THE WHAT AND WHY OF TEAMSTEPPS: A NEW WAY TO LOOK AT THE TOOLS AND CONCEPTS

AHA Team Training Monthly Webinar

January 9, 2019

AHA Education

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RULES OF ENGAGEMENT

- Audio for the webinar can be accessed in two ways:
  - Through the phone (*Please mute your computer speakers)
  - 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

UPCOMING TEAM TRAINING EVENTS

2019 AHA Team Training
National Conference

June 12-14 ✪ San Antonio aha.org/teamtraining

Grab your cowboy boots and block your calendar - AHA Team Training is heading to San Antonio this June for our annual conference!

Registration will open in January 2019.

UPCOMING TEAM TRAINING EVENTS

2019 TeamSTEPPS course schedule now posted:

- Check out 2019 TeamSTEPPS Master Training course schedule on our website. Registration will open in late January.

Monthly webinars:

- February 13: Expanding the Team: Practical Uses of TeamSTEPPS for Non-Clinical Team Members
- Register for our free webinar

CONTACT INFORMATION

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TODAY'S PRESENTERS

Ross Ehrmantraut, RN, Clinical Director of Team Performance, WISH, UW Medicine

Megan Sherman, MAEdHD, Associate Director of WISH, UW Medicine

Farrah Leland, JD, Associate Director of WISH, UW Medicine

LEARNING OBJECTIVES

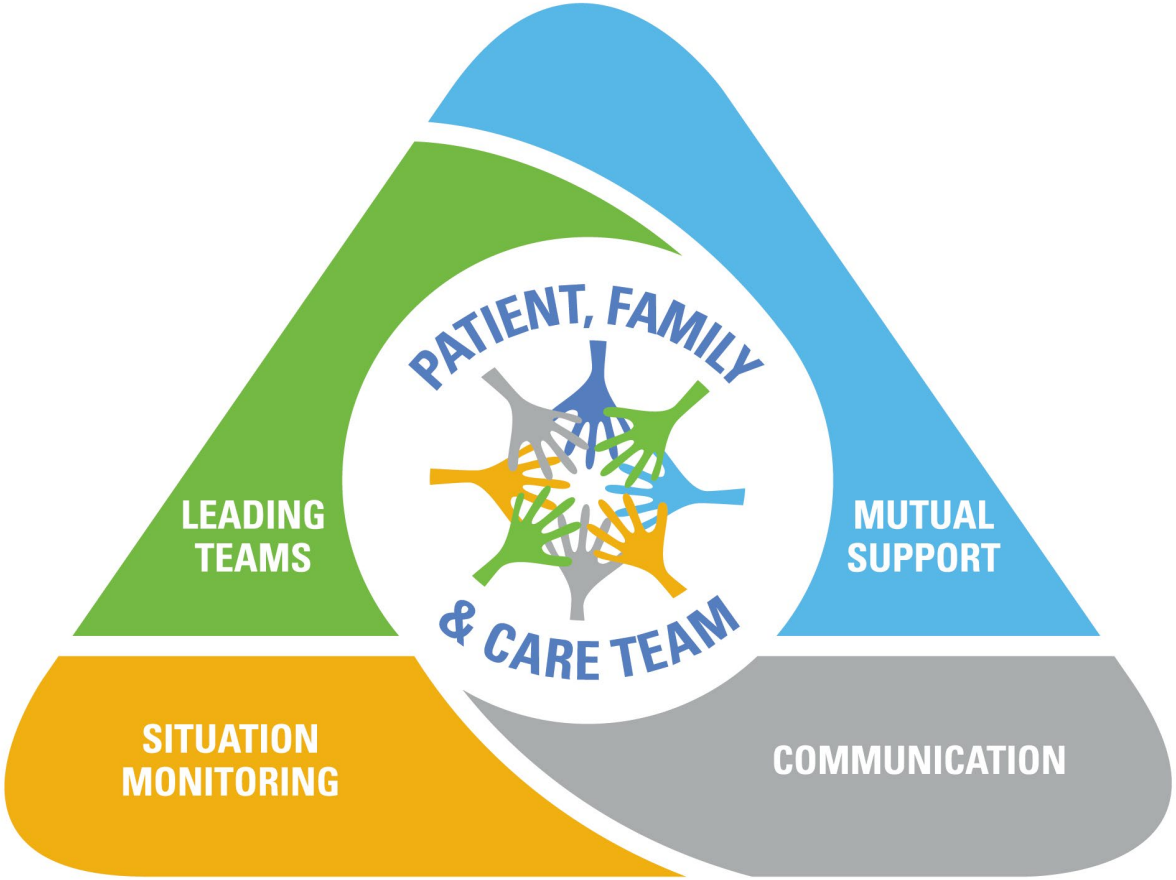
- Describe the contributing factors to medical errors and the need for improved communication and teamwork in healthcare.
- Discuss how implementing TeamSTEPPS in healthcare can lead to improved patient outcomes through better communication and teamwork.
- Identify the TeamSTEPPS tools associated with the 100, 200, and 300 level concepts and discuss how and when they may be best applied in a team setting.

TEAMSTEPPS

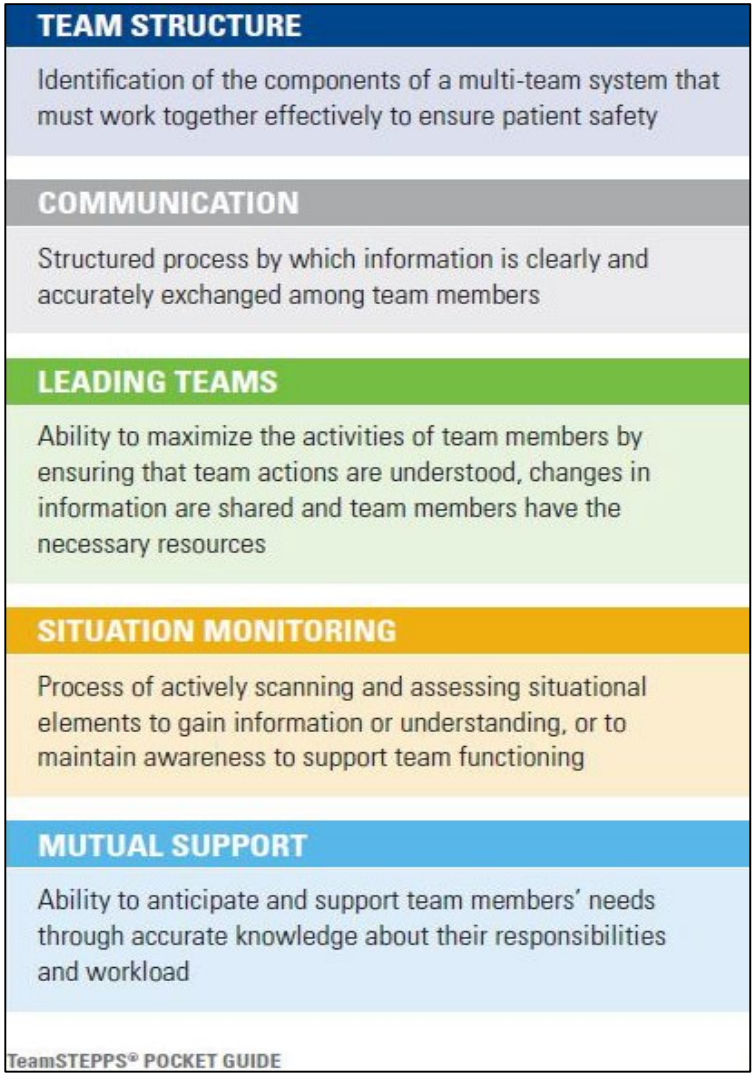
Team Strategies & Tools to Enhance Performance & Patient Safety

- Based on more than 30 years of research and evidence
- Team training programs have been shown to improve attitudes, increase knowledge, and improve behavioral skills
- Salas, et al. (2008) meta-analysis provided evidence that team training had a moderate, positive effect on team outcomes

TEAMSTEPPS


PATIENT, FAMILY
& CARE TEAM
LEADING TEAMS
MUTUAL SUPPORT
SITUATION MONITORING
COMMUNICATION

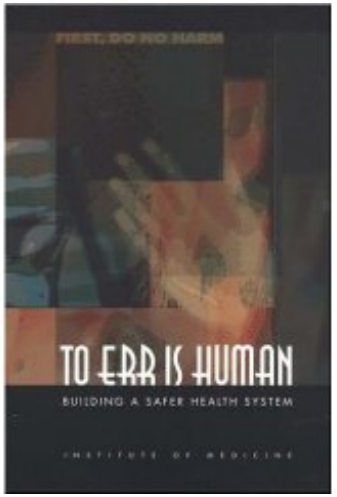
KEY CONCEPTS OF TEAMSTEPPS



INSTITUTE OF MEDICINE

November, 1999

Approximately 100,000 patients die in the hospital each year from medical errors and 72 % resulted from communication errors



This report lays out a comprehensive strategy by which government, health care providers, industry, and consumers can reduce preventable medical errors. Concluding that the know-how already exists to prevent many of these mistakes, the report sets as a minimum goal a 50 percent reduction in errors over the next five years.

….14 YEARS LATER

September, 2013

Journal of Patient Safety, (John T. James, PhD)

IOM figure was probably underestimated

210,000 – 440,000 deaths due to preventable medical errors

May, 2016

BMJ, (Markary & Daniel)

Third-leading cause of death in America, behind heart disease and cancer

WRONG-SITE SURGERY

In the United States, Hospitals

- Leave a foreign object (sponge, towel, instrument) inside a patient 96 times a week…
- Perform the wrong procedure on a patient 10 times a week...
- Operate on the wrong body part/site 20 times a week...

***JAMA Surg*. 2015;150(8):796-805.**
Surgical Never Events in the United States. Surgery 2013; 153:465-472.

Team of Experts

Expert Team

EVIDENCE THAT TEAMSTEPPS WORKS

- Capella, et al. (2010)
  - Trauma resuscitation team implementation
  - Pre-and post-TeamSTEPPS training results:
    - Team performance improved across all teamwork skills: Leadership, Situation Monitoring, Mutual Support, Communication
    - Significantly decreased times from arrival to CT scanner, endotracheal intubation, and operating room

- Thomas & Galla (2013)
  - Systemwide implementation
  - Pre- and post-TeamSTEPPS training results:
    - Significant improvement in HSOPS scores on Feedback and Communication About Error, Frequency of Events Reported, Hospital Handoffs and Transitions, and Teamwork Across Units
    - Incremental changes evident through reduction of nosocomial infections, falls, birth trauma, and other incidents

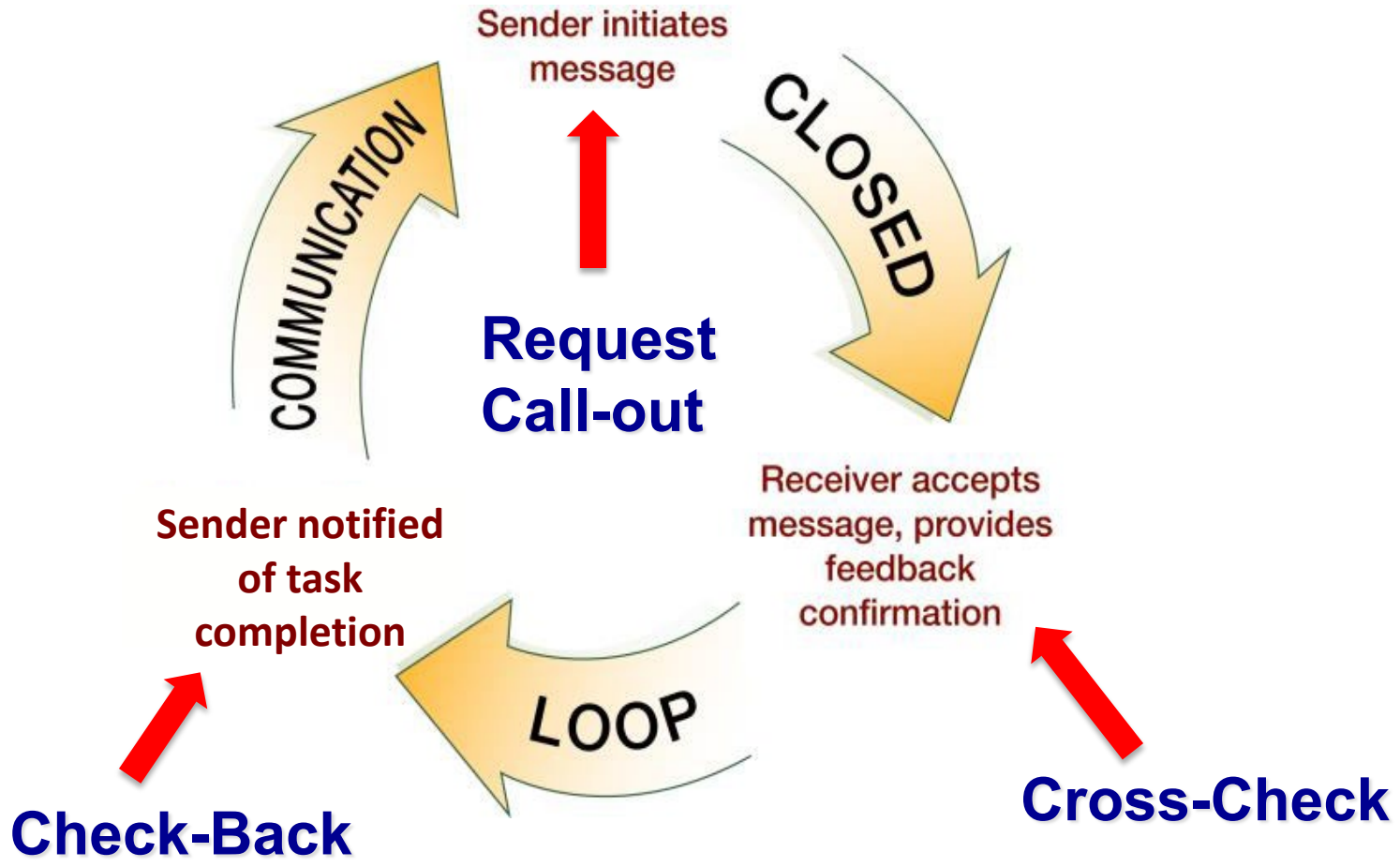
REVIEW OF THE SKILLS

100 Level Skills	*200 Level Skills*	*300 Level Skills*
Request	Huddle	CUS
Call-Out	Debrief	Two-Challenge Rule
Cross-Check	Handoff	DESC
Check-Back	Cross- Monitoring	I'M SAFE
SBAR	STEP	
Brief	Task Assistance	
	Shared Mental Model	

EFFECTIVE COMMUNICATION

- **Complet** letail
- **Clear**: st ns
- **Brief**: be
- **Timely**: a

CLOSED LOOP COMMUNICATION



IMPACT OF COMMUNICATION ON PATIENTS

Source: Seattle Times

IMPACT OF COMMUNICATION ON TEAM PERFORMANCE

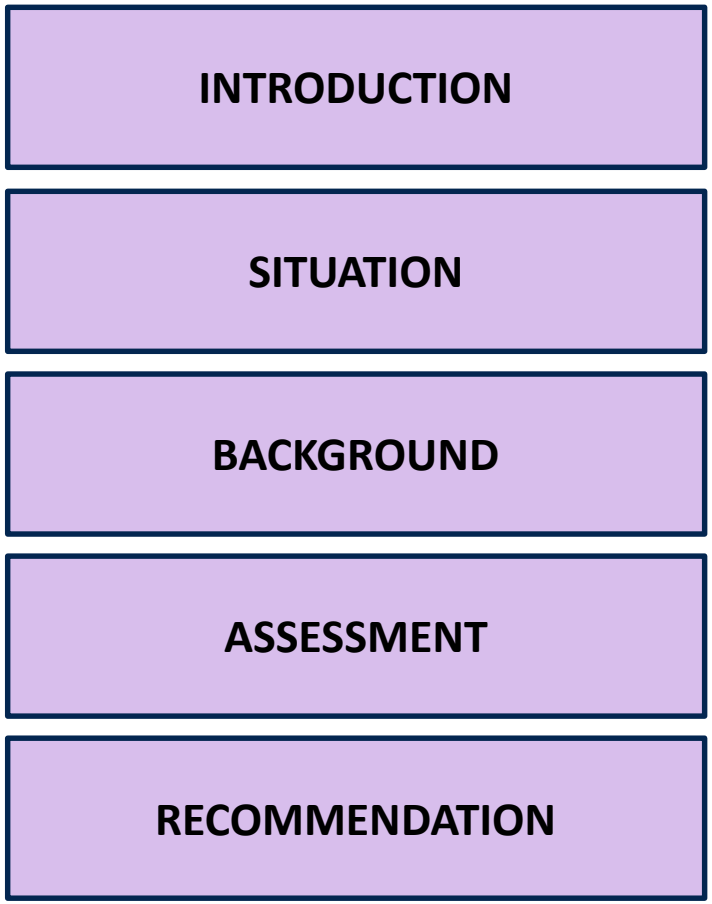
- *"It still seems incomprehensible to her that such a seemingly minor thing – a brief miscommunication between two doctors…could have had such a disastrous impact…"*
- *"Ironically, the University of Washington has been a pioneer in recognizing that communication is the 'cornerstone of patient safety."*

- *"…failed in their duty to communicate with each other…"*
- *"…it will take training…for the closed-loop style [of communication] to become ingrained in medical culture and the norm in all settings."*

**Source: Seattle Times*

SBAR

A communication technique which provides a standardized framework to communicate about a patient's condition.



Situation:

What is happening **RIGHT NOW** that needs to be communicated

Minti, a 58 year old female with a history of A-fib and hypertension arrives to the clinic (echo lab) as a new patient. She has been living in Spokane until recently and was inconsistent, according to her daughter, with compliance with her meds and attending her appointments. So, her daughter has recently had her move in with her in West Seattle.

Minti's daughter, who serves as her mom's interpreter, tells the front desk person that Minti has been lethargic and has had a cough for three days. The MA finishes rooming the patient and takes admit vitals which are: Temp 37.8, HR 122 and irregular, BP 178/98, Sats 88% and RR is 28. The mom appears to be having some difficulty breathing. Her daughter is concerned because she thinks her mom is not taking her meds consistently. She also has three children, which will make it hard for her to care for her mom.

- **INTRODUCTION**
- **SITUATION**
- **BACKGROUND**
- **ASSESSMENT**
- **RECOMMENDATION**

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Situation:
A 58 year old woman has arrived hypertensive, is lethargic, has a cough and is short of breath.

Background:

What is the **RELEVANT** history for what is happening right now that needs to be communicated

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Background:
A new patient moved here from Spokane with history of Afib and hypertension. Has been inconsistent with taking meds and attending appointments. Doesn't speak English – daughter interpreting.

Assessment:

What are the **PERTINENT** findings for what is happening right now that needs to be communicated

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Assessment:
Her BP is 178/98, Sats 88%, lethargic. HR 122 and irregular.

Recommendation:

Make a recommendation for what you think should happen next – NOT "what do you want to do?"

Minti, a 58 year old female with a history of A-fib and hypertension arrives to the clinic (echo lab) as a new patient. She has been living in Spokane until recently and was inconsistent, according to her daughter, with compliance with her meds and attending her appointments. So, her daughter has recently had her move in with her in West Seattle.

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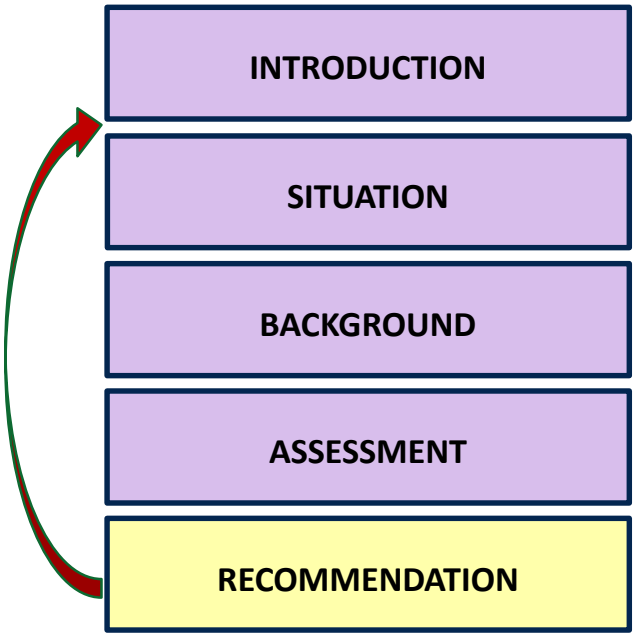

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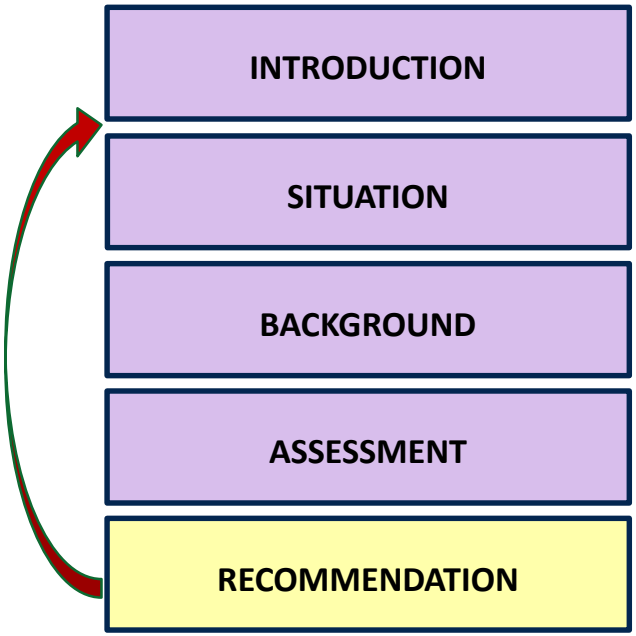


Recommendation:
I think she needs to be seen right away and we might want to consider sending her to the ED.

HANDOFF IS…

The transfer of information during transitions in care across the continuum

- Includes an opportunity to ask questions, clarify, and confirm

“I PASS THE BATON”

Introduction:	Introduce yourself and your role/job (include patient)
Patient:	Identifiers, age, sex, location
Assessment:	Present chief complaint, vital signs, symptoms, and diagnosis
Situation:	Current status/circumstances, including code status, level of uncertainty, recent changes, and response to treatment
Safety:	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
THE	
Background:	Comorbidities, previous episodes, current medications, and family history
Actions:	What actions were taken or are required? Provide brief rationale
Timing:	Level of urgency and explicit timing and prioritization of actions
Ownership:	Who is responsible (nurse/doctor/team)? Include patient/family responsibilities
Next:	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

OTHER EXAMPLES OF HANDOFF TOOLS

ANTICipate

- **A**dministrative Data; **N**ew clinical information; **T**asks to be performed; **I**llness severity; **C**ontingency plans for changes

I PASS

- **I**llness severity; **P**atient Summary; **A**ction list for the new team; **S**ituation awareness and contingency plans; **S**ynthesis and "read back" of the information

SHARQ

- **S**ituation; **H**istory; **A**ssessment; **R**ecommendations/Result; **Q**uestions

SITUATION MONITORING

The state of knowing the current conditions affecting one's work and environment.

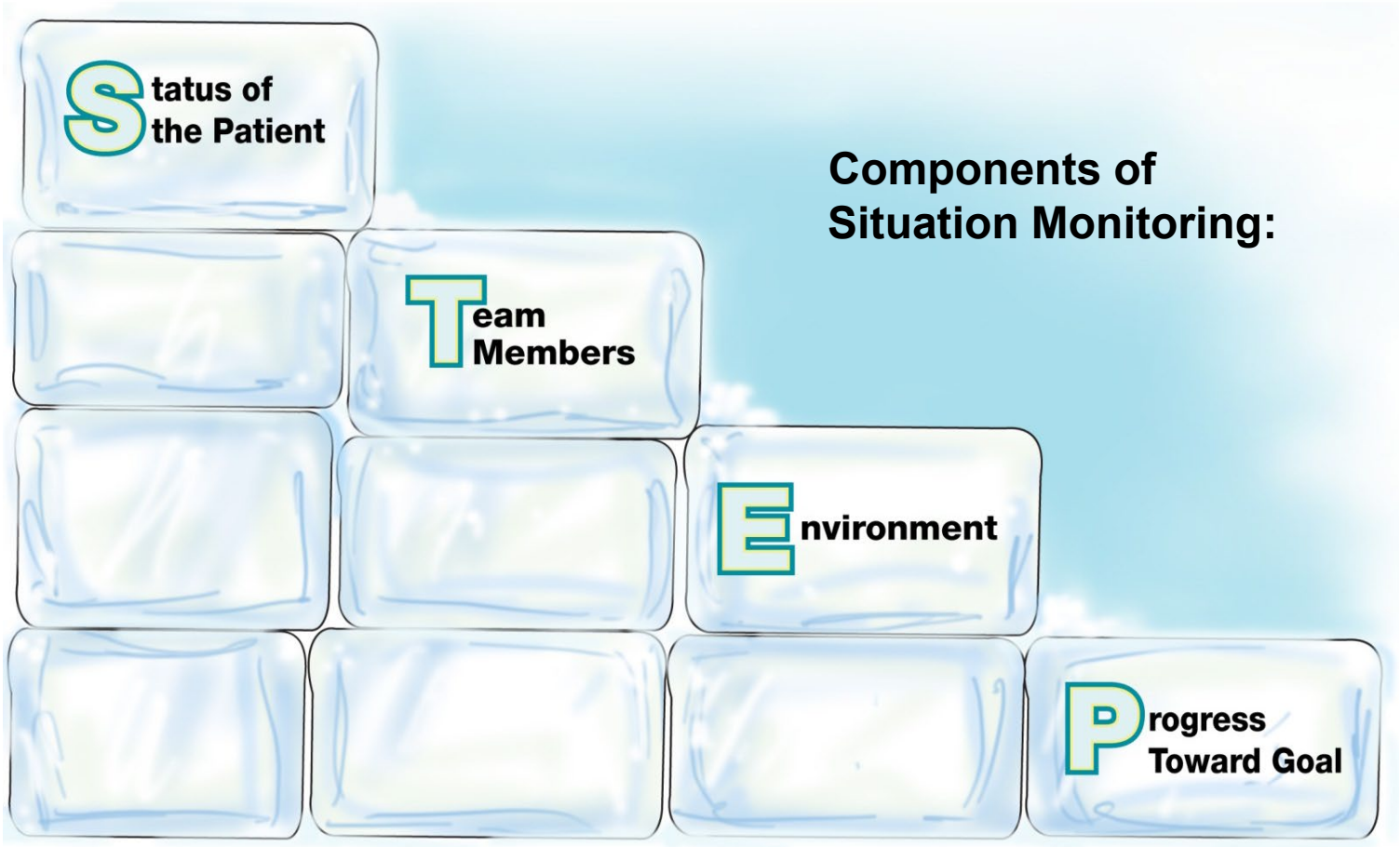
Cross-Monitoring

- Watching each other's backs
- Ensuring mistakes/oversights are caught

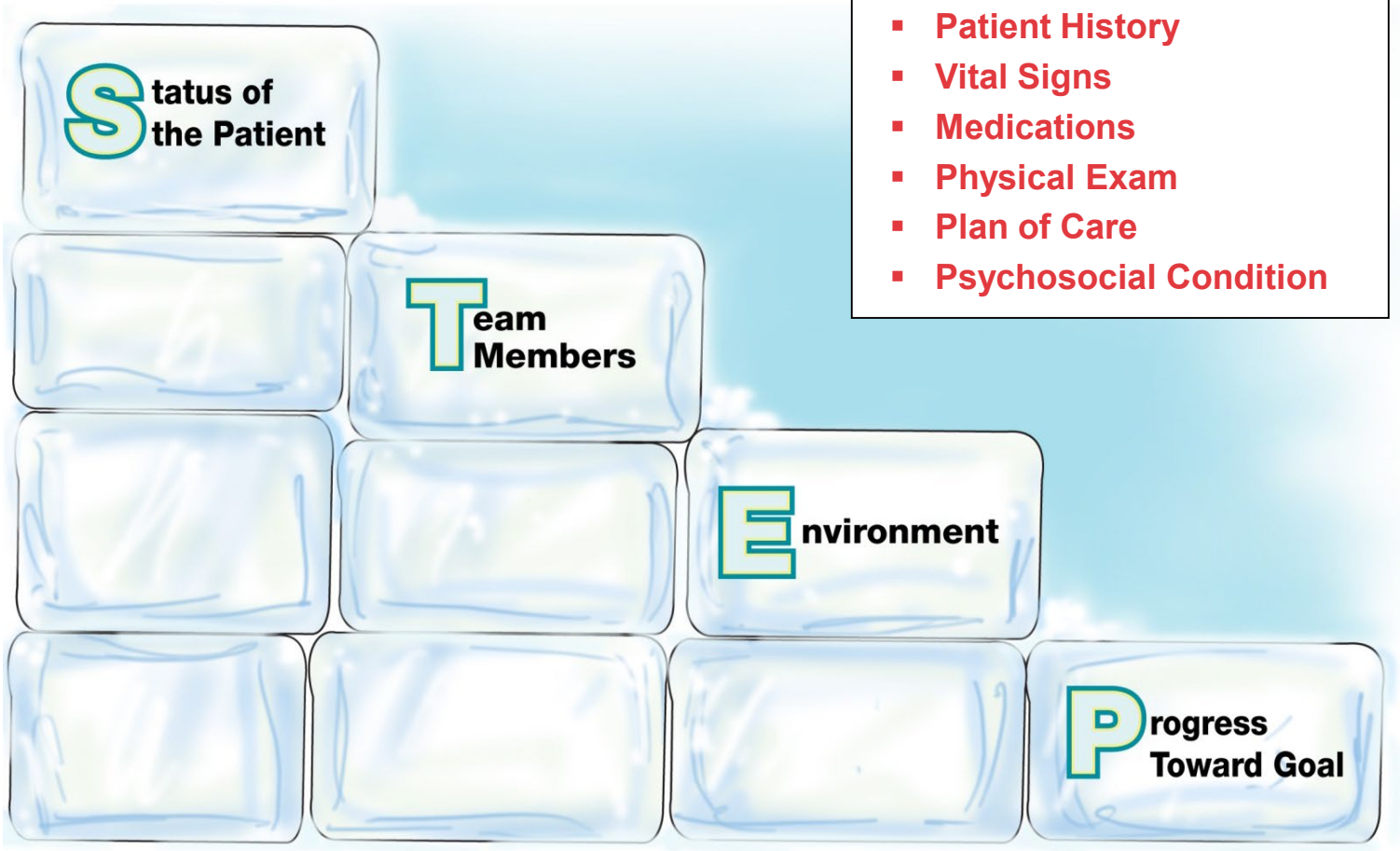
STEP checklist

I'M SAFE checklist

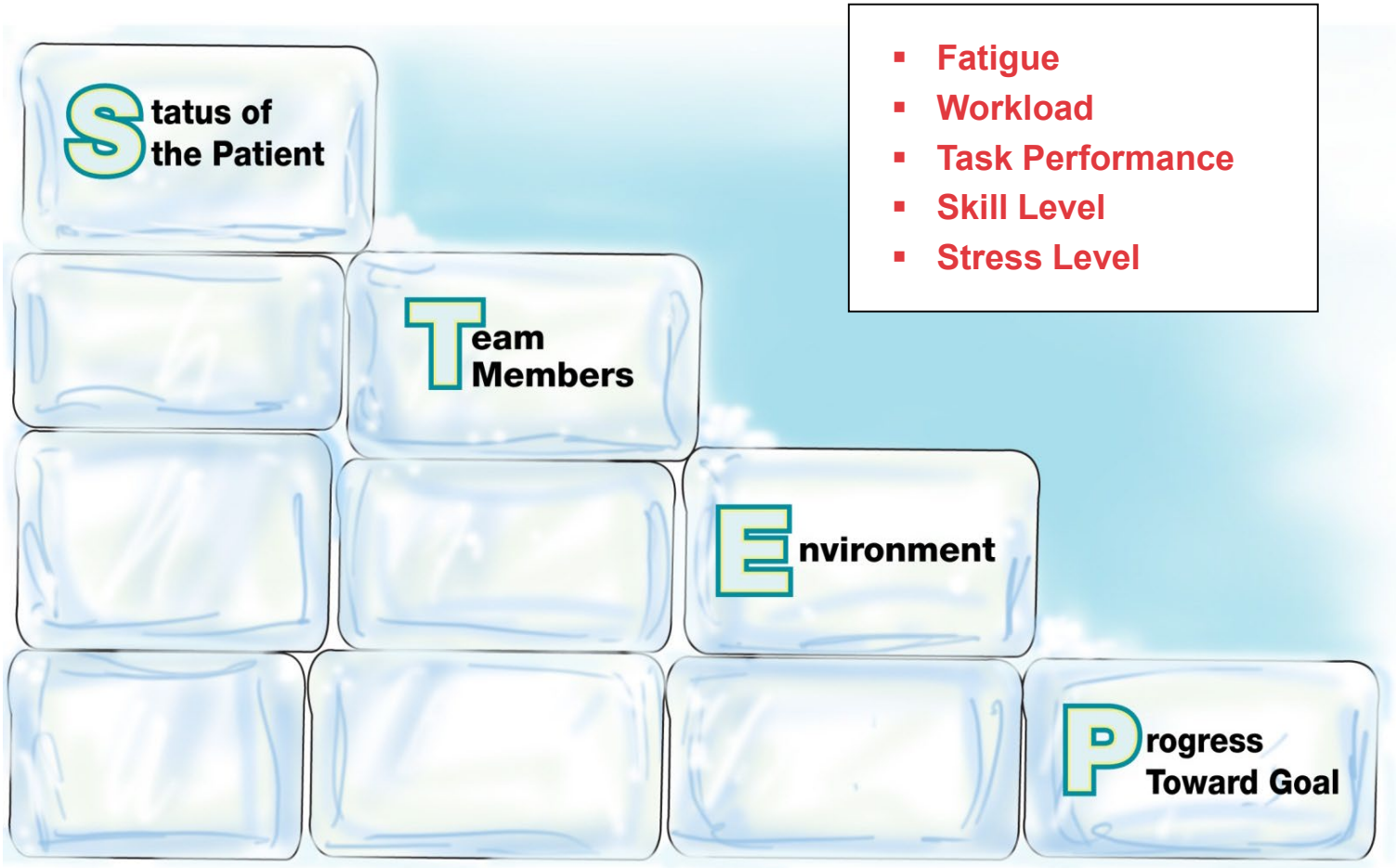
STEP CHECKLIST



STATUS OF THE PATIENT



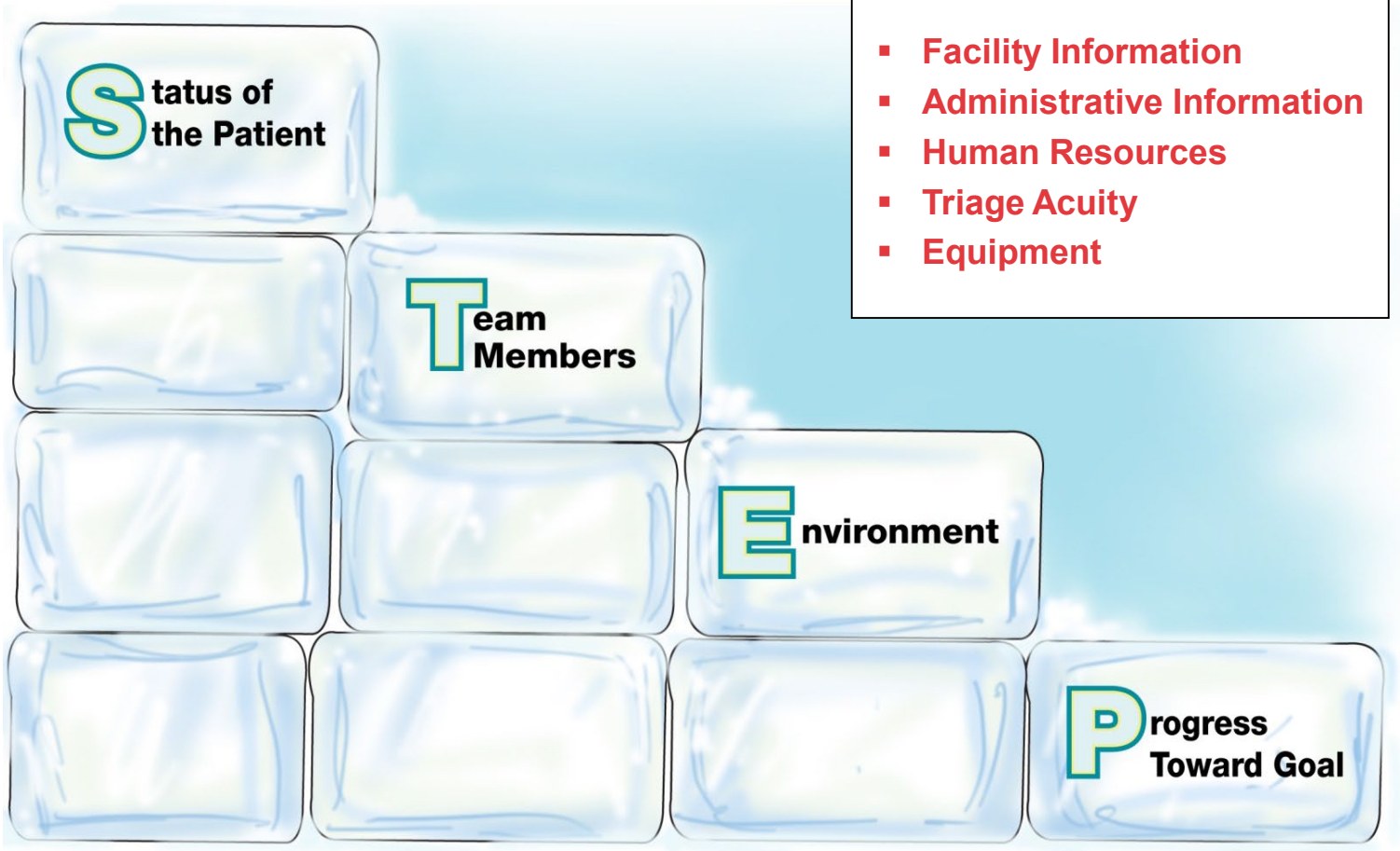
TEAM MEMBERS



I'M SAFE CHECKLIST

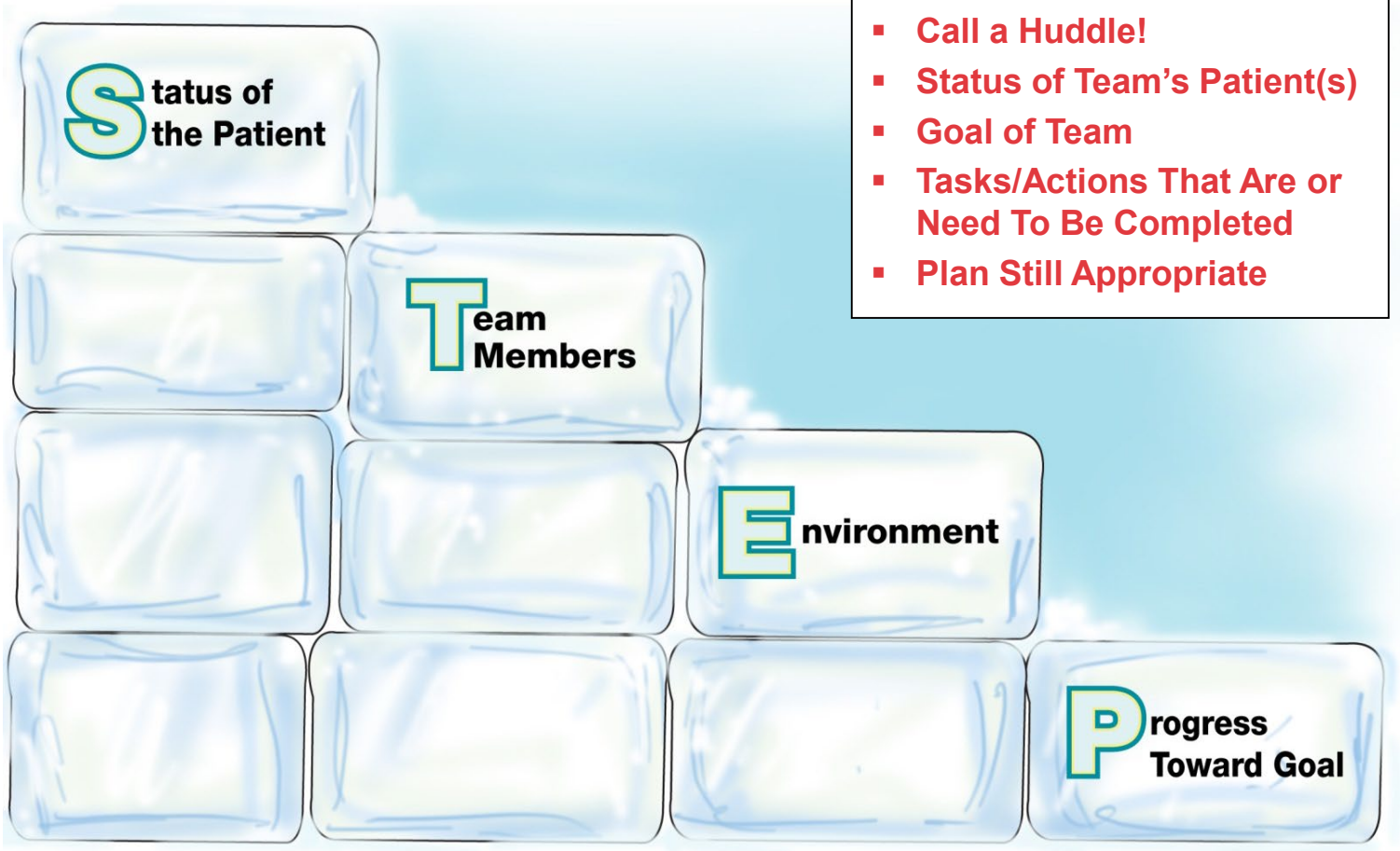
I	=	**I**llness
M	=	**M**edication
S	=	**S**tress
A	=	**A**lcohol and Drugs
F	=	**F**atigue
E	=	**E**ating and Elimination

ENVIRONMENT



- Facility Information
- Administrative Information
- Human Resources
- Triage Acuity
- Equipment

PROGRESS TOWARD GOAL



- Call a Huddle!
- Status of Team's Patient(s)
- Goal of Team
- Tasks/Actions That Are or Need To Be Completed
- Plan Still Appropriate

SHARED MENTAL MODEL

HOW TO GET TO A SHARED MENTAL MODEL

How:

- Call Outs
- Cross Checks
- Call Backs
- SBAR

When:

- Briefs
- Huddles
- Debriefs
- Transitions in Care

LEADING TEAMS

Briefs

- Short session to plan
- Assign roles, establish expectations, anticipate outcomes

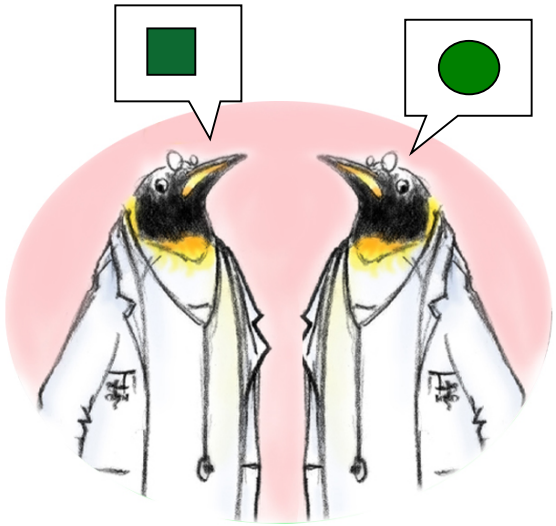
Huddles

- Ad hoc planning to reestablish/reinforce and assess or adjust plans

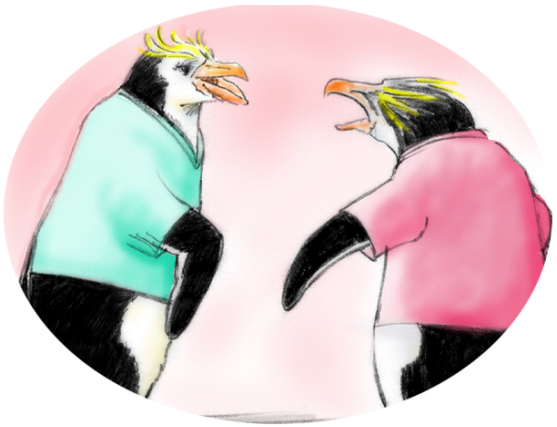
Debriefs

- Information exchange after the action

CONFLICT IN TEAMS



Informational Conflict
(We have different information!)



Interpersonal Conflict
(Hostile and harassing behavior)

Two-Challenge Rule
CUS

DESC Script

CONFLICT RESOLUTION
DESC SCRIPT

A constructive approach for managing and resolving conflict

D—**Describe** the specific situation

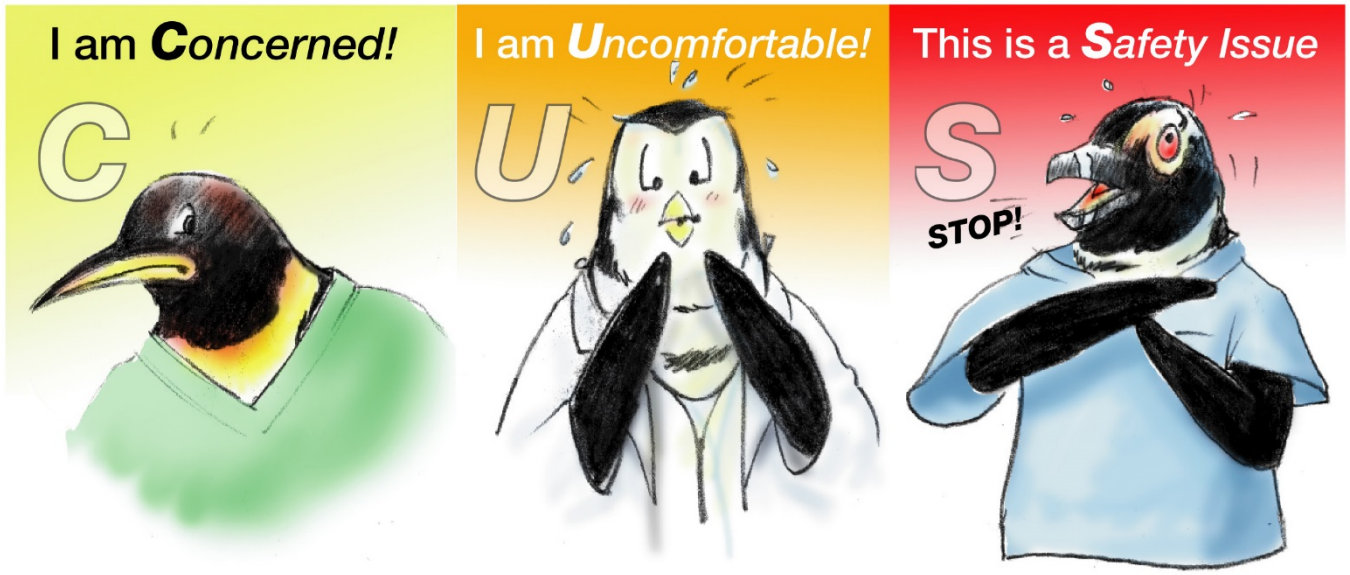
E—**Express** your concerns about the action

S—**Suggest** other alternatives

C—**Consequences** should be stated

PLEASE USE CUS WORDS

BUT *ONLY* WHEN APPROPRIATE!



REVIEW OF SKILLS

100 Level Skills	*200 Level Skills*	*300 Level Skills*
Request	Huddle	CUS
Call-Out	Debrief	Two-Challenge Rule
Cross-Check	Handoff	DESC
Check-Back	Cross- Monitoring	I’M SAFE
SBAR	STEP	
Brief	Task Assistance	
	Shared Mental Model	

TOOLS & STRATEGIES SUMMARY

BARRIERS

- Inconsistency in Team Membership
- Lack of Time
- Lack of Information Sharing
- Hierarchy
- Defensiveness
- Conventional Thinking
- Complacency
- Varying Communication Styles
- Conflict
- Lack of Coordination and Followup With Coworkers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

TOOLS and STRATEGIES

Communication

- SBAR
- Call-Out
- Check-Back
- Handoff

Leading Teams

- Brief
- Huddle
- Debrief

Situation Monitoring

- STEP
- I'M SAFE

Mutual Support

- Task Assistance
- Feedback
- Assertive Statement
- Two-Challenge Rule
- CUS
- DESC Script

OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance
- *Patient Safety!!*

RESOURCES

- TeamSTEPPS https://www.ahrq.gov/teamstepps/index.html
- AHA Team Training. https://www.aha.org/center/performance-improvement/team-training/resources
- Institute of Medicine. To Err Is Human: Building a Safer Health Care System. Washington DC: National Academy Press; 1999.
- Medical Error – The Third Leading Cause of Death in the US BMJ, May 2016; BMJ Publishing Group, Ltd
- The Joint Commission. Office of Quality and Patient Safety. https://www.jointcommission.org/
- Wrong-Site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events, JAMA Surgery, 2015; 150(8): 796-805
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QUESTIONS?

Stay in touch!

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