TeamSTEPPS Community Call 11/18/15

Next Calls and Upcoming Events
Thursday Dec. 17, 2015 at 1100 CST
Wednesday Jan. 20, 2016 at 1100 CST
Thursday Feb. 18, 2016 1400 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 – 3 hospitals participated in the call.
2. Tips for Teaching and Using TeamSTEPPS Tools: Communication. Handoffs from shift to shift, across departments, and from one level of care/institution to another are high risk times for patients. However, there are few rigorous evaluations of the effectiveness of various techniques. According to current knowledge, the following guiding principles should be followed when redesigning handoffs within an organization: face-to-face communication, structured documentation, patient involvement and use of IT technology to support the process. We will review the key principles in effective handoffs taught in the TeamSTEPPS curriculum:
   - Purpose of handoff strategy is to maintain continuity of care despite changes in caregivers. Like the take-off and landing, the most critical phase of a flight, the handoff or transition is a time of many simultaneous critical tasks. For certain crucial pieces of information, the success or failure of the process may mean life or death.
   - An effective handoff includes:
     i. Transfer of responsibility and accountability—When handing off, it is your responsibility to know that the person who must accept responsibility is aware of assuming responsibility. Similarly, you are accountable until both parties are aware of the transfer of responsibility.
     ii. Clarity of information—When uncertainty exists, it is your responsibility to clear up all ambiguity of responsibility before the transfer is completed.
     iii. Verbal communication of information—You cannot assume that the person obtaining responsibility will read or understand written or nonverbal communications. Verbal communication also gives the receiver the chance to ask clarifying questions.
     iv. Acknowledgment by receiver—Until it is acknowledged that the handoff is understood and accepted, you cannot relinquish your responsibility.
     v. Opportunity to review—Handoffs are a good time to review and have a new pair of eyes evaluate the situation for both safety and quality.
     and in the Communication section of the AHRQ TeamSTEPPS binder.
3. Current use of Handoffs
   - Many people use SBAR to structure shift-shift handoffs. However the purpose of SBAR is to communicate a critical piece of information to the receiver who needs to take action about that information. I PASS the BATON incorporates additional information as summarized above that is essential for a safe handoff:
     o Safety concerns—lab values, allergies, infections, fall risk, social factors
     o Actions—what was done or needs to be done and the rationale
     o Timing—level of urgency and prioritization
     o Ownership—who is responsible for what
     o Next—what will happen next, what is the plan
   - Examples of shift-to-shift (SBAR type) and department to department handoffs (Ticket to
Ride and Ticket to Return) are available on the web site under the TeamSTEPPS Toolkit tab at http://www.unmc.edu/patient-safety/teamstepps/toolkit.html.

- The Emergency Medicine and Internal Medicine Departments at Nebraska Medicine are conducting research about the Hand-offs conducted as part of the admission process from the ED to the floors. Of special concern are those patients who are just waiting for a room, known as boarding, and their care has already become the responsibility of a provider or specialist that is not physically located in the ED. The tool they have developed is SBAR-DR:
  - Situation
  - Background
  - Assess the severity, consulting physician
  - Responsibilities and Risks
  - Discussion and Disposition – questions are asked of the specialist or doctor on the floor
  - Readback and Record – close the loop and place a standardized note in the EMR.

Email Russ Buzalko (russ.buzalko@unmc.edu) for more detailed information on SBAR-DR.


<table>
<thead>
<tr>
<th>Comparison of Knowledge Assessment Results by Training Participation</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Number Correct</td>
<td>Mean Number Correct</td>
<td>Mean Change in Number Correct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-training</td>
<td>Post-training</td>
<td>P value*</td>
<td>Pre – Post Training</td>
<td>P value**</td>
</tr>
<tr>
<td>Participants Day 1 Only (n=6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.0</td>
<td>8.7</td>
<td>.01</td>
<td>4.7</td>
<td>.488</td>
</tr>
<tr>
<td>Participants Day 1 &amp; Day 2 (n=21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.67</td>
<td>11.76</td>
<td>&lt; .001</td>
<td>6.1</td>
<td></td>
</tr>
</tbody>
</table>

*Paired Samples T-test
** One-Way ANOVA

As the table above summarizes, learners’ knowledge of team principles, strategies, and tools increased significantly from pre-test to post-test. In addition, the change in knowledge of those learners attending Day 1 and Day 2, which included the simulation experience, was greater than those learners attending Day 1 only. It is likely this difference was not statistically significant due to the small sample size of those attending Day 1 only (n=6 matched pairs). This finding is consistent with our knowledge that practicing new skills during realistic simulation scenarios has a positive impact on knowledge and skill acquisition.1-3

References

5. Barriers and Successes

Hospitals new to implementing TeamSTEPPS sought feedback regarding implementation planning. We discussed that first steps in implementing TeamSTEPPS are to:

1. determine the expectations and extent of support from senior leaders,
2. decide whether your implementation will be targeted within a specific unit and to address a specific problem,
3. present the TeamSTEPPS framework and leading teams module to managers/supervisors so they can begin using the briefs, huddles, and debriefs to bring people together to plan, adjust, and learn, and

4. plan your training based on the problem TeamSTEPPS will address and the support from senior leaders.
   a. training can be a bolus—e.g. present the fundamentals in a 4 – 6 hour training session
   b. training can be dosed in smaller amounts of one module or one tool at a time depending upon the problem to be addressed
   c. to prevent loss of momentum, implement your training program within 3-6 months of attending the master trainer workshop

6. In the literature… Request a hard copy

An accurate handover of clinical information is of great importance to continuity and safety of care. If clinically relevant information is not shared accurately and in a timely manner it may lead to adverse events, delays in treatment and diagnosis, inappropriate treatment and omission of care. During the last decade the call for interventions to improve handovers has increased. These interventions aim to reduce the risk of miscommunication, misunderstanding and the omission of critical information.