



# FOSTERING RESILIENCE TO CULTIVATE CHANGE: OUR TEAM TRAINING JOURNEY

AHA Team Training Monthly Webinar

May 9, 2018

# RULES OF ENGAGEMENT

- Audio for the webinar can be accessed in two ways:
  - Through the phone (\*Please mute your computer speakers) or
  - Through your computer
- A Q&A session will be held at the end of the presentation
  - Written questions are encouraged throughout the presentation and will be answered during the Q&A session
  - To submit a question, type it into the Chat Area and send it at any time during the presentation
- An evaluation will be sent to your email after the webinar

# UPCOMING TEAM TRAINING EVENTS

- Want to present on a webinar? [Submit your proposal](#) today!
- 2018 TeamSTEPPS Master Training Courses
  - Registration [now open](#)
  - Durham, Los Angeles, Manhattan, Cleveland, Seattle, Denver, Long Island

# TEAM TRAINING NATIONAL CONFERENCE: JUNE 20-22 IN SAN DIEGO

- [Registration](#) is open and filling up!
- Continuing education credit will be provided
- View our [conference brochure](#)
- Keynote speakers:
  - Jeff Skiles – Miracle on the Hudson
  - Bryan Sexton – Enhancing Resilience
  - Laure “Voop” de Vulpillieres – Public Narrative & Organizing



# CONTACT INFORMATION

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Phone: 312-422-2609

# TODAY'S PRESENTERS



Melissa Sullivan, MHA, BSN, RN  
Patient Safety Manager  
Duke Raleigh Hospital



Tammi Hicks, DNP, RN, CEN, NE-BC  
Administrative Director  
Duke University Health System

# OBJECTIVES

- Describe the implementation plan utilized for this TeamSTEPPS project.
- Discuss techniques to enhance resilience prior to implementing TeamSTEPPS.
- Discuss the project outcomes and the impact on the elements of the safety culture.

# BURNOUT

Prevalence of burnout in health care is alarming, as it inhibits our ability to detect something that may lead to potential patient harm.





# BURNOUT LEAD WEIGHTS

- Performance pressure
- Lack of control over work processes
- Role ambiguity
- Poor relationships between disciplines
- Lack of leadership or alignment of vision
- Long and varied work hours
- Fiscal debt
- Poor boundaries between work/home life



# PREVALENCE OF BURNOUT IN CRITICAL CARE



25-33% of ICU nurses and 45% of ICU physicians have SEVERE symptoms of burnout<sup>1</sup>

## Classic burnout symptoms

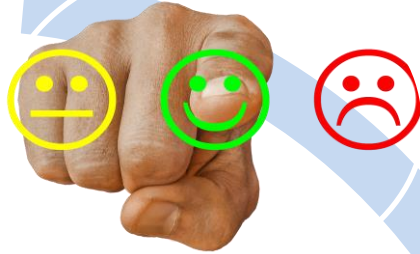
Emotional exhaustion

Lack of personal accomplishment

Depersonalization

# Patient Satisfaction

- Aiken et al. *BMJ* 2012;344:e1717
- Vahey, Aiken et al. *Med Care*. 2004 February; 42(2 Suppl): II57–II66.



## Infections

- Cimiotti, Aiken, Sloane and Wu. *Am J Infect Control*. 2012 Aug; 40(6):486-90.



## Medication Errors

- Fahrenkopf et al. *BMJ*. 2008 Mar 1; 336 (7642): 488-91.



## Standardized Mortality Ratios

- Welp, Meier & Manser. *Front Psychol*. 2015 Jan 22; 5:1573.



**BURNOUT**



ELSEVIER

Contents lists available at ScienceDirect

## American Journal of Infection Control

journal homepage: [www.ajicjournal.org](http://www.ajicjournal.org)



Major article

### Nurse staffing, burnout, and health care–associated infection

Jeannie P. Cimiotti DNSc, RN<sup>a,b,\*</sup>, Linda H. Aiken PhD<sup>c</sup>, Douglas M. Sloane PhD<sup>c</sup>, Evan S. Wu BS<sup>c</sup>

<sup>a</sup> New Jersey Collaborating Center for Nursing, Rutgers, The State University of New Jersey, Newark, NJ

<sup>b</sup> College of Nursing, Rutgers, The State University of New Jersey, Newark, NJ

<sup>c</sup> Center for Health Quality and Patient Safety, Rutgers, The State University of New Jersey, Newark, NJ

After controlling for pt severity and nurse and hospital characteristics, **only nurse burnout was associated with the clinical outcomes**

Ke  
H  
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PHC4

on hospital infections and the American H and surgical site infection, the most preva unit within a hospital. Linear regression characteristics on health care–associated infection. **Results:** There was a significant association  $P = .02$ ) and surgical site infection (0.93;  $P = .03$ ) and nurse and hospital characteristics, only urinary tract infection (0.82;  $P = .03$ ) and surgical site infection (1.56;  $P < .01$ ) infection. Hospitals in which burnout was reduced by 30% had a total of 6,239 fewer infections, for an annual cost saving of up to \$68 million. **Conclusions:** We provide a plausible explanation for the association between nurse staffing and health care–associated infections. Reducing burnout in registered nurses is a promising strategy to help control infections in acute care facilities.

we examined urinary tract infection (UTI) as a likely to be acquired on any ward. The effect of nurse and hospital characteristics on urinary tract infection (UTI) was examined. **Results:** There was a significant association between nurse ratio and urinary tract infection (0.86;  $P = .02$ ) and surgical site infection (0.93;  $P = .03$ ) and nurse and hospital characteristics, only urinary tract infection (0.82;  $P = .03$ ) and surgical site infection (1.56;  $P < .01$ ) infection. Hospitals in which burnout was reduced by 30% had a total of 6,239 fewer infections, for an annual cost saving of up to \$68 million.

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*Research Article*

## **The Impact of Perceived Stress and Coping Adequacy on the Health of Nurses: A Pilot Investigation**

92% reported moderate-to-very high stress levels

52% reported feeling nervous, anxious, or on edge several days/2 weeks  
with 17% reporting this way more than half or everyday/2 weeks

78% reported sleeping less than 8 hours a night

Reported being sleep deprived 12.30/30 days

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Stress and coping abilities influence the health and work performance of nurses. Little is known about the combined influence of stress perception and perceived coping adequacy and its relationship between stress, coping, and the combined influences of perceived stress and coping abilities on health and work performance. A valid and reliable questionnaire was completed by 120 nurses in a large, tertiary care, western hospital in the USA. In general, the nurses were not healthy: 92% had moderate-to-very high stress levels; 78% reported sleeping less than 8 hours of sleep per night; 69% did not exercise regularly; 63% consumed less than 5 servings of fruits and vegetables per day; and 22% were classified as binge drinkers. When confronted with workplace stress, 70% of nurses reported that they consumed more junk food and 63% reported that they consumed more food than usual as a way of coping. Nurses in the "high stress/poor coping" group had the poorest health outcomes and highest health risk behaviors compared to those in other groups. The combined variables of perceived stress and perceived coping adequacy influenced the health of nurses. Therefore, worksite health promotion programs for nurses should focus equally on stress reduction, stress management, and the development of healthy coping skills.

## Rates of medication errors among depressed and burnt out residents: prospective cohort study

Amy M Fahrenkopf, instructor of paediatrics,<sup>1</sup> Theodore C Sectish, associate professor of paediatrics,<sup>2</sup> Laura K Barger, research fellow,<sup>3</sup> Paul J Sharek, assistant professor of paediatrics,<sup>2</sup> Daniel Lewin, assistant professor of psychiatry and paediatrics,<sup>4</sup> Vincent W Chiang, assistant professor of paediatrics,<sup>1</sup> Sarah Edwards, project coordinator,<sup>3</sup> Bernhard L Wiedemann, associate professor of paediatrics,<sup>4</sup> Christopher P Landrigan, assistant professor of paediatrics and medicine<sup>1,3</sup>

Harvard Medical School,

ABSTRACT

patients die each year in the United States as a result of

Results 24 (20%) of the participating residents met the criteria for depression and 92 (74%) met the criteria for burnout. Active surveillance yielded 45 errors made by participants. Depressed residents made 6.2 times as many medication errors per resident month as residents who were not depressed: 1.55 (95% confidence interval 0.57 to 4.22) compared with 0.25 (0.14 to 0.46, P<0.001)

criteria for depression and 92 (74%) met the criteria for burnout. Active surveillance yielded 45 errors made by participants. Depressed residents made 6.2 times as many medication errors per resident month as residents who were not depressed: 1.55 (95% confidence interval 0.57 to 4.22) compared with 0.25 (0.14 to 0.46, P<0.001). Burnt out residents and non-burnt out residents made similar rates of errors per resident month: 0.45 (0.20 to 0.98) compared with 0.53 (0.21 to 1.33, P=0.2).

**Conclusions** Depression and burnout are major problems among residents in paediatrics. Depressed residents made significantly more medical errors than their non-depressed peers; however, burnout did not seem to

Similarly, the medical errors had not

specialising in paediatrics in determine the prevalence of depression and whether a relation exists between the disorders and medication errors. We also collected depressed and burnt out residents' self reports of their health and medical errors.

### METHODS

Data for this study were collected as part of the paediatric duty hours study, which aimed to measure

# DR. BRYAN J. SEXTON

CULTURE OF SAFETY EXPERT



Duke Patient Safety Center: [Dukepatientsafetycenter.com](http://Dukepatientsafetycenter.com)

# DR. SEXTON'S PUBLICATIONS

## Context in Quality of Care Improving Teamwork and Resilience



Daniel S. Tawfik, MD<sup>a,b,\*</sup>, John Bryan Sexton, PhD<sup>c,d</sup>, Kathryn C. Adair, PhD<sup>c,d</sup>, Heather C. Kaplan, MD, MSCE<sup>e</sup>, Jochen Profit, MD, MPH<sup>b,f,g</sup>

### KEYWORDS

• Safety climate • Teamwork • Quality • Burnout • Resilience

### KEY POINTS

- Wide variation in neonatal intensive care unit quality of care exists, with differences in part attributable to variation in care context.
- Teamwork is an important driver of health care quality, and can be improved with established team-training tools.
- Individual resilience is a key contextual factor that may affect health care quality directly and indirectly via teamwork, and it can be coached.
- Improvements in teamwork and resilience are expected to enhance health care quality improvement initiatives.

### ORIGINAL RESEARCH

**The associations between work–life balance behaviours, teamwork climate and safety climate: cross-sectional survey introducing the work–life climate scale, psychometric properties, benchmarking data and future directions**

J Bryan Sexton,<sup>1,2</sup> Stephanie P Schwartz,<sup>3</sup> Whitney A Chadwick,<sup>4</sup> Kyle J Rehder,<sup>1,3</sup> Jonathan Bae,<sup>5</sup> Joanna Bokovoy,<sup>6</sup> Keith Doram,<sup>6</sup> Wayne Sotile,<sup>7</sup> Kathryn C Adair,<sup>1</sup> Jochen Profit<sup>8</sup>



OPEN ACCESS

### ORIGINAL RESEARCH

**Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout**

J Bryan Sexton,<sup>1,2</sup> Kathryn C Adair,<sup>3</sup> Michael W Leonard,<sup>4,5</sup> Terri Christensen Frankel,<sup>4</sup> Joshua Proulx,<sup>4</sup> Sam R Watson,<sup>6</sup> Brooke Magnus,<sup>7</sup> Brittany Bogan,<sup>8</sup> Maleek Jamal,<sup>9</sup> Rene Schwendimann,<sup>10</sup> Allan S Frankel<sup>4</sup>

### Open Access

### Research

**BMJ Open A qualitative analysis of the Three Good Things intervention in healthcare workers**

Karin Rippstein-Leuenberger,<sup>1,2</sup> Oliver Mauthner,<sup>1</sup> J Bryan Sexton,<sup>3</sup> Rene Schwendimann<sup>1</sup>

### ORIGINAL RESEARCH

**Exposure to Leadership WalkRounds in neonatal intensive care units is associated with a better patient safety culture and less caregiver burnout**

J Bryan Sexton,<sup>1,2</sup> Paul J Sharek,<sup>3,4,5</sup> Eric J Thomas,<sup>6</sup> Jeffrey B Gould,<sup>3,4,7</sup> Courtney C Nisbet,<sup>3,4</sup> Amber B Ampoker,<sup>8,9</sup> Mark A Kowalkowski,<sup>8,9</sup> René Schwendimann,<sup>2,10</sup> Jochen Profit<sup>3,4,7</sup>



# WHAT IS RESILIENCE?

## Resilience across Cultures

Michael Ungar

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Correspondence to Michael Ungar, Dalhousie University, School of Social Work, Nova Scotia, Canada. E-mail: [michael.ungar@dal.ca](mailto:michael.ungar@dal.ca)

### Summary

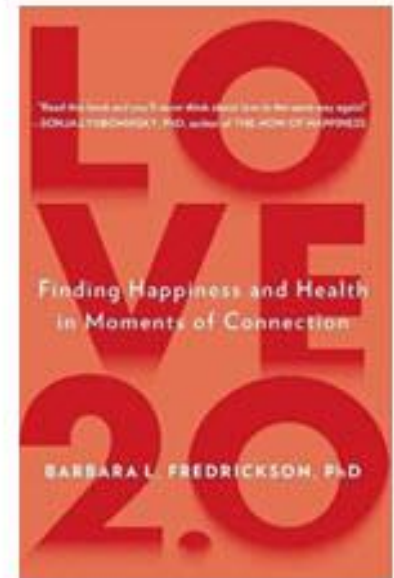
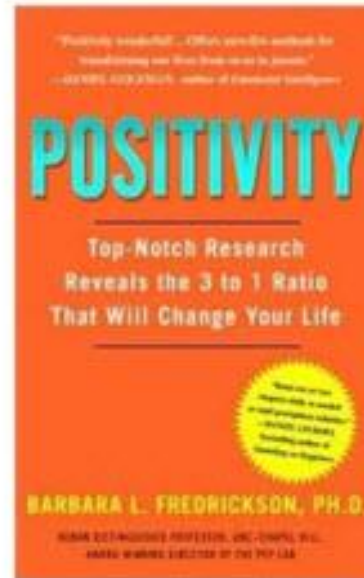
Findings from a 14 site mixed methods study of over 1500 youth globally support four propositions: 1) there are global, as well as culturally and contextually specific aspects to youth's lives that contribute to their resilience; 2) aspects of resilience exert different amounts of influence on a child's life depending on the specific culture and context in which resilience is realized; 3) aspects of children's lives that contribute to resilience are related to one another in patterns that reflect a child's culture and context; 4) individuals and their cultures and contexts are

Resilience is a function of your ability to cope, and the availability of resources related to health and well-being.

# ENHANCING RESILIENCE WITH POSITIVE EMOTIONS



Barbara Fredrickson, PH.D.



## What Good Are Positive Emotions?

Barbara L. Fredrickson  
University of Michigan

This article opens by noting that positive emotions do not fit existing models of emotions. Consequently, a new model is advanced to describe the form and function of a subset of positive emotions, including joy, interest, contentment, and love. This new model posits that these positive emotions serve to broaden an individual's momentary thought-action repertoire, which in turn has the effect of building that individual's physical, intellectual, and social resources. Empirical evidence to support this broaden-and-build model of positive emotions is reviewed, and implications for emotion regulation and health promotion are discussed.



# 10 POSITIVE EMOTIONS



Joy



Inspiration



Amusement



Love



Interest



Pride



Gratitude



Serenity



Hope



Awe

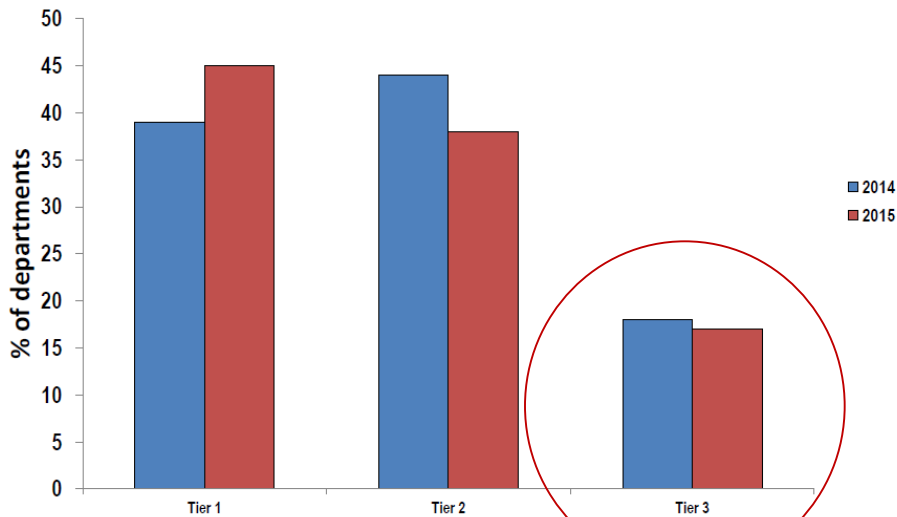
# OUR JOURNEY



# BACKGROUND

Results from the 2014 Work Culture Survey (WCS) & 2014 Safety Attitudes Questionnaire (SAQ), demonstrated an opportunity for improvement

### Work Culture Survey Data



### Resilience across DRaH- 2014 SAQ Data (for pace and intensity of innovation)

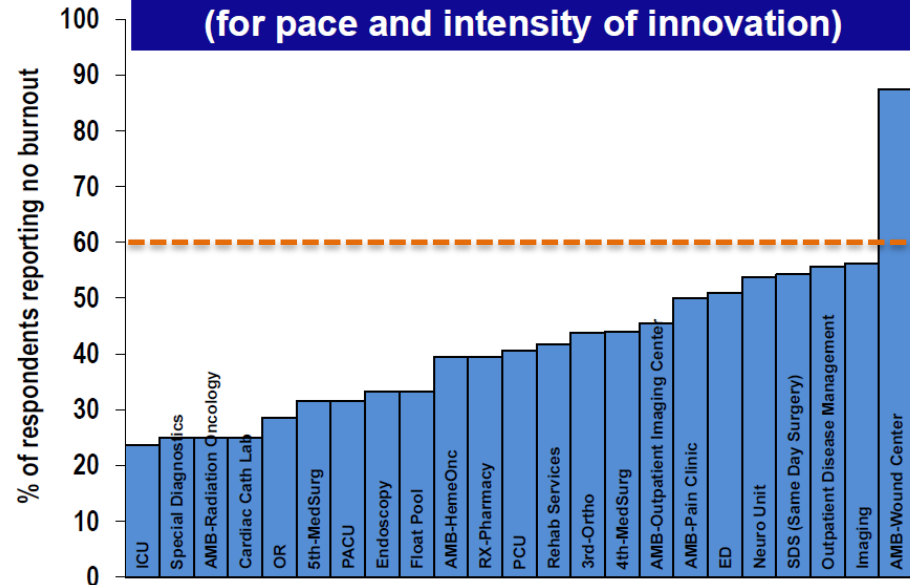


Illustration 1

### PHASE I

Assessment

#### Pre-Training Assessment

SITE ASSESSMENT

CULTURE SURVEY

DATA/ MEASURES

Ready?

Yes

No

Climate Improvement via Personal Resilience

ACTION PLAN

### PHASE II

Planning, Training & Implementation

T  
R  
A  
I  
N  
I  
N  
G

Intervention



Test

### 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

## Introduction and Planning

- Senior leadership support:
  - ~ Executive Leadership Team
  - ~ Nursing Executive Committee
- Implementation Steering Committee Formed
- Developed Master Trainer Resources

## Education and Design

- Recommendation to “phase” in TeamSTEPPS in selected areas
- SAQ and WCS data analysis
- Resilience activities
- Identification of Phase 1 & 2 implementation areas
- TeamSTEPPS Essentials Classes for DRAH leaders

## Implementation & Sustainment

- Phase 2 Unit Assessment using Implementation Guide
- Conduct readiness training for Phase 2 units
- Implement selected tools
- Evaluate
- Report results at PSCQ meetings (Sustainment)

# THREE GOOD THINGS

love  
amusement interest  
hope inspiration  
gratitude joy serenity  
awe pride

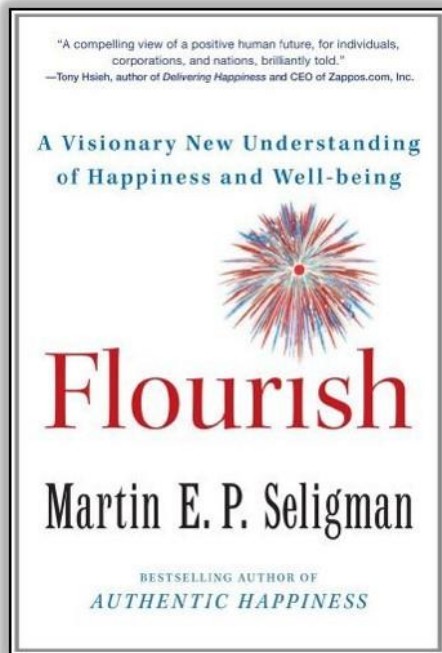
Training your mind to start focusing on the

***POSITIVE***





# THREE GOOD THINGS RESEARCH



## Martin Seligman, Ph.D.

Director of the Penn Positive Psychology Center, Zellerbach Family Professor of Psychology in the Penn Department of Psychology, and Director of the Penn Master of Applied Positive Psychology program (MAPP).

Commonly known as the founder of Positive Psychology, Martin Seligman is a leading authority in the fields of Positive Psychology, resilience, learned helplessness, depression, optimism and pessimism. He is also a recognized authority on interventions that prevent depression, and build strengths and well-being. He has written more than 250 scholarly publications and 20 books. Dr. Seligman's books have been translated into more than twenty languages and have been best sellers both in America and abroad. Among his better-known works are *Flourish*, *Authentic Happiness*, *Learned Optimism*, *The Optimistic Child*, *Helplessness*, and *Abnormal Psychology*. His book *Character Strengths and Virtues: A handbook and classification*, was co-authored with Christopher Peterson.



# THREE GOOD THINGS: SELIGMAN, STEEN, PARK & PETERSEN, 2005



Happiness



Depression



# WHY IT WORKS...

WE ARE HARD-WIRED TO REMEMBER THE NEGATIVE.....

BUT, WITH PRACTICE (DAY 4 OR 5) REFLECTING ON THE POSITIVE LEADS TO NOTICING ***MORE POSITIVE.***



**Do 3 Good Things within  
2 hours of going to sleep**

# EXAMPLES OF 3 GOOD THINGS

*Bought some great jeans at half price*

*Explored a new city*

*Got a haircut*

*Got up in time to exercise this morning*

*Beautiful drive home, loving the fall colors*

*Watched a new, hilarious TV show*

*Had a delicious dinner out with my husband*

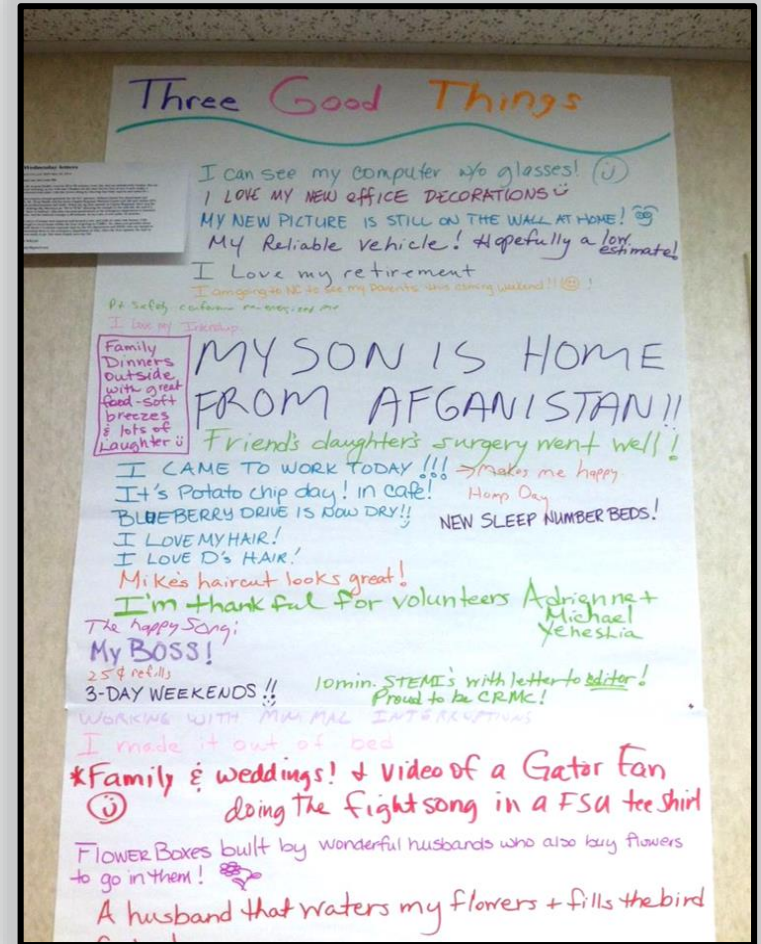


# EXAMPLES OF 3 GOOD THINGS

**Your Turn to Share:  
What are your Three  
Good Things?**

**Type in the chat box**

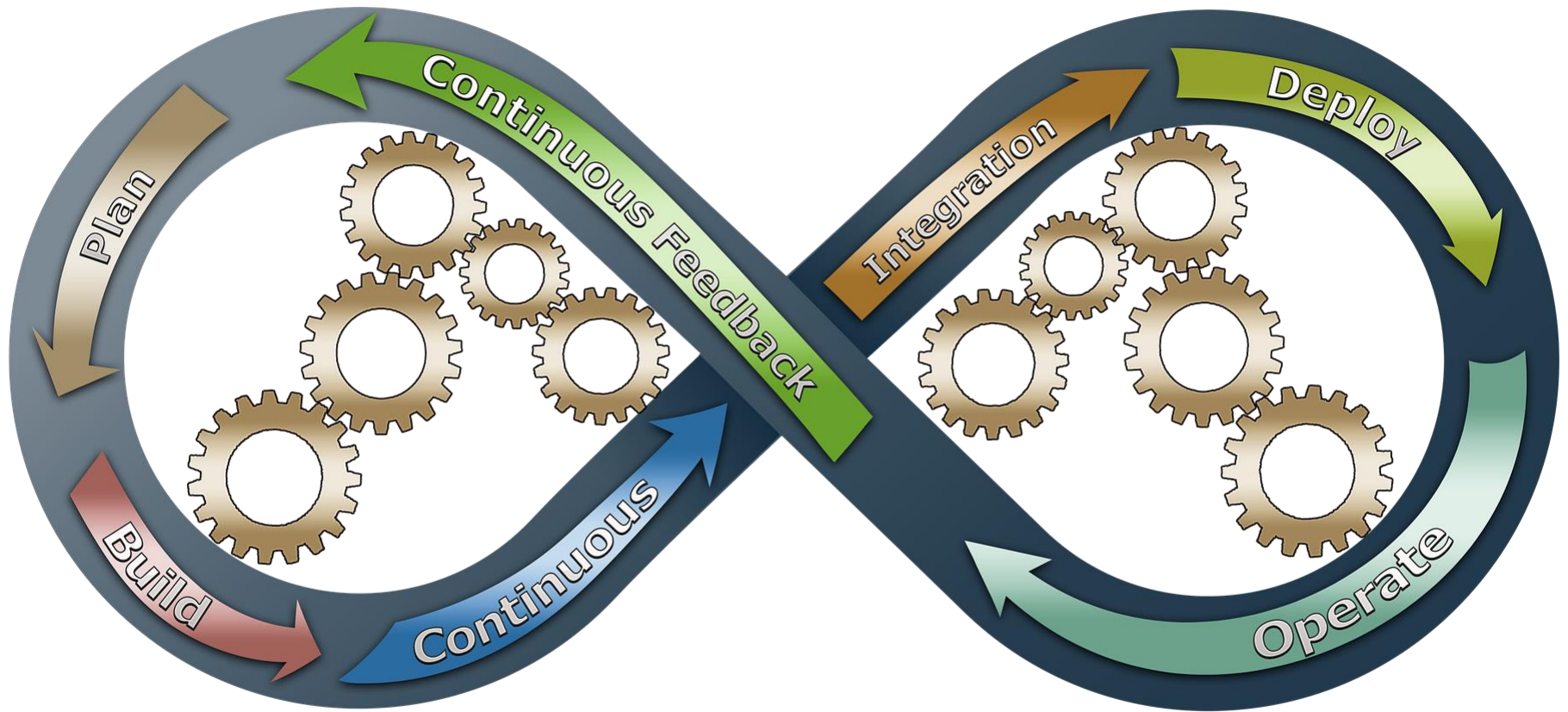
# 3 GOOD THINGS AT WORK



# OUTCOMES

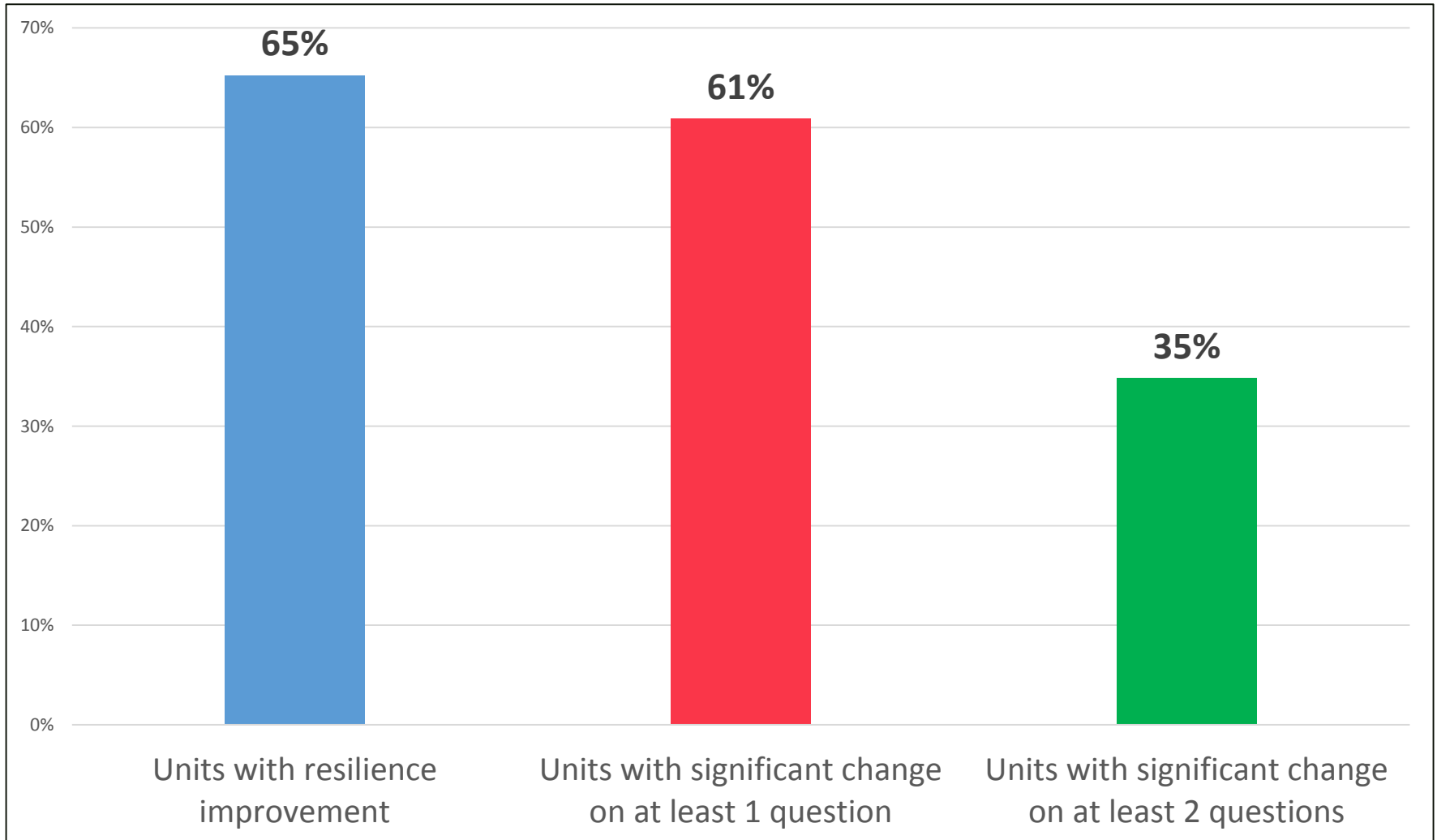


# OUTCOMES



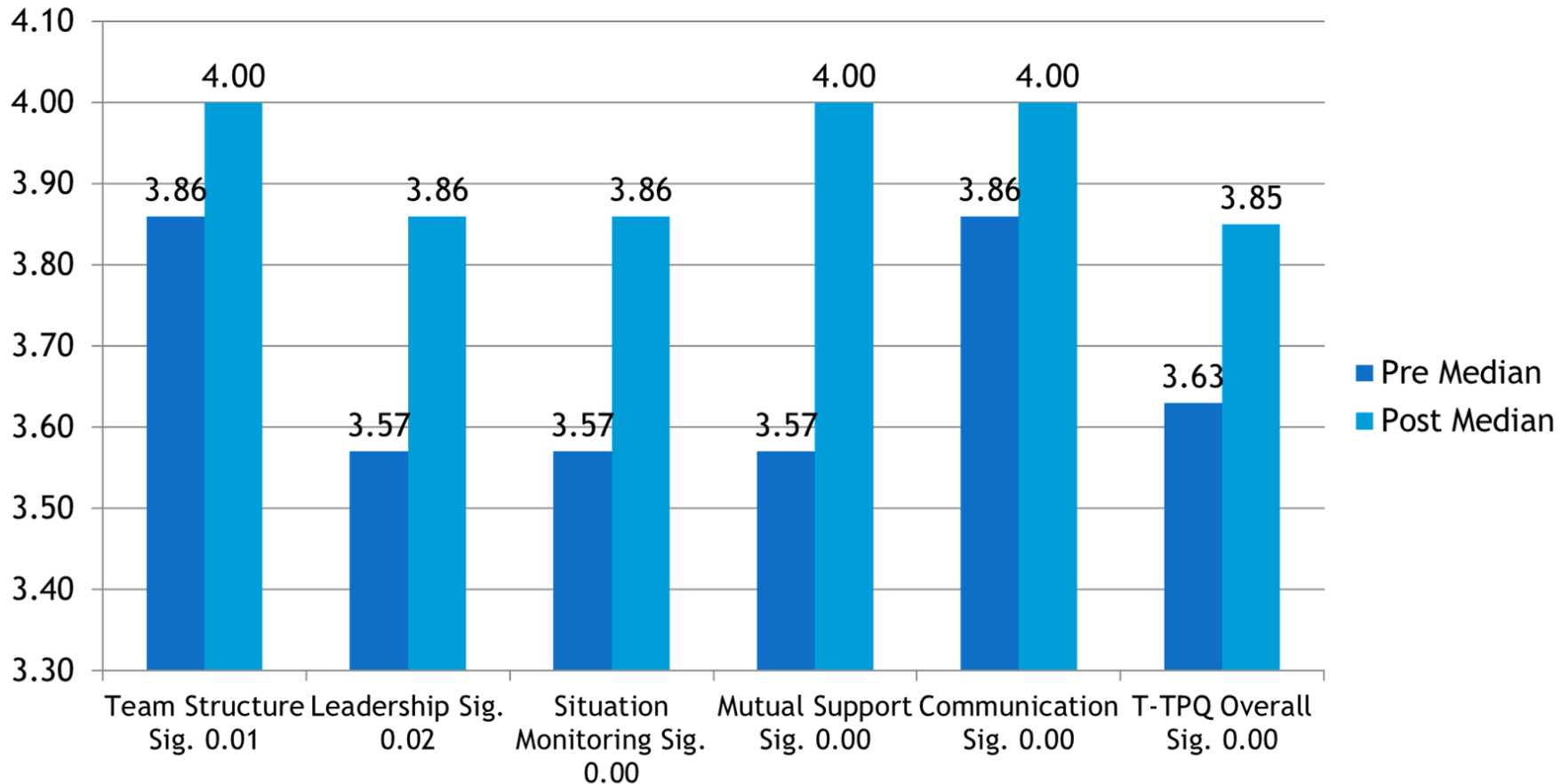


# RESILIENCE IMPROVEMENT AT DRAH

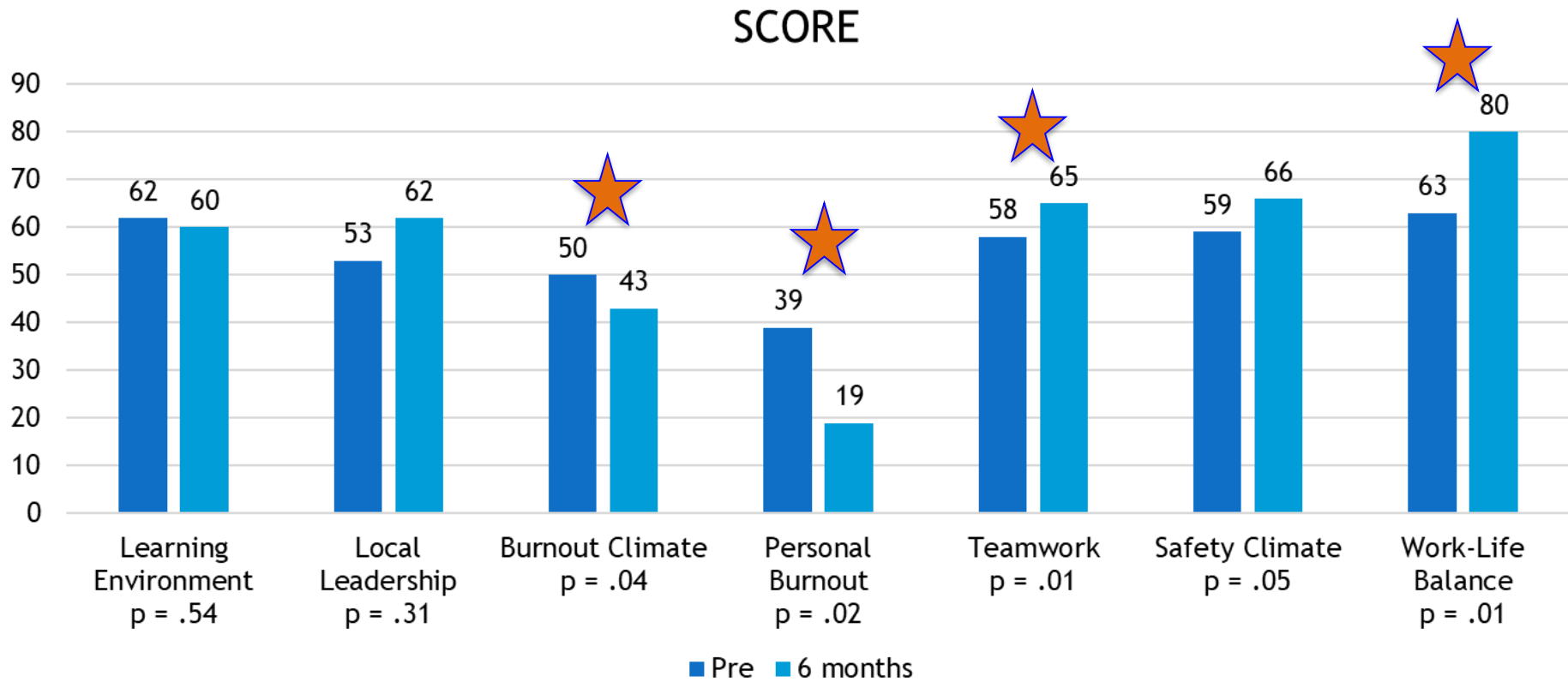


# AMBULATORY ONCOLOGY RESULTS

## T-TPQ Results



# AMBULATORY ONCOLOGY RESULTS



# IN OUR LIVE PRESENTATION...

We'll share more easy resilience tools to start using immediately!  
Remember those 10 positive emotions?!

joy

inspiration

love

serenity

gratitude

awe

pride

interest

amusement

hope



# QUESTIONS?

Stay in touch! Email [teamtraining@aha.org](mailto:teamtraining@aha.org) or visit [www.aha.org/teamtraining](http://www.aha.org/teamtraining)



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