Implementing a Teamwork Initiative
Department of Defense Patient Safety Program
Healthcare Team Coordination
Objectives

- Describe components of TeamSTEPPS
- State outcomes of improved teamwork
- Describe the impact of ineffective vs. effective communication
- Describe the 3 phases to the TeamSTEPPS™ Initiative
- Identify TeamSTEPPS™ measurement tools and how they can be utilized to monitor change
- Know the resources available to you
What is TeamSTEPPS™?

- An evidence-based teamwork system
- Designed to improve:
  - Quality
  - Safety
  - Efficiency of health care
- Practical and adaptable
- Provides ready-to-use materials for training and ongoing teamwork
Why Use TeamSTEPPS?

- **Goal**: Produce highly effective medical teams that optimize the use of information, people and resources to achieve the best clinical outcomes.
- Teams of individuals who communicate effectively and back each other up dramatically reduce the consequences of human error.
- **Team skills** are not innate; they must be trained.
What is a TEAM?

- Minimum of two or more individuals
- Assigned specific roles and tasks
- Common purpose and shared goals
- Interdependent actions among members
High-Performing Teams

Teams that perform well:

- Hold shared mental models
- Have clear roles and responsibilities
- Have clear, valued, and shared vision
- Optimize resources
- Have strong team leadership
- Engage in a regular discipline of feedback
- Develop a strong sense of collective trust and confidence
- Create mechanisms to cooperate and coordinate
- Manage and optimize performance outcomes

*(Salas et al. 2004)*
Team Dynamics

- Establishing team structure, climate and implementing core team behaviors ensures:
  - Mechanism for briefing and debriefing
  - Performance and operations are standardized
  - Critical information flows to the key decision maker to inform high stress, high stakes, time compressed decisions
  - Plans of care are established; managed; monitored and modified, as necessary over time
  - Environment supports clinical operations

- Essential elements of team information exchange
  - Minimal set of behavioral expectations for team and supporting personnel
What Makes TeamSTEPPS Different?

- Evidence-based and field-tested
- Comprehensive
- Customizable
- Easy-to-use teamwork tools and strategies
- Publicly available
Teamwork Targets Root Causes

Root Causes of Sentinel Events
(All categories; 1995-2005)

- Communication
- Orientation/training
- Patient assessment
- Staffing
- Availability of info
- Competency/credentialing
- Procedural compliance
- Environ. safety / security
- Leadership
- Continuum of care
- Care planning
- Organization culture

Percent of 3548 events

Targets for Teamwork
Top Contributing Factors of Sentinel Events from RCAs, FY04-08: DoD

<table>
<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2004</td>
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<td>2005</td>
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<td>2007</td>
<td>64</td>
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<td>2008</td>
<td>48</td>
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Source: DoD Patient Safety Center

NOTICE: This Document is Exempt from Discovery IAW Title 10 U.S.C., Sec. 1102. Do Not Release Without Proper Authority.
Causal Factors Reported for Communication/Inadequate Information FY04-08: DoD

- Lack of communication among department staff
- Lack of communication between services and departments
- Lack of assertiveness in going up the chain of command
- Lack of communication between nurse and physician

Source: DoD Patient Safety Center

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Team training yields proven results

**Length of ICU Stay After Team Training**

- Graph showing a 50% reduction in average length of stay after team training.

**OR Teamwork Climate and Postoperative Sepsis Rates**

- Bar chart illustrating the reduction in postoperative sepsis rates based on teamwork climate.
- Low, mid, and high teamwork climates are compared against AHRQ national average.

**Adverse Outcomes**

- Graph showing a 50% reduction in malpractice claims, suits, and observations.
- Data from Mann, 2006, Beth Israel Deaconess Medical Center, Contemporary OB/GYN.
What Comprises Team Performance and Outcomes?

Initiative based on evidence derived from team performance... leveraging more than 25 years of research in military, aviation, nuclear power, business and industry... to acquire team competencies.

Performance
- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety

Knowledge
- Shared Mental Model

Attitudes
- Mutual Trust
- Team Orientation

Leadership
Communication
Situation Monitoring
Mutual Support

Knowledge
Skills
Attitudes

PATIENT CARE TEAM
TeamSTEPPS

Team Competency Outcomes

Knowledge
- Shared Mental Model

Attitudes
- Mutual Trust
- Team Orientation

Performance
- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety

TeamSTEPPS is comprised of four teachable-learnable skills: Leadership, Situation Monitoring, Mutual Support, and Communication; the core of the TeamSTEPPS framework. The red arrows depict a two-way dynamic interplay between the four skills and the team-related outcomes. Interaction between the outcomes and skills is the basis of a team striving to deliver safe, quality care. Enrolling the four skills is the patient care team which not only represents the patient and direct caregivers, but those who play a supportive role within the healthcare delivery system.

"TeamSTEPPS is an evidence-based framework to optimize team performance across the healthcare delivery system."
## Key Principles

### Team Structure
Delineates fundamentals such as team size, membership, leadership, composition, identification and distribution.

### Leadership
Ability to coordinate the activities of team members by ensuring team actions are understood, changes in information are shared, and that team members have the necessary resources.

### Situation Monitoring
Process of actively scanning and assessing situational elements to gain information, understanding, or maintain awareness to support functioning of the team.

### Mutual Support
Ability to anticipate and support other team members’ needs through accurate knowledge about their responsibilities and workload.

### Communication
Process by which information is clearly and accurately exchanged among team members.
Leadership

Team Events

Planning

- **Brief** - short session prior to start to discuss team formation; assign essential roles; establish expectations and climate; anticipate outcomes and likely contingencies

Problem Solving

- **Huddle** - Ad hoc planning to reestablish situation awareness; reinforcing plans already in place; and assessing the need to adjust the plan

Process Improvement

- **Debrief** - Informal information exchange session designed to improve team performance and effectiveness; after action review
# Team Performance Observation Tool

## Team Structure
- Assembles team
- Establishes leader
- Identifies team goals and vision
- Assigns roles and responsibilities
- Holds team accountable
- Actively shares information

## Leadership
- Utilizes resources to maximize performance
- Balances workload within the team
- Delegates tasks or assignments, as appropriate
- Conducts briefs, huddles, and debriefs
- Empowers team to speak freely and ask questions

## Situation Monitoring
- Includes patient/family in communication
- Cross monitors team members
- Applies the STEP process
- Fosters communication to ensure a shared mental model

## Mutual Support
- Provides task-related support
- Provides timely and constructive feedback
- Effectively advocates for the patient
- Uses the Two-Challenge rule, CUS, and DESC script to resolve conflict
- Collaborates with team

## Communication
- Coaching feedback routinely provided to team members when appropriate
- Provides brief, clear, specific, and timely information
- Seeks information from all available sources
- Verifies information that is communicated
- Uses SBAR, call-outs, check-backs, and handoff techniques
<table>
<thead>
<tr>
<th>BARRIERS</th>
<th>TOOLS &amp; STRATEGIES</th>
<th>OUTCOMES</th>
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</thead>
<tbody>
<tr>
<td>- Inconsistency in Team Membership</td>
<td>- Brief</td>
<td>- Shared Mental Model</td>
</tr>
<tr>
<td>- Lack of time</td>
<td>- Huddle</td>
<td>- Adaptability</td>
</tr>
<tr>
<td>- Lack of Information Sharing</td>
<td>- Debrief</td>
<td>- Team Orientation</td>
</tr>
<tr>
<td>- Hierarchy</td>
<td>- STEP</td>
<td>- Mutual Trust</td>
</tr>
<tr>
<td>- Defensiveness</td>
<td>- Cross Monitoring</td>
<td>- Team Performance</td>
</tr>
<tr>
<td>- Conventional Thinking</td>
<td>- Feedback</td>
<td></td>
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<tr>
<td>- Complacency</td>
<td>- Advocacy and Assertion</td>
<td></td>
</tr>
<tr>
<td>- Varying Communication Styles</td>
<td>- Two-Challenge Rule</td>
<td></td>
</tr>
<tr>
<td>- Conflict</td>
<td>- CUS</td>
<td>- Patient Safety!!</td>
</tr>
<tr>
<td>- Lack of Coordination and Follow-Up with Co-Workers</td>
<td>- DESC Script</td>
<td></td>
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<tr>
<td>- Distractions</td>
<td>- Collaboration</td>
<td></td>
</tr>
<tr>
<td>- Fatigue</td>
<td>- SBAR</td>
<td></td>
</tr>
<tr>
<td>- Workload</td>
<td>- Call-Out</td>
<td></td>
</tr>
<tr>
<td>- Misinterpretation of Cues</td>
<td>- Check-Back</td>
<td></td>
</tr>
<tr>
<td>- Lack of Role Clarity</td>
<td>- Handoff</td>
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## Cross walking DENCOM BSC and TeamSTEPPS

<table>
<thead>
<tr>
<th>DENCOM BSC</th>
<th>DoD PSP TeamSTEPPS</th>
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<tbody>
<tr>
<td>CS 5.0 Improved Patient and Customer Satisfaction</td>
<td>Patient centered care is the emphasis of the TeamSTEPPS Program educating on the importance of including patients in their care</td>
</tr>
<tr>
<td>CS 6.0 Maximized Trust in Army Dentistry</td>
<td>Fostering a culture of safety within the DENCOM will cultivate and develop a high reliability organization that can develop Trust, Transparency, and Team among it’s members and promote open communication to ensure the mission is met</td>
</tr>
<tr>
<td>IP 8.0 Improve Quality, Pt Safety, Outcome-Focused care and Services</td>
<td>Teamwork provides a concrete yet dynamic operations infrastructure from which to anticipate, contain and manage or mitigate the impact of human error</td>
</tr>
<tr>
<td>IP 14.0 Improve Internal Communication</td>
<td>TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among healthcare professionals.</td>
</tr>
<tr>
<td>LG 18.0 Improve Professional training and Development</td>
<td>Core training refreshed, renewed, updated and modified with lessons learned and provide CE’s for providers and staff</td>
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DENCOM TeamSTEPPS Spread Strategy

DENCOM TS training will follow in Regional waves:

Wave-1

Train “New” Regions: ERDC, WRDC, SERDC

- Dates: Sep 09 – ERDC *
  Nov-Dec 09 – WRDC
  Jan-Feb 10 - SERDC

- Resources- TMA, MEDCOM PSC, and DENCOM

DENCOM TeamSTEPPS Spread Strategy

Wave 2

Complete Regions w/Partial Training completed-
GPRDC, PRDC, NARDC

- Dates:  Mar 10 – GPRDC**
  Apr 10 – PRDC
  Jun 10 - NARDC

- Resources: TMA, MEDCOM PSC, and DENCOM

- Impact- Any Deployments? Continue Sustainment of DENTAC training
Pre-training 2-3 months later training sessions Ongoing coaching, monitor, reassess, spreads

PHASE I
Assessment

Pre-Training Assessment
- SITE ASSESSMENT
- CULTURE SURVEY
- DATA/MEASURES

Climate Improvement

PHASE II
Planning, Training & Implementation

ACTION PLAN

PHASE III
Sustainment

Culture Change
- COACH & INTEGRATE
- MONITOR THE PLAN
- CONTINUOUS IMPROVEMENT

Set the Stage ★ Decide What to Do ★ Make it Happen ★ Make it Stick
TeamSTEPPS specific checklist will be written for inclusion in the Patient Safety section of the Guide.

These items will be inspected for compliance during OIP visits from DENCOM personnel.

Feedback to be provided to DENTAC and RDC Commanders to facilitate improvement and focused local or online Sustainment Training.