



AHA Team Training

Enhancing Collaboration: Leveraging TeamSTEPPS for Nonclinical Success

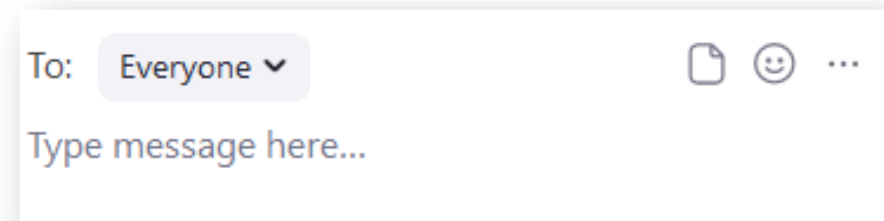
July 10, 2024



AHA CENTER FOR HEALTH
INNOVATION

Rules of Engagement

- **Audio for the webinar can be accessed in two ways: 1) through your computer speakers or 2) dialing in by phone – *listen only mode***
- **Q&A session will be held at the end of the presentation**
 - Written questions are encouraged throughout the presentation
 - To submit a question, type it into the Chat Area and send it at any time
- **Other notable Zoom features:**
 - This session is being recorded, the chat will not be included in the recording
 - Utilize the chat throughout the webinar. To chat everyone, make sure your chat reflects the picture below :



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To receive 1.0 CE credit hour for this webinar, you must:

- **Create a Duke OneLink account.** You only need to create an account once – you may use it for all future webinars. Instructions will be chatted in and/or you may find them in your registration confirmation email.
 - Step 1: Register for a OneLink account
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- **Text **GANMUN** to (919) 213-8033 after 1:00 pm ET today – 24-hour window**

In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



Upcoming Team Training Events

Courses

- [In-person TeamSTEPPS Master Training](#)
 - July 15-16 at Northwell Health, New Hyde Park, NY
 - September 25-26 at Houston Methodist, Houston, TX
- [Virtual TeamSTEPPS Master Training](#)
 - September 19-November 7

Webinars

- Are you interested in speaking on one of our monthly webinars? Check out our [speaker interest form](#) to submit your webinar proposal!

Custom TeamSTEPPS Advisory Services at Your Organization

TeamSTEPPS Master Training Course

Using a train-the-trainer model, we give you the **foundational tools** and concepts, and train your staff through this **two-day training** program. You will gain a team of Master Trainers ready to teach others in your organization.

Comprehensive TeamSTEPPS Programs

We help you along the way. After delivery of the two-day Master Training course, we continue to work with your team for **3-6 months**, building the internal capacity to hardwire TeamSTEPPS throughout your organization.

[Learn More »](#)

“Our relationship with the TeamSTEPPS faculty and the on-site trainings were both phenomenal. **They did a great job of meeting us where we were** and customized a program that really helped us gain clarity about the problem we’re trying to solve.”

– **Melissa Riffe-Guyer**
Executive Director,
Culture Cone Health

Today's Presenter



Jen Braun, MPH
Director, AHA Team Training
American Hospital Association

Objectives

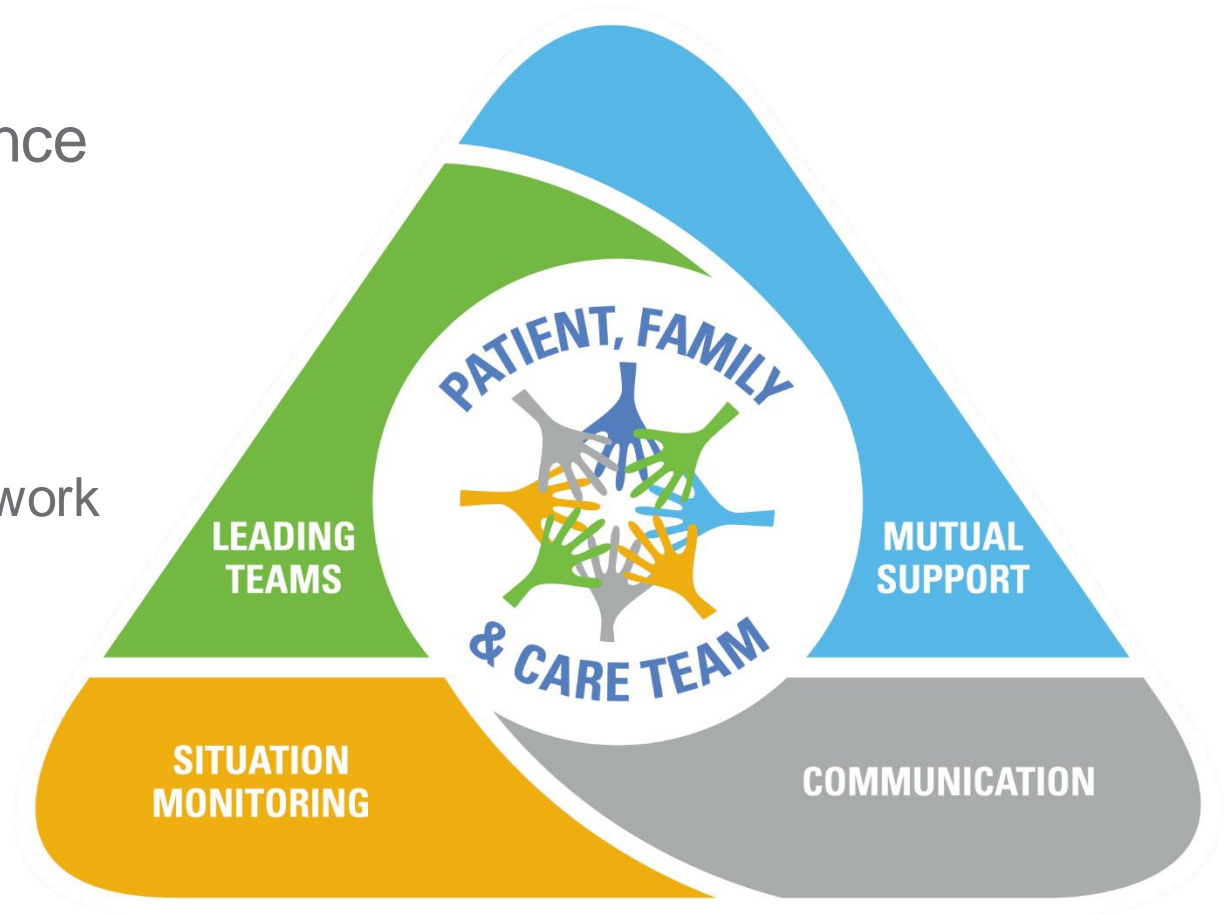
Describe the need to teach all members of the health care team TeamSTEPPS tools from the nonclinical perspective

Identify strategies to facilitate the TeamSTEPPS tools nonclinically

Explore innovative ways to integrate TeamSTEPPS beyond direct patient care to enhance sustainability

TeamSTEPPS

- **Team Strategies and Tools to Enhance Performance and Patient Safety**
 - Evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals
 - Based on more than 30 years of research and evidence



Our Mission



Team of Experts

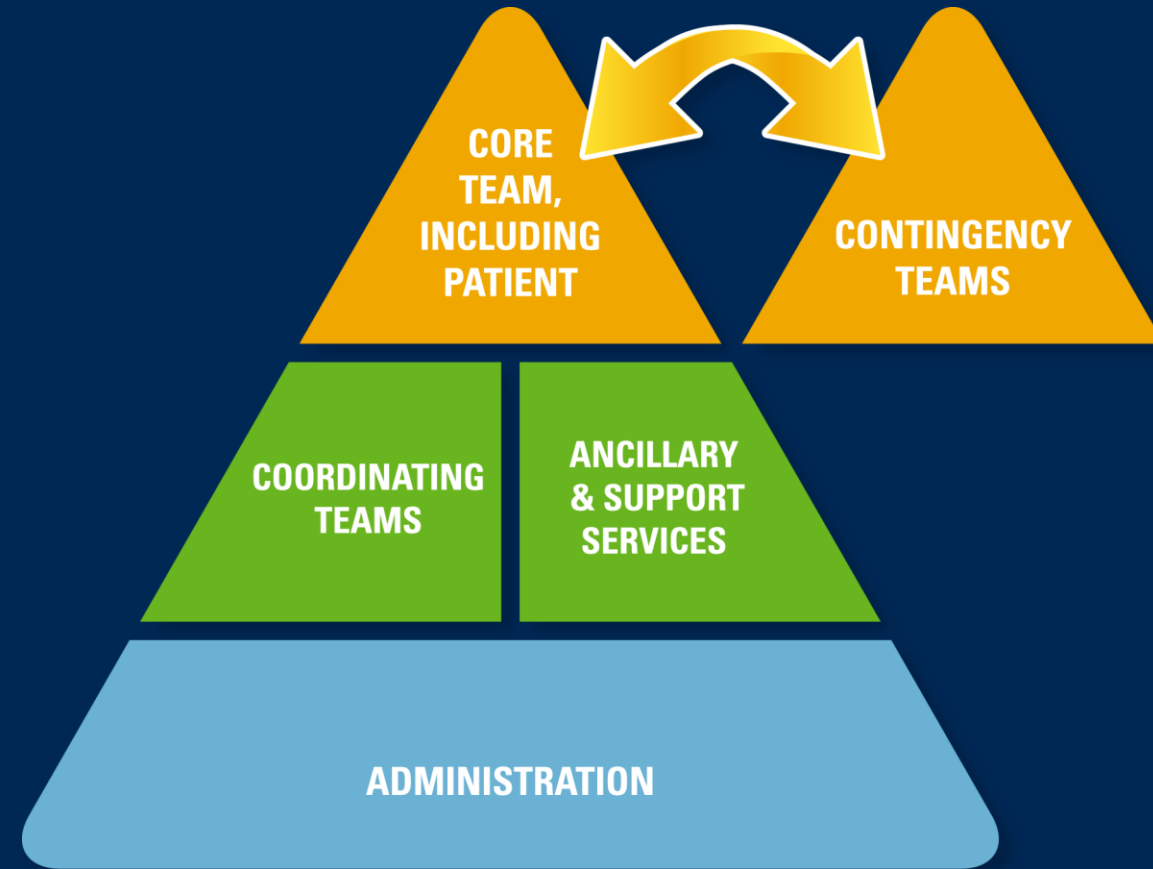


Expert Team



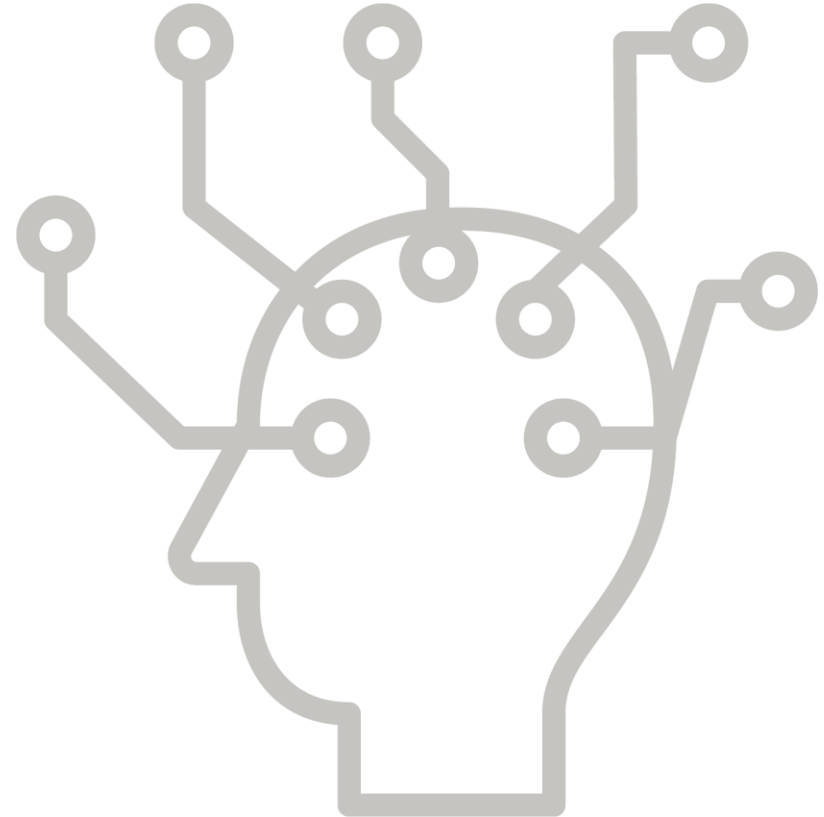
Multi-Team System for Patient Care

- In-person or virtual
- Temporary or permanent
- Frequently changing due to staff schedules and assignments
- All fall into the categories represented in the triangle



TeamSTEPPS Helps Teams Reach a Shared Mental Model

- Lead to mutual understanding of a situation
- Lead to more effective communication
- Enable back-up behaviors
- Help ensure understanding of each other's roles and how they interplay
- Enable better prediction and anticipation of team needs
- Create commonality of effort and purpose



Our Approach to Training

- Interprofessional audience
- Teach the clinical and nonclinical uses for tools
 - Helps nonclinical staff connect to the greater work they're contributing to
 - Helps clinical staff reinforce tools
- Utilize nonclinical simulations
- Incorporate nonmedical videos



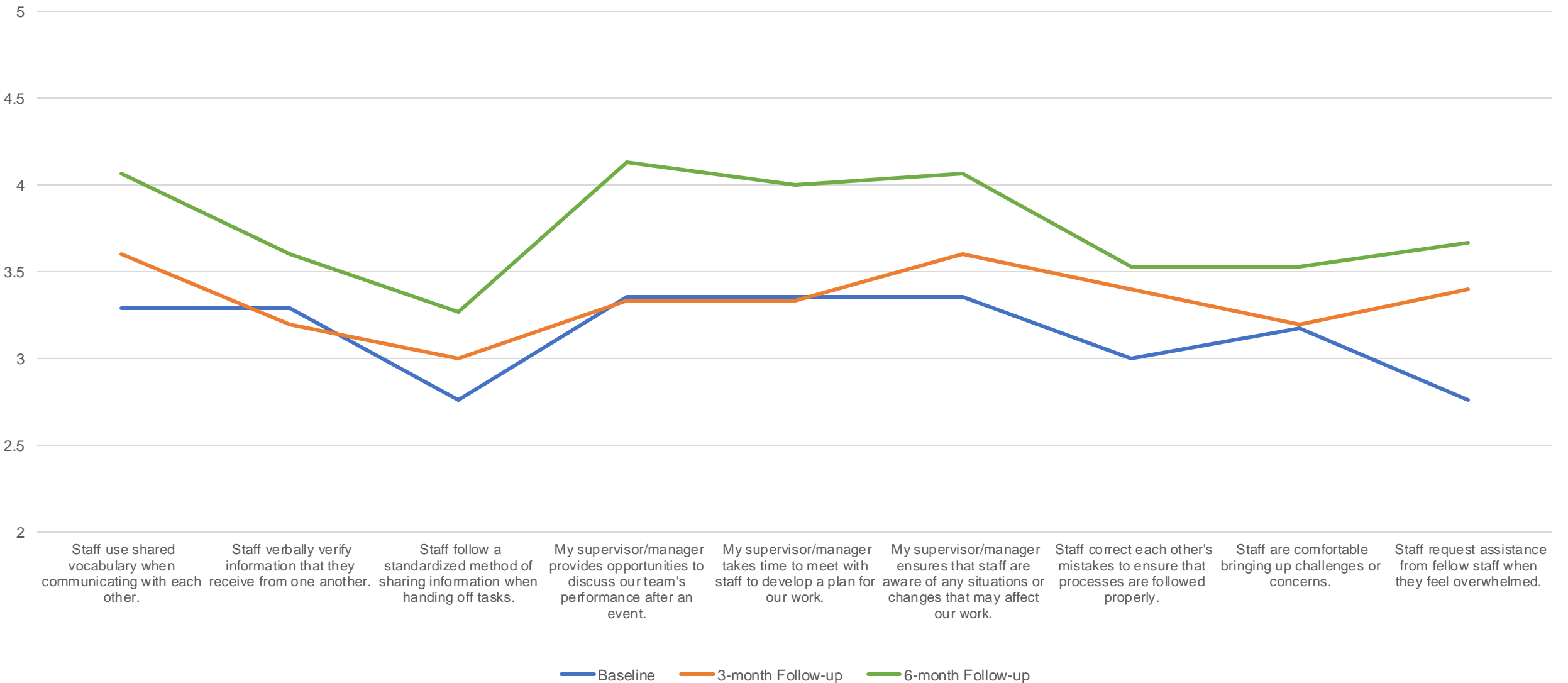
TeamSTEPPS at the AHA

- *Who:* Meetings and Travel, Finance, Data Center, AHA Team Training
- *How:* 2-4 hour trainings
- *When:* Pre-pandemic

- Utilized the [TeamSTEPPS Teamwork Perceptions Questionnaire](#) and modified the questions as needed

T-TPQ	Nonclinical T-TPQ
My supervisor/manager takes time to meet with staff to develop a plan for patient care.	My supervisor/manager takes time to meet with staff to develop a plan for our work .
Staff caution each other about potentially dangerous situations.	Staff caution each other about potentially unsuccessful outcomes .
My unit has clearly articulated goals.	My team has clearly articulated goals.

T-TPQ Results from Nonclinical AHA Work Unit



Polling Questions

TeamSTEPPS Tools & Strategies

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 Follow-up
- Distractions
- Fatigue and Burnout
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

TOOLS & STRATEGIES

COMMUNICATION

- SBAR
- Call-Out
- Closed Loop Communication
- Teach-Back
- IPASS

LEADING TEAMS

- Brief
- Huddle
- Debrief

MUTUAL SUPPORT

- Task Assistance
- Formative Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script

SITUATION MONITORING

- I'M SAFE
- Cross-Monitoring
- STAR
- STEP

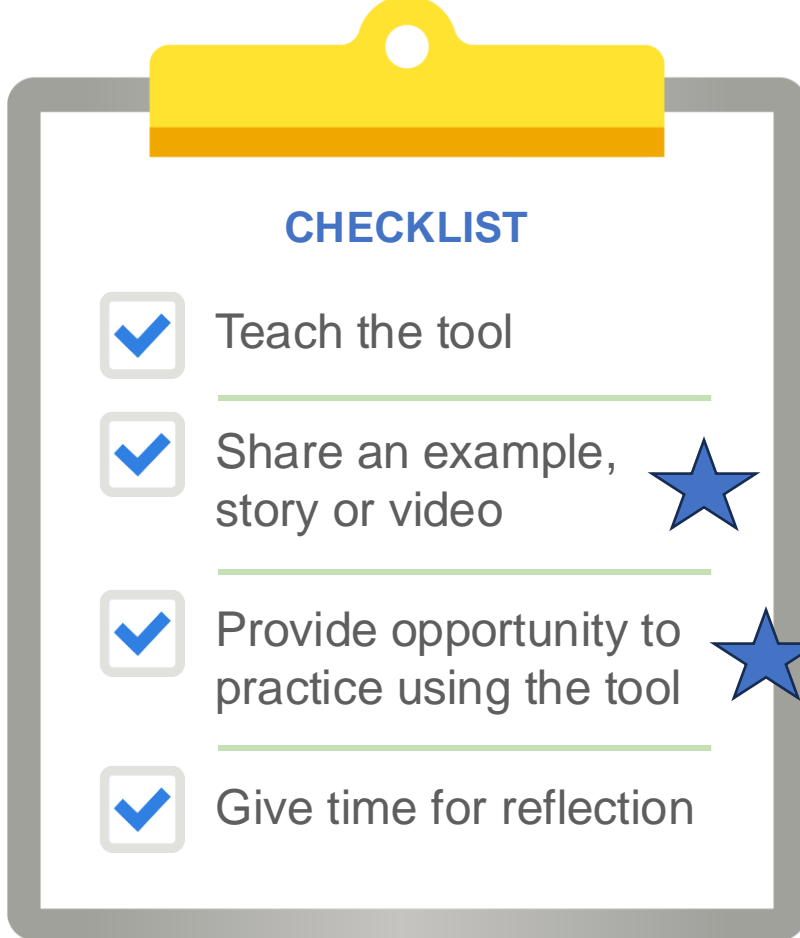
OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Reduced Burnout
- Psychological Safety
- Effective Team Performance
- **Safe, Highly Reliable Patient-Centered Care**

Teaching the Tools – Facilitator Checklist

For each tool...

★ *Will share for SBAR, Closed Loop Communication, Briefs, Huddles & Debriefs, CUS*



CHECKLIST

- Teach the tool
- Share an example, story or video ★
- Provide opportunity to practice using the tool ★
- Give time for reflection

SBAR Examples

Clinical – Phone Call

Dr. Smith, this is Barb on 2 West. I am calling about your patient, Mr. Jones, in room 244. The **SITUATION** is, he's complaining of intense pain tonight.

The **BACKGROUND** is, he's a 63-year-old hip patient on post-op day two. He's receiving his antibiotics as scheduled, but this evening he started running a fever of 102. His incision is quite red, and I noticed new purulent drainage.

My **ASSESSMENT** is he may be developing an infection.

I **RECOMMEND** you come to assess him as soon as you're able.

Nonclinical – Email

SITUATION: I'm passing along the 3-month follow-up results from your survey.

BACKGROUND: Your team filled this out at baseline before the course with 50 respondents and 3 months after the course with 46 respondents.

ASSESSMENT: Your scores were already extremely high at baseline yet you improved in nearly every category at 3-months. Your average at baseline was 4.35 and 4.47 at 3-months. See the attached analysis.

REQUEST: Keep up the great work and please distribute to your team.

SBAR Practice

Utilize non-health care related scenarios to practice...





Spread and Sustainability Strategies for SBAR

Reports

Presentations

Proposals

Memos

Announcements

Email

Closed Loop Communication Examples

Clinical – Conversation

DR. SMITH: Barb, please give the patient 1 mg of Epinephrine IV push.

JANE RN: To verify, you'd like the patient to receive 1 mg of Epinephrine IV push.

DR. SMITH: Yes, that's correct.

JANE RN: Ok, the patient has received 1 mg of Epinephrine.

Nonclinical – Teams Chat

BARB: Can you update the FY 2025 forecasted revenue to \$100K and close the loop when you've shared with finance?

CHRIS: Sure thing. I will update the FY 2025 forecasted revenue to \$100k and will circle-back.

BARB: Yes, thanks!

CHRIS: Forecast has been updated and I let finance know.

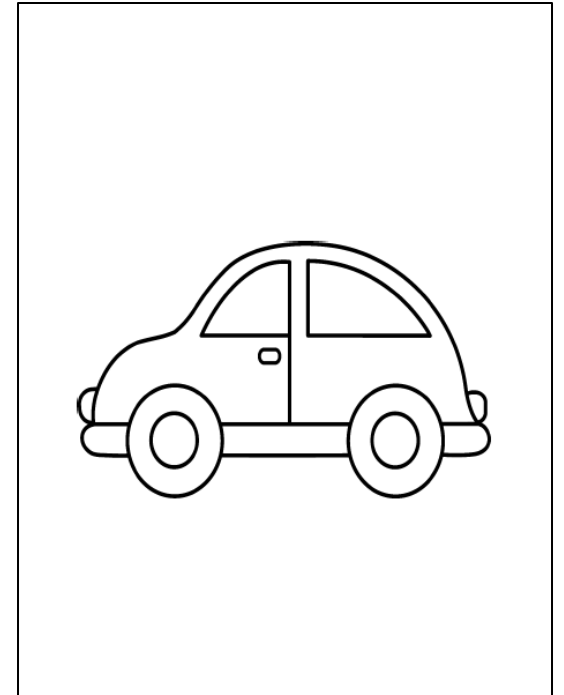
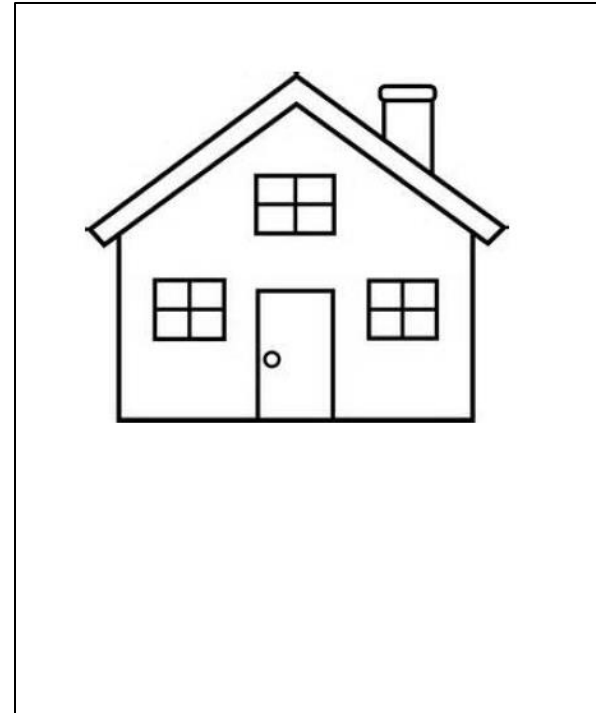
Closed Loop Communication Practice

Drawing Activity

- Partner A has a picture that Partner B needs to draw in 2 minutes
 - Partner A cannot show the picture to Partner B
 - Partner A cannot see what Partner B is drawing

Telephone

- Break up class into two lines
- Whisper a phrase to the person at the front of the line and must send it down own-by-one
- Phrase can only be whispered to each receiver one



Spread and Sustainability Strategies for Closed Loop Communication

8. Meeting Repeat-Backs

- Jen
 - i. Draft Week 1 pre-work for Refresher workshop
 - ii. Draft July webinar slides
- Rachel
 - i. Button up course ops, cvent modules
 - ii. Draft 'Getting Started with TeamSTEPPS' [webpage](#)
 - iii. Send Thursday e-blast about Refresher Workshops
 - iv. OOO plan/coverage
- Kara
 - i. Prep for webinar with Relias
 - ii. Finish UW closeout operations
- Rhonda
 - i. Draft Week 1 slides for Refresher workshop
 - ii. Send UNC read out [report](#)
 - iii. Send Advisory Panel monthly email [update](#)
- Stephanie
 - i. June course closeout
 - ii. Webinar closeout

- Emails
- Use the language – ask for a repeat-back or for the loop to be closed
- At the end of meetings

Brief, Huddle and Debrief Examples

- National conference or EMR launch
 - Brief each day at 7:00 AM
 - Huddle as needed
 - Debrief each day at 5:30 PM
- Weekly Team Meetings
 - Monday briefing
 - Huddle as needed
 - 'Closing the Loop meeting on Thursday
- Regularly for...
 - Webinars or Presentations
 - Courses
 - New projects
 - *Everything*





Brief, Huddle and Debrief Practice

- Paper Chains or Legos
- Several rounds to build off key tools and principles taught:
 - Call-Out
 - Closed Loop Communication
 - Designated and situational leaders
 - Briefs, Huddles, Debriefs
 - Task assistance
 - Cross-monitoring



Spread and Sustainability Strategies for Briefs, Huddles and Debriefs



CUS Example

I AM

C

ONCERNED!

I AM

U

NCOMFORTABLE!

THIS IS A

S

AFETY ISSUE!



"STOP THE LINE"

I AM

C

ONCERNED!

I AM

U

NCOMFORTABLE!

THIS IS A

S

SUCCESS ISSUE!

CUS Practice



I'm Concerned



I'm
Uncomfortable



STOP! This is
a safety issue

Spread and Sustainability Strategies for CUS



- 1 Use the language consistently
- 2 Use briefs and debriefs to encourage everyone to speak up and ask if others have concerns
- 3 Look for opportunities to celebrate a “speak up culture” even if concerns raised prove unwarranted

Discussion

- How is coordination of teamwork and effective communication critical to the nonclinical work environment in health care? Share an example.
- How have you successfully employed TeamSTEPPS tools in your nonclinical environment? What made it fly? What barriers did you face and how did you overcome them?

Key Takeaways

All members of the health care team should be trained in TeamSTEPPS – whether they are clinical or nonclinical

Clinical team members should also be taught nonclinical uses of TeamSTEPPS to help spread and sustain

TeamSTEPPS courses should be interprofessional

TeamSTEPPS Training Resources

Course materials and facilitation guides for both 4-hour Essentials and 2-day Master Training options can be found in our AHA Team Training Learning Center

[Learn More »](#)



Final Reminders

- **Evaluation**

- Please complete the evaluation form that appears on your screen once the webinar ends

- **Continuing Education**

- Create a Duke OneLink account if you have not done so
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Questions? Stay in Touch!

www.aha.org/teamtraining

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