Action Planning and Implementation of TeamSTEPPS

Webinar 1 to complete requirements for Master Trainer Certification

October 16, 2013

Katherine Jones, PT, PhD
Master Trainers

1. Teach essential team skills using the TeamSTEPPS curriculum

2. Develop an Action Plan to implement TeamSTEPPS

3. Use a strategy to manage culture change
TeamSTEPPS

Action Planning and Implementation of TeamSTEPPS

1. Develop an action plan for implementation of TeamSTEPPS
2. Choose the best strategy for training based on your action plan
3. Identify key steps in successful implementation of TeamSTEPPS
Develop an Action Plan

Review three phases of TeamSTEPPS implementation

1. Determine Readiness
2. Action Planning, Training, & Implementation
3. Sustainment
Shift Towards a Culture of Safety

TeamSTEPPS

Implementation

Set the Stage ★ Decide What to Do ★ Make it Happen ★ Make it Stick
**TeamSTEPPS**

**Readiness Assessment**

- Clearly defined need for teamwork-based patient safety
- Right time to implement a change in culture within hospital or unit
- Culture change that emphasizes teamwork is acceptable and feasible
- Senior leaders will support this culture change and provide necessary resources (staff to train, time to develop training, time for personnel to attend)?
- Senior leaders will support measurement to assess progress as a result of training
TeamSTEPPS
Shift Towards a Culture of Safety

Implementation

Set the Stage ★ Decide What to Do ★ Make it Happen ★ Make it Stick
TeamSTEPPS

Hospital Survey on Patient Safety Culture (HSOPS)

- 42 items categorized in 12 composites/dimensions
  - 9 dimensions measure culture at dept/unit level
  - 3 dimensions measure culture at hospital level

- 2 additional outcome measures at dept/unit level (Patient Safety Grade, Number of Events Reported)

- Comments

- UNMC Customization
  - Work areas & job titles reflect CAH environment
  - Use 10 additional items to evaluate implementation of TeamSTEPPS
  - Code comments using patient safety themes
Hospital Survey on Patient Safety Culture (HSOPS)

- Original AHRQ Survey tool kit available
  http://www.ahrq.gov/qual/patientsafetyculture/hospsurvindex.htm

- Comparative Database for external benchmarking
  http://www.ahrq.gov/qual/hospsurvey12/
  567,703 respondents from 1,128 hospitals in 2012 database

- UNMC Rural Adapted Survey available
  http://www.unmc.edu/patient-safety/rural_hospital_survey.htm
TeamSTEPPS

Goals of Culture Assessment\textsuperscript{1,2}

- Identify areas of culture in need of improvement
- Increase awareness of patient safety concepts
- Evaluate effectiveness of patient safety interventions over time
- Conduct internal and external benchmarking,
- Meet regulatory requirements
- Identify gaps between beliefs and observed behaviors within subcultures and microcultures

TARGETS for TEAMWORK!
**TeamSTEPPS**

**Implementation**

**Interpretation of HSOPS³**

- Use theoretical frameworks to understand problems in safety culture and prioritize interventions for improvement
  - Reason’s four key components of safety culture⁴
  - Schein’s Categories and Levels of Culture⁵: identify gaps between beliefs and behaviors; between less structured behaviors and more structured behaviors
  - Kirkpatrick’s Taxonomy of Training Criteria⁶
- More detail on these in Culture Change webinar
<table>
<thead>
<tr>
<th>Reason’s Components&lt;sup&gt;4&lt;/sup&gt;</th>
<th>HSOPS Dimension or Outcome Measure</th>
</tr>
</thead>
</table>
| **Reporting Culture** - a safe organization is dependent on the willingness of front-line workers to report their errors and near-misses | • Frequency of Events Reported (U)  
• Number of Events Reported (O, H)                               |
| **Just Culture** - management will support and reward reporting; discipline occurs based on risk-taking           | • Nonpunitive Response to Error (U)                                    |

O = Outcome measure  
U = Measured at level of unit/department  
H = Measured at level of hospital
<table>
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<tr>
<th>Reason’s Components 4</th>
<th>HSOPS Dimension or Outcome Measure</th>
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| **Flexible Culture**  - authority patterns relax when safety information is exchanged because those with authority respect the knowledge of front-line workers | • Teamwork w/in Units (U)  
• Staffing (U)  
• Communication Openness (U)  
• Teamwork ax Units (H)  
• Hospital Handoffs (H) |
| **Learning Culture**  - organization will analyze reported information and then implement appropriate change | • Hospital Mgt Support (H)  
• Manager Actions (U)  
• Feedback & Communication (U)  
• Organizational Learning (U)  
• Overall Perceptions of Safety (U)  
• Patient Safety Grade (O, U) |
Three Levels of Organizational Culture

“...values reflect desired behavior but are not reflected in observed behavior.”

<table>
<thead>
<tr>
<th>Desired Behavior:</th>
<th>Observed Behavior:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff feel free to question the decisions and actions of those with more authority. (22% agree)</td>
<td>Staff do not speak up to those with more authority.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Belief: Staff will freely speak up if they see something that may negatively affect patient care. (60% agree)</th>
<th>Belief: Staff will freely speak up if they see something that may negatively affect patient care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value: Teamwork</td>
<td>Value: Autonomy</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Assumption:</th>
<th>Assumption:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological safety is needed for learning and patient safety</td>
<td>Safety is a result of individual competency</td>
</tr>
</tbody>
</table>
Teamwork within Departments 2009 Pre-TS

1. People support one another in this department. (A1)
   - 85% Agree
   - 5% Neutral
   - 9% Disagree

2. When a lot of work needs to be done quickly, we work together as a team to get the work done. (A3)
   - 86% Agree
   - 6% Neutral
   - 8% Disagree

3. In this department, people treat each other with respect. (A4)
   - 75% Agree
   - 12% Neutral
   - 13% Disagree

4. When one area in this department gets really busy, others help out. (A11)
   - 61% Agree
   - 24% Neutral
   - 15% Disagree

Teamwork Within Departments Composite Score = 77%

24% GAP
Teamwork within Departments 2012 Post-TS

Teamwork Within Departments Composite Score = 85%

Practices/skills that bridge the gap

- Identify team leaders
  - Set team goals
  - Use briefs, huddles, debriefs
- Create shared mental model (Situation monitoring – mutual support)
  - Cross monitor ("watch each others’ back")
  - Seek & offer task assistance
Communication Openness 2009 Pre-TS

1. Staff will freely speak up if they see something that may negatively affect patient care. (C2)  

2. Staff feel free to question the decisions or actions of those with more authority. (C4)

R3. Staff are afraid to ask questions when something does not seem right. (C6)

Communication Openness Composite Score = 64%

28% GAP
Communication Openness 2012 Post-TS

1. Staff will freely speak up if they see something that may negatively affect patient care. (C2)
   - 83%
   - 14%

2. Staff feel free to question the decisions or actions of those with more authority. (C4)
   - 61%
   - 29%
   - 11%

3. Staff are afraid to ask questions when something does not seem right. (C6R)
   - 75%
   - 21%

Communication Openness Composite Score = 73%

22% GAP

Practices/skills that bridge the gap

- Structured communication
  - SBAR, Call-Out, Check-back
  - Advocacy and assertion, 2 Challenge Rule, CUS
  - I PASS the BATON for structured handoffs
TeamSTEPPS
Shift Towards a Culture of Safety

Implementation

Set the Stage ★ Decide What to Do ★ Make it Happen ★ Make it Stick
Other Data and Measures

Quality Measures
- Safety Culture Survey
- RCAs/Event reports
- Staff Satisfaction
- Patient Experience
- Patient Outcomes
- Balanced Score Card
- Time to event (administer thrombolytics)

Regulatory
- Joint Commission NPS Goals
- NQF Safe Practices
- CMS/Other Quality Measures
- Health Care Acquired Conditions
Shift Towards a Culture of Safety

**TeamSTEPPS**

**Implementation**

**PHASE I**
- Assessment
  - Pre-Training Assessment
    - SITE ASSESSMENT
    - CULTURE SURVEY
    - DATA/MEASURES

**PHASE II**
- Planning, Training & Implementation
  - Training
    - ACTION PLAN

**PHASE III**
- Sustainment
  - Culture Change
    - COACH & INTEGRATE
    - MONITOR THE PLAN
    - CONTINUOUS IMPROVEMENT

Set the Stage ★ Decide What to Do ★ Make it Happen ★ Make it Stick
TeamSTEPPS

TeamSTEPPS Action Planning At-A-Glance

1. Define the Problem/Challenge or Opportunity for Improvement
2. Create a Change Team
3. Define the Aim(s) of your TeamSTEPPS Intervention
4. Define the TeamSTEPPS Intervention
5. Decide Measure to Test the Effectiveness of Your TeamSTEPPS Intervention
6. Develop Implementation Plan
7. Develop a Plan to Sustain and Spread the Intervention
8. Develop a Communication Plan
9. Putting it All Together: Writing the TeamSTEPPS Action Plan
10. Review your TeamSTEPPS Action Plan with Key Personnel

Incorporate Feedback from Key Personnel

Identify Priority Problem/Challenge or Opportunity from Step 1

Team Strategies & Tools to Enhance Performance & Patient Safety
Step 8: Communication Plan

**Elevator Speech:**

- TeamSTEPPS is an evidence-based team training program.
- We have chosen to focus on ________________________
- It is important that we improve our teamwork skills because lack of teamwork and poor communication puts our patients at risk and impacts our performance. (Can provide detail with your data).
- We need you to support our efforts by ________________
Shift Towards a Culture of Safety

TeamSTEPPS

Implementation
Choose the Best Strategy for Training

- Resources from TeamSTEPPS curriculum
- Multiple options for successful training
Course Management Guide Tab A

- Provides information on the TeamSTEPPS course
  - Purpose
  - Overview
  - Course Versions
  - Preparation and Execution
  - Validated Measurement Tools
  - Sample Course Materials
Course Management Guide Tab A

Course Materials

- Train-the-trainer (2 and ½ days)—includes site assessment, coaching, change management + Fundamentals)
- Fundamentals (4 – 6 hours)—Introduction, Team Structure, Leadership, Situation Monitoring, Mutual Support, Communication, Summary
- Essentials(1 – 2 hours)—overview of basic skills, recommended for non-clinical staff, use the Pocket Guide
Multiple Options for Successful Training

- **Targeted – Unit Based:**
  - Focus on the specific needs of a unit
  - Introduce tools within a unit
  - Introduce a single tool at a time as opposed to all at once

- **Targeted – Tool Based:**
  - Focus on a specific problem within the facility
  - Introduce the same tool across all units within the facility
  - Introduce a single tool at a time as opposed to all at once

- **Transformational**
  - Broad application of TeamSTEPPS
  - Implement all the tools at same time
  - Whole facility
TeamSTEPPS

Shift Towards a Culture of Safety

Set the Stage ★ Decide What to Do ★ Make it Happen ★ Make it Stick
Keys to Successful Implementation

Preparation for training

- Senior leaders are supportive of training
- Board is supportive of training
- Align team training with organizational goals
- Order TeamSTEPPS Pocket Guides from AHRQ
  CALL AHRQ at 1-800-358-9295 or go to http://teamstepps.ahrq.gov/ and click on Tools and Materials
- Create a sense of urgency with data
Keys to Successful Implementation

Preparation for training

- Department managers are supportive of training and are trained first
- Managers role model behaviors and conduct brief, huddles, debriefs
- Staff have time to participate in training
- Provide information to staff before training (what is this?) and set expectations
- Use active learning strategies (role play, exercises, simulation)
Keys to Successful Implementation

- Timing of training and training strategies
  - Training is mandatory
  - Training is mandatory for providers (may be abbreviated)
  - Training is interprofessional
  - Begin training within 6 months of attending Train-the-Trainer Workshop
  - Learners completed an evaluation of training (we have a template; will post on website)
**TeamSTEPPS**

**Keys to Successful Implementation**

- Sustaining behavior change
  - Use coaches/champions to support and reward use of TeamSTEPPS tools
  - Describe TeamSTEPPS tools on a bulletin board
  - Describe TeamSTEPPS tools in a newsletter
  - Conduct contests involving TeamSTEPPS tools
  - Track changes made as a result of debriefs in a log book

*Communicate, communicate, communicate!*
Keys to Successful Implementation

- Sustaining behavior change
  - Orient new employees to TeamSTEPPS tools
  - Include use of TeamSTEPPS tools in performance appraisals
  - Change job descriptions to include use of TeamSTEPPS tools
  - Conduct annual refresher training for previously trained staff

*Use of team behaviors is integrated into human resources!*
**TeamSTEPPS**

**Keys to Successful Implementation**

- Use the community for support
  - Attend monthly conference calls…alternate
    - 3rd Thursday of the month at 1400 CST…Next call 1/16/2014 at 1400 CST
    - 3rd Wed. of the month at 11 am CST
  - Review the notes if you can’t attend the calls
  - Review resources distributed with the call notes
    - Peer-reviewed literature
    - Instruments for evaluation
    - Customization of TeamSTEPPS tools
Quotes from Previous Trainers

“"We have put it as one of our monthly rounding questions with staff to see how they've used it, any questions with using, trying to keep them always thinking about it. We have also put it on our department lead monthly agenda, so all the leads are keeping up with it. We also have a monthly newsletter that is specific to TeamSTEPPS.”

“"It's been a tough road, but overall our surveys have proven that it has been worth it!”

“Staff and physician relationships within the trained group has improved.”
Quotes from Previous Trainers

“Honestly, as a Master Trainer, we have not had the support and direction from leadership to sustain TeamSTEPPS. I feel it is hit and miss. New hires are not receiving the information in orientation. HR does not feel this is necessary.”

“We have not sustained it well. We lost momentum when we met resistance. I think if we would have realized that can be a normal part of changing culture; we would have pushed through it and over the wall. But instead I feel like we gave up to the nay sayers.”
**Summary**

- Readiness…scale your intervention…whole hospital or targeted tool/unit

- Define your challenge in terms of a problem to solve

- Learn from the community and never, never give up!
On Monday 10/21/13 you will receive an email message with an invitation to click on a link to complete the evaluation.

The evaluation will remain open until 12/15/13.
Requirements

1. Attend two webinars in person OR watch the recordings that will be posted within 1 week of live presentation on our website

   http://www.unmc.edu/patient-safety/teamstepps_training.htm

   - Next webinar
     - Date/Time: Thurs. Nov. 21, 2013; 2 – 3 pm CST
     - Title: Managing Culture Change

2. Complete evaluations of the webinars

3. Submit an action plan for implementing TeamSTEPPS in your unit/hospital by 12/15/13
References


Watch the Web Site for Resources

http://www.unmc.edu/patient-safety/teamstepps_training.htm