1. Six hospitals joined the Community Call.

2. Announcements

The 2014 TeamSTEPPS National Conference will be held June 11 – 12 in Minneapolis. You can register to attend the conference free of charge through the portal http://teamsteppsportal.org. Vicki Kennel, MA, graduate research assistant for the CAPTURE Falls project will present our adaptation of the TeamSTEPPS Perceptions Questionnaire for Fall Risk Reduction.

3. Barriers and successes in implementation...Interview with Rhonda Theis, Master Trainer from Brown County Hospital. Rhonda describes how integrating TeamSTEPPS training into their hospital’s acquisition of their local clinic demonstrates that teamwork is important in their facility.

1) Tell us about your hospital’s history with TeamSTEPPS.
I am an insurance clerk in the business office. I became a member of the Change Team in 2008, and a Master Trainer (MT) in 2010. In 2009, four of our MTs took a poster of our results to the TeamSTEPPS national conference in Denver. Some of our challenges have been getting everyone to “buy-in” to using the TeamSTEPPS tools. Things have improved over the past six years as we have developed a shared mental model of how to use the tools in our facility. Two things we do to create this shared mental model is to have all new employees view a DVD that provides an overview of TeamSTEPPS and we also conduct a yearly refresher course for all employees. The Change Team also tries to have fun things to do monthly such as the Clue Caper. The Clue Caper describes a place in the hospital to find a clue that leads to a TeamSTEPPS tool. When an employee finds a clue, he/she describes what the tool is and how it could be used in their department. Participation is recorded. Another strategy is TeamSTEPPS Tuesdays; as part of the regular all-hospital 10 AM brief, on Tuesdays each department provides an example of how a TeamSTEPPS tool is being used in their area.

2) How was the decision made to have TeamSTEPPS training be a part of the acquisition of the clinic?
It was driven by Human Resources because using TeamSTEPPS tools is part of our employee evaluations. So, when clinic employees became employees of the hospital, use of TeamSTEPPS was added to their evaluations. The HR manager is a member of the TeamSTEPPS Change Team.

3) How did TeamSTEPPS training for the clinic differ from training for the hospital?
In 2011, we develop a one-hour training module for managers and the Board, and this was what we used to train at the clinic.

4) Did you include providers in the training?
Our Nurse Practitioner is a Master Trainer and the Physician’s Assistant has already attended training. There is only one physician who did not attend the training.

5) What about coaching and developing champions in the clinic?
In the clinic, the Nurse Practitioner and one other member of the Change Team are acting as coaches and champions.
6) **What difference has training the clinic made in communication/handoffs between hospital and clinic?**

   Tara Domkowski, PT, noted that clinicians who send a referral now add background and more information than before. Our Nurse Practitioner asks employees to use SBAR when communicating with her.

7) **How do structured communication tools support teamwork in your facility?**

   I have two examples. (1) As part of their final project to become Master Trainers, Tara and Dawn Nahrstedt, NP developed a notebook with tear-off sheets that guide people to use SBAR, CUS and DESC, which helps people them to prepare to use the tools. (2) They also developed an SBAR Admitting Worksheet for Skilled Patients. The Patient Services Coordinator uses this sheet to obtain information from the clinic. This improved communication has made the transition to skilled care smoother because there is better preparation for the patient’s arrival, which also improves patient and family satisfaction. (Note: this tool is posted on the web site under TeamSTEPPS Toolkit [http://www.unmc.edu/patient-safety/teamstepps_toolkit.htm](http://www.unmc.edu/patient-safety/teamstepps_toolkit.htm).