TeamSTEPPS Community Call 10/23/14

Next Call
December Thursday 18 1400 CST
Jan 21 Wednesday 1100 CST
Feb 19 Thursday 1400

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: 5 hospitals joined the call.

Introduction: Dr. Russell Buzalko from Nebraska Medicine Emergency Medicine

1. Planning for Master Trainer Course for Fall 2015?
   - Suggestions for location include Kearney, North Platte, Grand Island or Omaha. Decision will be made within the context of the budget available. Send concerns/suggestions regarding location (kjonesj@unmc.edu)
   - Suggestions for focus (in addition to the basics) include Professional Conduct Toolkit within TeamSTEPPS 2.0 and Team Structure focusing on what we have learned during the CAPTURE Falls project about the multi-team system providing a chain of accountability.

2. Barriers and successes in implementation

   Rhonda Theis from Brown County reported scheduling a yearly training for new employees in November 2014 followed by hospital-wide refresher training for all employees in January 2015. Both trainings are consistent with sustaining team skills across the facility. Brown County has recharged the TeamSTEPPS Tuesdays feature of their daily morning brief to include a Spin-the-bottle game; the person pointed to gives an example of a TeamSTEPPS tool used recently, or answers a question. Katherine described the Team Building Tower Exercise used with TeamSTEPPS training in 2013 as an example of a team-building exercise (see slides posted on the TeamSTEPPS Training tab http://www.unmc.edu/patient-safety/teamstepps/teamstepps-training/index.html).

   Ivy Campbell from Community Medical Center Falls City reported preparing to implement “Huddle Up”, a daily hospital-wide brief, which will take place Monday – Friday at 0830 in a location that allows standing only. They trained their managers to conduct the brief including role-modeling during a managers meeting to demonstrate that briefs should be “brief. TeamSTEPPS Master Trainers then met with managers one-on-one to explain the larger purpose behind the hospital-wide brief. They stressed that anyone from a department can attend, because it is the responsibility of all employees to know the plan, share the plan, and review the risk. To structure the brief, they created two documents: Huddle Up! Guidelines and Huddle Up! Q&A Sheet. They laminated copies of the guidelines sheet and placed them on clipboards to structure their briefs. Each day in November, as the briefs begin, a TeamSTEPPS Master Trainer will attend as an observer; but the brief will not be led by Master Trainers; anyone can lead. The training, guidelines, and clipboards will support the process.

3. In the Literature… Read-back improves information transfer in simulated clinical crises….. Request a hard copy.

BACKGROUND: Safe and effective healthcare is frustrated by failures in communication. Repeating back important information (read-back) is thought to enhance the effectiveness of communication across many industries. However, formal communication protocols are uncommon in healthcare teams.

AIMS: We aimed to quantify the effect of read-back on the transfer of information between members of a healthcare team during a simulated clinical crisis. We hypothesised that reading back information provided by other team members would result in better knowledge of that information by the receiver than verbal response without read-back or no verbal response.

METHOD: Postanaesthesia care unit nurses and anaesthetic assistants were given clinically relevant items of information at the start of 88 simulations. A clinical crisis prompted calling an anaesthetist, with no prior knowledge of the patient. Using video recordings of the simulations, we noted each time a piece of information was mentioned to the anaesthetist. Their response was coded as read-back, verbal response without read-back or no verbal response.

RESULTS: If the anaesthetists read back the item of information, or otherwise verbally responded, they were, respectively, 8.27 (p<0.001) or 3.16 (p=0.03) times more likely to know the information compared with no verbal response.

CONCLUSIONS: Our results suggest that training healthcare teams to use read-back techniques could increase information transfer between team members with the potential for improved patient safety. More work is needed to confirm these findings.