Next Calls
July 16 1400 CST
August 21 1100 CST
September 24 1100 CST
October 23 1400 CST
November 26 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/ts_calls.htm

1. Roll Call 3 hospitals joined the call.

2. TeamSTEPPS National Conference TeamSTEPPS 2.0 June 11 – 12, 2014 in Minneapolis
   - Emphasis on implementation and sustainment…everybody agrees it is hard and requires continued
     commitment from leadership in the form of…
     - Refresher courses
     - Orientation of new employees
     - Daily brief
     - Applicability to all areas of an organization; not just clinical
     - Use of teams to drive patient-centered care…admissions from ED, multidisciplinary
       rounding, and discharge planning (e.g. Christiana Care in Delaware)
   - Increased focus on teamwork in accreditation of medical schools
     - 55/128 academic medical centers responded to survey about use of teamwork in their
       curricula
       - 74% had formal team training curriculum
       - 2/3 required team training
         - 45% using TeamSTEPPS
         - 10% using CRM
         - 20% using IHI
     - Victoria Kennel, MA presented our work from the CAPTURE Falls adapting the Teamwork Team
       Perceptions Questionnaire to assess multiteam system support for fall risk reduction.
     - All presentations posted on the TeamSTEPPS Users Portal http://teamsteppsportal.org/national-
       meeting

3. TeamSTEPPS 2.0
   - Updated, revised, condensed…2” thick binder vs 4” binder!
   - For now, only available on AHRQ website –
     http://www.ahrq.gov/professionals/education/curriculum-
     tools/teamstepps/instructor/index.html
   - Change to order of modules to…communication now 3rd after Introductory and Team Structure
     modules; rationale is the importance of communication tools in the other modules
   - Leadership Module has been renamed as “Leading Teams”
     - How leadership affects team processes
     - Additional emphasis on situational leaders
     - Effective team leaders
       - Define and share the plan (brief)
       - Assign tasks and responsibilities
       - Monitor and modify the plan (huddle)
       - Review the team’s performance (debrief)
- Manage resources
- Resolve conflict
- Provide feedback

- A link is available in the Leading Teams instructor guide to a Professional Conduct Toolkit downloadable from the VA Center for Patient Safety

4. Future of support calls...how can we best continue to support implementation of TeamSTEPPS?

- Support calls
  - The original intent of the calls was to support newly trained hospitals.
  - Consensus of those on the call was that the monthly calls are valuable and present new knowledge each time.
  - The email of call notes is also valuable and a good reminder of the next call.

- Regional refresher courses in Nebraska
  - Many hospitals expressed the opinion that refresher courses are best conducted within the facility and that the expense of traveling to a refresher course for multiple employees would be prohibitive.
  - Katherine suggested the possibility of a Web-based refresher course that hospitals could use and then add to

- Conduct Master Trainer Workshops
  - The last Master Trainer workshop was September 2013
  - None are planned right now.
  - Spring of 2016 is a possibility.
  - In the future larger facilities may be targeted, with CAH attendees subsidized.

5. CAH Quality Conference Nov. 12 – 13, 2014

- Title of our Workshop..."Effective Huddles and Debriefs: How to Facilitate Learning at the Frontline"
- Purpose of Workshop...Learn to facilitate effective huddles and debriefs based on the principles of after action reviews

6. Nebraska Hospital Association

  Mary Mockerman (Box Butte General Hospital) will follow up on the possibility of a break-out session at the NHA Annual Convention October 22-24, 2014.

7. Barriers and Successes Implementing TeamSTEPPS

  Across the 17 hospitals that conducted the HSOPS as part of CAPTURE Falls, the aggregate scores for Teamwork within Departments and Teamwork across Departments increased by 4% each from baseline prior to CAPTURE Falls (ie. 2010 or 2011) to reassessment this spring (2014). However, one hospital noted that they have variability by work areas/departments indicating ‘silos’ or barriers to interdepartmental communication.

  Carolyn Anglesey and Summer Gonzalez (Box Butte General Hospital) suggested one strategy to improve interdepartmental communication...Twice Daily Housewide Briefs (See Sample Housewide Brief posted at [http://www.unmc.edu/patient-safety/teamstepps_toolkit.htm](http://www.unmc.edu/patient-safety/teamstepps_toolkit.htm)). At the start of each shift, members from several departments gather in the ER to review the status of the house. Topics include patient load in ER, PCU, L/D, ICU, and isolation. Discussion of isolation patients has been expanded to increase communication and awareness to staff because several departments such as dietary and environmental need to be aware of isolation precautions. Their disaster preparedness committee added a section regarding threat level and incident command facilitating situational awareness about potential disasters or severe weather.