TeamSTEPPS Community Call 10/15/15

Next Calls and Upcoming Events
Wednesday Nov. 18 at 1400 CST
Thursday Dec. 17 at 1100 CST

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

Agenda

1. Roll Call – 4 hospitals

2. Training Review. One hospital shared Master Training experiences. Initial training as a Master Trainer consisted of three days of primarily didactic instruction. After participating again in Master Training in the simulations at the 2015 training, reported that the simulations showed just how difficult it can be to actually use the tools (or coach the tools) appropriately in a real-time situation. Vicki Kennel (UNMC) suggested that MTs find ways to practice the tools following didactic training in the hospital. Katherine noted that practice has value even if tools are not used effectively – debrief to identify what went wrong and recognize the tools that are the framework for fixing the problem. Vicki agreed that it is important to debrief about teamwork as well as the situation. Katherine will be happy to share the SIM role play cards to anyone who emails to ask. The PowerPoint TeamSTEPPS summary will also remain on the web site for use as an employee refresher. Another hospital that was unable to join the call had requested the simulation exercise role play cards and information, and are using these as part of their TeamSTEPPS training program.

3. Tips for Teaching and Using TeamSTEPPS Tools: Communication. An Artist and 2 Assistants is an exercise that Katherine has used to teach the importance of using structured communication tools. The exercise emulates a clinical situation handoff using a non-clinical situation that demonstrates the effect of missed communication. Effective communication needs to be brief, clear, timely and closed-loop. TeamSTEPPS communication tools provide the structure to do this. Check out the new section on the web site called Tips for Teaching and Using Tools.

4. Barriers and successes in implementation: Focus on coaching. One hospital observed that one of the barriers to implementing a coaching system is the change this means for pre-existing relationships among coaches and other staff. To coach another sometimes means an adjustment to the customary interaction. Vicki suggested that during the roll-out of the coaching program, staff should receive an explanation of what coaching is, who the coaches will be, the kind of information coaches will share, and the nature of their interactions with staff (focus on learning). The idea of improving our ability to learn could be the framework for the explanation. Coaching is an art and skill learned over time. Katherine suggested that simulations might help kick off a coaching start-up.

Another hospital discussed the hospital move to new premises and how planning for the transition has benefited from multidisciplinary teams that contribute to the overarching goal of minimizing disruptions in patient care during the move.

A third hospital shared that there are currently no coaches, but a coaching system is planned for roll-out in 2016. Katherine suggested that before the entire organization becomes involved, do a small test of change as a QI project. Choose one particular problem that exists and coach around it. Vicki said that the number of coaches that will be needed will vary depending on how much time a coach is allowed to spend on coaching, beyond their required work duties.
5. In the literature... Request a hard copy


Small and rural hospitals face special challenges to implement and sustain organization-wide quality improvement (QI) initiatives due to limited resources and infrastructures. We studied the implementation of TeamSTEPPS, a national QI initiative, in 14 critical access hospitals. Drawing on QI and organization development theories, we propose five strategic preparation steps for TeamSTEPPS: assess needs, reflect on the context, set goals, develop a shared understanding, and select change agents. We explore how hospitals' practices correspond to suggested best practices by analyzing qualitative data collected through quarterly interviews with key informants. We find that the level of deliberation was a key factor that differentiated hospitals' practices. Hospitals that were more deliberate in preparing for the five strategic steps were more likely to experience engagement, perceive efficacy, foresee and manage barriers, and achieve progress during implementation. We discuss potential steps that hospitals may take to better prepare for TeamSTEPPS implementation.