TeamSTEPPS Community Call 3/18/15

Next Calls
April 16 Thursday 1400 CST
May 20 Wednesday 1100 CST
June 16 – 18 TeamSTEPPS National Conference – Denver
July 16 Thursday 1400 CST
August 19 Wednesday 1100 CST
September 17 – 18 Master Trainer Course – Omaha

DIAL IN INFORMATION FOR CONFERENCE CALL…
Dial (888) 820-1398 enter the Attendee Code: 7283774#
*6 to mute or unmute your line

Reminder: Notes from past calls are available at
http://www.unmc.edu/patient-safety/teamstepps/calls.html

Roll Call: 3 hospitals joined the call.

1. Thank you to hospitals who shared their experience implementing TeamSTEPPS with Critical Access Hospitals in Alaska during a 45 min. conference call on March 10.
   - Box Butte General Hospital
   - Community Medical Center
   - Brown County Hospital

2. Planning for Master Trainer Course September 17 – 18, 2015 at the University of Nebraska Medical Center Campus in Omaha
   - Key Dates
     - May/June distribution of registration materials
     - August 1 finalize participants
     - August 15 conduct pre-training webinar to introduce key concepts and tools. The webinar will be recorded and publicly available.
     - Will focus on using the multi-team system structure to solve a specific quality or safety problem.
     - Will include clinical and non-clinical low-fidelity (role play) simulations during training.
     - Will develop an enduring webinar to introduce participants to the tools prior to training so that training can focus on practice and implementation
     - Cost $50/person CAHs; $500/person non-CAHs

3. TeamSTEPPS National Conference in Denver
   - Registration available at http://www.teamsteppsportal.org/national-meeting
   - June 16 1300 – 18 1200
   - Location: Denver, CO
   - Katherine Jones and Vicki Kennel will join North Shore –LIJ Health System (New York) to present on the effectiveness of interprofessional teams in reducing fall risk.

4. Barriers and successes in implementation

Participants on the call mentioned the need for refresher information about TeamSTEPPS, and the need to re-charge.

Community Medical Center reported that morning briefs, called “Huddle-ups” are going well. They conducted a survey to ask people what they wanted to know from each department in order to create a better shared mental model during the Huddle-ups. Some examples of responses were: Housekeeping wanting to know where Maintenance would be working so they could adjust their workload to include more clean-up for that area, and Admissions wanting to know about meetings calling in hospital visitors
or vendors during the day. Departments were then given the information requests to better prepare for the morning Huddle-up.

5. **Results from Collaboration and Proactive Teamwork Used to Reduce Falls...** Coordinating team reflexivity is associated with decreased fall rates.

**OBJECTIVE.** The goal of this study was to implement the multiteam system approach to fall risk reduction in 17 small rural hospitals in Nebraska. Our key intervention was the formation of interprofessional fall risk reduction coordinating teams in each hospital. Ideally, these teams included front-line staff from multiple disciplines including nursing, physical/occupational therapy, pharmacy, and quality improvement. One of our initial findings is that those fall risk reduction teams that reflected on their progress and adjusted their strategies and objectives to accommodate changing circumstances tended to have lower total fall rates. Specifically, there was a statistically significant negative correlation between total fall rates and coordinating team reflexivity as measured by a six-item scale.

**Team Reflexivity Items (Scale = 1 (Strongly Disagree) to 5 (Strongly Agree))**

1. The team often reviews its objectives regarding our fall risk reduction program.
2. The methods used by the team to implement our fall risk reduction program are often discussed.
3. We regularly discuss whether the team is working together effectively to implement our fall risk reduction program....
4. In this team, we modify our objectives relative to implementing our fall risk reduction program in light of changing circumstances.
5. Team strategies to implement our fall risk reduction program are rarely changed.
6. The way decisions are made in this team to implement our fall risk reduction program is rarely altered.

**Group discussion:** Master Trainers on the call were not surprised that improved interprofessional teamwork resulted in fewer fall events. One hospital remarked that the information may help determine which departments send new people to become Master Trainers in September.

Considering the results from CAPTURE Falls regarding reflexivity, and that implementation teams can be adapted to address specific problems, the group was asked, “What does your implementation team look like for TeamSTEPPS?” Call participants were encouraged to discuss during team meetings whether the team is working together effectively and perhaps include as a standing agenda item.