Implementation, Action Plan & Timeline
Customized Template
TeamSTEPPS

Executive Sponsor, Guiding Coalition

Choose the Executive Sponsor and Guiding Coalition Names: ____________________________

Implementation Timeline

Step 1: Create the Change Team
- Choose the members (influence/willingness)
- Physician(s)
- Nurse(s)
- Admin?
- Technologist?
- Knowledge expert
- Patient Safety, Risk Manager
- Other key person(s)
- Encourage the physician and nurse champions

Step 2: Define the Problem, Challenge, Opportunity
- Reasons for Change
  - A. RCA
  - B. Near misses
  - C. Adverse events
  - D. Patient outcomes
  - E. Complaints
  - F. FMEAs
  - G. Staff concerns

Step 3: Define Aim(s)
- Exactly what you plan to achieve with intervention

Step 4: Design a TeamSTEPPS Intervention
- Based on a problem, challenge or opportunity
- Examples: Choose Communication Theme, Team Events Theme: briefs, huddles, debriefs; …or specific tools and strategies as appropriate
- OR
- Full implementation of TeamSTEPPS Initiative

Step 5: Decide Measures
- Meaningful measures to test the effectiveness of your intervention
- (see the recommendations)

Step 6: Develop Implementation Plan
- Leadership support: executive and unit
- Schedule training-education dates
- Trainers, participants, logistics
- Consider marketing & communication
- Listen for input, adjust plan, customize
- Buy-in from key individuals
- Plan to engage the physicians, nurses
- Do baseline measures (survey, data, etc.)
- Create an implementation timeline

Step 7: Sustainment
- Coaching at unit level
- Role modeling
- Monitor
- Report measures
- Continuous improvement
- Integrate into practices
- Rewards and incentives
- Develop spread initiatives
- Best practices
- Leadership emphasis
- Celebrate short-term wins
- Create new champions
- Be innovative

Kotter’s Change Model
- 1. Create sense of urgency
- 2. Build the guiding team
- 3. Develop change vision
- 4. Understanding / Buy-in
- 5. Empower others
- 6. Create short-term wins
- 7. Don’t let up; be relentless
- 8. Create a new culture

A Culture of Safety

Data, Key Factors
- A. Site Assessment
- B. PS Culture Survey (AHRQ)
- C. Data & Measures
- D. SWOT Analyses
- E. Productivity
- F. Workload
- G. Seasonal staffing
- H. Changing
  - Leadership
  - Key personnel
- L. Experience levels
- J. Deployments
- K. Other factors………

Incremental Change: Targeted Intervention(s)
- PDSA—continuous improvement model
- Targeted change based on defined need
- Fewer resources required
- Leadership support
- Clinical champions
- Measure
- Selects theme-based tools/strategies such as “team events” or “communication”

Transformational Change: Culture of Safety
- Use principles of organizational change (Dr. Kotter)
- Larger initiative for broad use of TeamSTEPPS tools and strategies for teamwork and communication
- Train-the-trainer course, then train the unit staff
- Leadership, coaching, role modeling, debriefing
- Staged introduction of prioritized tools and strategies
- Leadership commitment: time and resources
- Often begins as unit-based initiative, then spreads
- Solid evidence-base for teamwork tools and strategies
- Guided by measures

Step 8: Create Communication Plan
- Persons and groups for support: front-line leaders
- Answer: “What’s in it for me?” for stakeholders
- Change team active in multi-channel communication

Step 9: Write Action Plan
- Final Action Plan covering Steps 1-8

Step 10: Review Plan
- Identify key personnel to review plan

Training

Kick-Off

Make It Happen

Make It Stick

Set the Stage

Time Frame Dates:

Culture Change 06.2   Page 3
Facilities, Units, Staff Presently Working Together

Today’s Date: 18FEB09
Facilities/Units Represented:
- AEGD Residency Clinic
- Davis DC
- Joel DC
- LaFlamme DC
- Rohde DC
- Smoke Bomb Hill DC
- DENTAC HQ
- WAMC DC

MISSING: None

Names of Participants (include title)
- **AEGD**
  - MAJ Curtis Bedont (PSO)
  - SSG Marsha Stoudemire (NCOIC)
- **DAVIS**
  - CPT Nam Vo (PSO)
  - SSG Eric Talley (NCOIC)
  - Ms Fenya Powell (Alternate PSO)
  - Ms Marilyn Mackeprang (EFDA)
  - Ms Shunta Blue (DA)
- **JOEL**
  - CPT Brent Johnson (PSO)
  - CPT Chao Teng (Alternate PSO)
  - SFC D’Andree Kirvin (NCOIC)
  - Mr Richard Lewis (Practice Manager)
  - Dr Sherri Napper (General Dentist)
Today’s Date: 18FEB09
Facilities/Units Represented:
- AEGD Residency Clinic
- Davis DC
- Joel DC
- LaFlamme DC
- Rohde DC
- Smoke Bomb Hill DC
- WAMC DC

MISSING: None

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<th>Names of Participants (Cont’d)</th>
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<tr>
<td><strong>LaFLAMME</strong></td>
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<tr>
<td>- MAJ Scott Brown (PSO)</td>
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<tr>
<td>- Ms Karen Conder (Alternate PSO)</td>
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<tr>
<td>- SSG Colleen Harvey (NCO)</td>
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<td>- Mr Steve Mercer (Practice Manager)</td>
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<tr>
<td><strong>ROHDE</strong></td>
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<tr>
<td>- Ms Veronica Mayes (Alternate PSO)</td>
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<tr>
<td>- Ms Molly Miller ( )</td>
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<tr>
<td><strong>SMOKE BOMB HILL</strong></td>
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<tr>
<td>- Dr Bill Manganaro (PSO)</td>
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<tr>
<td>- Ms Sandy Williams (Alternate PSO)</td>
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<tr>
<td>- SGT Dan Marino (NCO)</td>
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<tr>
<td>- Ms Angela Jackson (Practice Manager)</td>
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<tr>
<td><strong>WAMC</strong></td>
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<tr>
<td>- LTC(P) Arnheiter (PSO)</td>
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<tr>
<td>- Ms Debbie Ruffin (Alternate PSO)</td>
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<tr>
<td>- SSG Dwayne Trinidad (NCO)</td>
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<td>- Ms Sarita Kelly (DA)</td>
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TeamSTEPPS

Magic Wand Exercise

- Adequate staffing
- Electronic charting that is effective
- Equipment
- Accountability
- Effective communication flow between clinics and Headquarters
- Mutual support/peer review
- Adequate time for training
- Willingness to change
The Case for Urgency

- Recent sentinel event at Ft Bragg
- Projected influx of 8,000+ personnel
- Under reporting of patient safety events and/or near misses
- Existing heavy workload results in treatment delays (mobilization/demobilization exams require rescheduling of treatment appts)
- Core team communication needs to improve
- Large number of untrained personnel (in patient safety)
**TeamSTEPPS**

**SWOT Evaluation of Facility/Unit**

**Opportunities**
- Preventive dentistry use
- Cross clinic training
- Commander’s Call
- Re-focus on patient
- Reduce patient safety events
- Increase morale
- Rotation through specialties
- Type of reward system for patient safety improvement /decrease in errors

**Weaknesses:**
- Budget constraints
- Lack of staffing
- Continuity of care
- Inconsistent communication
- Institutional lack of respect
- Lack of patient focus
- Lack of esprit de corps/team cohesion/buy-in
- Missing records
- Too high demand vs. supply
- Target driven
## SWOT Evaluation of Facility/Unit

<table>
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<th><strong>Weaknesses (Cont’d)</strong></th>
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<tr>
<td></td>
<td>▪ Strict adherence to job description</td>
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<td>▪ Lack of HIPAA compliance</td>
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<td>▪ Lack of equipment maintenance</td>
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<td>▪ Division between military/civilian/contractor personnel</td>
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<td>▪ Too much union influence</td>
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<td>▪ Current morale level 5.5/10</td>
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<td>▪ Impact from negative personnel</td>
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SWOT Evaluation of Facility/Unit

**Opportunities:**
- Experienced personnel
- Provide quality of care
- Good customer service
- Efficient team
- Dedication to mission
- Influx young personnel
- Good training opportunities
- Good equipment/adequate supplies
- DCO use
- Clinic focused DENTAC

**Threats/Barriers:**
- Loss of experienced personnel
- Increase inexperienced personnel
- Lack of HIPAA compliance
- Union influence
- Difficult to remove “bad” personnel
- Lack of leadership (OIC/NCOIC) buy-in
- Budgetary constraints
Step 1: Guiding Coalition, Executive Sponsor and Change Team

Choose the Executive Sponsor and Guiding Coalition Names:

Leadership sponsors
- COL Ron Mikaloff, DENTAC CDR
- Patient Safety Officer: LTC Valerie McDavid

OICs

NCOICs

Patient Safety Officers

Creating an Effective Team

Need 3 levels of expertise:

A. System leadership
   - Authority, Power
   - Overcome barriers

B. Technical expertise
   - Clinical areas
   - Improvement
   - Data

C. Day-to-day leadership
   - Respected
   - Understands processes
   - (IHI Breakthrough Series Guide)
Step 2: Define the Main Problems, Challenges and Opportunities

- Improve Communication
- Increase Patient Safety Knowledge Base
Step 3: Define Aims of TeamSTEPPS Intervention

Aims should be time-specific and measurable:

- Improve Communication by implementing the following TeamSTEPPS tools throughout DENTAC
  - Briefs/Huddles/Debrief
  - Check-backs
  - 2-Challenge Rule
Step 4: Design a TeamSTEPPS Intervention

VISION STATEMENT

An experienced organization that provides world-class dental care through dedication to patient safety

Committed * Compassionate * Caring
Step 4: Design a TeamSTEPPS Intervention

- Improve communication by implementation of the following TeamSTEPPS tools throughout DENTAC:
  - Briefs/Huddles/Debrief
  - Check-backs
  - Two Challenge Rule

- Within 120 days, 100% of all DENTAC personnel will be trained in basic TeamSTEPPS concepts and these 3 tools
Step 5: Measures
(Testing Effectiveness of TeamSTEPPS Intervention)

Considerations:
• Relatively simple
• Observational
• Counts (e.g. # “Briefs”)
• Process measures
• Survey (pre- and post-)
• Few pt. outcome measures
• Examples: # times staff nurses use SBAR; rate of appropriate pre-op antibiotic usage; near-miss reports
Implementation: Action Plan

**Step 6: Develop Implementation Plan**

- Leadership support: executive and unit
- Schedule training-education dates trainers, participants, logistics
- Consider marketing & communication
- Listen for input, adjust plan, customize
- Buy-in from key individuals
- Plan to engage the physicians, nurses
- Do baseline measures (survey, data, etc.)
- Create an implementation timeline

**Kotter’s Change Model**

1. Create sense of urgency
2. Build the guiding team
3. Develop change vision
4. Understanding / Buy-in
5. Empower others
6. Create short-term wins
7. Don’t let up; be relentless
8. Create a new culture

**A Culture of Safety**

- Begin training immediately
- Order: Training materials
- Present TeamSTEPPS Action Plan to Executive Leadership
  - 19Feb09 @ 1400
- Marketing
  - Posters
  - Email
  - Policy Letter from CDR
  - Pocket Guides
  - Civilian Council Meetings/Minutes
Step 6: Develop Implementation Plan

- Leadership support: executive and unit
- Schedule training-education dates
  trainers, participants, logistics
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Engaging Staff

- Train up 100% of DENTAC within 120 days on basics of TeamSTEPPS and the 3 tools chosen

Baseline measures:

- Pre-training surveys

A Culture of Safety

**Step 6: Develop Implementation Plan**
- Leadership support: executive and unit
- Schedule training-education dates, trainers, participants, logistics
- Consider marketing & communication
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**A Culture of Safety**

- Everyone: Elevator speech or skit/1-2 minutes…work together and get one you really think that will engage them
- Request one hour per month for Patient Safety Officer/Alternate PSO from each clinic (schedule 6 wks in advance to ensure 100% attendance)
- Overview presentation of TeamSTEPPS given to all of DENTAC (should be very brief, i.e. 20 min)
- Suspension of favorable actions for Soldiers and Civilians if Training is not completed
- Brief video/skit at each CDR Call to reinforce TeamSTEPPS
- Posters and literature in all clinics immediately
**TeamSTEPPS**  
**Steps 6 & 9 Action Plan**

**Implementation: Action Plan, cont.**  
**Focus on Training Issues**

**Step 6: Develop Implementation Plan**
- Leadership support: executive and unit
- Schedule training-education dates
- Trainers, participants, logistics
- Consider marketing & communication
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**A Culture of Safety**

- Training for the people who missed
- Training to orient DENTAC newcomers (Essentials Course)
- Refresher TeamSTEPPS training
Step 8: Communication Plan

- Create a Communication Plan targeting major stakeholders
- Consider all groups, shifts, entities (e.g., night shift)
- Identify organizational and front-line leaders
- Communication plan for each group: who, what, when, how (e.g., dept. meetings, grand rounds, emails, newsletters, posters)
- Activate change team members….state the vision
- Promote spread of TeamSTEPPS

- Email/Memorandum/policy letter with sign in sheet
- Clinic meetings
- Civilian council meeting
- Post Vision Statement in clinics
- Website-DENTAC
**TeamSTEPPS**

**Step 7: Sustainment Plan**

- Continue Newcomer’s brief-next scheduled for March 09, 2 hrs
- All new personnel briefed on patient safety as soon as they come on duty-10 minutes
- TeamSTEPPS pocket guide for new personnel
- Walk-arounds by OIC/NCOIC/PSO done in a positive way to observe TeamSTEPPS behaviors
- TeamSTEPPS survey (get baseline) with observation then re-eval in 6 months
- Q newsletter

**Step 7: Sustainment**

- Coaching at unit level
- Role modeling
- Monitor
- Report measures
- Continuous improvement
- Integrate into practices
- Rewards and incentives
- Develop spread initiatives
- Best practices
- Leadership emphasis
- Celebrate short-term wins
- Create new champions
- Be innovative
Specific milestones and dates: When?

Briefs

F/U meeting

Commander brief

Exec walk rounds focused on teamwork

Specific milestones and dates: When?

Decide Days, Weeks, Months....

Set the Stage.....Decide what to do.....Make it Happen..........Make it Stick
TeamSTEPPS

Step 10: Review TeamSTEPPS Action Plan with Key Personnel

- Who needs to review, critique and provide input to “near-final” plan?

- Identify potential problem areas and provide suggestions about priorities and solutions

- Modify the Action Plan after sufficient input and discussion

- Consider input from TeamSTEPPS consultants at TMA or from “sister hospitals” with an initiative in place
Supplement for Ambulatory Facilities

- Review the Problem-Solution “one-pager”
- Check the four “themes” addressing:
  - Teamwork and team events
  - Communication
  - Error-reduction
  - Process improvement
Ambulatory Care Problems and Errors

**Judgment error**
- Knowledge deficit
- Incomplete information
- Misunderstanding
- History
- Physical examination
- Incorrect test interpretation
- Failure to order proper test
- Cognitive error

**Missed-Delayed Diagnoses**
- Reliance on memory
- Assessment problems
- Poor follow-up
- Failure to use indicated test
- Failure to listen/heed
- Inadequate/unavailable record
- Human factors issues
- Competency

**Delay in Treatment**
- COMMUNICATION
- Patient assessment
- Orientation-training
- Availability of information
- Continuum of care
- Competency
- Organizational culture
- Process errors

**Communication Problems**
- Provider and patient/family
- Primary care and Specialist
- Within healthcare team
- Nurse-provider
- Patient to clerk/admin
- Follow-up confusion
- Test results
- HANDOFFs
- Misunderstandings: language, literacy

**Continuum of Care**
- Handoffs
- Medication reconciliation
- Patient-family understanding
- Record keeping, availability
- Lab, imaging RESULTS
- Follow-up
- System complexities
- In-patient, out-patient
- Referrals and consults
- Information cascade
- Failure to follow prevention goals

**Common Issues:**
- Lack of timeliness
- Lack of accuracy
- Complex systems
- Confusion
- Patient adherence
- Referrals & Consults
- Deficient infrastructure
- Poor teamwork
- Suboptimal communication
- Time, production pressures
- Unsafe traditional culture
- Hierarchy as obstacle
- Un-empowered patients

**Avoidable HARM**
- Death
- Missed/delayed Diagnoses e.g. Cancer
- Poor clinical outcome
- Poor satisfaction, anger
- Malpractice claims
- Adverse drug events
- Delay in proper treatment

**Ambulatory SOLUTIONS**

**NATIONAL Patient Safety Goals 2007—Ambulatory Care**
1. Patient identifiers
2. Effective communication
   A. Readbacks
   B. Do NOT use abbreviations
   C. Timeliness of critical test results
   E. Standardized HANDOFF communications
3. Medication safety
   B. Standardize drug concentrations
   C. Look-alike/sound-alike medications
   D. Label all medications
4. Reduce HC-associated infections
   A. CDC hand washing guidelines
   B. Infection-caused deaths are sentinel events
5. Reduce readmissions
   A. Reconcile all medications across care continuum
   B. Comparing current medications
   B. Complete list to patient and next provider
6. Improve communication
   A. Educate staff and anesthetists
7. Reduce risk of surgical fires
   A. Implement safety measures
   B. Keep surgical site clean
8. Improve care coordination
   A. Implement care coordination tools
   B. Establish care coordination teams

**Solutions for Quality and Safety in Ambulatory Arena**

**Evidence-Based medicine**

**Guidelines and Best Practices**

**TeamSTEPPS Initiatives**
- Leadership
- Situation Monitoring
- Mutual Support
- Communication

**System and Processes**
- Continuous Improvement

**Culture**
- Develop a Culture of Safety

**TeamSTEPPS: Tools and Strategies**

1. **Performance Management**
   - Patient Safety
   - Communication
   - Leadership

2. **Knowledge**
   - Communication
   - Leadership

3. **Skills**
   - Communication
   - Leadership

4. **Attitudes**
   - Communication
   - Leadership

**TeamSTEPPS: Tools and Strategies**

- Patient Safety
- Communication
- Leadership

- Knowledge
- Skills
- Attitudes
Theme: “Teamwork & Team Events”

- Briefs, Huddles
- Debriefs
- Leadership opportunity
- Question & clarify
- Manage conflict
- DESC script
- Mutual support

TeamSTEPPS Toolkit Example
TeamSTEPPS

Teamwork Theme: “Communication”

- Structured Communication
  - SBAR, I PASS the BATON
- Accurate/timely
  - Read-back, check-back & call-out
- Speak-Up! (patient & staff)
- Listen! (patient & staff)
- Two-Challenge Rule, CUS

TeamSTEPPS Toolkit Example

“I need a little clarity”
TeamSTEPPS
Teamwork Theme: “Error-Reduction”

- Threat awareness
- Situation awareness (SA)
- Dynamic skepticism
- Information sharing
- Back-up behaviors
- Engage the patient as safety partner
- Redundancy
- Culture of safety

TeamSTEPPS Toolkit Example

Where's my Wingman?
TeamSTEPPS

Theme: “Process Improvement”

- Commitment to improve
- Prioritize (harm)
- Referrals & consultations
- Lab, imaging results
- Information
- Leaders/champions

TeamSTEPPS Toolkit Example

I have that lab report for you!
TeamSTEPPS

Teamwork Actions

- Develop an Action Plan for how to achieve goals
  - **Plan** what you want to do
- Implement your Action Plan
  - **Do** what you planned
- Test your intervention and **Study** what you did
  - Celebrate short-term wins
- Integrate and sustain the change (continue to **Study** and **Act** on the results)
  - Monitor the change (**Study**) – continuously assess effectiveness and identify opportunities for further improvements
  - Implement further improvements/changes (**Act**)