TeamSTEPPS Community Call 1/21/15

Next Calls
Feb 19 Thursday 1400 CST
March 18 Wednesday 1100 CST
April 16 Thursday 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

Roll Call: 6 hospitals joined the call.

Introduction: Victoria Kennel from University of Nebraska Medical Center

1. Seeking task assistance... share your experience implementing TeamSTEPPS with Critical Access Hospitals in Alaska. Contact Katherine if you would like to share your story during a 45 min. conference call on March 10 at 4 – 4:45 pm.

2. Planning for Master Trainer Course September 17 – 18, 2015
   - Key Dates
     o May/June distribution of registration materials
     o August 1 finalize participants
     o 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

3. Barriers and successes in implementation

   Box Butte General Hospital is using the Magic Wand exercise during new employee training. They assign a master trainer to formally follow up with those employees who identify a problem to be solved using the Magic Wand. The master trainer helps link the employee with appropriate performance improvement resources and identify a TeamSTEPPS tool to address the problem.

   Butler County Health Care Center reported that new hires view an introductory DVD that describes TeamSTEPPS and then attend a hospital-wide brief as part of orientation. Rather than leadership walkrounds, due to Lean training gemba walks are being used to establish a baseline for process improvement.

   Phelps Memorial and Butler County Health Care Center reported conducting gemba walks as part of LEAN training. The purpose of these walks is to:
   - Observe directly how people do their work, which is the core principle of the tool
   - Team with those doing the work to identify incremental changes for improvement
   Thus, gemba walks involve the teamwork principles of leaders bringing people together to improve performance.

4. In the Literature... Implementing TeamSTEPPS in an interventional radiology practice improved safety climate by improving communication, role clarity, and the ability to “speak up.” Request a hard copy.
OBJECTIVE. The goal of this study was to implement an evidence-based teamwork system to improve communication and teamwork skills among health care professionals (TeamSTEPPS) into an academic interventional ultrasound program and to assess safety and team-work climate across team members both before and after implementation. MATERIALS AND METHODS. Members of a change team (including master trainers) selected specific tools available within TeamSTEPPS to implement into an academic interventional ultrasound service. Tools selected were based on preimplementation survey data obtained from team members (n = 64: 11 attending faculty physicians, 12 clinical abdominal imaging fellows or residents, 17 sonographers, 19 nurses, and five technologist aides or administrative personnel). The survey included teamwork climate and safety climate domains from the Safety Attitudes Questionnaire. Four months after implementation, respondents were resurveyed and post-implementation data were collected. RESULTS. Teamwork climate scores improved from a mean of 67.9 (SD, 12.8) before implementation to a mean of 87.8 (SD, 14.1) after implementation (t = -7.6; p < 0.001). Safety climate scores improved from a mean of 76.5 (SD, 12.8) before implementation to a mean of 88.3 (SD, 13.4) after implementation (t = -4.6; p < 0.001). In particular, teamwork items about "input being well received" and "speaking up" were the most responsive to the intervention.

CONCLUSION. The implementation of TeamSTEPPS tools was associated with statistically significant improvements in safety and teamwork metrics in an academic interventional ultrasound practice. The most notable improvements were seen in communication among team members and role clarification. We think that this model, which has been successfully implemented in many nonradiologic areas in medical care, is also applicable in imaging practice.