetings
- Direct measures of performance
- Discusses, decides, works together

Essence of a team is common commitment

Interdisciplinary Team Care

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Nursing</th>
<th>Social Wk</th>
<th>Patient/Family</th>
<th>Psych</th>
<th>PT/OT</th>
<th>Dietetics</th>
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</thead>
</table>

Shared leadership
Mutual accountability

Patient Centered Communication
Considering Individual Values & Preferences

Evaluation

Care Plan (Collective Product)

Problem-solving
Direct measures of performance

6
Why do we need teamwork?

• 44,000 – 98,000 people die each year due to medical errors in hospitals

• Lack of teamwork and poor communication contribute to errors and sentinel events


“The greatest problem in communication is the illusion that it has been accomplished.”

--George Bernard Shaw
Video Example: Lack of Team Structure and Skills

• How many barriers to safe, patient-centered care are present in this video clip?
  
  – Lack of information sharing/poor communication
  – Lack of coordination and follow-up
  – Distractions
  – Lack of role clarity
  – Misinterpretation of cues
  – Poor workload management
Why do we need teamwork?

The majority of healthcare occurs in an ambulatory setting

- Older adults account for 26% of physician office visits
- 2/3 of older adults have multiple chronic conditions
- Ambulatory care for chronic geriatric conditions is less likely to be consistent with guidelines than is care for general medical conditions

Hing et. al. (2006), Wolff et. al. (2002), Rubenstein et. al. (2004), Wenger et. al. (2003)
High Reliability Health Care Requires an Expert Team

- Complex operations
- Potential for catastrophic failure
- Interdependent tasks
- Specific roles
- Common goal—safe, effective care

Interdisciplinary Teams in Healthcare

• Teamwork in healthcare
  – Effective team performance is a key principle of safe care
  – IOM: “People make fewer errors when they work in teams.”

• Barriers to effective teams in healthcare
  – Training occurs in separate disciplines
  – Team members receive little team training
  – Traditions of professional autonomy & deference to authority

Institute of Medicine (2000)
Barriers to Effective Care Transitions for Older Adults

Patients . . .
- Have multiple medications; cognitive and functional impairments
- Often isolated from family
- Receive care in multiple settings
- Receive care from multiple, specialized providers

Lyons & Coleman (In Press).
Teamwork—Essential Component of High Reliability Organizations

• Teams have two inter-related tasks
  – Clinical task competence
  – Team behavior competence
  Rubin & Beckhard (1972)

• Competence in teamwork
  – Knowledge
  – Skills
  – Attitudes
What comprises team performance?

**TeamSTEPPS**
Team Strategies & Tools to Enhance Performance & Patient Safety
Outcomes of Team Competencies

• Knowledge
  – Shared Mental Model

• Attitudes
  – Mutual Trust
  – Team Orientation

• Performance
  – Adaptability
  – Accuracy
  – Productivity
  – Efficiency
  – Safety

http://www.ahrq.gov/qual/teamstepps/
Reminder: Team Structure

Team Structure
• Complementary skills
• Interdependent tasks
• Clear role expectations
• Common purpose
• Performance goals
• Mutual accountability

Curriculum
• Train the Trainer
• Fundamentals
• Essentials

http://www.ahrq.gov/qual/teamstepps/
Skill Overview: Leadership

• Organize the team
  – set clear goals & delegate tasks
  – manage resources

• Ensure team members share information
  – Formal team meetings & informal exchange sessions
  – Make decisions through collective input
  – Empower team members to speak up

• Resolve conflict

• Actively model and facilitate good teamwork

• May be designated or situational

http://www.ahrq.gov/qual/teamstepps/
Skill Overview: Situation Monitoring

Situation Monitoring (Individual Skill)

S - Status of the patient
T - Team Members
E - Environment
P - Progress toward Goal

Shared Mental Model (Team Outcome)

Situation Awareness (Individual Outcome)
Skill Overview: Mutual Support

- “Back up behavior” to prevent work overload
  - Task assistance is sought and offered
  - Provide effective feedback: Timely, Respectful, Specific, Directed towards improvement, Considerate

- Advocate for the patient through conflict resolution
  - “CUS” to solve information conflicts
    - I’m Concerned (I need clarity)
    - I’m Uncomfortable
    - Consequences in terms of patient Safety
  - DESC Script to solve personal conflicts
    - Describe the behavior
    - Express how the situation makes you feel
    - Suggest alternatives
    - Consequences stated in terms of patient safety
Skill Overview: Communication

• Exchange of information between a sender and a receiver

• Effective communication
  – Brief
  – Clear
  – Timely
  – Complete: Know the plan, share the plan, review risk

Salisbury & Hohenhous (2008)

• JCAHO National Patient Safety Goals require improvement in communication
Leadership Strategies

• Brief – short planning session to assign roles, establish expectations, and anticipate outcomes

• Huddle – ad hoc planning session to establish awareness, reinforce a plan, or adjust a plan due to changing workloads

http://www.ahrq.gov/qual/teamstepps/

Brief Checklist

During the brief, the team should address the following questions:

☐ Who is on the team?

☐ All members understand and agree upon goals?

☐ Roles and responsibilities are understood?

☐ What is our plan of care?

☐ Staff and provider’s availability throughout the shift?

☐ Workload among team members?

☐ Availability of resources?
Leadership Strategies

- Debrief – informal information exchange after the task to improve the quality of internal team performance

Debrief Checklist

The team should address the following questions during a debrief:

- Communication clear?
- Roles and responsibilities understood?
- Situation awareness maintained?
- Workload distribution equitable?
- Task assistance requested or offered?
- Were errors made or avoided? Availability of resources?
- What went well, what should change, what should improve?

http://www.ahrq.gov/qual/teamstepps/
Communication Skills

SBAR

• Situation – what is going on with the pt.
• Background – clinical background
• Assessment – what do I think is the problem
• Recommendation – how can we correct it

Call-out

Inform all team members simultaneously

Check-back

Close the loop as receiver accepts a message, sender double-checks to ensure message was received
Communication Skills

- Handoff—transfer of information (along with authority and responsibility) during transitions in care; must include opportunity to ask questions, clarify, and confirm

- Introduction
- Patient
- Assessment
- Situation
- Safety Concerns

- Background
- Actions
- Timing
- Ownership
- Next
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<th><strong>TOOLS and STRATEGIES</strong></th>
<th><strong>OUTCOMES</strong></th>
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<tr>
<td>• Inconsistency in Team Membership</td>
<td>Brief Huddle Debrief STEP Cross Monitoring Feedback Advocacy and Assertion Two-Challenge Rule CUS DESC Script Collaboration SBAR Call-Out Check-Back Handoff</td>
<td>• Evidence-based Shared Mental Model • Adaptability • Team Orientation • Mutual Trust • Team Performance • <em>Patient Centered</em> • <em>Patient Safety!!</em></td>
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<tr>
<td>• Lack of Time</td>
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<td>• Lack of Information Sharing</td>
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<td>• Hierarchy</td>
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<td>• Defensiveness</td>
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<td>• Varying Communication Styles</td>
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<td>• Distractions</td>
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<td><strong>GERIATRIC BARRIERS</strong></td>
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<tr>
<td>• Complex, isolated patients</td>
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<td>• Multiple care settings</td>
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<td>• Multiple specialized providers</td>
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Video Example: Team Structure and Skills

- This video vignette demonstrates the following tools:
  - Greg (med tech) demonstrates *situation awareness* by noting the change in the status of his patient, Edna.
  - Greg and Sherri (ward clerk) demonstrate *closed loop communication (check-back)* as Greg tells Sherri he needs to talk to Amy, (Edna’s nurse).
  - Greg uses *SBAR* to communicate to Amy his concern about the change in Edna’s status.
  - Greg uses *advocacy and assertion* to ensure that Amy understands his concern about Edna’s change in status.
  - Amy uses *SBAR* to communicate critical information to Dr. Feldman about Edna’s change in status.
  - Dr. Feldman demonstrates *leadership* by providing *feedback* to Greg about his role in ensuring that the team treated Edna for sepsis.
TeamSTEPPS Reference

To learn more about the national implementation of TeamSTEPPS and to order the curriculum including power point slides, videos, and pocket guide with tools, go to the Agency for Healthcare Research and Quality site at

http://www.ahrq.gov/qual/teamstepps/

If your hospital is interested in sending a team to attend a TeamSTEPPS training program contact Katherine Jones

kjonesj@unmc.edu
References


Rubenstein LZ, Solomon DH, Roth CP, et. al. (2004). Detection and management of falls and instability in vulnerable elders by community physicians. JAGS, 52(9), 1527-1531.


