1. Roll Call – 4 hospitals joined the call.

2. Discussion of learning across the Multi Team System…what we have learned from CAPTURE Falls Project

In the TeamSTEPPS team structure module, you introduce the concept of multiteam systems (MTSs). MTSs can be defined as two or more component teams that work interdependently to achieve a shared system/organizational goal.\(^1,2\) As Master Trainers, we need to include this concept as we teach teamwork strategies and tools. Introduce the concept of MTSs after you teach individuals to use tools in a single team such as the ED, OR, or a specific patient care unit. MTSs are required for to deliver care and achieve goals in systems such as accountable care organizations (ACOs) that are increasingly integrated within and across systems.

The CAPTURE Falls project is an example of a MTS as illustrated below.
One insight we have gained is the about the interaction between the contingency team and the coordinating team after a fall. Immediately after the fall, a contingency team that includes all those involved in a patient’s care (and ideally the patient and family as appropriate) meets to understand why the fall happened and what can be done to prevent a patient from falling again. Within 24 – 48 hours, the members of the fall risk reduction coordinating team should review the event to understand how it might be used to reduce risk within the system of fall risk reduction that they are accountable for.

3. Barriers and successes in implementation

One Master Trainer emphasized the importance of communicating what teams learn. They use daily huddles with department leaders, which are stand-up meetings lasting 5 – 7 minutes. They discuss in-house issues such as staff, supplies, and planned power outages. External issues that may affect the hospital such as weather are also discussed. The results are shared in a daily email report. This proactive huddle (or daily brief) creates a Shared Mental Model of internal and external issues that allow people to adapt to changes as a shared goal.

Another Master Trainer shared the following lesson: The tornado sirens were activated without any warning from the National Weather Service. Core teams did not know whether to evacuate patients or not due to conflicting information. In response to this confusion, they met to update the tornado plan. The AM and the PM checklists for the daily hospital Briefs now include weather concerns, and to identify the person who would be an Incident Commander in case of a weather emergency.

4. In the Literature…request hard copies if interested.


These researchers found that the ability to effectively delegate tasks has an impact on developing medical homes. Conducting briefs, huddles, and debriefs are opportunities to establish role clarity and delegate appropriately. Please read the article with TeamSTEPPS tools in mind.

Abstract

BACKGROUND:
The patient-centered medical home (PCMH) relies on a team approach to patient care. For organizations engaged in transitioning to a PCMH model, identifying and providing the resources needed to promote team functioning is essential.

OBJECTIVE:
To describe team-level resources required to support PCMH team functioning within the Veterans Health Administration (VHA), and provide insight into how the presence or absence of these resources facilitates or impedes within-team delegation.

DESIGN:
Semi-structured interviews with members of pilot teams engaged in PCMH implementation in 77 primary care clinics serving over 300,000 patients across two VHA regions covering the Mid-Atlantic and Midwest United States.

PARTICIPANTS:
A purposive sample of 101 core members of pilot teams, including 32 primary care providers, 42 registered nurse care managers, 15 clinical associates, and 12 clerical associates.

APPROACH:
Investigators from two evaluation sites interviewed frontline primary care staff separately, and then collaborated on joint analysis of parallel data to develop a broad, comprehensive understanding of global themes impacting team functioning and within-team delegation.

KEY RESULTS:
We describe four themes key to understanding how resources at the team level supported ability of primary care staff to work as effective, engaged teams. Team-based task delegation was facilitated by demarcated
boundaries and collective identity; shared goals and sense of purpose; mature and open communication characterized by psychological safety; and ongoing, intentional role negotiation.

CONCLUSIONS:
Our findings provide a framework for organizations to identify assets already in place to support team functioning, as well as areas in need of improvement. For teams struggling to make practice changes, our results indicate key areas where they may benefit from future support. In addition, this research sheds light on how variation in medical home implementation and outcomes may be associated with variation in team-based task delegation.
