



Implementation, Action Plan & Timeline Customized Template



Agency for Healthcare Research and Quality
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PATIENT
SAFETY



TeamSTEPPS

Executive Sponsor, Guiding Coalition

Choose the Executive Sponsor and Guiding Coalition Names: _____

Planning

Implementation Timeline

Through Sustainment



Step 2: Define the Problem, Challenge, Opportunity

Reasons for Change

- A. RCAs
- B. Near misses
- C. Adverse events
- D. Patient outcomes
- E. Complaints
- F. FMEAs
- G. Staff concerns

Regulatory & Guidance

- A. JCAHO / AAAHC
- B. National PS Goals
- C. CMS & Other Quality Measures
- D. NQF Safe Practices
- E. DoD / Service-Specific

Data, Key Factors

- A. Site Assessment
- B. PS Culture Survey (AHRQ)
- C. Data & Measures
- D. S-W-O-T Analyses
- E. Productivity
- F. Workload
- G. Seasonal staffing
- H. Changing
 - * Leadership
 - * Key personnel
- I. Experience levels
- J. Deployments
- K. Other factors.....

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 3: Define Aim(s)

Exactly what you plan to achieve with intervention

Decide Change Type

Incremental change or **Transformational** change

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 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 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 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

Step 9: Write Action Plan

Final Action Plan covering Steps 1-8

Step 10: Review Plan

Identify key personnel to review plan

Ready for Change!

Set the Stage

Decide What to Do

Make it Happen

Make it Stick

Time Frame Dates:

Training

Kick-Off

TeamSTEPPS

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)



TeamSTEPPS

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
- WAMC DC

MISSING: None

Names of Participants (Cont'd)

LaFLAMME

- MAJ Scott Brown (PSO)
- Ms Karen Conder (Alternate PSO)
- SSG Colleen Harvey (NCO)
- Mr Steve Mercer (Practice Manager)

ROHDE

- Ms Veronica Mayes (Alternate PSO)
- Ms Molly Miller ()

SMOKE BOMB HILL

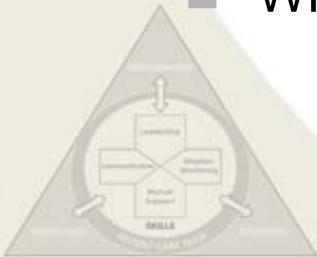
- Dr Bill Manganaro (PSO)
- Ms Sandy Williams (Alternate PSO)
- SGT Dan Marino (NCO)
- Ms Angela Jackson (Practice Manager)

WAMC

- LTC(P) Arnheiter (PSO)
- Ms Debbie Ruffin (Alternate PSO)
- SSG Dwayne Trinidad (NCO)
- Ms Sarita Kelly (DA)

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)



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:

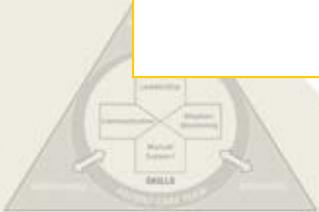
- Budget constraints
- Lack of staffing
- Continuity of care
- Inconsistent communication
- Institutional lack of respect
- Lack of patient focus
- Lack of esprit de corps/team cohesion/buy-in
- Missing records
- Too high demand vs. supply
- Target driven

SWOT Evaluation of Facility/Unit

Opportunities (Cont'd)

Weaknesses (Cont'd)

- Strict adherence to job description
- Lack of HIPAA compliance
- Lack of equipment maintenance
- Division between military/civilian/contractor personnel
- Too much union influence
- Current morale level 5.5/10
- Impact from negative personnel



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

TeamSTEPPS

Step 1: Guiding Coalition, Executive Sponsor and Change Team

Executive Sponsor, Guiding Coalition

Choose the Executive Sponsor and Guiding Coalition Names: _____

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

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

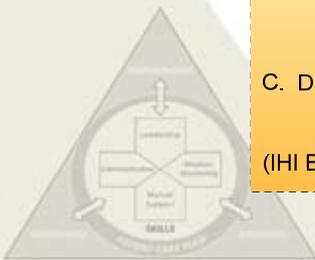
Respected

Understands processes

(IHI Breakthrough Series Guide)

Names, Positions of the Executive Sponsor and Guiding Coalition

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



TeamSTEPPS

Step 2: Define the Main Problems, Challenges and Opportunities

Step 2: Define the Problem, Challenge, Opportunity

Reasons for Change

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Data, Key Factors

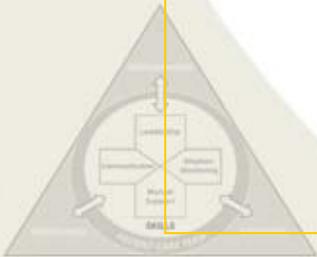
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- H. Changing
 - * Leadership
 - * Key personnel
- I. Experience levels
- J. Deployments
- K. Other factors.....

- **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



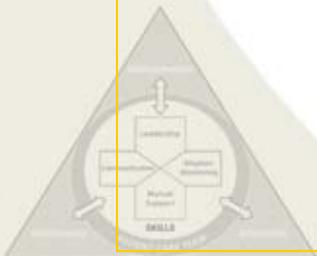
TeamSTEPPS

Step 4: Design a TeamSTEPPS Intervention

VISION STATEMENT

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

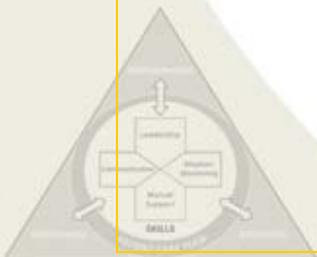
Committed * Compassionate * Caring



TeamSTEPPS

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)

Step-5: Decide Measures

Meaningful measures to test the effectiveness of your intervention
(see the recommendations)

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

- **Surveys**
 - **Staff**
 - **Patient**
- **Direct Behavioral Observations**

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
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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



Implementation: Action Plan

Step 6: Develop Implementation Plan

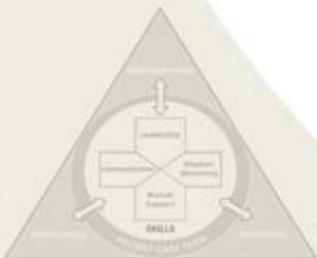
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A Culture of Safety

- Engaging Staff
 - Train up 100% of DENTAC within 120 days on basics of TeamSTEPPS and the 3 tools chosen
- Baseline measures :
 - Pre-training surveys



Implementation: Action Plan, cont.

Step 6: Develop Implementation Plan

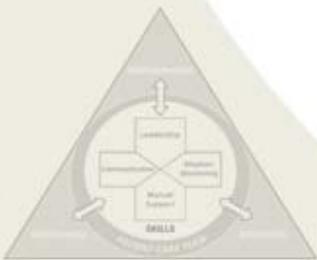
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A Culture of Safety

- 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

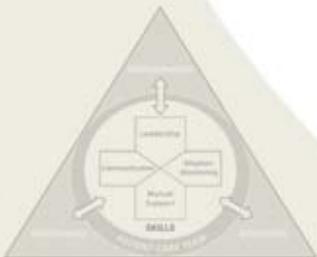
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- Training for the people who missed
- Training to orient DENTAC newcomers (Essentials Course)
- Refresher TeamSTEPPS training

Kotter's Change Model

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A Culture of Safety



TeamSTEPPS

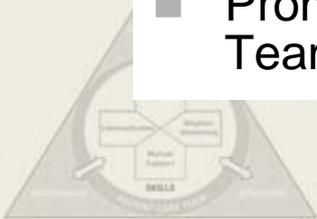
Step 8: Create Communication Plan

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 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



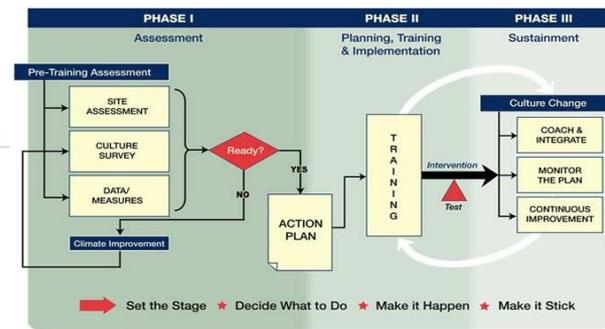
Step 7: Sustainment Plan

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

- 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

Set Timeline and Milestones



Phase I.....Phase II.....Phase III
Assessment.....Planning, Training & Implementation.....Sustainment

- 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....

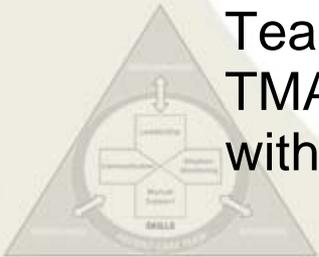
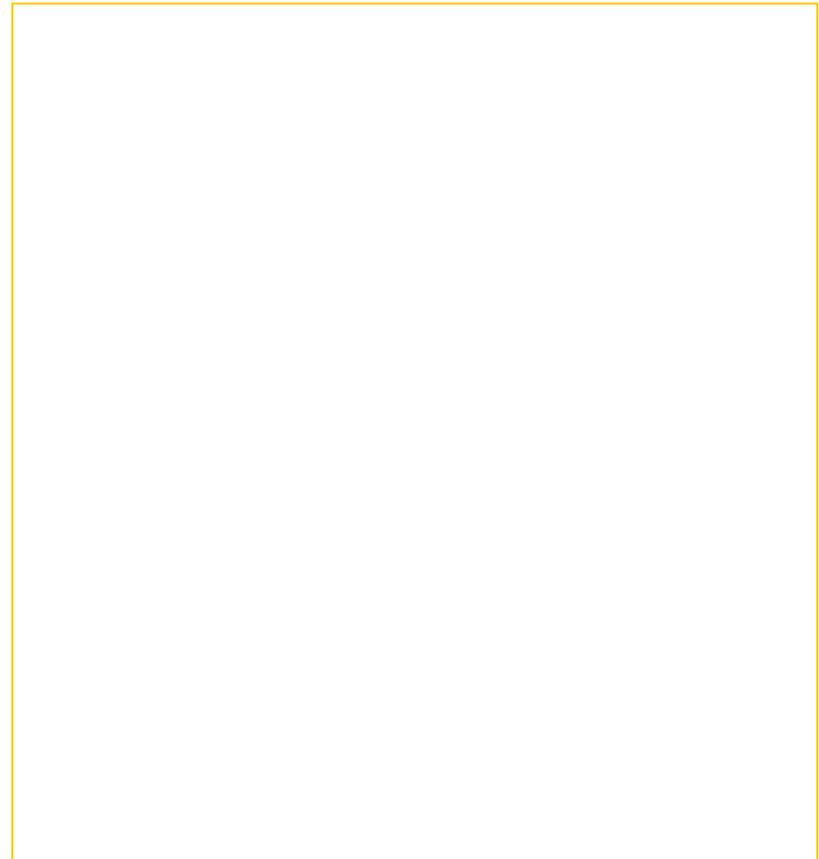


Set the Stage.....Decide what to do.....Make it Happen.....Make it Stick

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

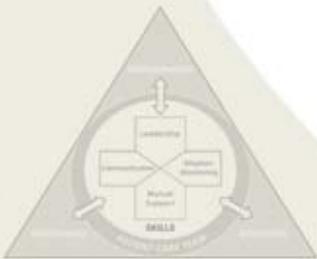


Supplement for Ambulatory Facilities

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



EXERCISE



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/hear
- 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

Ambulatory Care Problems and Errors

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

Adverse Drug Events

- Meds given in office/clinic
- HIGH RISK medications
- Human factors
- System problems
- Lack of proper monitoring
- Ordering and prescriptions
 - Abbreviations
 - Alike med names
- Patient-family understanding
 - Language, literacy
- System safeguards
- Accuracy of communication

NATIONAL Patient Safety Goals 2007—Ambulatory Care

1. Patient identifiers
2. Effective communication
 - A. Read-backs
 - 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
7. Reduce H/C-associated infections
 - A. CDC hand washing guidelines
 - B. Infection-caused deaths are sentinel events
8. Reconcile all medications across care continuum
 - A. Comparing current medications
 - B. Complete list to patient and next provider
11. Reduce risk of surgical fires (amb. Surgery)
 - A. Educate staff and anesthesia providers
13. Encourage patient and family involvement in own care as a patient safety strategy

Ambulatory SOLUTIONS

Solutions for Quality and Safety in Ambulatory Arena

Evidence-Based medicine

Guidelines and Best Practices

Teamwork and Communication

TeamSTEPPS Initiatives
 Leadership
 Situation Monitoring
 Mutual Support
 Communication

System and Processes

Continuous Improvement

Culture

Develop a Culture of Safety

TeamSTEPPS: Tools and Strategies



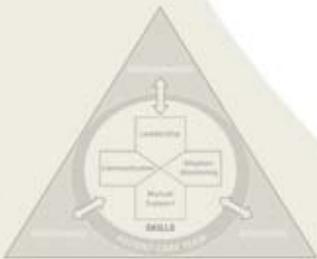
TeamSTEPPS

Theme: “Teamwork & Team Events”

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



**TeamSTEPPS Toolkit
Example**



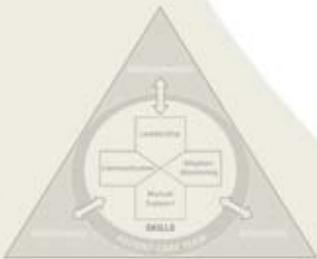
TeamSTEPPS

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**



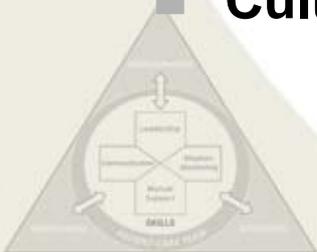
TeamSTEPPS

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



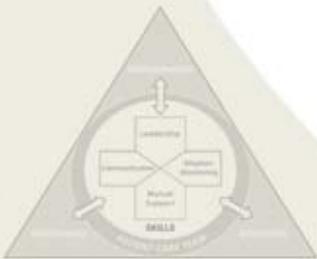
TeamSTEPPS

Theme: “Process Improvement”

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



TeamSTEPPS Toolkit
Example



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**)

