



**JUST SIX THINGS:
WHAT LEADERS CAN DO TO HARDWIRE A CULTURE OF SAFETY,
IMPROVE TEAMWORK AND REDUCE HARM.**

AHA Team Training Monthly Webinar
August 14, 2019

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

Courses

Registration for 2019 TeamSTEPPS Master Training Courses is still open. We've got seven more courses this year, with our next one on September 16-17 with Northwell Health. View our [course schedule](#) to learn more and register.

New! *TeamSTEPPS Master Training Course for Outpatient Care*
Nov 6-7 | Durham, NC

Do you struggle with teamwork and communication in your medical office or outpatient setting? Sign up today for a TeamSTEPPS Master Training Course specific to outpatient care. These tools can create a common language and way of doing business that can make care coordination all the easier. [Learn more and register.](#)

UPCOMING TEAM TRAINING EVENTS



[Learn more](#) about our National Conference to be held June 3-5, 2020 in New Orleans. We'll be looking for presenters and poster authors soon – Call for Proposals coming this fall!

CONTACT INFORMATION

Web: www.aha.org/teamtraining

Email: TeamTraining@aha.org

Phone: 312-422-2609

TODAY'S PRESENTERS



Bonnie Hartstein, MD, MBA, MHA
Director, AMEDD Quality and Safety Center
EM Consultant to the Surgeon General
Bonnie.h.hartstein.mil@mail.mil



Phyllis Toor, RN, BSN
TeamSTEPPS Program Manager/
Patient Safety Nurse Consultant
US Army Medical Command
phyllis.a.toor2.civ@mail.mil

AGENDA: ROADMAP

- Army Medical Department Quality and Safety
 - Who we are and our journey toward High Reliability and the role of TeamSTEPPS.
- “The Top 6”- Our quality strategy and how we used 6 practices to accelerate HRO transformation.
- Leadership involvement: An evolution from front lines to C-suite, and how that has made all the difference.

OUR HOSPITAL SYSTEM

UNCLASSIFIED

UNITED STATES ARMY MEDICAL COMMAND Regional Health Commands

LEGEND:
 [Star] = MEDCOMs
 [Cross] = Hospitals
 [Star in Circle] = Health Clinics

DCG Aligned with I CORPS
 Madigan AMC, Tacoma, WA
 Army Health Clinic AHC, McChord AFB, WA
 Joint Base Lewis-McChord
 eMSM

RHC-P HQs (Honolulu)
 CG Aligned with USARPAC
 DENCOP-P (Honolulu HI)

RHC-E (Sembach-Heuberg, Germany)
 CG Aligned with USAREUR
 and USARAF
 PHC-E (Landstuhl, Germany)
 DENCOM-E (Sembach, Germany)

OTSG/MEDCOM (NCR)
 MRC (Detrick)
 RHC-A (Belvoir)
 PHC-A (Meade)
 DENCOM-A (Belvoir)

U.S. ARMY MEDCOM (JBSA)
 AMEDDC&S and HRCOE (JBSA)
 RHC-C (JBSA)
 PHC-C (JBSA)
 Dental Information Systems Center (DISC) (JBSA)
 DENCOM-C (JBSA)

Regional Health Command-Pacific (RHC-P)
 Honolulu, Hawaii
 Pacific HQ Staff Element-Pacific (RHC-P)
 Joint Base Lewis-McChord, WA

Regional Health Command-Central (RHC-C)
 Joint Base San Antonio, TX

Regional Health Command-Atlantic (RHC-A)
 Fort Belvoir, VA

Regional Health Command-Europe (RHC-E)
 Sembach-Heuberg, Germany

**U.S. Army Medical Command (MEDCOM)
National Capitol Region and Joint Base
San Antonio, TX**

Major Subordinate Commands

- ★ Army Medical Department Center & School (AMEDDC&S) and Health Readiness Center of Excellence (HRCOE), Joint Base San Antonio (JBSA), Fort Sam Houston, TX
- ★ Army Medical Research and Materiel Command (MRMC), Fort Detrick, MD

Regional Health Command-Pacific (RHC-P)
 Honolulu, Hawaii

- ★ Pacific HQ Staff Element-Pacific (RHC-P), Joint Base Lewis-McChord, WA
- ☑ Public Health Command - Pacific, Camp Zama, Japan
6x Public Health Activity (PHA)
- ☑ Dental Health Command - Pacific, Honolulu, HI
5x Dental Health Activity (DENTAC)
- ☑ Madigan AMC, Joint Base Lewis-McChord, Tacoma, WA
- ☑ Tripler AMC, Honolulu, HI
- ☑ Bassett ACH, Fort Wainwright, AK
- ☑ Brian Allgood ACH, Yongsan (Seoul), South Korea
- ☑ BG Crawford F, Sams AHC, Camp Zama, Japan
- ☑ Army Health Clinic AHC, Presidio of Monterey, CA
- ☑ Army Health Clinic AHC, McChord AFB, Joint Base Lewis McChord, WA
- ☑ Fort Greely AHC, Fort Greely, AK
- ☑ Schofield Barracks AHC, Honolulu, HI
- ☑ 6x Army Health Clinics (AHC), South Korea

Regional Health Command-Central (RHC-C)
 Joint Base San Antonio, TX

- ☑ Public Health Command - Central, Fort Sam Houston, TX
2x Public Health Activity (PHA)
- ☑ Dental Health Command - Central, Fort Sam Houston, TX
8x Dental Health Activity (DENTAC)
- ☑ Dental Information Systems Center (DISC), Joint Base San Antonio (JBSA), Fort Sam Houston, TX
- ☑ Brooke AMC, Fort Sam Houston, TX
- ☑ Carl R. Darnall AMC, Fort Hood, TX
- ☑ William Beaumont AMC, Fort Bliss, TX
- ☑ Bayne-Jones ACH, Fort Polk, LA
- ☑ Evans ACH, Fort Carson, CO
- ☑ General Leonard Wood ACH, Fort Leonard Wood, MO
- ☑ Irwin ACH, Fort Riley, KS
- ☑ Weed ACH, Fort Irwin, CA
- ☑ McAfee AHC, White Sands, NM
- ☑ Munson AHC, Fort Leavenworth, KS
- ☑ Raymond W. Bliss AHC, Fort Huachuca, AZ
- ☑ Reynolds AHC, Fort Sill, OK

Regional Health Command-Atlantic (RHC-A)
 Fort Belvoir, VA

- ☑ Public Health Command - Atlantic, Fort Meade, MD
4x Public Health Activity (PHA)
- ☑ Dental Health Command - Atlantic, Fort Belvoir, MD
11x Dental Health Activity (DENTAC)
- ☑ Eisenhower AMC, Fort Gordon, GA
- ☑ Womack AMC, Fort Bragg, NC
- ☑ Blanchfield ACH, Fort Campbell, KY
- ☑ Keller ACH, West Point, NY
- ☑ Martin ACH, Fort Benning, GA
- ☑ Winn ACH, Fort Stewart, GA
- ☑ Andrew Rader AHC, Fort Myer, VA
- ☑ Barquist AHC, Fort Detrick, MD
- ☑ Dunham ACH, Carlisle Barracks, PA
- ☑ Fox AHC, Redstone Arsenal, AL
- ☑ Kirk AHC, Fort Drum, NY
- ☑ Ireland ACH, Fort Knox, KY
- ☑ Kenner AHC, Fort Lee, VA
- ☑ Kimbrough AHC, Fort Meade, MD
- ☑ Kirk AHC, Aberdeen Proving Ground, MD
- ☑ Lyster AHC, Fort Rucker, AL
- ☑ McDonald AHC, Joint Base Langley-Eustis, VA
- ☑ Moncrief AHC, Fort Jackson, SC
- ☑ Rodriguez AHC, Fort Buchanan, Puerto Rico
- ☑ SOUTHCOM AHC, Miami, FL
- ☑ Tuttle AHC, Hunter Army Airfield, Fort Stewart, GA

Regional Health Command-Europe (RHC-E)
 Sembach-Heuberg, Germany

- ☑ Public Health Command - Europe, Landstuhl, Germany
2x Public Health Activity (PHA)
- ☑ Dental Health Command - Europe, Sembach, Germany
3x Dental Health Activity (DENTAC)
- ☑ Bavaria Medical Activity (MEDDCA), Vilseck, Germany
- ☑ Landstuhl AHC, Landstuhl/Kirchberg, Germany
- ☑ Ansbach AHC, Germany
- ☑ Brussels AHC, Belgium
- ☑ Baumholder AHC, Baumholder/Birkenfeld, Germany
- ☑ Grafenwohr AHC, Germany
- ☑ Hohenfels AHC, Germany
- ☑ Kaiserslautern AHC, Germany
- ☑ SHAPE AHC, Malsieres, Belgium
- ☑ Stuttgart AHC, Germany
- ☑ Vicenza AHC, Italy
- ☑ Vilseck AHC, Germany
- ☑ Wiesbaden AHC, Germany

UNCLASSIFIED

As of 1 January 2019

ARMY MEDICINE QUALITY & SAFETY PROGRAM AREAS

Safety

- RCA support and Root Cause Analysis Event Support and Engagement Team (RESET)
- Analytics Cell
- TeamSTEPPS
- Infection Prevention
- Teaching: Safety Program to MEDCOM Staff
- Medication Safety Management
- Joint Patient Safety Reporting

Quality

- Joint Commission Accreditation
- Adverse Actions
- Risk Management
- Credentialing and Privileging
- JCCQAS management
- Impaired Healthcare Personnel Program
- Evidence Based Practice

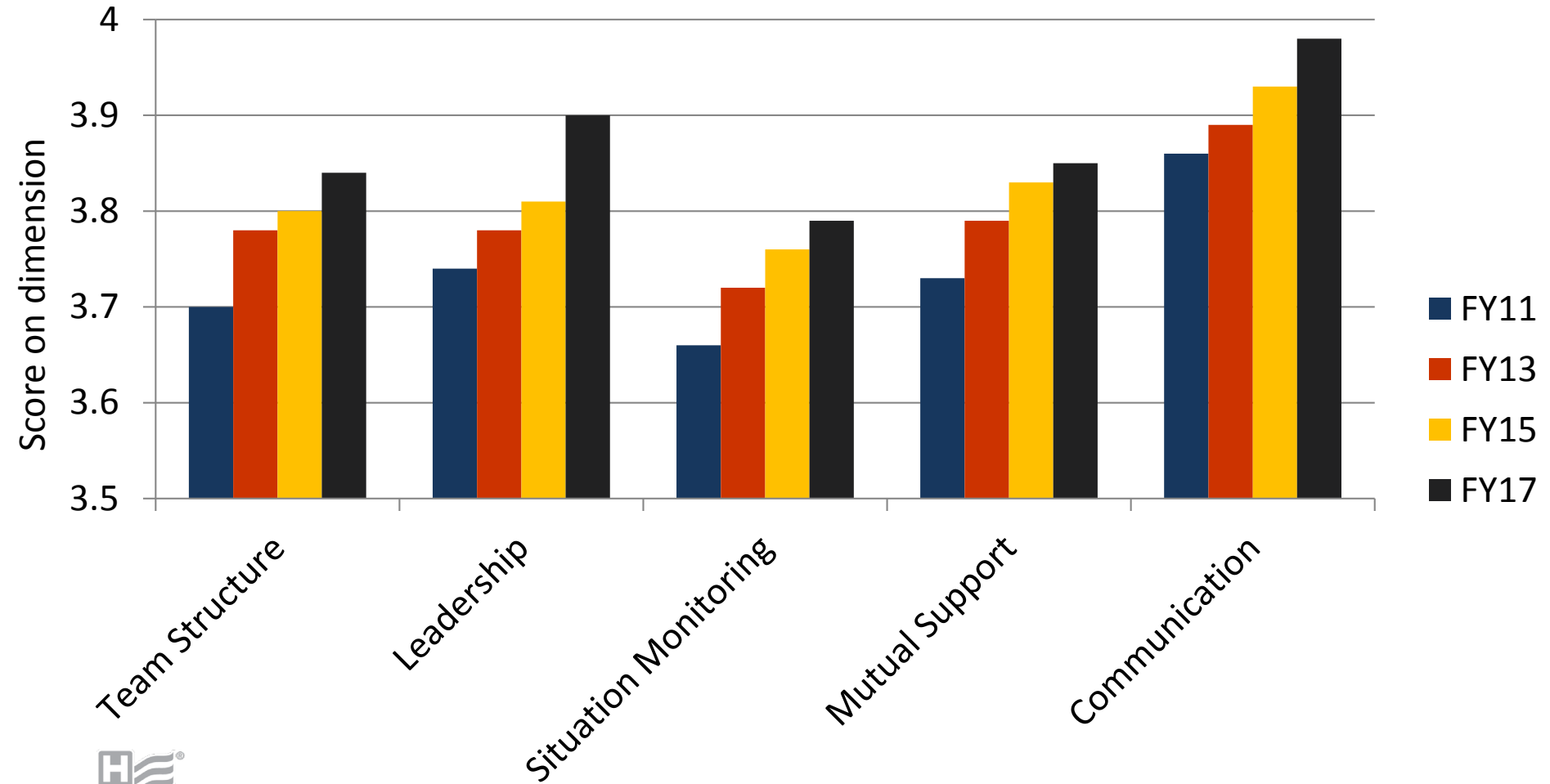
PATIENT SAFETY MOVEMENT

- Medical errors are the 3rd leading cause of death after heart disease and cancer.
- According to a recent Johns Hopkins report, 250,00 people die in U.S. hospitals each year as the result of medical errors. 3/22/18 (others claim as many as 440,000)
- Over 98,000 Americans die each year as a result of a medication error (2 Concorde jets crashing every day, roughly 200 people)

2011: TEAMSTEPPS KICKS OFF AS ARMY ENTERPRISE PLAN

- The Army-wide TeamSTEPPS Culture Change Plan
 - Hospital Director/Command ownership
 - Medical Treatment Facility responsibility
- TeamSTEPPS Change Team – *TeamSTEPPS Advisory Committee To Commander/Hospital Director*
- Locally developed facility implementation plan
 - Training
 - Implementation in Practice
 - Integration into Culture

TTPQ COMPARISON





August 2014

Final Report to the Secretary of Defense

Military Health System Review



2014: MHS REVIEW

What was it?

Report in 2014 reviewing the entire Military Health System in 3 major areas:

Quality, Safety and Access

What happened?

Congressionally mandated directives to:

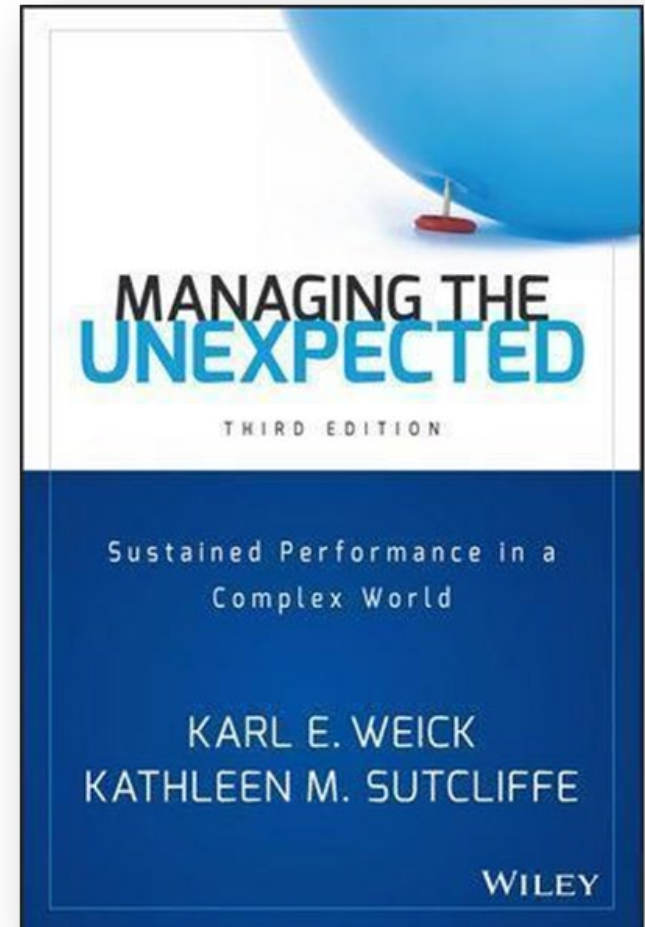
Reduce Variance, Develop and Track Measures of Quality and Safety

“WE WILL BECOME AN HRO?”

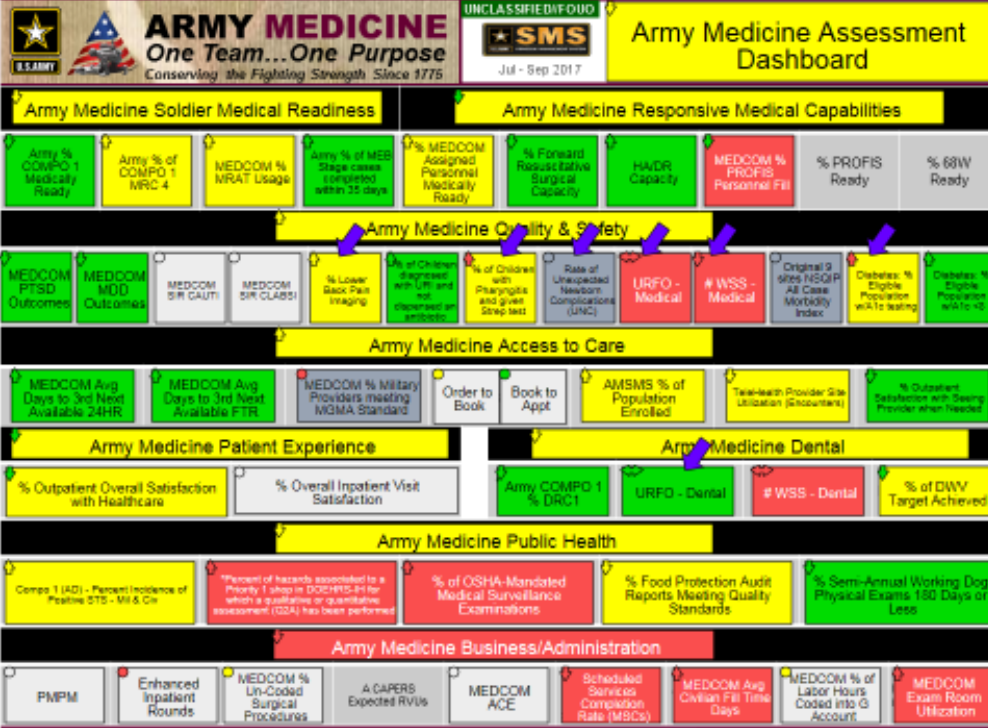
What is an HRO?

Industries which are successful in an environment:

- that is highly complex
- that is prone to errors, both human and systemic
- where errors can lead to catastrophic failure
- 5 Key Principles of HRO:
 - Preoccupation with Failure
 - Reluctance to Simplify
 - Sensitivity to Operations
 - Resilience
 - Deference to Expertise
- Easier said than done....?

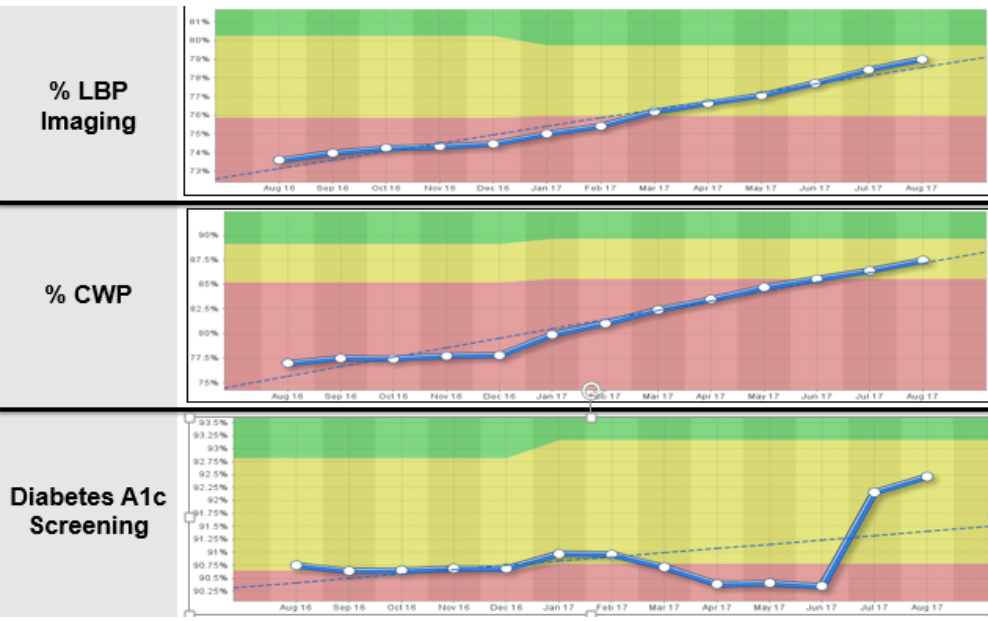


Internal Changes



2016: SENIOR LEVEL MEETINGS ADDRESS QUALITY AND SAFETY

Initial approach focused on metrics. Combination of Quality and Safety



Information Brief Unintended Retained Foreign Object (URFO) Wrong Site Surgery (WSS)

COL Bonnie Hartstein
 Director, MEDCOM Clinical Performance Assurance Directorate

9 November 2017

Pre-decisional – FOUO – Pre-decisional

HEDIS metrics briefed alongside Safety outcomes

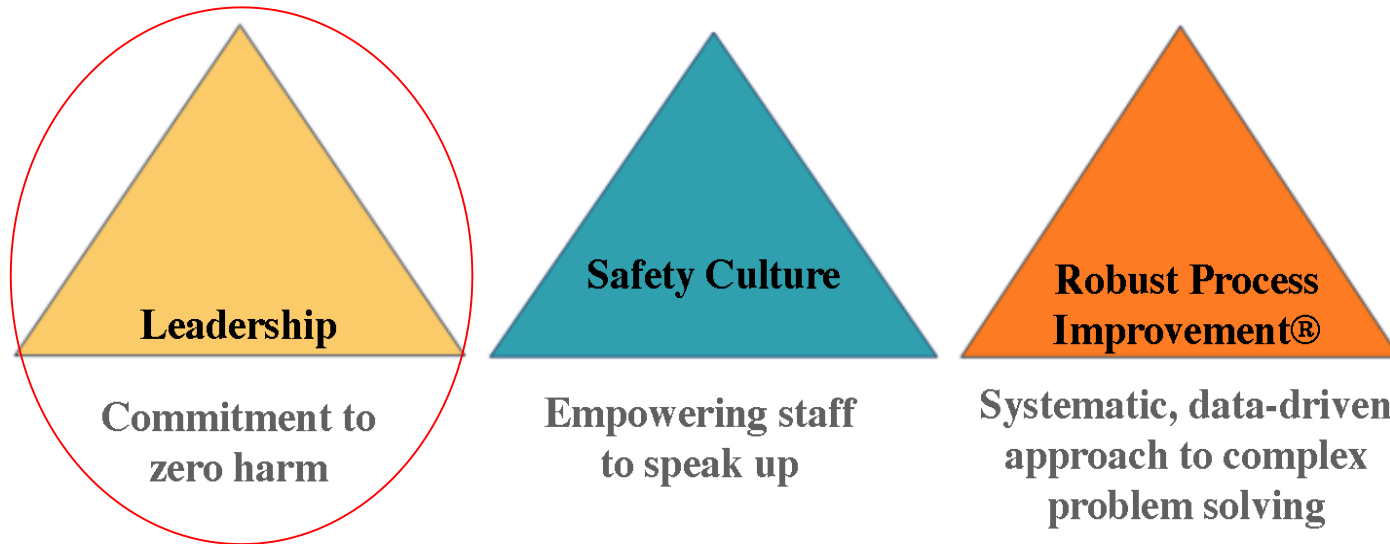
2017: ARMY INITIATES A HIGHER LEVEL SYSTEM WIDE APPROACH



- Checklists = Standardized work
- Crew Resource Management = Communication

ARMY MEDICINE LEADERSHIP AND CULTURE

High Reliability Model for Health Care



Chassin MR, Loeb JM. High-Reliability Health Care: Getting There from Here. *Milb Q* 2013;91(3):459-90

PURPOSE: ARMY MEDICINE QUALITY & SAFETY CENTER

**Understand and Prioritize areas of patient risk; Simplify and Standardize Safety Processes;¹ then
Routinize and Assess Compliance with Safety Processes²**

IOT

Ensure Highly Reliable Care and zero harm for all of Our Patients and Our People.

**¹RHC and Above
MEDCOM in the Lead
RHCs Supporting**

**²Hospitals and Below
Hospitals in the Lead
RHCs and MEDCOM Supporting**



THE WHY: AQSC RESET MISSIONS (16)

RESET Team's Top 9 Root Cause Analysis Summary

- Leaders did not effectively communicate policies/standards to staff
- Leaders did not enforce policies/standards
- Training plans did not provide for adequate practice, verification of learning, or continuing training
- **Physician-leaders did not empower staff to voice concerns**
- Staff were unwilling to hold each other accountable
- **Physician-leaders did not discuss risk and mitigation plans in pre-procedure briefs**
- Leaders over-scheduled workload and did not attend to staff fatigue
- **Staff members forgot to communicate important information others needed**

Quality Assurance Document under 10 USC 1102. Copies of this document, enclosures thereto, and information therefrom will not be further released under penalty of the law. Unauthorized disclosure carries a statutory penalty of not more than \$3,000 in the case of a first offense and not more than \$20,000 in the case of a subsequent offense. In addition to these statutory penalties, unauthorized disclosure may lead to unfavorable actions under the UCMJ and/or adverse administrative action, including separation from military or civilian service.



The Top Six

THE TOP SIX

LEADERS

#1: Leader Daily Safety Brief

#2: Safety Leadership Rounds

#3: Unit-Based Huddles

FRONT LINE STAFF

#4: Situation, Background, Assessment, and Recommendations (SBAR)-
Communication tool

#5: Surgical Brief/Debrief

HIGH RISK AREAS

#6: Universal Protocol

COMMUNICATION AND RISK REDUCTION BY **LEADERS**, **FRONT LINE STAFF**, AND IN **HIGH RISK AREAS** TO BUILD A CULTURE OF SAFETY

LEADERS

#1 Leader Daily Safety Brief: ★ CMD Team, Department Leaders

Purpose: Command team gains daily Hospital-wide awareness of patient risk IOT empower rapid corrective action

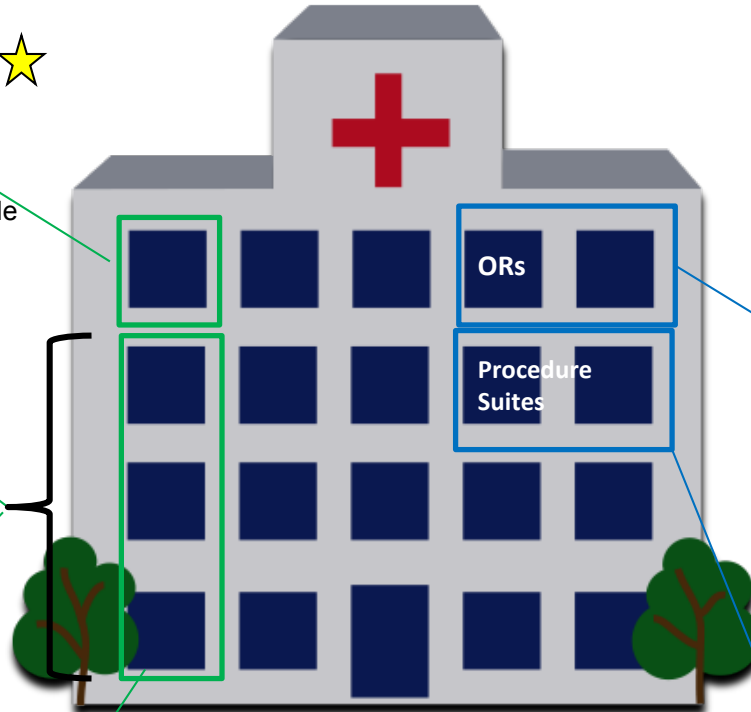
#2 Safety Leadership Rounds: CMD Team

Purpose: Ensure collaborative compliance with safety practices; Identify front-line concerns and support opportunities for improvement; Listen, Understand, & Support IOT build a culture of safety

#3 Unit-Based Huddles: ★ Ward, Clinic, etc.

Purpose: 1. Synchronize the actions of individual teammates IOT optimally achieve patient care team mission
2. Provide awareness of unit-based risk to the Leader Dailey Safety Brief

★ TeamSTEPS concepts:
standardized, routinized



FRONT LINE STAFF

#4 Situation, Background, Assessment, Recommendation (SBAR)

Purpose: 1. Ensure effective communication between teammates IOT ensure that patient-centric follow-on actions are seamless and safe
2. Identify patient-centric risks for presentation at Unit-Based Huddles

HIGH RISK AREAS

#6 Universal Protocol

Purpose: Ensure correct patient, correct anesthesia, correct site.

#5 Surgical Brief/Debrief

Purpose: Ensure, through checklist-guided communication, that ALL teammates know key components of upcoming surgery. Mitigate harm by forecasting risk. ALL are empowered to speak up. AAR ensures lessons are learned and solutions implemented.

Action Packets: Communication Bundle

Purpose: Standardize communication practices

IOT ensure that Quality and Safety is addressed at all levels of the enterprise for the benefit of ALL of Our Patients

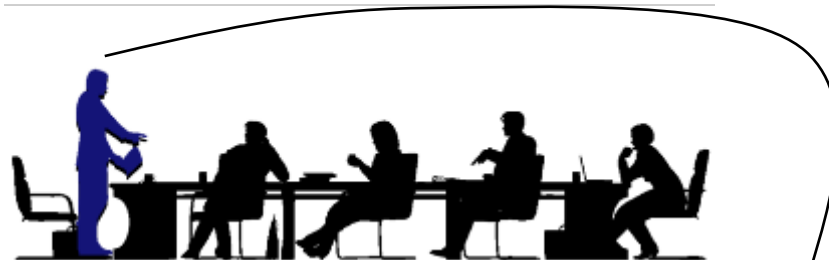
Command-Suite Level

#1

Hospital Leaders

Leader Daily Safety Brief

Purpose: Achieve daily Hospital-wide awareness of patient risk
IOT empower rapid corrective action



Unit Level

#3

All teams

Unit-Based Huddles

Purpose: 1. Synchronize the actions of individual teammates
IOT optimally achieve patient care team missions
2. Provide awareness of unit-based risk to the Leader Daily Safety Brief



#2

Leadership Team

Safety Leadership Rounds

Purpose: Ensure collaborative compliance with safety practices; Identify front-line concerns and support opportunities for improvement; Listen, Understand, & Support
IOT build a culture of safety



Front Line Level

#4

All personnel

Situation, Background, Assessment, Recommendation

Purpose: 1. Ensure effective communication between teammates
IOT ensure that patient-centric follow-on actions are seamless and safe
2. Identify patient-centric risks for presentation at Unit-Based Huddles





ACTION PACKETS: OPERATING ROOM BUNDLE

Purpose: Ensure the optimal preparation and performance of medical teams
IOT provide Our Patients with medical procedures of the highest quality and safety

#5 Surgical Brief

Purpose: Ensure, through checklist-guided communication, that ALL teammates are informed about key components of upcoming surgery. Mitigate risk by forecasting key steps and possible adverse events and empower the team to contribute observations.

LD.04.04.05, EP 1,3,4,5,6,6

| TeamSTEPPS® Procedure Checklist | |
|---|---|
| BRIEF | DEBRIEF |
| 1. Verify patient, procedure, and site. | 1. Verify patient, procedure, and site. |
| 2. Review patient history and current status. | 2. Review patient history and current status. |
| 3. Review patient allergies. | 3. Review patient allergies. |
| 4. Review patient medications. | 4. Review patient medications. |
| 5. Review patient vital signs. | 5. Review patient vital signs. |
| 6. Review patient consent. | 6. Review patient consent. |
| 7. Review patient identification. | 7. Review patient identification. |
| 8. Review patient safety. | 8. Review patient safety. |
| 9. Review patient care. | 9. Review patient care. |
| 10. Review patient discharge. | 10. Review patient discharge. |

#6 Universal Protocol & MEDCOM Form 741

Purpose: Ensure correct patient, correct anesthesia, correct site.

UP 01.01.01; UP.01.20.01; UP.01.03.01

#5 Surgical Debrief

Purpose: Ensure, through checklist-guided communication, that ALL teammates contribute to an efficient AAR to ensure lessons are learned and solutions implemented.

LD.04.04.05, EP 1,3,4,5,6,6



Pre-procedure



Procedure

| TeamSTEPPS® Procedure Checklist | |
|---|---|
| BRIEF | DEBRIEF |
| 1. Verify patient, procedure, and site. | 1. Verify patient, procedure, and site. |
| 2. Review patient history and current status. | 2. Review patient history and current status. |
| 3. Review patient allergies. | 3. Review patient allergies. |
| 4. Review patient medications. | 4. Review patient medications. |
| 5. Review patient vital signs. | 5. Review patient vital signs. |
| 6. Review patient consent. | 6. Review patient consent. |
| 7. Review patient identification. | 7. Review patient identification. |
| 8. Review patient safety. | 8. Review patient safety. |
| 9. Review patient care. | 9. Review patient care. |
| 10. Review patient discharge. | 10. Review patient discharge. |



Post-procedure



#1 LEADER DAILY SAFETY BRIEF

- **Purpose:** Command team gains daily hospital-wide awareness of patient risk IOT empower rapid corrective action
- **Participants:** C-Suite Team, Department Leaders

The Process

- An executive leader facilitates this meeting
 - In person or via conference call for satellite clinics
 - All senior leaders and all operational leaders participate
- Occurs in the morning after Unit Based Huddles
 - Issues identified during UBH's are discussed
- Units provide updates to the past & future 24-hour events with a focus on patient safety and quality of care: Look back--Look Ahead--Follow-up (5-15 minutes)
- When safety-critical issues are identified, key leaders work together to address issue at conclusion of LDSB
- Mechanism utilized to track issues and their resolution



#1 LEADER DAILY SAFETY BRIEF

Why Use this Practice?

- Creates a high level of shared situational awareness of safety issues for leaders and staff
- Promotes early identification and resolution of problems
- Demonstrates staff follow-up on issues when resolution is communicated
- Helps improve quality of care and eliminate preventable patient harm
- Fosters a culture of safety

Measures of Success

- Number of days LDSB conducted per week:
 - Green: 5 or more days
 - Amber: 3-4 days
 - Red: 0-2 days

#2 SAFETY LEADERSHIP ROUNDS

- **Purpose:** Ensure collaborative compliance with safety practices; Identify front-line concerns and support opportunities for improvement; Listen, Understand, & Support IOT build a culture of safety
- **Participants:** C-Suite Team

Pre-Round:

- ✓ Determine processes to be assessed; may target issues identified during LDSB (Practice #1)
- ✓ Assign roles of Leadership Team
- ✓ Prepare opening and closing statements

Post-Round:

- ✓ Maintain record or database of Leadership Rounds
- ✓ Monitor progress of items identified, actions taken, date resolved
- ✓ Share findings/actions with leadership and unit

SLR: The Process

#2 SAFETY LEADERSHIP ROUNDS

Why Use this Practice?

- Shows senior leadership engagement
- Demonstrates leadership commitment to safety
- Supports collaborative compliance with safety practices
- Identifies front-line concerns and opportunities for improvement
- Fosters a culture of safety

Measures of Success

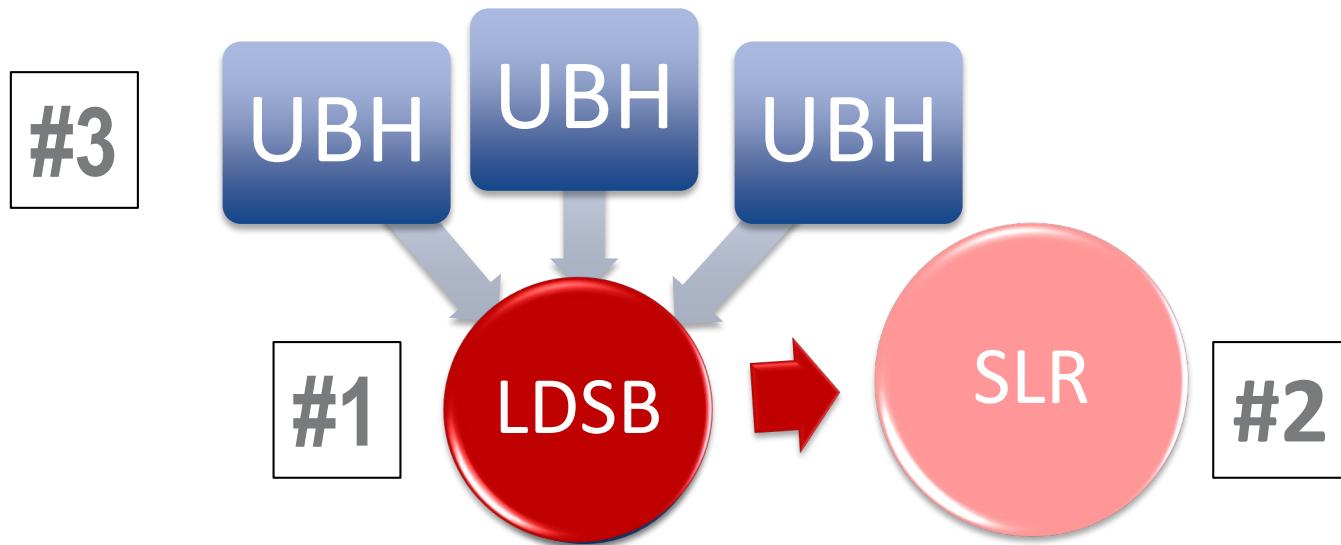
- Number of SLRs conducted per month
 - Green: 4 or more
 - Amber: 2-3
 - Red: 0-1

#3 UNIT-BASED HUDDLES

Purpose:

1. Synchronize the actions of individual teammates IOT optimally achieve patient care team mission
2. Provide awareness of unit-based risk to the Leader Daily Safety Brief (Practice #1)

Participants: Ward, Clinic, Team, Group



#3 UNIT-BASED HUDDLES

UBH: The Process

- ✓ Multidisciplinary team staff members (clinic, ward, section) Huddle/Brief daily, upon start of mission and/or shift change: 5-20 minutes

Safety Briefing/Huddle Topics:

- **Staffing**
 - Team member availability (Team introductions)
 - Workload alignment
 - Roles and responsibilities understood
- **Mission**
 - What is the plan of care?
 - Identify staff/resource gaps
- **Pitfalls –SAFETY FOCUS**
 - Any recent pertinent PSRs
 - Patient safety precautions, concerns, issues
- **Preparation**
 - Prepare the Patient – patient lists reviewed
 - Prepare the Process – schedule/staff realignment
 - Prepare resources/equipment as needed
- **Sustainment**
 - Follow-up action from previous PSRs
 - Update on unit PI projects – new processes
- **Strengths**
 - Training, in-services, organizational priorities
 - Staff Recognition and Kudos! Good catches!

#3 UNIT-BASED HUDDLES

Why Use this Practice?

- Provides Shared Mental Model for all team members focused simultaneously on needs of the patient
- Promotes early identification and resolution of problems
- Builds team cohesion and resilience
- Promotes streamlined communication of issues to Command Suite (LDSB Practice #1)

Measures of Success

- Percentage of Unit Based Huddles Completed
 - Green: >85%
 - Amber: 50-85%
 - Red: <50%

#4 SBAR: SITUATION-BACKGROUND-ASSESSMENT-RECOMMENDATION

Purpose:

Provide a standardized technique to communicate critical information that requires immediate attention

Participants:

Any two individuals exchanging information. Especially important when communicating critical information that requires immediate attention and action.

SBAR: The Process

- ✓ **Situation:** What is going on with the patient?
- ✓ **Background:** What is the clinical background or context
- ✓ **Assessment:** What do I think the problem is?
- ✓ **Recommendation and Request:** What do I recommend?



#4 SBAR: SITUATION BACKGROUND ASSESSMENT RECOMMENDATIONS

Why Use this Practice?

- Provides a standardized framework for members of the healthcare team to communicate about a patient's condition.
- Mechanism that is useful for framing any conversation, especially a critical one requiring a clinician's immediate attention and action

Measures of Success

- Commander's Assessment (from SLR, Tracers, etc.)
 - Green: SBAR is inculcated and used consistently in all clinic, ward, and ancillary environments
 - Amber: SBAR is used in a majority of appropriate environments
 - Red: SBAR is used infrequently



#5 SURGICAL BRIEF AND DEBRIEF

Purpose:

Brief: Ensure, through checklist-guided communication, all team members know key components of upcoming surgery, mitigate harm by forecasting risk, are empowered to speak up.

Debrief: Ensures lessons are learned are captured enabling implementation of solutions.

Participants: All members of the Procedure Team

Brief Goals

- ✓ Ensure that ALL team members are informed about key components of upcoming surgery
- ✓ Mitigate risk by forecasting key steps and possible adverse events
- ✓ Empower the team to speak up for safety concerns

Debrief Goals

- ✓ Ensure that all team members contribute to the Debrief
- ✓ Utilize Debrief data to ensure lessons are learned and solutions are implemented

#5 SURGICAL BRIEF AND DEBRIEF

Brief Process

- ✓ OR Team Brief conducted before the start of cases each day
- ✓ Before each subsequent case, a huddle will be conducted to discuss changes or updates
- ✓ MEDCOM surgical Brief checklist will be used
- ✓ Purpose is for entire team to understand clinical goals, ensure preparation and set up completed correctly, and verbalization of specific needs, concerns, critical steps & potential difficulties IOT improve teamwork and patient safety

Debrief Process

- ✓ Occurs at the conclusion of the case before the team leaves the OR
- ✓ Identify case delays, equipment issues, patient safety issues, unexpected observations, or unresolved issues requiring follow-up
- ✓ Recognize good teamwork practiced during the case
- ✓ MEDCOM surgical Debrief checklist will be used

#5 SURGICAL BRIEF AND DEBRIEF

Brief/Debrief Checklist

BRIEF

Before Procedure

DEBRIEF

Team Introductions

- Name and Role
- Surgeon
- Procedures and plan for the day
- Instruments/Supplies/Equipment needed
- Expected specimens
- Implant verification
- Ancillary requests (x-ray, product representatives, etc.)
- Post-op plan (PACU, ICU, etc.)
- Fire Risks
- Anticipated blood loss
- Estimated length of each case
- Team to "Speak Up" at any time for safety issues
- Any patient specific concerns

Anesthesia

- Antibiotics
- Allergies
- Anesthesia plan
- Blood availability
- Planned relief/staff changes/handoffs—avoid "Critical Moments"
- Any patient specific concerns

Nurse and Technician

- Equipment/Instrument/Supplies available
- Implant verification
- Contact precautions
- Anticipated specimens
- Correct bed/Positioning
- Planned relief/staff changes/handoffs—avoid "Critical Moments"
- Confirm environmental checks (OR room temperature, pressurization differentials, etc.)
- Any patient specific concerns

Team to Huddle and review any updates or changes since completion of team Brief:

Surgical Team Huddle

- Sterility confirmed (including indicator results)
- Review planned staff relief
- Case "Critical Moments" (no counting, no breaks or staff changes during these times)
- Case length
- Anticipated blood loss
- Specimens
- Review post-op plan
- Surgeon REITERATES "SPEAK UP"

Time-Out

Before Skin Incision or Start of the Procedure:
Time-Out requires the full team's active participation. All activity and conversation ceases as safety permits.

All Team Members Verbally Agree:

- Patient identification confirmed with the ID band
- Consent is consistent with planned procedure and completed
- Provider's initials are visible and the correct side/site is marked (or alternate marking method is used)
- Patient's position is appropriate for the planned procedure
- Required items are available (images, equipment, implants, blood products, etc.)
- The need to administer antibiotics or fluids for irrigation purposes has been addressed
- Safety precautions based on patient history or medication use have been identified
- Team agrees on procedure to be done
- Fire Risk Assessment complete

Technician

- Concerns/Recommendations

Nurse Verbally Confirms

- The name of the procedure
- Confirm completion of instrument, sponge, and needle counts
- Specimen labeling (read labels aloud including patient name)
- Concerns/Recommendations

Anesthesia

- Review key concerns for recovery
- What went right
- What could have gone better
- Concerns/Recommendations

Surgeon

- Verify Implants
- Review key concerns for recovery
- What went right
- What could have gone better
- Concerns/Recommendations

Complete OR Debrief Issue Tracker

#6 UNIVERSAL PROTOCOL

Why Use this Practice?

- Ensures correct patient, correct procedure, correct side/site for surgeries and invasive procedures
- Industry Standard for patient safety, Joint Commission requirement

Measures of Success

- Percent surgeries and invasive procedures compliant with Universal Protocol Procedure Verification Policy. Direct Observation
 - Green: 100%



HOSPITAL COMPLIANCE TOOL

| | | RHC-A | BACH | DDEAMC | Fox | Guthrie | Ireland | Lyster | Keller | Kenner | Kimbrough | Martin | McDonald | Moncrief | Winn | Womack |
|----------|---------------------------|-------|------|--------|-----|---------|---------|--------|--------|--------|-----------|--------|----------|----------|------|--------|
| Action 1 | Leader Daily Safety Brief | | | | | | | | | | | | | | | |
| Action 2 | Safety Leadership Rounds | | | | | | | | | | | | | | | |
| Action 3 | Unit Based Safety Huddles | | | | | | | | | | | | | | | |
| Action 4 | SBAR | | | | | | | | | | | | | | | |

| | | RHC-A | BACH | DDEAMC | Fox | Guthrie | Ireland | Lyster | Keller | Kenner | Kimbrough | Martin | McDonald | Moncrief | Winn | Womack |
|----------|-----------------------------|-------|------|--------|-----|---------|---------|--------|--------|--------|-----------|--------|----------|----------|------|--------|
| Action 5 | TeamSTEPPS OR Brief/Debrief | | | | | | | | | | | | | | | |
| Action 6 | Universal Protocol / MF 741 | | | | | | | | | | | | | | | |

Self Report Measures of Success

| | | | Green | Amber | Red |
|----------|---------------------------|---|------------|----------|----------|
| Action 1 | Leader Daily Safety Brief | Number conducted per week | 5+ | 3-4 | 0-2 |
| Action 2 | Safety Leadership Rounds | Number conducted per month | 4+ | 2-3 | 0-1 |
| Action 3 | Unit Based Huddles | # of clinical areas perfomin UBSH / appropriate units for UBH | 85%> | 50-85% | <50% |
| Action 4 | SBAR | Commander's Assessment | Everywhere | Majority | Minority |

| | | | Green | Amber | Red |
|----------|-----------------------------|---|-------|--------|-------|
| Action 5 | TeamSTEPPS OR Brief/Debrief | % Completed cases with both Brief AND Debrief | 95%> | 85-95% | <85% |
| Action 6 | Universal Protocol / MF 741 | % surgical cases or invasive procedures compliant with UP | 100% | | <100% |

DENTAL CLINIC COMPLIANCE TOOL

| | RHC-A | Ft. Benning | Ft. Bragg | Ft. Campbe | Ft. Drum | Ft. Eustis | Ft. Gordon | Ft. Jackson | Ft. Knox | Ft. Meade | Ft. Stewart | West Point |
|----------|---------------------------|-------------|-----------|------------|----------|------------|------------|-------------|----------|-----------|-------------|------------|
| Action 1 | Leader Daily Safety Brief | | | | | | | | | | | |
| Action 2 | Safety Leadership Rounds | | | | | | | | | | | |
| Action 3 | Unit Based Safety Huddles | | | | | | | | | | | |
| Action 4 | SBAR | | | | | | | | | | | |

| | RHC-A | Ft. Benning | Ft. Bragg | Ft. Campbe | Ft. Drum | Ft. Eustis | Ft. Gordon | Ft. Jackson | Ft. Knox | Ft. Meade | Ft. Stewart | West Point |
|----------|-----------------------------|-------------|-----------|------------|----------|------------|------------|-------------|----------|-----------|-------------|------------|
| Action 5 | TeamSTEPPS OR Brief/Debrief | | | | | | | | | | | |
| Action 6 | Universal Protocol / MF 741 | | | | | | | | | | | |

Self Report Measures of Success

| | | | Green | Amber | Red |
|----------|---------------------------|---|------------|----------|----------|
| Action 1 | Leader Daily Safety Brief | Number conducted per week | 5+ | 3-4 | 0-2 |
| Action 2 | Safety Leadership Rounds | Number conducted per month | 4+ | 2-3 | 0-1 |
| Action 3 | Unit Based Huddles | # of clinical areas perfomin UBSH / appropriate units for UBH | 85%> | 50-85% | <50% |
| Action 4 | SBAR | Commander's Assessment | Everywhere | Majority | Minority |

| | | | Green | Amber | Red |
|----------|-----------------------------|---|-------|--------|-------|
| Action 5 | TeamSTEPPS OR Brief/Debrief | % Completed cases with both Brief AND Debrief | 95%> | 85-95% | <85% |
| Action 6 | Universal Protocol / MF 741 | % surgical cases or invasive procedures compliant with UP | 100% | | <100% |

VIDEOS ARE WORTH 1000 WORDS

Video Library: <https://www.milsuite.mil/video/search> (Type 'Toor' in 'user' search tool).

1. LDSB: <https://www.milsuite.mil/video/search>
2. SLR: <https://www.milsuite.mil/video/search>
3. UBH: Winn ACH: <https://www.milsuite.mil/video/watch/video/16040>
4. SBAR: Civilian Example: <https://www.milsuite.mil/book/leadercasts/7248>
5. Brief: WBAMC: <https://www.milsuite.mil/video/watch/video/19055>
6. Debrief: VA: https://youtu.be/Lhe_3HJL63s

HOSPITAL/DENTAL CLINIC COMPLIANCE TRACKER

Self Reported Compliance

| | | RHC-A | BACH | DDEAMC | Fox | Guthrie | Ireland | Lyster | Keller | Kenner | Kimbrough | Martin | McDonald | Moncrief | Winn | Womack |
|--|--|-------|------|--------|-----|---------|---------|--------|--------|--------|-----------|--------|----------|----------|------|--------|
| Hospital Command Team Video Review | Leader Daily Safety Brief Fort Bragg (12'17") | | | | | | | | | | | | | | | |
| | Unit-Based Huddles Ft. Stewart (8'18") | | | | | | | | | | | | | | | |
| | SBAR 1'35" | | | | | | | | | | | | | | | |
| | TeamSTEPPS Brief WBAMC (7'27") | | | | | | | | | | | | | | | |
| | TeamSTEPPS Debrief VA(7'52") | | | | | | | | | | | | | | | |

| | | RHC-A | Ft. Benning | Ft. Bragg | Ft. Campbell | Ft. Drum | Ft. Eustis | Ft. Gordon | Ft. Jackson | Ft. Knox | Ft. Meade | Ft. Stewart | West Point |
|--|--|-------|-------------|-----------|--------------|----------|------------|------------|-------------|----------|-----------|-------------|------------|
| Dental Command Team Video Review | Leader Daily Safety Brief Fort Bragg (12'17") | | | | | | | | | | | | |
| | Unit-Based Huddles Ft. Stewart (8'18") | | | | | | | | | | | | |
| | SBAR 1'35" | | | | | | | | | | | | |
| | TeamSTEPPS Brief WBAMC (7'27") | | | | | | | | | | | | |
| | TeamSTEPPS Debrief VA(7'52") | | | | | | | | | | | | |

- Green:** All members of Command Team have reviewed video
- Amber:** Some members of Command Team have reviewed video
- Red:** No members of Command Team have reviewed video

QUESTIONS?

- Stay in touch! Email teamtraining@aha.org or visit www.aha.org/teamtraining



AHA TEAM TRAINING
TeamSTEPPS® available from AHA Team Training

LEARN MORE 



AHA Education